MAYERS MEMORIAL HEALTHCARE DISTRICT

Board of Directors
Regular Meeting Agenda
February 22nd, 2023 @ 11:00 AM
Mayers Memorial Hospital FR Boardroom
43563 HWY 299 E, Fall River Mills

Microsoft Teams: Click here to join the meeting Meeting ID: 213 187 657 108 and Passcode: LUhUdA
Phone Number: 1-279-895-6380 and Phone Conference ID: 242 753 717#

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

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

						Approx. Time Allotted
1	**CALL MEETING TO ORDER**					
2	2.1	**CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS** Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.				
3	**SPECIAL PRESENTATION**					
	3.1	Debt Capacity Study Report: Jason Sieg, Wipfli				**30 min.**
4	**APPROVAL OF MINUTES**					
	4.1	Regular Meeting –January 25th, 2023		***Attachment A***	**Action Item**	2 min.
5	**DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:**					
	5.1	Resolution 2023-02 – January Employee of the Month		***Attachment B***	**Action Item**	2 min.
	5.2	Hospice Quarterly Report	Lindsey Crum	***Attachment C***	Report	2 min.
	5.3	Mayers Healthcare Foundation Quarterly Report	Tracy Geisler	***Attachment D***	Report	2 min.
	5.4	Quality and Risk	Jack Hathaway	***Attachment E***	Report	2 min.
	5.5	Skilled Nursing Facility		***Attachment F***	Report	2 min.
6	**BOARD COMMITTEES**					
	6.1	**Finance Committee**				
		6.1.1 Committee Meeting Report: Chair Humphry			Report	5 min.
		6.1.2 January 2023 Financial Review, AP, AR and Acceptance of Financials			**Action Item**	5 min.
		6.1.3 Board Quarterly Finance Review			**Action Item**	5 min.
	6.2	**Strategic Planning Committee**				

		6.2.1	No February Meeting		Information	1 min.
	6.3	**Quality Committee**				
		6.3.1	Committee Report		Information	5 min.
		6.3.2	QAPI Report	***Attachment G***	**Action Item**	5 min.
7	**OLD BUSINESS**					
	7.1	Shasta LAFCO Ballot		***Attachment H***	Discussion/ **Action Item**	5 min.
8	**ADMINISTRATIVE REPORTS**					
	8.1	Chief's Reports – ***Written reports provided. Questions pertaining to written report and verbal report of any new items***		***Attachment I***		
		8.1.1	Chief Financial Officer – Travis Lakey		Report	5 min.
		8.1.2	Chief Human Resources Officer – Libby Mee		Report	5 min.
		8.1.3	Chief Public Relations Officer – Val Lakey		Report	5 min.
		8.1.4	Chief Clinical Officer – Keith Earnest		Report	5 min.
		8.1.5	Chief Nursing Officer – Theresa Overton		Report	5 min.
		8.1.6	Chief Operation Officer – Ryan Harris		Report	5 min.
		8.1.7	Chief Executive Officer – Chris Bjornberg		Report	5 min.
9	**OTHER INFORMATION/ANNOUNCEMENTS**					
	9.1	Board Member Message: Points to highlight in message			Discussion	2 min.
	9.2	Form 700 and Ethics Reminder: Due date of March 1st			Information	2 min.
10	**ANNOUNCEMENT OF CLOSED SESSION**					
	10.1	Personnel - Government Code 54957 CEO Evaluation			Discussion/ **Action Item**	30 min.
11	**RECONVENE OPEN SESSION**					
12	**ADJOURNMENT: Next Meeting March 29, 2023**					

Posted 02/17/2023

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MAYERS MEMORIAL HEALTHCARE DISTRICT

Board of Directors
Regular Meeting
Minutes
January 25, 2023 – 1:00 pm
FR Boardroom

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.

CALL MEETING TO ORDER: Jeanne Utterback called the regular meeting to order at 1:00 PM on the above date.

BOARD MEMBERS PRESENT:	**STAFF PRESENT:**
Abe Hathaway, President	Chris Bjornberg, CEO
Jeanne Utterback, Vice President	Travis Lakey, CFO
Tom Guyn, M.D., Secretary	Ryan Harris, COO
Tami Humphry, Treasurer	Theresa Overton, CNO
Lester Cufaude, Director	Valerie Lakey, CPRO
ABSENT:	Keith Earnest, CCO
	Libby Mee, CPRO
	Alex Johnson, Facilities Manager
	Jeff Miles, IT
	Sabrina Sardo, CNA
	Jessica DeCoito, Board Clerk

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 December 7, 2023.	***Utterback, Humphry***	***Approved by All***
4	**DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**		
	4.1 A motion/second carried; Sabrina Sardo was recognized as December Employee of the Month. Resolution 2023-01. A CNA who works on both Acute and SNF. Born and raised in the Intermountain area.	***Utterback, Guyn***	***Approved by All***
	4.2 Safety Quarterly: written report submitted. We are setting up the visitor management kiosks to help with getting visitors checked into the hospital. Visitors designate who they will see ad that specific MMHD employee will be notified that they have a visitor. Monitors are in place to help keep visitors in check for covid and security purposes. We are working on mini drills for Active Shooter Training within each department.		
	4.3 IT: SP Priorities were submitted. Biggest project is our Cerner project but our IT team is busy working on this. Network Assessment call is scheduled and we will correct the issues assigned thus far. Our network has redundancy with our internet providers to help the connection in dead spots. We are working on updating the telephone servers on both the hardware and software.		
	4.4 Facilities & Engineering: SP Priorities submitted. Working on the Slip, Trips and Falls into Worker's Comp. Safety programs. Environmental Rounds are taking place to identify issues that need to be addressed before surveys come in that cause a flag. The Team is working on process improvements and training to keep the ticketing system as accurate as possible.		
5	**BOARD COMMITTEES**		

5.1	**Finance Committee**			
	5.1.1	**Committee Report:** Auditor will be onsite in March to present the findings to the Board. The Lodge Operational Budget will be ready to review at the next meeting. Debt Capacity study will be provided in February to help us understand how this ties into our Master Planning.		
	5.1.2	**November-December 2022 Financials**: Revenue was down. Increase in utilities because of rate increases. Retail Pharmacy was negative. We are working on getting a contract set up with a GPO that will help us reduce the cost of supplies in Retail Pharmacy. Traveler spend went up in year comparison to 2020.	***Humphry, Guyn***	***Approved by All***
	5.1.3	**Archive Program Proposals:** discussion about Ellkay vs. OneContent took place. Exhibit A provides the price breakdown. Motion moved, seconded and approved to move forward with OneContent.	***Utterback, Guyn***	***Approved by All***
5.2	**Strategic Planning Committee Chair Utterback:** No January Meeting			
5.3	**Quality Committee Chair Guyn:** DRAFT Minutes Attached. Director of Quality is working with each department on their Lean project. ACHC accreditation plans were shared. CA Bridge program discussed and how we could provide this service. Request for a follow up from Director of Quality on the Bridge Program.			
6	**NEW BUSINESS**			
6.1	**Policy & Procedure Summary 12/31/2022** Motion moved, seconded to approve the summary.		***Utterback, Guyn***	***Approved by All***
6.2	LAFCO Nominations for Special Districts - Vacancy		***No Action Taken***	
7	**ADMINISTRATIVE REPORTS**			
7.1	**Chief's Reports: written reports provided in packet**			
	7.1.1	**CFO:** no further updates.		
	7.1.2	**CHRO:** engaged in recruiters to help fill open positions. Spent time with legal on our new programs – retention bonus, mileage stipend, etc. A transparent wage scale will be shared with staff and posted.		
	7.1.3	**CPRO:** update provided on some bills. Really beneficial to have the social media and website posts data to show us what people are interacting with.		
	7.1.4	**CCO**: Measures in place for us and for public on accidental overdoses through the retail pharmacy are in place. PT is networking with MVHC to help increase the referrals to MMHD. Nephrology is up and running in Telemedicine.		
	7.1.5	**CNO**: Moriah Padilla is the Director of Nursing for Acute Services. And we hired Hannah Johnson as our Interim Director of Nursing for Skilled Nursing Facility. A meeting has been set up with a potential candidate as a surgery provider. Working in the new AFLs for any covid issues.		
	7.1.6	**COO***:* Energy Efficiency project is going on at the same time as our Master Planning project. This helps to make sure that we are meeting all energy efficiency needs in our Master Planning.		
	7.1.7	**CEO:** Ambulance: have data from SEMSA for the last year of ambulance use. We are researching what our options are with managing our own service versus partnering with other ambulance providers. Will be in attendance at rural health conference with Becker's.		
8	**OTHER INFORMATION/ANNOUNCEMENTS**			
8.1	Board Member Message: Employee of the Month, Welcome the new Board Member, Exploring Ambulance Services, Active Shooter Training, ACHD Board Member position filled by Jeanne Utterback			
8.2	Form 700 and Ethics: email will be going out			
9	**ANNOUNCEMENT OF CLOSED SESSION: 3:03 pm**			
9.1	Personnel – Govt Code 54957 CEO Evaluation			No Action taken
10	**RECONVENE OPEN SESSION: 4:12 PM**			
11	**ADJOURNMENT: Next Meeting February 22, 2023**			

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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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RESOLUTION NO. 2023-02

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

Mallory Marks

As January 2023 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, Mallory Marks is hereby named Mayers Memorial Healthcare District Employee of the Month for January 2023; and

DULY PASSED AND ADOPTED this 22nd day of February 2023 by the Board of Trustees of Mayers Memorial Healthcare District by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

_____
Abe Hathaway, President
Board of Trustees, Mayers Memorial Healthcare District

ATTEST:

_____
Jessica DeCoito
Clerk of the Board of Directors

Hospice Quarterly Report

The Hospice staff has been working on numerous projects since the last quarterly report. The new bereavement group has had push backs since the first attempts of starting. Gail Leonard and Steve Bevier are now aiming towards finding an earlier time to hold the bereavement group to help the older age groups attend.

Hospice held the candle light service Dec 7th and it was a good turnout of community members. We had prayers led by our Chaplain Alison Maki. Keith Earnest spoke of loss and grief as well. There were beverages and appetizers given after.

Our amazing Hospice manager Mary Ranquist has officially began her retirement journey. She is staying with hospice to help as a per diem nurse. She is helping with on call coverage, manager coverage and would love to continue to do meet and greets with families along with admits. Lindsey Crum took over as the new Hospice manager.

Hospice has officially began the process of bridging over to the new Cerner Matrix system. Hospice volunteer Jim Friday and myself Lindsey Crum have begun doing the transitioning paperwork from our charting system HPMS to the new system matrix. The new system will allow us to stay mostly electronic with paperwork, charting and physician orders and signatures.

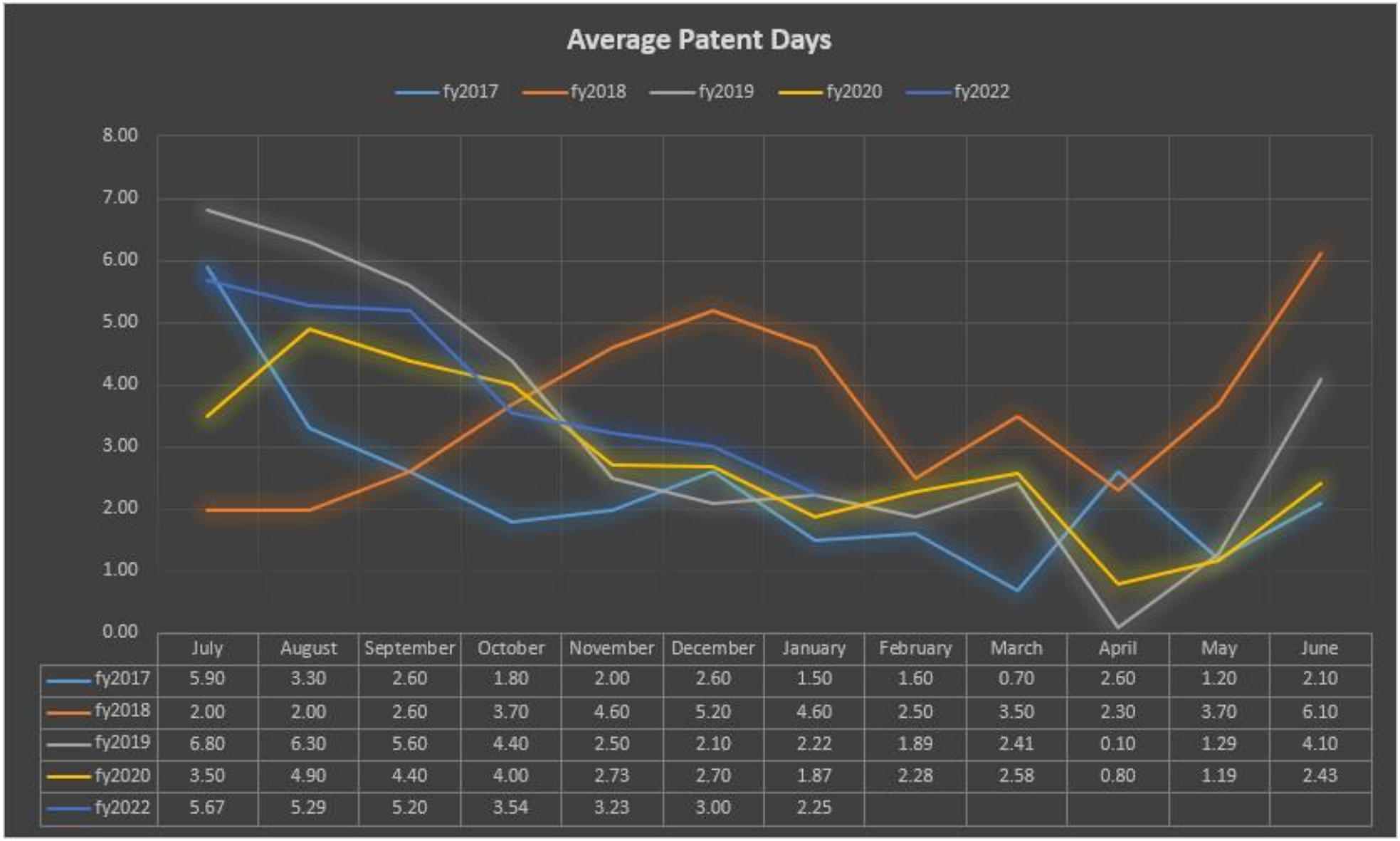
Mayers Foundation held their yearly Volunteer meeting. During that meeting it was voiced that the volunteers would like a more quite area to work within. Accommodations were made for those requests and employee desks were moved around and a volunteer desk was put in a more isolate quiet area in an office with myself. The volunteers are very happy about the new changes.

Hospice has continued to promote and educate outside clinics of Hospice services. Mary Ranquist and myself went and had meetings with Pit River Health to help with clarifications on the referral process and patient eligibility. We gave the facility LCD guidelines to physicians and practitioners help determine eligibility.

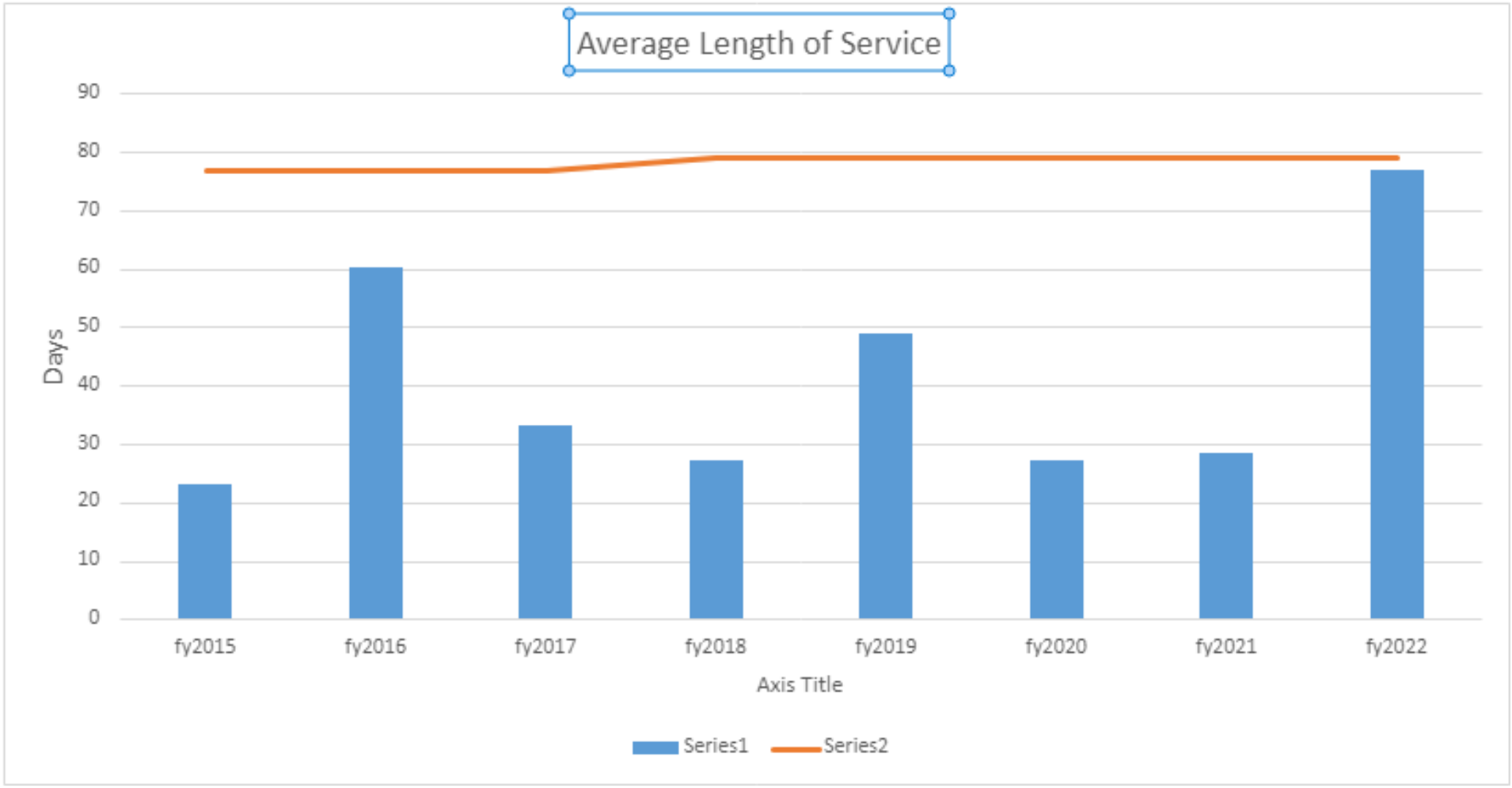
Our census remains low at this time. Hospice staff has been working to get storage moved from the 5th street house the housing lodge. They have been helping lab with daily transports to Modoc Medical Center. Mayers Foundation is getting ready to host their annual health fair and the hospice team is helping with that as well.

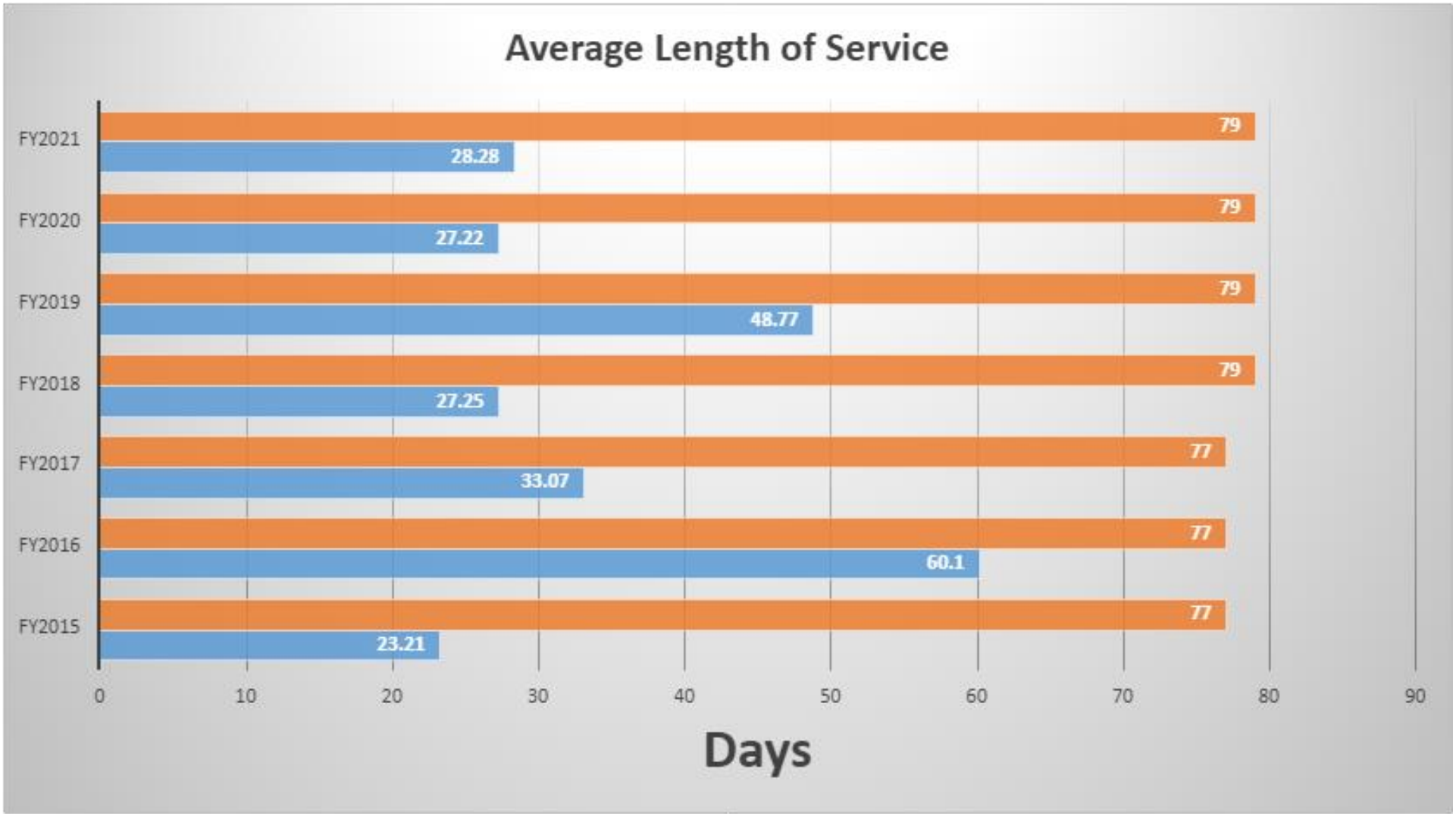
Thank you,

Lindsey Crum, RN



	July	August	September	October	November	December	January	February	March	April	May	June
fy2017	5.90	3.30	2.60	1.80	2.00	2.60	1.50	1.60	0.70	2.60	1.20	2.10
fy2018	2.00	2.00	2.60	3.70	4.60	5.20	4.60	2.50	3.50	2.30	3.70	6.10
fy2019	6.80	6.30	5.60	4.40	2.50	2.10	2.22	1.89	2.41	0.10	1.29	4.10
fy2020	3.50	4.90	4.40	4.00	2.73	2.70	1.87	2.28	2.58	0.80	1.19	2.43
fy2022	5.67	5.29	5.20	3.54	3.23	3.00	2.25					


Average Length of Service
90
80
70
60
50
40
30
20
10
0
Days
fy2015
fy2016
fy2017
fy2018
fy2019
fy2020
fy2021
fy2022
Axis Title
Series1
Series2


Average Length of Service
FY2021
FY2020
FY2019
FY2018
FY2017
FY2016
FY2015
79
28.28
79
27.22
79
48.77
79
27.25
77
33.07
77
60.1
77
23.21
0
10
20
30
40
50
60
70
80
90
Days

MHF

MAYERS HEALTHCARE FOUNDATION

Foundation Quarterly Report for MMHD
DATE: February 2023
Below lists recent foundation and board meeting business and activities.

Financial Reports:

- 01/2023 - Balance Sheet Assets, Liabilities, Equity and P&L totals show $1,181,553.00 with an increase of $446,069.00 from 01/2022. MHF proudly demonstrates commitment to increase donations & productivity for both community and MMHD award funding opportunities.

Events:

- **Health Fair –**April 2023. Planning, organizing, and coordinating in progress. Lots to do!
- **MHF "On the Green" –** Golf Tournament – August 12, 2023.
- **NSGT –** November 28, 2023
- **Denim & Diamonds Hospice Winter Gala –** January 27, 2023

Programs:

- Hospice Holiday Ornament Program – We invite you to honor or memorialize your loved ones with an IM Hospice holiday ornament.
  - ✓ 1st Annual.
  - ✓ Website Order Process.
  - ✓ Customize where applicable. Name, etc.
  - ✓ Unique Ornament showcased each year.
  - ✓ Option to send as a gift when purchased.
- Brick Program – Honor or memorialize your loved ones with an IM Hospice brick located at the fountain, McArthur Fairgrounds.
  - ✓ Provider: Leave Your Mark.com or alternate.
  - ✓ Brass inserts.
  - ✓ Website Order Process
  - ✓ Option to send as a gift when purchased.

Stores Update:

- Thrift & Gift continues to produce revenues and draw shoppers from all over the intermountain area. We also receive generous donations which help with the growth of hospice revenues.
- The Pharmacy Gift Store is proceeding with the transfer of operations and management to MMHD with an expected start date of March 1, 2023. Merchandise and displays totaling $6,988.08 have been donated to MMHD and we plan to assist where needed to support a successful launch.

Volunteers:

- MHF has onboarded 4 new Jr. Volunteers this February. They will be settling in and volunteering for LTC, Fall River and working with our activities department with the intent to put in 4 hours a week of service.
- MHF has received three new adult applicants for February. These volunteers want to work in the Thrift & Gift and at Events.
- MHF is currently working towards reinstating two volunteers who left the Foundations, Thrift & Gift early last year. We are very excited that we can reconnect the relationship and hopefully add them back into our volunteer program.

Awards and Scholarships:

- Community Scholarship & Employee Education Development Awards – the cycle starts May 1, 2023. Outreach to schools and employees will begin April 1, 2023.

MHF Committees:

- MHF Board Recruitment Success – Please welcome Marie Wimer Parks and Mary Jo McDermott as new 2023 MHF board members.
- MHF Finance Committee – CD discussion with Edward Jones. Timeline to complete mid-May 2023.
- MHF Policy & Procedures Committee – Update and build policy and current procedures. Timeline to complete mid-May 2023.
- MHF Bylaws Committee – Update and refine current bylaws. Timeline is mid-May 2023.

Other News:

- MHF new office location is: 37104 Hwy 299 E in Burney. This location does not change our MHF mailing address being in Fall River, CA. Please come in and say hello. We would love to visit.

Respectfully submitted by Tracy Geisler, Executive Director – Mayers Healthcare Foundation, Inc.

February 2023 Quality Board Report

As Quality for the District sits today, we are excited to say that we have completed all of the initial groundwork for third party accreditation with ACHC (Accreditation Commission for Health Care) and expect their educational team here for an on-site education and gap analysis in March (13-15 to be exact). This is by far the biggest and furthest reaching news in the department for the 6 years that I have been here.

ACHC will be on site for 3 days with a team of three people – one physician subject matter expert (SME), one fire/life/safety SME, and one nursing/admin SME. We know that the fire/life/safety will take up the lions share of the first 2 days, the nursing and administrative work will be mostly on the last day, and the physician SME will be available all three of the days they are here.

From this gap analysis (or mock survey) process ACHCU (Accreditation Commission for Health Care University) the education arm of ACHC will provide Mayers with a detailed report of all of the potential deficiencies that would be found during a full accreditation survey. Then they will finish the visit by assisting us in creating a plan to address all of the opportunities for improvement found with the deficiencies discovered.

After the onsite education and gap analysis, Mayers will submit the application for accreditation to ACHC and be fully prepared to move forward successfully with third-party accreditation in late April or early May. Of course, the goal is to be fully accredited before the Cerner implementation kicks into full swing, and to be able to build on both the Cerner EHR improvements and ACHCU findings to freeze best practices in place before ACHC returns for our first reaccreditation survey in 2026.

It will be an intense few months, however, the benefit will pay to Mayers 10 fold being that we will be completely accredited before Cerner takes over all of our lives and we will have the opportunity to become completely efficient in our new EHR before ACHC comes back for our reaccreditation in three years. The Quality department is excited to be leading the ACHC work and coordinating with all of the other hospital departments to accomplish this goal. It seems as though the other departments are equally as excited to see where we stand after the education and gap analysis is completed and to understand the work that lies ahead with this single goal.

QIP

DHCS (Department of Health Care Services) QIP (Quality Improvement Program) is in full swing. The QIP program is truly focused on managed care lives (those individuals in our area who are Partnership Health Plan members) and that has caused some issues in the past with our success in the program because we did not have assigned lives. However, with the addition of our RHC now the district has a number of assigned lives that will appropriately fall into the QIP target population.

Currently, the Quality has identified a number of metrics (2 for sure, with potential for growth to 4 or 6 depending on how the measure specifications are published in the future performance years) that show promise to have continued success in the QIP program. The addition of the RHC was critical for this program, and we look forward to seeing what kind of potential comes as the clinic continues to grow and gain Partnership lives.

QAPI

As you will see in your board packets, the updated Mayers Quality Assurance and Performance Improvement (QAPI) for 2023 is available for your review and input. Of course, to save time and avoid reworking a number of things we are waiting to specifically identify some of the Med/Surg and other hospital specific QAPI metrics for the coming year until after our gap analysis work with ACHCU. After their visit the board can expect an updated QAPI plan that will have all of the specifically identified opportunities that were found for Mayers.

The QAPI is being presented to you as a board now – so that you can know the basic foundations of the plan and understand how the information will be presented to you for viewing and approval. You will see in the QAPI that there are a number of Skilled Nursing measures specifically identified. This is how the board can expect to see the rest of the measures presented in future meetings after they have been identified and moving into the future. This way as a board you will know exactly how we are proceeding with quality assurance and performance improvement as a district.

Compliance Hotline

In an effort to jumpstart participation in reporting compliance concerns the Quality department has been working with the CEO in order to find a new and better method of reporting compliance concerns to the compliance officer. The CEO suggested finding an outside group to work intake, removing the potential perception of bias at intake of the concern.

To that end the Quality department has been looking at various groups and solutions that would fit the need for the District and allow us the separation to ensure that all those who have compliance concerns can report them with anonymity knowing their report will be heard and dealt with appropriately.

Cerner Reporting Champion

To the Quality departments delight, the Director of Quality was able to volunteer to be the Reporting Champion for the Cerner build. This is a huge opportunity, and he is looking forward to the role and all that it entails. Being able to manage and create all of the necessary reports for the district in the new EHR will be a huge step forward from where we are today with Paragon and working with the rest of the departments of the hospital to identify what reports will have to be built specifically for Mayers will be a lot of fun as we move forward with our Cerner adventure.

Conclusion

As always, it is a pleasure to work Quality for this District. If any of you have any questions at any time please feel free to reach out to the department directly. All of the necessary contact information is below.

Thank you,

Jack Hathaway | Director of Quality

jhathaway@mayersmemorial.com

Desk: (530)336-7506

Cell: (530)510-1574

SNF BOARD REPORT

February 2023

SNF Update

- The current census is at 84 - Fall River is 37 and Burney 47.
- We have 2 open male beds at the Burney Annex and 1 female bed at Station 2.
- The Burney and Fall River are both in green status.
- We are continuing to monitor staff vaccination compliance to stay up to date with current state requirements.
- Currently, there are no SNAP registry staff at either site.
- We have a new Interim DON for SNF that started January 4th for a 13-week contract through NPH.
- CDPH have been responding fast to facility self-reports. CDPH's last visit was in January with no pending self-reports currently.
- The team has successfully remained below the facility goal of 16.6% and national average of 14.17% for psychotropic use with our facility at 10.2% in January 2023.
- Witnessed Falls decreased by 43%, Un-witnessed Falls decreased by 66%, Falls during staff assist decreased by 100%. Falls are reviewed weekly in IDT meetings.
- Discussions have begun about next fiscal year's priorities as we continue to operate and benefit from our 2022 Goals within our facilities.
- We are continuing to maintain compliance with F888 making appropriate room changes and staffing accordingly. Presently, there are 7 unvaccinated residents in Fall River and 5 in Burney.
- We have 2 CNA students enrolled in our CNA class who will take their test on March 9th. We have 3 unit assistants working on the floor who will be added to the next CNA class.
- Currently in Fall River we have 5 CNA vacancies and 4 Nurse vacancies. In Burney we have 9 CNA vacancies and 8 Nurse vacancies. With these additional staff members, we would have a fully covered schedule with no overtime.

SNF 2023 Priorities-

1)Reorganize Restorative Nurse's Aide Program.

- Increased RNA services to promote strength and increased mobility.
- Working with Physical Therapy for future state of program.
- Working with cardiac rehab to utilize the gym for wheelchair bound patients.
- We have met with cardiac rehab and re-arranged the gym to provide our wheelchair bound patients access to exercise machines. This has already had great results.

2) Increase hand hygiene monitoring in the SNF.

- Meet with team establish team to drive changes. Establish a baseline in Speedy Audit App. Use those numbers to make goal measurable.
- Our administrative and charge nurses will participate in an online seminar training for Speedy Audit app on February 27th to help educate the team on how to use the app and gather accurate data during the audit process.

3)Improve communication with Registry Staff for compliance of documentation gaps.

- Identify areas with high documentation errors. Develop "How to" for registry to reference. Monitor compliance through chart audits.
- We have created a daily nurse duties checklist to assist registry staff with documentation requirements and guide them through their shift.

Mayers Memorial Healthcare District
Quality Assurance Performance Improvement
(MMHD QAPI)

PURPOSE:

The purpose of the Quality Assurance and Performance Improvement Plan (QAPI) is to provide a framework for promoting and sustaining performance improvement for Mayers Memorial Healthcare District in order to improve the quality of care and enhance organizational performance. The goals of our MMHD QAPI are to proactively reduce risk to those that we serve by eliminating or reducing factors that contribute to unanticipated adverse events and/or outcomes, and to provide high quality care and services to ensure the best care experience for all those that come to us for help. This will be accomplished through the support and involvement of the Board of Directors, Administration, Medical Staff, Management, and employees, in an environment that fosters collaboration and mutual respect. This collaborative approach supports innovation, data management, LEAN process and performance improvement, proactive risk assessment, commitment to customer satisfaction, and use of the Just Culture model to promote and improve awareness of patient safety. Mayers Memorial Healthcare District has an established mission, vision, values statement, and utilizes a foundation of excellence model, which are used to guide all improvement activities.

POLICY:

MISSION STATEMENT

To serve our community by providing excellent care.

VISION STATEMENT

To be the provider of choice for our community

VALUES STATEMENT

Our vision and mission is supported by our values. These include:

Teamwork – working with and helping others to accomplish goals.

Respect – Protecting the dignity of others.

Quality – In the totality of our efforts to operate according to the highest professional and ethical standards.

Compassion – The ability to show compassion and concern for the difficulties of others.

Honesty – Demonstrating professionalism, integrity, and ethical behavior and commitment to the values of the organization.

PERFORMANCE IMPROVEMENT INITIATIVES

The 2023 performance improvement priorities are based on the following priorities:

- Improving the care experience (including quality and satisfaction);
- Improving the quality of care; and
- Reducing harm district wide.

Priorities identified include:

- Support Patient and Family Centered Care through engagement.
- Sustain a Just Culture philosophy that promotes patient safety, openness, & transparency
- Promote LEAN principles to improve processes, reduce waste, and eliminate inefficiencies
- Optimize technology to integrate medical services at all levels of the organization
- Facilitate integrated continuum of care
- Ensure resident safety

Mayers Memorial Healthcare District's vision will be achieved through these strategic priorities. Each strategic priority is driven by leadership oversight and a quality team developed to ensure improvement and implementation.

ORGANIZATION FRAMEWORK

Processes cross many departmental boundaries and performance improvement requires a planned, collaborative effort between all hospital-based departments, services, including third-party payors and other physician groups. Though the responsibilities of this plan are delineated according to common groups, it is recognized that true process improvement and positive outcomes occur only when each individual works cooperatively and collaboratively to achieve improvement.

<u>Governing Board</u>

The Board of Directors (BOD) of Mayers Memorial Healthcare District has the ultimate responsibility for the quality of care and services provided throughout the system. The BOD assures that a planned and systematic process is in place for measuring, analyzing and improving the quality and safety of the District's activities.

The Board:

- Delegates the responsibility for developing, implementing, and maintaining performance improvement activities to administration, medical staff, management, and employees;
- Recognizes that performance improvement is a continuous, cyclical process, and therefore they will provide the necessary resources to carry out this ongoing work;
- Provides direction for the organization's improvement activities through the development of strategic initiatives;
- Evaluates the organization's effectiveness in improving quality through reports from the various board committees, Medical Executive Committee and Board Quality Committee.

Chief Team

The Chief Team creates an environment that promotes the goals of quality and process improvement through the safe delivery of care, quality outcomes, and resident satisfaction. The Chief Team sets expectations, develops plans, and manages processes to measure, assess, and improve the quality of the Health System's governance, management, clinical and support activities. The Chief Team ensures that clinical contracts contain quality performance indicators to measure the level of care and service provided.

The Chief Team has developed a culture of safety by embracing the Just Culture model and has set behavior expectations for providing no less than Safe, Timely, Effective, Efficient, Equitable, Patient Centered Care. They ensure compliance with regulatory, statutory and contractual requirements.

Board Quality Committee

The Board Quality Committee is to provide oversight for the District QAIP and set expectations of quality care, patient safety, environmental safety, and performance improvement throughout the organization. The committee will monitor the improvement of care, treatment and services to ensure that it is safe, timely, effective, efficient, equitable and patient-centered. They will oversee and be accountable for the organization's participation and performance in national quality measurement efforts, accreditation programs, and subsequent quality improvement activities. The committee will assure the development and implementation of ongoing education focusing on service and performance excellence, risk-reduction/safety enhancement, and healthcare outcomes.

Medical Executive Committee

The Medical Executive Committee shares responsibility with the BOD Quality Committee and senior management for the ongoing quality of care and services provided within the Health System.

The Medical Executive Committee provides effective mechanisms to monitor, assess, and evaluate the quality and appropriateness of patient care and the medical performance of all individuals with delineated clinical privileges. These mechanisms function under the purview of the medical staff peer review process. Consistent with this process, performance improvement opportunities are addressed, and important problems in patient care or safety are identified and resolved.

The Medical Executive Committee delegates some the oversight responsibility for performance improvement activity monitoring, assessment, and evaluation of patient care services provided throughout the system to the Board Quality Committee. Other functions such as peer-review remain with Med Staff Quality Committee which meets in conjunction with Medical Executive Committee.

Committees Chairs of the Medical Staff

The Committees Chairs:

- Provide a communications channel to the Medical Executive Committee;
- Monitor ongoing professional performance evaluation and focused professional performance evaluation and make recommendations regarding reappointment based on data regarding quality of care;
- Maintain all duties outlined by appropriate accrediting bodies.

Medical Staff

The medical staff is expected to participate and support performance improvement activities. The medical staff provides effective mechanisms to monitor, assess, and evaluate the quality and appropriateness of resident care and the clinical performance of all individuals with delineated clinical privileges. These mechanisms are under the purview of the medical staff peer review process. Consistent with this process, performance improvement opportunities are addressed, and important problems in patient care or safety are identified and resolved. Annually, the District will determine critical indicators/performance measures consistent with strategic and performance improvement priorities and guidelines.

The Director of Quality provides leadership that creates a vision and direction for clinical quality and patient safety throughout the Health System. The Director, in conjunction with the medical staff and District leadership, directs and coordinates quality, patient safety, and performance improvement initiatives to enhance the quality of care provided to our patients. The Director communicates patient safety, best practices, and process improvement activities to the medical staff and engages them in improvement activities. The Director sits the Medical Staff Quality Committee.

Hospital Management (Directors, Managers, and Leads)

Management is responsible for ongoing performance improvement activities in their departments and for supporting teams chartered by the Board Quality Committee. Many of these activities will interface with other departments and the medical staff. They are expected to do the following:

- Foster an environment of collaboration and open communication with both internal and external customers;
- Participate and guide staff in the patient advocacy program;
- Advance the philosophy of Just Culture within their departments;
- Utilize LEAN principles and FOCUS-PDCA (Find, Organize, Clarify, Understand, Select – Plan, Do, Check, Act) process improvement activities for department-specific performance improvement initiatives;
- Establish performance and patient safety improvement activities in conjunction with other departments;
- Encourage staff to report any and all reportable events including “near-misses”;
- Participate in the investigation and determination of the causes that underlie a “near-miss” / Sentinel/Adverse Event/Error or Unanticipated Outcome as recommended by the Just Culture model and implement changes to reduce the probability of such events in the future.

Employees

The role of the individual employee is critical to the success of a performance improvement initiative. Quality is everyone’s responsibility and each employee is charged with practicing and supporting the Standards of Business Conduct: Health System Code of Conduct and Chain of Command for Medical Care Issues policies. All employees must feel empowered to report, correct, and prevent problems.

The Nursing Quality and Peer Review Council consist of registered nurses from each service area. This Council is an integral part of reviewing QAIP data, evaluating processes, providing recommendations, and communicating their findings with peers to improve nursing practice.

Employees are expected to do the following:

- Contribute to improvement efforts, including reporting Sentinel/Adverse Event/Error or Unanticipated Outcomes, to produce positive outcomes for the patient and ensure the perfect

care experience for patients and customers;
- Make suggestions/recommendations for opportunities of improvement or for a cross-functional team, including risk reduction recommendations and suggestions for improving patient safety, by contacting their Director or Manager, the Director of Quality and Regulations, the Medical Director of Quality, or a Chief Team Member.

PERFORMANCE IMPROVEMENT STRUCTURE

Medical Staff Quality Committee

With designated responsibility from the Medical Executive Committee, the Medical Staff Quality Committee is responsible for prioritizing the performance improvement activities in the organization, chartering cross-functional teams, improving processes within the Health System, and supporting the efforts of all performance improvement activities. The Med Staff Quality Committee is an interdisciplinary committee led by the Medical Director of Quality, which meets monthly in conjunction with the Board Quality Committee. The committee has representatives from each Medical Staff department, Health System leadership, nursing, and ancillary and support services ad hoc.

The Medical Staff Quality Committee:

- Annually review and approve the Medication Error Reduction Plan (MERP), Infection Control Plan, Alternate Life Safety Measures Plan, Utilization Review Plan, Risk Management Plan, and the Patient Safety Plan.
- Regularly reviews progress to the aforementioned plans.
- Reviews quarterly quality indicators to evaluate patient care and delivery of services and takes appropriate actions based on patient and process outcomes;
- Reviews recommendations for performance improvement activities based on patterns and trends identified by the proactive risk reduction programs and from the various Health System committees;
- Elicits and clarifies suspected or identified problems in the provision of service, quality, or safety standards that may require further investigation;
- Reviews progress reports from chartered teams and assists to address and overcome identified barriers;
- Reviews summaries and recommendations of Root Cause Analysis (RCA) and Failure Mode Effects Analysis (FMEA) activities.
- Oversees the radiation safety program, including nuclear medicine and radiation oncology and evaluates the services provided and make recommendations to the MEC.

Quality Improvement Committee (QIC)

The Board Quality Committee provides direct oversight for the QIC. The QIC is an executive committee with departmental representatives, within the Mayers Memorial Healthcare District, presenting their QA/PI findings as assigned. The goal of the committee is to achieve optimal patient outcomes by making sure that all staff participates in performance improvement activities. Departmental Directors or their designee review assigned quality metrics biannually at the QIC. Performance improvement includes

collecting data, analyzing the data, and taking action to improve. The Director of Quality is responsible for processes related to this committee.

The Quality Improvement Committee will:

- Oversee the Performance Improvement activities of MMHD including data collection, data analysis, improvement, and communication to stakeholders
- Set performance improvement priorities and provide the resources to achieve improvement
- Reviews requests for chartered Performance Improvement Teams. Requests for teams may come from committees, department or individual employees. Not all performance improvement efforts require a chartered team;
- Report the committee's activities quarterly to the Medical Staff Quality Committee.

SCIENTIFIC METHOD FOR IMPROVEMENT ACTIVITIES

Mayers Memorial Healthcare District utilizes FOCUS-PDCA Rapid Cycle Teams (Find, Organize, Clarify, Understand, Select – Plan, Do, Check, Act). The BOD, Chief Team Members, or the Medical Staff Quality Committee charter formal cross-functional teams to improve current processes and design new services, while each department utilizes tools and techniques to address opportunities for improvement within their individual areas.

Performance Improvement Teams

Teams are cross-functional and multidisciplinary in nature. The priority and type of team are based on the strategic initiatives of the organization, with regard to high risk, high volume, problem prone, and low volume.

Performance Improvement Teams will:

- Follow the approved team charter as defined by the BOD, Chief Team Members, or Board Quality;
- Establish specific, measurable goals and monitoring for identified initiatives;
- Report their findings and recommendations to key stakeholders, and Board Quality.

PERFORMANCE IMPROVEMENT EDUCATION

Training and education are essential to promote a culture of quality within the Mayers Memorial Healthcare District. All employees and Medical Staff receive education about performance improvement upon initial orientation. Employees receive additional annual training on various topics related to performance improvement.

A select group of employees have received specialized manager training in using the Just Culture coaching and investigation process utilizing statistical data tools for performance improvement. These facilitators may be assigned to chartered teams at the discretion of the QIC, MSQC and Chief Team Members.

Annual evaluation of the performance improvement program will include an assessment of needs to target future educational programs. The Director of Quality is responsible for this evaluation.

PERFORMANCE IMPROVEMENT PRIORITIES

Improvement activities must be data driven, outcome based, and updated annually. Careful planning, testing of solutions and measuring how a solution affects the process will lead to sustained improvement or process redesign. Improvement priorities are based on the mission, vision, and strategic plan for Mayers Memorial Healthcare District. During planning, the following are given priority consideration:

- Processes that are high risk, high volume, or problem prone areas with a focus on the incidence, prevalence, and severity of problems in those areas
- Processes that affect patient safety and outcomes
- Processes related to patient advocacy and the perfect care experience
- Processes related to the National Quality Forum (NQF) Endorsed Set of Safe Practices
- Processes related to patient flow
- Processes associated with near miss Sentinel/Adverse Event/Error or Unanticipated Outcome

Because Mayers Memorial Healthcare District is sensitive to the ever changing needs of the organization, priorities may be changed or re-prioritized due to:

- Identified needs from data collection and analysis
- Unanticipated adverse occurrences affecting patients
- Processes identified as error prone or high risk regarding patient safety
- Processes identified by proactive risk assessment
- Changing regulatory requirements
- Significant needs of patients and/or staff
- Changes in the environment of care
- Changes in the community

DESIGNING NEW AND MODIFIED PROCESSES/FUNCTIONS/SERVICES

Mayers Memorial Healthcare District designs and modifies processes, functions, and services with quality in mind. When designing or modifying a new process the following steps are taken:

An individual with the appropriate expertise within the organization is assigned the responsibility of developing the new process.

- Key individuals, who will own the process when it is completed, are assigned to a team led by the responsible individual.
- An external consultant is utilized to provide technical support, when needed.
- The design team develops or modifies the process utilizing information from the following concepts:
  - ✓ It is consistent with our mission, vision, values, and strategic priorities and meets the needs of individual served, staff and others
  - ✓ It is clinically sound and current
  - ✓ Current knowledge when available and relevant i.e. practice guidelines, successful practices, information from relevant literature and clinical standards

- ✓ It is consistent with sound business practices
- ✓ It incorporates available information and/or literature from within the organization and from other organizations about potential risks to patients, including the occurrence of sentinel/near-miss events, in order to minimize risks to patients affected by the new or redesigned process, function, or service
- ✓ Conducts an analysis and/or pilot testing to determine whether the proposed design/redesign is an improvement and implements performance improvement activities, based on this pilot
- ✓ It incorporates the results of performance improvement activities
- ✓ It incorporates consideration of staffing effectiveness
- ✓ It incorporates consideration of patient safety issues
- ✓ It incorporates consideration of patient flow issues

- Performance expectations are established, measured, and monitored. These measures may be developed internally or may be selected from an external system or source. The measures are selected utilizing the following criteria:
  - ✓ They can identify the events it is intended to identify
  - ✓ They have a documented numerator and denominator or description of the population to which it is applicable
  - ✓ They have defined data elements and allowable values
  - ✓ They can detect changes in performance over time
  - ✓ They allow for comparison over time within the organization and between other entities
  - ✓ The data to be collected is available
  - ✓ Results can be reported in a way that is useful to the organization and other interested stakeholders

PROACTIVE RISK ASSESSMENTS

- Risk assessments are conducted to proactively evaluate the impact of buildings, grounds, equipment, occupants, and internal physical systems on patient and public safety. At least one Failure Effect Mode Analysis will be completed every 18 months.
- The Medical Staff Quality Committee and other leadership committees will recommend the processes chosen for our proactive risk assessments based on literature, errors and near miss events, sentinel event alerts, and the National Quality Forum (NQF) Endorsed Set of Safe Practices.
  - ✓ The process is assessed to identify steps that may cause undesirable variations, or “failure modes”.
  - ✓ For each identified failure mode, the possible effects, including the seriousness of the effects on the patient are identified and the potential breakdowns for failures will be prioritized.

- ✓ Potential risk points in the process will be closely analyzed including decision points and patient's moving from one level of care to another through the continuum of care.
- ✓ For the effects on the patient that are determined to be "critical", a root cause analysis is conducted to determine why the effect may occur.
- ✓ The process will then be redesigned to reduce the risk of these failure modes occurring or to protect the patient from the effects of the failure modes.
- ✓ The redesigned process will be tested and then implemented. Performance measurements will be developed to measure the effectiveness of the new process.
- ✓ Strategies for maintaining the effectiveness of the redesigned process over time will be implemented.

- Ongoing hazard surveillance rounds including Environment of Care Rounds and departmental safety hazard inspections are conducted to identify any trends and to provide a comprehensive ongoing surveillance program.
- The Safety Committee review trends and incidents related to the Safety Management Plans. The EOC Safety Committee provides guidance to all departments regarding safety issues.
- The Infection Control Practitioner and Environment of Care Safety Officer complete a written infection control and preconstruction risk assessment for interim life safety for new construction or renovation projects.

DATA COLLECTION

Mayers Memorial Healthcare District chooses processes and outcomes to monitor based on the mission and scope of care and services provided and populations served. The goal is 100% compliance with each identified quality metric. Data that the organization considers for the purpose of monitoring performance includes, but is not limited to, the following:

- Medication therapy
- Infection control surveillance and reporting
- Surgical/invasive and manipulative procedures
- Blood product usage
- Data management
- Discharge planning
- Utilization management
- Complaints and grievances
- Restraints/seclusion use
- Mortality review
- Medical errors including medication, surgical, and diagnostic errors; equipment failures, infections, blood transfusion related injuries, and deaths due to seclusion or restraints
- Needs, expectations, and satisfaction of individuals and organizations served, including:
  - ✓ Their specific needs and expectations

- ✓ Their perceptions of how well the organization meets these needs and expectations
- ✓ How the organization can improve patient safety
- ✓ The effectiveness of pain management

- Resuscitation and critical incident debriefings
- In addition, the following clinical and administrative data is aggregated and analyzed to support patient care and operations:
  - ✓ Quality measures delineated in clinical contracts will be reviewed annually
  - ✓ Pharmacy transactions as required by law and to control and account for all drugs
  - ✓ Information about hazards and safety practices used to identify safety management issues to be addressed by the organization
  - ✓ Reports of required reporting to federal, state, authorities
  - ✓ Performance measures of processes and outcomes, including measures outlined in clinical contracts
- Summaries of performance improvement actions and actions to reduce risks to patients

The selected data sets are reviewed regularly by the QIC, MSQC, and the BOD with a goal of 100% compliance. The review focuses on any identified outlier and the plan of correction.

AGGREGATION AND ANALYSIS OF DATA

Mayers Memorial Healthcare District believes that excellent data management and analysis are essential to an effective performance improvement initiative. Statistical tools are used to analyze and display data. These tools consist of dashboards, bar graphs, pie charts, histograms, Pareto charts, control charts, fishbone diagrams, and other tools as appropriate. All performance improvement teams and activities must be data driven and outcome based. The analysis includes comparing data within our organization, with other comparable organizations, with published regulatory standards, and best practices. Data is aggregated and analyzed within a time frame appropriate to the process or area of study. Data will also be analyzed to identify system changes that will help improve patient safety and promote a perfect care experience.

Data is analyzed in many ways including:

- Using appropriate performance improvement problem solving tools
- Making internal comparisons of the performance of processes and outcomes over time
- Comparing performance data about the processes with information from up-to-date sources
- Comparing performance data about the processes and outcomes to other hospitals and reference databases

Intensive analysis is completed for:

- Levels of performance, patterns or trends that vary significantly and undesirably from what was expected
- Significant and undesirable performance variations from the performance of other operations
- Significant and undesirable performance variations from recognized standards
- A sentinel event which has occurred

- Variations which have occurred in the performance of processes that affect patient safety
- Hazardous conditions which would place patients at risk
- The occurrence of an undesirable variation which changes priorities

The following events will automatically result in intense analysis:

- Significant confirmed transfusion reactions
- Significant adverse drug reactions
- Significant medication errors
- All major discrepancies between preoperative and postoperative diagnosis
- Adverse events or patterns related to the use of sedation or anesthesia
- Hazardous conditions that significantly increase the likelihood of a serious adverse outcome
- Staffing effectiveness issues
- Deaths associated with a hospital acquired infection
- Core measure data, that over two or more consecutive quarters for the same measure, identify the hospital as a negative outlier

REPORTING

Results of the outcomes of performance improvement and patient safety activities identified through data collection and analysis, performed by medical staff, ancillary, and nursing services, in addition to outcomes of performance improvement teams, will be reported to the Board Quality Committee on a quarterly basis. Results of the appraisal of performance measures outlined in clinical contracts will be reported to the Board Quality Committee and Medical Staff annually.

The MSQC will provide their analysis of the quality of patient care and services to the Medical Executive Committee on a quarterly basis. The Medical Executive Committee, Quality Medical Director, or the Director of Quality will report to the BOD at least quarterly relevant findings from all performance improvement activities performed throughout the System.

Mayers Memorial Healthcare District also recognizes the importance of collaborating with state agencies to improve patient outcomes and reduce risks to patients by participating in voluntary quality reporting initiatives.

CONFIDENTIALITY AND CONFLICT OF INTEREST

All communication and documentation regarding performance improvement activities will be maintained in a confidential manner. Any information collected by any Medical Staff committee, the Administrative Council, or Health System department in order to evaluate the quality of patient care, is to be held in the strictest confidence, and is to be carefully safeguarded against unauthorized disclosure. Access to peer review information is limited to review by the Medical Staff and its designated committees and is confidential and privileged. No member of the Medical Staff shall participate in the review process of any case in which he/she was professionally involved unless specifically requested to participate in the review. All information related to performance improvement activities performed by the Medical Staff or Health System staff in accordance with this plan is confidential and are protected by disclosure and discoverability through California Evidence Code 1156 and 1157

ANNUAL ASSESSMENT

The Quality Improvement Program and the objective, structure, methodologies, and results of performance improvement activities will be evaluated at least annually. The evaluation includes a review of patient care and patient related services, infection control, medication administration, medical care, and the Medical Staff. More specifically, the evaluation includes a review of the utilization of services (including at least the number of patients served and volume of services), chart review (a representative sample of both active and closed clinical records), and the Health System policies addressing provision of services.

The purpose of the evaluation is to determine whether the utilization of services is appropriate, policies are followed, and needed changes are identified. The Quality Assurance program evaluates the quality and appropriateness of diagnoses, treatments furnished, and treatment outcomes. An annual report summarizing the improvement activities and the assessment will be submitted to the Medical Staff Quality Committee, the Medical Executive Committee, and the Board of Directors.

PLAN APPROVAL

The Quality Improvement Plan will be reviewed, updated, and approved annually by the Board Quality Committee, the Medical Executive Committee, and the Board of Directors.

2023 PILLAR GOALS

District
Reduce registry cost by 25% overall from Fy22
Successful Cerner implementation
ACHC accreditation completed for CAH
Meet facility program deliverables for master planning
Improve communication throughout the district

CAH
ACHC Accreditation

SNF
Percentage of residents whose need for help with activities of daily living has increased
Percentage of residents whose ability to move independently has worsened
Percentage of residents experiencing one or more falls with major injury
Hand hygiene

Clinic
Increase Partnership lives by 50%
Increase pediatric population to 400 within this physical year
Become a CHDP provider
Be a Family Pact provider
Complete contracting process with Beacon (telehealth mental health provider)

Retail Pharmacy
Bring PDC to annual average of 70%
ADDS (Alternative Drug Delivery System) available in clinic

Attachment A

Mayers Memorial Hospital District Skilled Nursing 2023 QAIP Reporting Measures

SKILLED NURSING FACILITY	Responsible	Benchmark	4th QTR 22	1st QTR 23	2nd QTR 23	3rd QTR 23
Percentage of residents who experience a UTI						
Percentage of residents who experience significant weight loss						
Percentage of residents whose need for help with activities of daily living has increased*						
Percentage of residents whose ability to move independently has worsened*						
Percentage of high risk residents with pressure ulcers (sores)						
Percentage of residents who have/had a catheter inserted and left in their Blatter						
Percentage of residents experiencing one or more falls with major injury*						
Percentage of residents who self-report moderate to severe pain						
Percentage of residents who receive antipsychotic medications						
Number of resident visits to the emergency department						
Percentage of catheter related UTI's						
RN hours resident days						
Total Nursing hours per resident day						
Rate of COVID-vax Administered						
Rate of Flu-vax Administered						
Rate of Pneumovax Administered						
QUALITY	**Responsible**	**Benchmark**	**4th QTR 22**	**1st QTR 23**	**2nd QTR 23**	**3rd QTR 23**
Resident Safety Index Detail						
Medication error rate						
Percentage of residents that develop pressure ulcers						
Resident falls						
Long Term Care						
Percent of residents who develop pressure ulcers						
Residents with a urinary tract infection percentage						
Percent of residents who experience unplanned weight loss						

Attachment A

Mayers Memorial Hospital District Skilled Nursing 2023 QAIP Reporting Measures

Percentage of Falls						
SNF 5-Star Quality Rating						
RISK	**Responsible**	**Benchmark**	**4th QTR 22**	**1st QTR 23**	**2nd QTR 23**	**3rd QTR 23**
Total number of resident safety events						
FALLS						
Total # non-resident (visitor) falls						
Total # of resident falls						
Rate of resident falls with injury						
Skin breakdown / deceits						
Total # of hospital-acquired pressure ulcers						

Date: February 3, 2023

To: Special Districts Representatives

From: George Williamson, Executive Officer & Kathy Bull, Office Manager

Subject: NOTICE OF BALLOTING PERIOD TO ELECT SPECIAL DISTRICTS REPRESENTATIVES

Independent special districts are hereby advised that due to a vacancy created by current member not being re-elected to their District Board, a vacant Special District Member (Seat 2) position is now open for election of Special District Representatives to the Local Agency Formation Commission (LAFCO). The election is subject to the following rules:

Terms of Office

Pursuant to LAFCO statute, the term of office of each member of Shasta LAFCO shall be four years and until the appointment and qualification of his or her successor. This term shall expire in January of 2024.

Election Rules

1. Each eligible nominee (seven) shall be listed on the ballot.
2. Each independent district will be sent only one ballot.
3. Each independent district may cast only one vote. The special district governing body is to decide which candidate is to receive the district's votes, by vote of the Board, at a regular or special meeting.
4. Districts shall return the ballots to LAFCO **in the pre-addressed envelope provided by LAFCO.**
5. **Ballots are due in the LAFCO office by 4:00 p.m., Wednesday, March 27, 2023**.
6. Ballots received after the specified due date will be declared invalid.
7. The ballots will be opened and counted by the Office Manager or LAFCO General Counsel.
8. The candidate receiving the most votes will be elected to fill the remainder of the vacant Regular Special District Member (Seat 2) term ending January 2024.
9. The election results will be announced within seven (7) days after the ballots are counted.

Enclosures: Shasta LAFCO Official Ballot
Candidate Information with signed Nomination Forms
Pre-addressed envelope

999 Mission De Oro Drive, Suite 106, Redding, CA 96003
Phone: 530.242.1112
eo@shastalafco.org

SHASTA LAFCO
OFFICIAL BALLOT – SPECIAL DISTRICTS

Please vote for <u>one</u> candidate. The candidate receiving the majority of votes will be selected to the Regular Special District Member – Seat 2.

Please vote for one candidate listed below:

- ☐ Candidate Steve Brown – Cottonwood Fire Protection District
- ☐ Candidate Patricia A. **"Trish"** Clarke – Anderson Fire Protection District
- ☐ Candidate Ronnean Lund – Anderson Cottonwood Irrigation District
- ☐ Candidate Josh Mack – Millville Volunteer Fire Protection District
- ☐ Candidate Fred Ryness – Burney Water District
- ☐ Candidate James **"Jim"** Smith – Bella Vista Water District
- ☐ Candidate Rosemary Smith – Shasta Lake Fire Protection District

Official Ballot is due in the LAFCO office no later than 4:00 p.m., Wednesday, March 27, 2023

This action was taken by the _____

District Board of Directors on _____, 2023.

_____ _____

Clerk of the Board Date

NOMINATION FORM

Regular Special District Member – Seat 2

District Name: Cottonwood Fire Dept.

Address: 20875 Fourth St.
P.O. Box 618
Cottonwood, CA 96022

Contact Person: Bill Morgan Chief

Contact Email: bmorgan@Cottonwoodfd.com

Telephone: 530 347 4737

The Board hereby nominates Steve Brown to fill the remainder of the four-year term ending in January 2024 as a regular member of the Shasta Local Agency Formation Commission representing independent Special Districts in Shasta County.

Board action taken on the 9th day of January, 2023 by the following vote:

Ayes: 4

Noes: Ø

Abstain: Ø

Absent: Ø

Signature of Board President/Clerk

Steve Brown
Printed Name

This Nomination Form must be received by Shasta LAFCO no later than February 1, 2023

CANDIDATE INFORMATION SHEET
Nominated for Regular Special District Member – Seat 2

Candidate Name STEVE BROWN

Address 20985 HIGH COUNTRY LN ANDERSON CA 96007

Telephone 530-365-4181

E-mail SLBROWN200@GMAIL.COM

District COTTONWOOD FIRE DISTRICT

Title DIRECTER

Length of service with District: 4 yrs

Present Occupation: RETIRED

Personal and Professional Background: TECHNICIAN AUTOMATION & ROBOT HARDWARE SOFTWARE CONTROL. MEMBER OF & SHASTA COUNTY SHERIFF VOLUNTEER. VOLUNTEER FOR SHASTA COLLEGE DESEILE PROGRAM. SINCE 2006

Summarize your interest in serving on Shasta LAFCO: MAKING SURE PROJECT FROM START ARE CORRECT FOR COUNTY

Summarize your qualifications for serving on Shasta LAFCO: INTEREST IN MAKING SURE PROJECTS FOR SHASTA COUNTY ARE RIGHT FOR THE COUNTY

List local government involvement: SHASTA COUNTY 50 CVP 2014 SHASTA COLLEGE VOLUNTEER 2006 DESEILE

List civic organization involvement:

List special interests or hobbies: BUILDING HOUSES AUTO & DESEIL RESTORING

STEVE BROWN

NOMINATION FORM

Regular Special District Member – Seat 2

District Name: Anderson Fire Protection District

Address: 9125 Howard Street, Anderson, CA 96007

Contact Person: Angie Poletski

Contact Email: admin@andersonfire.org

Telephone: 530-378-1699

The Board hereby nominates Patricia A. "Trish" Clarke to fill the remainder of the four-year term ending in January 2024 as a regular member of the Shasta Local Agency Formation Commission representing independent Special Districts in Shasta County.

Board action taken on the 10th day of January, 2023 by the following vote:

Ayes: 5

Noes: 0

Abstain: 0

Absent: 0

/Clerk
Signature of Board President/Clerk

Angie Poletski
Printed Name

This Nomination Form must be received by Shasta LAFCO no later than February 1, 2023

CANDIDATE INFORMATION SHEET
Nominated for Regular Special District Member – Seat 2

Candidate Name: Patricia A. "Trish" Clarke

Address: 3376 Bardick Rd, Anderson, CA 96007

Telephone: 530-365-3274 or 530-949-5844

E-mail: Clarketrish44@gmail.com

District: Anderson Fire Protection District

Title: Board Chairperson

Length of service with District: 34 years, 1989-current

Present Occupation: Retired-President Frontier Senior Center Board of Directors - Chairman of Anderson Fire Protection District.

Personal and Professional Background: Trish has lived in Shasta County for 46 years. She has served and continues to serve on many Boards and Commissions in our community.

Summarize your interest in serving on Shasta LAFCO: Trish would like to use her past experience & expertise in Land Use.

Summarize your qualifications for serving on Shasta LAFCO: LAFCO Chairman - Commissioner 16 years, California Local Agency Formation Commission (CALAFCO) Chairman - Commissioner 16 years. Served on Commission on Local Governance that wrote Cortese - Knox - Hertzberg.

List local government involvement: Anderson Planning Commission, Anderson City Council, mayor of Anderson, Anderson Fire Protection District Chairman, Shasta Co. Board of Supervisors, Chairman of Board, Commission on Local Governance for 21st century, CJAC Admin of Justice Chairman - See attached for more -

List civic organization involvement: Board of Directors President - AAASCO - Frontier Senior Center in Anderson, CA

List special interests or hobbies: Trish enjoys Gardening, traveling & fishing.

PATRICIA A. "Trish" CLARKE

3376 Bardick Rd., Anderson, Ca 96007 530-949-5844 e-mail clarketrish44@gmail.com

BACKGROUND

- Born in Twin Falls Idaho
- Graduated Twin Falls High School – 1962
- Graduated Nampa Business College – 1964
- 45 –year resident of Shasta County
- Widow – Married to Bob Clarke, 36 years
- One Son, Rick – 2 Grandsons, Logan & Gavin

POSITIONS PREVIOUSLY HELD

- Anderson Planning Commission 1985-1986
- **Anderson City Council 1986-1990**
- **Mayor of the City of Anderson 1989-1990**
- **Anderson Fire Protection District – Chairman 1989 -**
- **Shasta County Board of Supervisors, District 5 (4 terms)**
- **Chairman of the Board – 1995-1998-2003-2006**
- Commission on Local Governance for the 21st Century – Governor Appointee
- CSAC Administration of Justice Committee – Chairman
- Judicial Council – Probation Services Task Force
- Local Agency Formation Commission (LAFCO) – Chairman & Commissioner
- California Local Agency Formation Commission (CALAFCO) Chairman & Commissioner
- Airport Land Use Commission (ALUC) - Chairman
- Redding Area Bus Authority (RABA) – Chairman & Board Member (20 years)
- Regional Transportation Planning Agency (RTPA) Chairman and Member (16 years)
- Shasta County Air Quality Control District
- Shasta County Older Adult Policy Council – Chairman
- PSA2AAA – Executive Board (Area Agency on Aging)
- Congressional Representative to 2005 White House Conference on Aging
- Board Liaison to Law & Justice Departments
- **Small Business Owner for 10 years – 1980-1990**
- **Legal Secretary for 10 years**

CURRENTLY

Board of Directors – President - AAASCO - Frontier Senior Center, Anderson, Ca. –

Anderson Fire Protection District- Chairman

NOMINATION FORM

Regular Special District Member – Seat 2

District Name: Anderson Cottonwood Irrigation District

Address: 2810 Silver Street, Anderson, CA 96007

Contact Person: Jarod Shipley

Contact Email: j.shipley@acidistrict.org

Telephone: (530) 209-1350

The Board hereby nominates Ronnean Lund to fill the remainder of the four-year term ending in January 2024 as a regular member of the Shasta Local Agency Formation Commission representing independent Special Districts in Shasta County.

Board action taken on the 12th day of January, 2023 by the following vote:

Ayes: Five (5)

Noes: Zero (0)

Abstain: Zero (0)

Absent: Zero (0)

Signature of Board President/Clerk

Dan Woodbury

Printed Name

This Nomination Form must be received by Shasta LAFCO no later than February 1, 2023

CANDIDATE INFORMATION SHEET
Nominated for Regular Special District Member – Seat 2

Candidate Name	Ronnean Lund
Address	PO Box 492522, Redding CA 96049
Telephone	(707) 616-5500
E-mail	ronneanlund@aol.com
District	Anderson Cottonwood Irrigation District
Title	Director-Division 1

Length of service with District: Two months, and worked on getting up to speed on District matters for four and a half months prior to that.

Present Occupation: Engineer for the State Division of Drinking Water

Personal and Professional Background: Please see attachment for answers to the following questions.

Summarize your interest in serving on Shasta LAFCO:

Summarize your qualifications for serving on Shasta LAFCO:

List local government involvement:

List civic organization involvement:

List special interests or hobbies:

LAFCO Candidate Information Sheet Attachment
For Ronnean Lund's Nomination

Personal and Professional Background

1. I have a Bachelor of Science degree in engineering.
2. I worked for 14 years for Humboldt County Environmental Health, both as a student professional worker and a Registered Environmental Health Specialist, mainly in land use.
3. I have worked for over 20 years and am currently employed with the State Division of Drinking Water as an engineer.
4. I raised four children.

Summarize your interest in serving on Shasta LAFCO

1. I believe it is important to have knowledgeable and well-rounded individuals on the LAFCO Board, people who are aware of local issues and whose values and goals align with those of LAFCo. I share the LAFCO goals of:
    a. Ensuring that development is done in an orderly manner that preserves land for future generations, and is only approved where it is logical and done in an efficient way, discourages urban sprawl, which is consistent with LAFCO's authority under the Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000.
    b. Preserving agricultural and open space lands
    c. Gaining insight and obtaining input from the stakeholders on their needs and opinions.
2. I have the background to be an asset to the Board, not only due to my work history in land use, but also from the experience I gained through the projects I have worked on that required LAFCO involvement. I was specifically involved in oversight of a project in Humboldt County where two independent water service entities were consolidated, requiring LAFCO approval. That project included an annexation to add the consolidating water company into the receiving agency and included the expansion of their sphere of influence.
3. I am capable and willing to spend the time necessary to review project information and documents, so that as a Board member I can provide an informed opinion and hold a useful discussion about the actions before the Board.
4. I am proficient in taking large amounts of information and distilling it down into essential facts to support findings in decision making.
5. I am analytical and logical and believe I would be a good fit for the Board.

List local government involvement

1. I was the lead proponent for the recall of Shasta County Supervisor Leonard Moty. I also spent countless hours collecting signatures for the recall petition.
2. I helped in the campaign of Leonard Moty's replacement.
3. I was the campaign coordinator for the person who ran against Shasta County District Attorney Stephanie Bridgett in the 2022 Shasta County primaries.
4. I ran for and was elected to the Board of Anderson Cottonwood Irrigation District in the 2022 General election.

List civic organizations involvement

1. I frequently attend Shasta County Board of Supervisors' meetings and Redding City Counsel meetings and provide public comment.

List special interests or hobbies

1. Hiking
2. Bike riding
3. Cooking
4. Snow sports
5. Being of service

NOMINATION FORM

Regular Special District Member – Seat 2

District Name: Millville Fire Protection District

Address: P. O. Box 32, Millville, CA 96062

Contact Person: Paula Tassen, Clerk

Contact Email: 6mfpd21@gmail.com

Telephone: (530) 547-5521

The Board hereby nominates Josh Mack to fill the remainder of the four-year term ending in January 2024 as a regular member of the Shasta Local Agency Formation Commission representing independent Special Districts in Shasta County.

Board action taken on the 16th day of January, 2023 by the following vote:

Ayes: 5

Noes: 0

Abstain: 0

Absent: 0

Signature of Board President/Clerk

Pat Corey

Printed Name

This Nomination Form must be received by Shasta LAFCO no later than February 1, 2023

JOSH.MACK

CANDIDATE INFORMATION SHEET
Nominated for Regular Special District Member – Seat 2

Candidate Name: Josh Mack

Address: 23518 Millville Way, Millville CA, 96062

Telephone: (530) 356-4333

E-mail: josh@mack-construction.com

District: Millville Volunteer Fire Department

Title: Board Member

Length of service with District: Less than 1 year

Present Occupation: General Building Contractor

Personal and Professional Background: Bachelor of Science Cal Poly SLO Agribusiness Agribusiness Finance & Appraisal, MBA Organizational Leadership, Self Employed General Contractor since 2012, Life long resident of Shasta County

Summarize your interest in serving on Shasta LAFCO: Sincere desire to see reasonable and responsible use of our civic resources to maintain boundaries, new formations etc.

Summarize your qualifications for serving on Shasta LAFCO: As a general contractor I have developed a strong affinity for allocating resources to successfully accommodate needs while maintaining a profitable and balanced budget

List local government involvement: Worked to successfully complete multiple projects for both Shasta County Public Works and the City of Redding

List civic organization involvement: Palo Cedro Chamber of Commerce help to put on events such as Country Christmas Fund Raiser.

List special interests or hobbies: Horses, Agricultural, Construction

NOMINATION FORM

Regular Special District Member – Seat 2

District Name: Burney Water District

Address: 20222 Hudson St., Burney, CA 96013

Contact Person: David Zevely

Contact Email: dzevely@burneywater.org

Telephone: (530) 335-3582

The Board hereby nominates Fred Ryness to fill the remainder of the four-year term ending in January 2024 as a regular member of the Shasta Local Agency Formation Commission representing independent Special Districts in Shasta County.

Board action taken on the 26 day of January, 2023 by the following vote:

Ayes: Jim Hamlin, Britta Rogers, David Barry.

Noes: None.

Abstain: Fred Ryness

Absent: None.

Signature of Board President/Clerk

David Zevely
Printed Name

This Nomination Form must be received by Shasta LAFCO no later than February 1, 2023

CANDIDATE INFORMATION SHEET
Nominated for Regular Special District Member – Seat 2

Candidate Name: Fred A. Ryness

Address: 20277 Marquette St. Burney, Ca. 96013

Telephone: 530-335-5555 Home 530-524-4324 Cell

E-mail: ryness.fred@gmail.com

District: Burney Water District

Title: Board Member

Length of service with District:* Get From Stephanie

Present Occupation: Forestry Instructor (Lifetime Credential)

Personal and Professional Background: Married 55 years to Charlene Ryness
3 Grown Children, 10 Grand children

Summarize your interest in serving on Shasta LAFCO: I presently serve as the Alternate special District Member For Shasta LAFCO

Summarize your qualifications for serving on Shasta LAFCO: In Addition to serving at present, I am also a Board Member on the Calif. Special Districts Association Board For the Northern Network

List local government involvement: Burney Water Board, Shasta County LAFCO

List civic organization involvement: Guest Speaker Local Lyons club, and Rotary Club Previous Adin Community Volunteer Fire Dept

List special interests or hobbies: Hunting, Fishing, Golf, Distant Running

JOSH MACK

NOMINATION FORM

Regular Special District Member – Seat 2

District Name: Bella Vista Water District

Address: 11368 East Stillwater Way, Reddin, CA 96003

Contact Person: David J. Coxey

Contact Email: dcoxey@bvwd.org

Telephone: 530-241-1085

The Board hereby nominates James Smith to fill the remainder of the four-year term ending in January 2024 as a regular member of the Shasta Local Agency Formation Commission representing independent Special Districts in Shasta County.

Board action taken on the 23rd day of January, 20__ by the following vote:

Ayes: Nash, Schabarum, Smith, and Walters

Noes: 0

Abstain: 0

Absent: Bambino

David J. Coxey

Signature of Board President/Clerk

David J. Coxey

Printed Name

This Nomination Form must be received by Shasta LAFCO no later than February 1, 2023

JIM SMITH

CANDIDATE INFORMATION SHEET
Nominated for Regular Special District Member – Seat 2

Candidate Name: James Smith

Address: 10613 April Lane, Palo Cedro, CA 96073

Telephone: 530-941-6066

E-mail: smithfive@frontiernet.net

District: Bella Vista Water District

Title: Director, Board President

Length of service with District: 9 years

Present Occupation: Retried

Personal and Professional Background: 31 years with various County Environmental Health Agencies, the last 19 years as management at Shasta County

Summarize your interest in serving on Shasta LAFCO: Similar to my desire to serve the Bella Vista Water District board. I believe every citizen should serve their community in some way.

Summarize your qualifications for serving on Shasta LAFCO: Familiar with CEQA, advised previous LAFCO staff on water and sewage issues including septic system feasibility.

List local government involvement: Shasta County Environmental Health Managment Bella Vista Water District board

List civic organization involvement: Currently assisting with planning of our annual Think Pink Car show.

List special interests or hobbies: I enjoy working on old cars and equipment. I also enjoy golf, snowmobiling, boating, and fishing.

NOMINATION FORM

Regular Special District Member – Seat 2

District Name: SHASTA LAKE FIRE PROTECTION DIST.

Address: 9126 ASHBY CT, SHASTA LAKE

Contact Person: SHARYN TOSO

Contact Email: STOSO@SHASTALAKEFPD.ORG

Telephone: (530)227-5782

The Board hereby nominates ROSEMARY SMITH to fill the remainder of the four-year term ending in January 2024 as a regular member of the Shasta Local Agency Formation Commission representing independent Special Districts in Shasta County.

Board action taken on the 9TH day of JANUARY, 2023 by the following vote:

Ayes: DIRECTORS SMITH, MORNINGSTAR, CHASE, THOMPSON, MORGAN

Noes: NONE

Abstain: NONE

Absent: NONE

Sharyn Toso
Signature of Board President/Clerk

SHARYN TOSO
Printed Name

This Nomination Form must be received by Shasta LAFCO no later than February 1, 2023

ROSEMARY SMITH

CANDIDATE INFORMATION SHEET
Nominated for Regular Special District Member – Seat 2

Candidate Name: Rosemary Smith

Address: 4243 Main St Shasta Lake, CA 96019

Telephone: 530-351-5292

E-mail: smithrose-beji-@sbcglobal.net

District: Shasta Lake Fire Protection District

Title: Director

Length of service with District: 9 years

Present Occupation: Retired Account Clerk/Secretary, Community Volunteer

Personal and Professional Background: Resident of Shasta County for 40+ years. I have 22 years work experience as an Account Clerk for Cottonwood School Dist and Shasta Co. Office of Education. The past 10 years I have been retired and am an active Shasta Lake Community volunteer.

Summarize your interest in serving on Shasta LAFCO: I would like to be a representative from the Special Districts of Shasta County. I enjoy working with other people for the good of the citizens.

Summarize your qualifications for serving on Shasta LAFCO: Have been on the Shasta Lake General Plan Committee for 4+ years. I have many years of attending City Council and Planning Commission meetings and follow Shasta County government issues. I have and interest in land use, planning and private property rights. I am good at research and familiar with goverment budgets

List local government involvement: Former Gateway Un. School Dist trustee - 15+ yrs. Shasta Lake City Council - partial years. Currently on Shasta Lake Parks and Recreation Commission

List civic organization involvement: Shasta Damboree member. Shasta Lake Garden Project - treasurer. Former Board member of Shasta Lake Library and Central Valley Youth Football. Former member of Central Valley High School Booster Club

List special interests or hobbies: Private forest land rehabilitation. Photography and Wildlife videos. Member of Forest Landowners of California - protecting family forests.

ROSEMARY SMITH

MAYERS MEMORIAL HEALTHCARE DISTRICT

Operations Report
February 2023

Statistics	January YTD FY23 *(current)*	January YTD FY22 *(prior)*	January Budget YTD FY23
Surgeries ➢Inpatient ➢Outpatient	 0 0	 0 0	 TBD TBD
Procedures** *(surgery suite)*	0	0	TBD
Inpatient	1160	1507	984
Emergency Room	2619	2533	2525
Skilled Nursing Days	16,685	15,707	16,125
OP Visits (OP/Lab/X-ray)	9564	13,028	8003
Hospice Patient Days	789	1176	835
PT	1413	1464	1472

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

**Procedures: include colonoscopies

Human Resources

February 2023 Board Report

Submitting by Libby Mee – Chief Human Resources Officer

The Human Resource department currently supports 280 active employees

Full Time – 248 Part Time/Casual/Per Diem – 24 Leave of Absence – 8

Staffing and Recruitment

We are actively recruiting and interviewing* for the below posted positions.

Administration

- Director of Ancillary Services*
- Skilled Nursing Facility Director of Nursing*

Nursing

- Utilization Review RN
- Emergency Department RN
- Med/Surg Acute RN
- Med/Surg Acute CNA
- Skilled Nursing Facility CNA
  - Fall River – 5
  - Burney - 9
- Skilled Nursing Facility RN/LVN
  - Fall River – 4
  - Burney - 8
- Rural Health Clinic MA

Clinical

- Imaging Radiology Tech
- Imaging Manager
- Respiratory Therapist*
- Laboratory Manager

Support Services

- Food and Nutrition Services Aide/Cook (5)*
- Activities Aide/Van Driver*
- Environmental Services Housekeeper*

We have recently started utilizing recruiting agencies for additional resources on the Radiology and Laboratory positions.

The team is preparing to attend multiple career fairs at local organizations and educational institutions this Spring. We are excited to see the impact we can make with our new recruitment and retention package.

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
- Respiratory Therapy Therapist

Employee Health and Wellness
Employee COVID Exposure
Total cases – 351
Isolation/Positive – 273
Quarantine – 78
Exposure related to work – 63

Work Related injury and Illnesses
We have had no reportable injuries and 3 first aide injuries so far this year resulting in 2 days away from work.

Employee Safety and Wellness Initiatives
Slip Trip and Fall Prevention Program – We are preparing for our Beta representative to do a follow-up site visit in April where we expect to receive validation for the program.
Safe Patient Handling Program – As the program is very large, we will be re opting into the program with BETA for the next year's validation period, but the committee continues progress of implementation.
Ergonomics – Dana with Employee Wellness and Alex with Facilities have been partnering with a new vendor to streamline ordering high quality office equipment.

Additional Projects
Retention Payment Program
We are still waiting on response from the State about available funds and distribution timeline.

SB1334 – Meal and Rest Breaks
On February 26 we will be implementing new regulations related to meal and rest break periods. Previously, MMHD had exemptions from the standard California meal and rest break laws but going forward, MMHD will have to pay employee a 1-hour premium from missed meal breaks. We have been working with legal and Paycom for policy development and implementation. We have also started working with management and staff on educations and training for this culture change.

I will be a member of the 2023 Allied for Health Compensation Practice Committee. The committee serves as a resource to the Hospital Association of Southern CA staff in conducting research and collecting data on compensation and benefits practices among members statewide; provides information, assessments and makes recommendations on current economic and business trends affecting direct compensation and benefit practices in the health care industry; and charges, monitors and reviews the work of external consultants regarding the survey data collection and reporting of results.

I am also now a member of the Shasta Health Assessment and Redesign Collaborative. It is my hope that participation will allow us to tap into healthcare workforce solutions in the north state.

Trainings

The HR team have registered and will be attending the below virtual trainings this Spring:

- HR Boot Camp – All about California's complex labor laws and how they can affect the workplace
- Leaves of Absence – Making Sense of if All

Chief Public Relation Officer – Valerie Lakey
February 2023 Board Report

Legislation/Advocacy

Bill deadline is a few days after my board report was due, so I will provide updates at the board meeting. There are potential bills of significant interest including $25 healthcare minimum wage.

Wood did introduce a new seismic bill that I just received the information on today. AB869 is geared more toward small, rural hospitals. I will have more details at the meeting. READ BILL LANGUAGE HERE

AB242 (Wood)
AB 242, as introduced, Wood. Critical access hospitals: employment. Existing law, the Medical Practice Act, authorizes the Medical Board of California to grant approval of the employment of licensees on a salary basis by licensed charitable institutions, foundations, or clinics if no charge for professional services is made, in accordance with specified requirements. Existing law provides an exception to the prohibition on charging for professional services for a federally certified critical access hospital that employs licensees and charges for professional services rendered by those licensees to patients under specified conditions, including that the medical staff concur by an affirmative vote that the licensee's employment is in the best interest of the communities served by the hospital. Existing law makes that exception operative only until January 1, 2024. This bill would delete the provision making the above-specified exception inoperative on January 1, 2024. The bill would make nonsubstantive changes by deleting inoperative reporting requirements.

Other bills of note at this time:

SB 302 (Stern, D-Calabasas)
Currently, "Ryan's Law" requires health care facilities — including hospitals, skilled-nursing facilities, and assisted living centers — to allow terminally ill patients to use medicinal cannabis within the facility, subject to specified requirements. SB 302 would add patients who are over 65 years of age with a chronic disease to the list of those who can use medicinal cannabis within these facilities. These patients would be subject to the same requirements that are applicable to terminally ill patients.

AB689 (Carrillo) – Language is not fully developed, but this bill would help to address workforce shortages by providing priority registration to healthcare workers wishing to continue their education.

Marketing/Public Relations

I am excited to announce we have finally hired an assistant. She will help with marketing and public relations, foundation events and assist the board clerk during Cerner implementation.

We have placed a lot of focus during the first two months of the year on aligning healthcare observance events with our services. The idea is to promote the preventative services available at Mayers Memorial Healthcare District. For example, during National Heart Month there has been an extra effort to highlight cardiac maintenance and rehab. Next month we will focus on March observances (Colon Cancer Awareness, Social Work and Nutrition).

We worked with the Skilled Nursing staff to redesign and change the process of the Residents Rights information. We have printed booklets for one time distribution with MMHD contact information and added a table of contents. The booklet is durable and will last. Additional copies can now be accessed via the website and by scanning QR Codes in the facility.

We continue to work on the redesign of the SNF and Swing pages on the website. We are collecting information and pictures now and this should be completed in March.

Our blog has been revitalized and we will be using this to promote services and education.

We are working on a phone "app" for staff in which they can access all of the "apps" used for MMHD in one place.

The communucation board televisions are installed. I just now need to complete the programming.

We will be venturing into another area with "public relations" as we will be taking over the gift shop portion of the pharmacy. The foundation will not be running the gift shop as of March 1st. MHF has also very graciously donated all of the inventory and display units to MMHD. I will be setting up the gift shop and with the help of the new assistant and pharmacy staff we will be managing the gift shop. We are very excited about our plans and ideas to promote this portion of the pharmacy. There will be a lot of marketing involved and we will be working to bring the community what they want in a gift shop. I will provide more details at the meeting.

MMHD is working with MHF to assist with the upcoming Health and Wellness Fair on April 15. MMHD is planning and hosting a 5K as a part of the event. We are also working on a digital coupon book for attendees which will feature discounts, etc. from the vendors that participate in the event.

Emergency Preparedness

We provided HazMat (First Receiver Awareness – FRA) training for Environmental Services and Maintenance staff in both Burney and Fall River. This is an annual requirement.

Hands-on fire extinguisher training was provided to staff on both campuses. Thank you to McArthur and Burney Fire Departments for assisting with the training events.

January Board Report
Clinical Division
2/14/2023

All the departments (except for retail) are participating in the Cerner conversion. The alignment meetings were helpful on setting the stage for the process.

Physical Therapy

- Maintenace has been refreshing the department with new paint.
- Daryl Schneider, PT, department manager, has very productive meetings with MVHC. Through the interaction, a process was put in place to get feedback to the referring provider when a patient has refused or delayed physical therapy.
- Tyson Wimer, a student at Shasta College, is job shadowing in the department for college credit.
- Far Northern Services does not currently have a physical therapist, so their clients are served at Mayers. This has resulted in several referrals.

Laboratory

- Mayers welcomes Sophia Rosal, CLS, as our interim lab manager. Sophia has a work plan to get the department ready for our next CLIA survey.
- The department is implementing MediaLab software which tracks lab quality processes such as equipment preventative maintenance and staff competencies.
- Due to supply chain issues Mayers is unable to obtain supplies/reagents to run quality controls (QCs) on the chemistry analyzer. We are filling the need by sending chemistry to LabCorp and to Modoc Medical. The supply chain issue may take until the end of March to resolve. Mayers will be changing suppliers but the process of running parallels must be done before other QCs can be used.
- The lab is working with maintenance to resolve issues with the airflow in the microbiology area.

Pharmacy

- The new IV pumps have arrived. The drug database is mostly complete and on to nursing for review. See Moriah Padilla's Director of Nursing report for more details.
- A review on changing GPO was complete and changing to CHC will have financial benefit with minimal disruption to current processes.
- Pyxis machines were reconfigured as Outpatient Medical returned to their previous space.

Retail Pharmacy

- A consultant from Liberty, the retail pharmacy software provider, will be on site in March to assist with workflow.
- Kristi Shultz, CPhT, Retail Pharmacy Associate Manager, continues to work with the 340B intermediary to correct claims and ensure the integrity of the program. Claims for Mayers telemedicine providers have required extensive rework.
- As detailed last month the naloxone program goes into effect in March. Fliers are going out with each qualifying fill in February so effected customers are aware. Feedback has been mixed. We have worked closely with Mountain Valleys in our effort to increase opioid safety. Information on MVHC MAT program (opioid use reduction program) is available at the retail pharmacy.

- Kristi Shultz, is working with Dana Hauge, employee wellness coordinator, on ergonomics in the retail setting.

Respiratory Therapy

- Mayers now has the capacity to place biPAP on babies using our existing Astro-150 portable ventilator. David Ferrer, RT, respiratory manager, worked with the company to update settings so non-invasive setting could be used on babies with weights as low as four pounds. His work saved us from needed to buy new machines to care for babies in respiratory distress.

Cardiac Rehab

- NuStep® arm egro machine has arrived. It was funded through a donor to the foundation. The patients love it as it has a great screen with courses such as kayaking. It can be used when the patient is standing, seated or in seated in a wheelchair.
- The department has been rearranged to make it more accessible to SNF residents using the equipment with an RNA.

Telemedicine

See attached report

Telemedicine Program Update as of February 14, 2023
Respectfully submitted by Amanda Harris for Keith Earnest, CCO and Tommy Saborido, MD

We have completed a total of 2097 live video consults since August 2017(start of program).

Please note that I will be out of office February 15-20 traveling for school (no patients seen during this time).

Endocrinology:

- Dr. Bhaduri saw 22 patients in January and has seen 14 so far this month. She has 11 on the schedule for the rest of the month
- We've had 714 consults since the start of this specialty in August 2017.

Nutrition:

- Jessica saw three nutrition patients in January, three so far in February and has three more on the schedule for the rest of the month. Two of the referrals sent for Jessica requested in person Nutrition appointments and so were forwarded on to Lani Martin.
- We've had 160 consults so far since we started this specialty in November 2017.

Psychiatry:

- Dr. Granese saw eight patients in January. He saw one resident in Fall River earlier this month and has six on the schedule later this month.
- We've had 594 consults since the beginning of the program in August 2017.

Infectious Disease:

- Dr. Siddiqui saw two patients in January and will follow up with one of them in March.
- We've had 96 consults since the start of this specialty in September 2017.

Neurology:

- Dr. Levyim saw 10 patients in January and three so far this month. She has five more patients scheduled to be seen in the remainder of February.
- We've had 380 consults since the start of the program in November 2018.

Rheumatology:

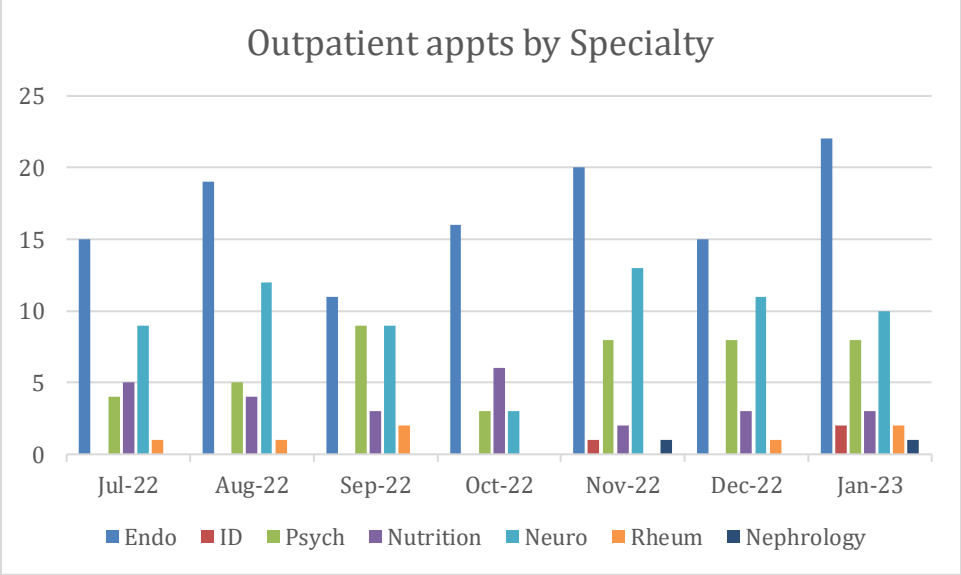
- Dr. Shibuya saw two patients in January and two patients in February. We will begin to have regular time blocks with Dr. Shibuya every other month soon.
- We've had 60 consults since the start of the program in May 2020.

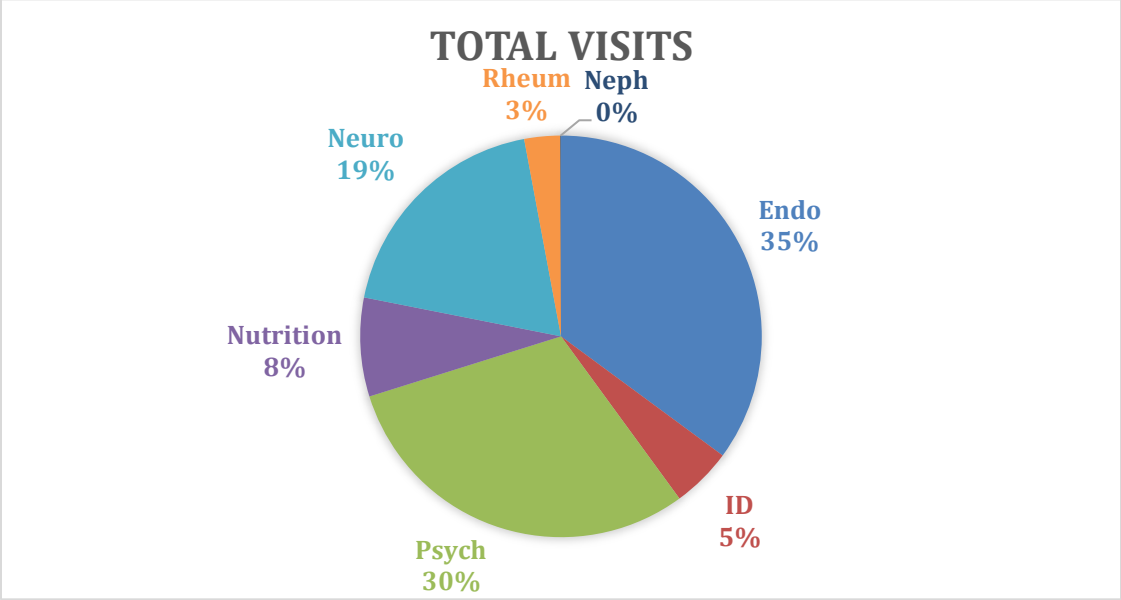
Nephrology:

- Dr. Bassila saw one skilled nursing resident in January and has two patients on his schedule for February.
- We've had 2 consults since the start of the program in November 2022.

Expansion of New Services for Outpatient:

- Credentialing is proceeding for our new LCSW and contracts are signed. We're hoping to get him started with patients as soon as possible.





NURSING SERVICES BOARD REPORT

Feb. 2023

CNO Board Report

- At the time of this report Fall River is in the Yellow status due to employee exposure. Last of the serial testing to be done Feb. 15th.
- Burney Annex is in the Green status.
- Interim DON-SNF has been filled by Hannah Johnson, RN BSN from NPH.
- Moriah Padilla continues in DON-Acute Services position and is the acting ER Mgr at this time.
- Clinical Staff Educator has an education plan and calendar that will officially post Mar. 1st.
- Cerner implementation beginning with our Nurse leadership and SME's.

SNF Report

- See quarterly report submitted by DON and ADON.

Acute

- January 2023 Dashboard
    - At time of this report, stats not available
- January Staffing: Required 8 FTE RN/LVN's, 2 PTE RN's, 4 FTE CNA's & 2 FTE Ward Clerks
    - Utilizing 2 FTE contracted travelers and 1 PTE NPH traveler Open positions: 1 FTE RN's and 2 PTE RN's
        - We currently have a new grad RN that is pending her NCLEX exam. This will eliminate the need for (1) of our contracted travelers. We expect orientation to start at the end of February.
- Completed a skills review and competency validation event for all FTE RN's
- Added continuous bladder irrigation as a procedure available on the unit and completed all education and competency validation with staff
- Reviewing and updating the Acute and Swingbed Admissions Packet
- IV implementation project - on track for our Go-Live on March 21st, 2023
- Safe Patient Handling project - we have met with the Clinical Educator and the BETA representative to discuss regulation standards for maintaining competency of staff.

Emergency Services

- January 2023 Dashboard
    - Total treated patients: 293
    - Inpatient Admits: 16
    - Transferred to higher level of care: 14
    - Pediatric patients: 56
    - AMA: 2

    - LWBS: 2
    - LPTT: 1
    - Presented to ED vis EMS: 33
- January Staffing: Required 8 FTE RN, 2 PTE RN's, 2 FTE Tech's
    - Utilized 3 FTE contracted travelers
    - Per Diem employees cover the PTE need
    - RN Supervisor continues with temporary role of Clinic Project Manager for Cerner implementation – Utilizing (1) contracted traveler to fill this open FTE position temporarily
    - Open positions: 1 FTE RN
        - Currently have 1 FTE RN on orientation that will eliminate need for (1) contracted traveler
    - Acute DON remains acting manager of unit until position is filled
- Collaborating with Shasta County and other community partners to ensure standardized processes and communication strategies for our mental health patient populations.

Outpatient Surgery

- Department remains closed
- Maintenance has completed several projects including new floors and painting
- Admin team is working on recruitment of staff, providers and CRNA.

OPM

- The Outpatient Census (*110 approx. a month*) is currently down. November 91 patients seen 101 procedures, December 88 patients, 112 procedures, January 90 patients seen, 121 procedures. (Referrals from MVHC are down) (Pit River sending patients to Redding)
- LTC Residents started being seen as Medicare Part B starting September 6th. Residents will take activities van over on wound clinic days to see physician for wound clinics if needed. OPM staff to follow up if *complicated* wounds at Mayers Rural Clinic for Burney residents as an outpatient to reduce transportation and make easier on residents in Burney. Fall River residents will schedule appointment and be seen in OPM
- Part time OPM employee returned to OPM 2 days a week
- Dr Magno continues to conduct wound clinics every other Thursday
- Working with Marketing on increasing providers in efforts to increase census. Val started marketing Dr. Magno for wound clinics at MMHD
- OPM moved to new space 1/17/23. Things are running better. Working towards a process of getting patients access to the OPM door when the timing is right for multiple Outpatient departments.

Respectfully Submitted by Theresa Overton, CNO

Chief Operating Officer Report

Prepared by: Ryan Harris, COO

Facilities, Engineering, Other Construction Projects

- The Burney Clinic water damage claim is in final stages and should be completed by the end of February. John Morris our districts construction project manager has done an excellent job managing this process.
- We are scheduling final work activities to complete the demo project. The former Inspector of Record has returned to the project which has helped with missing documentation.
- In anticipation of the end of the emergency declaration on February 28th, work has begun on moving departments back to their pre-covid spaces. We are also taking down temporary infection control barriers by the February 28th deadline.
- We kicked off our first weekly meeting with Aspen Street Architects, Inc. We are working on narrowing down the options to one or two to present to the staff for feedback.
- Our focus has been on closing out our three open HCAI projects, including the water tank pump project, the nurse call project and demo project. As previously mentioned, the former IOR on these projects has rejoined the team which is helping with getting the projects closed out and documentation process completed. Due to the focus on closing these projects out, construction activities on the med gas alarm project and Burney Annex Fire alarm project have yet to start. We anticipate these projects starting in the next 60 days.
- The first phase of our access control project is completed, and new badges are being delivered to staff from HR. We are now exploring phase two of the project that will include interior door at the Fall River Campus and exterior doors at the Burney Annex.
- We have engaged PG&E on their Healthcare Energy Fitness Initiative (HEFI). We have conducted our kickoff call and will be working on this project in conjunction with our master planning work. After our initial call with Veregy, it was decided that we can use the bluff location for a solar project. As this will have no impact on master planning, we have decided to proceed with exploring solar now instead of waiting. We expect to get a proposal for a financing and cash build option as well as a letter of intent to do a formal energy audit of our Fall River facility the week of 2/13.
- Physical Therapy is almost completely painted on the interior, and we are looking into flooring options for some of the space. The gym is particularly bad because the laminate plank flooring in that space is pulling apart at the joints.
- We are halfway done with painting the Annex Kitchen. It takes a lot of time and coordination to work around the cooking schedule and clean the wall prior to painting. New stainless-steel shelving has been ordered to replace some shelves that were particle board and falling apart. Alex is still working on finding a suitable stainless cabinetry system for the space.
- The workplace safety training that Alex is working on is getting close to ready to roll out. The hope is to have it in place by April 1st.
- Alex and his team are working on preparing for the educational gaps (mock) survey with ACHC.
- Facilities and Engineering has one open position at this time.

IT

- Cerner Wi-Fi review was on February 15. We will need to add 10 wireless access points between the two campuses to meet their minimum requirement.
- IT is working on ADT Interface for the IV Pump project. We have it up and going with testing scheduled on the 15th.

- IT has received the mounting bracket for Starlink and will be setting it up at the Education Center next week. The goal is to use this location for Cerner and other training activities over the next year.
- IT is currently fully staffed.

Purchasing

- The purchasing department received all Pumps and supplies on February 11th for the Ivenix IV Pump project. We are just waiting for onsite training.
- Rachel Morris is working with Dana Hauge to set up a new Ergonomics approved vendor for office furniture orders.
- Rachel and the department superusers are working with Hollie Lappin on the responsibilities and tasks for the Cerner Implementation. Hollie and Rachel also visited Plumas Hospital District to visit with their IT and purchasing teams as they are already using Cerner.
- Work continues on finding a new GPO for purchasing and the team has meet with several vendors already.

Food & Nutrition Services

- Vera Smail has accepted the position as Registered Dietician. I would like to thank Lani Martin for her 40 plus years of services and appreciate her working with Vera to ensure a smooth transition. Lani will still be employed with the district in a casual role.
- Food and Nutritional Services still have several open positions and is working actively to fill them. But we have 4 new employees who are interested in the CNA program that will start in August.
- Susan and Jen will be working with Vera to prepare for the ACHC educational gaps Survey.

Environmental Services & Laundry

- The EVS team is getting caught up on floor maintenance by stripping, waxing and deep scrubbing all of the departments.
- The department is working to get all the wheelchairs properly labeled and cleaning them.
- Sherry is also planning several in-service trainings within the department over the next few months.
- The team is also working on some training for the BETA Slips, Trips and Falls for the safety of employees.
- Sherry is also preparing for the educational gaps survey with ACHC.

Rural Health Clinic

- All trainings for Family Pact have been completed. Dr. Watson will attend an in-person training/provider orientation in Sacramento on April 13th. Once that is completed, we should receive our welcome letter.
- DOT Drug Testing certification and mock collections has been scheduled for the first week in March.
- VFC (Vaccines for Children) annual recertification has been completed and approved.
- We are still waiting for the California Department of housing and community development to schedule their inspection prior to our CDPH inspection. All paperwork has been submitted and fees paid. The goal is still to be operational by end of fiscal year.
- As soon as the credentialing is complete, we will be offering mental health services at the clinic via tele-med.

- Kim has been working with the clinic manager from Modoc Medical Center to review our referral process and how they differ. She has been able to gather staffing models based on providers that will assist us in future changes to our processes. Our goal is to make our referral process more streamline for our patients and staff and ensure proper communication around referrals.

Employee Housing

- Joey has started to create a more streamlined and efficient system to getting tenants in and out. This has been especially helpful with the travelers that show up without notice.
- Joey has started housing NPH Travelers this past week.
- Joey has set up a system with NPH and Arcadia that allows them to provide the necessary housing rules, facility map and other important information to each traveler before they arrive. This has been helpful during weekends and non-business hour arrivals.

CEO Board Report February 2023

Highlights for February:

Let's start with the ambulance service. Ryan and I met with both CHA, S-SV, NorCal, Southern Cascades and WipFli this past month. CHA was concerned about our situation, and how it is not unique to us, and they wanted to be able to offer help as we navigate the process. They gave us a few contacts to reach out to. It was a good meeting and I think it helped both Ryan and I see that we're on the right path with what we're currently doing.

Our meeting with SSV went very well. They of course are aware of the situation with Burney Fire and the complications that are there, so they understand where we're coming from. They also told us that they could facilitate a meeting between SSV and NorCal and Southern Cascades so that we could work out the details there. This meeting did happen a couple of week later and they confirmed with us that they will not be a barrier to making this happen if we were to choose to go the direction of incorporating Southern Cascade and also possible others in up the 299 corridor that are part of the NorCal LEMSA.

One issue that we are still waiting on confirmation on is the 35mile distance requirement. WipFli believes that it can be 35 miles form the “Base of Operations” or “Barn Doors” for the ambulance and another ambulance/cost report guru that works with REMSA states that CMS is now enforcing that it needs to be 35 miles form the front doors of the CAH. This can change how we move forward. If it has to be from the CAH then we need Burney fire to play ball with us, if it is from the base of operations then we would not need them but would continue to encourage them to be a part of it as it is financially beneficial for them.

At this point we will have our team at the Burney Fire board meeting and joining us will be representatives from S-SV, REMSA, and Southern Cascades. They are not adding us to their agenda so we will be submitting public comment forms to allow us to give the board the information that they will need to be better informed about the program so that they can make a choice at the next board meeting. If they choose not to join, we do have other options to still make it happen, but it could be a bit more difficult.

Jack and I finalized our contract with ACHC and we will have our gap analysis with ACHC March 13-15. This will give us an opportunity to get a feel for where we currently stand and provide us with the ability to make the necessary changes before our first survey comes shortly thereafter. If all goes well, we're looking at being accredited before the end of this fiscal year which is well ahead of when we previously thought we would receive accreditation. This would be a great win for us and we're pretty excited about the opportunities that it will bring.

Jack was also able to find us a good partner for our compliance line. The company (MAP Communications) will give us the ability to have people call as well as submit online. We feel that there may be more folks use the web portal option as opposed to calling so this is another great option for us. We'll get more information on that but hopefully within the next couple months we'll have it up and running.

This month was also marked our official kickoff with Cerner. Wednesday and Thursday we had our leadership alignment meetings. I feel that they went very well, and the staff was very receptive. Everyone is looking forward to what we will be able to do once Cerner is in place. This is helping us keep everybody's excitement up during this big lift of implementation. The next big training on the list is April 24th. Of course, between now and then there are several other things that will be happening in the background as we prepare.

This month's CEO Roundtable meeting with ACHD brought out many concerns about the current situations in our state. There are a number of hospitals that are struggling and there are at least 13 rural hospitals that are at risk of closing. These risks are attributed to the increase in cost and the decrease in reimbursement rates. Same thing we're all facing at this point. Legislatively, we're still waiting for everything to kind of drop and see what bills start to take shape. We do know that there is one out there that will have to do with seismic so we're keeping our eyes and ears open to see what that is going to look like. Once I hear something I will pass the information along.

We started a surgery workflow meeting this month. The meeting consisted of Dr. Watson, Theresa, Moriah, Travis and myself. We discuss the workflow of starting surgery back up, staffing needs, and where we're currently at with filling those. We have 3 surgeons interested in coming up and helping us. One of them is more local and that's Dr. Schepps. He is the one we're most interested in getting up here as he would be able to potentially bring us business from Redding as well since they have long wait times for general surgery down there. We will be meeting weekly as we gear up to open surgery again.

Travis and I had a couple of calls with WipFli about our debt capacity. Some of the calls they wanted to ask us some clarifying questions. We have had some good conversations and we were pleasantly surprised with the range they have preliminarily provided to us, and we are anxious to see how they present it to the board.

Thank you,
Chris Bjornberg