

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
June 28, 2023 @ 1:00 PM
Mayers Memorial Healthcare District
Burney Annex Boardroom
20647 Commerce Ave, Burney, CA
Microsoft Teams Meeting: [Click here to join the meeting](#)
Meeting ID: 276 194 081 176
Passcode: nWms5p
Call In Number: 1-279-895-6380 Phone Conference ID: 176 095 33#

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 –May 31, 2023	Attachment A Action Item 2 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:	
4.1	Resolution 2023-09 – May Employee of the Month	Attachment B Action Item 2 min.
4.2	Patient Access Amy Parker	Attachment C Report 2 min.
4.3	Medical Records Lori Gibbons	Attachment D Report 2 min.
4.5	Environmental Services Sherry Yochum	Attachment E Report 2 min.
4.6	Hospice Quarterly Report Lindsey Crum	Attachment F Report 2 min.
5	BOARD COMMITTEES	
5.1	Finance Committee	
5.1.1	Committee Meeting Report: Chair Humphry	Report 5 min.
5.1.2	May 2023 Financial Review, AP, AR and Acceptance of Financials	Action Item 5 min.

5.1.3	Annual Budget Hearing - Approval of FY2024 Budget – Resolution 2023-10	Attachment G	Action Item	5 min.
5.1.4	Master Planning Criteria Documents		Information	5 min.
5.1.5	Nutanix Quote Approval	Attachment H	Action Item	5 min.
5.2	Strategic Planning Committee – No June 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.
6.2	Approval of Master Plan	Attachment J	Action Item	20 min.
7	NEW BUSINESS			
7.1	Hazard Vulnerability Assessment Approval	Attachment K	Action Item	2 min.
8	ADMINISTRATIVE REPORTS			
8.1	Chief's Reports – <i>Written reports provided. Questions pertaining to written report and verbal report of any new items</i>			
8.1.1	Chief Financial Officer – Travis Lakey	Attachment L	Report	5 min.
8.1.2	Chief Human Resources Officer – Libby Mee		Report	5 min.
8.1.3	Chief Public Relations Officer – Val Lakey		Report	5 min.
8.1.4	Chief Clinical Officer – Keith Earnest		Report	5 min.
8.1.5	Chief Nursing Officer – Theresa Overton		Report	5 min.
8.1.6	Chief Operation Officer – Ryan Harris		Report	5 min.
8.1.7	Chief Executive Officer – Chris Bjornberg		Report	5 min.
9	OTHER INFORMATION/ANNOUNCEMENTS			
9.1	Board Member Message: Points to highlight in message		Discussion	2 min.
10	ADJOURNMENT: Next Meeting July 26, 2023			

Posted 06/23/2023

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Board of Directors
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Tom Guyn, M.D., Secretary
Tami Humphry, Treasurer
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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 Jeanne Utterback, Vice President Tom Guyn, M.D., Secretary Tami Humphry, Treasurer Lester Cufaude, Director		Chris Bjornberg, CEO Travis Lakey, CFO Ryan Harris, COO Theresa Overton, CNO Keith Earnest, CCO Libby Mee, CPRO Moriah Padilla, ADON Acute Jessica DeCoito, Board Clerk	
ABSENT: Valerie Lakey, CPRO			
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.	Utterback, Humphry	Approved by All
3.2	A motion/second carried; Board of Directors accepted the Special Meeting minutes of April 27, 2023.	Utterback, Guyn	Approved by All
4	DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS		
4.1	A motion/second carried; Euan Harrington was recognized as April Employee of the Month. Resolution 2023-06.	Cufaude, Guyn	Approved by All
4.2	A motion/second carried; Dana Hauge was recognized as the Safety Officer of MMHD. Resolution 2023-07.	Utterback, Guyn	Approved by All
4.3	A motion/second carried; Cassandra LaFave was recognized as the Infection Control Officer of MMHD. Resolution 2023-08.	Humphry, Cufuade	Approved by All
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:		
	<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 10. Telemedicine Privileges in Psychiatry (included in packet but not listed on agenda) 	<i>Utterback, Guyn</i>	<i>Approved by All</i>
	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, _____, 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

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.



RESOLUTION NO. 2023-09

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

Jed Roca

As May 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, Jed Roca is hereby named Mayers Memorial Healthcare District Employee of the Month for May 2023; and

DULY PASSED AND ADOPTED this 28th day of June 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



People Pillar



Executive Leader/Director

/Manager: *Amy Parker*

Department: *Patient Access*

Last Updated: 06/21/2023

FY23 (Jul 1, 2022 - Jun 30, 2023)	Specific Plan & Estimated Completion Date	Driver	Current Actions
Priority: Improve customer service skills	Customer Service training 12/31/2022	Amy	Completed 06/06/2023
Priority Ideas for Next Year			



Quality / Service Pillar

Executive Leader/Director

/Manager: *Amy Parker*

Department: *Patient Access*

Last Updated: 06/21/2023

Current Year	Specific Plan & Estimated Completion Date	Driver	Current Actions
Priority: Provide accurate patient estimates according to patient's insurance plan	Patient Estimates training with Experian 01/01/2023	Amy and Amber	Completed 09/15/2022
Priority Ideas for Next Year			
	HIPPA training 12/01/2023	Amy	
	MMH front desk check in mobile clinic patients 07/15/2023	Amy/clinic	



People Pillar



Executive Leader: *Travis Lakey*

Director or Manager: *Lori Gibbons*

Department: *HIM*

Last Updated:

FY23 (Jul 1, 2022 - Jun 30, 2023)	Specific Plan & Estimated Completion Date	Driver	Current Actions
Priority:			
	Create step by step manual for completing birth certificates	Lori	Completed
	Create Step by step manual for OSHPD state reporting.	Lori	Completed
Priority Ideas for Next Year			



Quality / Service Pillar

Executive Leader:

Director or Manager:

Department:

Last Updated:

Current Year	Specific Plan & Estimated Completion Date	Driver	Current Actions
Priority:	Train staff on the entire process for completing a birth certificate.	Lori	In process as change in staff and waiting on the next ER birth
	Train staff to run and complete the OSHPD state reports.	Lori	In process due to resent change in staff. Trained previous staff member who is no longer employed here.
Priority Ideas for Next Year			

HIM Board Report on Pillars

This year we set as two goals for HIM was to create a step-by-step manual for both the Birth Certificates and OSHPD state reporting.

Birth Certificate:

Although we do not do OB anymore at Mayer's we still have the occasional birth in the ER. Because we do not have a high volume of births the county will not give us the computer program for completing the birth certificates, so they must be manually completed (typewriter or handwritten. Yes we have purchased a typewriter just for birth certificates. There are several steps and strict guidelines for completing the birth certificates as well as what information you can enter and how it is entered on the birth certificate.

I have created a step-by-step guide manual along with examples of birth certificates, Mayer's complimentary birth certificates and other forms that need to be included before mailing of certificates to the county and copy of paternity paperwork if the circumstances arise.

OSHPD State Report

The OSHPD state report is a cumulative report that we submit quarterly for ER, OBS and Ambulatory surgery and then In -Patient is done Bi-annually. The reports includes patient data (DOB, SS#, physical address, race, preferred language spoken and homeless or not status, Insurance, source of admission , disposition diagnosis codes and procedure codes). There are always a few errors to correct before final submission of the report and it varies each time, (due to information not transferring correctly from our current system into the file format provide by OSHPD.) Hopefully with the new system Cerner there will be fewer errors to correct.

There are always Trend and comparative edits that we must acknowledge each time as well, such as less patient seen in ER this reporting period compared to last. All patients reported with same race or same language spoken, more of one type of insurance compared to last period. DNR status at time of admission all reported as No (this is an issue with current system transferring info across) You just never know from one report period to the next what errors must be corrected. All errors are corrected in the OSHPD program and then if it's a admission or disposition error, language or race error I will also give info to admission desk to correct in our system.

I have created a step-by-step manual as a guide for this report and due to change in staffing in the HIM department I will be training a backup staff member once again with hands on training for the next reporting period. It is not something you can train until a report is due and we have had several employee changes in the HIM dept in the last few years which makes this a repeat training goal.



Quality / Service Pillar

Executive Leader: *Ryan Harris*

Director or Manager: *Sherry Yochum*

Department: *Environmental Services*

Last Updated:

Current Year	Specific Plan & Estimated Completion Date	Driver	Current Actions
Priority:			
By FYE 2023, reduce linen spend by 15% year over year.	Develop training program to educate the Clinical Staff on procedures and handling of soiled linen.		Yes did staff training with all clinical staff and will be doing relias training on proper handling of all soiled linen annually
	Conduct training with Clinical staff that handle soiled linen.		
By FYE 2023, establish roles and responsibilities for EVS and ED staff for cleaning and disinfecting the new ED department.	Update job descriptions to include those roles and responsibilities		yes updated job descriptions for evs and talked with Moriah and Teresa to do the Tech for ED department also
	Have meeting with EVS and ED leadership to go over roles and responsibilities.		Went over this and their job roles and what needs to be done on a daily basis
	Create log for inspection and compliance rounding		created log and completed this log for compliance
	compliance that all duties were completed April: once a week inspection with 75% compliance. May: Every other		April, may are done and part of June is done.
By FYE 2023, have one or less F584 citations for a safe, clean, and comfortable home like environment.	Conduct an Infection Prevention training with EVS staff to insure proper cleaning of resident rooms.		I do have a infection prevention training in place that I conduct with the evs staff.
Priority Ideas for Next Year			

Hospice Quarterly Report

Hospice has been very busy recently with the resignation of one of our part time RN. We have recently hired a new LVN to join our crew and have been diligently working with her to train and get her ready to be on her own. In the midst of training our new hire we also have been fortunate enough to have numerous admits. With those admits we have been touching each corner of service area. The hospice staff has been tirelessly meeting all of our patients needs with the endless miles that are being driven.

The new computer charting system Matrix has continued to be put on a stand still as of now. The team has continued to work with our current charting system and matrix to try to resolve the issues.

Our social services group has continued to work on the bereavement group. We have changed dates and times to try to further work with the community. The group has been unsuccessful, however we are in the works of possibly combining bereavement programs to help support the community.

Hospice had a table at the Health Fair which was successful. There was a good turn out that came through the booths and asked questions. We have signed up to join the Pit River Health Fair in July and we will also be at the NorCal Road Gypsies summer show and shine. We have chapsticks with Hospice logos on them to give away at the health fair and we are in the process of building a Brunch basket for the raffle at the Road Gypsies summer show and shine.

We have continued to work with changes to our storage that is now down at the lodge. We haven't been as able to help the hospital with equipment for community members due to the storage been much further away. We continue to hope in the future to have the storage located closer to hospice.

Thank you so much,

Lindsey Crum, RN Hospice Manager



RESOLUTION NO. 2023-10

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

WHEREAS, the Governing Board of Directors is responsible for the preparation and adoption of a final budget, which provides a financial plan, including estimated revenues, expenditures and reserves, for operation during the fiscal year July 1 through June 30.

WHEREAS, the budget submitted is required by law to be a balanced operating budget for year July 1, 2023 through June 30, 2024; Total Net Patient Revenue \$43,794,467.39 with a bottom line of \$3,066,262.47.

NOW, THEREFORE, the undersigned certifies and attests that the above resolution was approved at a regular meeting of the Board of Directors, Fall River, California, the 26th day of June 2023.

PASSED AND ADOPTED on June 26, 2023, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Date

Abe "Jerry" Hathaway, President
Board of Directors
Mayers Memorial Healthcare District

Date

Thomas Guyn, M.D., Secretary
Board of Directors
Mayers Memorial Healthcare District

FISCAL YEAR July 1, 2023- June 30, 2024
BUDGET

APPROVED AND ADOPTED AT THE BOARD OF DIRECTORS' REGULAR MEETING
THIS 26th DAY JUNE 2023.

Abe "Jerry" Hathaway, President
BOARD OF DIRECTORS
MAYERS MEMORIAL HEALTHCARE DISTRICT

Thomas Guyn, M.D., Secretary
BOARD OF DIRECTORS
MAYERS MEMORIAL HEALTHCARE DISTRICT

Budget Prepared By:

MAYERS MEMORIAL HEALTHCARE DISTRICT

(Attachment: FY2024 Operating Budget)

**MAYERS MEMORIAL HOSPITAL
OPERATING BUDGET**

	PROJ ACTUAL FYE '23	BUDGET FYE 2024	DIFF	DIFF %	Notes	
REVENUE:						
IP Nursing Service						
1	Medical/Surgical	7,079,940.00	7,674,638.85	594,698.85	8.40%	Higher Medicare rates due to higher costs to staff
2	Skilled Nursing	14,464,660.41	15,722,882.68	1,258,222.28	8.70%	Renegotiated rates
Ancillary Services						
		0.00				
3	Inpatient	3,407,593.31	3,625,022.28	217,428.97	6.38%	Based off volumes and rate increases
4	Outpatient - SNF Ancillary	(100.36)	2,767.00	2,867.36	-2857%	Must have had charges backed out this year so I used a number based off past years
5	OP Services	29,095,399.52	31,183,146.44	2,087,746.92	7.18%	Up due to higher OP rates and referrals from the clinic
	Total Patient Revenue	54,047,492.87	58,208,457.25	4,160,964.38	7.70%	
DEDUCTIONS FROM REVENUE:						
6	Contractual - Medicare/Medi-Cal	(6,878,820.66)	(8,084,444.61)	(1,205,623.95)	17.53%	Up due to higher overall revenue
7	Contractual - PPO	(3,499,077.60)	(4,062,990.89)	(563,913.29)	16.12%	Up due to higher overall revenue
8	Charity and Other Allowances	(78,385.37)	(91,706.85)	(13,321.48)	16.99%	Forecasting an increased use of tax vouchers and charity care
9	Admin Adjmts/Employee Discounts	(1,093,702.20)	(1,159,066.06)	(65,363.86)	5.98%	Up due to higher overall revenue
23	Provision For Bad Debts	(835,165.81)	(1,015,781.47)	(180,615.65)	21.63%	New EMRs cause AR to swell which increases the Bad Debt
	Total Deductions	(12,385,151.64)	(14,413,989.87)	(2,028,838.23)	16.38%	Up due to higher overall revenue
	Net Patient Revenues	41,662,341.23	43,794,467.39	2,132,126.16	5.12%	Up due to lower contractals due to Rate Range
10	OTHER OPERATING REVENUE:	463,705.33	460,433.49	(3,271.85)	-0.71%	
	Net Revenue	42,126,046.56	44,254,900.87	2,128,854.31	5.05%	Up due to lower contractals
OPERATING EXPENSES:						
11	Productive Salaries	(15,768,252.67)	(17,034,833.31)	(1,266,580.64)	8.03%	Up due to increased wages and more overall employees
12	Non-Productive Salaries	(1,717,540.81)	(1,905,690.30)	(188,149.49)	10.95%	Moves with Productive Salaries
13	Employee Benefits	(4,171,861.15)	(4,418,103.51)	(246,242.37)	5.90%	Due to annual health insurance increases
14A&14B	Supplies	(3,984,162.59)	(4,094,044.24)	(109,881.65)	2.76%	Small increase due to higher patient volumes
15	Professional Fees	(1,548,822.63)	(1,684,748.38)	(135,925.75)	8.78%	Up due to some ER Doc Wage increases
16	Acute/Swing Purch Serv	(1,216,178.20)	(1,018,500.38)	197,677.82	-16.25%	Down due to lower wages for travelers and recruitment
17	SNF Purch Serv	(3,022,574.47)	(2,443,692.42)	578,882.05	-19.15%	Down due to lower wages for travelers and recruitment
17A	Ancillary Purch Serv	(2,351,608.81)	(1,975,389.58)	376,219.23	-16.00%	Down due to lower wages for travelers and recruitment
18	Other Purch Serv	(1,959,196.10)	(2,983,357.33)	(1,024,161.22)	52.27%	Up due to paying for REMSA to run our ambulance, two EMRs, architect fees, financial feasibility fees, and collection company to work down old AR
19	Repairs	(424,524.05)	(502,333.51)	(77,809.45)	18.33%	Aging infrastructure with HVACs well beyond their useful life
20	Utilities	(1,059,784.16)	(1,051,629.18)	8,154.97	-0.77%	Conservative number, hopefully down more depending on timing of solar
21	Insurance	(506,436.92)	(607,320.38)	(100,883.47)	19.92%	Property Insurance Rates went up significantly and liability is up as well
22	Other	(1,199,733.39)	(1,228,639.83)	(28,906.44)	2.41%	Increased staff education
24	Depreciation	(1,790,687.86)	(1,906,639.35)	(115,951.50)	6.48%	Increased due to seismic wall project being completed plus solar
25	Bond Repayment Insurance	0.00	0.00	0.00	0.00%	
26	Bond Repayment Interest	(732,118.64)	(691,108.00)	41,010.64	-5.60%	Used actual debt service numbers
27	Interest	(73,344.26)	(73,815.27)	(471.01)	0.64%	Based off historical averages
28	Rental & Leases	(114,911.78)	(121,902.49)	(6,990.71)	6.08%	Based off historical averages
	Total Operating Expenses	(41,641,738.48)	(43,741,747.48)	(2,100,009.00)	5.04%	Total
	Net Operating Revenue or (Loss)	484,308.08	513,153.39	28,845.31	5.96%	Net Revenue minus Total Operating Expenses
NONOPERATING REVENUES AND EXPENSE:						
	District and County taxes	1,151,416.08	1,174,444.40	23,028.32	2.00%	
32	Interest Income	322,199.44	351,330.07	29,130.63	9.04%	Increase due to higher rates at Tri-Counties
29&31	Other Non-operating expense/rev	1,254,058.57	1,027,334.61	(226,723.97)	-18.08%	Lower as we were overpaid on QIP in 23
	Total Nonoperating Revenue	2,727,674.10	2,553,109.08	(174,565.01)	-6.40%	Down due to lower QIP reimbursement
	PROFIT or (LOSS)	3,211,982.18	3,066,262.47	(145,719.70)	-4.54%	Projecting a positive bottom line



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Hardware Software Services IT Solutions Brands Research Hub

Review and Complete Purchase

JEFF MILES,

Thank you for considering CDW•G for your technology needs. The details of your quote are below. **If you are an eProcurement or single sign on customer, please log into your system to access the CDW site.** You can search for your quote to retrieve and transfer back into your system for processing.

For all other customers, click below to convert your quote to an order.

Convert Quote to Order

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
NKTT338	6/13/2023	NUTANIX	0673037	\$123,175.39

QUOTE DETAILS				
ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
Nutanix AOS Pro - subscription license + Production Support - 1 license Mfg. Part#: SW-AOS-PRO-PRD Electronic distribution - NO MEDIA Contract: Premier Tier 2 Pricing (PP-IT-242)	1	6499807	\$68,277.00	\$68,277.00
Nutanix AOS Pro - subscription license + Production Support - 1 CPU core Mfg. Part#: L-CORES-PRO-PRD Electronic distribution - NO MEDIA Contract: Premier Tier 2 Pricing (PP-IT-242)	72	6499811	\$0.00	\$0.00
Nutanix AOS Pro - subscription license + Production Support - 1 TiB capacity Mfg. Part#: L-FLASHTIB-PRO-PRD Electronic distribution - NO MEDIA Contract: Premier Tier 2 Pricing (PP-IT-242)	14	6499812	\$0.00	\$0.00
Nutanix AOS Pro - Term License - 1 license Mfg. Part#: TERM-MONTHS Electronic distribution - NO MEDIA Contract: MARKET	36	6501791	\$0.00	\$0.00
SONIM XP3 HOLSTER Mfg. Part#: S-HW-PRD Contract: Premier Tier 2 Pricing (PP-IT-242)	2	6166362	\$1,979.00	\$3,958.00
NUTANIX SUPPORT TERM Mfg. Part#: SUPPORT-TERM Electronic distribution - NO MEDIA Contract: MARKET	36	5642025	\$0.00	\$0.00

QUOTE DETAILS (CONT.)

Nutanix Prism Pro - license - 1 node	2	6590054	\$1,431.60	\$2,863.20
Mfg. Part#: SW-PRS-PRO-NODE Electronic distribution - NO MEDIA Contract: Premier Tier 2 Pricing (PP-IT-242)				
Nutanix AOS Pro - Term License - 1 license	12	6501791	\$0.00	\$0.00
Mfg. Part#: TERM-MONTHS Electronic distribution - NO MEDIA Contract: MARKET				
Nutanix Xpert Services Deployment Starter - deployment - for Nutanix HCI CI	2	6472035	\$4,147.00	\$8,294.00
Mfg. Part#: CNS-INF-A-SVC-DEP-STR Electronic distribution - NO MEDIA Contract: Premier Tier 2 Pricing (PP-IT-242)				
NUTANIX SELECTED REGION F CNSRES RES	2	6276276	\$0.00	\$0.00
Mfg. Part#: UNITED STATES Electronic distribution - NO MEDIA Contract: MARKET				
NUTANIX AHV HYPERVISOR	2	6444122	\$0.00	\$0.00
Mfg. Part#: AHV Electronic distribution - NO MEDIA Contract: MARKET				
NUTANIX NX-8235N-G8 2 NODE 2X6354	1	7117330	\$21,530.00	\$21,530.00
Mfg. Part#: NX-8235N-G8-6354-CM Contract: Premier Tier 2 Pricing (PP-IT-242)				
Nutanix - DDR4 - 64 GB - DIMM 288-pin - 3200 MHz PC4-25600 - registered	32	6321359	\$181.00	\$5,792.00
Mfg. Part#: C-MEM-64GB-3200-CM Contract: Premier Tier 2 Pricing (PP-IT-242)				
Nutanix 6TB 3.5" Hard Drive	8	6683156	\$200.00	\$1,600.00
Mfg. Part#: C-HDD-6TB-AA-CM Contract: Premier Tier 2 Pricing (PP-IT-242)				
Nutanix 3.84TB Solid State Drive	4	6673743	\$1,205.40	\$4,821.60
Mfg. Part#: C-SSD-3.84TB-A-CM Contract: Premier Tier 2 Pricing (PP-IT-242)				
NUTANIX 2-PT 10GBASE-T LOM NIC MOD	2	7147144	\$254.00	\$508.00
Mfg. Part#: C-LOM-10G2D1BT-CM Contract: Premier Tier 2 Pricing (PP-IT-242)				
Nutanix - expansion module - 25 Gigabit SFP28 x 2	2	6681107	\$478.00	\$956.00
Mfg. Part#: C-NIC-25G2B1-CM Contract: Premier Tier 2 Pricing (PP-IT-242)				
Nutanix 2200W Power Supply Unit	2	6676701	\$600.00	\$1,200.00
Mfg. Part#: C-PSU-2200-TR2-CM Contract: Premier Tier 2 Pricing (PP-IT-242)				

QUOTE DETAILS (CONT.)

Nutanix - power cable - IEC 380-C13 to IEC 60320 C14 - 4 ft	2	6688036	\$13.00	\$26.00
Mfg. Part#: C-PWR-4FC13C14A-CM				
Contract: Premier Tier 2 Pricing (PP-IT-242)				

SUBTOTAL	\$119,825.80
SHIPPING	\$421.18
SALES TAX	\$2,928.41
GRAND TOTAL	\$123,175.39

PURCHASER BILLING INFO

Billing Address:
MAYERS MEMORIAL HOSPITAL
ACCOUNTS PAYABL
PO BOX 459
FALL RIVER MILLS, CA 96028-0459
Phone: (530) 336-5511
Payment Terms: NET 30-VERBAL

DELIVER TO

Shipping Address:
MAYERS MEMORIAL HOSPITAL DISTR
43563 STATE HIGHWAY 299 E
FALL RIVER MILLS, CA 96028-9787
Shipping Method: DROP SHIP-GROUND

Please remit payments to:

CDW Government
75 Remittance Drive
Suite 1515
Chicago, IL 60675-1515



Sales Contact Info

Emma Divyak | (866) 607-0217 | emmadiv@cdw.com

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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

June 22, 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 1:03 pm on the above date.		
	BOARD MEMBERS PRESENT:	STAFF PRESENT:	
	Tom Guyn, MD., Secretary Les Cufaude, Director	Chris Bjornberg, CEO 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 May 18, 2023.	Guyn – Y Cufaude- Y
		Cufaude, Hathaway	
4	Hospital Quality Committee Report: Draft Minutes attached. Moving in the right direction with the new hospital committee and the processes set in place. We are working with each department to collect logs, streamline them and digitize them. Lots of great work being made on each departments quality measures and metrics. We have been able to identify the real measures of quality to track rather than competencies.		
5	Director of Quality Report		
	5.1	Flex Monitoring Team: Hospital Level Care Transition Core Measures/EDTC (emergency department transfer communication) Report. This report contains all of the required information that needs to go with the patient when they are transferred. Our report shows areas of opportunities for our team to work on. We also get the Patient Experience Core Measures/HCAHPS (Admitting and Acute patients) report. Survey conducted with patients after they are discharged about their stay at the hospital. We don't get 100% of responses but new survey options like an electronic version will be available soon. Our scores show that our communication with nurses and doctors are above national scores. Partnership will provide funds back to us depending on how well we meet measures for the patients they have assigned to our Rural Health Clinic. The report shows that out of 100 points, we have received 75, which means we will be getting 75% of the funds back from our Partnership patients. We completed the DHCS reporting for two measures and we will see some feedback within the next few months	
6	OTHER INFORMATION/ANNOUNCEMENTS Policy on Med Staff with privileges for Fentanyl use in the ED will be researched, reviewed and discussed. This will be brought to the next meeting for further discussion and clarification.		
7	ADJOURNMENT: at 1:58 pm Next Meeting is July 19, 2023 at 1:00 pm		



Medical Center Hazard and Vulnerability Analysis

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

INSTRUCTIONS:

Evaluate potential for event and response among the following categories using the hazard specific scale. Assume each event incident occurs at the worst possible time (e.g. during peak patient loads).

Please note specific score criteria on each work sheet to ensure accurate recording.

Issues to consider for **probability** include, but are not limited to:

- 1 Known risk
- 2 Historical data
- 3 Manufacturer/vendor statistics

Issues to consider for **response** include, but are not limited to:

- 1 Time to marshal an on-scene response
- 2 Scope of response capability
- 3 Historical evaluation of response success

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- 1 Potential for staff death or injury
- 2 Potential for patient death or injury

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- 1 Cost to replace
- 2 Cost to set up temporary replacement
- 3 Cost to repair
- 4 Time to recover

Issues to consider for **business impact** include, but are not limited to:

- 1 Business interruption
- 2 Employees unable to report to work
- 3 Customers unable to reach facility
- 4 Company in violation of contractual agreements
- 5 Imposition of fines and penalties or legal costs
- 6 Interruption of critical supplies
- 7 Interruption of product distribution
- 8 Reputation and public image
- 9 Financial impact/burden



Medical Center Hazard and Vulnerability Analysis

Issues to consider for **preparedness** include, but are not limited to:

- 1 Status of current plans
- 2 Frequency of drills
- 3 Training status
- 4 Insurance
- 5 Availability of alternate sources for critical supplies/services

Issues to consider for **internal resources** include, but are not limited to:

- 1 Types of supplies on hand/will they meet need?
- 2 Volume of supplies on hand/will they meet need?
- 3 Staff availability
- 4 Coordination with MOB's
- 5 Availability of back-up systems
- 6 Internal resources ability to withstand disasters/survivability

Issues to consider for **external resources** include, but are not limited to:

- 1 Types of agreements with community agencies/drills?
- 2 Coordination with local and state agencies
- 3 Coordination with proximal health care facilities
- 4 Coordination with treatment specific facilities
- 5 Community resources

Complete all worksheets including Natural, Technological, Human and Hazmat.

The summary section will automatically provide your specific and overall relative threat.

**HAZARD AND VULNERABILITY ASSESSMENT TOOL
TECHNOLOGIC EVENTS**

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
Burney Campus- compiled 5/18/2023	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Electrical Failure	2	1	1	2	1	1	2	30%
Generator Failure	1	1	2	2	2	1	2	19%
Transportation Failure	1	1	1	1	1	1	1	11%
Fuel Shortage	2	1	1	2	2	2	2	37%
Natural Gas Failure	1	1	1	2	2	2	2	19%
Water Failure	2	1	2	3	2	2	2	44%
Sewer Failure	1	1	2	3	2	2	3	24%
Steam Failure	0	0	0	1	1	1	1	0%
Fire Alarm Failure	2	1	2	2	2	1	3	41%
Communications Failure	1	1	2	2	2	2	2	20%
Medical Gas Failure	1	2	2	3	2	2	2	24%
Medical Vacuum Failure	1	1	1	2	2	2	2	19%
HVAC Failure	3	1	2	2	2	2	2	61%
Information Systems Failure	2	1	1	3	2	2	2	41%
Fire, Internal	2	2	3	3	2	2	1	48%
Flood, Internal	1	1	3	2	2	1	2	20%
Hazmat Exposure, Internal	1	2	1	2	2	2	2	20%
Supply Shortage	2	1	1	2	2	2	2	37%
Structural Damage	1	1	2	3	2	2	2	22%
AVERAGE SCORE	1.42	1.11	1.58	2.21	1.84	1.68	1.95	27%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY
0.27 0.47 0.58

**HAZARD AND VULNERABILITY ASSESSMENT TOOL
HUMAN RELATED EVENTS**

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
Burney Campus-compiled 5/18/2023	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Incident (trauma)	1	1	1	2	2	2	2	19%
Mass Casualty Incident (medical/infectious)	1	2	1	2	2	2	2	20%
Terrorism, Biological	1	2	1	2	2	2	2	20%
VIP Situation	1	1	1	1	2	2	1	15%
Infant Abduction	1	1	0	0	2	1	1	9%
Hostage Situation	1	2	1	2	2	2	2	20%
Civil Disturbance	1	1	1	1	2	2	2	17%
Labor Action	0	0	0	0	1	0	0	0%
Forensic Admission	0	0	0	0	1	1	1	0%
Missing Persons	1	1	0	0	0	1	1	6%
Bomb Threat	1	2	2	2	2	2	2	22%
Flu/Sickness	1	2	1	2	1	2	2	19%
Endemic	1	2	1	1	1	2	2	17%
Pandemic	1	2	1	2	1	1	2	17%
Patient Surge	1	1	2	2	1	1	1	15%
AVERAGE	0.85	1.31	0.77	1.15	1.54	1.62	1.54	24%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY
0.24 0.37 0.67

HAZARD AND VULNERABILITY ASSESSMENT TOOL
EVENTS INVOLVING HAZARDOUS MATERIALS

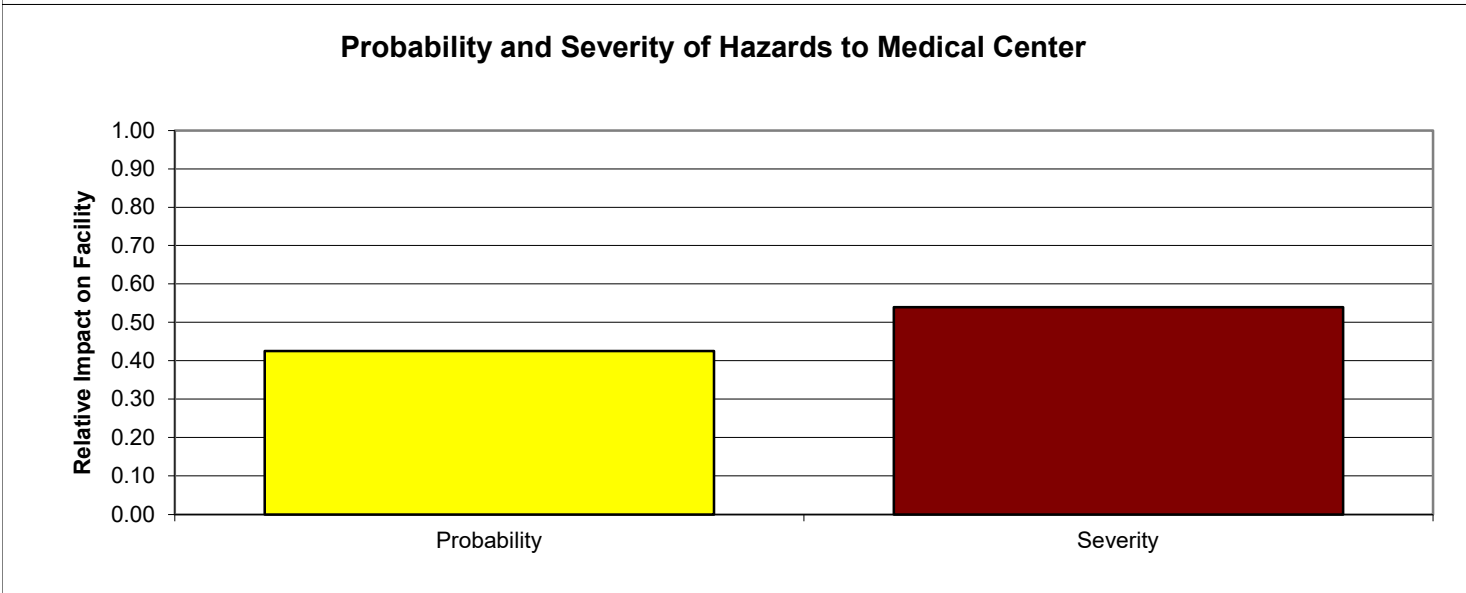
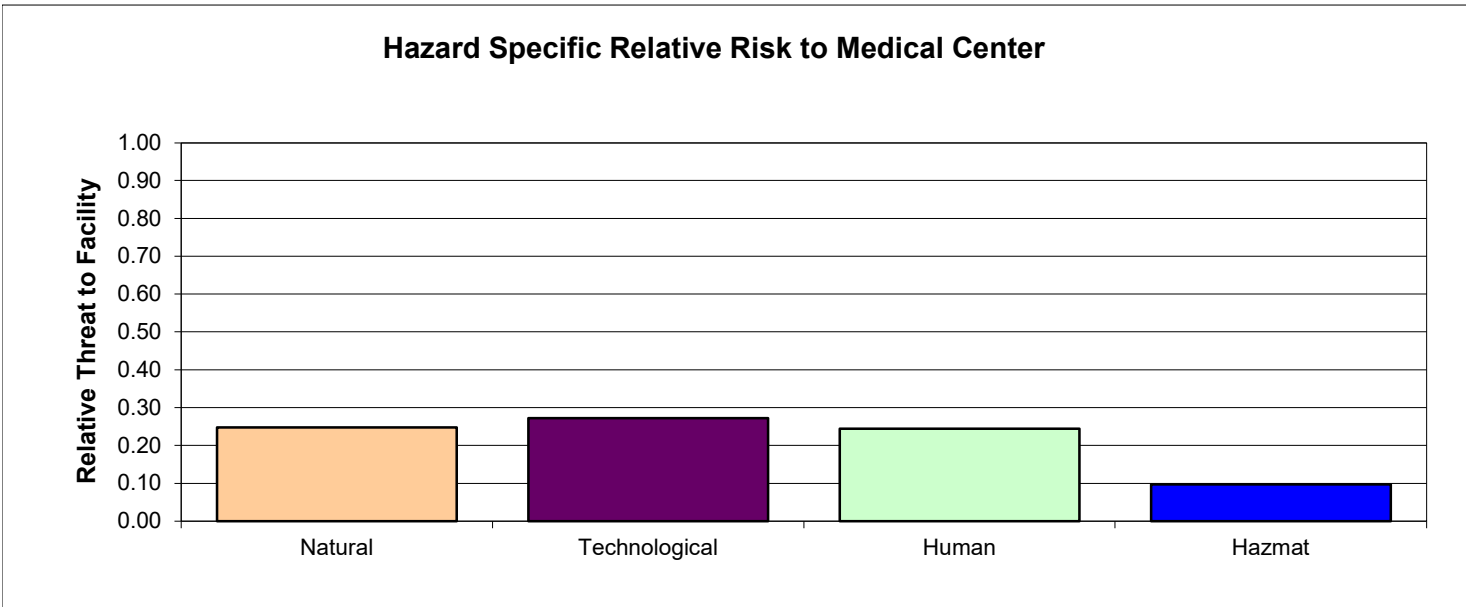
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
Burney Campus- compiled 5/18/2023	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	Relative threat*
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Mass Casualty Hazmat Incident (From historic events at your MC with >= 5 victims)	1	2	1	3	2	2	2	22%
Small Casualty Hazmat Incident (From historic events at your MC with < 5 victims)	1	2	1	2	2	2	2	20%
Chemical Exposure, External	1	1	1	1	2	1	2	15%
Small-Medium Sized Internal Spill	1	1	1	1	2	2	2	17%
Large Internal Spill	1	2	1	3	2	2	2	22%
Terrorism, Chemical	0	1	0	1	1	1	1	10%
Radiologic Exposure, Internal	1	1	1	1	1	1	1	11%
Radiologic Exposure, External	0	0	0	0	1	1	1	5%
Terrorism, Radiologic	0	1	0	1	1	1	1	8%
AVERAGE	0.67	1.22	0.67	1.44	1.56	1.44	1.56	10%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.10	0.22	0.44

SUMMARY OF MEDICAL CENTER HAZARDS ANALYSIS

	Natural	Technological	Human	Hazmat	Total for Facility
Probability	0.52	0.47	0.37	0.22	0.43
Severity	0.48	0.58	0.67	0.44	0.54
Hazard Specific Relative Risk:	0.25	0.27	0.24	0.10	0.23



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- 3 Cost to repair
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- 4 Coordination with treatment specific facilities
- 5 Community resources

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The summary section will automatically provide your specific and overall relative threat.

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

EVENT Fall River Campus- compiled 5/18/2023	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK	
		HUMAN IMPACT		PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE		EXTERNAL RESPONSE
	Likelihood this will occur	Possibility of death or injury		Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Hurricane	0	0		0	0	0	0	0	0%
Tornado	1	1		1	1	2	2	2	17%
Severe Thunderstorm	3	1		2	2	2	2	3	67%
Snow Fall	3	2		2	2	1	1	2	56%
Blizzard	2	2		2	3	2	2	2	48%
Ice Storm	2	2		2	2	2	2	2	44%
Earthquake	2	2		2	2	2	2	2	44%
Tidal Wave	0	0		0	0	0	0	0	0%
Temperature Extremes	2	2		2	1	2	2	3	44%
Drought	3	2		2	2	2	2	3	72%
Flood, External	1	2		2	2	2	2	2	22%
Wild Fire	3	3		3	3	2	2	2	83%
Landslide	1	2		2	2	2	2	2	22%
Dam Inundation	1	1		1	1	1	1	1	11%
Volcano	2	2		3	3	2	2	2	52%
AVERAGE SCORE	1.73	1.60		1.73	1.73	1.60	1.60	1.87	29%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.29	0.54	0.53

**HAZARD AND VULNERABILITY ASSESSMENT TOOL
TECHNOLOGIC EVENTS**

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
Fall River Campus- compiled 5/18/2023	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
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Electrical Failure	2	1	1	2	1	1	2	22%
Generator Failure	1	1	3	3	2	1	3	24%
Transportation Failure	1	1	1	1	2	2	2	17%
Fuel Shortage	1	1	1	2	2	2	2	19%
Natural Gas Failure	1	2	2	2	2	2	2	22%
Water Failure	2	1	1	3	1	1	2	33%
Sewer Failure	1	1	1	3	1	1	3	19%
Steam Failure	0	0	0	0	1	1	1	0%
Fire Alarm Failure	2	1	2	2	1	1	3	21%
Communications Failure	1	1	2	3	2	1	2	19%
Medical Gas Failure	1	2	2	3	2	1	2	17%
Medical Vacuum Failure	1	1	1	1	1	1	2	13%
HVAC Failure	2	1	1	3	1	1	1	17%
Information Systems Failure	2	1	1	3	1	1	1	18%
Fire, Internal	1	2	3	3	2	1	2	24%
Flood, Internal	1	1	1	2	2	1	2	17%
Hazmat Exposure, Internal	1	1	1	2	2	1	2	17%
Supply Shortage	2	2	1	2	1	2	2	37%
Structural Damage	1	2	2	3	2	2	2	24%
AVERAGE SCORE	1.26	1.21	1.42	2.26	1.53	1.26	2.00	23%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.23	0.42	0.54

**HAZARD AND VULNERABILITY ASSESSMENT TOOL
HUMAN RELATED EVENTS**

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
Fall River Campus- compiled 5/18/2023	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Incident (trauma)	2	2	2	2	2	2	3	48%
Mass Casualty Incident (medical/infectious)	1	2	2	2	2	2	2	22%
Terrorism, Biological	1	2	1	2	2	2	2	20%
VIP Situation	1	0	0	0	1	1	1	6%
Infant Abduction	1	2	1	1	3	2	2	20%
Hostage Situation	1	3	1	2	3	2	2	24%
Civil Disturbance	1	2	2	2	3	2	2	24%
Labor Action	0	0	0	0	0	0	0	0%
Missing Persons	1	1	0	0	0	1	1	6%
Forensic Admission	0	0	0	0	0	0	0	0%
Bomb Threat	2	3	3	2	2	2	2	52%
Flu/ sickness	2	2	2	2	2	2	2	44%
Endemic	2	2	1	2	2	2	3	44%
Pandemic	2	2	2	2	1	2	2	41%
Patient Surge	2	2	2	1	1	1	2	33%
AVERAGE	1.27	1.67	1.27	1.33	1.60	1.53	1.73	48%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY
0.48 0.63 0.76

HAZARD AND VULNERABILITY ASSESSMENT TOOL EVENTS INVOLVING HAZARDOUS MATERIALS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
Fall River Campus-compiled	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A Low Moderate High 1 = 2 = 3 =	0 = N/A = Low Moderate High 1 2 = 3 =	0 = N/A = Low Moderate High 1 2 = 3 =	0 = N/A = Low Moderate High 1 2 = 3 =	0 = N/A = High Moderate or none 1 2 = 3 = Low	0 = N/A = High Moderate Low or none 1 2 = 3 =	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Hazmat Incident (From historic events at your MC)	1	2	2	2	2	2	2	22%
Small Casualty Hazmat Incident (From historic events at your MC)	2	2	1	1	2	2	2	37%
Chemical Exposure,	2	2	1	2	2	2	2	41%
Small-Medium Sized Internal Spill	1	1	1	1	2	2	2	17%
Chemical Exposure,	1	2	1	2	2	2	2	20%
Radiologic Exposure,	1	1	1	1	1	1	1	11%
Radiologic Exposure,	1	1	1	1	2	1	2	15%
Terrorism, Radiologic	1	1	1	2	2	1	2	17%
AVERAGE	1.22	1.56	1.22	1.56	1.89	1.67	1.89	22%

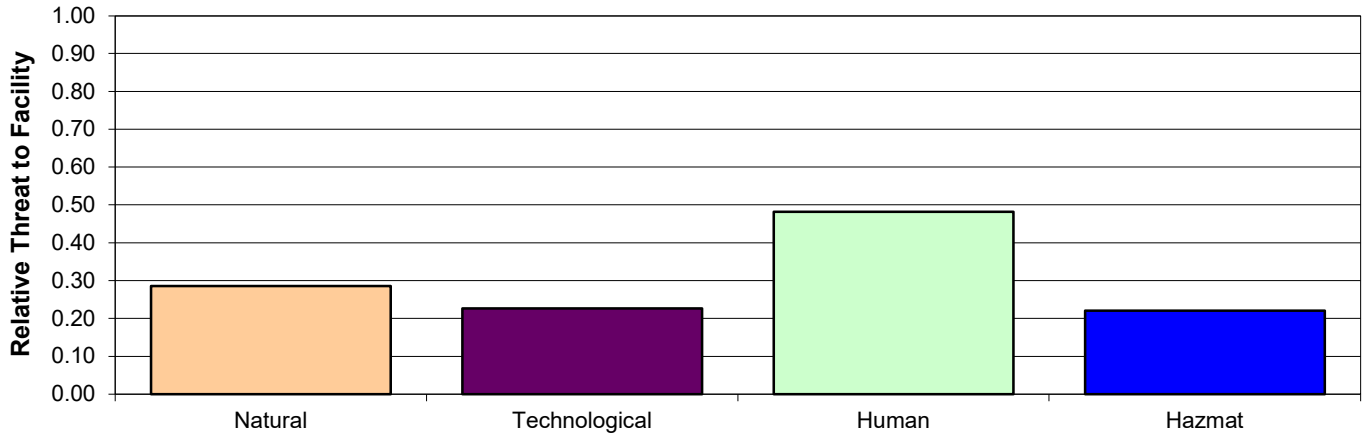
*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY
0.22 0.41 0.54

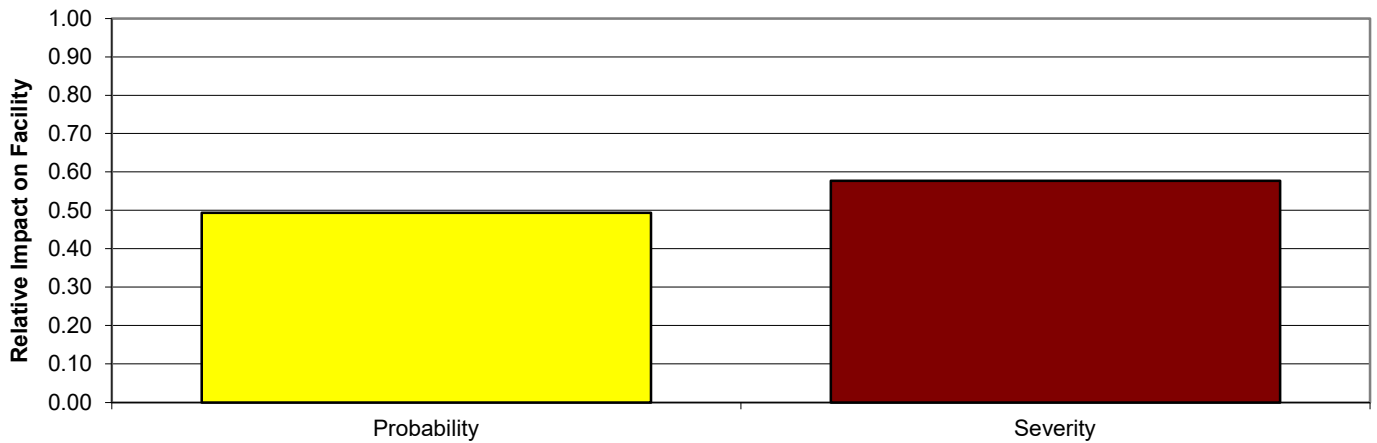
SUMMARY OF MEDICAL CENTER HAZARDS ANALYSIS

	Natural	Technological	Human	Hazmat	Total for Facility
Probability	0.54	0.42	0.63	0.41	0.49
Severity	0.53	0.54	0.76	0.54	0.58
Hazard Specific Relative Risk:	0.29	0.23	0.48	0.22	0.29

Hazard Specific Relative Risk to Medical Center



Probability and Severity of Hazards to Medical Center



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



Operations Report June 2023

Statistics	May YTD FY23 <i>(current)</i>	May YTD FY22 <i>(prior)</i>	May Budget YTD FY23
Surgeries			
➤ Inpatient	0	0	TBD
➤ Outpatient	0	0	TBD
Procedures** (<i>surgery suite</i>)	0	0	TBD
Inpatient	1656	2139	1623
Emergency Room	3952	3880	3881
Skilled Nursing Days	26342	24675	25192
OP Visits (OP/Lab/X-ray)	14503	18368	13324
Hospice Patient Days	879	1458	1103
PT	2235	2300	2314

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

**Procedures: include colonoscopies

Human Resource
June 2023 Board Report
Submitting by Libby Mee – Chief Human Resource Officer

The Human Resource department currently supports 287 active employees

Full Time – 251 Part Time/Casual/Per Diem/Temp – 30 Leave of Absence – 6

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

- Emergency Department Manager*
- Emergency Department Supervisor*
- Med/Surg Acute RN
- 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 CLS
- Pharmacist*
- Retail Pharmacy Pharmacist*

Finance

- Accountant*
- Medical Records Clerk (Temp)*

Support Services

- Food and Nutrition Services Aide/Cook*
- Environmental Services Housekeeper*

Clerical

- RHC Front Office Clerk*

Ambulance

- 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
- Imaging CT/Radiology Tech
- Laboratory CLS

EMS/REMSA Partnership

A primary focus of the department has been marketing and onboarding of EMS staff for the transition from SEMSA on June 26. At the time of this report, we have successfully hired a full time Supervisor/Paramedic, 1 per diem Paramedic, 3 full time EMTs, 3 per diem EMTs and have sent per diem offers to 5 more EMTs. We have also built new pay classes in our Paycom system, as the Ambulance department runs 24 hour shifts.

Shasta College

Due to high registry use and difficulty recruiting, we are actively partnering with Shasta College to bring back our in house Licensed Vocational Nurse program. This program has also been repeatedly requested by current staff that would like to grow from a CNA to LVN.

High School Summer Intern Program

We have onboard four local High School graduates that will be spending the summer with us gaining healthcare career knowledge in the Nursing, Clinic, Imaging, Laboratory, Finance, Quality and Administrations Departments.

Additional Projects

Annual Employee Compliance

We recently restricted the way that we have managed employee annual compliance. In previous years, annually, on their month of hire employees would do a re-orientation to all mandatory compliance material, receive an annual evaluation, physical and annual TB test. We have moved to a one time a year model. In the month of May, department leadership completed annual employee reviews while employees completed their annual re-orientation. As we are closing the month of June, applicable employees are doing their annual physicals and TB test. All of this prepares us for our newly aligned annual salary increase that will be effective July 1, 2023.

Tuition Assistance and Retention Programs

I have been working with my legal support to build formal Tuition Assistance and Retention Payment policy and forms. It is the intention that these programs will be available to employee in July.

Employee Health and Wellness

Employee Safety and Wellness Initiatives

At the request of staff and local providers, we have been previewing resources to provide additional Mental Health Support to staff and potentially, their families.

Work Related injury and Illnesses

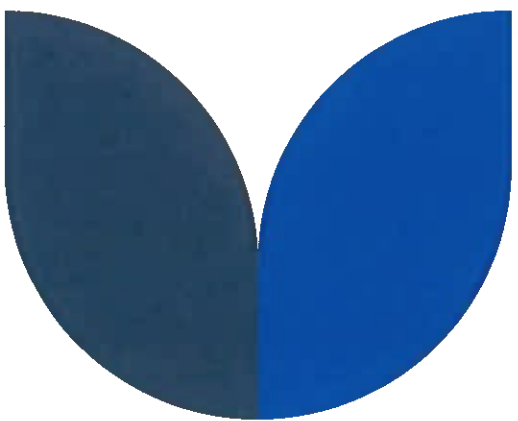
To date, we have had 3 reportable claims resulting in 19 days away from work.

There have been 7 first aid injuries resulting in 1 day away from work.

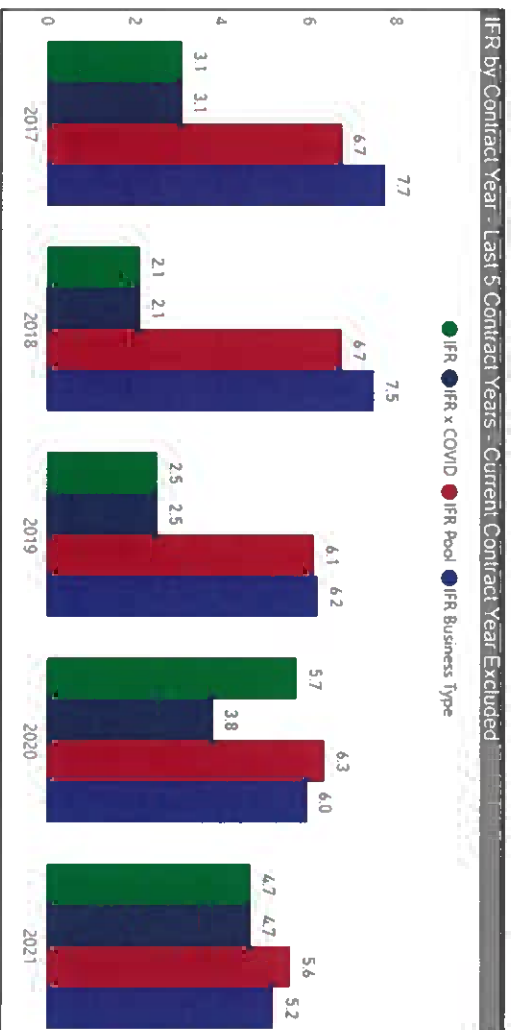
On Wednesday June 21, we had a visit from our Loss Prevention Specialist team from Beta. They did an annual walk around both campuses to look for potential safety concerns. They also shared loss data from recent years. Please see attached Data Analysis.

Lastly, we are looking forward to implementation of a Safe Patient Handling and Heat Illness prevention program this next year.

Data Analysis



Injury Frequency Rate



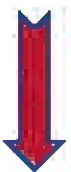
Injury Frequency Rate (IFR) = (Claim Count / FTE) * 100. 1 FTE = 2000 Productive Hours

Injury Data: 2020-2023



Injury Cause Group

Injury Cause	Frequency	Severity
Strain or Injury By	12	\$193,992
Fall, Slip or Trip Injury	5	\$69,944
Exposure	4	\$5,223
Struck or Injured By	3	\$14,161
Caught In, Under or Between	2	\$2,827
Miscellaneous Causes	2	\$21,944
Cut, Puncture, Scrape Injured by	1	\$1,287



Injury Cause Description

Injury Cause	Frequency	Severity
Pandemic	4	\$5,223
Slip/Trip/Fall from Same Level	3	\$55,532
PH - Assisting to Sit/Stand	2	\$3,759
PH - Repositioning	2	\$29,194
PH - Transfer/Lift	2	\$42,320
Pushing/Pulling Object	2	\$105,528
Unknown Cause	2	\$21,944
Caught In/Between	1	\$897
Dropped Object	1	\$556
Fellow Workers, Patient or Other Person	1	\$10,407
Hand Tool or Machine in Use	1	\$3,197
Manual Handling - Lifting	1	\$1,887
Object Handled - Caught In/Under/Between	1	\$1,930
Object Lifted or Handled - Cut/Puncture/Scrape	1	\$1,287
PH - Ambulating a Patient	1	\$2,169
PH - Turning/Rolling a Patient	1	\$7,017
Repetitive Motion - Computer Workstation	1	\$2,117
Slip/Trip/Fall Different Level	1	\$1,300
Walking	1	\$13,112

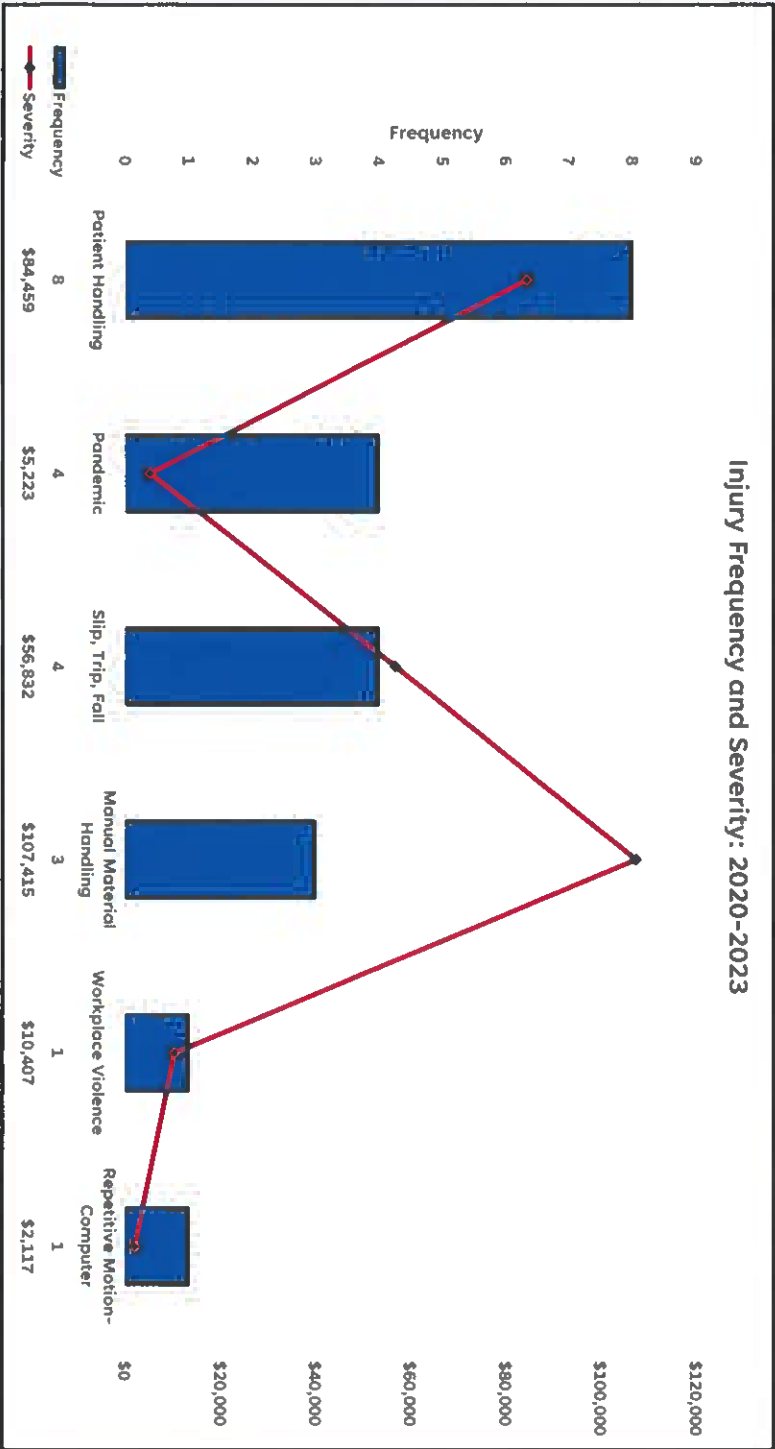
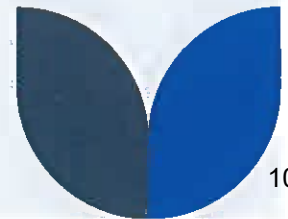
Injury Frequency Total = 29
 Injury Severity Total = \$309,377
 Average Cost per Injury = \$10,668

Top Six Injuries: 2020-2023

Injury Cause	Frequency	Severity	Average Cost per Claims
Patient Handling	8	\$84,459	\$10,557
Pandemic	4	\$5,223	\$1,306
Slip, Trip, Fall	4	\$56,832	\$14,208
Manual Material Handling	3	\$107,415	\$35,805
Workplace Violence	1	\$10,407	\$10,407
Repetitive Motion-Computer	1	\$2,117	\$2,117

Top Six Injuries = 72% of frequency all injuries

Top Six Injuries = 86% of severity all injuries



Department of Injury

Department	Frequency
Skilled Nursing (SNF)	10
Medical/Surgical Ofc	5
Housekeeping	2
Medical Staff	2
Cafeteria	2
Admitting/Registration	1
Dietary Services	1
Medical/Surgical	1
Radiology Isotope	1
Physical Therapy	1
Envrionmental Services	1
No Dept Assigned	1
Nursing Office	1

Chief Public Relations Officer – Valerie Lakey
June 2023 Board Report

Legislation/Advocacy

SB 525 Amended on May 25 and would now create a statewide \$21 minimum wage for all health care workers in any health care setting, including contractors, starting June 1, 2024. It would rise to \$25 on June 1, 2025. The minimum wage would also increase annually by 3.5% or the Consumer Price Index, whichever is lesser. During her May 31 presentation on the Senate floor, Sen. Durazo committed to her colleagues — without providing specific details — that she would amend the bill to address concerns around financially distressed and rural hospitals, the needs of clinics, and timing of the implementation. Passed the Senate on May 31. To be heard in the Assembly Labor and Employment Committee.

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. June 28 – Senate Health Committee

AB 1001 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 the Assembly on May 31. To be heard in the Senate Health Committee.

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. June 28 hearing in the Senate Health Committee.

AB 1557 would make permanent the authority for a California-licensed pharmacist located in California to conduct medication chart order reviews outside of a licensed California hospital. The waiver that allows hospitals to remotely process prescriptions will expire on Aug. 9, 2023. Passage of AB 1557 is needed so hospitals can continue to use this proven and safe practice. Passed the Senate Business, Professions and Economic Development Committee on June 5. June 26 hearing in the Senate Appropriations Committee

SB 616 would require employers to provide at least 56 hours or seven days of accrued sick leave or paid time off by the 280th calendar day of employment and would require that time to be allowed to be carried over into the following year. The bill would also increase the amount of paid sick leave or paid time off an employee can accrue from 48 hours or six days to 112 hours or 14 days. June 28 hearing in the Assembly Labor and Employment Committee.

State Budget

On June 15, the Legislature passed and sent to the governor the primary state budget bill, yet negotiations on a variety of unresolved budget issues continue and will likely be resolved through a series of trailer bills in the coming weeks. Among the unresolved issues is reauthorization of the managed care organization (MCO) tax. As negotiations continue around how revenue from the MCO tax should be

spent, early indications are that the administration and Senate are more closely aligned on a final MCO tax plan, whereas the Assembly is still reviewing the details.

Marketing/Public Relations/Communications

We are planning and developing events as related to the new strategic communications goals. Our first monthly event will be an Open House for the Mobile Clinic. The event will be Thursday, July 13 from 11:00 am – 1:00 pm. We will have a BBQ and have prizes, etc. The clinic is sending letters to all of Heather Corr's patients letting them know of the mobile clinic and including an invite to the event. We will be doing a lot of marketing and PR for the mobile clinic. [Here is a video](#) invite that will be included in the letter (QR code will be printed in the letter)

We are working on the marketing plan for the coming fiscal year which will include a significant schedule revolving around the clinic, surgery and ancillary services.

Phone Tree –

We have the front desk answering the phone and if they are unable to answer, the call will roll to the phone tree. Changes to the recording include an option to reach the party's extension at the beginning of the call. A resource list has been provided to the front desk as a reference as to where to direct calls.

Gift Shop

Things at the Pharmacy Gift Shop are going well. We have just received (more on the way) new inventory. We continue to go through a lot of See's Candy. The public seems to be appreciating the quality, affordable items. Suggestions are always welcome!

Foundation

We are excited to welcome two new board members to the MHF board, Jenny Arseneau and Peggy Snelling. Our next board meeting will be July 17, 2023.

We have been very busy with Golf Tournament plans. The Tournament is scheduled for August 12th. We are currently soliciting sponsors, players and volunteers. If you can help in any of these areas it would be appreciated. Something new this year will be a big win for the golfers, MHF and the golf course. With the fee increase implemented last year, we felt it would be nice to give back and also support our local business (Golf Course) for future golf. The golf course is selling us \$25 gift certificates at a reduced rate which we will provide to all golfers. This will be along with smaller "swag" items and we will not purchase the more expensive swag items.

We held a "Strategic Planning" session for the Thrift Store staff and volunteers and have identified some clear priorities to grow and develop the store. This was a very productive day and we are already working on some of the ideas. Mary Rainwater is doing a great job planning and developing the ideas that were shared.

MHF just awarded \$7000 in student scholarships. We are now working on the new cycle of department awards.

Overall, we are working on getting the staffing organized, duties assigned and making sure we are meeting the mission of MHF. We are making great progress and the culture of the team is in a good

place. We are excited as we are moving forward and confident MHF will be able to provide valuable support to MMHD.

Other

I have completed the application for the ACHD Re-certification. We were originally certified 6 years ago and have to recertify every 3 years. This certification covers an extensive list based on transparency and healthcare district law.

May Board Report
Clinical Division
6/21/2023

Retail Pharmacy

- We are searching for a permanent retail pharmacist/pharmacist-in-charge. Keith Earnest is filling the role of Pharmacist-in-Charge and the change of license has been filed. Change in Attorney-in-Fact has been filed with the DEA. The pharmacy will be staffed with agency pharmacists until permanent staff is hired.
- Refill Quick App is live and marketing has started. The pharmacy is getting refill requests through the App and we hope use with increase.
- The retail pharmacy is live with MedsOnCue. This program allows customers to opt into a program where they can scan a QR code on the prescription vial to access patient drug information from their device at any time. Customers who opt in will not get the patient drug information printouts at check out saving paper and resources.
- Staff is working to control inventory and has established min/max on medications and returned excess inventory.

Hospital Pharmacy

- 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 the last week in June.
- Ambulance medications and controlled substances are ready to restock the ambulances on June 26th.
- COVID therapeutics reporting has changed at the federal level. The new site went live June 20th.

Laboratory

- The chemistry analyzer went down on June 19th due to a computer failure. The contingency plan involving couriating specimens to Modoc Medical for ER patients and inpatients and to LabCorp for outpatients was implemented. The computer was replaced June 21st and recalibration began.
- The hood in the microbiology room certified on June 16th. The cause of the issue was determined to be in the exhaust system. The camera snake found a damper in the closed position and once moved to the correct position exhaust flow met specifications.
- Sofia Rosal, CLS, who had been the interim manager, is now the permanent manager.

Respiratory Therapy

- MaryAnn Worthan, RT, is now taking call for the department and is being trained on Pulmonary Function Testing.
- Pulmonary Function Testing is attracting patients from outside of the district with 6 traveling from Alturas this month.
- David Ferrer, RT, manager, will be travelling to Modoc Medical Center to train their staff on ventilators.

Imaging

- The physicist made his annual visit. Some minor tune ups were needed and have been made.
- Jack Hathaway, Quality Director, and Amanda Benson, Imaging Lead, are working to complete accreditation of the CT machine.

Physical Therapy

- Patient intake forms have been updated and branded. Daryl Schneider, PT, manager, is working to brand and refresh all forms the public sees.

Cardiac Rehab

- Zita Biehle, cardiac tech, has created an education corner for cardiac rehab patients. It contains recipes for heart healthy foods and lifestyle tips.
- Zita and Daryl Schneider PT, will be working with representatives from LSI Medical to upgrade to monitoring equipment that is compatible with uploading to Cerner.

Telemedicine

- See attached report. Telemedicine will be moving to the Operations Division July 1.

Telemedicine Program Update as of May 31, 2023

Respectfully submitted by Amanda Harris for Keith Earnest, CCO, Tommy Saborido, MD and Kimberly Westlund, Clinic Manager

We have completed a total of 2,300 live video consults since August 2017 (start of program).

April 2023 was the busiest month that the outpatient Telemed program has ever had with 67 visits.

Endocrinology:

- Dr. Bhaduri saw 21 patients in April and has seen 27 so far this month. Dr. Bhaduri has 28 patients scheduled for June. She continues to be an awesome partner for Mayers and the patients love her.
- We've had 783 consults since the start of this specialty in August 2017.

Nutrition:

- Jessica saw seven nutrition patients in April and four in May. She has four scheduled for June as well. This is provider with which we could use more time, however Lani has been able to accept some of the referrals which has been of great assistance.
- We've had 175 consults so far since we started this specialty in November 2017.

Psychiatry:

- Dr. Granese saw nine patients in April and eight in May. There are currently 12 patients scheduled to be seen in June.
- We've had 633 consults since the beginning of the program in August 2017.

Infectious Disease:

- Dr. Siddiqui saw two patients in April and one this month. He will have another block in June with a couple new patients and a couple follow-up patients.
- We've had 101 consults since the start of this specialty in September 2017.

Neurology:

- Dr. Levyim saw 13 patients in April and 15 in May. There are currently 16 neuro appts scheduled for June.
- Unfortunately, Dr. Levyim has made the tough decision to head back to in-person practice full time. She has weighed the decision for quite some time and feels that her private practice waitlist is too long and she would also like to have another baby so it's the right time. Dr. Usmanova will be taking over our neuro service. The providers will overlap in June and then Dr. Usmanova will be the long-term replacement.
- We've had 426 consults since the start of the program in November 2018.

Rheumatology:

- Dr. Shibuya saw five patients in April and two Rheum patients were seen in May.
- Our Rheum providers have changed this month as well. Dr. Tang will be taking over for Dr. Shibuya. We've already had one patient see him and it went well. We will have a standing hour

with Dr. Tang every Friday. Rheum is currently booking very far out due to great increased demand since Dr. Peters/Dr. Reeder’s office closed in Redding. We are consistently looking for ways to add more Rheum time to the rotation.

- We’ve had 70 consults since the start of the program in May 2020.

Nephrology:

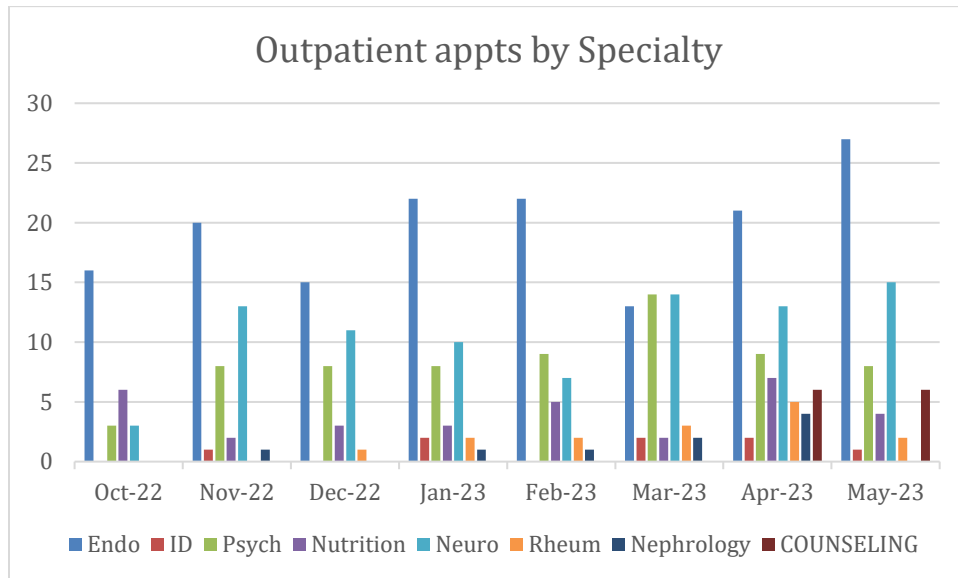
- Dr. Bassila saw four patients in April, but none in May. He has two follow-up appts scheduled for June.
- We’ve had 9 consults since the start of the program in April 2023.

Talk Therapy:

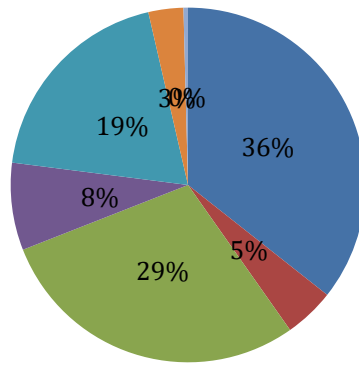
- We began talk therapy services with Ryan McNeel, LCSW in mid-April 2023. This is a new service so we’re starting out conservatively while Kim works on Carelon credentialing for the clinic. We currently have Ryan McNeel for two hours every Wednesday, but will be increasing this to 3 hours starting June 7. So far he has had 12 sessions with patients and he has been well-received. This is a much-needed service in our clinic and there are referrals waiting when more time is available.

Telemedicine Program Changes:

- As of July 1 the Telemed program will live under the umbrella of the clinic in the organization chart. The Telemedicine Coordinator, Amanda, will report to Kim.
- We are planning to transition this role to a new person in the clinic later in 2023/early 2024. This position will be the Telemedicine Coordinator and able to fulfill back up Medical Assistant duties in the clinic.



TOTAL



■ Endo ■ ID ■ Psych ■ Nutrition ■ Neuro ■ Rheum ■ Neph ■ COUNSELING

NURSING SERVICES BOARD REPORT

June 28, 2023

CNO Board Report

- Both Fall River and Burney Annex remain in green status.
- Opening remains for DON-SNF. Recruiter continues to look for candidates for this position. Have had a couple of interviews for which were not a good fit for our facility. Britany maintains going between the two facilities with the support from CNO.
- At time of this report, 2567 POC accepted by CDPH and all deficiencies noted to be corrected.
- In conversation with HR to increase efforts for LVN staff recruitment for SNF. Currently at St. 2 there are no LVN FTE. Utilizing registry.
- Cerner build continues on the Acute side with Integration Testing-Phase 1. Phase 2 will include OPS.

SNF

- Census- (78) Fall River- 32 Burney Annex- 27 Memory Care- 19
- Admission reviews are ongoing.
 - (2) Admission pending Medi-Cal approval.
 - Admission pending facility tour. Tour scheduled for 06/29/23.
 - May AMA re-admitted Hospice care.
 - Admission visit scheduled 06/29/23.
- After scheduled admissions/ Medi-Cal approvals -
 - Fall River – 2 Female bed, 3 Male beds available.
 - Burney – 2 Female beds available.
- Fall River & Burney are at Green Status.
 - COVID-19 restrictions continue to decrease.
- CNA class ended 06/20/23. Four students will take state test on 07/05/23.
 - Next CNA class tentatively scheduled to start on 08/07/23.
- The Activities department is fully staffed.
- Continuing to struggle with staffing in-house nurses. Medifis and NPH are meeting our needs at this time to maintain staffing ratios.
- Annual survey Plan of Correction submitted. Currently working on implementation.

Acute

- May 2023 Dashboard
 - Acute ADC 2.26, LOS 3.04
 - Swingbed ADC 1.84, LOS 11.4
 - OBS: 12.40
- April 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

Emergency Services

- May 23 Dashboard
 - Total treated patients: 377
 - Inpatient Admits: 34
 - Transferred to higher level of care: 17
 - Pediatric patients: 67
 - AMA: 6
 - LWBS: 1
 - LPTT: 5
 - Present to ED vis EMS: 55
- April 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: 1 – New RN start date 6/22/23 and 1 currently in orientation
 - Acute DON remains acting manager of unit until position is filled

Outpatient Surgery

- The department remains closed at this time
- Went through all items and removed the expired ones.
- Surveyed all equipment, list of Preventative Maintenance (PM's) due sent to maintenance to perform.
- Ensured Medication Refrigerator in OR 1 is working and temperature is within range daily.
- Ensured Fluid Warmer in OR 1 is working and within range daily.
- Ensured Blanket Warmer in OR Hallway is working and within range daily.
- Per the last survey, worked with Cassandra LaFave, Infection Control Nurse on gap analysis. Created 3 new policies:
 - Immediate Use Steam Sterilization (IUSS) Sterilization Data Requirements
 - Preparing, Assembling, Wrapping, Storage and Distribution of sterile supplies
 - Reviewed and approved policies for Surgery
- Scheduled Preventative Maintenance on Steris Machine with Representative (Date TBD).
- Scheduled Inservice on Endoscope Reprocessing with Steris Rep (Date TBD).
- Scheduled Inservice on Olympus equipment for EGD's and Colonoscopies (Date TBD).
- Monthly outdate checks completed on Crash Cart and Malignant Hyperthermia Cart.
- Sterile Processing Department surveyed, organized. Ensured Autoclaves are working properly.

OPM

- The Outpatient Census (*110 approx. a month*) Census is increasing. March was 134 patients and 169 procedures, April was 136 patients and 158 procedures. May 114 patients and 129 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 wound reports available upon request- Huge success to not be cited for any wounds with our recent state audit. This is a testament that our wound program and champions in wound care are doing a great job with due diligence of patient care.
- Conducted OPM meeting with some members of ELT team this month
- Continued work on budget, evaluations, Cerner meetings, pillar goals old/new increased census, policies, and quality information.

Clinical Education Report

- **Nurse Assistant Training Program (NATP)**-The NATP began a fifth session on Monday, May 8. Classes ended 06/20/23. Four students will take state test on 07/05/23.
 - Next CNA class tentatively scheduled to start on 08/07/23.

Respectfully Submitted by Theresa Overton, CNO

Chief Operating Officer Report

Prepared by: Ryan Harris, COO

Facilities, Engineering, Other Construction Projects

- The final master plan will be presented to the board of directors on June 28, 2023, for approval. Next steps will also be discussed including moving forward with Criteria documents.
- The Burney Fire Alarm Panel kickoff meeting with MMHD, HCAI, and the design building has been scheduling for June 23, 2023. At the conclusion of this meeting construction activities can begin.
- Work continue on our NEME II application with PG&E for our solar project. MMHD is working with legal on the contract for Veregy to complete the solar project utilizing the energy conservation contract code 4217. Veregy is working on scheduling drill testing on the bluff as well as the lump sum price for the project.
- Our annual fire life safety survey plan of correction has been submitted and was approved. All work on the corrective action is done.
- Work continues on the facilities, dietary, and EVS portions to correct gaps identified in our ACHC survey. We are also working on assigned roles and responsibilities for the physical plan, life safety, emergency preparedness, and invention control sections of the ACHC accreditation.
- John and I have a meeting with the Deputy Division Chief for HCAI to discuss AB2511. We have recently received information that we may be able to designate space in our SNF such as our dining space that has emergency cooling instead of putting the entire facility on emergency cooling. Our call is to confirm that this is in fact the case.
- John and I also attended a virtual HCAI conference on Non-Structural Performance Categories (NPC) requirements and AB1882. The requirements for compliance with NPC are as follows:
 - Building Evaluations Completed by January 1, 2024
 - List of Buildings to be removed from Acute Care services by January 1, 2024
 - NPC design documents due by January 1, 2026
 - Completion of the permitting process by January 1, 2028
 - Completion of all NPC work by January 1, 2030.

We must also post the SPC and NPC rating in all of our buildings that have a unique OSHPD building number no later than January 1st, 2024.

- We have the environmental rounding solution starting up. Veoci has the ACHC standards, and they will be building the platform to that level of compliance.
- Parking lot is repainted, and the Mobile Clinic is at its new home.
- Other project of focus includes the med gas alarm panel and the transformer relocation.

IT

- The department completed 3 Teams Lunch and learn training sessions with the staff.

- Work to improve our audio/video experience on the Wyse terminals has started with 70 of the 82 devices being upgraded.
- The department continues to support the Multiview and CHC supply chain projects.
- Work continues on the Cerner implementation. Interface work is going to take up the majority of the IT departments time between now and go live. We have interfaces with multiple vendors that need to be completed by go live. A Cerner integration event was held the week of June 19, 2023. Multiple projects were completed this week as well as multiple migrations initiated.
- The One Content build is also complete and is ready for interface testing with Cerner. Training is scheduled for July 18 & 19, with go live on August 18,2023.

Purchasing

- Cerner Integration Testing #1 was one for Supply Chain Management the week of June 19th.
- Continue to work with CHC (new GPO) on required reports for go live on August 4th.
- The purchasing department is conducting end of year inventory on June 29th and 30th.
- 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” has been a HUGE hit with staff. Lots of compliments and thanks to our Dietary team from all of the staff.
- Susan and Jen are working on another menu change for our residents that will feature seasonal foods for the summer.
- 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. The project will be done in phases. We have ordered the first phase of stainless-steel casework for Burney and Fall River. Once that is received and installed, we will order the casework for the next phase. This is going to take us most of next fiscal year to complete.

Environmental Services & Laundry

- Work continues 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. A very well put together presentation by our ADON was presented to the nursing staff. The presentation was eye opening, and I am looking forward to seeing progress in getting this issue addressed.
- EVS Staff have had infection prevention training. The training included cleaning a discharge and occupied room, proper personal protective equipment (PPE) and signage, chemical handling, hand washing and Material Safety Data Sheet (MSDS) training.

Rural Health Clinic

- Kim is still working through the family pact application process. This process is taking significantly more time to get through than originally anticipated.
- We have signed up two new accounts (JDP and Southern Cascades) to do all of their pre-employment drug testing bring our total accounts to 3.
- The mobile clinic passed its licensing survey on June 9, 2023. Kim Westlund did a wonderful job on this survey with no deficiencies noted.
- Mobile Clinic workflow meetings continue. We have established how patients are going to register and where they will wait as well as other mobile clinic workflows. Equipment for the mobile clinic continues to arrive. The Mobile clinic will open on July 10th M-W 8am-5pm.
- 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 and participated in the integration event held the week of June 19, 2023.
- Clinic revenue rebounded in May. There is a significant amount of outstanding clinic AR shown in Epic for the clinic. Kim and I are working with Travis and Danielle to figure out the root cause of this and if the clinic has realized this revenue already or not.

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.
- The lodge and houses are all full at this time.

CEO Board Report June 2023

Highlights for June:

Let's start with the ambulance. We now have our license from SSV So that makes this official. However, we received some bad news. Apparently, the MOU between NorCal and SSV is being pulled back. I guess a lawyer with NorCal said that there are potential liability issues with the way that it was going to be set up and so they're pulling back at this point. And this of course is going to make things much more difficult for us from a staffing perspective and in the big picture it will make it potentially more difficult to do our 299-corridor collaboration and get cost-based reimbursement. We're working with them right now to see if there's a solution. This is a huge setback for us but does not affect our overall ability to proceed with taking over on the 25th, It's just going to make it harder. We are hoping to have a meeting with SSV and NorCal the Tuesday before the board meeting. If this happens then we will have an update for you.

We ran into an issue one of the ambulances being gutted. Currently we only have one operational ambulance, so if there was an issue with the operation ambulance then we would be in trouble. I spoke with Nancy the CEO of SEMSA And she's not sure who did that but they're going to rectify it. I asked for her and her team and our team to get on a call together so we could discuss concerns and so forth. Our team and the SEMSA team had a Teams meeting to go over expectations for the changeover next week. We went over our respective lists. We have been assured that we will have 2 fully stocked and ready to go Ambulances ready to go at 8:00 on the morning of the 26th instead of the 25th at midnight. We have signed the purchase agreement and wired the money for the 2017 Ambulance. We are waiting on the title so we can get it registered in our name.

On the staffing side for the ambulance, we did hire a supervisor and they spent some time on site and has been very helpful getting things ready for the transition. We also have plenty of EMTs, but we are still running into issues with paramedics especially now that they can't be NorCal. SSV has made it very easy for NorCal credentialed folks to become credentialed through SSV. They are waiving the fee and offering to come up here for the orientation or even do it online. Hopefully this will help as we make it known to those applying.

- We have received acceptance of both plans of correction for our survey that just took place. I'm anticipating that they're going to come back in for the 12 tags on the health side. The team has done a great job of getting everything in place and doing what we said we're going to do and we continue to monitor that so we should be good to go when and if they come back.
- Travis, Theresa, and I met with the group that we were introduced to by Les. They provide in-home monitoring to our patients where appropriate. This is a new company that's in startup so we would be one of their first partners. This can be good and bad but we're continuing to investigate it and will be meeting with that group again this time with a couple of our providers. It has potential.
- We had our last Huron management leadership training. The team has said that it's been very good for them, and they have appreciated having these sessions. We have a plan in place to

continue to do leadership/team building training on a quarterly basis. We want the team to continue building on this momentum and to learn from each other.

- I spent some time with the safety officer and with our maintenance director going over fire drills so that we can do those better as well as some other emergency preparedness items. We're getting some things in place for the team so that in the event of an emergency our communication can have a better chance of getting through. We're also going to look at some better training for the organization. I'm excited to see what Dana is going to be able to do in this position. She is excited and is very well received by the rest of the team.
- We had the inspection for the mobile unit, and everything went well and we passed the inspection. We have set July 10th as our official opening for the Rural Health Clinic. We're going to use this grand opening to be our first public event for our communication pillar priority since that starts in July as well. We chose the 10th because we didn't want to do it the week of the 4th of July and we wanted time to make sure we had all the supplies in that we need and could get scheduled changed around since we'll be bringing a provider from the Burney clinic to cover the mobile clinic. Heather is going to be our provider. We also wanted to have time to plan the event and make it a big deal. You'll start to see some stuff coming out on that soon.
- Jack and I attended the Western Flex Conference this month. It was full of a lot of good information and I'm looking forward to seeing how we can work some of that out for us. There were some changes to the mileage rules for critical access hospitals that affected us. It did reduce the mileage requirements down to 15 miles for hospitals in locations like ours. I thought that this might be your way for us to get cost-based reimbursement because we're further than 15 miles away from Burney fire but unfortunately, they are in our defined district, so it did not help us.
- Provider updates, the provider who was behind on their charting was able to get it all caught up last week in resume their practice this week. Tommy has also expressed that he does not want to do hospitalists anymore and he understands that will be a cut and pay but he wants to have more of a balance in his life so that he can spend the appropriate amount of time with his young children. We are looking at how we can make that work. Through a conference we attended we found a group that provides virtual hospitalist for nights and weekend. We are looking into that to see what it will look like. We are also looking at other models that we can potentially use to save money and still provide the service effectively.
- I was asked by the Rural County Representatives of California (RCRC) to be a speaker at their Annual Meeting in September. I met them in January at an even that Supervisor Albaugh coordinated in Bieber. They stated that the conversation that we had in Bieber stuck out to them which is why they would like me to come and speak on the panel. Attendees of RCRC's Annual Meeting are nearly 275, with half of them elected county supervisors from our 39 member counties. The remaining persons are senior county staff (CAO's, Public Works Directors, Health and Human Services Directors, Solid Waste Managers, etc.) and sponsors (folks from PG&E, Anthem Blue Cross, AT&T, etc.). They will also cover travel and accommodations cost so it will not cost the district anything.