

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
May 31, 2023 – 1:00 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 1:00 PM on the above date.

BOARD MEMBERS PRESENT:		STAFF PRESENT:	
Abe Hathaway, President		Chris Bjornberg, CEO	
Jeanne Utterback, Vice President		Travis Lakey, CFO	
Tom Guyn, M.D., Secretary		Ryan Harris, COO	
Tami Humphry, Treasurer		Theresa Overton, CNO	
Lester Cufaude, Director		Keith Earnest, CCO	
ABSENT:		Libby Mee, CPRO	
Valerie Lakey, CPRO		Moriah Padilla, ADON Acute	
		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 April 27, 2023.	<i>Utterback, Humphry</i>	<i>Approved by All</i>
3.2	A motion/second carried; Board of Directors accepted the Special Meeting minutes of April 27, 2023.	<i>Utterback, Guyn</i>	<i>Approved by All</i>
4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS			
4.1	A motion/second carried; Euan Harrington was recognized as April Employee of the Month. Resolution 2023-06.	<i>Cufaude, Guyn</i>	<i>Approved by All</i>
4.2	A motion/second carried; Dana Hauge was recognized as the Safety Officer of MMHD. Resolution 2023-07.	<i>Utterback, Guyn</i>	<i>Approved by All</i>
4.3	A motion/second carried; Cassandra LaFave was recognized as the Infection Control Officer of MMHD. Resolution 2023-08.	<i>Humphry, Cufaude</i>	<i>Approved by All</i>
4.4	Mayers Healthcare Foundation Quarterly: submitted written report. Program Director was hired – Rowan Dietle accepted the role. Two new board members were brought in. \$7,000 in scholarships were approved depending on the applications meeting the requirements.		
4.5	Acute/Med Surge: written report submitted.		
4.6	Emergency Department: written report submitted. Patient Satisfaction survey is launching this next month. The amount of data listed in the goal will not be met with the loss of our ER Manager but we will be able to gather at least one month's worth.		
5 BOARD COMMITTEES			
5.1	Finance Committee		
5.1.1	Committee Report: continue to look at other and better options for insurance providers. No new abundant costs associated with ambulance services. Cash on Hand days are up, AP is down, Retail Pharmacy numbers		

look good for this month, although we may see an increase in expense next month. Utilities continue to increase and more information will be shared with the solar project. The hope is to have the budget reflect a smaller number in use of travelers. Presentation from Tri-Counties bank on the security of our public funds and how they monitor that. This is in regards to moving our funds from LAIF to a Money Market at Tri-Counties. RHC had negative revenue for April due to open charts. Processes are in place to rectify this situation.

5.1.2	April 2023 Financials: motion moved, seconded and carried to approve financials.	<i>Humphry, Utterback</i>	<i>Approved by All</i>		
5.1.3	Transferring Funds from LAIF to MM with Tri-Counties: Recommendation from Finance Committee to move funds from LAIF into Money Market. Motion moved, seconded and carried.	<i>Cufaude, Guyn</i>	<i>Approved by All</i>		
5.2	Strategic Planning Committee Chair Utterback: No May Meeting				
5.3	Quality Committee Chair Guyn: DRAFT minutes attached				
5.3.1	CDPH Survey occurred, and 12 deficiencies were found – none of them were critical. Differences were found in ST. 2 vs Burney Annex. We’re still under the average but opportunities are available for us. ACHC work has been shared with ELT and Directors to help address the opportunities.				
6	OLD BUSINESS				
6.1	Ambulance Services: REMSA has to get approval from Public Health in Reno which is right before the transition will happen. We will be in a hybrid model for a short period of time. During the wait time of Public Health approval, we will run the ambulance. We flown the positions that are open and have received 11 applications thus far. Application turned in today for S-SV. The group will get back together in July to continue discussions.				
7	NEW BUSINESS				
7.1	Policies & Procedures:				
	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	<i>Utterback, Guyn</i>	<i>Approved by All</i>		
	7. Pulmonary Care Core Privileges				
	8. Sedation and Analgesia; Non-Anesthesia Provider				
	9. Staff Organization and Responsibilities – Clinic				
	10. Telemedicine Privileges in Psychiatry (included in packet but not listed on agenda)				
	Motion moved, seconded and carried to approve the above listed P&Ps, with corrections on #3: Medical Emergencies – Clinic (table 1 – Epinephrine) dosage.				
8	ADMINISTRATIVE REPORTS				
8.1	Chief’s Reports: written reports provided in packet				
8.1.1	CFO: working on department budgets to have a finalized budget in June. Nominated and accepted as one of Top 126 CFO’s to know. Congrats!				
8.1.2	CHRO: Employee Annual Re-Orientation month – 18 modules to reorient themselves with. And managers are working on their annual evaluations.				
8.1.3	CPRO: SB525 Minimum Wage bill made it out of the committee with no changes. We did hear that there may be some tiering involved but no real definitive information has been shared.				
8.1.4	CCO: Train the Trainer event with Cerner took place last week. It went really well and most are excited for the transition. From the recall, we had 20 products that were from the one supplier. We have been able to replace all but two items because those two items are made by this vendor. This is nationwide program issue not just for us.				
8.1.5	CNO: Census in Burney Annex is 43 and ST. 2 in Fall River is 31. We are still looking for a DON SNF. Our 2567 report has been received and plans of corrections have been submitted. Making sure all of our RN’s in the ED have the Critical Care Certification. Conducted an interview today for Utilization Review Nurse – and very				

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 Director’s documents are available online at www.mayersmemorial.com.

hopeful that this person will accept. OPM numbers have increased with the closing of an office in Redding. Outpatient Surgery is hopeful to open up in October. Plans are in place for getting everything lined up for that timeframe. We have a surgeon on board, Interim Surgery Manager, and we continue to look for a CRNA and tech.

8.1.6 **COO:** Thank You to the Board for working with us on the Master Planning Workshop. The plan will be updated with your input and provide that at the June Board Meeting. We will also bring up the Criteria Documents process and expense to the June meeting for action. We had our Fire Life Safety survey done and our POC has been submitted and approved. Solar Project: Govt Code 4217 for Energy Efficiency for Public Agencies. Given the leeway provided, legal counsel recommended to us that we should still follow public contract code and open it up for RFP/RFQ process. However, we will continue to follow the requirements under the program Govt Code 4217 with the understanding of risk. AB2511 would require us to open a project to replace the back-up power system at the Burney Annex – will most likely not meet the deadline of this requirement but even CDPH (enforcing agency) has yet to have internal discussions about this. RHC numbers were down due to open charts. Processes have been put into place to rectify this situation.

8.1.7 **CEO:** Discussions with MVHC took place last Friday and went really well. We are working with Wipfli to get a proforma done on FQHC and RHC's.

9 OTHER INFORMATION/ANNOUNCEMENTS

9.1 Board Member Message: Employee of the Month, Safety Officer and Infection Control Officer, Elementary School Assembly's, High School Interns for the Summer, Refill App for Retail Pharmacy, Wound Clinics, Foundation Office move from Burney to FR, Travis' Honor

10 MOVE INTO CLOSED SESSION: 2:54 PM

9.2 **Medical Staff Credentials Govt Code 54962**

*Approved by
All*

AHP Reappointment

Sharon Hanson, NP
Heather Corr, PA

Medical Staff Appointment

Thomas Edholm, MD – Emergency

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

9.2 **Personnel – Govt Code 54957**
Department Personnel

Discussion

ADJOURNMENT: 3:55 PM

Next Meeting June 28, 2023

I, Abe Hathaway, Board of Directors President, 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

Abe Hathaway
Board Member

Jessica DeLozo
Board Clerk