

Chief Executive Officer
Ryan Harris



Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tami Humphry, Treasurer
Lester Cufaude, Director
James Ferguson, Director

Board of Directors
Regular Meeting Agenda
April 24, 2024 @ 1:00 PM
Mayers Memorial Healthcare District
Burney Annex Boardroom
20647 Commerce Way
Burney, CA 96013

Microsoft Teams Meeting: [Click here to join the meeting](#)
Meeting ID: 250 867 749 904 Passcode: EMekHR
Phone Conference: 1-279-895-6380 Phone Conference ID: 179 738 937#

Mission Statement
Leading rural healthcare for a lifetime of wellbeing.

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

				Approx. Time Allotted
1	CALL MEETING TO ORDER			
2	2.1 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS			
	Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.			
3	APPROVAL OF MINUTES			
	3.1	Regular Meeting –March 27, 2024	Attachment A	Action Item 1 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:			
	4.1	Resolution 2024.06 –March Employee of the Month	Attachment B	Action Item 2 min.
	4.2	Safety Quarterly Dana Hauge	Attachment C	Report 2 min.
	4.3	Lab Sophia Rosal	Attachment D	Report 2 min.
	4.4	Radiology Harold Swartz	Attachment E	Report 2 min.
	4.5	Food & Nutrition Services Susan Garcia & Jen Taylor	Attachment F	Report 2 min.
5	BOARD COMMITTEES			
	5.1 Finance Committee			
	5.1.1	Committee Meeting Report: Chair Humphry		Report 5 min.
	5.1.2	March 2024 Financial Review, AP, AR and Acceptance of Financials		Action Item 5 min.
	5.2	Strategic Planning Committee – No April Meeting		
	5.3	Quality Committee –		

	5.3.1	April Quality Meeting Committee Report	Report	5 min.
6	NEW BUSINESS			
6.1	Policies & Procedures Summary 4-1-2024		Attachment G	Action Item 5 min.
	Policies & Procedures: Medical Staff Bylaws: Article 10 Medical Staff Rules: Rule 1 Alkaline Phosphatase Automated LDL Cholesterol Core Privileges General Surgery Dental Care, Swing Bed Decontamination & Sterilization Discharge Planning Emergency Operations Plan 2024 Emergency Operations Plan – Communications Plan Emergency Operations Plan – Crisis Communication Employee Health Program Employee Health Program Appendix 1 Workers Compensation – Employee Injury Employee Injury Packet & Instructions Evacuation & Shelter in Place Plan 6.2 Fatality Management – Mortuary Services Action Item 5 min. High-Level Disinfection Immediate Use Steam Sterilization Invoking the 1135 Waiver Lockdown Procedures in an Emergency Plan Multi-Disciplinary Plan of Care Operating room Cleaning and Terminal Cleaning Patient Care Plan – Interdisciplinary Guidelines Patient Rights, Acute & Swing Patient Rights Form – English & Spanish Preparing, Assembling, Wrapping and the Distribution of Sterile Equipment Restraint Log Physical Restraint Record Form MMH250 Restraint Log MMH578 Security – Emergency Management Policy Staff & Patient Tracking During an Emergency Situation Swing Bed Patient Care Plan Multi-Disciplinary Guidelines Swing Bed Social Services Volunteers – Assigning Disaster Responsibilities to Volunteers			
6.3	ACHC Board Bylaws – Workshop		Discussion	10 min.
7	ADMINISTRATIVE REPORTS			
7.1	Chief's Reports – <i>Written reports provided. Questions pertaining to written report and verbal report of any new items</i>			
	7.1.1	Chief Financial Officer – Travis Lakey	Report	5 min.
	7.1.2	Chief Human Resources Officer – Libby Mee	Report	5 min.
	7.1.3	Chief Public Relations Officer – Val Lakey	Attachment H	Report 5 min.
	7.1.4	Chief Clinical Officer – Keith Earnest	Report	5 min.
	7.1.5	Chief Nursing Officer – Theresa Overton	Report	5 min.
	7.1.6	Chief Executive Officer – Ryan Harris	Report	5 min.
8	OTHER INFORMATION/ANNOUNCEMENTS			

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8.1	Board Member Message: Points to highlight in message	Discussion	2 min.
8.2	Board Governance Tool Kit – Governance & Management	Discussion	5 min.

9 MOVE INTO CLOSED SESSION

Hearing (Health and Safety Code § 32155) – Medical Staff Credentials

Staff Status Change:

- Chuck Colas, DO – to Inactive
- Saif Siddiqui, MD – to Inactive
- Tikoos Blankenberg, MD – to Inactive
- Frederic Jones, PhD – to Inactive

AHP Appointment:

- Lewis Furber, NP (Pit River)

Medical Staff Appointment:

- Dale Syverson, MD – General Surgery
- Charles Westin, MD – Radiology
- Alexander Vogel, MD – Radiology
- Sanford Smoot, MD – Radiology
- Masood Siddiqui, DO – Radiology
- Shree Shah, MD – Radiology
- Dishant Shah, MD – Radiology
- Faranak Sadri-Tafazoli, MD – Radiology
- Avez Rizvi, MD – Radiology
- William Randazzo, MD – Radiology
- 9.1 Teppe Popovich, MD – Radiology
- William Phillips, MD – Radiology
- Benjamin Park, DO – Radiology
- Ellen Johnson, MD – Radiology
- Miriam Hulkower, MD – Radiology
- James Haug, DO – Radiology
- Mark Harshany, MD – Radiology
- Jeffrey Grossman, MD – Radiology
- Kenneth Edgar, MD – Radiology
- Lillian Cavin, MD – Radiology
- Courtney Carter, MD – Radiology
- Dennis Burton, MD – Radiology
- James Brull, DO – Radiology
- John Boardman, MD – Radiology
- Michael Bevern, MD – Radiology
- Robert Berger, MD – Radiology
- Troy Belle, MD – Radiology
- David Bass, MD – Radiology
- Daniel Baker, MD – Radiology
- Asif Anwar, MD – Radiology
- John Anderson, DO – Radiology
- Sandeep Amesur, MD – Radiology
- Batook Hussain, MD (UCD) - Neurology

10 RECONVENE OPEN SESSION

11 ADJOURNMENT: Next Meeting May 22, 2024

Posted 04/19/2024

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Chief Executive Officer
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Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tami Humphry, Treasurer
Lester Cufaude, Director
James Ferguson, Director

Board of Directors
Regular Meeting
Minutes

March 27, 2024 – 1:00 pm
FR Boardroom & Microsoft Teams

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

CALL MEETING TO ORDER: Abe Hathaway called the regular meeting to order at 1:00 PM on the above date.

BOARD MEMBERS PRESENT:		STAFF PRESENT:	
Abe Hathaway, President		Ryan Harris, CEO	
Jeanne Utterback, Vice President		Travis Lakey, CFO	
Tami Humphry, Treasurer		Theresa Overton, CNO	
Lester Cufaude, Director – on the phone for medical reasons		Valerie Lakey, CPRO	
Jim Ferguson, Director		Keith Earnest, CCO	
ABSENT:		Libby Mee, CHRO	
		Jack Hathaway, Director of Quality	
		Rachel Morris, Purchasing	
		Danielle Olson, Business Office	
		Jessica DeCoito, Board Clerk	
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS:		
3	APPROVAL OF MINUTES		
3.1	A motion/second carried; Board of Directors accepted the minutes of February 28, 2024	Humphry, Utterback	Approved by All Cufaude - Y
4	DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS		
4.1	A motion/second carried; Liliana Venegas was recognized as January Employee of the Month. Resolution 2024-04. A dedicated and responsible member of the Mayers. Continually goes above and beyond for MMHD and her Patient Access team. Patients love her kind smile and the help she provides each person that walks through our doors. She is very deserving of this honor! Congratulations!	Utterback, Humphry	Approved by All Cufaude - Y
4.2	A motion/second carried; TCCN Children's Program. Resolution 2024-05. In order to get our license for the children's programs, we have to submit this in the transfer of ownership.	Utterback, Ferguson	Approved by All Cufaude - Y
4.3	Purchasing: written report submitted. Continue to work through the new GPO set ups. Working through the non-stock items in ED and then will move into Acute. Looking for an organization that will take our outdated, like a veterinary office or nursing school for practices.		
4.4	Business Office: written report submitted. Continue to work down the AR days. And Days Not Final Billed payments are going down. Our department worked hard with our Ambulance department to get their billing fixed in Cerner and it is now working properly. Goal to become in Certified Revenue Cycle to help bring more knowledge and training in the financial world of healthcare.		
4.5	Rural Health Clinic: written report submitted. Staff retention is always a challenge but seem to be doing good with a full staff onsite.		

5 BOARD COMMITTEES

5.1	Finance Committee		
5.1.1	Committee Report: AR is down but our accounts at 180+ days is with a contracted service to work down. Cash on hand will dip with the expected rate range and QAF payments coming in April-May.		
5.1.2	February 2024 Financials: motion moved, seconded and carried to approve financials.	<i>Cufaude, Humphry</i>	<i>Approved by All Cufaude - Y</i>
5.1.3	Cornerstone Community Bank Signatory Change: removing Louis Ward and adding on Ryan Harris, CEO and Travis Lakey, CFO. Motion moved, seconded and carried to approve.	<i>Utterback, Cufaude</i>	<i>Approved by All Cufaude - Y</i>
5.2	Strategic Planning Committee Chair Utterback: No Meeting held in February		
5.3	Quality Committee: No Meeting held in February		

6 NEW BUSINESS

6.1	Policy & Procedures: Charity Care Policy HHS Poverty Guidelines – 75% MMH388 Credentialing Policy Indoor-Outdoor Walking Surfaces Irregularities Medication Verification – RHC Safe Ladder Use Surgery, General Core Privileges	<i>Cufaude, Humphry</i>	<i>Approved by All Cufaude - Y</i>
6.2	Infection Control Plan: motion moved, seconded and approved.	<i>Utterback, Humphry</i>	<i>Approved by All Cufaude - Y</i>
6.3	Medical Staff Bylaws: motion moved, seconded and approved. Blue is what ACHC requires and Red is the change MMHD has made.	<i>Humphry, Cufaude</i>	<i>Approved by All Cufaude - Y</i>

7 ADMINISTRATIVE REPORTS

7.1	Chief's Reports: written reports provided in packet		
7.1.1	CFO: no further questions.		
7.1.2	CHRO: HR team is looking at restructuring and realigning. Actively recruiting for a Physical Therapist, and two pharmacists, one in retail and one hospital. Ten CNA positions open but focused on getting 7 full time.		
7.1.3	CPRO: Highlight to our volunteers at the Thrift Store. TCCN is progressing really well. Foundation has increased the scholarship funds to \$20,000 this year. Our Foundation Board is full now with 9 members.		
7.1.4	CCO: Thank you to Ralph for cleaning the floors in the Pharmacy. Antibioqram gives us data for providers to appropriately assign the correct drug to the correct patient for the correct diagnosis. Home Blood Pressure monitoring program will be rolled out in April but there are restrictions to who can use them.		
7.1.5	CNO: Our first week of Surgery was 10 scopes with referrals coming for more to occur the week of April 8 th . Un-confirmed scabies outbreak is now under control and our staff worked so hard to putting actions in place to control the outbreak.		
7.1.6	CEO: Staff brought about a retention program for non-clinical and non-licensed staff. After the managers came up with an idea, the Executive Leadership Team is looking at how to implement a retention program based on years of service in 5 year increments, taking into account any disciplinary notes on employee, as well as financial stability of the hospital. At the same time, we will look at our retention numbers and if this program is positively effecting our numbers and make adjustments as needed. With the loss of our CNA program because of our IJ tag, we will evaluate different opportunities to continue providing education outlets for CNA's. Our Leadership team is looking to establish a Care Coordination team. We will be setting up a Strategic Planning session in June.		

8 OTHER INFORMATION/ANNOUNCEMENTS

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8.1 Board Member Message: Employee of the Month, Welcome to the Foundation Board, Thrift Store Hrs, Health Fair on June 22nd, Golf Tourney August 3rd, Scholarships through Foundation, Surgery is OPEN, TCCN Update.

8.2 Board Governance Tool Kit – Community Engagement: Building relationships with our community: businesses and constituents. Reach out to our bigger employers in the area to show them the services we provide for their company and employees, and to look at other opportunities for them. Building a collaboration between all. Look into mental wellness opportunities. Conduct another community needs assessment and make it more personal with in person asks at the health fair and other events, and have all results compiled by July. Distinguish Burney vs FR needs.

9 ADJOURNMENT: 4:09 PM
Next Meeting April 24, 2024

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



RESOLUTION NO. 2024-06

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

Rowan Dietle

As March 2024 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, Rowan Dietle is hereby named Mayers Memorial Healthcare District Employee of the Month for March 2024; and

DULY PASSED AND ADOPTED this 24th day of April by the Board of Trustees of Mayers Memorial Healthcare District by the following vote:

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

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

ATTEST:

Jessica DeCoito
Clerk of the Board of Directors

Safety Quarterly Board Report April 2024

Safety Officer: Dana Hauge

On April 9th and 10th, we were able to participate in the, Every 15 Minute Drill with Fall River High School Senior Isabella Cordova. The Program was started as an initiative to show teens the dangers of drunk driving. As the years have progressed (I participated in 1996) the program has grown. We were very excited to participate and will be able to use the event as a regulatory community-based exercise. I was able to help from start to finish and was the Grimm Reaper- a position I took seriously and was on campus for both days and enjoyed the aspects of community safety outreach and working with the Chemical People out of Redding, CHP, Shasta County Sheriff, Action News, Allen and Daul mortuaries, Cal-Fire Local fire department volunteers and Fall River High School.

Please use this link to see the video. <https://youtu.be/GzYc2ThjFoU?si=5WzLWi4mBK4OBUsv>

Our teams participated in the following ways:

- Planning Committee- Dana Hauge, Moriah Padilla, Bridget Bernier, Gonzo Solorio
- Moulage Makeup for the ER scene and the event- Moriah Padilla, Bridget Bernier
- Filming the Emergency Room scene - ER team and Dr. Watson
- Two Ambulances and Crews- Gonzo Solorio and crews (as well as third ambulance coverage)
- Use of the helipad
- The teens involved in the car were escorted to our facility by EMS after the event to clean up.
- Grimm Reaper Dana Hauge
- Photos and PR- Rowan Dietle

ACHC

The Emergency Operations Plan and appendices is part of the April board packet. There will be more in the May board packet. Under new guidelines from ACHC there will be new additions to performance process, and we will have a very robust program.

The Fire Management, Safety, Hazardous Materials and Security Programs are being re-written and will also prove to be robust with great improvements.

Safety Initiatives

I am currently working with Jeff Miles and the IT department as well as the Facilities and Construction Departments to make sure consistent access controls are in place and our camera systems are improved. This will allow us to maintain a secure and safe environment.

Emergency/Safety/Security Response and Trainings

We conducted another Tabletop Drill with management with the intent of showing them what an Incident Command structure may look like. The outcomes were as expected with great interest in further knowledge of the National Incident Command Structure and FEMA structures. The drill presented a need to evacuate the Burney Annex due to wildfire- a precursor to a live drill later this year. We have excellent leadership and when an emergency does happen, we will be able to respond efficiently and as a team.

We are currently updating employees' ICS 100 and ICS 200 FEMA training as a District.

Upcoming Trainings

- **April 25th Shasta/Region-III Functional tabletop Exercise: Cybersecurity**
 - Cybersecurity is an emerging topic in Emergency and Disaster Preparedness. FEMA shows increased levels of cybersecurity threats nationwide. Jeff Miles, IT manager, and I will be heading to this four-hour exercise and will be coming back to write a new cybersecurity emergency response plan.
- **May 20th Functional Drill (Weather permitting)**
 - This drill will address both facilities and will coincide with the two table tops we have completed. Employee participation will look different depending on the employee's department.
- **May 23rd Spring Safety Event (Weather permitting)**
 - The second of the safety series. The second event will take place in Fall River outside on the bluff.

Respectfully submitted by: Dana Hauge, CEAS, Safety Officer



People Pillar



Executive Leader: Ryan Harris
Director or Manager: Dana Hauge

Department: Safety and Emergency Preparedness

Last Updated: 1/22/2024

FY24 (July 1, 2023 - June 30, 2024)	Specific Plan & Estimated Completion Date	Driver	Current Actions
<p>Increase active engagement in Safety and Emergency Preparedness Measures and Education for Staff with 45-50% participation.</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, Regina</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.</p> <p>Safety Event (Fair)- Spring 2024, Fall River Facility Focus: Hazmat, Fire, Emergency Preparedness, Safe Patient Handling</p> <p>Event 1, COMPLETED Nov. 2024 116 participants</p> <p>Event 2 Scheduled May 23,2025 1:30-5:30 weather permitting</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>May 23, 2024 Shasta County HCC, Mercy Medical Center, First Net Participation in Spring. Possible topics; 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>		<p>April, 2024 Disaster Trailer is out and will be cleaned and ready to show at the event.</p> <p>April/May 2024 Decontamination Tent is on the schedule for maintenance and will be out for viewing</p> <p>Jeremy Willis- Modoc Medical Center will be attending as an instructor in papers or decon methods</p>
Priority Ideas for Next Year			



People Pillar



Executive Leader: Ryan Harris

Director or Manager: Dana Hauge

Department: Safety and Emergency Preparedness

Last Updated: 1/22/2024

FY24 (July 1, 2023 - June 30, 2024)	Specific Plan & Estimated Completion Date	Driver	Current Actions
Priority:			
Full/Functional Disaster Drill with Table Top exercise.(mass casualty and or evacuation)	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. COMPLETED	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. This drill meets our compliance requirements for 2023. This drill was completed with great success. 10/24 A second table top focused on managers is scheduled for February 22nd 2024 meeting compliance requirements for 2024. Completed.
	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. E15 COMPLETED Burney Facility Drill SCHEDULED	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. -Functional Drill scheduled 5/20/2024 --Mayers ED employees will participate in "The Every 15 minutes Drill" 4/9 and 4/10 a senior project by FR high senior Isabella Frances. A mass casualty drill will be added into the scene as the Chemical People out or Redding film the arrival and the treatment of the teenagers. MMHD will also be in charge of the makeup artistry. the Drill in April 9 and 10th with filming date yet to be determined. 1/12/24 This drill was completed. It matches all requirments of a full/functional community event. April 9th and 10th.
		Dana	10/23 Local Law Enforcement and fire personnel have committed to attending, as well as Regional and County emergency management partners.
Priority Ideas for Next Year			



People Pillar



Executive Leader: Ryan Harris
Director or Manager: Dana Hauge

Department: Safety and Emergency Preparedness

Last Updated: 1/19/2024

FY24 (July 1, 2023 - June 30, 2024)	Specific Plan & Estimated Completion Date	Driver	Current Actions
Priority:	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
Successfully implement the BETA Safety Domain- Safe Patient Handling with nursing and clinical staff.	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) Moriah will advocate for in ceiling lifts or lift mechanism within new building plans Britany- equipment inventory and risk assessment (Moriah), investigation process, survey for program assessment (10/23) Education- Regina, has completed a brochure, pilar flier and the education program is ready and will be released end of February. 1/10/24 The Awareness education has been released for all employees to take. Clinical training will begin end of May. 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 LTC storage room in Fall River is complete 1/10/24 Hooks for slings in Burney- Complete 4/24 Sherry Yochum and team- laundry process for slings-complete 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	Patient lifting device samples are starting to arrive- slide sheets and tubes. 1/24 Quotes are being looked into for potential equipment. 1/24 Necessary slings are being purchased and researched 1/24 ED has looked into purchasing hover mats and pumps 1/24 New lifts from grant program arrived.



People Pillar



Executive Leader: Ryan Harris
 Director or Manager: Sophia Lou Rosal, CLS
 Department: Laboratory

Last Updated: N/A

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
Getting the perfect balance between prioritization of the business and prioritization of the people.			Focus on the importance of the company, the objectives and focus areas, but also focus on people and society as well		Good benefits and compensation should be offer to all employees by providing 401k, PTO, holiday leave, fixed schedules	100%	
Priority Ideas for Next Year							

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

CEO Approval at End of Fiscal Year		
Ryan Harris	Signature	Date
CEO	Signature	Date



Quality Service Pillar



Executive Leader: Ryan Harris
 Director or Manager: Sophia Lou Rosal, CLS
 Department: Laboratory

Last Updated: n/A

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
Ensure that laboratory consistently meets the quality standards, as measure by regular audits, with the goal of achieving accreditation by FY2024.			Electroning monitoring or Quality controls, Turn around time for STAT tests, blood utilization reports, blood contamination reports, number of COVID-19 positive test and MRSA positive test for infection control purposes. Monitor all critical reports, correction reports and blood transfusion administration (expired units, transfused, quarantine, transferred units)		General Laboratory training was done on 10/18/2023. Microbiology reports for MRSA needs to be built by Rita (Cerner Micro). Blood bank training is set on 10/25/2023	80%	
			Listed all possible deficiencies that CLIA and ACHC might see.		Updating SOP in MCN, SOP for CLIA inspection are downloaded in Medialab by our technical consultant David Velasquez. Monthly quality reviews is being monitor, Correlation and Linearities is already scheduled bi-annual, Make sure all preventive maintenance for all analyzers are performed. Calibrations of pipette, thermometers and timers was done, Competencies for CPT and CLS are done for Year 2023. Corrective actions for API survey is monitored and performed.		
			Make sure all licenses are renewed				
Priority Ideas for Next Year							

For Completion at Beginning of Fiscal Year

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

CEO Approval at End of Fiscal Year

_____	_____	_____
Ryan Harris	Signature	Date
CEO	Signature	Date



Growth Pillar



Executive Leader: Ryan Harris
 Director or Manager: Sophia Lou Rosal, CLS
 Department: Laboratory

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
Learning and development to all employees.			HR team and Administration must provide the framework and a variety of ways to grow and train employee through providing online lesson, Access to medialab to study course and gain CME for license renewal, Sending employee to vendor's headquarters for analyzer trainings		Communication with all vendors is still in progress. Relias is one source of online lesson for current employees, Medialab course study needs to implement with the approval fo administration	80%	
Priority Ideas for Next Year							

For Completion at Beginning of Fiscal Year

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

CEO Approval at End of Fiscal Year

_____ Ryan Harris CEO	_____ Signature	_____ Date
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Communication Pillar



Executive Leader: Ryan Harris
 Director or Manager: Sophia Lou Rosal, CLS
 Department: Quality

Last Updated: July 12, 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
Effective communication in the workplace is about understanding and empathizing with your staffs. To make your strategy, solution and synergy aligned to each other, make sure leaders will listen, engage, connect, inspire and guide the employees.			Provide healthy work relationships		Making sure all employees are building rapport and good co-worker relationship to each other	80%	
			Provide healthy and unstressful work environment		Make sure all employees are working as a team and no conflict of interest is connected to their work.		
			All employees deserved to be heard		Set daily huddle to discuss current problems and concerns. A monthly meeting with Clinical Director to discuss all our concerns and problems in our departments		
			Create culture of motivation in their workplace		Make sure all staffs are working as a team and helping each other if things are complicated		
			Provide good inspiration and model of positive behavior		Make sure all staffs are aware of whats going on in their co-workers (ex: if staffs are busy or in bad mood due to increase of sample volume, staffs can help and make sure their co-worker can take a break)		
Priority Ideas for Next Year							

For Completion at Beginning of Fiscal Year

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

CEO Approval at End of Fiscal Year

_____ Ryan Harris CEO	_____ Signature	_____ Date
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Finance Pillar

Executive Leader: Ryan Harris
 Director or Manager: Sophia Lou Rosal, CLS
 Department: Laboratory

Last Updated: N/A

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
Implement strategies to reduce the department's turnover rate to 17.25% or lower within the fiscal year, as measure by annual employee turnover rate						100% current	
			Eliminate hiring of CLS travelers by replacing with full time CLS		New CLS was hired and currently working on 90 days probationary period		
			Reduce overtime and staff can flex their schedule if test volume is low		1 CLS and 1 CPT will work during holidays		
			CLS & CPT Per diem is optional		CLS can cover CPT bench if CPT is under staff. If CLS is understaff, Lab Manager will provide help and assistance.		
Priority Ideas for Next Year							

For Completion at Beginning of Fiscal Year		
Sophia Lou Rosal, CLS Name	Sophia Lou Rosal, CLS Signature	_____ Date
_____ Supervisor	_____ Signature	_____ Date
_____ Executive Leader	_____ Signature	_____ Date

CEO Approval at End of Fiscal Year		
Ryan Harris CEO	_____ Signature	_____ Date



Quality Service Pillar



Name: Harold Swartz
 Supervisor: Keith Earnest, CCO
 Department: Radiology

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
1. Successfully implement an independent PACS system by June 2024	40%		Implement independent PACS system for MMHD.		Provide executive summary for Board approval.		
2. Achieve a minimum 10% improvement from baseline survey results	20%		Get out into the community and provide updated information to health clinics and see how we are doing.		Have had initial run of drop off of flyers to health clinic. Will revisit the clinics in June to see how we are performing.		
3. Achieve accreditation before June 2024 while meeting all deliverables and updating	40%		Working towards CT certification. All Radiology policies and procedures for ACHC accreditation have been updated.		At the moment I have less than 5 specific exams to complete before applying. This should be completed in the next 2-3 weeks.		
Priority Ideas for Next Year							

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

CEO Approval at End of Fiscal Year		
Ryan Harris CEO	_____ Signature	_____ Date



People Pillar



Executive Leader: Ryan Harris
 Director or Manager: Susan Garcia

Department: Food & Nutrition Services FR

Last Updated: 7.6.2023

FY24 (July 1, 2023 - June 30, 2024)							
Priority:	Weight	Bonus Amount	Specific Plan & Estimated Completion Date	Driver	Current Actions	% Complete By FY End	Bonus Amount Awarded
Have an employee turnover rate in the Fall River F&NS department of less than 25% for FY24.			Building morale	Susan	In progress		
			Moving to 4 ten hour days	Susan	Beginning of May 2024		
			Improve communication /accountability	Susan	In progress		
Priority Ideas for Next Year							

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

CEO Approval at End of Fiscal Year		
Ryan Harris	Signature	Date
CEO	Signature	Date



Quality Service Pillar

Executive Leader: Ryan Harris
 Director or Manager: Susan Garcia
 Department: Food & Nutrition Services FR

Last Updated: 7.6.2023

FY24 (July 1, 2023 - June 30, 2024)							
Priority:	Weight	Bonus Amount	Specific Plan & Estimated Completion Date	Driver	Current Actions	% Complete By FY End	Bonus Amount Awarded
To pass ACHC accreditation in the F&NS department by FYE24.			Revising Policies	Susan	In progress		
			Trainings for staff	Susan	In progress		
			Preparing kitchen for inspection	Susan	In progress		
			Updating logs	Susan	In progress		
Complete 1 Certified Dietary Manager (CDM) continual education credit and attend 1 CDM or F&NS specific conference by FYE2024.			Nutrition & Foodservice Edge Magazine	Susan	Done		
			Confernce in Reno	Susan	June 9-13, 2024		
Priority Ideas for Next Year							

For Completion at Beginning of Fiscal Year

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

CEO Approval at End of Fiscal Year

_____	_____	_____
Ryan Harris	Signature	Date
CEO	Signature	Date



Communication Pillar

Executive Leader: Ryan Harris
Director or Manager: Susan Garcia
Department: Food & Nutrition Services FR

Last Updated: 7.6.2023

FY24 (July 1, 2023 - June 30, 2024)							
Priority:	Weight	Bonus Amount	Specific Plan & Estimated Completion Date	Driver	Current Actions	% Complete By FY End	Bonus Amount Awarded
Participate in 1 quarterly and 4 monthly community events as outlined in the community event calendar by FYE24.			Master Planning	Susan	Done		
			Moblle Clinic	Susan	Done		
			Think Pink	Susan	Done		
			Community Facing Event-Rays	Susan	Done		
			Women's Health/Men's Health	Susan	May 2024		
			Health Fair	Susan	June 2024		
Priority Ideas for Next Year							

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

CEO Approval at End of Fiscal Year		
_____ Ryan Harris CEO	_____ Signature	_____ Date



People Pillar



Executive Leader: Ryan Harris
 Director or Manager: Jennifer Taylor
 Department: Food & Nutrition Services Burney

Last Updated: 7.6.2023

FY24 (July 1, 2023 - June 30, 2024)							
Priority:	Weight	Bonus Amount	Specific Plan & Estimated Completion Date	Driver	Current Actions	% Complete By FY End	Bonus Amount Awarded
Have an employee turnover rate in the Burney F&NS department of less than 25% for FY24.			Employee appreciation cups with goodies 8/23/23	Appreciation	Passed out reusable color changing plastic cups with included items- pens/ sharpies/ box cutter/ gloves/ stickers/ keychain/ key strap/ note pads- Things that we use daily. Keychain and notepads say "May you be proud of the work you do, the person you are and the difference you make <3"	100%	
			Christmas party 12/15/23	Comradery	Met staff and Susan at the Bowling alley, we bowled a few games and had a white elephant gift exchange. We ate food and shared laughs.		
			Easter bags 4/1/24	Appreciation	Passed out Easter bags with items inside- Flowers/ candy/ eggs/ planting pot/ seeds/ notepad/ pen/ bubbles/ egg décor		
Priority Ideas for Next Year							

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

CEO Approval at End of Fiscal Year		
_____	_____	_____
Ryan Harris CEO	Signature	Date



Quality Service Pillar

Executive Leader: Ryan Harris
Director or Manager: Jennifer Taylor
Department: Food & Nutrition Services Burney

Last Updated: 7.6.2023

FY24 (July 1, 2023 - June 30, 2024)							
Priority:	Weight	Bonus Amount	Specific Plan & Estimated Completion Date	Driver	Current Actions	% Complete By FY End	Bonus Amount Awarded
Complete 1 Certified Dietary Manager (CDM) continual education class and attend 1 CDM or F&NS specific conference by FYE2024.			Completed "Practitioner Certificate in Nutrition Care for the CDM, CFPP"- 45 credits- 3/14/23	Gaining knowledge	I finished a 6 month course in Dietary Manager continual education. In turn, I also finished all of my continual education credits for the 3 year CDM re-certification period.		
			Going to ACE 2024 (annual conference and expo) in Reno Nevada 6/13/24	Collaborating	Getting registered shortly.		
Priority Ideas for Next Year							

For Completion at Beginning of Fiscal Year

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

CEO Approval at End of Fiscal Year

_____ Ryan Harris CEO	_____ Signature	_____ Date
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Communication Pillar

Executive Leader: Ryan Harris
Director or Manager: Jennifer Taylor
Department: Food & Nutrition Services Burney

Last Updated: 7.6.2023

FY24 (July 1, 2023 - June 30, 2024)							
Priority:	Weight	Bonus Amount	Specific Plan & Estimated Completion Date	Driver	Current Actions	% Complete By FY End	Bonus Amount Awarded
Participate in at least 1 quarterly and at least 4 monthly community events as outlined in the community event calendar by FYE24.			Meet and greet with leadership board- 9/27/23	Helping out other Mayers departments/ employees and community members	Provided coffee, lemonade, ect., meat tray, veggie tray, cheese tray, variety crackers, fruit bowl and cookies.		
			Feb. community facing event at Safeway 2/27/24		Provided fresh fruit and veggie cups w/ Ranch.		
			Quarterly event at TCCN 3/27/24		Provided fresh fruit cups, veggie cups w/Ranch, cookies, waters and juice.		
			TCCN Community Helpers Lunch 4/11/24		Provided food items for the luncheon		
Priority Ideas for Next Year							

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

CEO Approval at End of Fiscal Year		
_____ Ryan Harris CEO	_____ Signature	_____ Date

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
April 1, 2024

For Quarter Ending
March 31, 2024

Department	Document	New/Revised/Retired
Acute - Med Surg	Bladder Irrigation - Continuous	New
Acute - Med Surg	Code Blue	Revised
Acute - Med Surg	Ivenix SMART Infusion Pump Use	Revised
Acute - Med Surg	Organ and Tissue Donor Transplantation	Revised
Anesthesia	Anesthesia Record MMH903	Revised
Cardiac Rehab	Cardiac Rehabilitation OP Diet Counseling	Retired
Disaster Policies	Emergency Management Committee	Retired
Disaster Policies	HICS 253 Volunteer Staff Registration	Revised
Disaster Policies	HICS- Incident Management Team Chart MMH355	Revised
Disaster Policies	Severe Winter Storms	Revised
Disaster Policies	Workplace Violence Prevention Policy	Revised
Emergency Department	CAIR Disclosure MMH357	Revised
Emergency Department	Homeless Patient Protocol/Plan for Discharge Form MMH661	Revised
Emergency Department	Newborn Assessment MMH170	Revised
Emergency Department	Scope of Service - Emergency Department	Revised
Emergency Department	Sedation Post-Procedural Quality Monitor MMH165	Revised
Emergency Department	Transfer of Patients via Ambulance	Revised
Hospice	Adverse Events	Revised
Hospice	Pain and Symptom Management - Hospice	Revised
Hospice	Patients Rights and Responsibilities - Hospice	Revised
Hospice	Smoking - Hospice	Revised
Hospice	Traveling Hospice Patients	Revised
Hospice	Volunteers - Hospice	New
Imaging	CT Radiation Safety	New
Imaging	CT Training	New
Imaging	Imaging Contrast Policy	Retired
Imaging	IV Contrast Media Technologist Record MMH259	Retired
Imaging	Maternal Abdomen - For Fetal Position	Retired
Imaging	Mindray Ultrasound Use and Care	Retired
Imaging	Multislice Computed Tomography (CT) Examinations	Retired
Imaging	PATIENT PREPARATION FOR RADIOLOGY PROCEDURES	Retired
Imaging	Radiation Safety	Revised
Imaging	Radiologic Equipment Maintenance and Inspections	New
Imaging	RADIOLOGY DAILY OPERATIONS	Retired
Imaging	Scope of Service Radiology	Revised
Imaging	Ultrasound Examinations	Retired
IV-Med	CADD Pump	Revised
Lab	ABO/RH Confirmation of Patient	New
Lab	Age Specific Guidelines	New
Lab	Amnisure ROM (Rupture of Fetal Membrane) Test	New
Lab	Blood Bank Daily Procedures	New
Lab	Blood Bank Quality Assurance	New
Lab	Blood Bank Records	New
Lab	Centrifuge Function Checks	New
Lab	Chemistry Quality Control Plan	New
Lab	Collection and Arm Band Policy	New
Lab	Color Slide II Mononucleosis Test (Mono Test)	New
Lab	Competency Assessment - Lab	New
Lab	Criteria for Returning Blood Units to Inventory	New
Lab	Criteria for Specimen Rejection	New

Department	Document	New/Revised/Retired
Lab	Critical Test Definition	Retired
Lab	Critical Values with Read Back	Revised
Lab	Critical Values with Read-Back	Retired
Lab	Delegation of Authority	New
Lab	Department Communication - Lab	New
Lab	Detection of Clerical Errors	New
Lab	Determine HIV 1/2 Ag/Ab Combo Test	New
Lab	Emergency Release of Blood	New
Lab	Handling and Processing Specimens	New
Lab	High Sensitivity Troponin I Ordering Protocol to Rule Out Acute Myocardial Infarction	New
Lab	Icto Test	New
Lab	Immunocard H. Pylori	New
Lab	Issuing Blood Components	New
Lab	Lab Specimen Collection	Retired
Lab	Laboratory Environment Health and Safety	New
Lab	Laboratory Reports	Revised
Lab	Laboratory Staff Competency	New
Lab	Laboratory-Acquired Infections, Prevention & Control of	New
Lab	Lipemic Specimens	New
Lab	Loci Thyroid Stimulating Hormone	New
Lab	Loci Vitamin B12	New
Lab	Loci Vitamin D Total Assay	New
Lab	Look Back Procedure	New
Lab	Millipore Water Culture	New
Lab	Minimum Blood Inventory	New
Lab	Processing Platelet Apheresis	New
Lab	Quality Assurance Program - Lab	New
Lab	Quality Control Processes	New
Lab	Quarantine of Blood Components	New
Lab	Receiving and Transporting Blood from Vitalent	New
Lab	Refrigerator and Freezer Alarm Testing Procedure	New
Lab	Resolving ABO Discrepancies	New
Lab	Specimen Collection - General Laboratory	New
Lab	STAT List of Tests and Results Reporting Turn Around Time	Revised
Lab	Sure-Vue Strep A Test	New
Lab	Thawing a Frozen Plasma or Cryoprecipitate	New
Lab	Thyroid Stimulating Hormone With Reflex to Free T4	New
Lab	Total Prostate Specific Antigen	New
Lab	Total Protein	New
Lab	Triglycerides	New
Lab	Uric Acid	New
Lab	Urinary/Cerebrospinal Fluid Protein	New
Medical Staff	Anesthesia Privileges	Revised
Medical Staff	Hospice and Palliative Care Core Privileges	New
Medical Staff	Nurse Practitioner Core Privileges in Neurology 10-2023	New
Medical Staff	Optometry Core Privileges	Revised
Medical Staff	Policy Usable Template	Retired
Medical Staff	Surgery, General Core Privileges	Revised
Patient Access	Financial Assistance Application MMH457	Revised
Pharmacy	Automated Drug Delivery System (Pyxis)	Revised
Pharmacy	Drug Reordering	Revised
Pharmacy	Schedule II Controlled Substance Dispensing for Skilled Nursing and Hospice	New
Pharmacy	SNF Drug Reorder Sheet MMH179	Revised
Preprinted Orders	Physician Orders - General Surgery Inpatient Orders MMH414	Retired
Respiratory Therapy	Non Invasive Ventilation for Acute Respiratory Distress	Revised
Respiratory Therapy	Oxygen Therapy	Revised
Respiratory Therapy	Positive Expiratory Pressure (PEP) Therapy	Revised
Respiratory Therapy	Pulmonary Function Testing (PFT) Order Form MMH273	Revised
Safety Plans	Injury and Illness Prevention Program Plan (IIPP)	Revised

Department	Document	New/Revised/Retired
Safety Plans	Insufficient Lighting Plan	New
Safety Plans	Stairs and Hand Rails Safety Plan	Revised
Safety Plans	Tripping Hazards Plan	Revised
Safety Policies	Active Shooter Policy	Revised
Safety Policies	Care of Floor Mats	Revised
Safety Policies	Ergonomics Program	Revised
Safety Policies	Safety/Security Report Form MMH220	Revised
Safety Policies	Security - Lockdown	Revised
Social Services	No One Dies Alone (NODA)	Retired
Surgery	GoLytely Bowel Prep Instructions MMH766	New
Surgery	Health Questionnaire for Colonoscopy or EGD MMH764	New
Surgery	Physician Orders - General Surgery MMH7A	Retired
Surgery	Post Anesthesia Evaluation	Retired
Surgery	Post Anesthesia Recovery	Revised
Surgery	Preadmission Testing Worksheet with Recommendations MMH752	Revised
Surgery	Procedure Performed Not On Consent	Retired
Surgery	Scheduling Patients for Surgery	Retired
Surgery	Scheduling Surgery	Retired
Surgery	Surgery Packet Information Sheet MMH765	New
Swing Bed	Comprehensive Nurse Care Plans - Swing Bed	Retired
Swing Bed	Comprehensive Nurse Care Plans - Swing Bed	Revised
Swing Bed	Dental Care of Patients, Swing Bed	Retired
Swing Bed	Financial Obligations, Swing Bed	New
Swing Bed	Personal Privacy and Confidentiality	New
Swing Bed	Swing Bed Criteria and Pre-Admission Processes	Revised
Swing Bed	Visitation Rights Swing Bed	New



Operations Report April 2024

Statistics	March YTD FY24 <i>(current)</i>	March YTD FY23 <i>(prior)</i>	March Budget YTD FY24	Variance
Surgeries ➤ Inpatient ➤ Outpatient	0 0	0 0	TBD TBD	
Procedures** <i>(surgery suite)</i>	0	0	TBD	
Inpatient	1607	1410	1304	197
Skilled Nursing Days	21728	21570	20565	158
Emergency Room	3210	3200	3165	10
OP Visits (OP/Lab/X-ray)	11253	11900	10560	647
Hospice Patient Days	282	789	988	507
PT	1466	1830	1910	364

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

**Procedures: include colonoscopies

Human Resources

April 2024

Submitting by Libby Mee – Chief Human Resource Officer

Staffing and Recruitment

The Mayers Human Resource staff currently supports 301 active employees, and the recruitment team has 22 job requisitions posted, in efforts to fill 42 open positions.

We are currently working with specialized companies to provide additional recruitment resources for our Emergency Medical Director/Physician, Pharmacist, Infection Prevention, Hospitalist/NP, Physical Therapist, Radiology Tech, and Skilled Nursing positions.

The team have received candidates and are conducting interviews and/or site visits for the Provider, Pharmacist, Infection Preventionist and Hospitalist positions. We are currently utilizing interim professional in the Pharmacist, Infection Prevention and Hospitalist roles.

Fairs and Recruitment Events

Representatives from MMHD are scheduled to attend the below fairs and events in efforts to recruit employment applicants:

- Oregon Institute of Technology – April 24th

At the end of the fiscal year, we will have attend 11 fairs/events.

We have opened the application process for our 2024 High School Summer Internship program and look forward to receiving applications from local high school graduates interested in pursuing careers in healthcare.

We have also received multiple requests from previous interns that are interested in returning to Mayers for summer employment because they had such a good experience in the previous programs.

Employee Health, Wellness and Benefits

Work Related injury and Illness

For the year, there as has been 1 reportable work-related injury resulting in 3 days away from work. There has been 3 first aide injuries, with no days away from work.

We are currently providing accommodated duties to 2 previously injured staff members, so their lost time does not have to be paid through insurance.

Miscellaneous

ACHC

I am enjoying working with Cindy to update our orientation, training, competency and compliance program. The content of these programs has grown considerably over the years so has been a good time to use Cindy's expertise to reevaluate what we are currently doing and update our processes. This work will also affect the Employee Handbook, so there will be new version coming to the board for approval soon.

Rural HR Peer Group Meeting

On Friday March 29, 2024 I traveled to Seneca Healthcare District in Chester for an in-person meeting with my local CHA HR counterparts from Chester, Plumas and Modoc. Primary areas of focus for the group were Paycom pros and cons, conversation about shared services like MRI, elimination of registry, how each of us are managing employee compliance, training, orientation and competencies and conferences we are attending this year.

HR position restructuring

As I am working on restricting my HR, Payroll and Employee Benefit roles, I have received multiple resumes from interested in applicants, expressing interests in the open HR positions. It is my intention to start interviewing soon. It has been a good time for me to revisit the job duties and standard practices of these positions. I feel I have identified some updates and changes that can be made to streamline process and improve support to employees.

Training and Conferences

I recently attend the American Society of Healthcare Human Resources Administrators (ASHHRA) annual conference. This was a 3-day event loaded with industry expert speakers and vendors related to all things HR, recruitment and retention. Due to this event, we will be looking into additional resources related to provider and nurse recruitment, employee benefits and competency tracking software. We will also be applying tools we used to expand our previously established employee wellness and HR analytics programs.

I am scheduled to attend the National Rural Health Association (NRHA) annual conference in May.

I also recently started my NRHA HR certification program. I am joined by 15 other HR professionals from around the country and intend to have my certifications at the end of the year.

EMPLOYEE STATISTICS

2024 Fiscal Year

348

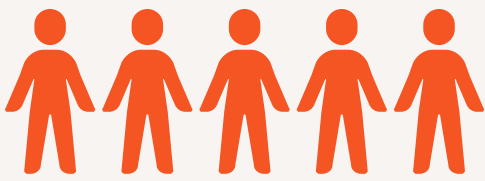
Total Employees
for the year

RETENTION VS. LOSS



77

People hired/rehired



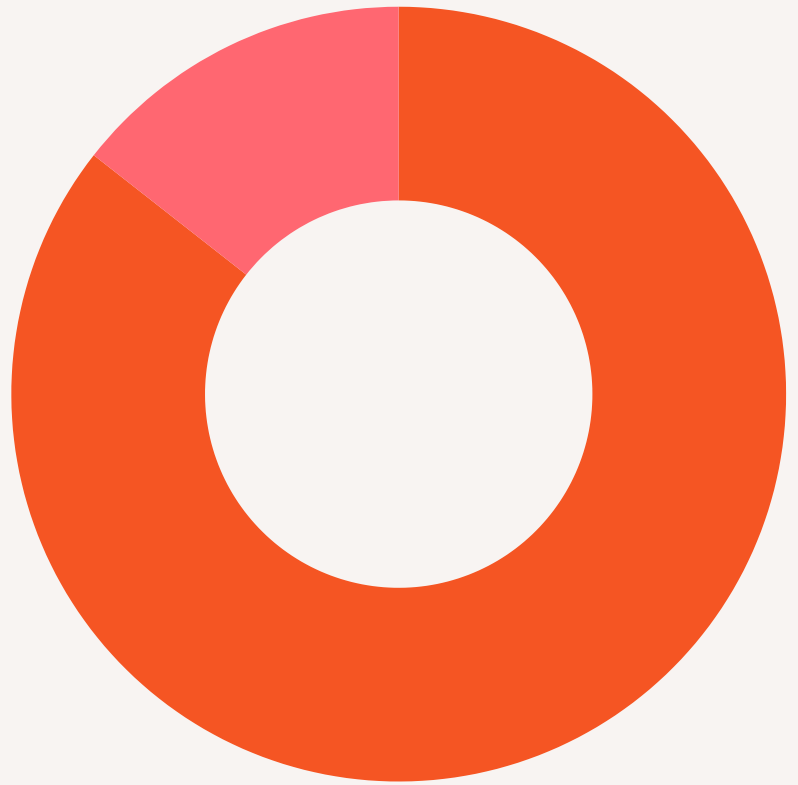
45

people terminated their
employment

Adjusted Turnover
12.93%

ADJUSTED TURNOVER STATS:

Goal turnover for FY 24 is
17.52%





Bolded = Actively Recruiting

*= Top Priority

Positions:

available:

Activities Aide	1
*Emergency Dept Medical Director	1
*Emergency Dept Physician	PT OR FT
Emergency Room RN I	2
Employee Benefit/HRIS Specialist	1
Employee Health Nurse	1
Executive Assistant to the CNO	1
Hospice Home Health Aide	PER DIEM
Human Resources Generalist	1
*Independent Retail Pharmacist	1
*Infection Prevention RN	INTERIM STARTING 5/5
*Nurse Practitioner (Acute)	1
*Nurse Practitioner (SNF)	1
Med Surg Acute RN	1
Outpatient Medical Services RN/LVN	1-PT
*Pharmacist	1
*Physical Therapist	1
*Radiology Tech	1
Skilled Nursing CNA	10: 2 PER DIEM, 1 PT, 7 FT



Bolded = Actively Recruiting

*= Top Priority

Positions:

available:

Skilled Nursing LVN

9: 1 PER DIEM, 2 PT, 6 FT

Skilled Nursing RN

3

**Skilled Nursing Charge
Nurse**

1

Chief Public Relations Officer – Valerie Lakey
April 2024 Board Report

Legislation/Advocacy

AB 2975 (Gipson, D-Gardena) - Oppose Unless Amended

AB 2975 would require the Division of Occupational Safety and Health (better known as Cal/OSHA) Standards Board to amend the existing Workplace Violence Prevention in Health Care regulation to require metal detection screening monitored by trained security personnel at a hospital's main public entrance, emergency department entrance, and labor and delivery entrance, if separately accessible to the public. Status: April 17 hearing in the Assembly Labor and Employment Committee

AB 3275 (Soria, D-Merced) - Support

AB 3275 would update and clarify requirements for health care service plans or health insurers to timely reimburse services provided by small or rural providers, critical access hospitals, or distressed hospitals. Status: April 16 hearing in the Assembly Health Committee

SB 963 (Ashby, D-Sacramento) -Follow

SB 963 would require general acute care hospitals with emergency departments (EDs) to create a human trafficking system available at the ED that would allow patients to self-identify as a victim of human trafficking or domestic violence. CHA was successful in securing amendments to address concerns and will continue to work with the author's office on further clarifying amendments. Status: Passed the Senate Health Committee on April 10. The Senate Rules Committee voted to place the bill on the Senate consent calendar on April 11.

SB 1432 (Caballero, D-Merced – CHA Sponsored

SB 1432 is CHA's proposal to address the 2030 seismic requirement. The bill would extend the 2030 deadline, address additional post-earthquake disaster preparedness requirements for hospitals, assess opportunities for financial support, require the state to assess the financial and access impacts of the 2030 requirement, and address rural hospitals' unique concerns. Status: April 24 hearing in the Senate Health Committee

SB 1423 (Dahle, R-Bieber) - CHA Sponsored

SB 1423 would require Medi-Cal to reimburse outpatient, inpatient, and skilled-nursing services provided by critical access hospitals at rates equal to the hospitals' costs. This bill also includes a parallel budget request to fund the proposed reimbursement model. Status: April 24 hearing in the Senate Health Committee

Public Relations/Marketing

Things are very busy in the marketing and public relations world. We have many events coming up that require a lot of messaging and promotion. Some of these include:

- Elementary School Assemblies May 7: Big Valley, May 8: Burney, May 9: Fall River
- Women's Health Month Event at Mayers Clinic – May 22
- Hands Only CPR – Men's Health Quarterly Event – June 13
- Health Fair – Mobile Mammography, Sports Physicals – June 22

Mayers Healthcare Foundation

Events:

- **Health Fair** – The Mayers Healthcare Foundation Health & Wellness Fair is scheduled for Saturday, June 22, 2024 at the Inter-Mountain Fairgrounds in McArthur. The event will utilize a lot of outdoor space and the Flower Building for the lab draws. We will have the mobile clinic on-site to do sports physicals. We are very excited to announce that there will be a mobile mammography unit at the event as well. The Tri County Community Network Kid Fit Summer Program will kick off at the event with a children’s color run. We will once again host the 5K Run/Walk for all ages. Letters have been sent out to community partners and we are very excited about this event.
- **Golf Tournament** – Mark your calendars for August 3, 2024. We are working on preparation for the annual event and will be looking for guidance on what we want the proceeds to benefit.

Thrift Store Update: The Thrift Store continues to do very well under the direction of our volunteers. Many, many hours have been put in by this group to sort inventory and operate the store. Revenues have been improving and the store is a very busy place! We are excited to announce that we just received notification that we were approved for the Burney Community Fund Grant! This grant will allow the Thrift Store to purchase a Point of Sale and inventory system, get a new road sign and much needed display and storage items.

Volunteers: We will be making a few adjustments with managing the volunteers as there was a resignation in the MMHD Human Resources Department. MHF staff will now be working on the logistics of the volunteers and MMHD HR staff will continue to handle the compliance piece. We are excited to have recently gained one new volunteer for the Thrift Store.

Awards and Scholarships: Information and applications for the scholarship cycle has been sent out. Both community and internal scholarship cycles are open with the deadline for applications being May 3, 2024. Once applications are received and reviewed, we will schedule a meeting of the scholarship committee.


MEG (Mayers Employee Giving): The MEG Committee met on April 3 and is happy to announce MEG Department Awards! Thanks to the generosity of thirteen incredible members of our team who contributed to the [Mayers Employee Giving \(MEG\)](#) fund through payroll deductions over the last year, we have been empowered to make a significant impact on our hospital departments. I am delighted to announce that MEG has decided to award a **total of \$11,000** to several hospital departments. This funding will support initiatives in the ***Activities Department, Outpatient Medical, Surgery, Cardiac Rehabilitation, and Clinical Education***. These departments play crucial roles in delivering exceptional care to our patients and advancing our mission of providing quality healthcare services to our community.

It is truly inspiring to see the collective impact of our contributions and the meaningful difference we can make when we come together as a team. Your generosity and dedication to giving back to our

hospital are commendable, and I want to express my heartfelt gratitude to each and every one who participated in the MEG fund.

As contributors to the [MEG fund](#), those involved are privileged with the opportunity to decide how these funds will be allocated. From the input and insights of the committee, their decisions help shape the projects and initiatives that receive support, further demonstrating our commitment to enhancing patient care and advancing our hospital's mission. I am incredibly proud to be part of such a compassionate and generous team.

Additionally, we have just launched the Power of 2 Campaign.


MAYERS HEALTHCARE FOUNDATION

Dear MMHD Employees-

As members of the Mayers Memorial Healthcare District (MMHD) and Mayers Healthcare Foundation (MHF) family, we are proud to serve our community's healthcare needs guided by our district missions, visions, and values. Individually, each organization works tirelessly to uphold its commitment to excellence and make a positive impact on the lives of those we serve.

Yet, we recognize that the true strength lies in our unity, in the power of the TWO organizations working together. MMHD and MHF, through separate entities, collaborate seamlessly to support the healthcare needs of the Intermountain area, ensuring that our community receives the best possible care.


Just as the TWO organizations come together, so too can we, the employees, unite in support of our shared mission. Together, we can be part of something bigger, something greater than ourselves. Together, we can make a difference. Together, we can have a positive impact on our community through the POWER of TWO.

And how can we do this? It's simple - just \$2 per paycheck. Yes, you read that right...just \$2! Two dollars may seem insignificant on its own, but when combined with the contributions of our fellow employees, it adds up to something truly impactful. Two plus two plus two...you get the idea.

By committing to donate just \$2 per paycheck, we can collectively support the efforts of MMHD and MHF, ensuring that our community receives the care and support it deserves. Together, we can make a difference. Together, we can be a force for positive change.

Let's harness the power of TWO organizations and the collective generosity of our employees to create a brighter future for our community. Together, we can achieve greatness.

Thank you for your consideration and support.


MAYERS MEMORIAL
HEALTHCARE DISTRICT

Tri County Community Network

- **Children's Programs**

We celebrated the Week of the Young Child with two events. First, TCCN collaborated

with the Burney Library on April 10th to host a craft and reading event at the Burney Library. The event was attended by 4 families and 8 children. Heidi Greer, the librarian, said that the number of attendees was much higher than her normal story time. Caregivers and children were treated to stories read by teen volunteers, paper doll crafts, and lots of socialization!

On Thursday April 11th, TCCN partnered with First 5 Shasta, MMHD, and Grocery Outlet to host the 15th annual Lunch with Community helpers. The event was well attended with over 240 children, caregivers, and “community helpers” joining in the fun. Children and families were able to meet many community entities, learn about the services they offer, and play in the emergency response vehicles! Every child left with a book donated by First 5 Shasta and some pretty cool Mayers swag!

A Bright Futures advocate has been hired and TCCN will be able to utilize the remainder of the grant money set aside for the program. The advocate is going through the onboarding process now and should be able to start by the beginning of May. Her primary role will be planning and promoting events for families with children 0-5. Events will include story times, dancing, baby bonding, and hearing and vision screenings. Events will also be an excellent opportunity to refer families to MMHD services.

With the support of multiple MMHD departments, the childcare license is ready to submit. However, there have been additional requirements placed on us from the building department and the Burney Fire District. There has been a licensed childcare program in the building since 1997. However, the building department does not have a record of the building being permitted for childcare. There are additional steps involved to obtain a permit from the building department. The fire chief has made it clear that Burney Fire District will not provide a fire inspection until the building is properly permitted. The TCCN board has offered to support the re-opening of the children’s program through fundraising to help offset some of the possible additional costs related to reopening. We are working through this process and I will have an update at the board meeting.

- **Grants Received**

Kid Fit 2024 has been funded through Redding Rancheria. This program will include 6 events through the summer and expose families to a few of the amazing outdoor spaces that our community has to offer. The Kid Fit program has historically focused on promoting physical activity in children. This year the program will also include ACEs awareness and an opportunity to promote MMHD services. The first Kid Fit event will take place at the Fair Grounds on June 22nd during MMHD health fair. Other events will include a fishing day, swimming, and a night hike. The annual track and field night will coincide with the Burney Basin Days Mayoral announcement.

- **Partnerships**

The SMART Employment center came April 4th and offered employment services for the

first time. While there was not a good turn out for their first event, we are confident that better advertising will bring job seekers in to use their services. We would like to work with SMART to refer job seekers to our rural clinic for employment physicals once the program is up and running.

HHSa is partnering with TCCN for several events. HHSa will host a smoking cessation class here at TCCN in early June. The flyers are being finalized and will then be sent out to help promote the class. They have also asked to use our event space this fall to offer series of nutrition classes to parents that focus on nutrition and relationships with food.

- **Community Events**

A “wish list” community calendar has been created and now the work is being done to make those programs a reality. It is our goal to create a hub of services and events that can be utilized by all community members. TCCN will be working to create partnerships that will bring back senior services, dance, financial planning, and family events. It is our goals to have multiple events and services operating within the building by Fall of 2024.

Gift Shop

Stop by and see all of the great items at the Mayers Pharmacy Gift Shop!

March Board Report
Clinical Division
4/18/2024

Laboratory

- Final validation for CERNER auto-verification process is live and working simplifying workflow for the CLS staff and getting results out in a timelier fashion.
- The reflex policy has been updated clarifying the handling of c.dif and shigella.
- We are working with CERNER on the ordering of fresh frozen plasma. A hang up is keeping labels from printing. The IT team is working on a resolution. We are using a manual process until a fix is implemented.

Imaging

- We are moving forward with Tristel ULT solution for probe cleaning for our ultrasound department. This will replace the Cidex HLD system. Tristel HLD only requires special wipes and a non-toxic foam with no capital expense to start. It has been approved by infection control and the change is required by the Safety Officer.
- Harold Swartz, Imaging manager, has shifted departmental scheduling to add more studies per day and has increased same day appointment opportunities.
- Harold Swartz is two modules away from being able to test for his CT certification.

Physical Therapy

- Stefanie Hawkins, scheduling coordinator, is working with Danielle Olson, Business Office Manager, on copays and other revenue cycle issues.
- Time from referral to evaluation has decreased to 14-21 days with post-surgical patients given priority. Last month the time from referral to evaluation was 4-5 weeks.
- Stefanie Hawkins is working closely with Mountain Valley Health Centers as their referral process has been interrupted by their conversion to Epic.
- Inpatient PT visits have been up as the Med-Surg/Swing census has been up.

Cardiac Rehab

- Zita Biehle, Cardiac Rehab Coordinator, is working with marketing on outreaches including a men's heart health outreach around Father's Day.
- Home blood pressure monitoring is live.

Hospital Pharmacy

- Biological testing results for the barrier isolator showed no growth.
- We are navigating significant shortages of prefilled epinephrine syringes and injectable lorazepam.

- The use of chemical restraints in health care is an area of focus for Mayers. The pharmacy is working with nursing and quality on reviewing specific classes of medication for appropriateness and documentation.

Retail Pharmacy

- Kristi Shultz, Associate Manager, is reviewing the pharmacy's ExpressScripts contract to ensure that we are getting reimbursed at the rural rate. Alesha Johnson, Pharmacy Tech, has started an audit of ExpressScripts and is filing an appeal on losses. After ExpressScripts is complete Caremark will be audited.
- Kristi Shultz continues to work with Mayers Employee Insurance, Anthem Blue Cross, to resolve formulary discrepancies.
- As part of the hospital wide safety plan, the retail team is working on Safety Data Sheets on all hazardous NIOSH medications and supplies.

Infection Prevention

- The Infection Prevention Plan for SNF is slated for approval at the April 25th Infection Control committee meeting.
- Review of policies to meet ACHC and other standards is in process with a focus on high level disinfection of endoscopy equipment.
- District wide hand washing competencies are in process.
- We are working with NHSN on reporting our Antibiotic Use and Resistance (AUR) data federally. Failure to submit 6 consecutive months of data could result in a 1% claw back of CMS payments.
- We have enjoyed having Maria Cuccinello, RN, as our interim Infection Preventionist. She has positioned Mayers well to move forward. Amy Marisnski, RN, will join Mayers in May as our next interim Infection Preventionist.

Respiratory Therapy

- David Ferrer, RT, respiratory manager, performed pulmonary screenings at Mayers Rural Health Center. Often the results of the screening will lead to referrals for pulmonary function testing. The next screening location will be Mayers Retail Pharmacy.
- We will be adding additional respiratory charge codes and procedure codes to CERNER when the consultant returns. Plans are in place to update some respiratory assessments when the consultant returns.
- The new ABG machine from Nova-Biomedical is validated and is in use. The interface is yet to go live and we are waiting on Oracle/Cerner to complete the last step.

NURSING SERVICES BOARD REPORT

April 2024-Reporting for March

CNO Board Report

- Cerner build in progress for SNF with integration testing 1 completed and now moving to IT 2 Apr. 16-18. Go Live date May 13th.
- ACHC regulations being reviewed with Quality and Acute Departments. Work continues towards restructuring policies and procedures with direction from ACHC consultant.
- OPS had increase of referrals. Scheduled 3 days for next couple of months for increased referrals.

SNF

- Census- (79) Fall River- 33 Burney Annex- 27 Memory Care- 19
 - Admits are no longer on hold and our empty beds are filling up fast.
- Two of the three students that completed the nurse aid training program in February have been cleared to start orientating on the floor.
- Continuing to struggle with staffing in-house nurses. Medifis and NPH are meeting our needs at this time to maintain staffing ratios.
 - We have hired one RN and sent an offer letter to one LVN.
 - We have one CNA transitioning to LVN in May.
- SNF Cerner implementation continues.
 - We are currently in IT testing two.
 - Cerner go live continues to be scheduled for the week of 5/13/24.
 - Staff are continuing to adjust to significant workflow changes in Cerner, workarounds to items not provided in the system are being created for end user training.

Acute

- March 2024 Dashboard
 - Acute ADC 2.54, ALOS 3.95
 - Swingbed ADC 5.25, ALOS 18.11
 - OBS Days: 1
- March Staffing: Required 8 FTE RN/LVN's, 2 PTE RN's, 4 FTE CNA's & 2 FTE Ward Clerks
 - Utilizing 2 FTE Medifis, 1 FTE NPH RN, & 1 PTE NPH RN/LVN
 - Open positions: 1 FTE RN, 1 FTE on maternity leave
 - New RN started orientation in March
- Updates:
 - Met with Wipfli Consultant and presented several issues. Working through SR tickets.

- Completed routine audits aimed at patient safety, educating staff, and have seen improvement in results.
- Identified RCAT issues with provider orders, audited charts, provided education to hospitalists, and have rectified several charts.
- Working on Swing Bed Course, collaborating with team, and adjusting policies/workflows to better align with CMS guidelines and ACHC Standards.
- Completing ACHC assigned tasks by consultant, updating policies, and collaborating with other MMHD teams as needed for education and implementation.

Emergency Services

- April 2024 Dashboard
 - Total treated patients: 374
 - Inpatient Admits: 17
 - Transferred to higher level of care: 16.
 - Pediatric patients: 72
 - AMA: 0
 - LWBS: 5
 - Present to ED vis EMS: 48
- April Staffing: Required 8 FTE RN, 2 PTE RN’s, 2 FTE Tech’s
 - Utilized 2 FTE contracted travelers.
 - ED Manager continues with the temporary role of Clinical Project Manager for the Cerner implementation while remaining as a superuser and key player in workflow changes and financial revenue review. LTC go-live is the week of May 13th.
 - Open positions: 1 FTE Noc RN and 1 FTE Days RN
- Updates:
 - Reviewing, updating, and reformatting policies to meet ACHC guidelines.
 - Monitoring department workflows, identifying gaps, and working towards building skills fair and in-service courses to promote quality of care and meet ACHC guidelines.
 - 8-hour CEU course planned for ED RNs was cancelled will be rescheduled for October 21st with a focus on low volume high risk situations.
 - TNCC Class to be held locally – dates Sept 16th and 17th have included Modoc to offset costs and offer critical education closer to home.
 - Identifying quality reporting requirements and building streamlined process for obtaining accurate, efficient data.
 - Implemented shift to shift chart checks to facilitate accountability in charting, decrease late charges and increase captured revenue.

Outpatient Surgery

Census Report:

Referrals Received	28			
Procedures Performed	03/11/2024	03/12/2024		

Colonoscopy	6	4		
EGD	0	0		
Other	0	0		
Total cases Performed	6	4	Monthly Total:	10

Note: Referrals Received Prior to March 2024 Department opening: 20

- Successfully reopened Surgical Services on March 11th, 2024 and March 12th, 2024.
- We maintain a 1 week per month Surgical schedule. With Dr. Syverson performing Procedures the week after he is in Alturas performing Surgeries. It has been decided to increase our procedure days from 2 to 3 next week to accommodate high volume of referrals. We maintain 1 CRNA, Shannon Davidson currently.
- We continue to have a close working relationship with the surgery team at Modoc Medical Center who provided support and staffing for our reopening. The Nurse manager and 2 scrub techs were here for our reopening days.
- Cerner go-live went well. We were able to troubleshoot and correct any issues that came up during the day.
- Charges were dropping except for Professional Fees. It was discovered that the Professional fees for the Surgeon and CRNA were not built in Cerner. Billing has been delayed until the issue is corrected.
- Pre-operative and post-operative nurses are floating from Acute and OPM with Moriah maintaining Nurse schedules.
- Agreement reached for Surgical Tech, Kim Myers to take a Full-time position training and working in OPS department and work in the Retail pharmacy Per-diem to cover staffing call-outs.
- Kim Myers was unable to train at Modoc Medical Center in March due to Retail Pharmacy schedule. She completed 5 days of training at Mayers, including 1 day performing procedures. She is making good progress on Scrub tech independent study.
- Staff training, policy/documentation updates, and competency checks remain high priorities.
- Working closely with Maria Cuccinello, IP to evaluate and update processes. Working with Alex Johnson, Maintenance to test air exchanges, water quality, and look at facility needs to meet IP requirements.

Ambulance Services

- Ambulance Runs—
 - March-65 ambulance runs.
 - Transfers-17.
- We hired one per diem EMT and one per diem Paramedic.
 - Currently fully staffed.

- We started working with the “Every 15 Minutes” organizers, a DUI safety awareness group, shooting a ER scene.

Outpatient Medical

- Census:
 - March- 102 patients.
- Needing a part time nurse in OPM, interviewing next week. Also, Station 3 scheduler is leaving, and a job has been posted.
- Manually running statistics until we can find some good reports. Finance reports are getting closer to what our census is.
- 3rd party consultant came and was helpful on processes within Cerner. We would like to see her back.
- Continue to run reports and work with finance.
- Received the MEG award and working to purchase equipment for OPM.
- Still need help capturing wound care reports documenting pressure injuries for the hospital. I have not been successful setting this up at this time. IT may soon be trained on custom reports for Cerner.
- Had a demo with Tissue Analytics which is an app that works with Cerner to have photos and reports that documents the standards of measuring wounds. Continue to wait on quote from vendor.

CLINICAL EDUCATION

- **TRAINING CALENDAR**
 - 3 expired CNA’s tested successfully on 3/21 and are currently certified
 - 1 CNA waiting CDPH approval to retest for certification.
 - Working with 1 CNA staff to renew with all criteria met.
 - 3-NATP students tested on 3/21 and ALL successfully passed the exams
 - BLS training- 7 participants attended and were recertified in March. next scheduled training 4/16
 - PALS recertification trained 3 participants 3/5 and 1 on 3/12
 - Skills Fair for CNA staff in April planning for 3 days and 21 participants.
- Safe Patient Handling (SPH) with Beta consultation and Regina Blowers roll out tentatively scheduled for June with Relias assignment of Awareness Program to ALL staff in April.
- Working with ER Nurse Manager for resources to schedule Trauma Nurse Core Curriculum (TNCC) certification in September.
- ACHC content assigned in Relias for mandatory staff education regarding for *Tips for Infection Control Excellence Webinar, Cleaning the OR and Water safety* (100% compliance).
- **CDPH POC training for C Diff**
 - CDPH response to POC training for C Diff showed “substantial compliance with deficiencies.” Training continues for all new staff and registry.

- **Special Project**
 - **UPDATE:** Registry process for training, competency assessment compliance,
 - Meetings with Lippincott Team for roll out of Education Platform, training in the platform which will allow unlimited user spaces for Registry Staff to complete competency assessments and demonstrate compliance for ACHC, CDPH/LTC regulations.
 - **Nurse Assistant Training Program (NATP)**
 - Currently on hold due to CMS findings.

Respectfully Submitted by Theresa Overton, CNO

Chief Executive Officer Report

Prepared by: Ryan Harris, CEO

ACHC Accreditation

Progress on the ACHC accreditation process is proceeding, with a focus on gathering necessary documentation. Significant areas for improvement have been identified, especially in requirements for our provider group.

Provider Search Update

Recruiter meetings have been scheduled to address challenges in filling positions. We are also looking at partnering with some other recruiters we met at the ASHHRA conference to increase the pool of potential applicants. An interview was conducted with a nurse practitioner for the Skilled Nursing Facility, and they are interested in joining the team.

Construction Projects Update

The Master Planning project is on schedule to be completed by the end of FYE 2024. Ongoing equipment planning and layout for the Criteria Docs is in progress. The Burney Fire Alarm project is advancing, with duct detector scope approval and design currently in process for an estimated completion date of 4/22. The start of the solar project construction was delayed until June due to transformer replacement and other utility-related delays, pushing the anticipated completion date to March 2025. A no charge change order pushing our completion date was signed.

Progress has been made through meetings with various stakeholders on the Fall River Clinic project. Following the architect's evaluation of the space, it was determined that a small remodel will be necessary to accommodate all required code areas. The additional square footage incurs extra costs for the project. Current options being considered include:

- Add an addition to the building on the clinic side.
- Utilizing a portion of the gym space to meet required square footage.
- Repurposing the entire gym area and constructing a new gym with increased ceiling height to the South end, adjacent to maintenance.
- Transforming the entire waiting area to achieve the necessary square footage for the Clinic and introducing a new entrance/waiting space for Physical Therapy.

FY25 Priorities

The executive leadership team is excited to present our PY25 priorities. I am looking forward to discussing them with the board at this month's board meeting. Our priorities include the following:

People

By the end of fiscal year 2025, 15 members of the MMHD leadership team, consisting of a mix of managers and directors, will successfully complete a recognized leadership training program that enhances their skills and capabilities to effectively lead their teams and drive organizational success.

Finance

By the end of fiscal year 2025, MMHD will successfully achieve and meet both DHCS QIP measures, Q-BCS-2 for Breast Cancer Screening and Q-CMS130 for Colorectal Cancer Screening. In case of any challenges with the designated measures, alternative measures will be identified and implemented to ensure successful compliance with the DHCS quality improvement program.

Communication

By the end of fiscal year 2025, MMHD will enhance patient satisfaction through a program improving communication, referrals, medical records, and scheduling efficiency. This will be achieved by introducing a care coordination or similar team to increase efficiency and personalized care, while patient satisfaction surveys will measure progress for future improvements.

Quality

By the end of fiscal year 2025, enhance the infection prevention program to increase hand hygiene rates to 80% using technology to ensure compliance.

Growth

By the end of fiscal year 2025, implement strategies to increase outpatient visits by a combined 5% year over year including the rural health clinic, laboratory, radiology, outpatient medical, physical therapy, Cardiac Rehab, outpatient Surgery, and respiratory therapy departments.

Retention

The CHRO and I will be working on a new score card based on some of the information we received at the ASHHRA conference. The focus of this new scorecard will be on our most valuable asset our employees. This Human capital scorecard with focus on average tenure, bench strength, rookie ratio, eligible for retirement, development course enrollment and in house learning and development hours per employee.

Conference Attendance

I recently attended the ASHHRA conference with our CHRO and Recruitment and Retention specialist. I am thrilled about the insights and vendor connections we gained from the event. Among the standout vendors were those offering leadership training for charge nurses, recruitment solutions for hard-to-fill positions, a device for translation services, a badge vendor for streamlining our badging process, and a competency tracking software for ensuring staff compliance. The focus on AI at the conference has inspired me to continue down the path of using AI to improve our patients experience and reduce clinician burnout. The conference sessions I attended covered topics such as AI, provider contracts, burnout, kindness in the workplace, HR analytics, and pay equity.