

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**  
October 25, 2023 @ Immediately following the Public Hearing  
MMHD FR Boardroom  
43563 Highway 299  
Fall River Mills, CA 96028

**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 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 –September 27, 2023	<b>Attachment A</b>	<b>Action Item</b> 1 min.
<b>4</b>	<b>DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:</b>			
	4.1	Resolution 2023-14 – September Employee of the Month	<b>Attachment B</b>	<b>Action Item</b> 2 min.
	4.2	Safety Quarterly Dana Hauge	<b>Attachment C</b>	Report 2 min.
	4.3	Respiratory Therapy David Ferrer	<b>Attachment D</b>	Report 2 min.
	4.4	Physical Therapy Daryl Schneider	<b>Attachment E</b>	Report 2 min.
	4.5	Employee Housing Joey Marchy	<b>Attachment F</b>	Report 2 min.
<b>5</b>	<b>BOARD COMMITTEES</b>			
	<b>5.1 Finance Committee</b>			
	5.1.1	Committee Meeting Report: Chair Humphry		Report 5 min.
	5.1.2	September 2023 Financial Review, AP, AR and Acceptance of Financials		<b>Action Item</b> 5 min.
	<b>5.2 Strategic Planning Committee – No September Meeting</b>			
	<b>5.3 Quality Committee – October 18<sup>th</sup> Meeting</b>			
		Draft Minutes Attached	<b>Attachment G</b>	

<b>6 OLD BUSINESS</b>				
6.1	BOD Assessment Survey – Due by November 14 <sup>th</sup> .		Information	2 min.
6.2	By-Laws Review		Discussion	2 min.
<b>7 NEW BUSINESS</b>				
7.1	Policy & Procedure Summary ending September 2023	<b>Attachment H</b>	<b>Action Item</b>	2 min.
	Policies & Procedures:			
	1. Blood Unit Issue/Return			
	2. Cannabis			
7.2	3. Core Privileges in Neurology, Telemed	<b>Attachment I</b>	<b>Action Item</b>	2 min.
	4. Hours of Operation			
	5. Lab Specimen Collection and Reporting Schedules			
	6. One Step Fentanyl Test Dip Card (urine)			
	7. Petty Cash – Clinic			
<b>8 ADMINISTRATIVE REPORTS</b>				
8.1	Chief's Reports – <b>Written reports provided. Questions pertaining to written report and verbal report of any new items</b>			
8.1.1	Chief Financial Officer – Travis Lakey		Report	5 min.
8.1.2	Chief Human Resources Officer – Libby Mee		Report	5 min.
8.1.3	Chief Public Relations Officer – Val Lakey	<b>Attachment J</b>	Report	5 min.
8.1.4	Chief Clinical Officer – Keith Earnest		Report	5 min.
8.1.5	Chief Nursing Officer – Theresa Overton		Report	5 min.
8.1.6	Chief Operation Officer – Ryan Harris		Report	5 min.
8.1.7	Chief Executive Officer – Chris Bjornberg		Report	5 min.
<b>9 OTHER INFORMATION/ANNOUNCEMENTS</b>				
9.1	Board Member Message: Points to highlight in message		Discussion	2 min.
<b>10 MOVE INTO CLOSED SESSION</b>				
	Medical Staff Credentials – Government Code 54962			
	AHP REAPPOINTMENT			
	1. Alexandra Conner, PA – MVHC Practitioner			
	MEDICAL STAFF APPOINTMENT			
10.1	1. Edward P. Laine, DO – Pathology		<b>Action Item</b>	2 min.
	2. Sasikanth Gorantla, MD – Neurology (UCD)			
	3. Melissa Asmar, MD – Neurology (UCD)			
	4. Samantha Allen, MD – Neurology (UCD)			
	MEDICAL STAFF REAPPOINTMENT			
	1. Jinno Magno, MD			
<b>11 RECONVENE OPEN SESSION</b>				
<b>12 ADJOURNMENT: Next Meeting December 6, 2023</b>				

Posted 10/20/2023

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**

September 27, 2023 – 1:00 pm  
FR Lions Hall & 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 1:00 PM on the above date.

<b>BOARD MEMBERS PRESENT:</b>		<b>STAFF PRESENT:</b>	
Abe Hathaway, President		Chris Bjornberg, CEO	
Jeanne Utterback, Vice President		Travis Lakey, CFO	
Tom Guyn, M.D., Secretary		Ryan Harris, COO	
Tami Humphry, Treasurer		Theresa Overton, CNO	
Lester Cufaude, Director		Keith Earnest, CCO	
<b>ABSENT:</b>		Valerie Lakey, CPRO	
Libby Mee, CHRO		Jessica DeCoito, Board Clerk	
<b>2</b>	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS:</b>		
<b>3</b>	<b>APPROVAL OF MINUTES</b>		
3.1	A motion/second carried; Board of Directors accepted the minutes of August 30, 2023.	<b>Utterback, Cufaude</b>	<b>Approved by All</b>
<b>4</b>	<b>DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS</b>		
4.1	A motion/second carried; Bridget Bernier was recognized as August Employee of the Month. Resolution 2023-13. Bridget has been such as asset to our team. She started out as Traveler when our ED was just three beds. And we were able to hire her on as a full time ED RN. She has been the driving force in our Cerner implementation and provided her smiling face and positive attitude throughout the whole project.	<b>Utterback, Humphry</b>	<b>Approved by All</b>
4.2	Retail Pharmacy: written report submitted. Figures are trending up.		
<b>5</b>	<b>BOARD COMMITTEES</b>		
5.1	<b>Finance Committee</b>		
5.1.1	<b>Committee Report:</b>		
5.1.2	<b>August 2023 Financials:</b> motion moved, seconded and carried to approve financials. Continue to work through the new workflows with Cerner and Multiview. Paycom continues to provide challenges but we are working through the issues. The new GPO team will be onsite in a couple of weeks. We are switching health insurance companies and expectation is that we are paying the same or even less from our current plans.	<b>Cufaude, Humphry</b>	<b>Approved by All</b>
5.2	<b>Strategic Planning Committee Chair Utterback:</b> No August Meeting		
5.3	<b>Quality Committee Chair Guyn:</b>		

- 5.3.1 Short meeting held today to approved med staff credentials. But main business was put on hold for the month to allow staff to focus on the Cerner implementation.

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**6 NEW BUSINESS**

- 6.1 **BOD Assessment Process:** BOD is good with these questions and ready for the survey to be sent out.
- 6.2 **By-Laws Review:** Board Clerk will send out the by-laws for review and individual input from the Board. Summary of input will be provided at the October Board Meeting.
- 6.3 **Community Center:** CEO and CFO met with TCCN team members to go over some opportunities with partnering. Options discussed included TCCN operating their board and business under the MMHD umbrella. The staff would become a part of the Mayers team and be provided the same package current MMHD employees have. Use of the building would be beneficial to MMHD for office spaces, while TCCN can still operate their childcare program and other services they provide. ELT will continue to research the opportunities to partner with TCCN.

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**7 ADMINISTRATIVE REPORTS**

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

- 7.1.1 **CFO:** New reporting opportunities with Multiview will be great for the financials packet. This month had a few oddities but our year to date financials still look great.
- 7.1.2 **CHRO:** CLS from Philippines – her application was approved and she will fill our opening. Dana and CHRO attended the BETA Symposium to receive the award for the Slip, Trip and Fall program implemented last year. We are now focusing on the Safe Patient Handling program. Scrub Tech program has a lot of interested individuals.
- 7.1.3 **CPRO:** Minimum wage bill has not been signed yet but it's highly likely that it will be. The foundation has awarded \$81,000 to departments for capital expenditures. The Golf Tournament provided \$18,000 to the Ambulance department. And Northstate Giving Tuesday is coming up in November.
- 7.1.4 **CCO:** Barrier Isolator was installed last week. Biologics are still pending but we are able to use. RSV vaccinations have begun at the Burney Annex. Flu shots started at the RHC today. Retail Pharmacy will begin to offer flu shots in October. We are in a waiting window for Covid vaccines. CEP awards: Cardiac rehab will begin blood pressure monitoring. Cerner has been installed and workflows are being set in place.
- 7.1.5 **CNO:** Interim DON for SNF is Cassandra LaFave. She began with MMHD as an RN on the floor and moved into Infection Prevention, and has segway into this new role. Cerner has been implemented and we are working through the kinks. VN's students are onsite to get their clinicals completed for their vocational nurse program.
- 7.1.6 **COO:** Air Exchanges testing was conducted and met the requirements. Kudos to the Cerner Implementation Project Management Team and the team of SME's and Super Users. Solar Project contract is being finalized with legal counsel and will be ready for BOD review in October.
- 7.1.7 **CEO:** MMHD Executive Leadership will be meeting with CHA in November and represent the rural CAH. Attended the ACHC conference and participated in the Jeopardy contest – which was won by our CEO.

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**8 OTHER INFORMATION/ANNOUNCEMENTS**

- 8.1 Board Member Message: Employee of the Month, Retail Pharmacy online, Golf tournament highlights, Gala date, Northstate Giving Tuesday, new MHF office location, Foundation CEP Grants, CNA Skills Fair.

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**9 MOVE INTO CLOSED SESSION**

**Medical Staff Credentials – Government Code 54962**

- 9.1 New Appointment  
Baowei Tang, MD, Rheumatology (Telemed)

**Approved by  
All**

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**10 RECONVENE OPEN SESSION**

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**11 ADJOURNMENT: 3:00 PM**

**Next Meeting October 25, 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

\_\_\_\_\_  
Board Member

\_\_\_\_\_  
Board Clerk

DRAFT

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).



**RESOLUTION NO. 2023-14**

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

**Diana Reynoso-Rodriguez**

**As September 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, Diana Reynoso-Rodriguez is hereby named Mayers Memorial Healthcare District Employee of the Month for September 2023; and

**DULY PASSED AND ADOPTED** this 25<sup>th</sup> day of October 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

## Safety Quarterly Board Report October 2023

### Safety Officer: Dana Hauge appointed May of 2023

- At the BETA Annual Member Symposium attended by Libby Mee, CHRO and Dana Hauge, Safety Officer, the education given was directly in line with the path that Mayers is already following within the Safety programs. Root cause analysis was a topic that gave direction to the workman's compensation program and safety initiative programming shared by Libby Mee, Dana Hauge, and teams. Root cause analysis will allow for a broader picture of workplace safety through investigation measures.
- Attendance at the California Hospital Association Disaster Conference proved to be beneficial in nature with new networking relationships throughout California with Emergency, Disaster and Safety partnerships further developing after. Emergency Management and Safety programs are at their best when resources and aide are attainable through partnership. District CPRO, and Public Information Officer Val Lakey, attended and spoke on the behalf of rural hospitals and Mayers and educated others on the necessity of being a "Ready Rural." Education pieces surrounding the importance of education and training for staff within the district were abundant with focus on preparing for and mitigation of natural and man-made disasters with other response-based entities and healthcare facilities.

### ACHC

- The Safety and Emergency Program is being assessed and compared with regulation codes within the goal of accreditation and is currently in the process of being re-structured to meet the requirements of ACHC. The program was robust in nature previously, and with added pieces it promises to be a high-quality program. Emergency Management and Safety measures are consistently changing as new disasters and safety responses emerge all over the world. A strong program will make future efforts to stay at a high level of preparedness effective.
- Veoci implementation is still going strong. Train the trainer virtual hours are being scheduled for this fall, with the need for on-site education thereafter. The program is being tested, with focus on inputting data such as the Districts Hazard Vulnerability Assessment and Environment of Care Rounding.

### Safety Programs

The Safe Patient Handling safety domain is moving forward at a good pace. The goal is to have the largest components in place and ready to finalize and start testing program features and educating staff this fall and into the next year. The team working on this program is highly motivated and represents several departments with increasing participation as we move forward.

## Emergency/Safety Response

- **Communication Incident**, July 31- August 1, 2023.  
Communication lines were severed in Cassel Ca. on two separate days. This act disconnected service in our direct region as well as Alturas and Surprise Valley including AT&T cell phones and all Frontier services. This resulted in a lack of abilities within district servers and networks. With a combined effort between the Safety Officer, Leadership, and IT the two-day event was faced as a team with full facility cooperation. Staff rose to the occasion and the emergency operations plan was utilized. We used emergency radios as necessary, runners for information that needed to be shared between facilities and used Verizon phones to stay in contact with leadership. We have purchased two Verizon phones for versatility in communications, and our IT team has worked on communication enhancements including but not limited to working with Star Link as another added layer of communication. First Net response was also tested during this response, working closely with First Net and the Local AT&T store (Mimi MacFarlane). The deployable antenna works off satellites to allow network availability for First Net Customers and Responders. It was the first time to test that program and it took a few hours to get here but was easy to obtain and did not cost the district any money. This system will be a viable option for network issues during events like the Intermountain Fair and for future extended needs.
- **Earthquake Response**, September 8, 2023.  
According to UC Berkley, we had a 4.3 and then a 5.2 earthquake within one minute of each other. The Districts' medical facilities were found to be safe and without damage. Employees were both excited and nervous, with the workflow continuous. Remediation efforts are underway with new earthquake procedures being written and with participation in the Great Shakeout Drill October 19, 2023.

## Upcoming Trainings

- Executive Leadership and invited staff- Table Top Training scheduled for Tuesday October 24<sup>th</sup>, Fall River Boardroom 8:30am- 12 noon.  
The focus on this drill will be the precursor to our functional drill in the spring of 2024. We will test the Emergency Operations Plan and Incident Command through disasters at the Burney Annex and at the Fall River Facility as well. The drill will have added internal scenarios that will test the leadership team in all aspects.
- Radiation Training- Redding, November 8<sup>th</sup>.  
Two representatives from the Radiology Department including the new manager Harold Swartz, Sherry Yochum EVS manager and Dana Hauge, Safety Officer will be attending a radiological medical response training to kick off work on the re-vision of the Districts Hazmat and Decontamination programs.

Respectfully submitted by: Dana Hauge, CEAS, Safety Officer





# People Pillar



Executive Leader: Chris Bjornberg

Director or Manager: Dana Hauge

Department: Safety and Emergency Preparedness

Last Updated: 7/19/2023

FY24 (July 1, 2023 - June 30, 2024)	Specific Plan & Estimated Completion Date	Driver	Current Actions
<p><b>Increase active engagement in Safety and Emergency Preparedness Measures and Education for Staff with 45-50% participation.</b></p>	<p>Through holding 2 yearly training days or fairs the goal is to successfully have 45-50% of staff attend and participate in stations or booths focused on training for specific safety measures in at least one session. Both fairs will be held before the End of June in 2024. With the First fair scheduled before 1/1/2024. Each event will last approximately four hours, and will be located on campus in accordance with space and weather allowances. As the plan of events is made it will come to light that there will need to be participation from other departments as well. They will be contacted one to two months prior to the event.</p>	<p>Dana</p>	<p>Safety Event (Fair)- November 15th, 2023 at the Burney Annex, Focus: Infection Control, Safe Patient Handling, Spill Kits, Laundry safety (lifting) Facility evacuation routes. Regina Blowers- assisting and hosting in classroom. Event location pending current facilities projects. Safety Event (Fair)- Spring 2024, Fall River Facility Focus: Hazmat, Fire, Emergency Preparedness, Safe Patient Handling</p>
	<p>Focus will be on four to five in person training opportunities that will be developed for all staff. Team members will have the opportunity to cross train to improve overall facility safety awareness and teamwork. The second session will have crossover to make sure there is understanding and information is retained, however the second event will feature at least three different topics compared to the first.</p>		
	<p>Develop the plan and dates for the fairs by 10/1/23 Contact Mercy Medical Center for resources and partnership by 10/1/2023. Contact Shasta County HCC for resources ideas and participation by 10/1/2023.</p>		<p>March/April 2024 Shasta County HCC, Mercy Medical Center, First Net Participation in Spring. Possible topics; Stop the Bleed, Infection Control, Decontamination, Communications, Emergency Response, Fire Safety</p>
	<p>Topics may include but are not limited to: Safe patient Handling, Environmental Hazards, Seasonal Hazards, Work Place Violence Education, Review of Code Procedures, Hazmat training or Procedures, Fire and Life Safety Training, Ergonomics, Safety reporting procedures, De-escalation topics.</p>		
<b>Priority Ideas for Next Year</b>			



# People Pillar



Executive Leader: Chris Bjornberg

Director or Manager: Dana Hauge

Department: Safety and Emergency Preparedness

Last Updated: 7/19/2023

FY24 (July 1, 2023 - June 30, 2024)	Specific Plan & Estimated Completion Date	Driver	Current Actions
<b>Priority:</b> <b>Full/Functional Disaster Drill with Table Top exercise.(mass casualty and or evacuation)</b>	In accordance with ACHC standard and best practice for mitigation and preparedness MMHD will host a full or functional drill to test mitigation, response and recovery proficiencies . The drill will include a related table top exercise with leadership and other identified individuals, as part of the preparation.	Dana	5/10/2023 Attended Region-III Table Top Exercise- Mayers Memorial Hospital was the focus. 7/6/23 Shasta County HCC has committed to participate in all drills they are invited to. 7/11/2023 Introduced the topic of increased drill sizes and requirements, emergency communications and the importance of the Shasta County Health Care Coalition at management meeting. 7/19/2023 Attending Acute Department Meeting- Education on Fire Drills, Safety and Emergency Management and introduction and discussion about my role as Safety Officer 10/5/2023- Attended Purchasing Department Meeting- education on expectations in drills, communication priorities with employees
	The table top will be help prior to 3/1/2024 In the table top exercise communications will be tested externally and internally. Functional components, and county official guests in attendance.	Dana	7/24/2023 Table Top Drill 10am, Fall River Board Room, ELT and applicable management. This was postponed due to the Water Advisory Incident. Tabletop Drill has been revised and is scheduled for Tuesday October 24th. Local law enforcement has been invited.
	The full/functional community involved drill will be held prior to 6/1/2024. The 2024 functional event will have a multiple agency response including local law enforcement, first responders, school districts and local and county health care partners.	Dana	9/2023 The functional drill scenario has been discussed with other Emergency partners. The scenario proves to be applicable and will need a large amount of planning to begin after the table top scheduled for October.
	Prior to 1/1/2024 Contact Shasta County HCC for support and participation Contact Mercy Medical for support and participation Contact FRJUSD Contact Health and Law Enforcement partners	Dana	10/23 Local Law Enforcement and fire personnel have committed to attending, as well as Regional and County emergency management partners.
<b>Priority Ideas for Next Year</b>			



# People Pillar

Executive Leader: Chris Bjornberg

Director or Manager: Dana Hauge

Department: Safety and Emergency Preparedness

Last Updated: 7/19/2023

FY24 (July 1, 2023 - June 30, 2024)	Specific Plan & Estimated Completion Date	Driver	Current Actions
<b>Priority:</b>	Successful implementation with validation awarded from BETA will be the final measure of success. By 7/1/2024 Leadership support and signature on opt in forms for participation. 8/23	Dana	6/15/2023 Verbal confirmation of shared goal with team; Daryl, Moriah and Britany 6/21/2023 In person meeting/facility tour with BETA representatives 6/23/2023 Confirmed continued partnership with BETA Insurances
<b>Successfully implement the BETA Safety Domain- Safe Patient Handling with nursing and clinical staff.</b>	Develop and compile the nursing and facility representatives in a planning meeting with BETA representation Mary Fritz. 8/23	Dana	7/24/2023 3pm Planning Meeting -assignments were given to start. 9/26/23 Leadership meeting to discuss implementation, work abilities and program goals. In attendance: Chris Bjornberg, Theresa Overton, Moriah Padilla, Britany Hammons, Libby Mee, Dana Hauge- Largest segments of the program be addressed by November.
	Assign and work on continued tasks and domain requirements for the team that are to be completed for validation. 9/23	Dana, Britany, Moriah, Daryl	Moriah- Patient Mobility Assessment, investigation process , survey for program assessment (10/23) Britany- equipment inventory and risk assessment (Moriah), investigation process, survey for program assessment (10/23) Education- Regina, brochure, pilar flier Libby- Return to work program and investigation process Dana- Policy and written plans, investigation process , implementation James Harris and Alex Johnson- equipment suggestions, change in storage for SPH equipment- slings Sherry Yochum and team- laundry process for slings Cassandra Lafave- infection control
	Continuous meetings and communication throughout, to develop the program, policy, culture change, trainings and purchase requirements of necessary lifts and slings.	Dana, Britany, Moriah, Daryl	



# Quality / Service Pillar

Executive Leader: Chris Bjornberg

Director or Manager: Dana Hauge

Department: Safety and Emergency Preparedness

Last Updated: 7/19/2023

FY24 (July 1, 2023 - June 30, 2024)	Specific Plan & Estimated Completion Date	Driver	Current Actions
<b>Priority:</b>			
Develop a baseline of quality for Safety and Emergency Management and engage with staff for input, in a manner that allows for growth and positive action; ultimately to develop a continuous culture of safety			
<b>Priority Ideas for Next Year</b>			
Continous quality for Safety and Emergency Management and engage with staff for input, in a manner that allows for growth and positive action; ultimately to develop a continuous culture of safety	Bi-annually Safety Survey with questions the same as the year before and added questions built from previous data.		

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# People, Quality, & Communication Pillar



**Name:** David A. Ferrer, RRT  
**Supervisor:**  
**Department:** Respiratory Therapy

**Last Updated:**

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
<b>1. At least 7 community PFT screening events.</b> <b>2. Accreditation for our PFT lab. 3. People: get maryann ready to take and pass the test to be certified in _____ Check for items that we perform and are unable to charge for 4. Update and complete Sleep Lab Business Plan</b>			By End of June 2024	David and Maryann	Looking for updated PFT screening equipment		
			By End of June 2024	David Ferrer	Checking with AARC , CCRC, ect agencies		
			By End of June 2024	David Ferrer			
			By End of June 2024				

For Completion at Beginning of Fiscal Year		
David Ferrer	_____	_____
Name	Signature	Date
Supervisor	_____	_____
	Signature	Date
Keith Earnest	_____	_____
Executive Leader	Signature	Date

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



People Pillar



Name: Daryl Schneider, PT, DPT  
 Supervisor: Keith Earnest, CCO  
 Department: Physical Therapy

Last Updated: October 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
1. Establish a consistent mobility tool to be used by physical therapists and nursing staff for consistency across departments to improve early mobilization of patients. A competency will be established and 100% or more of PTs and nursing staff signed off on the completing the competency by end of the FY to work towards better safe patient handling.			Collect 3+ mobility tools. Aug 2023	Daryl	BMAT 2.0, Johns Hopkins Highest Level of Mobility Scale, Johns Hopkins Safe Patient Handling Mobility (JH-SPHM) Guide and the VA MSST were collected to assess important factors for our tool for implementation of a Safe Patient Handling Program.		
			Set a meeting with nursing staff leaders and the safety officer to discuss pros and cons of the tools and agree on the best fit for our facility. Oct 2023	Daryl, Britany Hammons, Moriah Padilla and Dana Hauge			
			Complete a competency form for trainings on use of the tool. Dec 2023	Daryl and Dana			
			Complete training with PT staff and initiate training with nursing staff. Jan 2024	Daryl, Moriah, Britany			

For Completion at Beginning of Fiscal Year		
Daryl Schneider, PT, DPT Name	_____	Signature
Keith Earnest, CCO Supervisor	_____	Signature
Executive Leader	_____	Signature

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



# Quality Service Pillar

**Name:** Daryl Schneider, PT, DPT  
**Supervisor:** Keith Earnest, CCO  
**Department:** Physical Therapy

**Last Updated:** 08/03/2023

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. PTs will participate in 5 community outreach events.			1. Meet and Greet with the Board and Leadership Team	Daryl	Completed September 27, 2023		
			2. Discussing with MDs interest over who would be willing to participate and best dates for a Walk with a Doc event in Nov. or Dec. on the Fall River campus.	Daryl			
<b>Priority Ideas for Next Year</b>							

For Completion at Beginning of Fiscal Year		
Daryl Schneider, PT, DPT	_____	_____
Name	Signature	Date
Keith Earnest, CCO	_____	_____
Supervisor	Signature	Date
Executive Leader	_____	_____
	Signature	Date

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



# Communication Pillar

**Name:** Daryl Schneider, PT, DPT  
**Supervisor:** Keith Earnest, CCO  
**Department:** Physical Therapy

**Last Updated:**

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
Restructure Physical Therapy Satisfaction Survey with goal of receiving feedback from 75% or more of patients per year.			Collect samples of 5 physical therapy satisfaction surveys for review. Sept 2023	Daryl	Completed: Six samples have been collected from various PT facilities.		
			Rewrite our satisfaction survey to collect better data than we are currently receiving. Nov.2023	Daryl			
			Ensure collection of surveys from >75% of patients each quarter. Starting Jan 2024	Stefanie and Laura			
			Report on change in PT office structure and patient' perception to quality board. End of FY 2024	Daryl			
<b>Priority Ideas for Next Year</b>							

For Completion at Beginning of Fiscal Year		
Daryl Schneider, PT, DPT	_____	_____
Name	Signature	Date
Keith Earnest, CCO	_____	_____
Supervisor	Signature	Date
Executive Leader	_____	_____
	Signature	Date

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





# People Pillar



Executive Leader: Ryan Harris  
 Director or Manager: Joey Marchy  
 Department: Employee Housing

Last Updated:

FY24 (July 1, 2023 - June 30, 2024)	Specific Plan & Estimated Completion Date	Driver	Current Actions
<b>Priority:</b>			
Promote Mayers Pit River Lodge to at least 1 College, 1 Job Fair and at 1 Promotional Event.	Working with Ashley Nelson to join her local College tours and Job Fairs.	Joey Marchy	Finding times that work for both of our scheduels.
<b>Priority Ideas for Next Year</b>			



# Growth Pillar

Executive Leader: Ryan Harris

Director or Manager: Joey Marchy

Department: Employee Housing

Last Updated:

FY24 (July 1, 2023 - June 30, 2024)	Specific Plan & Estimated Completion Date	Driver	Current Actions
<b>Priority:</b>			
<b>Conduct at least 2 RHC sponsored farmers market events at the Pir River Lodge to promote community wellness by FYE2024</b>	First attempt at a farmers market was postponed to May 2024	Joey Marchy/ Kim Westlund	Working on the list of vendors for May. Shasta County is changing some of the farmers market regulations which requires more paperwork.



# Communication Pillar

Executive Leader: Ryan Harris

Director or Manager: Joey Marchy

Department: Employee Housing.

Last Updated:

FY24 (July 1, 2023 - June 30, 2024)	Specific Plan & Estimated Completion Date	Driver	Current Actions
<b>Priority:</b>			
Host 1 quarterly event and support in 4 community events as outlined in the community events calendar.	Assisted in RHC Mobile Clinic Lunch	Joey Marchy	Work with Val to assist in any further community events and Host a farmers market down at the lodge summer 2024.
	Meet the Board Night.		
<b>Priority Ideas for Next Year</b>			

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

October 18, 2023 @ 1:00 PM  
Microsoft 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 1:01 pm on the above date.		
	<b>BOARD MEMBERS PRESENT:</b>	<b>STAFF PRESENT:</b>	
	Tom Guyn, MD., Secretary Les Cufaude, Director	Chris Bjornberg, CEO 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 THE MINUTES</b>		
	3.1	Regular Meeting – August 16, 2023	<i>Cufaude, Hathaway</i>
	3.2	Regular Meeting – September 27, 2023	
4	HOSPITAL QUALITY COMMITTEE REPORT: conducted yesterday. Data for the departments that have transitioned into Cerner is slow to come as they adapt their new workflows and capture the data for the past month of Cerner. Interested in researching whether there is a correlation to patient care/satisfaction and our 13 week registry staff., among other measure and metrics. And our departments are heading in the right direction for their reporting.		
5	DIRECTOR OF QUALITY: Attending the Healthcare of Quality Institute Conference this past weekend. Infinite mindset concept for management – continue to better ourselves from the yesterday that we encountered. Another interesting topic was system mismanagement and that some of those contributing factors for errors can be outside forces outside of our control. Completed the Cerner DA-2 Training last week. Very informational on how to create reports, use what is presented already, etc. RCAT (Revenue Cycle Architect Team) has been set up to help us work with chargeable services within the hospital and identify specific encounters that we're not charged for correctly. This will play into the Utilization Review as well. We are pushing right along into ACHC Readiness. We have new P&P templates. Submit of application will be planned for mid January. A Self Assessment is planned for end of January with ACHC in the facility to conduct survey in March/April. We are leveraging everything we can in Cerner but not of the ACHC work is available in Cerner.		
6	OTHER INFORMATION/ANNOUNCEMENTS: None		
7	<b>MOVE INTO CLOSED SESSION</b>		
	7.1	MED STAFF CREDENTIALS – GOVERNMENT CODE 54962 <b>STAFF STATUS CHANGE</b> George D. Winter – Add Hospitalist Privileges Paula Amacker, NP to Inactive Allireza Abdolmohammadi, MD to Inactive Vicki Wheelock, MD to Inactive Andrew Ewell, CRNA to Inactive Arun Kalra, MD to Inactive Mohamad Ghraowi, MD to Inactive Paula Amacker, NP to Inactive	<b>Approved by All</b>

	<p>Dyanesh Ravindran, MD to Inactive Barry Shibuya, MD to Inactive</p> <p><b>AHP REAPPOINTMENT</b> Alexandra Conner, PA – MVHC Practitioner</p> <p><b>MEDICAL STAFF APPOINTMENT</b> Edward P. Laine, DO – Pathology Sasikanth Gorantla, MD – Neurology (UCD) Melissa Asmar, MD – Neurology (UCD) Samantha Allen, MD – Neurology (UCD)</p> <p><b>MEDICAL STAFF REAPPOINTMENT</b> Jinno Magno, MD</p>		
8	<b>RECONVENE OPEN SESSION</b>		
9	<b>ADJOURNMENT:</b> at 1:35 pm Next Meeting is November 15, 2023 at 1:00 pm		

**The following are the New, Revised and Retired Policies and Procedures that have been approved by the Policy and Procedure Process. These policies and procedures have been put in the appropriate hospital manuals.**

**Date:**  
**October 5, 2023**

**For Quarter Ending**  
**September 30, 2023**

<b>Department</b>	<b>Document</b>	<b>New/Revised/Retired</b>
Activities	FAMILY COUNCIL MEETING MMH339	Revised
Acute - Med Surg	Baths, Bed, Partial, Shower for Acuteand Long Term Care	Retired
Acute - Med Surg	Enteral (Tube) Feedings, Intermittent or Continuous	Revised
Anesthesia	Malignant Hyperthermia Cart Daily Check MMH715	Revised
Anesthesia	Malignant Hyperthermia Cart Monthly Inventory MMH716	Revised
Business Office	Employee Discount	Revised
Business Office	Petty Cash Withdrawal Request MMH734	Revised
Cardiac Rehab	Equipment Cleaning - Cardiac Rehab	Revised
Clinics, Rural	Clinic Additional Services	Retired
Clinics, Rural	Clinic Phone Services	Revised
Clinics, Rural	Scope of Services - Clinic Services	New
Disaster	Disaster Call Tree	Revised
Disaster	Emergency Operations Plan Activation Evaluation Form MMH387	Revised
Disaster	HICS 205 - Incident Communication Log	Revised
Disaster	HICS 213 - Incident Message Form	Revised
Disaster	HICS 254 - Disaster Victim - Patient Tracking Form	Revised
Emergency Department	California Newborn Pulse Ox Screening Program Form MMH546	Retired
Emergency Department	Codes Paging	Revised
Emergency Department	Critical Congenital Heart Disease (CCHD) Newborn Screening	Retired
Emergency Department	Drug Screening - Mother or Neonate	Retired
Emergency Department	Emergency Room Record MMH203	Revised
Emergency Department	Group B Strep Treatment, In Labor	Retired
Emergency Department	Newborn Family Medical History Questionnaire CHA 10-4 03-2009 MMH396E	Retired
Emergency Department	Newborn Family Medical History Questionnaire CHA 10-4 03-2009 MMH396S	Retired
Emergency Department	Newborn Hearing Screen Consent-Waiver MMH390	Retired
Emergency Department	Newborn Hearing Screen Log MMH79	Retired
Emergency Department	Newborn Hearing Screening Policy	Retired
Emergency Department	Newborn Hearing Screening Results and Followup Form MMH277	Retired
Emergency Department	Nutrition Newborn	Retired
Emergency Department	Physician Orders - Magnesium Sulfate-Tocolytic For Pre-Term Labor or Pregna	Retired
Emergency Department	Postpartum Care	Retired
Emergency Department	Pulse Oximetry Screening Algorithm MMH533	Retired
Emergency Department	Request for Patient Information MMH67ED	Revised
Emergency Department	Stabilization of the Neonate	Retired
Emergency Department	Telephone Follow Up Progress Note MMH499	Retired
Emergency Department	Use of Propofol (Diprivan) for Ventilator Management	New
Environmental Services	Absentee Replacement - Environmental Services	Revised
Environmental Services	Bed Making	Revised
Environmental Services	Training Program, Housekeeping	Revised
Environmental Services	Unit, Daily Cleaning Occupied Room	Revised
HIM	Authorization for Use or Disclosure of Health Information MMH470	Revised
HIM	Deceased Records, Handling of Paper Records	Retired
HIM	Direction and Staffing - HIM	Retired
HIM	Mission Statement - HIM	Retired
HIM	Newborn Automatic Number Assignment (NANA) MMH419	Revised
HIM	Patient Rights - Health Record System	Retired
HIM	Possible Medical Records Breach Report MMH305	Revised
HIM	Request for Patient Information MMH67	Revised
HIPPA	Satellite and Home Office Security	Revised

<b>Department</b>	<b>Document</b>	<b>New/Revised/Retired</b>
Hospice	Medication - Labeling, Disposing and Storing of Drugs and Biologicals - Hospice	Revised
Hospice	Orientation Program - Hospice	Revised
Hospice	Patient Information Packet	Revised
Hospice	Staff Support - Hospice	Revised
Hospice	Suicide - Hospice	Revised
Hospice	Volunteers - Documentation - Hospice	Retired
Human Resources	Workshop Request Form MMH242	Revised
Imaging	CT Abd WO	Retired
Infection Control	Communicable Illness, Employee Reporting and Surveillance	Revised
Infection Control	FACT SHEET of MSSA MMH285	Revised
Infection Control	Flu Vaccine Declinations Statement MMH447	Revised
Infection Control	Hand Hygiene	Revised
Infection Control	Ice Machine Decontamination Cleaning Log MMH733	Revised
Infection Control	Legionella Risk Reduction Plan	Revised
Infection Control	MMR Vaccination Declination Form MMH380 - Employee	Retired
Infection Control	MRSA Admission Swab Information Sheet MMH385	Retired
Infection Control	Nursing Supervisor's Protocol for Body Fluid or Needle Sticks	Revised
Infection Control	Pneumococcal - Influenza Vaccination Documentation - SNF MMH444	Retired
Lab	Cancelled Laboratory Tests - Lab Reorder policy	Revised
Lab	Contacting the Lab Manager & Director After Hours	Retired
Lab	Hospital Wide Policies - Lab	Retired
Lab	Lab Organizational Chart	Revised
Lab	Lab Reorder Request MMH599	Revised
Long Term Care	Assistance with Feeding Patients: SNF	Revised
Long Term Care	Bed Cradle	Revised
Long Term Care	Communication, Aphasia Dysphasia	Revised
Long Term Care	Dentures Care and Cleaning	Revised
Long Term Care	Food from Outside Sources - SNF	Revised
Long Term Care	Medication Administration	Revised
Long Term Care	Nail Care	Revised
Long Term Care	Narcotic Control Sheet for 1/2 Tablets MMH582B	Revised
Long Term Care	Narcotic Control Sheet for Liquids MMH582C	Revised
Long Term Care	Narcotic Control Sheet for Pills and Tablets MMH582A	Revised
Long Term Care	Notification to Interdisciplinary Team MMH187	Revised
Long Term Care	Oral Care and Hygiene	Retired
Long Term Care	Prevention of Skin Breakdown	Revised
Long Term Care	Restorative Care Flow Sheet MMH125	Revised
Long Term Care	Restorative Nursing Flow Sheet	Revised
Long Term Care	Spiritual Care - SNF	Revised
Medical Staff	Core Privileges in Oncology	Revised
Medical Staff	Manual Review & Approval - BOD & MEC	Revised
Patient Access	Activities Transport Consent Forms SNF MMH193	Revised
Patient Access	Hospitalist Letter MMH743	Retired
Pharmacy	Glucose Schedule, Finger Stick	Revised
Purchasing	Cancellation of Purchase Orders	Revised
Purchasing	Disposition of Assets/Equipment	Revised
Purchasing	Inventory Transaction Corrections	Revised
Purchasing	Items Issued from Inventory	Revised
Purchasing	Outdate Verification Log Departments MMH600	Revised
Purchasing	Outdate Verification Log Supply Room MMH601	Revised
Purchasing	Product Substitutions	Revised
Purchasing	Purchase Order Processing	Revised
Purchasing	Purchase Order Status Change	Revised
Purchasing	Review of Open Purchase Orders	Revised
Purchasing	Stock Back Orders	Revised
Purchasing	Stock Item Purchasing	Revised
Purchasing	Storeroom layout	Revised
Purchasing	Transfer of Surplus Equipment/Property	Revised

<b>Department</b>	<b>Document</b>	<b>New/Revised/Retired</b>
Respiratory Therapy	Respiratory Care and Treatment Cart, Emergency - SNF	Revised
Staff Development	Inservice Education Program	Revised
Swing Bed	Swing Bed Admission Assessment MMH349	Revised



**MAYERS MEMORIAL HEALTHCARE DISTRICT**  
**POLICY AND PROCEDURE**  
**BLOOD UNIT ISSUE/RETURN**

Page 1 of 2

**ISSUANCE:**

1. Units are signed out with the shortest outdate released first. The person picking up the unit(s) must sign out the units on the Donor Unit Release form.
2. Units are inspected for hemolysis, contamination and gross clots at the time of check-out.
3. **Issuance Verification<sup>1</sup>**  
Check must be made of;
  - a. The intended recipients' two independent identifiers, ABO group, and Rh type.
  - b. The donor identification number, donor ABO group and if required, Rh type.
  - c. The interpretation of the crossmatch test results, if performed.
  - d. Special transfusion requirements (e.g., cytomegalovirus-reduced-risk, irradiated, or antigen-negative components), if applicable.
  - e. The expiration date and, if applicable, time.
  - f. The date and time of issue.
4. The crossmatch request form attached to the unit goes to the floor for the completion as the unit is being transfused.
5. When the unit transfusion is complete, the empty bag is returned to the laboratory in a plastic bag along with the laboratory copy of the completed Blood Administration Record-crossmatch slip. This slip becomes a permanent record to be filed and retained for two years.
6. After normal duty hours, the floor nurse and one other, obtains the crossmatched unit, performs the visual inspections, and signs the unit out on the Donor Unit Release form.
7. *Units may **not** be signed out for more than one patient at the same time.*

**Return of Blood Components and Reissue<sup>2</sup>**

1. Units can be returned to the laboratory blood bank refrigerator if;
  - a. The primary container has not been opened.
  - b. The component has been maintained at the appropriate temperature. (It cannot be returned to the laboratory stock if the time from release is greater than 20 minutes unrefrigerated).
  - c. At least one sealed segment remains integrally attached to the container of the RBC's.
  - d. Documentation indicates that the component has been inspected and is acceptable for reissue.

**Unit cancel/Release**

1. Blood Bank units are released from crossmatch back to stock after 3 days. Day of Draw is Day 0.<sup>3</sup>
2. Re-crossmatching must be performed on a freshly drawn sample unless a hold order, (Autologous unit), has been placed on the units. Re-crossmatch is necessary if the patient has been transfused or pregnant within the last 3 months<sup>4</sup>
3. Hold orders for autologous units will be retained permanently in the patient records.

**REFERENCE:**

- 1 AABB Technical Manual, 18<sup>th</sup> Edition/ editor, Mark K. Fung / 2014, pg. 226
- 2 AABB Technical Manual, 18<sup>th</sup> Edition/ editor, Mark K. Fung / 2014
- 3 Fundamental Standards for Blood Collection and Transfusion, 1<sup>st</sup> Edition, AABB 2018
- 4 AABB Technical Manual, 18<sup>th</sup> Edition/ editor, Mark K. Fung / 2014

**COMMITTEE APPROVALS:**

P&P: 9/6/2023

MEC: 10/3/2023

# MAYERS MEMORIAL HEALTHCARE DISTRICT

## POLICY AND PROCEDURE

### CANNABIS

Page 1 of 2

#### DEFINITIONS

“Medicinal cannabis” means cannabis or a cannabis product used in compliance with the Compassionate Use Act of 1996 and Article 2.5 (commencing with Section 11362.7) of Chapter 6 of Division 10.

“Patient” means an individual who is terminally ill. “Patient” does not include an individual receiving emergency services and care, as defined in Section 1317.1.

“Terminally ill” means a medical condition resulting in a prognosis of life of one year or less, if the disease follows its natural course.

#### POLICY

SB 988 allows for a terminally ill patient’s use of medicinal cannabis within a health care facility.

The patient is required to provide the health care facility with a copy of their medical marijuana card or written documentation that the use of medicinal cannabis is recommended by a physician.

Medical cannabis must be stored securely at all times, in a locked container in the patient’s room. The locked container is not provided by the facility. Staff at the facility do not keep the key to the locked container or have access to the key.

Upon patient discharge or death, the resident or primary caregiver is responsible for the removal of medical cannabis. If removal by family or primary caregiver is not possible, medical cannabis is stored in the locked container until it can be disposed of by staff in accordance with Medical Waste Management Policy and Procedure.

Over the counter CBD products are not included under SB988. Oral CBD products must be provided by the patient or patient’s family/caregivers and are handled like any other over the counter supplement. See policy and procedure Patient’s Own Meds. Topical CBD products (such as creams, lotions, shampoos) are treated the same as any other family provided topicals or cosmetics.

Mayers staff does not acquire, retrieve, or administer medicinal cannabis.

Use of cannabis via smoking or device for inhalation (e.g., vape, water pipe) is not allowed per HSC 1649.2 and Mayers Smoke and Tobacco Free Campus Policy and Procedure.

**PROCEDURE**

1. Verify medical marijuana card or other documentation. Add copy to medical record.
2. Verify locked container in patient's room and document in nursing notes.
3. The healthcare provider should acknowledge use of medical cannabis in physician progress notes.

**REFERENCES:**

1. SB-988
2. SB-988 Compassionate Access to Medical Cannabis Act or Ryan's Law. Accessed at [Bill Text - SB-988 Compassionate Access to Medical Cannabis Act or Ryan's Law](#), on 1/23
3. AFL 23-07 Senate Bill (SB) 988—Compassionate Access To Medical Cannabis Act. 1-18-2023 California Department of Public Health
4. California Health and Safety Codes 1649.1-1649.5

**COMMITTEE APPROVALS:**

P&P: 7/5/2023  
MEC: 10/3/2023

**MAYERS MEMORIAL HEALTHCARE DISTRICT**

**POLICY AND PROCEDURE**

**LABORATORY HOURS OF OPERATION**

**PURPOSE:**

To establish operating hours for maximum coverage and efficiency, and to assure that the laboratory hours offer the most complete service possible to our customers.

**PROCEDURE:**

A. Mayers Memorial Hospital:

1. The laboratory is adequately staffed 24 hrS/day, 7 days a week for in-house blood drawing and testing.
2. Out-patient phlebotomy service is provided from 07:00 to 16:30 Monday to Friday. Exceptions are made at the discretion of Lab Management, or the Senior Tech on duty.
3. STAT testing is available at all times.
4. Glucose Tolerance Tests should be scheduled Monday to Friday.
5. At least one CLS (or equivalent) is on duty at all times.

B. Pathology Services:

1. Pathology testing is not performed in-house. Testing that cannot be performed in-house is sent out to a qualified Reference Laboratory (Shasta Pathology Assoc.)+.

**COMMITTEE APPROVALS:**

P&P: 9/6/2023

**MAYERS MEMORIAL HEALTHCARE DISTRICT**

**POLICY AND PROCEDURE**

**LAB SPECIMEN COLLECTION/REPORTING SCHEDULES**

**PURPOSE:**

To assure timely collection of specimens, and the expedient turnaround time of laboratory results.

*Collection and Distribution of results:*

- a. The CLS, Phlebotomist, or qualified healthcare worker starts the morning blood draws at 06:00, with the ICU collected first. All other patients except STATs are drawn after. The CLS performs the daily analyzer Preventive Maintenance (PM) and requisite Quality Control testing.
- b. Morning run reports are available no later than 08:00.
- c. Results for CBC, PT/PTT and Chemistry tests collected in the routine morning rounds are reported no later than 08:00. All other routine tests are reported within 4 hours after specimen receipt.
- d. When completed, all reports except referred tests are posted in the Lab Information System (LIS), or in the rare occasion the LIS is down, documented on manual forms, printed by the lab and distributed. Results for most referred tests are available within 24 hours after receipt by the reference laboratory.
- e. All STAT requests for tests performed in-house are reported within one hour of collection.
- f. All Urgent requests for tests performed in-house are reported within 2 hours of collection.
- g. All Routine requests for tests performed in-house are reported within 4 hours of collection.

**COMMITTEE APPROVALS:**

P&P: 9/6/2023

# MAYERS MEMORIAL HEALTHCARE DISTRICT

## Privileges in Neurology

Name: \_\_\_\_\_

To be eligible to apply for core privileges in Neurology, the initial applicant must meet the following criteria:

### Neurology

#### Qualifications

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

- Basic Education: MD or DO
- Minimal Formal Training: Successful completion of an ACGME– or AOA–accredited residency in a relevant medical specialty.

AND

- Applicants for appointment must be able to demonstrate provision of neurological services, reflective of the scope of privileges requested, to at least 24 patients during the past 12 months or demonstrate successful completion of an accredited residency or special clinical fellowship within the past 12 months.

#### Staff Status Requested

- Telemedicine: may not admit patients to the Hospital

## Core Privileges

Consulting core privileges in Neurology include the ability to evaluate, diagnose, and provide consultation to patients of all ages with diseases, disorders, or impaired function of the brain; spinal cord; peripheral nerves; muscles; and autonomic nervous system, including the associated coverings, blood vessels, and other effector tissue, such as muscle.

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

**Additional Privileges Requested** (write in below):

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

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**Acknowledgement of Practitioner**

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

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

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date



Name \_\_\_\_\_

### Recommendations

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

\_\_\_\_\_  
Credential Committee Chair/Vice-Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Executive Committee Chair/Vice-Chair

\_\_\_\_\_  
Date

**MAYERS MEMORIAL HEALTHCARE DISTRICT**

**POLICY AND PROCEDURE**

**ONE STEP FENTANYL TEST DIP CARD (URINE)**

Page 1 of 4

**DEFINITIONS:**

The One Step Fentanyl Test Dip Card (Urine) is a rapid chromatographic immunoassay based on the principle of competitive binding. Drugs which may be present in the urine specimen compete against the drug conjugate for binding sites on the antibody.

During testing, a urine specimen migrates upward by capillary action. Norfentanyl, if present in the urine specimen below 10 ng/mL, will not saturate the binding sites of the antibody coated particles in the Test Dip Card. The antibody coated particles will then be captured by immobilized Norfentanyl and a visible colored line will show up in the region. The colored line will not form in the test line region if the Norfentanyl level exceeds 10 ng/mL because it will saturate all the binding sites of anti-fentanyl antibodies.

A drug-positive urine specimen will not generate a colored line in the test line region, while a drug-negative urine specimen or a specimen containing a drug concentration less than the cut-off will generate a line in the test line region. To serve as a procedural control, a colored line will always appear at the control line region indicating that proper volume of the specimen has been added and the membrane wicking has occurred.

**PURPOSE:**

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.

**Materials**

1. Individually packed single dip card
2. Specimen collection container/cup
3. Timer
4. Package insert

**Specimen Requirements:**

1. Urine collected at any time of the day may be used.
2. Urine specimens must be collected in clean, dry containers.

3. Perform testing immediately after specimen collection. Do not leave specimens at room temperature for prolonged periods. Urine specimens may be stored at 2-8 degrees Celsius for up to 2 days. For long term storage, specimens should be kept below -20 degrees Celsius.
4. Bring the specimens to room temperature prior to testing. Frozen specimens must be completely thawed and mixed well prior to testing. Avoid repeated freezing and thawing of specimens.
5. If specimens are to be shipped, pack them in compliance with all applicable regulations for transportation of etiological agents.

#### **PROCEDURE:**

1. Allow the test device and urine specimens to come to room temperature (15-30 degrees Celsius or 59-86 degrees Fahrenheit) prior to testing.
2. Remove the test device from the foil pouch and use as soon as possible. Label the device with patient or control identifications.
3. Remove the cap from the test device.
4. With the arrow pointing toward the urine specimen, immerse the sample tip vertically in the urine specimen for at least 10-15 seconds.
5. Replace the cap back on the device and place the device on a flat surface.
6. Read results at 5 minutes. **Do not interpret results after 10 minutes.**

#### **Interpretation Of Results**

**Negative:** Two lines appear. One color should be in the control region (C), and another color line in the test region (T). This negative result indicates that the drug concentration is below the detectable level.

**NOTE:** The intensity of the color in the test region (T) may vary depending on the concentration of the analytes present in the specimen. Therefore, any shade of color in the test region (T) should be considered negative. This is a qualitative test only and cannot determine the concentration of analytes in the specimen.

**Positive:** One color line appears in the control region (C). No line appears in the test region (T). This positive result indicates that the drug concentration is above the detectable level.

**Invalid:** Control line fails to appear. Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for the control line failure. Review the procedural and repeat the test using a new test dip card. If the problem persists, discontinue using the lot immediately and contact your distributor.

### **Quality Controls**

A procedural control is included in the test. A red line appearing in the control region (C) is considered an internal procedural control. It confirms sufficient specimen volume, adequate membrane wicking and correct procedural technique.

Kova Detectable Liquid Control Urine is used as external control. It consists of negative control and positive control. External controls are performed every new lot reagent material and every first day of the month.

### **Storage And Stability**

1. The kit can be stored at room temperature or refrigerated (2-30 degrees Celsius /36-86 degrees Fahrenheit until the expiry date printed on the pouch.
2. The test dip card must remain in the sealed pouch until use.
3. The kit should be kept out of direct sunlight.
4. DO NOT FREEZE.
5. Do not use beyond the expiration date.

### **Precautions**

1. Do not use after the expiration date indicated on the package. Do not use the test if the foil pouch is damaged. Do not reuse the test.
2. The test dip card should remain in the sealed pouch until use.
3. Avoid cross-contamination of specimen by using a new specimen collection container for each specimen obtained.
4. Read the entire procedure carefully prior to testing.
5. All specimens should be considered potentially hazardous and handled in the same manner as infectious agents.
6. Humidity and temperature can be adversely affecting results.
7. The used test dip card should be discarded according to federal, state, and local regulations.

### **Limitations**

1. The One Step Fentanyl Test Dip Card (Urine) provides only a qualitative, preliminary analytical result.
2. This assay provides a preliminary analytical test result only. A more specific alternative chemical method must be used in order to obtain a confirmed analytical result. Gas chromatography/mass spectrometry (GC/MS) and liquid chromatography / mass

spectrometry / tandem mass spectrometry (LC-MS/MS) have been established as the preferred confirmatory method by the National Institute on Drug Abuse (NIDA). Clinical consideration and professional judgement should be applied to any test result, particularly when preliminary positive results are indicated.

3. It is possible that technical or procedural errors, as well as other interfering substances in the urine specimen may cause erroneous results.
4. Adulterants, such as bleach and/or alum, in urine specimens may produce erroneous results regardless of the analytical method used. If adulteration is suspected, the test should be repeated with another urine specimen.
5. A positive result indicates presence of the drug or its metabolites but does not indicate level of intoxication, administration route or concentration in urine.
6. A negative result may not necessarily indicate drug-free urine. Negative results can be obtained when the drug is present but below the cut-off level of the test.
7. Test does not distinguish between drugs of abuse and certain medications.

**REFERENCES:**

One Step Fentanyl Test Dip Card (Urine) Package Insert

Senate Bill (SB) 864 – Fentanyl Screening in GACHs, Health and Safety Code (HSC) section 1259.3 [www.cdph.ca.gov/programs/CHCQ/LCP/Pages/AFL\\_22-25](http://www.cdph.ca.gov/programs/CHCQ/LCP/Pages/AFL_22-25)

**COMMITTEE APPROVALS:**

P&P: 9/6/2023

MEC: 10/3/2023

# MAYERS MEMORIAL HEALTHCARE DISTRICT

## POLICY AND PROCEDURE

### PETTY CASH - CLINIC

#### **PURPOSE:**

The primary purpose of this policy is to identify proper handing, use and storage of petty cash within Mayers Memorial Hospital District's Rural Health Clinics.

#### **PROCEDURE:**

- A cash box will be stored inside of a locking drawer in the front office clerks' desk. Both front office clerks and the clinic manager will a key/code to both the drawer.
- \$70-\$100.00 of petty cash will be stored in the cash box at all times.
- Any expense receipts will be stored in the cash box until the manager accounts for them.
- Reconciliation of the cash box needs to occur once a month. Documentation of cash box reconciliation needs to be provided to the Clinic Manager at this time.
- Petty cash is only to be utilized to provide change to individuals paying patient balances/co-pays/deductibles and addition expense for mailing.
- Any monies collected, must have a receipt attached stating what it was for and what method used to pay then stored in the cash box.

#### **Weekly Report-Mandatory**

- Every Wednesday evening a report of all cash & credit card receipts will be run through Electronic Health Record system. That report will then be sent to the Billing Office via interoffice mail system.
- If cash or checks have been collected from the prior Thurs through that Wed evening, a deposit slip is filled out & ready for deposit on Thursday at lunch time at Tri Counties Bank.
- Deposit slip book & bag will be stored in a drawer in the front office.
- The employee that deposits the cash will keep record of date deposits were made and submit to Billing office.

#### **COMMITTEE APPROVALS:**

P&P: 9/6/2023

## Human Resource October 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 selected a current MMHD employee that will be starting the in-house Scrub Tech program and are interacting with multiple permanent and locum Surgeon and CRNA candidates.

#### *H1B Visa/International Recruitment*

We have successfully placed a CLS from the Philippines, filling our last full time opening in the Laboratory. We are already interacting with other companies, exploring alternate H1B visa placement options.

#### *Career Fairs*

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

- Oregon Tech in Klamath Falls on October 20
- College of the Siskiyou in Weed on October 24
- Chico State University in Chico on October 25
- Shasta College in Redding November 2

### **Employee Health, Wellness and Benefits**

#### *Employee Assistance Program – Modern Health*

On October 30, benefit eligible employees and their dependents, will have access to our new Employee Assistance Program, Modern Health. The system provides support topics including Emotional, Professional, Relationships, Physical and Financial. Employees can choose from one-on-one care, group care, or self-care options. Additionally, each participant will have direct access to 6 therapy and 8 coaching sessions.

#### *Work Related injury and Illness-*

For 2023, we have had 10 reportable claims resulting in 48 days away from work. Of these claims, 5 were from employees that claimed they contracted COVID from work, resulting in 21 days away from work.

There have been 10 first aid injuries resulting in 1 day away from work.

We are currently evaluating, and communicating with other healthcare facilities, about how we are managing work related COVID exposures.

### *Insurance Renewal and Open Enrollment*

We have been working closely with Finance on our annual insurance renewal and transition to our new partners. Due to this hard work, we will not be increasing any employee insurance premiums going into next year.

We are looking forward to finalizing all our coverage options and are aiming for our Open Enrollment period at the end of November.

### *Additional Employee Benefits – HealthTrust GPO*

The HR team had a chance to meet with our new GPO, HealthTrust, and have identified some additional employee benefits that are available.

HealthTrust provides an alternate Education Portal, that can be used by staff to obtain CEUs. MMHD employees will also have access to discounts and exclusive pricing to over 250 retailers. We are looking forward to marketing this availability out to staff.

### *2024 Legislation*

The HR department will begin policy review and updates related to updated labor law compliance for Leave of Absence, Increased Sick Time, Workplace Safety, Discrimination, Harassment and Retaliation, Notice Requirements, Minimum Wage and COVID-19.

### **Events/Conferences**

Scheduled to attend the Trusted Leader Summit November 7<sup>th</sup>, 8<sup>th</sup> & 9<sup>th</sup>.





# EMPLOYEE STATISTICS

As of October 18 2023

**295**

Total employees

**17**

Open Requisitions

**39**

Available Positions

**PAYCOM:**

**9**

Active Applications

**RECRUITING AGENCIES:**

**4**

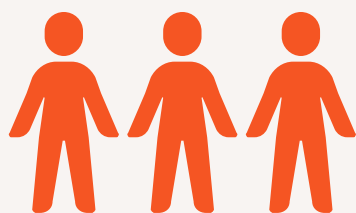
Active applications



**RETENTION VS. LOSS**

**7**

People hired/rehired Sept 21-Oct 18



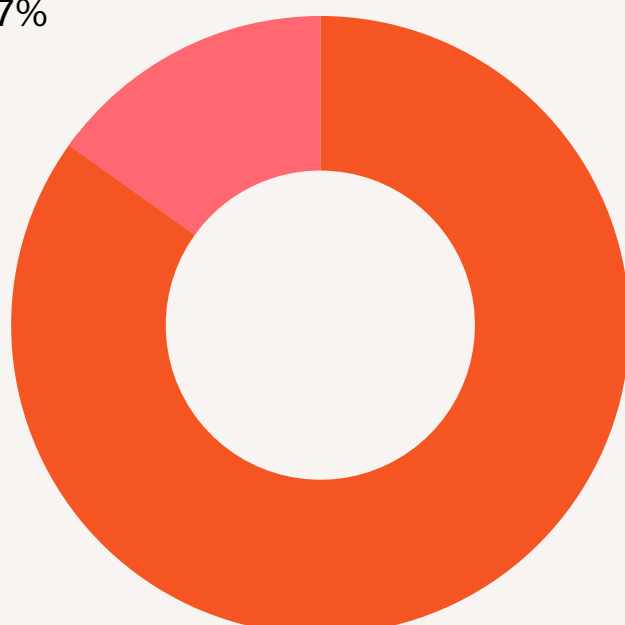
**3**

people terminated their employment Sept 21-Oct 18

**ADJUSTED TURNOVER STATS FOR JAN-SEPT: 54 TERM OVER 356**

Goal turnover for FY 24 is 17.52%

Adjusted Turnover 15.17%





**Bolded** = Actively Recruiting

\*= Top Priority

**Positions:**

**# available:**

Emergency Dept Medical  
Director

1

\***Front Office Clerk- Rural  
Health Clinic**

1

**Hospice Home Health Aide**

PER DIEM

\***Independent Retail  
Pharmacist**

1

**Med/Surg Acute RN**

1

**Med/Surg Acute Charge  
Nurse**

1

\***Pharmacist**

1

Radiology Tech

2

Rural Healthcare EMT

PER DIEM

Rural Healthcare Paramedic

1 FT, PER DIEM

\*Rural Health Clinic Medical  
Assistant

1

\***Skilled Nursing CNA**

10



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

**Positions:**      **# available:**

<b>*Skilled Nursing RN</b>	3
<b>*Skilled Nursing LVN</b>	11
<b>Skilled Nursing Charge Nurse</b>	1
Skilled Nursing Unit Assistant	OPEN FOR NEXT ROUND OF CNA CLASSES
Quality Data Analyst	1

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

**Legislation/Advocacy**

Here is an overview of a few of the bills signed by the Governor. Most notably SB525 which was signed at the last minute after long talks with the administration over concerns over state costs. There will be a clean-up bill in January which will likely make this a bill that is reviewed each year.

**SB 302** (Stern, D-Calabasas)

Signed by the governor on Oct. 8

Currently, “Ryan’s Law” requires health care facilities — including hospitals, skilled-nursing facilities, and assisted living centers — to allow terminally ill patients to use medicinal cannabis within the facility, subject to specified requirements. SB 302 adds patients who are over 65 years of age with a chronic disease to the list of those who can use medicinal cannabis within these facilities. It also includes home health in the definition of a health care facility, for most purposes. These patients are subject to the same requirements that are applicable to terminally ill patients. The bill adds additional requirements for patients over age 65 seeking to use medicinal cannabis and requires health facilities to train their staff on the facility’s written guidelines for the use and disposal of medicinal cannabis within the facility. The bill also authorizes a health care facility to suspend compliance with “Ryan’s Law” if a regulatory agency, the U.S. Department of Justice, or the Centers for Medicare & Medicaid Services makes an inquiry about the health care facility’s activities under this law or issues a notice to suspend funding.

**AB 48** (Aguiar-Curry, D-Winters)

Signed by the governor on Oct. 13

AB 48 establishes new rights and procedures for obtaining informed consent from skilled-nursing facility residents before administering treatments or procedures involving psychotherapeutic drugs, except in an emergency. As part of this new process, before treatment is initiated, skilled-nursing facilities must verify that a consent form has been completed to ensure specified information has been shared with the patient prior to providing consent. The California Department of Public Health (CDPH) is charged with developing the consent form. CDPH has until Dec. 31, 2024, to develop and disseminate the standardized consent form, and facilities are not required to comply until then. AB 48 is a reintroduction of AB 1809, a 2022 bill by the same author that was vetoed. CHA, along with the California Association of Health Facilities, successfully worked with the author’s office to secure amendments in AB 1809 to remove language that could have led to additional criminal or civil penalties for skilled-nursing facilities.

**AB 40** (Rodriguez, D-Pomona)

Signed by the governor on Oct. 13

AB 40 requires local emergency medical services (EMS) agencies, by July 1, 2024, to establish an ambulance patient offload time (APOT) standard of no more than 30 minutes 90% of the time. The bill also requires general acute care hospitals with an emergency department (ED) to develop, in consultation with their exclusive employee representatives, if any, an APOT reduction protocol. Beginning Dec. 31, 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, at minimum, biweekly calls with its local EMS agency and EMS providers. These calls will discuss the implementation of the APOT reduction protocol, among other requirements for EMSA.

**SB 525** (Durazo, D-Los Angeles)

Signed by the governor on Oct. 13

SB 525 rolls out a \$25 minimum wage for health care workers pursuant to these parameters:

- Organizations with 10,000 full-time equivalent workers or more will pay a minimum wage of \$23 in June 2024, \$24 in June 2025, and \$25 in June 2026. Minimum wage after 2026 will be indexed to the lower of inflation or 3.5%.
- Organizations that qualify for the longest step up in wages include: 1) the 31 hospitals in the state that are not part of a health system and are rural; 2) the 39 hospitals in the state that are not part of a health system and have a government payer mix of 75% or more, where government payer mix is determined by the share of utilization attributed to Medi-Cal and Medicare; and 3) the seven hospitals in the state that are part of a health system where both the hospital and the health system have a government payer mix of 90% or more, where government payer mix is determined by the share of utilization attributed to Medi-Cal and Medicare. Starting in June 2024, these hospitals will have to pay workers \$18 an hour. The minimum wage after 2024 will be increased by 3.5% annually until it reaches \$25 in June 2033; it is indexed thereafter to the lower of inflation or 3.5%.
- For hospitals that do not fall into one of the other two categories, they will pay workers \$21 in June 2024, \$23 in June 2026, and \$25 in June 2028. The minimum wage after 2028 will be indexed to the lower of inflation or 3.5%.

In addition, local governments are prohibited from enacting local laws relating to wages or compensation for health care facility employees.

**SB 616** (Gonzalez, D-Long Beach)

Signed by the governor on Oct. 4

SB 616 requires employers to provide at least 40 hours or five days of accrued sick leave or paid time off by the 280th calendar day of employment. It also requires that time to be allowed to be carried over into the following year. Additionally, the bill also increases the amount of paid sick leave or paid time off an employee can accrue from 48 hours or six days to 112 hours or 14 days

**AB 242** (Wood, D-Healdsburg)

Signed by the governor on Oct. 10

AB 242 makes the authority permanent for critical access hospitals to hire physicians directly by eliminating the sunset to the pilot program that was set to expire this year.

Marketing/Public Relations/Communications

**AB 1557** (Flora, R-Ripon)

Signed by the governor on Sept. 1.

AB 1557 makes 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 was reinstated as soon as the governor signed the bill.

## **Public Relations/Marketing**

We have been working with various departments on making website changes, clinic visits to promote ancillary services, and providing community information regarding our services. The clinic and mobile clinic are a priority.

We have seen an increase in web traffic as well as an increase in clicks on our social media links. These posts are designed to drive traffic to our various department pages on the website.

We will be advertising on AudioGo through November for employment needs. We have also provided materials to HR for attending the many recent career days.

Several events are on the schedule. The October community facing event was THINK PINK Day with educational information, swag and refreshments for the staff and community both in Fall River and Burney. For November we will be doing the Northstate Giving Tuesday with the Foundation to raise funds for our CNA program.

The clinic and Telemedicine departments represented MMHD at the Fall Fest at the Fairgrounds.

We have been successfully building our mailing list through the [FREE COOKBOOK](#) offer on the website. We used this list to send our first digital newsletter.



We have redesigned our news page on the website and will be using it for marketing purposes. Take a look [HERE](#)

We are also working with the [Pharmacy to promote](#) the new webpage ([VIEW HERE](#)). There are a lot of new items at the Gift Shop and holiday inventory will be arriving soon.

## **Foundation**

MHF will be involved in Northstate Giving Tuesday scheduled for Tuesday, November 28, 2023. The MHF board has once again designated the funds to be used for the MMHD Certified Nurses Assistant Program. Information on how you can support this cause will be sent out over the next month.

The [Denim and Diamonds Gala](#) is scheduled for Saturday, January 27, 2024, at the Ingram Hall at the Inter-Mountain Fairgrounds. Jared Hovis will be the featured entertainment. The foundation has announced the exciting [reverse raffle](#) for a [1965 FORD MUSTANG](#). This event will support Hospice and other healthcare service needs of MMHD.

The Volunteer Luncheon is scheduled for November 15<sup>th</sup> at the lodge. All board members should have received an invitation. We hope to see you there.

We will be ordering gifts for the skilled nursing resident birthdays. This is a fun and rewarding part of what the foundation gets to do to support MMHD.

A check was presented to MMHD in the amount of \$18,653.37 to the ambulance service. This was the result of a very successful golf tournament.

The Annual Appeal will go out in November. Be sure to watch for this in your mailbox. It is going to be a great document that staff has been working very hard on.

**October Board Report**  
**Clinical Division**  
**10/18/2023**

***Hospital Pharmacy***

- The new barrier isolator is installed, and airflow certification took place September 13<sup>th</sup>. A new isolator requires a quality process that includes viable particles/biological testing, media challenge, glove tip testing, surface sampling, and end-product testing. All the tests are complete.
- California requires automated dispensing machines (i.e., Pyxis®) machines to be licensed under certain conditions. One of those conditions is if an emergency department dispenses medications when retail pharmacies are closed. A State Board of Pharmacy inspector was onsite on October 10<sup>th</sup> for licensing the ER Pyxis® machine. The inspector asked for policy updates on the Pyxis® policy and Emergency Room Dispensing policy. She set a deadline of November 30<sup>th</sup> for Mayers to complete competency training (required at onboarding and annually) for all staff who access Pyxis®.
- 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. The Hospital Pharmacy and the Retail Pharmacy will be using the same software to achieve compliance.
- Covid Vaccines are being purchased through our wholesaler and administered through our Rural Health Clinic. Appointments are made like any other appointment and not through the MyTurn vaccination platform.

***Respiratory Therapy***

- The new ABG machine from Nova-Biomedical is being validated October 18<sup>th</sup> and 19<sup>th</sup> and will be in use after validation.
- Maryann Worthun, RT, is fully trained on Mayers PFT machine and is independent in conducting these tests.
- Respiratory therapy staff will be visiting Mountain Valley's Clinics and Pit River Clinic to promote the PFT program.

***Laboratory***

- The bio-fire machine went down in September. This is the machine that does rapid respiratory panels (including COVID) and rapid GI panels. Couriers to Modoc Medical were arranged until a "loaner" machine arrived. We are exploring options on replacement as this model has less than a year until end of life.
- A CLS who is working under the HB1 Visa program has started at Mayers. We are excited to have her. The only open CLS position is for a per diem.
- The conversion to Cerner was bumpy at first and many system conversion issues have been resolved. Unfortunately, outpatient wait times have increased and staff is working to smooth out the process. Charge capture is a difficult process and Kevin Davie, Director of Clinical Services, is auditing and working to fix the issues. One of the initial issues was duplicate charges for labs sent to LabCorp which had to be manually reversed.



## ***Imaging***

- The application for accreditation for the CT machine will need to be resubmitted after Mayers updates management and leadership with the American College of Radiology.
- Cerner conversion went well. Image reports are interfacing but the images themselves still need to be accessed via Ambra®. When the PAC system is updated, the images will be seamlessly viewed in the Cerner platform.
- Charge capture with Cerner is being reviewed daily to capture missing charges and ensure that current charges are correct.

## ***Physical Therapy***

- Implementation of Cerner for inpatients receiving physical therapy has gone well.
- Implementation of Cerner for outpatients has been difficult. Scheduling and the referral process has been difficult extending times to evaluations. Further training is scheduled for the end of the month. Outstanding issues include copay collection, number of authorized visit tracking, and obtaining physician signatures on initial evaluations and recertifications.
- Daryl Schneider, PT manager, is planning a trip to Plumas Hospital to see how the Cerner outpatient PT module is working there.

## ***Cardiac Rehab***

- At the Intermountain Fair, hands on CPR training was provided by Zita Biehle to over 100 people.
- Referrals for monitored patients have been strong.
- Stefanie Hawkins, PT scheduler, is doing cardiac rehab scheduling and prior authorizations.
- The updated Holter monitors software is loaded and will go live this month allowing electronic reporting of data.
- Balance boards purchased through a foundation grant are in place and in use. In addition to balance exercise in cardiac rehab, fall risk and home fall prevention education is available to patients.

## ***Retail Pharmacy***

- Retail pharmacy is administering flu shot via appointment. Appointments can be made through the Pocket Rx app (digital pharmacist).
- The pharmacy is going live with the VOW program the end of October. The equipment is scheduled to arrive the week of October 23. 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.
- Digital Pharmacist is an app that assists patients in managing their medication profiles and vaccinations. The pharmacy has sent over 2000 messages to customers through this platform. To promote this platform:
  - fliers have been provided to patients at time of pickup
  - one on one contact when patients call the pharmacy for refills
  - posts on social media
- On November 1 Mayers is moving from CaptureRx to Hudson Headwaters as 340B TPA. The change was necessary to ensure compliance with HRSA standards and to allow Mayers to grow our 340B services.

## NURSING SERVICES BOARD REPORT

October, 2023

### CNO Board Report

- Cassandra LaFave began as Interim DON-SNF, Sept. 24<sup>th</sup>. She is continuing to oversee Infection Prevention. She is training an LVN that is on light duty to assist with tasks.
- One self-report pending CDPH review
- Cerner GO-Live was Sept. 18. There are still some issues to work through but overall everything went well.
- ACHC regulations being reviewed with Quality and Acute Departments. Work in progress restructuring policies and procedures.

### SNF

- Census- (79) Fall River- 33 Burney Annex- 25 Memory Care- 21
  - Fall River – 2 Female bed, 2 Male beds, 1 Hospice or 2 M/F available.
  - Burney – 3 Female beds available.
- All five students passed their written and skills state test on 10/5/23.
- Currently we have 4 Unit Assistants ready to enter the next CNA class tentatively scheduled for January.
- Continuing to struggle with staffing in-house nurses. Medifis and NPH are meeting our needs at this time to maintain staffing ratios.
  - Shasta College reached out with a VN student that is interested in precepting in Burney. The student has expressed intent to apply after gaining licensure.
  - SNF & Acute Director will attend the Shasta College Job Fair on November 2<sup>nd</sup>.
- One self-report pending CDPH review.
- SNF Cerner implementation is on track to start at the end of November.

### Acute

- Sept 2023 Dashboard
  - Acute ADC 2.9, LOS 4.83
    - i. Patient unable to go to swing due to insurance issues caused high LOS for month, similar results occurred in August.
  - Swingbed ADC 2.46, LOS 8.22
- Sept Staffing: Required 8 FTE RN/LVN's, 2 PTE RN's, 4 FTE CNA's & 2 FTE Ward Clerks
  - Utilizing 2 PTE NPH travelers.
  - Open positions: 1 Noc RN

## Emergency Services

- August 23 Dashboard
  - Total treated patients: 345
  - Inpatient Admits: 20
  - Transferred to higher level of care: 25
  - Pediatric patients: 62
  - AMA: 12
  - LWBS: 2
  - LPTT: 0
  - Present to ED vis EMS: 34
- August Staffing: Required 8 FTE RN, 2 PTE RN's, 2 FTE Tech's
  - Utilized 3 FTE contracted travelers
  - RN Supervisor continues with temporary role of Project Manager for Cerner
    - Utilizing (1) contracted traveler to fill this open FTE position temporarily
  - Open positions: 2 FTE RN

## Ambulance Services

- Ambulance Runs-- 40 ambulance runs for the month of September.
- In September they covered the IM-Fair without any issues. They were able to cover all events needing coverage with extra-staffing.

## Outpatient Surgery

- Surgery remains closed for the month of October.
- Recruiting for General Surgeon. Scheduling interviews for candidates.
- Surgical technician program being initiated. Candidates interviewed, one candidate offered position and has accepted.
- Met with Kimberly Myers, surgical technician student for a tour of the operating rooms and sterile processing area. Overview of job duties discussed.
- Weekly Meetings with Cerner Lead Jacob Snider. Working on Charge Dropping.
- Surgical Policies updated and sent to committee for approval.
- Daily, Weekly, and Monthly list of duties for surgery department compiled and shared with Leanne Melang

## OPM

- The Outpatient Census (*110 approx. a month*) July 140 patients and 167 procedures, August 112 with 138 procedures, September go live with Cerner. Working on how to run statistics.
- Working toward mastering Cerner documentation and work flows and following up on Cerner tickets/revenue
- Met with Finance and CorroHealth consultants to review charges. It was a great meeting we would like to book again with Dr Magno and entire department to review charge master.

## Clinical Education Report

- **TRAINING CALENDAR--** BLS training is scheduled for October 23. The classroom in Burney is a training site option for us now that the NATP has ended. ALL staff requiring BLS, ACLS and PALS are currently certified.
- There are 6 participants requiring renewal and 3 are scheduled for renewal in October on the 23<sup>rd</sup>. The other 3 have scheduled elsewhere or are working with me to reschedule.
- CNA Skills Fair is scheduled for October 23, 24, and 26.
- **Nurse Assistant Training Program (NATP)--** The NATP ended on 9/19 with five students completing the course. They have been registered for CDPH testing for certification on 10/5 at the Burney Facility. We have been able to recruit the Credentia Organization to return to the Intermountain area after relocating to Redding for testing. This is a win for our students and other NATP programs in the area.
- **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 was held 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 last year. We are very grateful that Credentia has agreed to test our students in Burney on 10/5/23. Karen Harvey has requested additional testing for students in Shasta, Lassen and Modoc County. We will continue to work with her in a collegial manner for the benefit of all.
- **Mayers Foundation Grant Funds—**A request for grant funds for a Geri Auscultation Manikin was submitted on 7/31/23 and happily was awarded to our department. This manikin will allow training on over 35 nursing and medical 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. It has been ordered from WorldPoint vendor and delivery is expected soon.

Respectfully Submitted by Theresa Overton, CNO

## Chief Operating Officer Report

Prepared by: Ryan Harris, COO

### Facilities, Engineering, Other Construction Projects

- **Criteria Document Kickoff Meeting:** The project has entered its next phase as the leadership team provided valuable insight into their respective departments, adding depth to the overall design.
- **Burney Fire Alarm Panel:** The project is ongoing, with delays due to unforeseen conditions. A meeting with Burney Fire will be held on October 20th to review the project and ongoing fire watch.
- **Fall River AC Project:** Work was delayed due to other projects taking priority this month.
- **The final contract for the Solar Project** has been agreed upon by both MMHD and Veregy Solar pending board approval. The final contract and public hearing notice will be planned for the October board meeting.
- **Cable Management System Project:** The project has been put on hold due to permit requirements. Unused cables will be removed, and existing cables will be rerouted through existing hangers to meet ACHC requirements.
- **Fire and Smoke Barrier Update:** Maintenance staff will be recertified as certified HILTI fire stop installers prior to starting the project. Approval from HCAI is still pending. During this project maintenance will All ceiling tiles will be replaced, and cabinets will be skinned in the rooms.
- **Dietary Department Casework Replacement:** Design and permitting continue in order to provide a long-term solution to survey citations.
- **AB2511 Requirement:** Aspen Street Architects and Edge engineering have been engaged to assist in meeting the requirement. Resident rooms will be cooled, and documents are being prepared to submit to HCAI.
- **Emergency Water Rationing and Wastewater Storage Plan:** The plan is due to HCAI on 1/1/24. Aspen Street Architects and Nexus have been engaged to assist in its development.
- **Annual Compliance Reporting:** We have submitted and received approval for signage showing the locations of each non-compliant building on our campus.
- **Transformer Relocation:** Moving the transformer to the landscaped area next to the ambulance garage is being considered to reduce costs.
- **Building Demographic for ACHC:** Work with Aspen continues to create the demographic.
- **Winter Preparedness:** To prevent damage to the sidewalks, a new ice melt will be used and sprinkler lines will be blown out to prevent pipes from freezing. In addition, we have ordered an air skirt, tire covers, and stair pillows for the mobile clinic to prevent freezing. To improve traction and safety, we have also ordered a landing and stairs for the mobile clinic.
- **Med Gas Panel:** Completion is nearing, with location changes due to framing complications.

### IT

- **Cerner Tasks:** The remaining tasks are being wrapped up, and tickets are being managed.
- **Starlink Deployment:** Deployment has been completed to eliminate dependence on the AT&T wireless connection.

- Epic Medical Records: Work is being done to import the records to the OneContent Archive system.
- VOW IVR Setup: Planning has started for Retail Pharmacy, requiring support from IT for deployment.

### **Food and Nutritional Services**

- We received a MHF Department Award grant for new Heavy Duty Utility Cart and Meal Delivery carts. We are very excited to have new equipment. Thank you to MHF!
- Burney Dining room is getting an informational TV installed to help keep the dietary staff informed of everything going on.
- Continue to work on ACHC policies, procedures, gap analysis and prepare for survey.

### **Rural Health Clinic**

- Flu Vaccinations: Offered at the RHC and mobile RHC.
- Fall Fest and Elementary Back to School Night: Booths were hosted at both events.
- Cerner Workflows: Staff is adapting and embracing new workflows.
- Compliance Team Survey: Call is scheduled for Wednesday, October 25th to review the findings.

### **Environmental Services**

- Staffing: Staff levels are back up, with new hires being trained for the FR floors.
- Linen Inventory: Damaged linen is being tracked and evaluated. Training is needed to reduce costs.
- Linen Helper Software: Almost complete, the program will be used for inventory management.

### **Employee Housing**

- Water Filtration System: Quote received and reviewed.
- Hot Water Heater Maintenance: Plumber has been scheduled to perform routine maintenance and investigate sulfur smell.
- Radiology Manager Housing: Transitioned into permanent housing with assistance from MMHD lodging.

**Telemedicine:** Please refer to the attached report.

## Telemedicine Program Update as of October 9, 2023

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

We have completed a total of 2,563 live video consults since August 2017 (start of program).

### Endocrinology:

- Dr. Bhaduri saw 24 patients in August and 20 in September.
- We've had 886 consults since the start of this specialty in August 2017.

### Nutrition:

- Jessica saw three nutrition patients in August and three in September.
- We've had 188 consults so far since we started this specialty in November 2017.

### Psychiatry:

- Dr. Granese saw six patients in August and nine in September.
- We've had 666 consults since the beginning of the program in August 2017.

### Infectious Disease:

- Dr. Siddiqui saw two patients in August and two in September.
- We've had 109 consults since the start of this specialty in September 2017.

### Neurology:

- Dr. Usmanova saw seven patients in August and three in September.
- We were notified last week that Dr. Usmanova's service will end at the end of October. We are working on getting a new Neurology NP credentialed in a timely manner to avoid a break in services.
- We've had 458 consults since the start of the program in November 2018.

### Rheumatology:

- Dr. Tang saw four patients in August and five patients in September.
- We've had 90 consults since the start of the program in May 2020.

### Nephrology:

- Dr. Bassila saw two patients in August and three in September.
- We've had 17 consults since the start of the program in April 2023.

### Talk Therapy:

- We began talk therapy services with Ryan McNeel, LCSW in mid-April 2023. Currently he sees three patients a week and this service has been going well.

### Telemedicine Coordinator position:

- Amanda Harris will transition services over to Samantha Weidner permanently in February 2024.

Telemedicine Program FY 22-23 Goals:

- The FY 22-23 Telemedicine Program Goals were to increase total visits by 5% and add a new specialty. We were able to increase total visits by 9% by fiscal year end and added two new specialties – Nephrology and Talk Therapy.

