

Chief Executive Officer
Chris Bjornberg



Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tom Guyn, M.D., Secretary
Tami Humphry, Treasurer
Lester Cufaude, Director

Board of Directors
Regular Meeting Agenda
May 31st, 2023 @ 1:00 PM
Mayers Memorial Fall River Boardroom
43563 HWY 299 E, Fall River Mills, CA

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	APPROVAL OF MINUTES				
	3.1	Regular Meeting –April 27, 2023		Attachment A	Action Item 2 min.
	3.2	Special Meeting – April 27, 2023		Attachment B	Action Item 2 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:				
	4.1	Resolution 2023-06 – April Employee of the Month		Attachment C	Action Item 2 min.
	4.2	Resolution 2023-07 – Safety Officer		Attachment D	Action Item 2 min.
	4.3	Resolution 2023-08 – Infection Control Officer		Attachment E	Action Item 2 min.
	4.4	Mayers Healthcare Foundation Quarterly	Val Lakey	Attachment F	Report 2 min.
	4.3	Acute/ Med-Surg	Moriah Padilla	Attachment G	Report 2 min.
	4.4	Emergency Department	Moriah Padilla	Attachment H	Report 2 min.
5	BOARD COMMITTEES				
	5.1 Finance Committee				
	5.1.1	Committee Meeting Report: Chair Humphry			Report 5 min.
	5.1.2	April 2023 Financial Review, AP, AR and Acceptance of Financials			Action Item 5 min.
	5.1.3	Transferring funds from LAIF to Money Market with Tri-Counties Bank			Action Item 5 min.
	5.2 Strategic Planning Committee – No May Meeting				
	5.3 Quality Committee				

5.3.1	Committee Report – DRAFT Minutes Attached	Attachment I	Information	5 min.
6	OLD BUSINESS			
6.1	Ambulance Services Update		Discussion	10 min.
7	NEW BUSINESS			
	Policies and Procedures:			
7.1	<ol style="list-style-type: none"> 1. Clinic Administration and Staffing 2. Meal and Rest Periods for Non-Exempted Staff 3. Medical Emergencies - Clinic 4. Orthopedic Surgery Core Privileges 5. Outdated Medications – Clinic 6. Physician Assistant Core Privileges for OP Med 7. Pulmonary Care Core Privileges 8. Sedation and Analgesia; Non-Anesthesia Provider 9. Staff Organization and Responsibilities - Clinic 	Attachment J	Action Item	2 min.
8	ADMINISTRATIVE REPORTS			
8.1	Chief's Reports – Written reports provided. Questions pertaining to written report and verbal report of any new items			
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	Attachment K	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.
10	MOVE INTO CLOSED SESSION			
	Medical Staff Credentials – Govt Code 54962			
	AHP REAPPOINTMENT			
	Sharon Hanson, NP Heather Corr, PA			
	MEDICAL STAFF APPOINTMENT			
10.1	Thomas Edholm, MD- Emergency		Action Item	5 min.
	MEDICAL STAFF REAPPOINTMENT			
	Sophia Teng, MD (UCD) Kevin Keenan, MD (UCD) Elizabeth Ekpo, MD (UCD) Mustafa Ansari, MD (UCD) Dan Dahle, MD Chuck Colas, DO			
10.2	Personnel – Govt Code 54957 Department Personnel		Discussion	10 min.
11	RECONVENE OPEN SESSION			
12	ADJOURNMENT: Next Meeting June 28, 2023			

Posted 05/26/2023

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

Chief Executive Officer
Chris Bjornberg



Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tom Guyn, M.D., Secretary
Tami Humphry, Treasurer
Lester Cufaude, Director

Board of Directors
Regular Meeting
Minutes
April 27, 2023 – 1:30 pm
Fall River 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: Abe Hathaway called the regular meeting to order at 1:30 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	
		Susan Garcia, Dietary Manager FR	
		Jen Taylor, Dietary Manager Burney	
		Jessica DeCoito, Board Clerk	
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: NONE		
3	APPROVAL OF MINUTES		
3.1	A motion/second carried; Board of Directors accepted the minutes of March 29, 2023.	Utterback, Humphry	Approved by All
4	DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS		
4.1	A motion/second carried; Melinda Reynoso was recognized as March Employee of the Month. Resolution 2023-05. "She is a team player always willing to help others and go above and beyond. She is part of our employee action team as an advocate for her peers. Professional and always looking for new ways to support her colleagues and make them feel appreciated. She is an advocate for our residents and makes sure their needs are met."	Humphry, Utterback	Approved by All
4.2	Safety Quarterly: written report submitted. Structure changes are going to be taking place. ACHC accreditation process has shown us that Safety needs to be a full-time position. The job has been flown for the role as Safety Officer. There is a lot more opportunity for this person and our healthcare district.		
4.3	Food & Nutrition Services: written report submitted. Staff turnover is 32% - but only one employee is due to a termination of employment, all others are other factors. The Survey completed with residents with regards to meals and menu options is completed twice a year.		
5	BOARD COMMITTEES		
5.1	Finance Committee		
5.1.1	Committee Report: QIP and Rate Range payment was received but we just found out they provided us too much. They will just remove the over payment from next year's payment. AR days are down. Thinks are looking good. RHC patient visits are up. Retail Pharmacy is looking better.		

5.1.2	March 2023 Financials: motion moved, seconded and carried to approve financials.	<i>Humphry, Utterback</i>	<i>Approved by All</i>
5.2	Strategic Planning Committee Chair Utterback: No February Meeting Draft Strategic Priorities Pillars for FY24, Mission, Vision and Values:		
5.2.1	Written report submitted was reviewed and discussed. Motion moved, seconded and carried to approve the FY 24 Priorities, and the new Mission, Vision and Values.	<i>Utterback, Cufaude</i>	<i>Approved by All</i>
5.3	Quality Committee Chair Guyn: DRAFT minutes attached		
5.3.1	Various departments are working with Director of Quality to identify the measures and metrics in their departments that also align with ACHC accreditation. And a plan of corrections for the accreditation survey is being planned with the whole team.		
6	OLD BUSINESS		
6.1	Ambulance Services: We are working on our contract with REMSA, hoping to have a first iteration this week. We are working on the S-SV application which has a lot of components to it and we are working collectively to get this done. Assuming the contract with REMSA will be approved, they will take over on June 26 th . And they will hire a team that will work on the ambulance and in the ER here. And then we will provide billing services for a period of time before Modoc Medical Center takes over the “hub” under a DBA.		
7	NEW BUSINESS		
7.1	Policy & Procedure Summary March 31, 2023 Motion moved, seconded and carried	<i>Utterback, Humphry</i>	<i>Approved by All</i>
7.2	Policies & Procedures: <ol style="list-style-type: none"> 1. Medical Staff Bylaws 2. Standardized Procedures and Protocols for Midlevel Providers 3. Pathology Core Privileges for OP Med 4. Rheumatology Telemedicine Core Privileges 5. Medical Staff Rules 	<i>Utterback, Humphry</i>	<i>Approved by All</i>
7.3	Master Planning Services: Draft Options Review: The biggest priority is meeting the seismic compliance for 2030. Draft plans were shown and discussed. A phasing plan with prices were shown and discussed as well. The plans shown today put us at the top of our debt capacity study findings of \$88 million and beyond that. Prioritizing this plan is now the key focus, if we agree to continue with the DRAFT options that were shown today. Further discussion needs to take place before we can get another option. Board Clerk will get in touch with Board members about a workshop date. We will also like to host an open public forum that will allow for community input in both FR and Burney.		
8	ADMINISTRATIVE REPORTS		
8.1	Chief's Reports: written reports provided in packet		
8.1.1	CFO: Employment retention payments will go out in payroll this week.		
8.1.2	CHRO: since the report was submitted, dietary has accepted and hired three new individuals. Our Recruiter started this week. Our next CNA program is about to start – 4 students will start classes at the beginning of May. We have received certification in the BETA program for Slips, Trips and Falls and received a 2% reduction.		
8.1.3	CPRO: Employee Intranet mobile version has been reformatted to show the most frequently used functions in the employee intranet. Super accessible and easy to read. The next level of the communication survey went out today via email, text and tv screens throughout the facility. We have already surpassed our initial survey numbers in this round. SB 759 – extend the seismic requirements past 2030 – very hopeful for this bill to go through. Gift Shop revenues have gone up compared to the previous month. Foundation transition is going really well, with lots of positive and forward movement. Val will be working with the new phone line system to develop a better phone tree.		
8.1.4	CCO: Covid vaccine for those who have yet to receive the first series will be with bivalent – more details to come through. Our clinic vaccine freezer failed earlier this month but we have replaced it today. And we are happy to report that we had no vaccine loss.		

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8.1.5 **CNO:** Still on the search for a DON in the Skilled Nursing Facility. Cerner Workflow & Integration took place this week and a lot of our team members took part in it. Another CNA class will be starting up in May. It's so great to get Unit Aides hired to get a feel for the floor and then they enroll in the CNA class.

8.1.6 **COO:** Solar application was submitted and accepted to meet the program requirements – just waiting on the contractor pricing. AB 2511 was passed and a lot of back and forth with HCAI has occurred this week. This bill requires us to put stand-alone buildings on backup power by the end of this year. This would mean the Burney annex needs to be placed on backup power. Fall River's campus has much more complexity and could require a lot more resources and funds. Mobile Clinic survey date with CDPH is scheduled for June 9th. Shasta County came to the lodge for surveys and all passed with no issues.

8.1.7 **CEO:** Between the last Board meeting and to this one, we have ALL been busy. Every team member is so willing to jump in and help take care of anything that comes up that isn't already on their plate or a part of a project.

9 OTHER INFORMATION/ANNOUNCEMENTS

9.1 Board Member Message: Employee of the Month, CNA Program, Health Fair Vouchers, Master Planning public forum, Beta Certification, DOT testing at clinic,

10 ADJOURNMENT: 4:31 PM

Next Meeting May 31, 2023

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

Chief Executive Officer
Chris Bjornberg



Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tom Guyn, M.D., Secretary
Tami Humphry, Treasurer
Lester Cufaude, Director

Board of Directors
Special Meeting
Minutes
April 27, 2023 – 1:15 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: Abe Hathaway called the regular meeting to order at 10:00 AM on the above date.

BOARD MEMBERS PRESENT:

Abe Hathaway, President
Jeanne Utterback, Vice President
Tami Humphry, Treasurer
Lester Cufaude, Director

ABSENT:

Tom Guyn, M.D., Secretary

STAFF PRESENT:

Chris Bjornberg, CEO
Travis Lakey, CFO
Ryan Harris, COO
Jessica DeCoito, Board Clerk

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

3 AMBULANCE PURCHASE

3.1 Ambulance Purchase: this unit is a 2017 Ford Type I excellence 4x4 with 98,000 miles with the power load system. We will have to get some equipment to make this unit a fully stocked unit but that will happen per the existing contract with SEMSA. Price quoted is \$150,000 which is comparable to the market.

Utterback, Cufaude **Approved by All**

Motion moved, seconded and carried to purchase the unit.

4 OTHER INFORMATION/ANNOUNCEMENTS

5 ADJOURNMENT: 1:23 pm
Next Regular Meeting May 31, 2023

I, _____, Board of Directors _____, certify that the above is a true and correct transcript from the minutes of the regular meeting of the Board of Directors of Mayers Memorial Hospital District

Board Member

Board Clerk



RESOLUTION NO. 2023-06

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

Euan Harrington

As April 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, Euan Harrington is hereby named Mayers Memorial Healthcare District Employee of the Month for April 2023; and

DULY PASSED AND ADOPTED this 31st day of May 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



RESOLUTION NO. 2023-07

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

Dana Hauge

As Safety Officer of the District

WHEREAS, the Board of Trustees has developed a Safety Officer position for the District;
and

WHEREAS, the MMHD Board of Trustees recognizes Dana Hauge for the Safety Officer
position and;

WHEREAS, the Safety Officer will organize emergency preparedness and safety programs for
MMHD; and

NOW, THEREFORE, BE IT RESOLVED that, Dana Hauge is hereby named Safety
Officer; and

DULY PASSED AND ADOPTED this 31st day of May 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



RESOLUTION NO. 2023-08

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

Cassandra LaFave

As Infection Control Officer of the District

WHEREAS, the Board of Trustees has developed a Infection Control Officer position for the District; and

WHEREAS, the MMHD Board of Trustees recognizes Cassandra LaFave for the Infection Control Officer position and;

WHEREAS, the Infection Control Officer will organize infection control programs for MMHD; and

NOW, THEREFORE, BE IT RESOLVED that, Cassandra LaFave is hereby named Infection Control Officer; and

DULY PASSED AND ADOPTED this 31st day of May 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

MHF

MAYERS HEALTHCARE FOUNDATION

Foundation Quarterly Report for MMHD

DATE: May 2023

Below lists recent foundation and board meeting business and activities.

The Foundation has been undergoing a restructure with the resignation of the Executive Director in April 2023. This was a good opportunity to take a closer look at the partnership between MMHD and MHF. MMHD pays the salaries of the MHF staff, so it made sense to evaluate the finances and see how we could streamline to provide benefit to both organizations. As indicated in the MHF by-laws, the sole beneficiary of MHF is MMHD.

We were able to identify that there was room to cut costs and realign MMHD staff. At this point in time, the staffing needs of the Foundation could be minimized.

Val Lakey, CPRO has oversight of MHF and will take on administrative duties of the organization. We have hired a Program Director (Rowan Dietle) to manage events and fundraising. MMHD will be hiring to backfill some of Rowan's current responsibilities. Kandie Dekker provides clerical and bookwork assistance. Attached you will find an org chart for the current MHF structure.

We had three board member resignations. We were at 8 board members and should have been at 9. We have since welcomed two new board members to the team and are currently at seven members. Our new members are Peggy Snelling and Jenny Arseneau.

We are giving up the lease on the Burney Office and will be moving the MHF staff to the Fall River Campus. This will allow our new structure, which includes hospital support, to work more effectively and collaboratively.

Thrift Store Update:

- Mary Rainwater is responsible for the day to day operations of the store and has a group of volunteers that assist.
- Thrift & Gift continues to draw in shoppers from all over the intermountain area. We also receive generous donations which help with the growth of hospice revenues.
- From January 1 to date the Thrift Store has brought in \$31,521.93
- A very successful tent sale was held in May.
- Staff and volunteers are working through many donations and organizing inventory. There will be two workdays in June.
- On June 12th we are having a Thrift Store Strategic planning session to get all staff and volunteers together with the same vision for the store.

Volunteers:

- Shay Herndon is taking over the volunteer processes for MHF. She is working to recruit new volunteers, revamp the handbook and meet with all volunteers to review processes, etc.

- We can use more volunteers! If you or anyone you know has an hour or more to spare, we can use it!

Awards and Scholarships:

- Laura Beyer is continuing to lead the scholarships, grants and department awards
- We are in the current scholarship cycle and will be awarding high school seniors and returning college students scholarship awards.
- Information on department awards will be out soon.

MHF Committees:

- **MHF Finance** – The new finance committee members are Marie parks, Jim Hamlin and Keith Earnest. They are working on the budget and investments
- **MHF Scholarship** – Will meet June 1 to select scholarship recipients
- **MHF Bylaws** – The committee will meet to make some minor bylaw revisions

Other News:

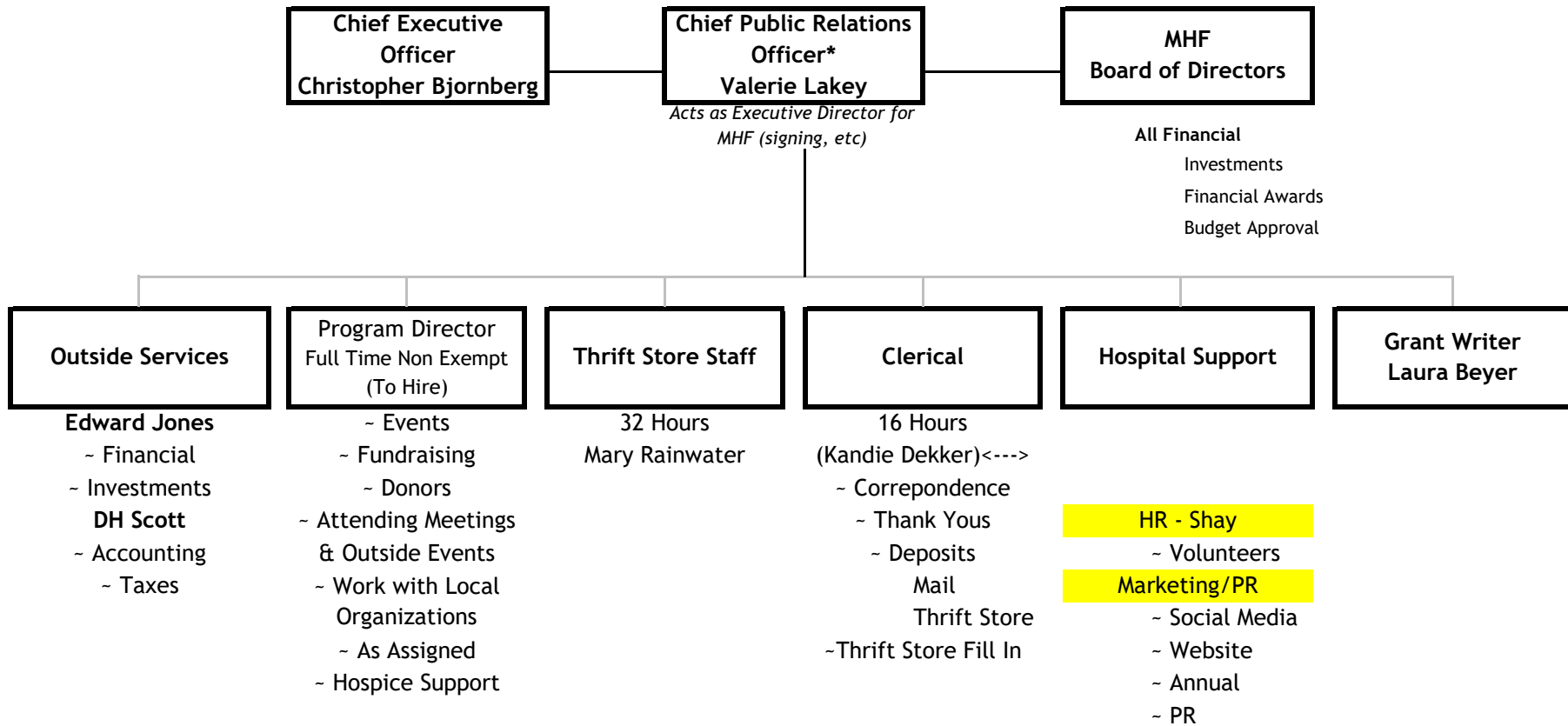
- The Health Fair was April 15 and went well. We are looking at options to bring more people in the door for next.
- The Golf Tournament is scheduled for August 12, 2023. Proceeds will go to the ambulance purchase.

Respectfully submitted by Val Lakey.

(Proposed) Mayers Healthcare Foundation Organization Chart

(With Duties and Names)

*CPRO acts at Executive Director of MHF for signing purposes, manage, and oversee MHF Support team, works in collaboration with MHF Team for MHF and MMHD reporting - Financial, Admin, Staff



Board Report- May 2023

Acute

- April 2023 Dashboard
 - Acute ADC 2.17, LOS 3.1
 - Swingbed ADC 1.8, LOS 6
 - OBS: *At time of report, unable to obtain access for stats*
- March 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 - Interviews in progress with offer out
- 8-hour in-service on ARDS, Sepsis, & Recognizing the Pt in Distress held
- CNA Skills Fair held by Regina – 100% Acute CNA attendance

Emergency Services

- April 23 Dashboard
 - Total treated patients: 375
 - Inpatient Admits: 23
 - Transferred to higher level of care: 11
 - Pediatric patients: 81
 - AMA: 7
 - LWBS:2
 - LPTT:1
 - Present to ED vis EMS: 39
- March Staffing: Required 8 FTE RN, 2 PTE RN's, 2 FTE Tech's
 - Utilized 3 FTE contracted travelers
 - RN Supervisor continues with temporary role of Clinic Project Manager for Cerner
 - Utilizing (1) contracted traveler to fill this open FTE position temporarily
 - Open positions: 0 – New RN tentative start date 6/15/23 and 1 currently in orientation
 - Acute DON remains acting manager of unit until position is filled
- Barriers to department Pillars - Coming into the role of Director of Nursing in January decreased the time allotted to assist in completing the ER goals that had little movement since the beginning of the fiscal year. Additionally, the ER manager stepped down from the position at the same time and little movement has occurred in filling that role.
 - Goal: Provide CEs for Nursing and EMT's with 80% attendance - Have adjusted some of previous plans to ensure obtainability and feasibility
 - Goal: Establish an audit to track “big 3” policies in the Emergency Room. Be above benchmark for all 3 – This goal had not been started when I entered into the DON role. Due to difficult and time-consuming nature of auditing in paragon and little movement in the ER Manager role, this goal is unfortunately not feasible.
 - Establish patient satisfaction survey. Have baseline for 4 months. – Jack Hathaway took the lead on this project and is implementing a new patient satisfaction tool organizationally. Will not have 4 months of baseline data.

Outpatient Surgery

- Department remains closed
- Hired Interim OR Manager who started May 15th
- Hired Surgical Tech with tentative start date

Respectfully submitted by:
 Moriah Padilla, RN, MSN
 Director of Nursing – Acute Services



Communication Pillar

Executive Leader: *Theresa Overton*

Director or Manager: *Moriah Padilla*

Department: *Acute Care*

5/17/2023

Current Year	Specific Plan & Estimated Completion Date	Driver	Current Actions
<p>Priority:</p> <p>Capture 50% of employees in monthly rounding and capture 100% of employees twice a year for high-middle-low conversations. (Keep Log)</p>		Moriah Padilla	July - Not approved as goal yet
			<p>August - 50%</p> <p>System Process Improvement Recommendation: IV issues (Oct approval of new units, March go-live)</p> <p>Faulty airbeds: Sept (In-service, upgraded ordering platform, worked with Hill-Rom management to fix common issues)</p> <p>VS machine needs repair (submitted IT Ticket/ resolved)</p> <p>Recognition: Jodi Garcia, Michelle Peterson, Jennie Robb, Brittany Juras, Michelle King, Jed Roca, Sherry Youchum</p>
		Moriah Padilla	<p>September - 50%</p> <p>System Process Improvement Recommendation: Purchasing (worked w/ Rachael over several months and have seen resolution)</p> <p>Weekend Pharmacy (worked with Keith to formulate answers to common questions, improve workflows for staff) CNA</p> <p>Floating (Shared concerns with Theresa, Brittany, educated about new process. Worked with scheduling to develop float calendar to share burden) CNA workflows</p> <p>(added education to shift huddles) Recognition:</p> <p>Housekeeping staff, Camille Light</p>
		Moriah Padilla	<p>October - 50%</p> <p>System Process Improvement Recommendations: Sharps Containers in med room not being emptied (discussed with management team, performed education) Pill cutters (increased PAR count) Wall Suction rm 104</p> <p>(maintenance ticket submitted) Recognition: Brittany Hammons, housekeeping, Jennie Robb, Brittany Haase, Lindsey Dewitt</p>

Moriah Padilla	<p>November - 50% System Process Improvement Recommendations: Lower census requesting tasks to help float CNA (discussed with Theresa and Brittany) Recognition: Jennie Robb, Leanna Elledge</p>
Moriah Padilla	<p>December - 62% System Process Improvement Recommendations: CNA Training recommendations (worked to incorporate that into competency goal and will have CNA in-service April 23) Rm 104 wall suction (resolved) Broken k-pad (no longer standard of care, removed from service) Linen on weekends (not enough, other units taking, discussed increased PAR with Sherry) CNA Floating (Shared concerns with Theresa/Brittany) Recognition: Leanna Elledge, "great team", Jennie Robb,</p>
Moriah Padilla	<p>January - 100% HML</p>
Moriah Padilla	<p>February - 55% System Process Improvement Recommendations: Appreciate increased communication strategies but would like to have the "why" added behind some system changes Broken VS matching (ticket placed) Nursing staff feeling protective over CNA due to floating- doesn't seem to create the culture that the organization is pushing to improve/create PayCom Issues: Learning, adapting, could use better communication techniques (seems to wait until end of pay period to communicate) Recognition: Hollie in IT, "love our team"</p>
Moriah Padilla	<p>March - 50% System Process Improvement Recommendations: Appreciative of Ivenix implementation. General topics were questions regarding minor changes (all addressed). Requesting hooks on Mindray monitors for better storage of supplies (added to Mindray list of needed supplies/working with vendor). Happy group with emphasis on team work.</p>
Moriah Padilla	<p>April - 50% System Process Improvement Recommendations: Teams education (has been discussed with ELT team and Val/Jeff are already in process coordinating this). No other concerns regarding system issues. Emphasis on great team work for 2nd month in a row. Recognition: Team oriented group and cant single anyone out.</p>

		Moriah Padilla	May - 50% System Process Improvement Recommendations: Badge periodically not working (to discuss with Shay/IT if this has been discussed recently and if there is a simple resolution). Recent admits - coming to the unit without appropriate orders for patient care (to discuss with Theresa). Requesting Protocols: Chest pain, tachycardia, standing med orders for fever (discussion with implementation of Cerner) Recognition: Alesha, CNA on Station 2 for being a great team player.
		Moriah Padilla	June -
Priority Ideas for Next Year			



Growth Pillar

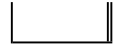


Executive Leader: *Theresa Overton*

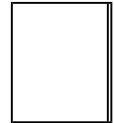
Director or Manager: *Moriah Padilla*

Department: *Acute Care*

5/23/2023



Current Year	Specific Plan & Estimated Completion Date	Driver	Current Actions
Priority:			
Increase Acute Care compliance to state mandated competencies by 25%. (Baseline?)	Establish baseline from FY22	Moriah Padilla	FY 22: Maintained annual organizational competency, and completed BGFS annual competency (1 department specific competency). Held in-service class with 7 CEU's for RN staff and held no specific competency based events.
	Review state mandated competency regulations and establish all required RN competencies by December, 2022	Moriah Padilla	12/15/22: Reviewed Title 22, ANA, BRN, and other accredited agency for competency recommendations. Recommendations are vague and require self assessment for high risk, low volume areas. 12/16/22: Established gaps in Acute Care through management discussions, accumulation of recent issues within department, discussion with nursing supervisor group, and staff requested needs. Narrowed it down to 10 focuses for upcoming skills lab. 12/27/23: Confirmed training plan with Brigid Doyle
		Moriah Padilla 8-hour RN Skills Event	10/06/22: Established tentative skills fair date for 01/13/23. Requested assistance in educational topics from Dr. Magno and Dr. Saborido. 12/22/22: Follow up with Dr. Saborido - unable to attend due to clinic day. Email to MMH staff that could be a part of educational day based off of established needs. 01/02/23: Emailed attendees for confirmation of availability for event 01/04/23: Tentative agenda emailed asking for feedback. 01/11/23: Brigid Doyle finalized purewick policy and competency/validation sheets. 01/05-01/12: Bridget Bernier finalized continuous bladder irrigation policy and validation sheets. 01/12/2023: Kerri Ward compiled skills/validation sheets for all needed classes.



<p style="text-align: center;">Create training plan specific to Acute Care that ensures an increase in compliance.</p>		<p>01/13/2023- 8 hour skills validation event completed for all Acute RN's. Obtained skills validation for 6 topics (Port access, routine wound care, continuous bladder irrigation, wick catheter system, mock code, and EKG)</p>
	<p>IV Competency - Moriah Padilla</p>	<p>03/07-03/09: Ivenix skills training and competency assessment for all RN staff during implementation phase of new IV pumps.</p> <p>03/31/23: Competency validation sheets emailed to superusers with list of department employees still in need of check off and expectation to complete by May 1, 2023 (extended due date for per diem staff).</p>
	<p>Igel Competency - Kerri Ward</p>	<p>01/15/2023: Request from ED staff to add Igels to the crash cart</p> <p>01/30/23: Received email from Kerri with Igel PPW, validation sheet, and offer to assist with training.</p> <p>03/01/23: Requested Igel competency initiative, Kerri agreed.</p> <p>03/6/23: Kerri evaluated schedule, created tentative timeline to ensure all staff received education/ competency validation. Plan approved.</p> <p>03/28-4/11 - 80% of RN staff (full time/traveler) have completed education/skills validation</p>
	<p>CNA Skills Day - Regina Bower</p>	<p>02/03/23: Discussed with Brigd Doyle, if Regina has capacity to organize CNA skills fair.</p> <p>02/28/23: CNA skills fair added to Agenda. Received approval from Brittany Hammons. Will discuss as a team, competency/validations needs.</p> <p>03/28/23: Followed up at nurse leadership meeting with Brigid Doyle. Plan to have skills event at the end of April.</p> <p>03/31/23: Emailed Brigid Doyle, requesting planning meeting to ensure appropriate topics.</p> <p>04/05: Regina obtained CDPH skills checklist and emailed management team for feedback of needed skills. 04/05: Regina presented basic timeline to nurse leadership and requested feedback and help for live session</p> <p>04/10 - Regina finalized presentation and notified all CNA via email of expectation of attendance</p> <p>4/17 & 4/18 Regina held (3) 4-hour sessions. 100% Acute CNA attendance</p>
	<p>Additional Classes based off need - Brigid Doyle</p>	<p>12/12/22: Propofol skills validation completed</p> <p>02/02/23: Emergency Pediatric training based off of Oct AFL</p> <p>04/04/23: 8 hour training event for ARDS, Sepsis, & - based on feedback from staff interviews for educational needs.</p>
		<p>08/15/22-09/10/22: Relias work. Updated new hire competency lists/orientation process. Created yearly RN assignments, competency evaluations.</p>



	<p>Develop relias module plan to meet criteria established in clinical leadership meeting and assign yearly</p>	Moriah Padilla	<p>11/10/22: Assigned Relias competency exam to all staff. 11/17/22: Emailed Brigid Training programs explained below</p> <p>12/01/22: Notified that competency exams are no longer active on Relias system and cannot review results. 12/02/22: Requested RN educator to follow up on issue. 12/10/22: Learned from Relias system, unable to assign competency exams after recent system changes. 01/01/23: New yearly Relias competency assigned to all RN staff. Developed that staff will be re-assigned the module base Jan 1 every year and have 12 months to complete full list.</p>
	<p>Baseline and FY23 Comparison Results</p>		<p>Baseline RN Staff: 7 CEU class and 1 competency validation/ CNA: No unit specific competency</p> <p>FY23 End Results: RN: 11 CEU's (2 classes), 9 skills validation checks FY23 End Results: CAN: 4 hour in-service with skills validation (body mechanics, VS/weights, Positioning, specific collection, respiratory care, skin care)</p>
Priority Ideas for Next Year			



Quality / Service Pillar

Executive Leader: *Theresa Overton*

Director or Manager: *Moriah Padilla*

Department: *Acute Care*

5/23/2023

Current Year	Specific Plan & Estimated Completion Date	Driver	Current Actions
Priority:			
Decrease charting errors by traveling staff by 50%. (establish baseline)	Establish gaps of care routinely seen in traveling staff through chart audits and obtain baseline results	Jed Roca	<p>2/2022 : Initial audit completed by Jed Roca for 3 months time span. His interest in quality improvement stemmed idea for this years goal. This data will be utilized for baseline results.</p> <p>07/22: Employee rounding with staff included idea requests for improvement practices for traveling staff.</p> <p>11/01/22: Reviewed audit results and assessed area for greatest need. Completed secondary chart audit on current travelers to note other issues. Oct - Dec: Kept comprehensive list of "complaints" from MMHD employees about area's of weakness associated with travelers.</p> <p>12/22 Jed completed secondary audit to get baseline data for current travelers. Plans to complete another audit on those travelers in April (end of contract) to evaluate improvement.</p> <p>1/27-29/23: Jennie Robb discussed with current MMHD staff "common questions" from traveling staff.</p> <p>02/07/2023: Asked Jed to complete CNA audit</p> <p>02/11/2023: Camille completed new hire audit (6 month post hire).</p> <p>02/11/23: Received email update from Jed w/ comprehensive CNA/RN audit plan and projected education for staff. Summarized recent audit interviews completed with staff to identify gaps/barriers to accurate charting.</p> <p>02/28/23: Jed educated staff at staff meeting for upcoming audit process</p> <p>Used all associated data above in identification of gaps in conjunction to establish topics for training plan.</p>

	Develop orientation process	Jennie Robb / Camille Light	1/29/23: Jennie Robb compiled document with all items noted in audit process with education. Interviewed staff and accumulated "common questions" from traveling staff, and added to orientation document. Staff sent email of work completed for review of ideas, needed modifications, and requests for input. 03/2023: Camille Light worked periodically through month editing traveling orientation packet to include work from Jennie/audit results. Packet to include charting education, and skills competency checkoff list.
	Re complete audit and compare metrics to establish improvement and continued gaps by 12/31/22	Jed Roca	03/15-04/15 : Repeat audit 05/24/23: Planned presentation with audit results at Acute Staff Meeting

Priority Ideas for Next Year



People Pillar



Executive Leader: *Theresa Overton*

Director or Manager: *Moriah Padilla*

Department: *Emergency Department*

5/23/2023

FY23 (Jul 1, 2022 - Jun 30, 2023)	Specific Plan & Estimated Completion Date	Driver	Current Actions
Priority:			
Provide CE's for Nursing and EMS w/ 80% attendance.	Establish a CE (continued education) program for staff	Alexis	Alexis worked with Val Lakey to create a flyer for September and October CE program. Due to unforeseen circumstances, Alexis was able to hold (1) CE training class. Have been unable to obtain the documentation of attendance or content.
	Assess department needs and create customized training plan to offer CEU's.	Moriah/Brigid (RN Focus)	10/21/22: New AFL received indicates increased risk of respiratory conditions and need for pediatrics respiratory training. 12/20/2022: Working with Brigid to establish timeline/date for pediatric class (in role as Acute Manager) 02/02/23: Emergency Pediatric training based off of Oct AFL offered 4 CEU's. 100% of FT RN ED attendance. 04/15/2023: Worked with Brigid and Austin Ketcher to determine 8 hour class option with CE's. Settled on date/time. Established class content based on course topics available, and unit needs. 8-hour in-service scheduled June 6th, 2023
		Moriah (EMS Focus)	05/01/23: Requested help from Alexis in creating/ scheduling an EMS in-service 05/17/23: Messaged EMS staff to gauge available dates for mandatory in-service. 05/20/23: Set date/time with Alexis for course. 05/22/23: Meeting with Alexis to discuss plan/schedule/CE options and course content. Contacted all EMS techs to verify attendance. 05/23/23: Sent EMS an email with 4 hours of free EMS CEU training through SSV. Requirement to complete course contents by June 19th. EMS 8-hour in-service scheduled for June 1, 2023
Priority Ideas for Next Year			

What is required for staff?



Quality/Service Pillar

Executive Leader: *Theresa Overton*

Director or Manager: *Moriah Padilla*

Department: *Emergency Department*

Last Updated: 05/18/2023

Current Year	Specific Plan & Estimated Completion Date	Driver	Current Actions
Priority:			
Establish an audit to track the "big 3" policies in the Emergency room. Be above benchmark for all "3".	audit MI, SEPSIS and STROKE policies	Alexis	No work completed on this task. Per Board Report : This goal had not been started when I entered into the DON role. Due to difficult and time-consuming nature of auditing in paragon and little movement in the ER Manager role, this goal is unfortunately not feasible.
	audit monthly	Alexis	
	set goals and communicate with staff	Alexis	
Establish patient satisfaction survey. Have baseline for 4 months.	Chose appropriate patient satisfaction tool to meet current needs.	Alexis Cureton/ Jack Hathaway	Per Jack, Alexis reached out to ask for help on how to initiate a platform that would allow this. The current system was no longer meeting the organizational needs, so Jack took on the project of finding a new tool. 03/15/23- Moriah brought up to date. TCI platform chosen, and Jack is in contract phase.
	Implement patient satisfaction tool	Jack Hathaway	05/10-18/23 : OPM, ER, and In-patient Acute patient surveys created by Jack. 05/18/23: Moriah awaiting links to take patient surveys on trial bases to evaluate questions. Tentative go-live for patient use: June 1, 2023 Upcoming decision making: How to send (email vs. text), QR Code for TV's in lobby, possible consent added to admission paperwork
	Evaluate survey results	Jack Hathaway	
Priority Ideas for Next Year			

What are benchmarks?

Chief Executive Officer
Chris Bjornberg



Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tom Guyn, M.D., Secretary
Tami Humphry, Treasurer
Lester Cufaude, Director

Board of Directors
Quality Committee
Minutes
May 18, 2023 @ 1:00 PM
Fully Remote Teams Meeting

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

1	CALL MEETING TO ORDER: Board Chair Tom Guyn, M.D. called the meeting to order at 1:02 pm on the above date.		
	BOARD MEMBERS PRESENT:	STAFF PRESENT:	
	Tom Guyn, MD., Secretary Les Cufaude, Director	Jack Hathaway, Director of Quality Jessica DeCoito, Board Clerk	
	Excused ABSENT:		
2	CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS		
	None		
3	APPROVAL OF MINUTES		
	3.1	A motion/second carried; committee members accepted the minutes of April 21, 2023.	Hathaway, Cufaude Guyn – Y Cufaude- Y
4	Hospital Quality Committee Report: May meeting was pushed to June. This has allowed our group more time to pull their metrics and measures.		
5	Director of Quality Report		
	5.1	<p>We recently went through our relicensing survey with CDPH. Nine deficiencies came up to address, but none of them are life threatening issues. We have yet to get our Statement of Deficiencies and Form 2567. We were able to identify that our St. 2 floor and Burney Annex floor have some slight differences that will need to be realigned.</p> <p>The specific opportunities for our ACHC Project Plan have been assigned with Executive Leadership Team and their team members. They will work on addressing these opportunities to prepare for the survey for accreditation.</p> <p>Peer Review Tracking was reviewed.</p> <p>Fire Life Safety came the week after our Skilled Nursing Facility. There were 12 deficiencies found but nothing of high importance. The Statement of Deficiencies was received and a plan on correction is being worked on.</p>	
6	OTHER INFORMATION/ANNOUNCEMENTS		
7	MOVE INTO CLOSED SESSION		
	7.1	<p>MED STAFF CREDENTIALS GOVT CODE 54962</p> <p>STAFF STATUS CHANGE Michael Dillon MD to Inactive Arun Kalra, MD to Inactive Dianesh Ravindran, MD to Inactive Mohamad Ghraawi, MD to Inactive Olivia Tong, MD to Inactive</p>	Approved by All

	<p>Ashok Dayananthan, MD to Inactive Lewis Furber, JR, PA to Inactive Adam Gardizi, CRNA to Inactive</p> <p>AHP REAPPOINTMENT Sharon Hanson, NP Heather Corr, PA</p> <p>MEDICAL STAFF APPOINTMENT Thomas Edholm, MD- Emergency</p> <p>MEDICAL STAFF REAPPOINTMENT Sophia Teng, MD (UCD) Kevin Keenan, MD (UCD) Elizabeth Ekpo, MD (UCD) Mustafa Ansari, MD (UCD) Dan Dahle, MD Chuck Colas, DO</p>		
8	RECONVENE OPEN SESSION		
9	ADJOURNMENT: at 1:42 pm Next Meeting is June 22, 2023 at 1:00 pm		

MAYERS MEMORIAL HEALTHCARE DISTRICT
POLICY AND PROCEDURE
CLINIC ADMINISTRATION AND STAFFING

Page 1 of 9

POLICY:

The purpose of this policy is to provide guidance in the administration of Mayers Rural Health Center (Clinic).

It is the policy of the Clinic to be properly managed and appropriately staffed.

Ownership

The Rural Health Clinic is owned by Mayers Memorial Hospital District (MMHD)

Staffing

The Clinic has a Health Care Staff, which includes one or more physicians, and one or more mid-level providers. The staff also includes the necessary ancillary personnel who are supervised by the professional staff. The staff is sufficient at all times to provide the services essential to the operation of the clinic.

- Medical Director
 - Responsibilities
 - Provide physician services to patients of the Clinic.
 - Be available for consultation, assistance with medical emergencies and referral by the Mid-level practitioner.
 - Assist with the development, carrying out and periodic review of clinic policies, protocols and collaborative practice agreements.
 - Review and co-sign all patient records containing orders for scheduled II prescription drugs and others as stipulated in the clinic policies and procedures.
 - Maintain current DEA certificates in clinic personnel file.
 - Participate in chart audits as requested.

- Provide medical director services to all components of the Rural Health Clinic.
- Provide medical supervision of all clinic medical staff including mid-level practitioners as needed.
- Comply with all appropriate requirements for clinic quality assurance and certification.
- Maintain licensure and board certification.
- Must maintain current ACLS.
- Must have clear written & verbal communication skills.
- Must interact with a variety of individuals on a wide range of topics.
- Education Requirement(s)
 - Doctor of Medicine or Doctor of Osteopathic Medicine degree from accredited United States Medical School.
 - Must be licensed to practice medicine in the State of California prior to beginning employment.
- Experience Requirement(s)
 - Completion of residency.
 - At least five years' experience in Rural Health practice preferred.
 - Applicant may not have any unresolved malpractice suits pending against him/her and will not have any unresolved complaints on file in any state where he/she has license to practice medicine.
 - Computer literacy required.
- **Mid-Level Practitioner**
 - Responsibilities
 - Provide primary care as per the collaborative agreement/protocols on file in the Clinic and according to the policies and procedures of the Clinic.
 - Practice within the scope of practice as delineated by the practitioner's education and experience.

- Comply with all appropriate requirements for clinic quality assurance and certification.
- Maintain licensure and board certification.
- Must maintain current BLS.
- Must have clear verbal and written communication skills.
- Will assist the Medical Director in development of new policies and procedures as needed.
- In consultation with the Physician, will make necessary referrals and/or consultations that cannot be provided at the clinic.
- Will assist in maintaining accurate and complete patient records.
- Education Requirement(s)
 - Completion of an accredited Nurse Practitioner or Physician's Assistant program leading to a Masters' Degree and/or meets the Advanced Nursing Practice or Physician's Assistant requirements set forth by the California State Board of Nursing or the California Medical Licensure Board.
 - Must possess appropriate certification and degree from a United States Institution of Higher Education.
 - Must be licensed to practice medicine in the State of California prior to beginning employment.
- Experience Requirement(s)
 - At least two years' experience in Rural Health practice preferred.
 - Applicant may not have any unresolved malpractice suits pending against him/her and will not have any unresolved complaints on file in any state where he/she has license to practice medicine.
 - Computer literacy required.
- **Clinic Manager**
 - See manual appendix for job description

- **LVN/RN**
 - Please see manual appendix for job description
- **Medical Assistant**
 - See manual appendix for job description
- **Admitting Clerk**
 - See manual appendix for job description
- **Referrals Clerk**
 - See manual appendix for job description
- **Medical Records Clerk**
 - See manual appendix for job description

Quality Assurance and Performance Improvement (QA/PI) (Clinic Manager Responsibilities)

- The Clinic Manager will maintain an effective, ongoing, data-driven quality assessment and performance improvement (QA/PI) program in coordination with QA/PI Manager.
- The program focuses on maximizing outcomes by improving:
 - Patient safety
 - Quality of care
 - Patient satisfaction
- The Clinic Manager's QA/PI program will use objective measures to evaluate the following:
 - Organizational processes, functions and services.
 - Utilization of clinic services, including at least the number of patients served and the volume of services.
- The Clinic will set priorities for performance improvement, considering either high-volume, high-risk services, the care of acute and chronic conditions, patient safety, coordination of care, convenience and timeliness of available services or grievances and complaints.

Problem Documentation Procedure

- Phone calls, conversations and correspondence pertaining to problems with the clinic, it's contractors, etc., will be documented by maintaining a log and confidential file that details the problem presented, the person making the comment, suggestions presented and outcome.
- This file will be reviewed periodically by the Clinic Manager to assure patient complaints are being given serious consideration, and that all policies and procedures of the Clinic are being followed in response to the written comment.

Policy and Procedure Evaluation

- The Clinic Manager will conduct a review of its Policies and Procedures every 2 years or more frequently to keep up with the latest guidelines.

Chart Audit

- Chart audits are performed by Mayers Memorial Hospital's Medical Records Dept.
- Periodic chart audits may also be performed by the Clinic and/or QA/PI dept.

Contracts

- All contracts are negotiated by MMHD Administration.
- No employee/agent of the clinic will negotiate any facility contract without the express written consent of MMHD CEO.

Service Delivery Area Definition

- The Service Delivery Area for the clinic is defined as all or portions of MMHD boundaries.

Non-Discrimination Policy

- The clinic will not discriminate against any patient for any reason whatsoever, including race, religion, gender, age, ethnic background, handicap, sexual orientation or political persuasion.
- A complaint of harassment, unwanted behavior, discrimination, or sexual harassment should be directed to the Manager, Human Resources, or Quality Department.
- No retaliatory employment action will be taken against any employee who truthfully reports a violation of this policy.
- All complaints will be promptly investigated. An employee or patient is not obligated to go directly to the person they feel to be harassing them.

- Dishonest complaints, false accusations, false reports, and claims made in bad faith are against policy and the Quality Department or Clinic Manager will take appropriate disciplinary actions and may include immediate discharge from organization.
- Employees who are made aware of unwelcome behavior, discrimination, or harassment of any kind in the workplace should report cases promptly to Clinic Manager, Quality Department, or Human Resources.

Forms Approval Procedure

- All forms used by the clinic will be submitted to the P&P Committee for approval prior to instituting their use.

Policy & Procedure Revision Procedure

- These policies and procedures may be revised by submitting the suggested revisions to the Policy Coordinator.

Annual Evaluation Policy

- In order to comply with Federal RHC regulations, the clinic will conduct an annual evaluation of all clinic policies and procedures, utilization and medical charts. The annual review shall be completed by Medical Director, Mid-Level Providers, and a member outside the clinic staff.

Association Memberships

- The clinic may apply for membership in such local, State and Federal associations that provide important and needed information, services, products and continuing education that benefits the Clinic and its patients, with final approval for membership being the sole responsibility of MMHD Administration.

Professional Continuing Education

- Clinic staff is advised to watch for training opportunities, and to advise Clinic Manager of these opportunities to receive continuing education.
- All direct patient care Clinic employee/agents are required to receive basic CPR training on a biannual basis or as indicated by expiration of CPR card.
 - Basic CPR training is defined as follows:
 - Receive information on primary, secondary and tertiary levels of prevention.
 - Observe a CPR instructor demonstrate one-man CPR, two-man CPR, infant resuscitation and removal of an object from

an obstructed airway.

- Return a demonstration of one-man CPR, infant resuscitation and removal of an object from an obstructed airway.
- Those employee/agents who are not able to return demonstrations because of medical or physical disability must complete numbers 1 & 2 above.

Travel Authorization

- All travel must have the authorization of the Clinic Manager prior to that travel occurring.
- Receipts for all expenses must be kept and submitted separately, along with mileage (google maps) for each trip.
- Employee/agent will submit post-travel expense forms.

Workman's Comp. Incident Reporting

- The Clinic Manager will assist all Clinic employee/agents with the timely and appropriate filing of all workmen's compensation incident reports.

Collaborative Practice Agreements/Protocols

- The Clinic will maintain current collaborative practice agreements and/or practice protocols for all mid-level practitioners employed by the clinic.
- These documents will be maintained in a separate file located in the clinic employee file and MMC Health Information Management Medical Staff Employee file.

Medical Supervision

- Medical supervision of the mid-level practitioner will be provided in compliance with the specific terms of the California state law and collaborative agreement or protocols.
- The physician providing medical supervision will document this supervision by signing review forms for patients to whom the mid-level practitioner has provided care, as per the mutually signed collaborative agreement.
- Supervising physician will review 10% of patient charts seen by the Mid-Level practitioners and sign the corresponding review sheets.

HPSA Designation

- The Clinic is located in a Health Professional Shortage Area (HPSA).

Rural Designation

- The Clinic is located in an appropriately designated Rural Area.

Mid-Level Provider Compliance

- The Clinic employs multiple mid-level practitioners that are in the Clinic at least 50% of the time the Clinic is in operation.

References:

1. Woodcock, Elizabeth W. Operating Policies and Procedures. Manual for Medical Practices 5th edition. Development and Administration of Policies and Procedures. pp 3-6
2. Woodcock, Elizabeth W. Operating Policies and Procedures. Manual for Medical Practices 5th edition. Harassment and Discrimination. pp 128-130
3. Physician Assistant Board. Laws and Regulations Relating to the Practice of Physician Assistants. February 2023.
https://www.pab.ca.gov/lawsregs/pab_laws_regs_booklet.pdf. 4/5/2023
4. Rural Designation and Medically Underserved Area:
<https://data.hrsa.gov/tools/shortage-area/mua-find>. 4/5/2023

COMMITTEE APPROVALS:

P&P: 5/3/2023

MAYERS MEMORIAL HEALTHCARE DISTRICT

POLICY AND PROCEDURE

MEAL AND REST PERIODS FOR NON-EXEMPT STAFF

Page 1 of 6, plus the following Attachment(s)

Acknowledgment of Receipt of Meal and Rest Break Policy

Meal Period Waiver for Healthcare Employees Working Shifts In Excess of Ten Hours

Agreement for On-Duty Meal Period

POLICY:

California law requires that each non-exempt employee be given at least a 30-minute, uninterrupted meal period each day if the employee works at least five hours. Employees who work fewer than five hours are not entitled to a meal period.

PROCEDURE:

Employees are strongly encouraged to take the 30-minute, uninterrupted meal period. This meal period must begin within the first five hours of your workday. In other words, meal period must start before the end of the fifth hour of work. Employees should plan work tasks accordingly so they can clock out on time for their meal break. If an employee works more than 10 hours, they are entitled to a second, unpaid meal period of at least 30 minutes.

Meal periods are an unpaid period when employees are relieved of all work duties and responsibilities, generally for the purpose of consuming a meal. Employees may leave the premises during meal periods if they choose to do so. Employees are strongly encouraged to take meal periods away from their immediate work area. Employees must clock out when taking a meal period and clock back in when they resume working.

Any non-exempt employee who performs work during their meal period must either:

- clock back in before performing the work
- correct their time entries to record the time spent working their meal period, whichever is more practical.

If employees began their meal period, but did not receive a full, uninterrupted 30 minutes for any reason, they should restart their meal period and take the full, uninterrupted 30 minutes.

If an employee is unable to take their designated meal break(s), and does not have an approved waiver in place, they will receive 1 hour of paid time, at their base rate, for each meal break missed. This premium pay does not count toward over time calculations.

Waiving Your Meal Period

All Staff working shifts lasting more than 5 hours, but not more than 6 hours:

If an employee works at least five hours, but not more than six hours, the employee has the option to voluntarily decline to take the meal period. This is called a "waiver." The waiver is

completely voluntary and up to the employee. If the employee is schedule to work at least 5 hours, but not more than six hours, and would like to waive the meal period, the employee may do so by a written consent between the employee and his/her supervisor, for example by email request and supervisor's approval.

All Staff working shifts lasting more than 10 hours, but not more than 12 hours:

If an employee works more than 10 hours, but not more than 12 hours, the employee has the option to voluntary decline to take the second meal period, so long as the employee took the first meal period. This is called a "waiver." The waiver is completely voluntary and up to the employee. If the employee is schedule to work at least 10 hours, but not more than 12 hours, and would like to waive the meal period, the employee may do so by a written consent between the employee and supervisor.

Shifts of more than ten hours for Direct Patient Care Staff:

If an employee providing direct patient care works more than ten hours in a day, the employee may waive one of the two meal periods the employee would otherwise be entitled to receive for working more than 10 hours. The employee and employer must agree, in writing, to waive one of the two meal periods. The employee will receive only one meal period during such shifts and will be paid for all working time, except for the duty-free, 30-minute meal period taken. The employee or the employer may revoke the meal period waiver agreement at any time by providing at least one day's notice in writing of the decision to do so. For purposes of this waiver, "direct patient care" means any of the following:

- Employees providing direct care to patients
- Employees working in a clinical or medical department, including pharmacists dispensing prescriptions in any practice setting
- Employees working primarily or regularly as a member of a patient care delivery team

On-Duty Meal Periods

Due to the nature of the work performed, some employees cannot be relieved of all duty during their meal period. In such cases, employees may enter into a written agreement to work an on-duty meal period that shall be paid for by the employer. The employee or the employer may revoke this agreement at any time by providing written notice of the decision to do so. This agreement will remain in effect until the employee or the employer exercises the option to revoke it. Whether the employee's job qualifies for on-duty meal periods shall be made by the employer on a case-by-case basis.

Rest Periods

Employees are allowed one ten-minute rest period for every four hours of work or major portion thereof. That is, nonexempt employees working:

- Less than 3.5 hours are not entitled to a rest period.
- 3.5 hours up to six hours are entitled to a ten-minute rest period.
- More than six hours up to ten hours are entitled to 20 minutes of rest time.
- More than ten hours up to 14 hours are entitled to 30 minutes of rest time.

These paid rest periods:

- Must be at least ten consecutive minutes for each four hours worked or major fraction thereof.
- Are to be taken in the middle of the employee's work period to the extent that is possible.

While there is no set schedule for breaks, employees are able to take restroom breaks and get refreshments as desired. Employees are strongly encouraged to take rest periods away from their immediate work area to the extent possible. A rest break is paid time when an employee is relieved of all duties and responsibilities. Employees may not combine rest breaks or add them to a meal period. Employees must self-police their rest breaks and ensure that they take their breaks every day.

Reporting Missed Meal and Rest Periods

Meal and rest periods are intended to provide non-exempt employees an opportunity to be away from work, and employees are not permitted to perform any work during meal and rest periods. If, at any time, employees are unable to take a meal break and/or rest period because of workload, employees must immediately inform their supervisor so that appropriate arrangements can be made. Failure to follow this notification requirement may lead to a corrective action. Continued failure to take meal and rest breaks in accordance with these policies, and failure to notify your supervisor of the reason(s) for missing such breaks, may lead to corrective action.

If an employee believes they have not received a meal period or rest break in accordance with these policies, they should immediately report their concerns to their manager or supervisor. If appropriate, the employer will reimburse for the missed meal or rest period in accordance with California law.

REFERENCES:

California Labor Code §512.1

COMMITTEE APPROVALS:

Chiefs: 3/6/2023

P&P: 4/5/2023



Acknowledgement of Receipt of Meal and Rest Break Policy

I, _____, acknowledge that on _____ (date), I received and read a copy of Mayers Memorial Hospital District's Meal and Rest Periods Policy and understand that it is my responsibility to be familiar with and abide by its terms. I understand that the information in this Policy is intended to help Mayers Memorial Hospital District's employees to work together effectively on assigned job responsibilities. This Policy is not promissory and does not set terms or conditions of employment or create an employment contract.

Signature

Printed Name

Date



Meal Period Waiver for Healthcare Employees Working Shifts In Excess of Ten Hours

I understand that I am entitled to two meal periods when I work over ten hours in a day. This certifies that I voluntarily waive one of the two meal periods I would otherwise be entitled to receive under California law on shifts when I work more than ten hours. I understand that, as a result of this waiver, I will receive only one meal period during such shifts and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or Mayers Memorial Hospital District may revoke this "Meal Period Waiver" at any time by providing at least one day's notice in writing of the decision to do so. This waiver is mutual and will remain in effect until I exercise, or Mayers Memorial Hospital District exercises, the option to revoke it.

I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Signature of Employee

Date

Print or Type Name of Employee

APPROVED FOR MMHD

By: _____

Date



Agreement for On-Duty Meal Period

The Employee and the Employer agree that the nature of the Employee's work prevents the Employee from being relieved of all duty during the Employee's meal period and that the Employee shall work an on-duty meal period that shall be paid for by the Employer. The Employee understands that the Employee or the Employer may revoke this agreement at any time by providing written notice of the decision to do so. This agreement will remain in effect until the Employee or the Employer exercises the option to revoke it.

I acknowledge that I have read this agreement, understand it, and freely and voluntarily enter into it on _____(date).

Signature of Employee

Print or Type Name of Employee

APPROVED FOR HOSPITAL

By: _____

Date

**MAYERS MEMORIAL HEALTHCARE DISTRICT
POLICY AND PROCEDURE**

MEDICAL EMERGENCIES RURAL HEALTH CLINIC

Page 1 of 9

POLICY:

Mayers Rural Health Clinic is prepared for medical emergencies, particularly, life-threatening drug reactions. Protocols for emergency care for anaphylactic reactions, and management of vasovagal reactions and syncope are followed. Emergency medications and supplies are maintained in an emergency box. An inventory list is kept on the outside of the emergency box and monitored monthly to ensure that they are not depleted or expired. The emergency box is sealed when not in use. All physicians, clinicians, and nurses are certified in CPR. All staff are offered the opportunity to participate in CPR training. Mayers Rural Health Clinic has Automated External Defibrillator (AED) device.

**For medical emergencies call 911 and initiate treatment.
Poison Control 1-800-222-1222**

PROCEDURE:

EMERGENCY EQUIPMENT, SUPPLIES, AND MEDICATIONS

- AED
- Medications
 - For anaphylaxis/allergic reactions: Epinephrine, Diphenhydramine
 - For cardiac event: Aspirin low dose tablets, nitroglycerine sublingual
 - For poisoning: Activated Charcoal Suspension
 - For Snake Bites: Send to local Emergency Room which is stocked with anti-venin
- Contents of Emergency Box

ITEM DESCRIPTION	STRENGTH	QTY
EpiPen (Epinephrine)	0.3mg	2
EpiPen JR (Epinephrine)	0.15mg	2
Nitrostat Tablet (Nitroglycerine Sublingual) Bottle of 25	0.4mg	1
Benadryl Capsule (Diphenhydramine)	25mg	10
Benadryl Injection (Diphenhydramine)	50mg/1mL	2
Benadryl Oral Solution (Diphenhydramine) 10mL cup	25mg/10mL	4
Aspirin Low Dose Chewable Tables	81mg	10
Actidose- A Qua (Activated Charcoal Suspension)240mL tube	50gm	1
3mL syringe	NIA	3
18G Needle (1.2mm x 25mm)	NIA	3
23G Needle (0.6mm x 25mm)	NIA	3
Alcohol Pads	70%	Box
O2 Adult Pads	NIA	1
Oxygen Tubing	NIA	1
Nasal Oxygen Tubing	NIA	1

Berman Airway Kit	NIA	1
Adult Ambu Bag (Right side of Box)	NIA	1
Pediatric Ambu Bag (Left side of Box)	NIA	1

MEDICAL EMERGENCIES PROTOCOL

For various reasons in the Rural Health Clinic setting, a patient may complain of feeling "light headed", "faint", or actually "passing out". This may be as simple as a reaction to certain sensory stimuli, real or perceived pain, or sudden changes in position or as severe as an acute medical condition, such as cardiac or other life threatening conditions.

Condition	Intervention
Syncope/Vasovagal Reaction "light headed - fainting" Response to patient is usually immediate when measures are taken.	<ul style="list-style-type: none"> • ABC's (Airway, Breathing, Circulation) • Place patient in supine position and loosen clothing. • Elevate lower extremities 20-30 degrees. • Monitor and record BP, pulse and respirations. • Document all findings and actions in patient's medical record. • Question patient after episode about feelings prior to syncope and whether this is an isolated event or "usual response" to certain stimuli. • Advise patient to report this to their physician or primary care provider for further investigation.
Suspected Severe, Acute Medical Condition including cardiac arrest, shock, hemorrhage, and/or aspiratory difficulties	<ul style="list-style-type: none"> • ABC's • Call for staff assistance • Maintain AIRWAY, provide CPR if necessary <ul style="list-style-type: none"> ○ Place patient in supine position and loosen clothing. ○ Monitor and record vital signs. • Call 911 or local Emergency Medical Services immediately (preferably have someone not involved in direct patient care make the call).

PROTOCOL FOR TREATMENT OF ANAPHYLAXIS

Condition	Observation/ Assessment	Intervention (Mild and Moderate Reactions)
<p>MILD REACTION (May rapidly progress to a more severe reaction)</p>	<ul style="list-style-type: none"> • Generalized flush • Red, itchy, eyes • Itching at the injection site or at other body sites • Localized to generalized urticaria (hives) • Vomiting, abdominal pain 	<ul style="list-style-type: none"> • ABC's. • Call 911 or local EMS STAT (Preferably have someone not involved in direct patient care make the call). • Place patient in supine position. • Monitor vital signs. • GIVE OXYGEN BY MASK, if any respiratory symptoms are present <ul style="list-style-type: none"> ◦ Special instructions** for O2 administration, if given (O2 flow rate, 1pm) • FIRST-LINE TREATMENT: GIVE AGE AND WEIGHT APPROPRIATE DOSES OF EPINEPHRINE, intramuscularly, preferably in the anterolateral thigh (See Table 1). Repeat every 5- 15 minutes, up to 3 doses, depending on patient's response
<p>MODERATE REACTION</p>	<ul style="list-style-type: none"> • Mild to moderate wheezing • Coughing • Complains of generalized itching, itching throat • Generalized urticaria (hives) • Swelling of lips, face, tongue, eyelids, hands, feet, or genitalia. • Vomiting, diarrhea, and/or abdominal pain 	<ul style="list-style-type: none"> • SECONDARY TREATMENT: As an adjunct to epinephrine, give weight or age appropriate doses of diphenhydramine HCL orally or intramuscularly (See Table 2 or Table 3). DO NOT GIVE diphenhydramine HCL to infants aged less than 7 months • Continue to observe for change in symptoms (lessening or worsening) • Maintain accurate emergency flowsheet showing: <ul style="list-style-type: none"> ◦ Date ◦ Time of occurrence ◦ Vital Signs ◦ Medication(s) (time, dosage, response,, name of healthcare personnel who administered the medication) ◦ Immediate therapy ◦ Disposition of patient (transfer for further emergency care ASAP) • Send summary of emergency treatment with patient with written assessment of patient's condition at time of transfer. • Document all measures taken in patient's medical record and place allergy label on front of patient's medical record. Advise patient (parent) about the drug or trigger that caused reaction. • Advise patient (parent) to report reaction to their physician or primary care provider.

PROTOCOL FOR TREATMENT OF ANAPHYLAXIS
(Continued)

Condition	Observation/ Assessment	Intervention (Severe Reaction)
SEVERE REACTION	<ul style="list-style-type: none"> • Anxiety • Shortness of Breath • Severe Wheezing • Progressive swelling of lips, face, tongue, eyelids, hands, feet, or genitalia. • Progressive generalized urticaria (hives) • Restlessness • Headache • Vomiting • Incontinence • Cyanosis • Confusion • Weak rapid pulse • Hypotension • Shock • Unconsciousness 	<ul style="list-style-type: none"> • ABC's • Call 911 or local EMS STAT (Preferably have someone not involved in direct patient care make the call). • Place patient in supine position. • Elevate legs and loosen clothing. • Elevate head, if breathing is difficult. • Monitor pulse and respiration, mental status q 1 2 minutes. • Monitor BP - age 3 years and up • GIVE OXYGEN BY MASK (Maintain airway hypoxia can result from hypotension and upper airway edema). <ul style="list-style-type: none"> o Special Instructions** for <i>O₂</i> administration, if given (02 flow rate, 1pm) • FIRST-LINE TREATMENT: GIVE AGE AND WEIGHT APPROPRIATE DOSES OF EPINEPHRINE, intramuscularly, preferably in the anterolateral thigh (See Table I). Repeat every 5 15 minutes, up to 3 doses, depending on patient's response • SECONDARY TREATMENT : As an adjunct to epinephrine, give weight or age appropriate doses of diphenhydramine HCL intramuscularly (See Table 3). DO NOT GIVE diphenhydramine HCL to infants aged less than 7 months • Perform cardiopulmonary resuscitation, if necessary • Maintain accurate emergency flow sheet showing: <ul style="list-style-type: none"> o Date o Time of occurrence o Vital Signs o Medication(s) (time, dosage, response,, name of healthcare rrsonnel who administered the medication) o mmediate therapy o Disposition of patient (transfer for further emergency care ASAP) • Send summary of emergency treatment with patient with written assessment of patient's condition at time of transfer. • Document all measures taken in patient's medical record and place allergy label on front of patient's medical record.

Table 1: Dosages for Epinephrine Administered Intramuscularly			
The recommended dose of epinephrine is 0.01 mg/kg body weight.			
Repeat every 5-15 min. up to 3 doses, depending on patient's response.			
Epinephrine Auto-Injectors	Weight	Dose	Auto-injector
	15-30 k (33-66 lbs	0.15m 0.15ml	Pediatric--Green
	:::30 k (66 lbs	0.3m 0.3ml	Adult--Yellow

**Table 2: Dosages for Diphenhydramine UCL (Benadryl)
Administered Orally**

The recommended dose of diphenhydramine UCL is 1 - 2 mg/kg body weight.

	Age Group:	Range of Weight (Pounds)*	Range of Weight (Kilograms)*	Benadryl Dose, given orally:	
				12.5 mg/5 mL liquid,	12.5 mg/5 mL liquid Dose,
Infants and Children	1 - 6 months	DO NOT GIVE TO THIS AGE GROUP			
	7 - 36 months	20 -32 lbs	9-14.5 kg	10 mg - 20 mg	4 mL - 8 mL
	37 - 59 months	33 -39 lbs	15 - 17.5 kg	15 mg - 30 mg	6 mL - 12 mL
	5 - 7 years	40 - 56 lbs	18 - 25.S kg	20 mg - 30 mg	8 mL - 12 mL
	8 - 12 years	57 - 99 lbs	26-45 kg	30 mg ^t	12 mL ^t
Teens	13 - 18 years	100+ lbs	46+ kg	50 mg ^t	20mL ^t
Adults	19 years & older	100+ lbs	46+ kg	50 mg ^t	20mq

Note: If body weight is known, then dosing by weight is preferred. If weight is not known or readily available, dosing by age is appropriate.

*Rounded weight for infants, children, and teens at the 50th percentile for each age range

^t Maximum dose for children

^t Maximum dose for teens and adults

**Table 3: Dosages for Diphenhydramine UCL (Benadryl®)
Administered Intramuscularly**

The recommended dose of diphenhydramine HCL is 1 - 2 mg/kg body weight.

	Age Group:	Range of Weight (Pounds)*	Range of Weight (Kilograms)*	Benadryl Dose, given by injection:	
				50 mg/mL injectable IM	50 mg/mL injectable Volume injected IM, mL
Infants and Children (1- 6 months	DO NOT ADMINISTER TO THIS AGE GROUP			
	7- 36 months	20 - 32 lbs	9-14.5 kg	10 mg - 20 mg	0.2 mL - 0.4 mL
	37 - 59 months	33 - 39 lbs	15 - 17.5 kg	15 mg - 30 mg	0.3 mL - 0.6 mL
	5 - 7 years	40 - 56 lbs	18 - 25.5 kg	20 mg - 30 mg	0.4 mL - 0.6 mL
	8 - 12 years	57 - 99 lbs	26 - 45 kg	30 mg ^t	0.6 mL ^t
Teens	13 - 18 years	100+ lbs	46+kg	50md	1 mL ^f
Adults	19 years & older	100+ lbs	46+kg	50mgt	1 mL ^f

Note: If body weight is known, then dosing by weight is preferred. If weight is not known or readily available, dosing by age is appropriate.

*Rounded weight for infants, children, and teens at the 50th percentile for each age range

^t Maximum dose for children

^t Maximum dose for teens and adults

REFERENCES

Ref: QS0-19-18- RHC: Revised Rural Health Clinic (RHC) Guidance Updating Emergency Medicine Availability State Operations Manual (SOM) Appendix G- Advanced Copy, CMS September 3, 2019
42 CFR §405.2403(a), §491.6(c) Standard: Emergency procedures
Epinephrine Auto-Injector Package Insert, Meridian Medical Technologies 8/2018
Diphenhydramine Hydrochloride Injection Package Insert. Fresenius Kabi 7/2016

COMMITTEE APPROVALS:

P&P: 5/3/2023

MAYERS MEMORIAL HOSPITAL DISTRICT

Privileges in Orthopedic Surgery

Name: _____

Orthopedic Surgery Core Privileges

Qualifications

To be eligible for core privileges in orthopedic surgery, the applicant must meet the following qualifications:

- Documentation of the performance of at least 100 orthopedic procedures during the last two years or successful completion of a hospital-affiliated formalized residency or clinical fellowship in the past two years;

and

- Current certification or active participation in the examination process leading to certification in orthopedic surgery by the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic Surgery; or
- Successful completion of an ACGME- or AOA-accredited residency in orthopedic surgery.

Staff Status Requested *(please check one)*

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

Privileges included in the core

Privileges to evaluate, diagnose, consult, and provide non-surgical and surgical care to patients of all ages—except as specifically excluded from practice and except for those special procedure privileges listed below—to correct or treat various conditions, illnesses, and injuries of the musculoskeletal system. Privileges include, but are not limited to, those delineated in the accompanying orthopedic surgery procedure list. Practitioner accepts responsibility to supervise CRNA administering anesthesia while exercising those privileges that are requested and approved.

<input type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s): 		

Special Procedures Privileges

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges (see attached “Supporting Documentation Form”).

Procedure (Check if requested) →	√	Criteria	Recommend?	
			Yes	No
Use of fluoroscopy		*		
Assist in Surgery				

* Requires current California State Fluoroscopy Operator Certificate.

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

Additional Privileges Requested (write in below):

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

Acknowledgement of Practitioner

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

I understand that:

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

Applicant

Date

Recommendations

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

Credential Committee Chair or Vice-Chair or Vice Chair

Date

Medical Executive Committee Chair or Vice-Chair

Date

CORE PRIVILEGES ORTHOPEDIC SURGERY

GENERAL

Amputation, Major (Above Knee, Below Knee, Transmetatarsal, Below Elbow, Above Elbow)
Amputation, Minor (Finger, Toe)
Amputation Revision
Arthrocentesis
Arthrodesis/Arthrotomy
Arthroplasty
Arthroscopy
Bone Biopsy
Bone Graft
Bone Manipulation
Bone Resection
Bursectomy
Cast Application/Change
Cheilectomy
Closed Reduction Fracture with/without Cast
Closed Reduction Internal Fixation
Closed Reduction External Fixation
Condylectomy
Excision Bone Spur
Excision Calcium Deposits
Excision Epicondyle
Excision Exostosis
Excision Ganglion
Excision Osteochondroma
Insertion/Removal nails/plates
Insertion/Removal plates/screws
Insertion/Removal Steinman pin/K-wire
Ligament Repair
Nerve Repair
Open Reduction/Fixation
Osteotomy
Percutaneous Pinning
Removal of Loose Bodies
Skin Graft
Synovectomy
Tendon Repair/Transplant
Tendon Sheath Exploration

ARM/HAND

Acromioplasty
Carpal Tunnel Release
DeQuervain's Release
Dupuytren's Contracture Release
Finger Joint Prosthesis
Subacromial Shoulder Decompression
Trigger Finger Release
Ulnar Nerve Transposition

FOOT

Bunionectomy
Excision Morton's Plantar Neuroma
Hallux Valgus Correction
Hammer Toe Correction
Heel Cord Lengthening
Tarsal Tunnel Release

LEG/HIP

Femoral Rodding
Hip Nailing
Intramedullary Nailing
Total Hip Replacement

KNEE

ACL Repair
Excision Baker's Cyst
Meniscal Repair
Meniscectomy
Patellectomy
Total Knee Replacement

MAYERS MEMORIAL HEALTHCARE DISTRICT

POLICY AND PROCEDURE

OUTDATED MEDICATIONS – CLINIC

POLICY

To ensure outdated pharmaceuticals are not distributed to patients of Mayers Rural Health Center.

PROCEDURE

1. All stocked medications will be inspected by the nursing staff monthly and a record made that no outdated medications are present.
2. All dates are checked on stocked bottles prior to dispensing any medication, then verified by a provider or licensed clinician.
3. Outdated medications found are removed from stock and sequestered and removed from the medication room site.
4. Stickers are placed on bins containing medications that will outdate in the next 4-6 months.
5. Follow the *Disposal of Outdated or Discontinued Medication* policy and procedure.

REFERENCES

1. MCN Healthcare- Admin for Ambulatory: “Monitoring of Drug Outdates”. Reference #5016. 4/5/2023
2. Woodcock, Elizabeth W. Operating Policies and Procedures. Manual for Medical Practices 5th edition. pp 303

COMMITTEE APPROVALS:

P&P: 5/3/2023

MAYERS MEMORIAL HEALTHCARE DELINEATION OF CLINICAL PRIVILEGES

- Physician Assistant –

Please check each privilege you are requesting below. The exercise of all privileges may occur only in the context of prevailing bylaws, rules and regulations, and hospital policies. Request only those privileges that you intend to exercise and for which you can demonstrate qualifications. It is required that all services performed be documented in the patient medical record and countersigned as appropriate and required by law. All services will be overseen and countersigned by the supervising physician(s). Please note that write-in privileges are not permitted. Please contact the Medical Staff Office if you wish a privilege not listed below.

The MMH Medical Staff Bylaws recognizes that in the case of an emergency, any member of the medical staff, to the degree permitted by his or her license and regardless of service, staff status, or clinical privileges, shall be permitted to do everything reasonably possible to save the life of a patient or to save a patient from serious harm.

EDUCATION, LICENSE AND CERTIFICATION REQUIREMENTS

- A certificate of completion from a college or university-based Physician Assistant program, and
- A current license to practice as a Physician Assistant in the State of California
- Current certification by the National Commission on Certification of Physician Assistants

SCOPE OF PRACTICE

Medical Privileges:

Requested

Approved

Not Approved

- Order or transmit orders for x-ray, other studies, therapeutic diets, physical therapy, occupational therapy, respiratory therapy, medication, laboratory and nursing services.

I fully understand and agree to follow the standards as set out above in the performance of all duties and actions.

Signature of Physician Assistant

Date

NAME: _____

Physician Assistant Supervision

A physician assistant's scope of practice will be limited to the supervising physician's specialty.

Examination of the patient by the supervising physician within fourteen (14) days from time care is given by the physician assistant.

Countersignature and dating of all medical records written by the physician assistant within thirty (30) days that the care was given by the physician assistant.

Each time a physician assistant provides care for a patient and enters his or her name, signature or initials on a patient's record, chart or written order, the physician assistant shall also enter the name of his or her approved supervising physician who is responsible for the patient. When a physician assistant transmits a verbal order, he or she shall also state the name of the supervising physician responsible for the patient.

The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the physician assistant does not function autonomously. The supervising physician shall be responsible for all medical services provided by a physician assistant under his or her supervision.

Supervising Physician(s):

I understand and accept full legal and ethical responsibility for the performance of all duties or acts performed by my physician assistant. I understand and agree to provide supervision as set out above. I further agree to notify the Medical Staff Office of Mayers Memorial Hospital District when I am no longer the supervising physician for the physician assistant listed above.

Print Physician Name

Signature of Supervising Physician

Print Physician Name

Signature of Supervising Physician

Print Physician Name

Signature of Supervising Physician

NAME: _____

The privileges requested above have been approved subject to the following exceptions or additional requirements:

Approval of the IDP/AHP Committee

Date

Approval of Medical Executive Committee
Chief of Staff or Vice Chief of Staff

Date

MAYERS MEMORIAL HOSPITAL DISTRICT

Telemedicine Privileges in Psychiatry

Name: _____

General Psychiatry Core Privileges

Qualifications

To be eligible for core privileges in general psychiatry, the applicant must meet the following qualifications:

- Documentation of the provision of inpatient, outpatient, or consultative psychiatric services for at least 30 patients during the past 24 months, or demonstration of the provision of substantive competent clinical service in the core privilege during the past two years, or demonstration of the same under supervision for a minimum of six months before being independently privileged;

and

- Current certification or active participation in the examination process leading to certification in psychiatry by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry; or
- Successful completion of an ACGME- or AOA-accredited residency in psychiatry.

Privileges included in the General Psychiatry Core

Privileges to evaluate, diagnose, and treat patients of all ages—except as specifically excluded from practice and except for those special procedure privileges listed below—who suffer from mental, behavioral, or emotional disorders. Privileges include providing consultation with physicians in other fields regarding mental, behavioral, emotional, and geriatric psychiatric disorders; psychopharmacology; providing group and family therapy; use and interpretation of psychological tests; behavior modification; consultation to the courts; and emergency psychiatry.

<input type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s): 		

NAME

Child and Adolescent Psychiatry Core Privileges

Qualifications

To be eligible for core privileges in child and adolescent psychiatry, the applicant must meet the following qualifications:

- All qualifications for general psychiatry plus two additional years of residency training in child and adolescent psychiatry.

Privileges included in the Child and Adolescent Psychiatry Core

Privileges to evaluate, diagnose, and treat children and adolescents who suffer from mental, behavioral, or emotional disorders. Privileges include being able to provide consultation with physicians in other fields regarding mental, behavioral, or emotional disorders and their interaction with physical disorders, except for those special procedure privileges listed below.

<input type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s):		

Chemical Dependency Psychiatry Core Privileges

Qualifications

To be eligible for core privileges in chemical dependency psychiatry, the applicant must meet the following qualifications:

- All qualifications for general psychiatry plus a substantial involvement in the field of alcoholism and other drug dependencies. This must be in addition to, and not concurrent with, psychiatric training, unless such training was in a fellowship in addictionology. Involvement may fall under the heading of clinical care of patients, education, research, or administration. A substantial portion of this time must have been spent in the treatment of patients for alcoholism and other drug dependencies.

NAME _____

Privileges included in the Chemical Dependency Psychiatry Core

Privileges to evaluate, diagnose, and provide treatment to patients with problems related to alcoholism and other drug dependencies, such as psychoactive drug use and addiction, utilizing all forms of psychological and social treatment including medications, except for those special procedure privileges listed below.

<input type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s):		

Special Procedures Privileges

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience, and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

Procedure (Check if requested) →	Criteria	Recommend?	
		Yes	No
Behavioral modification/therapy			
Chemical dependency intervention and therapy			

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

Additional Privileges Requested (write in below):

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

NAME _____

Acknowledgement of Practitioner

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

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

Applicant

Date

Recommendations

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

Credentials Committee Chair/Vice-Chair

Date

Medical Executive Committee Chair/Vice-Chair

Date

MAYERS MEMORIAL HOSPITAL DISTRICT

Privileges in Pulmonary Care

Name: _____

Pulmonary Core Privileges

Qualifications

To be eligible for core privileges in pulmonary care, the applicant must meet the following qualifications:

Current certification or active participation in the examination process leading to certification in pulmonary medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine with Special Qualifications in pulmonary diseases.

Or

Successful completion of an ACGME- or AOA-accredited post-graduate training program in internal medicine followed by post-graduate training in pulmonary disease.

And

Documentation of the provision of inpatient or consultative services for at least 50 patients during the past 12 months or demonstrate successful participation in a hospital-affiliated formalized residency or special clinical fellowship.

And

Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

Staff Status Requested

Consulting: may not admit patients to the Hospital

Privileges included in the core

Pulmonary Medicine Core Privileges: Privileges are limited to interpretation of pulmonary functions testing, bronchoscopy, thoracoscopy, and management of mechanical ventilation.

<input checked="" type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s):		

Name _____

Additional Privileges Requested (write in below):

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

Acknowledgement of practitioner

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

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

Applicant

Date

Recommendations

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

Credentials Committee Chair/Vice-Chair

Date

Medical Executive Committee Chair/Vice-Chair

Date

MAYERS MEMORIAL HEALTHCARE DISTRICT

POLICY AND PROCEDURE

SEDATION AND ANALGESIA; NON-ANESTHESIA PROVIDER

Page 1 of 5, plus the following attachment

Sedation Flow Sheet-ED/Surgery MMH 164

H&P / Procedure - Sedation Physician Documentation MMH720

DEFINITIONS:

Minimal Sedation (anxiolysis) = a drug induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

Moderate Sedation/Analgesia (conscious sedation) = a drug-induced depression of consciousness during which patients respond purposefully* to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Deep Sedation/Analgesia = a drug-induced depression of consciousness during which patients cannot be easily aroused purposefully* following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

General Anesthesia = a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

A **responsible person** is someone who can receive and understand instructions, stay with the patient, and call for assistance as instructed.

Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to rescue patients whose level of sedation become deeper than initially intended. Individuals administering *Moderate Sedation/Analgesia (conscious sedation)* should be able to rescue patients who enter a state of *Deep Sedation/Analgesia*, while those administering *Deep Sedation/Analgesia* should be able to rescue patients who enter a state of general anesthesia. (American Society of Anesthesiologists, 1999)

* Reflex withdrawal from a painful stimulus is not considered a purposeful response.

POLICY:

A trained RN may perform sedation and analgesia for diagnostic and uncomplicated upper GI endoscopy and colonoscopy procedures and minimally invasive procedures. Sedation and analgesia are considered to be an integral component of the endoscopic examination.

See Policy and Procedure: *Sedation and Analgesia* for information concerning levels of sedation and other general information.

Education and Training

In administering medications to induce conscious sedation, the RN is required to have the same knowledge and skills as for any other medication the nurse administers. This knowledge base includes but is not limited to:

- effects of medication
- potential side effects of the medication
- contraindications for the administration of the medication
- the amount of the medication to be administered.

The requisite skills include the ability to:

- Competently and safely administer the medication by the specified route
- Anticipate and recognize potential complications of the medication
- Recognize emergency situations
- Administer reversal agents
- Institute emergency procedures

The RN is accountable for knowledge of the medication, and for ensuring that the proper safety measures are followed.

The RN must have training in monitoring sedated patients which include:

- Continuous monitoring of oxygen saturation and end tidal CO₂.
- Cardiac rate and rhythm
- Blood pressure
- Respiratory rate
- Level of consciousness

Emergency Cart

Whenever conscious sedation is performed an emergency cart (crash care) will be immediately available. The cart contains resuscitative and antagonist medications, airway and ventilatory adjunct equipment, defibrillator, suction, and a source for administration of 100% oxygen.

PROCEDURE

Choice of Sedation Regimen

The physician chooses the sedation regimen. The level of sedation targeted, and the agents chosen will depend on:

1. Characteristics of the procedure including:
 - Length of procedure
 - Level of anxiety
 - Degree of invasiveness
2. Individual patient factors including
 - Age
 - Existing medical conditions
 - Prior experience with endoscopic procedures
 - Patient anxiety
 - Current use of opiates or other sedatives
3. Patient preferences
4. Need for patient cooperation

Additional Personnel

A respiratory therapist or an RN trained in advance airways will be present during procedures to monitor respirations and assist with airway management if needed.

Patient assessment and Selection

Each patient should be assessed for anesthesia class based on the ASA Class Determination Scale:

ASA Class Determination:

- Class I** No organic, physiologic, biochemical, or psychiatric disturbance. Normal, healthy patient.
- Class II** Mid-moderate systemic disturbance; may or may not be related to reason for surgery. (Examples: hypertension, diabetes mellitus).
- Class III** Severe systemic disturbance. (examples: heart disease, poorly controlled hypertension).
- Class IV** Life-threatening, systemic disturbance. (Examples: congestive heart failure, persistent angina pectoris).
- Class V** Moribund patient. Little chance for survival. Surgery is last resort.
- Class E** Patient requires emergency procedure.

Medication Dosing Guidelines

Drug	Initial Dose	Supplemental Dose	Usual Maximum Dose	Comments
Fentanyl	50-100 mcg	25 mcg q 2-5 mins	200 mcg	Dose reduction of 50% or more is indicated in the elderly
Midazolam	0.03 mg/kg	1 mg	1 mg q 2 mins	Dose reduction of 20% or more of pts > 60 yrs and/or ≥ ASA III
Propofol	0.5 to 1mg/kg	0.25 to 0.5 mg/kg every 1-3 min.		
Etomidate	0.1 to 0.2 mg/kg	0.05 mg/kg every 3-5 min.		Reduce dose in elderly
Ketamine	1-2 mg/kg over 2 min.	0.5 to 1 mg/kg every 5-10 min.		Reduce dose if used with propofol

Dosing Guideline for Reversal Agents

Medication overdoses or adverse reactions may cause respiratory depression, hypotension or impaired cardiovascular function.

Drug	Intended Use	Initial Dose	Supplemental Dose	Usual Maximum Dose	Comments
Naloxone (Narcan®)	Reverse effects of Narcotics/Opioids	0.05-0.1mg over 2-3 minutes	Repeat at 2-3 minute intervals until respirations are greater than 10/min	0.4mg	Use with caution in patients with coronary artery disease
Flumazenil (Romazicon®)	Reverse sedative effects of benzodiazepines	0.3mg	Repeat at 60 second intervals	1mg	Use incremental doses of 0.1mg in elderly patients as often received smaller doses of benzodiazepines

Time Out

Intra-Procedure Phase “Time Out” Immediately Before Starting the Procedure The procedure team conducts a “time out” before the start of the procedure for which sedation is being administered to confirm that the correct patient, site, and procedure have been identified; that all required documents are complete; equipment is available and ready for; and use team concerns have been addressed.

Monitoring

RNs managing the care of patients receiving conscious sedation shall not leave the patient unattended or engage in tasks that would compromise continuous monitoring of the patient by the registered nurse. Monitoring must be done by the RN and may not be assigned to unlicensed assistive personnel.

- Continuous oxygen saturation (oxygenation) and end tidal CO₂ monitoring
- Continuous pulse (circulation)
- Respiration (ventilation) by observation and/or auscultation at regular intervals (every 5 minutes during procedure and immediately following the procedure)
- Blood Pressure measurements at appropriate intervals (every 5 minutes during procedure and immediately following the procedure)
- Level of Consciousness (LOC) at regular intervals using verbal stimuli for moderate sedation, with more profound stimuli used for deep sedation
- Electrocardiograph (EKG) monitoring. Print rhythm strips
 - Pre-procedure
 - Post-procedure
 - With any changes

Documentation

Document medication administration and monitoring on *Sedation Flow Sheet-ED/Surgery MMH164*

Recovery/Discharge Criteria

All of the following criteria must be met prior to discontinuation of post-procedure monitoring or discharge from the facility with a responsible person.

1. Patients should be alert and oriented; infants and mentally handicapped should return to their baseline. Parents should be made aware that pediatric patients are at risk for airway obstruction should the head fall forward in an infant seat.
2. Sufficient time (up to 2 hours) should have elapsed after the last administration of reversal agents (naloxone, flumazenil) to ensure that patients do not become re-sedated after reversal effects have worn off.
3. All vital signs are stable and within acceptable limits.
4. There is **no significant risk** of losing protective reflexes.
5. Patient is able to maintain pre-procedure mobility **with minimal assistance as appropriate for the procedure.**
6. Minimal nausea and/or dizziness.
7. Outpatients and their escorts should be provided with written instructions regarding post-procedure diet, medications, activities, and a phone number to be called in case of emergency.

For all adult patients to be discharged from the facility *without* a responsible person the following criteria must be met prior to discharge:

1. Satisfactory transportation arrangements have been indicated by the patient that does not require the patient to operate a motor vehicle.
2. Patient **remains awake** without stimulus for 30 minutes.
3. Patient is oriented as appropriate for age.
4. All vital signs are stable.
5. There is **no significant risk** of losing protective reflexes.
6. Patient is able to maintain pre-procedure mobility **without assistance**.
7. No nausea and/nor dizziness.

The person responsible for the patient (or the adult patient) shall receive written instructions prior to discharge from the facility that include:

1. Information about expected behavior following sedation.
2. Instructions for eating.
3. Warning signs of complications.
4. Special instructions in case of emergency.
5. A telephone number to contact the medical service responsible for the patient's care that is available 24 hours per day.

A notation shall be placed in the medical record that instructions were received and understood by a responsible person or the adult patient.

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COMMITTEE APPROVALS:

ED: 3/8/2023
M/P&T: 3/16/2023
P&P: 4/5/2023
MEC: 5/4/2023

MAYERS MEMORIAL HEALTHCARE DISTRICT

POLICY AND PROCEDURE

STAFF ORGANIZATION AND RESPONSIBILITIES- CLINIC

POLICY:

It is the policy of the Rural Health Clinic that the following lines of authority and responsibility be established.

PROCEDURE:

A. Ownership

The Rural Health Clinic is owned and operated by Mayers Memorial Hospital District.

B. Staffing

The Clinic has a Health Care Staff, which includes one or more physicians, and one or more physician assistants. The staff also includes the necessary ancillary personnel who are supervised by the clinic manager. The staff is sufficient at all times to provide the services essential to the operation of the clinic staff

C. Physician Responsibilities

1. Provides medical direction for the clinic health care activities and consultation for, and supervision of, the health care staff.
2. In conjunction with the physician assistants, participates in developing, executing and periodically reviewing the clinic policies and services provided to patients. Provides medical care services to the patients of the clinic.
3. The physician is present for sufficient periods of time, at least once every two weeks, to provide medical direction, medical care services, consultation and communication for consultation, assistance with medical emergencies, and patient referral. Any extraordinary circumstances will be documented in the records of the clinic.

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1. Lucas, Kenya. Chron. An Outpatient Clinic's Organizational Structure.
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4/7/2023

COMMITTEE APPROVALS:

P&P: 5/3/2023



Operations Report May 2023

Statistics	March YTD FY23 <i>(current)</i>	March YTD FY22 <i>(prior)</i>	March Budget YTD FY23
Surgeries			
➤ Inpatient	0	0	TBD
➤ Outpatient	0	0	TBD
Procedures** (<i>surgery suite</i>)	0	0	TBD
Inpatient	1529	2006	1470
Emergency Room	3575	3514	3541
Skilled Nursing Days	23,959	22,372	22,846
OP Visits (OP/Lab/X-ray)	13,180	17,096	11,937
Hospice Patient Days	840	1364	1024
PT	2017	2078	2104

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

**Procedures: include colonoscopies

Human Resource
May 2023 Board Report

Submitting by Libby Mee – Chief Human Resource Officer

The Human Resource department currently supports 278 active employees

Full Time – 248

Part Time/Casual/Per Diem – 21

Leave of Absence – 9

Staffing and Recruitment

We are actively recruiting and have received applications/interviewing* for the below posted positions.

Administration

Director of Ancillary Services*

Skilled Nursing Facility Director of Nursing

Emergency Department Medical Director

Nursing

Utilization Review RN

Emergency Department Manager*

Emergency Department Supervisor*

Med/Surg Acute CNA*

Skilled Nursing Facility RN

Skilled Nursing Facility LVN*

Skilled Nursing Facility CNA*

Skilled Nursing Facility Unit Assistant*

Surgery Manager

Clinical

Imaging Manager*

Imaging Radiology Tech

Laboratory Manager

Laboratory CLS

Pharmacist*

Retail Pharmacy Pharmacist*

Telemedicine Coordinator/Medical Assistant *

Finance

Controller*

Support Services

Food and Nutrition Services Aide/Cook*

Environmental Services Housekeeper*

Ambulance

Rural Healthcare EMS Supervisor

Rural Healthcare Paramedic

Rural Healthcare EMT

We continue to use registry for the following departments:

- Emergency Department RN
- Skilled Nursing Facility RN, LVN and CNA
- Med/Surge Acute RN – will stop when newly hired staff are onboarded
- Imaging CT/Radiology Tech
- Respiratory Therapy Therapist – will stop when newly hired staff are onboarded
- Laboratory CLS

Employment Development Department - Ashley shared details about our CNA program with the EDD staff and created an Employer job board account. The staff have created a virtual recruiting alert that sends candidates that might match our open positions. Candidates can also be messaged directly through the job board if they have the qualifications we are in need of. As of May 24, 3 applicants have contacted Ashley through EDD and then applied on our website. The online job board created through Shasta College also reaches Feather River College, College of the Siskiyous and College of the Redwoods.

Shasta College- Ashley established a relationship with the Career Counselor, Career Cafe and Employer Partnership Program at Shasta College. In May, Molly (Director of Employer Partnership Program) came on-site to tour MMHD's Fall River Campus. Molly and the MMHD team discussed various ways we can further partner with SC, including our CNA program, on-the-job training/lab hours opportunities at MMHD, and their LAEP Program (assisting financially qualified candidates to pay 50%-90% of their job wages). Ashley is setting up dates to visit SC students at their main and downtown campuses.

Smart Center- Ashley shared details about our CNA program with the Smart Center staff and created an Employer job board account. We are in the process of partnering with their "Work Experience" and "On the job Training" programs to assist their clients in getting entry level positions at MMHD. Both programs consist of an assigned career mentor, set goal list, evaluations and paid percentage of wages through the Smart Center.

Additionally, a MMHD Employer account has been created on the following job boards:

- Handshake Job Board– reaching al California Universities
- College Central Network Job Board – reaching various California Community Colleges
- MD Search Job Board – reaching Physicians
- NRHA Job Board – reaching employees specifically interested in Rural Health
- ACHE Job Board – reaching Healthcare Executives

Employee Health and Wellness

Work Related injury and Illnesses

To date, we have had 1 reportable claim resulting in 12 days away from work.

There have seen 7 first aide injuries resulting in 1 day away from work.

Employee Safety and Wellness Initiatives

We are excited to support Dana's transition from Employee Wellness Coordinator to the Safety Officer. With this new role, Dana will continue to support Employee Safety by maintaining the Ergonomics, Slip Trip Fall and Workplace Violence Prevention programs. All other areas of employee wellness, including communications, boards, newsletters and the Wellable App, will transition to Ashley to aide her retention and recruitment efforts.

Additional Projects

CA Critical Access Hospital HR Peer Network Meeting

This quarters meeting included legislative updates and a presentation on Workforce Development from HR Peers at Cottage Hospital.

I requested information and resources from the group related to mental health support.

Shasta Health Assessment and Redesign Collaborative (SHARC)

The Reach Higher Shasta committee member reported that after their recent annual retreat, the group is seeking an executive committee member from the eastern part of the county. I have been in communication the committee chairperson to see if there would be value for me to participate.

We have also received information to do nominations for the Shasta Health Rock Star Awards. I will be attending a zoom meeting hosted by the CA Association of Health Facilities, as they received a \$26 million funding aware from the state with the goals of recruiting new CNAs to long term care facilities.

Accreditation Commission for Health Care (ACHC)

Related to the recent ACHC GAP Analysis project plan, the HR team will be focusing on more thorough documentation of training and compliance on newly hired or transferred employees through their probationary period.

Pillar Goals

The team continues our retention and recruitment efforts so we can work to eliminate the use of registry staff.

We are also looking forward to next year's goal of getting our employment turnover rate to 17.52% or lower. Our current rate is 21.90%. We intend to hit this goal by formalizing an employee engagement survey, continue to reduce registry costs, continue to add employee safety programs, expand recruitment and retention strategies to all staff that were piloted in nursing departments and expand employee assistance programs.

This goal perfectly aligns with the HR departments Quality Assurance Metrics of tracking Employee Turnover, Employee Engagement and Injury and Illness.

Trainings

Applicable staff will be participating in a Customer Service Training in June hosted by Jen Miley with Huron. The HR department will also receive a recording and materials for this training that we will add to our orientation and re-orientation materials going forward.

Chief Public Relations Officer – Valerie Lakey
May 2023 Board Report

Legislation/Advocacy

SB 525 would create a statewide \$25 minimum wage for all health care workers in any health care setting, including contractors, starting Jan. 1, 2024. The minimum wage would also increase annually by 3.5% or the Consumer Price Index, whichever is greater.

Will be moving to Senate floor June 2. We have been working hard to get the votes we need to defeat the bill. There is word that the author is going to offer amendments to move the bill. We are working daily to stay in touch with Senators to work the votes.

AB242 The authority for critical access hospitals to hire physicians directly would become permanent under **AB 242** by eliminating the sunset to the pilot program that is set to expire this year. Passed full assembly – June 5 Senate Business, Professions and Economic Development Committee.

AB 1001 Oppose Unless Amended would require general acute care hospitals to adopt behavioral health emergency service policies related to minimum staffing requirements, response times, and data management and reporting. This bill would establish the Behavioral Health Emergency Response and Training Fund to support staffing increases in public and nonprofit general acute care hospitals. Passed off the Assembly Appropriations Committee suspense file on May 18. Pending an Assembly floor vote.

AB 869 would provide seismic retrofitting relief for certain rural and district hospitals, including a five-year extension of the 2030 seismic deadline. It would also allow some of these hospitals — if the cost of meeting the seismic requirements would result in a financial hardship — an indefinite extension beyond 2035, until funds are appropriated by the state. Passed off the Assembly Appropriations Committee suspense file on May 18. Pending an Assembly floor vote.

State Budget

The Legislature is moving toward meeting the June 15 deadline to pass a balanced state budget as the Senate and Assembly budget committees review the governor’s May revision. CHA continues to advocate with legislative leadership and members of the Assembly and Senate budget committees for one-time financial relief for hospitals. Assembly Member Soria (D-Merced) and Senator Caballero (D-Merced) have each submitted letters to their respective budget committees supporting this request. Additionally, stakeholder discussions continue regarding the managed care organization tax to ensure that funding would go to provide long-term fiscal stability for hospitals.

Marketing/Public Relations/Communications

The assemblies at the three local Elementary Schools were a big success. We use the opportunity to share with students about healthy choices and what kinds of jobs are at the hospital. It is always a fun way to connect with students and staff. We also provided a MMHD backpack bag for the students.

Interviews for the student intern program were conducted and we are looking forward to a great group of students joining us this summer. I will be working with the recruiter and HR to provide information to reconnect with past interns and scholarship winners.

I am working on completing the budget for the coming fiscal year. We will be working to maximize the dollars to promote services and increase patient volume.

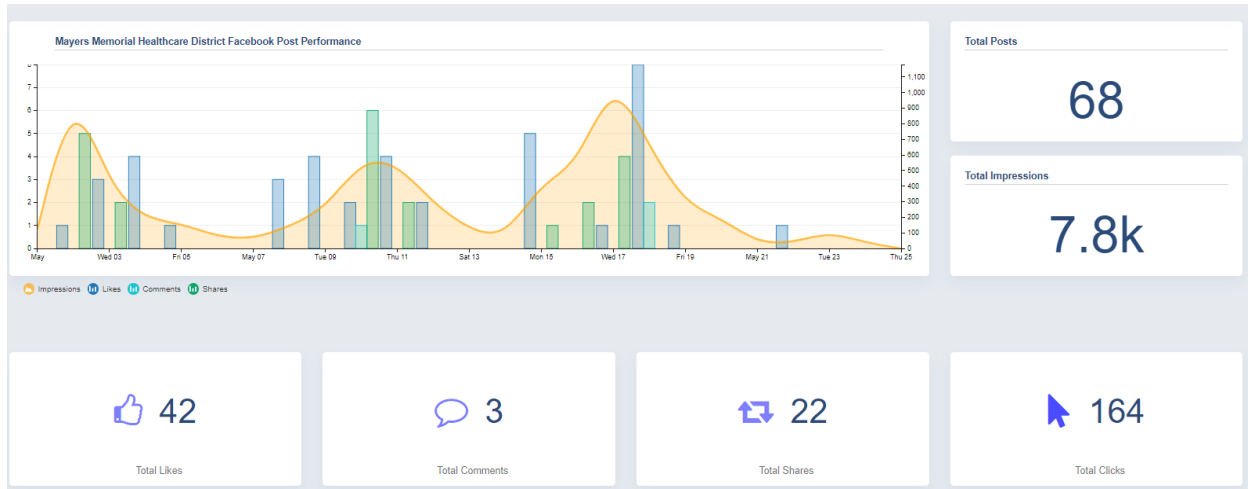
We continue with the full marketing plan for the Clinic services. This will be a big project designed to drive more clinic visits, promote the mobile clinic and other ancillary services. With the Mobile Clinic opening soon, there is a focus on marketing this service.

We have met with the Retail Pharmacy to develop a marketing plan. We have just finished materials for the new "Refill App". This new service offered by the pharmacy will make prescription refill requests available through an app on a mobile device or through a desktop computer.

We have been working with the recruiter and developed a mailer postcard which will be sent to licensed RN, LVN and CNA's in northern California. We will be promoting f/t, p/t and per diem positions. The availability of lodging will be a part of this mailer.

We have been scheduling a lot of healthcare related content to drive traffic back to our website and to specific services. We are using a custom link format in which we can track the number of "clicks" on specific links. This is helping to identify which content is most popular.

We also have a content dashboard in which we can schedule all content for the entire month. Reporting from the dashboard are helping us to acquire data for the Quality measures we will be tracking. Below is a snapshot of May. This has been a useful tool to determine what forms of marketing and PR are effective.



Phone Tree – I have reached out to five different facilities in an effort to fine tune our phone tree. I found the reason we get great feedback on Mt. Shasta’s is that they do in fact have a real person. The other most effective “trees” had an early option for a “real person” or access to party extensions or facility directory. I am waiting on the receipt of a couple of sample scripts. I am confident we can improve our “tree”. Next steps will be reviewing the scripts, working with leadership and IT. We have scheduled three TEAMS trainings in the month of June for staff to gain a better understanding of the platform. This will be a great opportunity for staff to learn some tips and tricks to manage communications, time and calendars.

Additionally, the Communications 101 information will be presented to managers at the June 7 Manager’s meeting. We are also completing an FAQ based on the last employee communication survey.

I am working on our ACHD transparency recertification which is completed every three years. It is required that board members and leadership are up to date on ethics and harassment training. We will be reaching out to those that need to complete these trainings. The ACHD Certified Healthcare District Program promotes good governance for Healthcare Districts by creating a core set of accountability and transparency standards. This core set of ACHD standards is known as Best Practices in Governance and Districts that demonstrate compliance are designated by ACHD as a Certified Healthcare District for a period of three years. This will be the second time we have recertified.

Gift Shop

We continue to receive new merchandise for the Pharmacy Gift Shop. We used input from the survey to order new product. We have actually had a little challenge keeping inventory on hand – a good problem to have!

Foundation

See Foundation Quarterly Report.

**May Board Report
Clinical Division
5/22/2023**

The clinical division has been engaged working on Cerner Training and building. May 23rd to 25th will be our train the trainer event for each department's subject matter experts. We appreciate the project managers coordinating all the moving parts. I am excited about this conversion and looking forward to all the advancements the conversion will bring for our patients.

Pharmacy

- COVID vaccine
 - Primary vaccines series with bivalent vaccine is now available at Mayers Rural Health Clinic.
- The barrier isolator used in the pharmacy to compound sterile IVs did not pass recertification on May 16th due to airflow issues. New filters have been ordered. The filters will be replaced, and the barrier isolator recertified by the same company on the same day.
- AKORN Pharmaceuticals declared bankruptcy and recalled all their products. Over 70 products were recalled and Mayers had about 20 NDC's in stock. All but two of the products were able to be replaced from other manufacturers. The medical staff is kept informed of backorders and shortages.
- The firmware on the Pyxis machines has been updated with minimal down time. The update should prevent some forms of drawer failure.
- Pharmacy staff is working with Kimberly Westlund, Clinic Manager, to stock the mobile clinic and have it ready for licensing.

Retail Pharmacy

- The retail pharmacy app is launched allowing customers to order refills with their phone by scanning the code on their prescriptions.
- We are searching for a permanent retail pharmacist/pharmacist-in-charge. We have applications and interviews will start June 1.

Laboratory

- ENV completed trouble shooting the hood in the microbiology room. The cause of the issue was determined to be in the exhaust system. Upgrades had already been completed on the exhaust system so maintenance will be using a camera snake to check for obstructions.
- Lab testing for fentanyl will begin in June once quality control materials arrive.

Respiratory Therapy

- Mayers welcomes MaryAnn Worthan, RT, to the department. We will miss Ray Burney, RT, who was a long-term registry therapist.
- David Ferrer, RT, will be doing mask fitting for Driscoll employees on May 31.

Imaging

- Preventative maintenance on the CT and X-ray machine was conducted on May 15th and 16th. The physicist will be on site in June.
-

Physical Therapy

- Tyson Wimer completed his 129 hours of internship with Mayers PT on 5/18/2023 through Shasta College for General Worksite Learning Course.
- Patient intake forms and objective measures are being translated into Spanish. Many are already in use with the last form scheduled to be implemented starting June 1.

Cardiac Rehab

- A business plan to expand the Cardiac Rehab program through Ambulatory Blood Pressure monitoring is complete and ready for administrative review. The equipment needed is about \$7,000 and could be paid off in less than a year given projected volumes.
- An extensive number of paper charts need to be uploaded into the medical record prior to Cerner implementation. Stefanie Hawkins is adding Zita Biehle in coordinating this process with Lori Gibbons in HIM.
- Cerner does not have a specific cardiac rehab module, so Zita Biehle is working to use Cerner's modules to work in this area.

NURSING SERVICES BOARD REPORT

May, 2023

CNO Board Report

- Both Fall River and Burney Annex remain in green status.
- Opening remains for DON-SNF. Hannah completed contract. Recruiter continues to look for candidates for this position.
- At time of this report, 2567 received and POC determined with mandatory education of SNF staff for abuse, grievance and dementia training and processes on May 25th. All staff and Registry to complete training.
- Cerner build continues with “train the trainer” being completed May 23-25th.

SNF Report

- Census- (75) Fall River- 33 Burney Annex- 24 Memory Care- 18
- Admission reviews are ongoing.
 - Admission scheduled for 5/22/23.
 - Two visits are pending scheduling.
 - Two residents left AMA this month 1-Fall River 1-Burney.
 - Burney resident requesting readmission (Currently under review)
- Three female beds and two male beds available in Fall River.
- Six female beds and two male beds available in Burney.
- Fall River & Burney are at Green Status.
 - New guidelines for COVID-19 Quarantine. More tolerable for both residents and staff.
- CNA class is currently in progress with four students.
- The Activities department is fully staffed.
- Continuing to struggle with staffing nurses at both sites. Five nurses contracted for 13 weeks through Medifis.
- CDPH was here for our annual survey. Summary statement of deficiencies is pending.

Acute

- **See DON report for Acute**

Emergency Services

- **See DON report for Acute**

Outpatient Surgery

- Department remains closed
- Interim OR Manager started 5/15/23 and has started taking stock of our inventory and processes to establish

- In contact with Modoc Surgery Manager for training plan for new hire of Scrub tech.
- Dr. Schepps to come and tour facility with Manager and Dr. Watson to determine needs.

OPM

- The Outpatient Census (*110 approx. a month*) 90 patients seen, 121 procedures. February 96 patients seen, 126 patients. March was 134 patients and 169 procedures. (We are currently getting more referrals for infusions for RA medications due to closure of Dr Reeder and Dr Peters RA Associates in 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 and sometimes 3 days a week
- Dr Magno continues to conduct wound clinics every other Thursday
- Marketing: Would like to send constant reminders to discharge planners at Redding hospitals. There is a constant turnaround of discharge planners and they are unaware of our services. Starting to work on plan for this.
- 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.
- Health Fair-Shared OPM services
- Future planning at MMHD-OPM has concerns over placement of OPM in Burney location. This doesn't make operational sense for our current model. We would like to share again what works best for our current model before it goes to the board. It would be on location at FR with the other outpatient services that offer inpatient and outpatient services and utilize pharmacy, lab and supportive services for the hospital.
- LTC wound reports available upon request

Clinical Education Report

- **TRAINING CALENDAR**--Annual Inservice Training Calendar is in the Relias platform, on the informational monitors throughout the facilities, and posted on the units. Additionally, monthly trainings are posted on the monitors.
- **Nurse Assistant Training Program (NATP)**-The NATP began a fifth session on Monday, May 8 and will end on June 19. There are four participants.
- **Spotlight Series Grand Round Lectures**-MMH has been offered two Spotlight Series Grand Round Lectures by the American Heart Association (AHA) through its grant program. The first is "Improving Outcomes for Patients with Atrial Fibrillation" on May 15, 12- 1 pm, will be held in the Fall River and Burney Board room and is a teams meeting. Attendees are given 1 CEU. The speaker will be Rakesh Gopinathannair, MD,MA, FAHA, FACC, FHRS, Cardiac EP Lab Director, Kansas City Heart Rhythm Institute Professor of Medicine, University of Missouri-Columbia, Kansas City, KS

- The next of the series is on July 10.

Respectfully Submitted by Theresa Overton, CNO

Chief Operating Officer Report

Prepared by: Ryan Harris, COO

Facilities, Engineering, Other Construction Projects

- We continue to have weekly meetings with Aspen Street Architects, Inc. and will meet with the board of directors on May 25th to go over master planning objectives.
- The nurse call and demo project are closed. We have received Final Completion letters from HCAI, and rooms are able to be occupied.
- The building permits for the Burney Fire Alarm project have been issued by HCAI and project scheduling has started.
- With other projects wrapping up, John is working towards getting the Med Gas alarm and transformer relocation projects started.
- Our NEME 2 application for our solar project is currently being reviewed by PG&E and they have responded with several deliverables for Veregy and MMHD. We have our legal counsel looking into the sole sourcing laws for energy projects to ensure we are in compliance with public contract code.
- Alex attended the ASHE Academy in Ohio the first week of May. This academy specializes in training for facilities and construction. And prepares you for a certification in facilities management. Alex learned a lot and is excited to implement some updates in the facilities.
- Our annual fire life safety survey for our skilled nursing facilities was conducted the week of 5/8. In total we had 12 level 2 tags. Most were the result of incomplete documentation from vendors and in house inspections. Alex has completed our plan of correction and submitted it to Jack for review and submission.
- We are now working on the facilities, dietary, and EVS portions to correct gaps identified in our ACHC survey.
- The facilities team is also working on updating all the handrails in the Burney Annex.
- Facilities, Safety, Infection control, EVS, Quality and Operations is demoing software for environmental rounding and emergency preparedness. This software will help us coordinate our efforts and ensure compliance.
- Alex and team are working on clearing out and reorganizing the Fall River Arts & Trophies building. Jessica is working with Val to create an online catalog of equipment and furniture so staff can shop there first before purchasing anything new.
- We have been notified by HCAI (OSHPD) that the Fall River Campus will not have to comply with AB2511 which requires we have emergency power for life safety devices, oxygen devices, and HVAC units to maintain safe temperatures between 71 and 81 degrees. This is because it is currently located in a hospital OSHPD 1 building. However, the Burney Campus will need to comply with the new law. We are currently looking into the best construction method to deliver this project on time. We are also working on our SNF Backup Power Source Assessment.

IT

- The department has brought on some additional staff to assist during the Cerner implementation.

- The Imprivata single sign on solution upgrade for the clinic has been completed.
- Work continues on the Cerner implementation with progress being made on the following items over the last month.
 - We are working on getting workstations, clients, and printers in order
 - We are still working on a routing issue for the VPN
 - We received the integration devices for the lab equipment the week of May 22nd.
 - We are about to begin the interface work
- The IT team also has made the following progress on the one content upgrade related to the Cerner project.
 - Cutover to the new version is scheduled for August 15th
 - Servers have been setup and the software has been installed
 - We have created a test workstation and are working on getting the new system set up for validation testing
 - Working on the details for migrating data from the 4 systems into One Content

Purchasing

- A new assistant buyer/lab clerk has been hired and began training this week.
- Rachel sat through Cerner Train the Trainer events this week to understand the functionality of the program.
- The department is starting to prepare and plan for inventory at the end of June.
- Rachel is continuing to work on the new GPO.
- The team is also working on getting the supplies list for the mobile clinic to be prepared for when it's open.
- The purchasing department has implemented an inventory check process for the items that expire.
- The purchasing department will start to report to Travis and will be in the finance division starting July 1st, 2023.

Food & Nutrition Services

- The "Leftover Meal Plan" is in place in both facilities. The program provides our leftover meals from Breakfast, Lunch and Dinner to our employees at no cost. Food is replaced daily to ensure freshness.
- Susan and Jen are working on another menu change for our residents that will feature seasonal foods for the summer.
- We are creating new logs in Excel to keep better and more efficient logs for our ACHC accreditation requirements.
- Significant work will need to be done in the kitchen for our CMS/CDPH plan of correction. Additional work will need to be done to ensure compliance into the future. The majority of the tags associated with the kitchen were due to its old age and condition.

Environmental Services & Laundry

- We are working on getting Linen Helper set up for the Laundry Facility. This will help manage inventory and tracking of all linens.
- Training with Housekeeping, Laundry Facility and Nursing staff is taking place with proper handling of soiled linen and how to eliminate waste of linens.
- Sherry has completed Infection Control training within her department for her staff.
- Sherry is working with Maintenance and Infection Control to schedule environmental rounding.

Rural Health Clinic

- Kim is still working through the family pact application process.
- We are up and running with compliance drug testing to do DOT drug testing. At this time, we are only able to see members of compliance drug testing.
- We are working on setting up the mobile clinic with all supplies and equipment in preparation for the CDPH Survey on June 9th.
- Mobile Clinic workflow meetings are taking place to ensure staffing models will be sufficient.
- Mental Health services are up and running at the RHC via telemedicine. We have had 12 visits as of May 25th and will be increasing the hours for the provider.
- The telemedicine department will start reporting to the clinic manager starting July 1st, 2023.
- The clinic staff have been working on the Cerner implementation during the last month with weekly meetings and a train the trainer event.
- Revenue was down in April. We are working on getting provider documentation done in a timely fashion to increase patient satisfaction and revenue.

Employee Housing

- There seems to be some staffing discrepancies with our schedulers, NPH, and lodging information that Joey provides to NPH on a weekly basis. Joey is working with both areas to make sure travelers are where they need to be on the right days. Furthermore, making sure there aren't any travelers abusing mileage reimbursements.
- Current housing stats: 12 staff members in long term housing and 10 staff members rotating throughout the week in the lodges.
- We are working with Shasta College to house nursing students while they are doing their clinicals. Hopefully, that will bring new staffing opportunities for MMHD in the future.
- Joey has sent out multiple tenant surveys and has received 14 replies. According to the surveys received, our rating is 4.965 starts out of 5.

CEO Board Report May 2023

Highlights for May:

- One of the biggest things that happened this month was our annual survey for the long-term care so, let's start there. The team did a great job for the most part. There were a few small surprises along the way, one of them being that Thursday morning we were informed that one of the surveyors tested positive for COVID, so they had to be replaced and that also put Burney into COVID protocol. We haven't had a COVID positive resident or staff member in months, so I guess the state decided to bring it in. At the exit they told us that we are looking at probably 9 tags but when the 2567 came back with 12 tags. Although that number is higher than we would like the good news it we are still lower than the state average which is 14.2. The even better news is none of them are harm tags, they are tags dealing with issues in our processes as well as some issues with surfaces in the kitchen that we are aware that need to be replaced.
- We also had life safety come out to do their survey. This survey is usually much shorter and in this case that was what happened. They were finished in 1 day. This one also produced 12 tags. Most of them were documentation issues that we will get taken care of. The timing of this was pretty good we just had Alex go out and receive some training on this the week before, unfortunately he didn't have any time to make any of the changes. Going forward I am very confident about fewer tags.
- I went to Sacramento this month to participate in the hospital council board meeting as the Chair of the Northern Sierra Section. This meeting centered primarily around workplace violence in the things that can be done to help mitigate those situations. The hospital quality institute is providing education around this area. On top of that we talked about several of the different bills that are out there right now. The \$25 minimum wage is still the biggest one and the biggest threat. The way that's currently constructed it really is everything that touches the campus will have to be a \$25 an hour. That's everything from Uber drivers to anybody doing flower deliveries or anything like that. If it touches our campus, it's supposed to be \$25 an hour. There are other things that are happening that have a lot of union ties to it. The unions say that they agree to give up certain things in other bills if they don't have to give up the \$25 an hour minimum wage. So, they're trying to leverage that on a few different potential bills. So, there's a lot of work that still needs to be done here.
- Now for Ambulance. We have the contract and have done the first run through for the ambulance service. Everything seems to be in order. There were a couple of changes that we asked them to make that they went ahead and made. Right now, we are at a pause with them as they need to get it cleared through their public Health in Reno Nevada before they can proceed with the contract. This meeting won't happen until mid June. As a result, we have had to pivot and now we will hire the EMT's and Paramedics directly and then once REMSA has clearance from public health we will transfer the staff to them. They have provided us with job descriptions and their pay scale, and they are reaching out to the folks they already spoken with to let them know to apply through us. REMSA is still helping from the management side and will help with interviews and so forth.

We are still waiting for the invoice from SEMSA for the ambulance and other equipment. We need this to be able to register the vehicle in our name prior to them taking over. This was also part of the application process with SSV.

- I met with Mountain Valleys last week. I let her know about our current plans based off our master planning to expand our clinic in Burney and to build a brick and mortar here in Fall River. She was very surprised by that and express that there's not enough patience to support us both. I told her that she was right but for the hospital to continue to be here we had to have the clinic. Prior to this, she told me that they're looking at building a pharmacy to help with their 340B numbers. I took this opportunity to let her know that if there's an appetite for merging now is the time. Because as we move forward with this process once those buildings are built, we will not be entertaining a discussion for merging.
- We had our assemblies with elementary schools in both Burney and Fall River this Month. Both were received well, and it was a lot of fun to be there and participate with the kids. The team did a great job putting the program together.
- We did interviews for the new safety officer position. We had some good candidates and made our selection. Dana Hauge was selected, and we will be bringing her name to the board meeting for you guys to sign off on her appointment to that position. We'll also be bringing Cassandra LaFave's name to you as well for her appointment as Infection Control Officer.
- With Cerner, Master Planning, ACHC prep and then the surveys on top of that it really has been a very busy month for everyone. Everyone has done a great job balancing everything and keeping our momentum. The care the is provided and the things that we have been able to rise above and accomplish is pretty remarkable. We really do have a phenomenal team and I am very happy to be part of it.