

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**  
August 30, 2023 @ 1:00 PM  
Mayers Memorial Healthcare District  
Burney Annex Boardroom  
20647 Commerce Way, Burney, CA

**Mission Statement**

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

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

				<b>Approx. Time Allotted</b>	
<b>1</b>	<b>CALL MEETING TO ORDER</b>				
<b>2</b>	<b>2.1</b>	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>			
		Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.			
<b>3</b>	<b>APPROVAL OF MINUTES</b>				
	3.1	Regular Meeting –July 26, 2023	<i>Attachment A</i>	<b>Action Item</b> 1 min.	
<b>4</b>	<b>DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:</b>				
	4.1	Resolution 2023-12 – July Employee of the Month	<i>Attachment B</i>	<b>Action Item</b> 2 min.	
	4.2	Hospice Quarterly Lindsey Crum	<i>Attachment C</i>	Report 2 min.	
	4.3	MHF Quarterly Val Lakey	<i>Attachment D</i>	Report 2 min.	
	4.4	Skilled Nursing Facility Britany Hammons	<i>Attachment E</i>	Report 2 min.	
	4.5	Surgery Theresa Overton	<i>Attachment F</i>	Report 2 min.	
	4.6	Telemedicine Amanda Harris	<i>Attachment G</i>	Report 2 min.	
<b>5</b>	<b>BOARD COMMITTEES</b>				
	5.1	<b>Finance Committee</b>			
	5.1.1	Committee Meeting Report: Chair Humphry		Report 5 min.	
	5.1.2	July 2023 Financial Review, AP, AR and Acceptance of Financials		<b>Action Item</b> 5 min.	
	5.1.3	Board Quarterly Finance Review		<b>Action Item</b> 2 min.	
	5.1.4	Veregy Solar Project Update		Report 5 min.	

5.2	<b>Strategic Planning Committee – No July Meeting</b>			
5.3	<b>Quality Committee</b>			
5.3.1	Committee Report – DRAFT Minutes Attached	<b>Attachment H</b>	Information	5 min.
6	<b>NEW BUSINESS</b>			
	Policies & Procedures			
	1. Board Meetings – Location, Time, Date and Quorum			
	2. Charting and Documentation for Outpatient Clinics			
	3. Clinic Appointment No-Show Late-Cancel Policy			
6.1	4. HHS Poverty Guidelines MMH 389	<b>Attachment I</b>	<b>Action Item</b>	2 min.
	5. Laboratory Reports			
	6. Multiple Specimen Collection			
	7. Unidentified Patient Arm Bands			
	8. Urine Drug Testing			
7	<b>ADMINISTRATIVE REPORTS</b>			
7.1	Chief's Reports – <b>Written reports provided. Questions pertaining to written report and verbal report of any new items</b>			
7.1.1	Chief Financial Officer – Travis Lakey		Report	5 min.
7.1.2	Chief Human Resources Officer – Libby Mee		Report	5 min.
7.1.3	Chief Public Relations Officer – Val Lakey	<b>Attachment J</b>	Report	5 min.
7.1.4	Chief Clinical Officer – Keith Earnest		Report	5 min.
7.1.5	Chief Nursing Officer – Theresa Overton		Report	5 min.
7.1.6	Chief Operation Officer – Ryan Harris		Report	5 min.
7.1.7	Chief Executive Officer – Chris Bjornberg		Report	5 min.
8	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>			
8.1	Board Member Message: Points to highlight in message		Discussion	2 min.
9	<b>ADJOURNMENT: Next Meeting September 27, 2023</b>			

Posted 08/25/2023

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**  
July 26, 2023 – 1:00 pm  
FR Boardroom & Microsoft Teams

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

**CALL MEETING TO ORDER:** Abe Hathaway called the regular meeting to order at 1:05 PM on the above date.

**BOARD MEMBERS PRESENT:**

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

**ABSENT:**

**STAFF PRESENT:**

Chris Bjornberg, CEO  
Travis Lakey, CFO  
Ryan Harris, COO  
Theresa Overton, CNO  
Keith Earnest, CCO  
Valerie Lakey, CPRO  
Libby Mee, CPRO  
Dana Hauge, Safety Officer  
Michelle Peterson, OPM Manager  
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 June 28, 2023.	<i>Utterback, Cufaude</i>	<i>Approved by All</i>
3.2	A motion/second carried; Board of Directors accepted the Special Board Meeting minutes of June 28, 2023.	<i>Utterback, Humphry</i>	<i>Approved by All</i>

**4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

4.1	A motion/second carried; Jasmine Garza was recognized as June Employee of the Month. Resolution 2023-11. Always going above and beyond for the residents. Always willing to help. And we truly appreciate her for the amazing work and care she provides.	<i>Humphry, Cufaude</i>	<i>Approved by All</i>
4.2	Safety Quarterly: written report submitted. Update on Burney water – we are in recovery phase. Everything is going back to normal with showering and clean drinking water. Our response to this issue has been so great that the state does not feel the need to come visit us. We are working on increasing our attendance rates for trainings but its difficult to capture 100% participation with the 365 day a year, 24 hrs. a day set up of the hospital, not to mention the many departments handling the situation differently.		
4.3	Outpatient Medical: written report submitted. In an effort to provide perfection for wound care patients, we will scrutinize every step, every documentation piece and every step of the process.		

**5 BOARD COMMITTEES**

**5.1 Finance Committee**

5.1.1 **Committee Report:** Financial end of the year we looked really good. Accounts receivable is down and cash on hand looks good too. Revenue being generated through the clinic is \$1.4 million even though a bottom line

shows a negative. Auditors will be onsite August 14<sup>th</sup>. RCAT – Revenue Cycle Action Team will be meeting on a weekly basis to make sure that all charges are being tested and dropped appropriately in the Cerner build. This team will likely stay formed through the go-live and beyond to continue to provide oversight on charges. We have hired a UR (Utilization Review) nurse that will help us make sure that the patients are getting the services they need and are charged for the right services.

5.1.2	<b>June 2023 Financials:</b> motion moved, seconded and carried to approve financials.	<i>Humphry, Utterback</i>	<i>Approved by All</i>
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5.1.3	<b>Veregy Solar Project</b> – attached is the solar project proposal. This proposal matches everything we have previously discussed. We have yet to receive the contract. And we will have to do a two-week public hearing. This connection is straight to the meter for the hospital. Based on the calculations, we will offset most if not all of our energy use. There is a line item for fencing if we choose to do that. If we do, can we do a change order.	<i>Cufaude, Humphry</i>	<i>Approved by All</i>
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Motion moved, seconded and carried to approve the proposal and proceed forward with the two-week public hearing once the contract has been prepared and agreed upon, with including the proposal. Hopeful to have everything ready for the two week public hearing by August 30<sup>th</sup>.

5.2	<b>Strategic Planning Committee Chair Utterback:</b> No June Meeting		
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5.3	<b>Quality Committee Chair Guyn: DRAFT minutes attached</b>		
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5.3.1	Review of the DRAFT minutes was conducted. Integration of the data being collected will be in Cerner to help our managers/departments continue the measure and metric tracking. No tags from the 7 self-reported issues.		
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<b>6</b>	<b>OLD BUSINESS</b>		
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6.1	<b>Ambulance Services:</b> The new ambulance had A.C. issues and caused a whole system malfunction. And the older ambulance was causing issues while in transfer of a patient. Both ambulances have been fixed. Burney has called off their ambulance on multiple calls since our ownership take over. On those specific instances, Burney fire was onsite and provided first responders when they had already “called off”. This provides issues because we should not be on those calls if a Burney first responder is available, and that takes us away from other possible emergencies. We have been in contact with S-SV about these specific instances.		
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More and more people keep coming in with interest of joining our team. We still have no contract with REMSA. Discussions have taken place with our current ambulance team/department about just operating under MMHD and possibly using REMSA as a consultant. Our current team is more than capable of managing this on their own with additional training and assistance.

<b>7</b>	<b>NEW BUSINESS</b>		
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7.1	<b>Policies and Procedures:</b>		
	<ol style="list-style-type: none"> <li>1. Clinic Phone Services</li> <li>2. Core Privileges in Oncology</li> <li>3. Scope of Services – Clinic “remove first bullet”</li> <li>4. Use of Propofol (Diprivan) for Ventilator Management</li> </ol>	<i>Guyn, Cufaude</i>	<i>Approved by All</i>

Motion moved, seconded and approved with one amendment to “Scope of Services – Clinic.”

7.2	<b>Seismic Compliance Plan Approval:</b> Aspen Street Architects, Inc. and MMHD have worked together to create this. It has been submitted to the state with no additional questions or comments from them. We are ahead of the ball on this. This is our approved 2023 seismic plan.	<i>Utterback, Humphry</i>	<i>Approved by All</i>
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Motion moved, seconded and carried to approve.

<b>8</b>	<b>ADMINISTRATIVE REPORTS</b>		
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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](http://www.mayersmemorial.com).

8.1 **Chief's Reports: written reports provided in packet**

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- 8.1.1 **CFO:** no additional comments.
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- 8.1.2 **CHRO:** Radiology manager and Director of Clinical Services have accepted these roles. And our interim Lab manager has accepted a full-time position. Interim ED Manager is starting on Monday, July 31<sup>st</sup>. Kudos on the dashboard.
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- 8.1.3 **CPRO:** Legislation is in a lull with everyone on break. Sponsor Packets for the Foundation Golf Tournament were shared. We need more golfers, volunteers and other raffle offers. Quarterly event idea in September to do a meet and greet with our Board and ELT staff – possibly do an evening Board meeting on September 27<sup>th</sup> with a social afterwards. We are ACHD Certified for another 3 years – this is our third time being certified. Marketing campaign for this next year is being planned. We will be on TV and have been working with KRCR.
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- 8.1.4 **CCO:** Barrier Isolator companies have changed. We have ordered a brand-new isolator and we await the arrival of it.
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- 8.1.5 **CNO:** Thankful for the release of the water boil advisory in Burney. Dr. Schepps was onsite today to meet the team, see the facilities, and get a plan in place for opening surgeries back up. Conversations with Modoc Medical Center have been taking place on a collaborative effort for surgeries.
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- 8.1.6 **COO:** AB 2511 – HVAC project for SNFs – we had HCAI onsite yesterday with 6 people. Discussion with MMHD and HCAI took place about meeting the deadline for this measure by the end of the year. We also discussed current projects and future projects. They notified us that their visits will become more frequent to find unpermitted work. We will have to remove, permit or find other means for the mini split additions in the kitchen. Mobile Clinic update – generator provided issues in extreme heat conditions. We are working on the built in power with an ETA of first week of August. The decision was made to move patient visits back to Burney until this has been rectified. Year over Year figures were provided for the clinic on referrals, costs, salaries, and patient visits. We will be building fence at the lodge to help those wandering down at the pit river.
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- 8.1.7 **CEO:** We are researching a hospitalist service that provides night and weekend coverage with tele-hospitalists. Extensive conversation and discussion will take place with our current hospitalists as we continue to research.

Our trip to New Hampshire to meet with a group of CAH leaders was two weeks ago. The group formed a system of CAH's to help cut down costs but in turn showed a massive growth in services, resources and volumes. Essentially, they saw a share of fixed costs across the system to help profitability for the hospitals in the system. And were able to share services across the system that provided growth to each individual hospital. The system has a board made up of one member from the individual hospital boards. And there are executives that manage the system that include CEO, CFO, CIO, Director of Quality, and Marketing. The system levels approve policies and procedures, accreditation and the like and then it would be broadcasted across the system's hospitals. This system structure is a possibility for some of the surrounding facilities and MMHD. MMHD will continue to research this. And we continue to connect with MVHC about making our efforts more collaborative than in the recent past.

ELT will be re-engaging the signage project for electronic signs in FR and in Burney. This allows us multiple means of communication both for our community like alerts and marketing opportunities for our services and providers.

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**9 OTHER INFORMATION/ANNOUNCEMENTS**

- 9.1 Board Member Message: Employee of the Month, Golf Tournament, CNA classes on Aug. 7, ACHD Certification, Sep. 27<sup>th</sup> Open House, Fair Booth, check out the commercial

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**10 MOVE INTO CLOSED SESSION: 3:33 PM**

- 10.1 **Med Staff Credentials – Govt Code 54962**

**Approved by  
All**

**Staff Status Change**

1. Chen Zhao, MD (UCD) to Inactive
2. Desiree Levyim, MD to Inactive

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**AHP Appointment**

1. George Winter, FNP – Emergency

**Medical Staff Appointment**

1. Zachary Franks, DO – Radiology
2. Yelena Usmanova, MD (T2U) – Neurology

**Medical Staff Reappointment**

1. Sheela Toprani, MD (UCD)
2. Mustafa Ansari, MD (UCD)
3. Sean Pitman, MD – Pathology
4. Richard Leach, MD – Emergency
5. Mark Ramus, MD – Pathology
6. Aaron Babb, MD – (MVHC) Family Med.

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**ADJOURNMENT: 4:00 PM**

**Next Meeting August 30, 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 Healthcare District

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Board Member

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Board Clerk



**RESOLUTION NO. 2023-12**

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

**Katie Young**

**As July 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, Katie Young is hereby named Mayers Memorial Healthcare District Employee of the Month for July 2023; and

**DULY PASSED AND ADOPTED** this 30<sup>th</sup> day of August 2023 by the Board of Trustees of Mayers Memorial Healthcare District by the following vote:

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

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

ATTEST:

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Jessica DeCoito  
Clerk of the Board of Directors



# Growth Pillar



**Name:** Lindsey Crum  
**Supervisor:** Keith Earnest  
**Department:** Hospice

**Last Updated:** 08/21/2023

FY24							
Priority:	Weight	Bonus Amount	Specific Plan & Estimated Completion Date	Driver	Current Actions	% Complete By FY End	Bonus Amount Awarded
1. Start a pet therapy program for Hospice patients ran by Hospice staff and volunteers			Start a Therapy dog Program with certified dog by end of the year	Lindsey Crum	Currently in contact with Alliance of Therapy Dogs to begin the process of starting a therapy dog program.		
					08/18/2023 Packets received from ATD		

**Priority Ideas for Next Year**

For Completion at Beginning of Fiscal Year		
_____	_____	_____
Name	Signature	Date
_____	_____	_____
Supervisor	Signature	Date
_____	_____	_____
Executive Leader	Signature	Date

CEO Approval at End of Fiscal Year		
Christopher R Bjornberg	_____	_____
CEO	Signature	Date





# Finance Pillar

**Name:** Lindsey Crum  
**Supervisor:** Keith Earnest  
**Department:** Hospice

**Last Updated:** 08/21/2023

FY24 (July 1, 2023 - June 30, 2024)							
Priority:	Weight	Bonus Amount	Specific Plan & Estimated Completion Date	Driver	Current Actions	% Complete By FY End	Bonus Amount Awarded
1. Create Medicare Advantage admission form process to be used prior to admission into Hospice			Work with Danielle Olsen on a medicare Advantage form used for processing	Lindsey Crum	In communication with Danielle about a form		
Priority Ideas for Next Year							

For Completion at Beginning of Fiscal Year		
_____ Name	_____ Signature	_____ Date
_____ Supervisor	_____ Signature	_____ Date
_____ Executive Leader	_____ Signature	_____ Date

CEO Approval at End of Fiscal Year		
Christopher R Bjornberg _____ CEO	_____ Signature	_____ Date



**Report to the MMHD Board  
August 2023 Regular Board Meeting**

The last quarter has gone by fast. We have been busy and productive working on the many projects of MHF.

**Financial Reports:**

- Financially, MHF is in a good position. We currently have strong investments in Edward B. Jones and healthy unrestricted and restricted fund accounts. The Hospice account is supplemented monthly through Thrift Store revenues, which allows MHF to support the efforts of Mayers Intermountain Hospice. Because of a good financial position, we look forward to offering increased department grant awards this year. We should also be close to completion of our taxes. DH Scott has had all of the information for a while now and the deadline is November 15<sup>th</sup>.

**Events:**

- **MHF “On the Green”** – Golf Tournament was August 12, 2023. The event went very well. We have had a lot of positive feedback. This was the first time for many of us to organize this event. With that said, we are very pleased with the outcome. We were able to increase our sponsorship dollars, which made up for there being a few less golfers. We had many great donated raffle prizes, amazing volunteers and support from staff. Overall, it looks like we will be netting around \$25,000.00. As per policy, 75% of the net will go towards the designated project, which is the MMHD Ambulance service. Thank you all who participated and helped. We have made many notes for things to improve upon for next year and look forward to hearing your suggestions. A special thank you to Michele King and Rowan Dietle for all their efforts.
- **NSGT** – November 28, 2023
- **Denim & Diamonds Hospice Winter Gala** – January 27, 2024

**Thrift Store Update:** A big kudos to the volunteers at the Thrift Store. They were able to staff the store for two full weeks while our staff member was out due to an accident. We are very fortunate to have such dedicated volunteers.

We have established several goals for the thrift store this year including increasing volunteer levels, organizing, and processing inventory and establishing an effective inventory control process and finally a financial goal for the fiscal year.

**Staff:** Due to unforeseen circumstances, we had a couple of staff members off during the last month. We are getting back to normal schedules. This was a great example of everyone, including volunteers and other MMHD staff, jumping in and helping where needed. We have great people supporting MHF.

There have been some goals assigned to staff which will help to build the foundation. We will be providing reports quarterly on these goals.

**Volunteers:** We have been doing a lot of marketing around “volunteers”. This has yielded about 5 new applications which are being processed and hopefully we can get them in place very soon. Thank you to Shay Herndon for completing all of the compliance tasks.

We will be planning a volunteer thank you event for November.

**Awards and Scholarships:** Most all of the scholarship checks have been mailed after receiving proof of registration. MHF awarded \$7000 in scholarships to local students pursuing a career in healthcare.

Department Award Grant applications were received. There were 13 applications received. The finance committee met on August 21, 2023, and will provide a recommendation to the full board on September 18<sup>th</sup>. The quality of the applications was exceptional.

**MHF Committee Updates:**

Finance Committee met August 21, 2023, to review Department Award Grants

**Other News:** We will be participating with MMHD at the Inter-Mountain Fair August 31 – September 4. Thank you to those who have signed up to help. This will be a fun event.

Congratulations Laura Beyer and family on the birth of their daughter Ruth Christine Beyer. (And Laura continues to work supporting the needs of MHF – Thank you!)

We are planning on putting out an “Annual Appeal” again this year. So, we will be starting to work on content.

**NEXT INPERSON BOARD MEETING: September 18, 2023 – Fall River Mayers Campus Board Room or Zoom – 4:00 – 5:00 p.m.**



# Quality Service Pillar



**Name:** Britany Hammons LVN II, ADON  
**Supervisor:** Theresa Overton RN, CNO  
**Department:** Skilled Nursing Facility

**Last Updated:** 8/21/23

FY24 (July 1, 2023 - June 30, 2024)							
Priority 1:	Weight	Bonus Amount	Specific Plan & Estimated Completion Date	Driver	Current Actions	% Complete By FY End	Bonus Amount Awarded
1) Establish staff competence on mechanical lifts. Educate a minimum of 80% of staff initially. Competency training is completed annually by all staff. Facility alignment with Beta Safe Patient Handling certification.			Update lifts at each station so they are the same at both sites and functioning properly. Establish competency training. Educate Staff. Completed by June 2024.	Britany			
				Britany	5/17/23 - Meeting with Travis Lakey regarding include updated lift equipment in SNF Budget.		
				Britany/ Theresa	6/28/23 - Sent CNO email with intended priorities for FY24'. Received email confirmation back with approval to proceed with intended priorities.		

				Britany/ James/ Steve	7/10/23 - Spoke with the maintenance team. Discussed the need for updated mechanical lift equipment. The maintenance team stressed the importance of having standard equipment across the stations with one vendor to service equipment when needed. The maintenance team also highlighted the benefit of the replacement parts being easier to find as well as charging stations and batteries being universal when ordering through the same vendor. Utilizing Hillrom as our main vendor was suggested as they supply the facility with other equipment and have presented little to no problems when assistance is required.
				Britany/ Moriah	7/10/23 -Spoke with Acute/ED Director regarding lift equipment and needs. Communicated maintenance team concerns and suggestions.

			Britany/ Crystal/ Cristi	7/13/23 - Reviewed the number of lifts at each station and the number of residents requiring lift assistance.
			Britany	7/17/23 - Printed brochures from the Hillrom site. Reviewed available equipment.
			Britany/ Tanya	7/19/23 - Received an email from RNA regarding the need for new lift equipment. Notified of unsafe sit-to-stand lift. A ticket was sent to maintenance requesting repair. The lift was removed from service due to safety issues pending repair. Replacement lift sent from Burney to Fall River.
			Britany/ Rachel/ Val	7/25/23 - MHF Department Awards Application filled out. Email sent to Purchasing Manager requesting mechanical lift quote from Hillrom.
			Britany/ Rachel/ Val	7/26/23 - Quote received. MHF Department Awards Application sent to MHF Grants and Awards Manager.

			Britany/ Steve/ Cherie/ Megan	7/26/23 - Lift unable to be repaired. Followed up with CNA staff regarding lifts. Notified by CNA staff lift sent from Burney is unable to be utilized due to the inability to fit safely through bathroom doors without injuring residents. Staff working with one less lift increasing resident wait times.
			Britany/ Theresa	7/27/23 - Requisition sent to CNO for approval signature due to immediate need for lift replacement.
			Britany/ Theresa	8/2/23 - Follow-up email sent regarding approval signature for lift purchase.
			Britany/ Dana	8/3/23 - Received an email from Safety Officer regarding the Safe Patient Handling project. SPH is scheduled to recompense on 8/24/23.

				Britany/ Theresa/ Val/ Laura	8/8/23 - Approval signature obtained. Requisition sent to Assistant Buyer. Clarified with MHF Grants and Awards Manager regarding the department award request and what lift was most needed.		
				Britany/ Val	8/9/23 - Received confirmation email that the requisition was received. Assistant Buyer		
				Britany/ Brigid	8/21/23 - Spoke with the Director of Staff Development regarding initial and continuing education on mechanical lift competency training.		
<b>Priority 2:</b>	<b>Weight</b>	<b>Bonus Amount</b>	<b>Specific Plan &amp; Estimated Completion Date</b>	<b>Driver</b>	<b>Current Actions</b>	<b>% Complete By FY End</b>	<b>Bonus Amount Awarded</b>
<b>2) Initiate 14-day Physical Therapy resident evaluation. Establish a 3-month baseline. Maintain a success rate of 80% or higher.</b>			Work with PT to develop standard work. Educate staff. Establish baseline. Completed by June 2024.	Britany			
			Schedule meeting with PT Manager.	Britany/ Theresa B.	7/17/23 - Met with PCC Manager to discuss available options for evaluation format in PCC. Options received.		



**Priority Ideas for Next Year**


**For Completion at Beginning of Fiscal Year**

Britany Hammons		
Name	Signature	Date
Supervisor		
Theresa Overton	Signature	Date
Executive Leader	Signature	Date

**CEO Approval at End of Fiscal Year**

Christopher R Bjornberg	Signature	Date
CEO	Signature	Date



# Growth Pillar



**Name:** Britany Hammons LVN II, ADON  
**Supervisor:** Theresa Overton RN, CNO  
**Department:** Skilled Nursing Facility

**Last Updated:** 6/29/23

FY24							
Priority 3:	Weight	Bonus Amount	Specific Plan & Estimated Completion Date	Driver	Current Actions	% Complete By FY End	Bonus Amount Awarded
3) Establish new resident mobility assessment tool to align with ACHC guidelines. Educate 80% of staff initially. Competency training is completed annually by all staff.			Research ACHC guidelines. Develop mobility assessment tool. Develop competency training. Educate staff. Complete by June 2024.	Britany			
			Research ACHC guidelines.	Britany			
<b>Priority Ideas for Next Year</b>							

For Completion at Beginning of Fiscal Year		
Britany Hammons	_____	_____
Name	Signature	Date
Supervisor	_____	_____
Theresa Overton	_____	_____
Executive Leader	Signature	Date

CEO Approval at End of Fiscal Year		
Christopher R Bjornberg	_____	_____
CEO	Signature	Date

# SNF BOARD REPORT

August 2023

## SNF Update

- The current census is at 80 - Fall River is 33 and Burney 47.
- We have 2 open female beds in Burney and 3 female and 2 male beds available in Fall River.
- Burney is at green status. Fall River is yellow due to currently experiencing a COVID outbreak. At this point, 13 residents are positive in Fall River. Our team is working diligently to mitigate this outbreak.
- We have one facility self-report pending CDPH review. Previous self-reports have been cleared without deficiencies.
- The search for a SNF DON continues.
- We have 6 CNA students enrolled in our CNA class that will end September 19<sup>th</sup>. We have 2 unit assistants working on the floor who will be added to the next CNA class.
- Currently in Fall River we have 4 CNA vacancies and 7 Nurse vacancies. In Burney we have 7 CNA vacancies and 8 Nurse vacancies. With these additional staff members, we would have a fully covered schedule with no overtime.
- We have reached out to our CNA staff regarding interest in attending an in-house VN (Vocational Nurse) program. At this point we have 7 that have responded with interest, 4 of which have already completed their prerequisite classes.
- At present, Registry Staffing Agencies are meeting our staffing needs.
- The Burney Fire Alarm Panel is being replaced. SNF staff is supporting our Maintenance Team with fire watch during replacement.

## SNF 2024 Priorities

- Establish staff competence on mechanical lifts. Educate a minimum of 80% of staff initially. Competency training is completed annually by all staff. Facility alignment with Beta Safe Patient Handling certification.
  - Identified priority lift equipment needs.
  - Sent in grant request for two sit-to-stand and two full-body mechanical lifts.
  - Sent requisition request for immediate sit-to-stand replacement lift due to lift being unsafe to operate.
- Initiate 14-day Physical Therapy resident evaluation. Establish a 3-month baseline. Maintain a success rate of 80% or higher.
  - Met with PCC manager to discuss available options for evaluation format in PCC.
  - Forms under review.
- Establish a new resident mobility assessment tool to align with ACHC guidelines. Educate 80% of staff initially. Competency training is completed annually by all staff.

- Gathering information on ACHC guidelines.

### **SNF Activities Update**

- Several staff members have volunteered to assist our activities staff with taking our residents to the fair this year.
- Residents are requesting more pet visits. RX Pets contacted and are interested in visiting our facilities to see if they can meet our residents' needs.
- Fall River Joint Unified School District contacted about a live music activity. High School is gathering a list of interested students and will follow-up with scheduling dates.
- Struggling to gain Church involvement regularly in Fall River. Activities staff reaching out to local Churches requesting scheduled services at both sites.
- The Activities Department continues to be fully staffed on the floor as well as with a Van Driver and Hairdresser.

### **Other SNF Projects**

- Beta Safe Patient Handling
  - Last year we had 1-2 meetings weekly with associated tasks and due dates within 2-4 weeks of meetings.
  - The project was put on hold last year. We will be picking it back up on August 24<sup>th</sup>.
- Department clean-up/ reorganization
  - Activities Director tasked with reorganizing activities space. Removing any items that are taking up space and not being utilized.
  - Nursing/ CNA staff reorganized/ relabeled procedure room and linen storage area disposing of any expired or unnecessary items.
  - Maintenance team working on removing wood shelving in linen room and replacing with metal carts.
- Cerner
  - Pending start date.

## Surgery Report May-August 2023

- Cerner: Weekly meetings with Jacob Snider for Surgery build. General Surgery, Endoscopy, and Orthopedic Order Sets. Crosswalk charges. Preference Card build and maintenance. Surgery default times, equipment and supplies. Scheduling cases, Preop, Periop, and Pacu documentation. Cerner integration performed on anesthesia machines.
- Operating Rooms: All equipment had Preventative Maintenance performed in July. 2 Operating room suites organized, supplies that are outdated removed from stock.
- Sterile Processing Department: Preventative Maintenance performed on the 2 autoclave sterilizer and the Steris Machine.
- Training: Darlene Young and Leanne Melang attended training at MODOC Medical Center for Colonoscopies 3 days. Leanne trained in the sterile processing department for cleaning, wrapping of instruments and use of sterilizers
- Education: Leanne Melang assigned surgery training modules on Relias
- Policy and Procedures: Reviewed, edited, updated surgical policies. Created 4 new Policies to address the gap analysis on the prior survey. Sent to committee for approval
- FY24 Goals compiled and submitted
- Staffing: Hired General Surgeon and CRNA. Actively recruiting for a surgical/sterile processing technician.
- Preference Cards: Obtained surgeon preference cards and ordered supplies for cases
- Olympus: Representatives on site for colonoscopy training. Set up, troubleshooting and reprocessing of scopes
- Binder: Created binder with contact list of representatives for surgery equipment, dates of preventative maintenance, ordering supplies for next OR Manager
- Outdates: Monthly outdates performed on Crash cart and Malignant Hyperthermia cart



# Quality Service Pillar



Executive Leader: Ryan Harris  
 Director or Manager: Samantha Weidner  
 Department: Telemedicine

Last Updated: 8.3.2023

FY24 (July 1, 2023 - June 30, 2024)							
Priority:	Weight	Bonus Amount	Specific Plan & Estimated Completion Date	Driver	Current Actions	% Complete By FY End	Bonus Amount Awarded
Update all telemedicine policies and procedures to reflect Cerner workflows and ACHC formatting by FYE 24.			Inquire re: formatting ACHC formatting (Nov 2023)	Samantha	Emailed Jack Hathaway about updating policies and ACHC accreditation formatting.		
			Establish updated workflows for Telemed Program using Cerner (Jan 2024)	Samantha			
			Complete updated Policies and Procedures for Telemed Program (June 2024)	Samantha	Aquired access to MCN to beable to work on and update Policies and Procedures.		
Priority Ideas for Next Year							

**For Completion at Beginning of Fiscal Year**

_____	_____	_____
Name	Signature	Date
_____	_____	_____
Supervisor	Signature	Date
_____	_____	_____
Executive Leader	Signature	Date

**CEO Approval at End of Fiscal Year**

Christopher R Bjornberg	_____	_____
CEO	Signature	Date



# Growth Pillar



Executive Leader: Ryan Harris  
 Director or Manager: Samantha Weidner  
 Department: Telemedicine

Last Updated: 7.6.2023

FY24 (July 1, 2023 - June 30, 2024)							
Priority:	Weight	Bonus Amount	Specific Plan & Estimated Completion Date	Driver	Current Actions	% Complete By FY End	Bonus Amount Awarded
Increase telemedicine appointments by 5% year over year by FYE24			Continue to increase community awareness of program (mult events 2023-2024)	Samantha			
			Provide email reminders and updates to primary care providers to keep them up to date on current offerings available (all year)	Samantha			
			Meet with Dr. Saborido (Med. Dir.) to discuss community needs and areas expansion can support (bimonthly)	Samantha			
Priority Ideas for Next Year							

**For Completion at Beginning of Fiscal Year**

_____ Name	_____ Signature	_____ Date
_____ Supervisor	_____ Signature	_____ Date
_____ Executive Leader	_____ Signature	_____ Date

**CEO Approval at End of Fiscal Year**

Christopher R Bjornberg CEO	_____ Signature	_____ Date
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# Communication Pillar

Executive Leader: Ryan Harris  
Director or Manager: Samantha Weidner  
Department: Telemedicine

Last Updated: 7.6.2023

FY24 (July 1, 2023 - June 30, 2024)							
Priority:	Weight	Bonus Amount	Specific Plan & Estimated Completion Date	Driver	Current Actions	% Complete By FY End	Bonus Amount Awarded
Participate in 1 quarterly and 2 monthly community events as outlined in the community event calendar by FYE24.			Update outside resources (est completion: Sept 1, 2023)	Amanda	Met with Val Lakey to update Telemed portion of Mayers website and flyers for clinic rooms with current providers. Brochure to be updated as well.		
			Check in with Val about upcoming events to attend that apply to Telemed.	Samantha	Emailed Val regarding what upcoming events that would tie into Telemed. (August 2023)		
			Prep materials and participate in events. (Spring 2024)	Samantha			
<b>Priority Ideas for Next Year</b>							

**For Completion at Beginning of Fiscal Year**

_____	_____	_____
Name	Signature	Date
_____	_____	_____
Supervisor	Signature	Date
_____	_____	_____
Executive Leader	Signature	Date

**CEO Approval at End of Fiscal Year**

_____	_____	_____
Christopher R Bjornberg	Signature	Date
CEO		



Chief Executive Officer  
Chris Bjornberg



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

Board of Directors  
**Quality Committee**  
Minutes

August 16, 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	<b>CALL MEETING TO ORDER:</b> Board Chair Tom Guyn, M.D. called the meeting to order at 1:09 pm on the above date.		
	<b>BOARD MEMBERS PRESENT:</b>	<b>STAFF PRESENT:</b>	
	Tom Guyn, MD., Secretary Les Cufaude, Director	Chris Bjornberg, CEO Jack Hathaway, Director of Quality Jessica DeCoito, Board Clerk	
	<b>Excused ABSENT:</b>		
2	<b>CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>		
	None		
3	<b>APPROVAL OF MINUTES</b>		
	3.1	A motion/second carried; committee members accepted the minutes of July 19, 2023.	<i>Bjornberg, Cufaude</i> <b>Approved by All</b>
4	<b>Hospital Quality Committee Report:</b> submitted a written report. “No Reports” mean that a report wasn’t submitted this meeting occurrence. The expectation is to submit the report monthly until trends are established and a change in frequency is discussed with Director of Quality. E Coli – found some traces of CDIF and E Coli in the water when the E Coli event occurred. Total numbers for MMHD cases related to E Coli was 6 but that is just what was seen by MMHD, not in the community.		
5	<b>Director of Quality Report</b>		
	5.1	DHCS QIP audit has begun. Audit is being run by the health advisory group. Things are going very well with a few corrections to be made. We are creating a patient level data file with a completion date of Friday. A real audit summary is scheduled for September 11 <sup>th</sup> . Lots of opportunity for future years.  83% in ER meeting all necessary transfer information – uptick from last numbers reported.	
6	<b>OTHER INFORMATION/ANNOUNCEMENTS:</b> none		
7	<b>ADJOURNMENT:</b> at 1:25 pm Next Meeting is October 18, 2023 at 1:00 pm		

**MAYERS MEMORIAL HEALTHCARE DISTRICT****POLICY****BOARD MEETINGS - LOCATION, TIME, DATE, AND QUORUM**

Page 1 of 2

**PURPOSE:**

**Regular Meetings:** Meetings of the Board of Directors, Whether regular, special or adjourned, shall be open to the public, except as otherwise permitted by law. All District Board meetings will be held in accordance with the Brown Act (Government Code Section 54950 *et seq.*), Health and Safety Code Section 32106, and Health and Safety Code Section 32155.

The regular meetings of the district Board shall be held on the fourth Wednesday of each calendar month at 1:00 p.m. at the District's offices, located at 43563 State Hwy 299 E Fall River Mills, California or 20647 Commerce Way Burney, California. The Board of Directors may, from time to time, change the time or day of the month of such regular meetings as required by holiday schedules or changing circumstances.

**Special Meetings:** Special meetings of the Board of Directors may be called as provided by law by the President of the Board, or by three members of the District Board, as the occasion demands. Notice of the holding of any special meeting shall be delivered to each member of the Board of Directors not less than twenty-four hours before the meeting.

The call and notice of a special meeting shall specify the time and place of the special meeting, and the business to be transacted. No other business shall be considered at such meetings by the District Board. Written notice may be dispensed to any member who at or prior to the time the meeting convenes files a written waiver of notice, with the Secretary of the Board.

**Quorum:** A majority of the members of the Board of Directors shall constitute a quorum for the transaction of business.

**Adjournment:** The Board may adjourn any regular, adjourned regular, special, or adjourned special meeting to a time and place specified in the order of adjournment. Less than a quorum may so adjourn from time to time. If all members are absent from any regular or adjourned regular meeting, the Executive Director may declare the meeting adjourned to a stated time and place and he or she shall cause a written notice of the adjournment to be given in the same manner as provided in these policies for special meetings, unless such notice, is waived as provided for special meetings. A copy of the order or notice of adjournment shall be conspicuously posted on or near the door of the place where the regular, adjourned regular, special or adjourned special meeting was held within twenty-four hours after the time of adjournment.

When a regular or adjourned regular meeting is adjourned as provided in this section, the resulting adjourned meeting is a regular meeting for all purposes. When an order of adjournment of any meeting fails to state the hour at which the adjourned meeting is to be held, it shall be held at the hour specified by these policies for regular meetings.

**REFERENCES:**

Brown Act (Government Code Section 54950 *et seq.*)  
Health and Safety Code Section 32106  
Health and Safety Code Section 32155.

**COMMITTEE APPROVALS:**

BOD: 7/29/2020

## MAYERS MEMORIAL HEALTHCARE DISTRICT

### POLICY AND PROCEDURE

## CHARTING AND DOCUMENTATION FOR OUTPATIENT CLINIC(S)

Page 1 of 2

### **PURPOSE:**

The patient's clinical record is a concise account of treatment, care, response to care, signs, symptoms, progress of the patient's condition, and patient and family education. It is also necessary to include data needed for identification and communication with family and friends defined on patients "Authorization to Discuss" paperwork that must be filled out by patient or guardian. A history of the patient, present illness, and assessment is required at the time of appointments. The records of each appointment and communication with patient is important in the continuity of patient care in the outpatient/clinic setting.

The medical record is an important legal document. Some of the way that the medical record can be of use are:

1. To the patient – it provides a personal history if needed at a future date
2. To the hospital – it reflects treatment rendered in the outpatient setting prior to arrival in the hours, days, weeks, and months prior to admission
3. To the practitioners – may guide treatment with use and effects of drugs and therapies used in the past, as well as guide a plan of care
4. In legal defense – it serves as valid information
5. To the nurse/medical assistant – it provides a multidisciplinary record of the communication, immunizations, mental and physical state of the patient.

### **PROCEDURE:**

#### **Front Desk:**

Patient communication (e.g. phone, walk in, or family, etc.) will be documented within the patient chart within 1 hour of conversation. Communication will then be routed to appropriate resource(s) provider that rendered care, PCP, MA, referrals, etc..

#### **Nursing/ Medical Assistants:**

Responsible for documentation of patient communication with phone calls, walk-ins, pharmacy (as appropriate) and any form of patient communication and interaction that takes place. The documentation may be signed off by individual or may be escalated to provider or manager pending nature of interaction.

Also responsible for documentation of administration of vaccines and medications given to a patient and documentation of route of administration, time, location, lot, and NDC of medication.

Responsible for reporting testing and submitting results to appropriate agency (e.g. county, state, etc.).

**Providers (MD, DO, PA, NP):**

Responsible for documenting all encounters with patients. This includes chart notes, phone calls, and/or any interaction with a patient or family regarding a patient's health care and/or health status.

Chart notes are to be completed and signed within 5 business days of patient appointment. Provider(s) will be suspended if there is 1 open chart on day 15 and will remain suspended until notes are completed and signed. The provider will not be allowed to return to work until all chart notes are completed. If after 14 days of being suspended there are still open charts the provider's contract may be terminated for cause. Furthermore, all chart notes must be completed prior to going on any vacation, PTO, or time out of the office that is more than or equal to 5 days in length.

**REFERENCES:**

Mayers Memorial Hospital By-laws (viewed: 06/01/2023)

Mayers Memorial Hospital District Policy and Procedure Charting and Documentation Acute (viewed: 06/01/2023)

**COMMITTEE APPROVALS:**

MEC: 6/27/2023

P&P: 8/9/2023

BOD:

# MAYERS MEMORIAL HEALTHCARE DISTRICT

## POLICY AND PROCEDURE

### CLINIC APPOINTMENT NO-SHOW/LATE CANCEL POLICY

Page 1 of 3

#### **PURPOSE:**

The purpose of this policy is to provide a mechanism for appropriately managing the clinic patient that fails to utilize assigned appointment times without sufficient notice at Mayers Rural Health Center (Clinic).

The policy of the Clinic is that if a patient is unable to keep his/her appointment, he/she/they are required to cancel/reschedule the appointment with appropriate prior notice.

#### **PROCEDURE:**

The failure of a patient to present for his/her scheduled appointment is considered a “No Show” or failure to cancel his/her appointment without a 2-hour notice is considered a “Late Cancel” for purposes of this policy. Exceptions will be evaluated on a case-by-case basis.

To assist the patient in keeping appointments, the Clinic’s computer system EPIC completes automated patient reminder phone calls/text messages the day prior to all scheduled visits. This system allows patient to confirm/cancel/request reschedule of their upcoming appointment.. Additionally, EPIC will send an automated phone/text message reminder the morning of their appointment to any patient who has a cell phone number on file.

After each No-Show appointment patients receive an automated message informing them that they missed an appointment that is important to us and to call us if they would like to reschedule.

#### **No Show/Late Cancel Establishment of Care Appointments**

- 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> No-Show/Late Cancel
  - Patient offered the opportunity to reschedule by scheduler and made aware that they will not be able to reschedule again if they miss their newly scheduled appointment. Notification of this will be placed in a telephone encounter.

- 4th No-Show/ Late Cancel
  - Patient receives a letter from the Clinic’s Manager reminding them of the importance to attend their appointments and that continued no-shows/late cancels could result in dismissal from the practice of the Clinic.
  
- 5<sup>th</sup> No-Show/Late Cancel
  - Patient will not be allowed to schedule any more appointments and will be instructed to establish care elsewhere.
  - Alert will be placed in this patients account stating not to schedule patient.

#### **No Show/Late Cancel Non-Establishment of Care Appointments**

- 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> No-Show/Late Cancel
  - Patient offered the opportunity to reschedule by scheduler.
  
- 5<sup>th</sup> No-Show/Late Cancel
  - Patient receives a letter from the Clinic’s Manager reminding them of the importance to attend their appointments and that continued no-shows/late cancels could result in dismissal from the practice of the Clinic.
  - Partnership Health Plan (PHP) Members will be reported through PHP policy MP301 Assisting Providers with Missed appointments.
  
- 6<sup>th</sup> No-Show
  - The Clinic Manager and patient’s provider will review the patient’s history to determine appropriateness of dismissal. If dismissal is deemed appropriate, a letter will be sent via certified mail to the patient to inform patient of no-show/canceled appointments, indicating the potential of dismissal from the Clinic should they fail to keep future appointments or provide appropriate notification.
  - An alert will be placed in the patient’s electronic chart informing front office staff, upon scheduling any future appointments these patients will be notified of the risk for dismissal if they no-show/fail to provide appropriate notice of the cancellation of their new scheduled appointment. Documentation of this call will be placed in a telephone encounter.

- The provider will decide if patients are no longer able to schedule appointments but will be allowed to be a walk-in patient only and may have to wait for an opening to see their provider. If this is the case an alert will be placed on the patients account informing front office staff not to schedule this patient.
- 7<sup>th</sup> No-Show
  - The Clinic Manager will notify patient’s provider of additional no-show/canceled appointment. If the patient is not a PHP member, a letter will be sent via certified mail to the patient informing them of dismissal from the practice.
  - If the patient is a PHP patient, the clinic manager will submit Form #6 per PHP’s policy MP 316 to PHP prior to sending dismissal letter to the patient. Upon approval of request for discharge from PHP, the Clinic Manager will send a letter via certified mail to inform them of dismissal from the practice.

**COMMITTEE APPROVALS:**

P&P: 8/9/2023



**MAYERS MEMORIAL HEALTHCARE DISTRICT**

**2023 HHS POVERTY GUIDELINES**

<b>Persons in Family or Household</b>	<b>300% US Poverty Level</b>	<b>350% of US Poverty Level</b>	<b>400% of US Poverty Level</b>
	<b>80% Discount</b>	<b>60% Discount</b>	<b>40% Discount</b>
1	\$43,740	\$51,030	\$58,320
2	\$59,160	\$69,020	\$78,880
3	\$74,580	\$87,010	\$99,440
4	\$90,000	\$105,000	\$120,000
5	\$105,420	\$122,990	\$140,560
6	\$120,840	\$140,980	\$161,120
7	\$136,260	\$158,970	\$181,680
8	\$151,680	\$176,960	\$202,240
For each additional person, add	\$5140		

**To determine discount eligibility:**

1. Count the number of persons in your family/household
  - a. For persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, whether living at home or not
  - b. For persons under 18 years of age, parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative
2. Calculate the household income
3. Sliding across the row corresponding to the number of persons in your family/household above, stop in the first bucket that has an amount greater than the household income
4. At the top of that column, the % discount is displayed

Approvals: Chiefs: 7/24/2023

**HHS POVERTY GUIDELINES** MMH389

Attached to policy Discount Payment Policy Page 1 of 2

**MAYERS MEMORIAL HEALTHCARE DISTRICT**

**REPAYMENT SCHEDULE**

<b>TOTAL PT LIABILITIES</b>	<b>MAX REPAYMENT TERM</b>	<b>MIN MONTHLY PAYMENT</b>
\$50.00 OR LESS	IN FULL	IN FULL
\$ 51 - 100	2 months	\$40
\$ 101 - 300	3	\$55
\$ 301 - 600	6	\$75
\$ 601 - 1,000	9	\$100
\$ 1,001 - 3,000	12	\$150
\$ 3,001 - 6,000	15	\$250
\$ 6,000 AND OVER	18	\$350

**To determine repayment schedule parameters:**

1. Determine which row applies to your “TOTAL PT LIABILITIES” amount by putting the amount in the appropriate range above.
2. Sliding to the right, the repayment of the discounted Total Patient Liabilities must be performed within the corresponding parameters.
3. In the event the patient does not agree with the parameters set forth above, the Patient Financial Counselor will use the formula for a "Reasonable Payment Plan" described in subdivision (i) of Section 127400 of the California Health and Safety Code, and iterated below:
  - a. "Reasonable Payment Plan" means monthly payments shall not exceed 10 percent of the patient's family income for a month, excluding deductions for essential living expenses. "Essential living expenses" means, for purposes of this formula, expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.
  - b. In order to establish the monthly payment based on the "Reasonable Payment Plan," the patient shall provide an itemization and proof of essential living expenses and attach them to the Discount Payment/Charity Application.

Approvals: Chiefs: 7/24/2023

**HHS POVERTY GUIDELINES** MMH389

Attached to policy Discount Payment Policy Page 2 of 2

# MAYERS MEMORIAL HEALTHCARE DISTRICT

## POLICY AND PROCEDURE

### LABORATORY REPORTS

Page 1 of 3

#### **PURPOSE:**

To establish reporting and notification guidelines. It is the responsibility of the laboratory to ensure the accuracy and timely delivery of all results to the responsible healthcare provider. The Laboratory Manager and designated personnel are responsible for the timely preparation of monthly/periodic reports. The Laboratory Information System (LIS) provides a degree of effectiveness in the accomplishment of these tasks.

#### **POLICY:**

It is the policy of this department to ensure that all clinical laboratory scientists performing the test adheres to this policy to produce quality laboratory results at all times.

#### **PROCEDURE:**

1. Each patient report either contains the following patient and test/result information on the patient report, or the information can be found on the electronic report.
  - a. Patient: Name, MR Number, Account Number, Age, Sex, DOB and Location.
  - b. Admitting/ordering Physician and Admission Date.
  - c. Date and Time of: Order, Collection, Received and Resulted/Verified.
  - d. Test: Procedure, Order Number, Results and Reference Ranges.
  - e. Lab Staff Initials: Phlebotomist, Receiving Tech (CLS or MLT) and Resulting/Verifying Tech.
  - f. Comments (if any): Callback information, specimen comment (e.g., hemolyzed), and testing comments (e.g., verified by repeat testing).
2. Edited or Corrected Reports: Responsible RN and/or requesting physician notified. The edited report with a documented "Amended Report" heading is recorded electronically. Both results will become part of the patient's permanent record.
3. Results Review:
  - a. Each Lab Scientist is responsible for all tests that he/she performs. Test results are reviewed for completeness and accuracy before release. The LIS is designed to automatically send results to the EMR or Clinic upon verification.
  - b. The Laboratory Information System (LIS) automatically flags a result that is below (L) or above (H) the reference range. If the current result exceeds a

prescribed limit of variance from a previous result for the same patient and test, a flag may occur (Delta Check). "Panic" (or "Critical") results are flagged; Critical results must be called to the requesting physician, if he/she is not available, then the nurse in charge of the patient, or the Nurse Supervisor. Notification is documented in the LIS and/or on the original order as follows: **"Called to XXXX, and read back by Name of Receiving RN/MD", at (Time).**

- c. Up to 20% of test results are reviewed for completeness and accuracy within 24 hours by the Laboratory Manager or designee. Tests performed on weekends and holidays will be reviewed the next regular business day.
- d. Quality Control Results: The CLS is also responsible for quality control (QC) testing and review. Result is accepted/rejected according to the establish review guidelines. The CLS is responsible for individual or all departments that he/she works in. This means that they are responsible for Quality Control, accurate test results, and supplies. When an "Out-of-Control" situation exists, the responsible CLS must investigate and document the corrective actions in the "Lab Communication Log" and/or Action Log, and the LIS. He/she must also inform the Lab Manager if unable to resolve the QC problem. QC results and Levy-Jennings charts are reviewed weekly and at the end of the month. The Lab Manager and CLS review the documents (Real Time QC) and consult with each other if unable to resolve QC problems identified. He/she will document any corrective action taken in the department "Action Log".

**Billing Report:** Billing is processed automatically by the system, on Order. The lab does a check of at least 20% of all tests sent for billing, each day.

5. Turn-Around-Time (TAT):

- a. STAT Turn-Around-Time:  
The ability of the laboratory to report critical results immediately is essential to quality care and patient safety. Most laboratory analyzers have "random access" capability; STAT tests can always be processed ahead of lower priority testing. Turn-Around-Time for STAT testing is 1 hour (60 minutes) from specimen receipt in the lab to reporting.
- b. Routine Turn-Around-Time (TAT):  
Routine laboratory testing is performed throughout the day and evening shifts. The TAT for routine testing is 4 hours.
- c. Performance Monitoring:  
TAT for STAT and Routine testing is monitored monthly and the set performance expectation for both is 95%. The Laboratory Manager is responsible for data collection, analysis/investigation, and identification of opportunities for improvement.

- a. Reports: Monthly STAT and Routine TAT reports are generated from

the LIS.

- d. Other Reports: The following reports are generated from the LIS:
  - a. Critical Results Report: Monitored monthly for statistical purposes. All critical results must be called immediately (within 10 minutes) to the responsible nurse or requesting physician.
  - b. Blood Culture Contamination Report: Manually or electronically collected and reported monthly.
  - c. Blood Bank Report: Generated monthly from manual review of data.
  - d. Referred Tests Log: Generated daily for review of tests.
  - e. Outstanding Procedures (Pending) List: Each bench laboratory scientist must either print or pull up a pending list throughout their shift, and no later than 30 minutes before the end of shift.
- 6. Reference Ranges: Reviewed annually by the Laboratory Medical Director (May be delegated to Lab Admin Director). The current Reference Ranges are reflected in each report.

**REFERENCES:**

Paragon Information System

**COMMITTEE APPROVALS:**

P&P: 8/9/2023

# MAYERS MEMORIAL HEALTHCARE DISTRICT

## POLICY AND PROCEDURE

### MULTIPLE SPECIMEN COLLECTIONS

#### **PURPOSE:**

When multiple tubes are drawn during a single venipuncture, tubes without additives should be drawn before tubes with additives to avoid contamination.

The exception would be when blood is collected using a syringe. In that case, you must fill the tubes with anticoagulant first. The blood clotting process starts the second that blood is drawn into the syringe. The same order of collection for syringe draws, holds for finger and heel sticks.

#### **PROCEDURE:**

The following order of draw is required for venous vacutainer collections.:

- Blood Cultures
- Non-additive tube(s)
- Coagulation Tube(s)
- Additive tube(s)

The following order of draw is required for syringe, or heel and fingerstick collections.

- Additive Tube(s)
- Coagulation Tube(s)
- Non-Additive Tube(s)
- Blood Cultures

When more than one type of additive tube is used:

- Sodium Citrate (Light Blue)
- Clot Activator (Red)
- SST (Gold)
- Lithium Heparin (Light Green)
- Sodium Heparin (Dark Green)
- EDTA (Lavender, Pink)
- Sodium Fluoride (Gray)
- ACD Solution (Yellow)

#### **SPECIAL CONSIDERATIONS:**

Gently invert all tubes 5-10 times after filling.

Label immediately post-draw with the patients' label.

Do not draw SST for Blood Bank.

#### **REFERENCES:**

College of American Pathologists, So You're Going to Collect a Blood Specimen

<http://phlebotomycoach.com/resources/phlebotomy-order-of-draw>

Accessed 08/09/2023

#### **COMMITTEE APPROVALS:**

P&P: 8/9/2023

**MAYERS MEMORIAL HEALTHCARE DISTRICT**

**POLICY AND PROCEDURE**

**UNIDENTIFIED PATIENTS – (JANE OR JOHN DOE), ARM BANDS**

**PURPOSE:**

To ensure the accurate and quick turnaround of laboratory results. Further, to assure that laboratory personnel are functioning according to standards, and to assure that the correct specimen matches up with the correct patient.

To ensure that all laboratory personnel including registered nurses adhere to this policy to always produce quality laboratory performance.

**PROCEDURE:**

John or Jane Doe:

1. Locate correct "John or Jane Doe" identified by the arm band.
2. Ask the Nurse if this is the correct "John or Jane Doe" patient and record the Nurse's name.
3. Label ALL specimen tubes with information obtained from the arm band.
4. On all test requests use the ID (MR) number from the arm band, or the number given to you by the nurse.
5. Continue using this identification system until the patient receives the viable identification number, then go into the LIS and correct.

Arm Bands:

1. All patients must have a viable arm band before blood is collected. In emergencies, the nurse can identify the patient, but they must also initial the specimens. In a routine collection politely request that the nurse identify the patient and initial the request. Document the lack of an arm band in the Lab Communication Log.
2. Any blood bank arm band that is removed by anyone other than lab personnel will require that a new arm band be attached by the laboratory personnel, and that all blood bank workup will have to be repeated under the new arm band number.

**COMMITTEE APPROVALS:**

P&P: 8/9/2023

# **MAYERS MEMORIAL HEALTHCARE DISTRICT**

## **POLICY AND PROCEDURE**

### **URINE DRUG TESTING**

#### **PURPOSE:**

To ensure the integrity of the urine sample for drug testing is not compromised. Confirmation or sent out only if requested.

#### **POLICY:**

It is the policy of this department to ensure that all clinical phlebotomist and clinical laboratory scientists performing the procedure adheres to this policy to produce quality laboratory performance at all times.

#### **Materials Needed:**

1. LabCorp Single Specimen Collection Kit
2. LabCorp Drug Testing Custody and Control Form.

#### **PROCEDURE:**

1. Assure that the urine to be sent out for drug testing is preserved to assure viability.
2. Collector documents pertinent information on request.
3. On the Donor Name section the collector records the patient's name.
4. Collector verifies identification by checking patient name and number.
5. Reason for Test, the collector inputs "Confirmation, Pre-Employment, etc."
6. The Collector separates urine into acceptable container.
7. The specimen package is stored in the refrigerator until pick-up by courier.
8. Testing results are sent to ordering department.
9. The laboratory does not keep hard copies of the testing reports.

#### **REFERENCE:**

LabCorp Drug Testing Custody and Control Form, 2020

#### **COMMITTEE APPROVAL:**

P&P: 8/9/2023





## Operations Report August 2023

Statistics	July YTD FY24 <i>(current)</i>	July YTD FY23 <i>(prior)</i>	July Budget YTD FY24
Surgeries			
➤ Inpatient	0	0	TBD
➤ Outpatient	0	0	TBD
Procedures** ( <i>surgery suite</i> )	0	0	TBD
Inpatient	155	210	89
Emergency Room	382	449	417
Skilled Nursing Days	2422	2260	2330
OP Visits (OP/Lab/X-ray)	1217	1443	1101
Hospice Patient Days	88	198	161
PT	149	213	212

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

\*\*Procedures: include colonoscopies

**Human Resource**  
**August 2023 Board Report**

Submitting by Libby Mee – Chief Human Resource Officer

**Staffing and Recruitment**

*Surgery*

We are continuing our partnership with Modoc Medical Center to recruit a permanent, full time General Surgeon and CRNA. We have also rolled out our in-house Scrub Tech certification program and are building a list of interested applicants.

*EMS/REMSA Partnership*

As we will formally be keeping the Ambulance Department in house, we recently did an audit of the REMSA wage scale that was previously used to place newly hired staff. We did adjust wages and aligned the department with the current MMHD scale. The department is current staffed with 1 Supervisor, 2 full time and 3 per diem Paramedics, 2 full time and 7 per diem EMTs. We are still actively recruiting for 1 more full time Paramedic to round out the team.

*Licensed Vocational Nurse Program*

We are continuing logistical conversations with the Director of Health Sciences Operations and Outreach with Shasta College to implement an in house LVN program. Multiple options for the program are being discussed. At this time, we have 7 employees, that are currently working as CNAs, interested in obtaining LVN certification.

*H1B Visa/International Recruitment*

In efforts to fill our last full time Laboratory CLS position, we have been working with a company and immigration attorney to place an interested applicant from the Philippines.

*Retention Incentive Plan*

We have successfully rolled out the employee Retention Incentive Plan to eligible staff. The plan will pay a bonus of \$10,000, \$7,000 or \$4,000 to applicable staff, depending on certification or licensure, annually during their month of hire.

*Tuition Assistance Program*

Next, we will be rolling out our newly approved Tuition Assistance Program. The purpose of this program is to establish the guidelines and parameters under which employees may receive assistance or reimbursement for tuition for approved colleges, universities, community colleges, professional organizations, correspondence schools, or institutions for higher learning leading to certifications and/or degrees in a healthcare related field. Additionally, the program provides the opportunity for MMHD employees to be competent within their present hospital position or to offer growth towards a hospital position to which the employee may transfer or progress in the future. MMHD will provide financial assistance, up to \$5,000 per year, for total

contribution of \$15,000, to employees who have enrolled and completed courses that are directly related to current or future jobs at MMHD.

### *Career Fairs*

Members of the MMHD team attend the Vocational Nursing Career Fair at the Institute of Technology in Redding on August 16<sup>th</sup>. The fair consisted of 24 students that will complete the program soon. MMHD has received 9 resumes from interested students.

Members of the team are also registered and scheduled to attend the below:

- Smart Center Job Fair at Simpson University in Redding on October 3
- Burney High School Career Fair in Burney on October 6
- Colledge of the Siskiyou in Weed on October 17
- Oregon Tech in Klamath Falls on October 20
- Chico State University in Chico on October 25

### **Employee Health and Wellness**

#### *Employee Safety and Wellness Initiatives*

We have established the primary committee that will be responsible for building and implementing this program. The team met with our BETA representative and have asked tasks list and are aiming for implementation and validation in the Spring of 2024.

We are in the final stages of selecting a program that would provide additional Mental Health support to our employee benefit package. We are hopeful that we will be able to roll out the program and resources to staff in October for Mental Health month.

#### *Work Related injury and Illness*

For 2023, we have had 4 reportable claims resulting in 23 days away from work. There have seen 9 first aide injuries resulting in 1 day away from work.

There has been a recent increase in COVID cases, with employees having to miss work due to exposures. With the sunsetting of the COVID Supplemental Hours, if an employee claims the exposure is work related, MMHD will report the incident to BETA and may be liable for lost time.

#### Conferences

- BETA Annual Member Symposium September 21<sup>st</sup> & 22<sup>nd</sup>
- Trusted Leader Summit November 7<sup>th</sup>, 8<sup>th</sup> & 9<sup>th</sup>



# EMPLOYEE STATISTICS

AS OF AUGUST 24 2023

**292**

Total employees

**15**

Open Requisitions

**34**

Available Positions

**PAYCOM:**

**15**

Active Applications

**RECRUITING AGENCIES:**

**3**

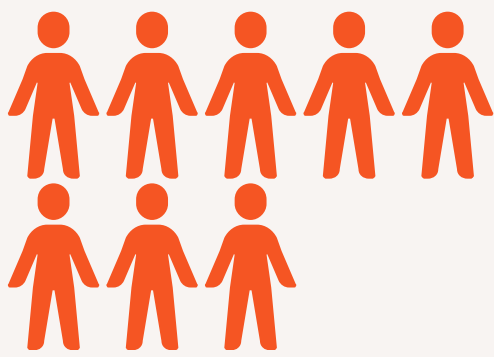
Active applications



**RETENTION VS. LOSS**

**4**

People hired/rehired total Aug 1-24th

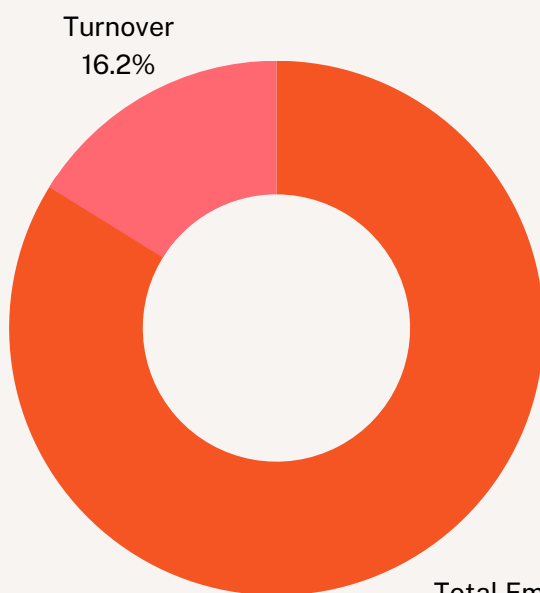


**8**

people terminated their employment Aug 1-24th (4 were temp/summer interns)

**2023 HIRED VS. TERMED**

59 employees hired & 55 termed for a total of 343 employees



Total Employees 343 83.8%



**Bolded** = Actively Recruiting

\*= Top Priority

**Positions:**

**# available:**

---

Admitting Clerk

1

---

**Clinical Lab Scientist**

1 FT, PER DIEM

---

**\*Director of Skilled Nursing**

1

---

Emergency Dept Medical  
Director

1

---

**\*Emergency Dept  
Supervisor**

1

---

**Med/Surg Acute Charge  
Nurse**

1

---

**\*Pharmacist**

1

---

**\*Retail Pharmacist**

1

---

Rural Healthcare EMT

PER DIEM

---

Rural Healthcare Paramedic

1 FT, PER DIEM

---

Skilled Nursing Facility  
Cosmetologist

1

---

**\*Skilled Nursing CNA**

10



***BOLDED***= *Actively Recruiting*  
***\****= *Top Priority*

**Positions:           # available:**

---

**\*Skilled Nursing RN**

3

---

**\*Skilled Nursing LVN**

11

---

Skilled Nursing Unit  
Assistant

OPEN FOR NEXT ROUND OF CNA  
CLASSES

**Chief Public Relations Officer – Valerie Lakey**  
**August 2023 Board Report**

**Legislation/Advocacy**

**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 expired on Aug. 9, 2023. The waiver will be reinstated as soon as the governor signs the bill. Good news here – we are just waiting for the Governor’s signature.

**AB 40** would require local emergency medical services (EMS) agencies, by March 1, 2024, to establish an ambulance patient offload time (APOT) standard of no more than 30 minutes 90% of the time. The bill would also require general acute care hospitals with an emergency department (ED) to develop, in consultation with their exclusive employee representatives, an APOT reduction protocol. Beginning July 1, 2024, when a general acute care hospital with an ED exceeds the local EMS standard for the preceding month, the hospital will be required to participate in weekly calls with its local EMS agency and EMS providers. The weekly calls would discuss the implementation of the APOT reduction protocol, among other requirements for EMSA.

Placed on the Senate Appropriations Committee suspense file on Aug. 14

**SB 525** was 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. Placed on the Assembly Appropriations Committee suspense file on Aug. 16

**Marketing/Public Relations/Communications**

We have been using a subscription to health and wellness content over the last year. The content is very educational and related to healthcare observances and monthly focuses. We plan to use this more extensively to promote and market the clinic and ancillary services of MMHD. We will also be able to use content for education for our staff, school projects and community events. The content is linked to our website. The content will be a part of a marketing plan for the year and be used on the website, social media, blog and in newsletters. Additionally, we are using the newsletter service to publish 4 quarterly newsletters which will include MMHD original content. The newsletter platform will help us to build our email marketing list through the healthy cookbook download. In the past, we have spent \$5000+ quarterly to publish and mail a newsletter. With this program, we will be able to send newsletters electronically and save thousands of dollars in printing and postage, all while gaining a farther reach.

The program is designed for messaging and education with topics around health and wellness. These all streamline with the messaging needs to promote the services of Mayers Memorial Healthcare District. Additionally, the program will contribute to the overall health of the community by providing educational resources in a variety of ways.

The impact will be more awareness and education about preventative health, wellness and ways to stay healthy. The district will benefit by providing messaging that promotes the need for regular check-ups, screenings, etc. The program is needed to support the great need for "information" and vetted content related to health and wellness. It is a great opportunity to get all of the content in one place and be able to use it in multiple platforms.

**Foundation – See separate Mayers Healthcare Foundation Report**

The Golf Tournament was a great success – thank you to all that helped in many ways.

**Gift Shop**

We continue to build the inventory at the Pharmacy Gift Shop. Local products are doing very well. We have developed a system which is not taking a lot of time. Feedback from customers is good, as they appreciate having a place to pick up gift items.

**Other**

It is Fair Time! We are excited to have a booth representing MMHD and MHF. We will be providing information on departments and services, working to build our email list and recruiting volunteers. The booth will have representatives from MMHD staff and both MMHD and MHF Board members. We will also be doing 2 sessions on Hands Only CPR.



***August Board Report  
Clinical Division  
8/22/2023***

We are in crunch time in the Cerner conversion. Every department is doing end user training and each department head is working on interfaces. For example: every lab machine has an interface, imaging has interface with PACS, pharmacy has an interface with Pyxis®. Each interface must be tested and validated before go live. Each department also has tested and validated at least 20% of charges on 12 different patient types. Everyone is very busy. My report this month will be brief, and I will touch on non-Cerner issues.

***Hospital Pharmacy***

- The new barrier isolator was scheduled for delivery on August 21 but was hung up in customs at the Canadian border. Travis Lakey, CFO, provided customs with the tax ID documents needed and it cleared customs. We have not received an anticipated delivery date, but the barrier isolator is in route. Once received the equipment will need to be certified before it can be put into use.
- The annual state board of pharmacy inspection took place August 9<sup>th</sup>. We will need to provide certification documentation on the new barrier isolator along with technique validation for staff.
- The pharmacy was cited by the Board of Pharmacy for furnishing controlled substances to ambulance services that do not have their own DEA licenses and that are not hospital based.
- The next elements of the Drug Supply Chain Security Act (DSCSA) go into effect in November. Each item received in the pharmacy will need to be scanned upon receipt and reported. The scanners are in place and site numbers have been obtained.
- 

***Respiratory Therapy / Laboratory***

- The quality control issues on the iSTAT® machine for ABGs were not able to be resolved. Abbot® was unable to repair/refurbish the machines due to their age. We are replacing the machine from Nova-Biomedical. The new machine will also add some redundancy to our chemistry analyzer.

***Imaging***

- Harold Swartz will start as imaging manager the last week in August.
- We are down an imaging tech and current staff is making the schedule work until the new manager starts.

***Cardiac Rehab***

- The updated Holter monitors are smaller, weigh less, and are easier to wear than the old monitors. The new Holter monitors interface with Cerner.

***Retail Pharmacy***

- Retail will also be implementing DSCSA procedures.
- Kristi Shultz, associate manager, negotiated with Mountain Valleys Health Centers to cover shipping for their 340B customers.

- Digital Pharmacist is an app that assists patients in managing their medication profiles and vaccinations. It notifies customers of services and promotions at the pharmacy. Patient engagement through the website will allow customers to self-service refill request and view refill histories on the website. This platform will help the pharmacy move into Medication Therapy Management which will help offset rising DIR fees.
- The pharmacy is going live with the VOW program the end of September. VOW is a phone system that allows customers to order refills over the phone by prescription number. Customers will be able to order refills via phone 24 hours and not just when the pharmacy is open. The refills directly appear in the pharmacy computer system.

## **NURSING SERVICES BOARD REPORT**

**Aug, 2023**

### **CNO Board Report**

- At time of this report, Burney Annex is on boil water advisory for E-Coli in the water system in Burney. Bottled water provided for drinking and bathing.
- 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.
- In conversation with HR to increase efforts for LVN staff recruitment for SNF. Currently at St. 2 there are no LVN FTE. Utilizing registry.
- Pending SOC 341 self-reports reviewed and cleared by CDPH. No reports pending review.
- Cerner build continues on the Acute side with Integration Testing-Phase 1. Phase 2 will include OPS.

### **SNF—SEE DEPARTMENT BOARD REPORT**

#### **Acute**

- July 2023 Dashboard
  - Acute ADC 1.71, LOS 4.82
  - Swingbed ADC 3.29, LOS 12.75
  - OBS: At time of report, data unavailable due to privilege issues
- July Staffing: Required 8 FTE RN/LVN's, 2 PTE RN's, 4 FTE CNA's & 2 FTE Ward Clerks
  - Utilizing 2 PTE NPH traveler
  - Open positions: 0

#### **Emergency Services**

- July 23 Dashboard
  - Total treated patients: 382
  - Inpatient Admits: 13
  - Transferred to higher level of care: 20
  - Pediatric patients: 49
  - AMA: 2
  - LWBS: 1
  - LPTT: 1
  - Present to ED vis EMS: 47
- July Staffing: Required 8 FTE RN, 2 PTE RN's, 2 FTE Tech's
  - Utilized 4 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 FTE RN & 1 FTE Supervisor
- Acute DON remains acting manager of unit until position is filled
  - Interim manager hired with anticipated start August 21<sup>st</sup>

### Ambulance Services

- Staffing- we are currently short 1 full-time EMT and 2 full-time Paramedics. We have now hired a full time EMT and 1 full time Paramedic, both will begin in September.
- Ambulance vehicles- We had one ambulance that required major air conditioning repair and that was done locally. That ambulance is back in service. We have 3 ambulances in total, one of which is stocked as a BLS unit only.
- Training of EMS staff- We have begun and will continue to provide medical training and in services to our staff, to include emergency vehicle operations, later this year.
- Policies and Procedures- Now that we are remaining as a Mayers operated ambulance service, we are looking at updating and implementing new policies and procedures specific to ambulance department and operations.
- Finally- All the EMS staff are happy and excited that we will remain a Mayers operated ambulance service. This has been expressed by other hospital departments as well. Mayers administration has been very supportive, and this has created a positive work environment for EMS staff.
- Ambulance Runs-- 41 ambulance runs for the month of July

### Outpatient Surgery

- Interim manager has worked hard on building up our program w/ significant policy revision and planning education at Modoc for current staff-Continued
- Planned re-open date October 16, 2023 – have notified all surrounding clinics to start receiving referrals.
- Internal Scrub Tech Training Program advertised to staff for the opportunity to go through
- 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).

### OPM

The Outpatient Census (*110 approx. a month*) Census is increasing. April was 136 patients and 158 procedures. May 114 patients and 129 procedures. June increased census to 184 patients, and 222 procedures.

### Clinical Education Report

- **TRAINING CALENDAR**--Some trainings have been cancelled due to competing space with Cerner trainings. The Inservice Training Calendar in the Relias platform is under revision and will be reflected on the informational monitors throughout the facilities, and

posted on the units this month when the Cerner team releases the McArthur Classroom. Meanwhile, some trainings have been held but the location has been changed ie BLS, ACLS, CNA orientation. BLS and CNA in-services will return to the classroom in September after the Cerner go-live.

- **Nurse Assistant Training Program (NATP)**--The NATP began a fifth session on Monday, August 7 and will end on September 19. There are five participants.
- **Spotlight Series Grand Round Lectures**--MMH hosted the 2nd Spotlight Series Grand Round Lectures by the American Heart Association (AHA) through its grant program. The topic “Hypertension Management” was presented on July 10
  - The speaker was MD, MA, FAHA, FACC, FHRS, Cardiac. Thanks to Moriah Padilla for being the contact person in my absence. Attendees are given 1 CEU
- **Credentia**--The testing proctor for this agency has requested that MMH host NATP testing for other programs in the Intermountain area. The first testing event will be on 8/19 for 6 students from Modoc County. We previously had a hosting relationship with the Mission College testing center. By working with the new center, we expect to be able to have testing for our NATP students returned to Burney. Our students have travelled to Redding for testing since Mission College opted out of the testing.
- **Mayers Foundation Grant Funds**--A request for grant funds for a Geri Auscultation Manikin was submitted on 7/31/23. This manikin will allow training on over 35 nursing a medica procedures. The training will allow student and practitioners to practice, attain and maintain clinical competency in medical and nursing assessments, treatments, and care. It will be useful in demonstration and validation of skills competency during training, orientation and annually.

Respectfully Submitted by Theresa Overton, CNO

## Chief Operating Officer Report

Prepared by: Ryan Harris, COO

### Facilities, Engineering, Other Construction Projects

- Criteria document work will begin in October to allow our clinical departments to focus on the Cerner implementation. These criteria documents will include phase one of the master planning project including, the RHC/Surgery center in Burney, new acute, radiology, pharmacy, purchasing, dietary, surgery, and IT in Fall River.
- Work began on August 21<sup>st</sup> on the Burney Fire alarm project. We are expecting a 6–8-week project timeline.
- During recent site visits by the Department of Health Care Access and Information (HCAI), two nonconforming conditions were identified. The first is a dietary mini split that does not meet code requirements. We have been notified by HCAI that we can permit the unit currently in use and correct the nonconforming conditions, permit a new mini split unit, and remove the existing or replace the unit with some other type of HVAC system. As the current unit does not have an OSHPD Special Seismic Certification Preapproval (OSP) leaving the existing unit is not a viable option. We have engaged with an Architect and mechanical and electrical engineers to provide a scope of replacing AC #10 which is currently out of service, AC #9 has failed several times in the long-term care dining room, the swamp cooler over the dietary space that does to heat or cool the space well enough and the nonconforming mini split unit.
- The second nonconforming condition identified by HCAI field staff is access control in the Burney Long Term Care. The delayed egress on the exterior doors of less than 2 seconds does not meet the current code for delayed egress. The hardware will need to be replaced with a new permitted project to correct these nonconforming conditions. During this project, we will tie our Fall River and Burney Access control together on one system.
- The public hearing notice has been posted for the MMHD solar project. However, it does not appear an agreed-upon contract will be ready for the August board meeting. We are still in contract negotiations with the contractor with the hope of having the contract ready for the public hearing at next month's board meeting. We will repost the public hearing with new dates once the parameters of the contract are agreed upon. At this time, being how late we are into the year we are looking at an April 2024 start to the project.
- We are waiting for two additional vendors to get bids back to us for the cable management project. This will be a small maintenance project but will require vendor expertise to complete. This issue was identified in our ACHC gap survey and will need to be addressed before accreditation.
- The Facilities, Infection Prevention, and Emergency Management departments have been working on their new ACHC binders, updating policies, and working through roadblocks to prepare for ACHC accreditation.
- Work continues on the design and permitting to replace casework in our dietary departments to provide a long-term solution to some of our survey citations.

- We are currently looking at options to meet AB2511 to ensure cooling at certain gathering points with emergency power. If approved this would greatly reduce the size of this project as the whole facility will not need to be on emergency power for cooling.
- The facilities and engineering department has been working with nursing, infection prevention, and emergency management to keep our residents as comfortable and safe as possible during the covid 19 occurrence in the Fall River Skilled Nursing Facility.
- Our emergency water rationing, and wastewater storage plan is due to HCAI on 1/1/24. John, Dana, and I attended a webinar on the requirements this month to better prepare to meet these regulations. We have also engaged with Aspen Street Architects to assist us with the development of our plan.
- Annual compliance reporting will start and the end of this year. We are currently working on signage showing the locations of each non-compliant building on our campus.
- We have also engaged with an electrical engineer for the relocation of the transformer outside of the Administration building.

## **IT**

- The Nutanix hardware has been deployed. Utilization is back down to the 53% range. We are beginning to upgrade the memory capacity of the Citrix Virtual Machines.
- OneContent's go-live was scheduled for August 15<sup>th</sup>. The process went pretty well with little disruption.
- We are preparing Hardware and software for Cerner go live, as well as continuing to work on interfaces. Our team successfully completed our User Management course which has already proven beneficial as we continue to reset passwords for our end users.

## **Food & Nutrition Services**

- We have a Registered Dietician (RD) interested in a position with MMHD to cover for our current RD when they are out. We are waiting for her to complete her onboarding requirements.
- The dietary department is continuing to work with maintenance on the Plan of Corrections from the survey with the casework being the focal point.
- Jen and Susan are working on receiving their SERV Safe Manager Certificate.

## **Environmental Services & Laundry**

- Soiled and damaged linen issues have decreased over the last month with still the occasional issue occurring. We will implement new color-coded bags for the departments to help us better identify where additional training is needed.
- Linen Helper software implementation is underway and will go live in September.
- The EVS department has been short-staffed for the last couple of months but with new hires coming on board in the next couple of weeks staffing will be back at appropriate levels.
- The EVS staff are being retrained on proper personal protective equipment (PPE) usage with the current covid occurrence in Fall River.

### **Rural Health Clinic**

- We have started to register patients in Cerner putting our Rural Health Clinic (RHC) ahead in their implementation. Cerner has been the major focal point for our clinic staff over the last month.
- The RHC-sponsored farmers market on September 22<sup>nd</sup> will include a walk-in sports physical day in our new mobile clinic. The farmers market will promote community wellness and our RHC services.
- The volumes for our mobile clinic provider have increased since its opening.

### **Employee Housing**

- Joey has established us as a certified farmers' market with Shasta County and the Department of Ag. The Pit River Lodge will be holding two RHC-sponsored Farmers Market Events on September 22<sup>nd</sup> and October 20<sup>th</sup>.
- It has been an eventful week at the lodge and its infrastructure. The first issue arose when the septic system stopped working causing a backup in the lines. We were able to unclog the system and replace 56' of the main sewer line to get the flow back. However, after testing the leach field, it is functioning at a reduced capacity and will need to be replaced in the near future.
- The second event occurred when the lodge ran out of water. We had potable water delivered to fill our storage tanks and a well and pump vendor was onsite on August 24<sup>th</sup> to diagnose the issue. Preliminary testing by our facilities team identified the main pump as being nonfunctional.

### **Telemedicine**

- The Telemedicine Program increased its outpatient numbers by 9% by the fiscal year-end compared to the fiscal year ending 2022.
- Rheumatology is in high demand with patients booked through mid-October. We only have one hour per week with Rheumatology due to high demand statewide.
- Talk therapy is going well with three hours per week booked with Ryan McNeel, LCSW.
- There will be a couple of changes to our telemedicine department over the next couple of months. Amanda Harris will be stepping away from the department late this year or early next year to pursue other opportunities as a licensed professional counselor. Samantha Weidner has been hired to take over the position upon Amanda's departure. During this time Samantha will be training her replacement at the front desk, training with Amanda, and covering MA duties while other staff is out on an extended leave of absence.



## CEO REPORT AUGUST 2023

Another busy month. We've officially brought the ambulance on as a Mayers Department, had the internet outages because someone really wanted copper, We had the last really big testing weeks for Cerner, had the Audit, set up a dates for surgery, we were finally approved for the National Health Services Corps, had the fire scare in Fall River, had a successful foundation golf tournament, and we finally received approval for in home nursing visits through the clinic. These are just a few highlights for this busy month. More detail below:

- We had the conversation with the ambulance team about being a part of Mayers and not moving to REMSA. It was also received very well. They did not have a problem with staying with us and had some questions about some changes they would like to see. Overall, it was very positive and having Gonzo has really helped with that. We are very lucky to have him.
- As you all are aware of the internet outages that we had here. Somebody cutting the line and trying to steal some fiber or copper from them and really made quite a mess for us for 2 days. One of the things that it also did was showed that the system that we had in place for redundancy was inadequate. The TPX group that we went with was unaware that the AT&T tower was running off the same fiber line. As a result, they are going to be switching over to a Verizon tower for the backup which of course works well for us here but not necessarily down in Burney. We have reached out to Starlink business to see about getting that on board so we can have that as a backup if this happens again. Overall, the response from the staff was very positive and we handled it well. We learned a lot from it, and I think it's going to make things better to move forward for our response plan in the future.
- Both Teresa and I were at The Summit for Rural Hospital Leadership last week. It was a great conference, and we found some information about being able to provide a Cath lab here at our hospital. This is something that we're going to investigate, and we'll potentially look at making it part of our strategic plan and goals for next year. I'm actually very excited about being able to potentially offer this service. There are a few other things going on in the background on the cardiac side that we're hoping works out as well as far as a provider. This just brings it all together. More to come on this.
- We met with Dr. Schepps this week and we were able to set a start date with him for surgery. Right now, it looks like October 16th is going to be the first day that Dr. Schepps sees patients. We have a CRNA that we're going to be able to work with and the last piece is the scrub tech. We are going to put that out there for our own team to be able to grow into that position as there is a program available for that but in the meantime, we're able to work with Modoc to help with coverage.
- Travis and I went to the DHLF meeting this Month. It was a little bit of doom and gloom. There's a site neutral Medicare policy that they're trying to put out that doesn't affect us as much as others because we're cost base, but it will affect us as far as our collections

are concerned. Essentially what Medicare is looking at doing is setting a set price for procedures and other things regardless of where they are performed. Obviously if we do a procedure in the hospital that cost more than it does to have it done in a clinic or an outpatient surgical center. What they're looking at is probably reimbursing the lower of all those costs. It's another way for them to try to save money, take it from Medicare, and put it somewhere else. Again, for us it's kind of an inconvenience more than anything but it is something we will have to deal with if it goes through.

The other issue we spoke about has to do with the \$25 an hour minimum wage for health care workers. There's not a lot of positive movement on this right now. In fact, CHA is very much treating this as if it's going to happen so we're trying to plan next steps from there. This is going to be a very interesting next couple months as this plays out.

The last thing that we learned from DHLF was all the big IGTs are going to converge at the same time next year. That means we'll have three IGTs out in February instead of being spread out. This is going to be potentially a 6 to 7 million dollar hit to our cash at that time. There are concerns for other organizations that don't have that kind of cash as well as the fact that many of them have a bridge loan that must be paid in March, and they won't have their money back from the IGT. It's going to be an interesting couple months there first part of 2024. I don't expect you to remember that until February of next year but hopefully you'll remember it when we speak about it so that won't be the first time you hear about it.

- We received word this month that our application for the National Health Service Corp for both the hospital and the clinic were approved. This was a lot of hard work on Travis's end to get everything in and in order and this time it worked out. That's going to open some doors for us as far as where we can post open positions as well as for some of the nurses and providers that will be able to bring on now. It's actually very exciting!
- the foundation golf tournament was a big success. Right now, it looks like we netted about \$10,000 more than we did last year. The new foundation team is doing a phenomenal job despite being a bit short handed and I am very excited to see all the other changes they have in store.
- The return of COVID. The Saturday of the Foundation Golf Tournament was when we were first made aware of a resident in the long-term care testing positive for COVID. Since then, we've had thirteen more test positive as of the time of this report. We have also had some staff test positive as well, some that work in long-term care and others who do not. So, it's back into the community again. This is what we saw around the same time last year. We've educated the staff again, and we are hoping that this year is not as bad as last year. Just be careful when you're out and about, especially at the fair this year.
- We had a bit of a fire scare with the fire 10 miles northeast of the Fall River campus. Good news was it wasn't ever really coming our direction, but of course we must deal with the smokey haze and air quality. Coupling that with the heat we've educated staff

about working outside and being mindful of the heat and the air quality. Everything worked out well and it was only a couple of days we had to deal with the smokey haze.

- The Employee Action Team has come up with the idea to do some renaming. This applies to long-term care in particular. The idea is to name each of the halls and encourage staff to use that language instead of Station 2 or Burney Annex. We want to do some things that are less institutionalized plus we don't want to refer to each campus individually anymore. The idea is twofold. One it will allow us to be less institutional in our speaking when we're referring to resident's homes and 2, I'm hoping it will be a little bit more team oriented in our language. Unfortunate, our current language does create some of the us versus them mentality when it comes to Fall River and Burney. I think it's a great idea that goes along with the culture change we're trying to establish.
- We met with the players in the 299 Collaborative EMS group. We worked through what our next steps will be as we move forward. We're starting with the agreement that will need to be in place to spell out what we're doing. I believe that our lawyer can help us with this since he is an expert in district law. We will be reaching out to him to see if he can, and if not getting a referral from him for someone that can help us. Everyone is still excited about the opportunity to put this all together so we will keep plugging along
- We finally received the CMS letter of approval for the RHC visiting nurse program. This is something we've been working on for a while and will open a number of doors for us to be able to provide in-home services but still receive good reimbursed at an appropriate rate. We're going to start to work on how this program's going to be implemented and what will need to make it happen. Another exciting service to be able to offer our community.
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