

Chief Executive Officer  
Louis Ward, MHA



**Mayers Memorial Hospital District**

**Board of Directors**  
Beatriz Vasquez, PhD, President  
Abe Hathaway, Vice President  
Laura Beyer, Secretary  
Allen Albaugh, Treasurer  
Jeanne Utterback, Director

**Board of Directors  
Regular Meeting Agenda**

August 28, 2019 1:00 pm  
Burney Board Room

**Mission Statement**

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

				<b>Approx. Time Allotted</b>
<b>1</b>	<b>CALL MEETING TO ORDER</b>			
<b>2</b>	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>	Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.		
<b>3</b>	<b>APPROVAL OF MINUTES</b>			
	3.1 Regular Meeting – July 31, 2019	<i>Attachment A</i>	Action Item	2 min.
<b>4</b>	<b>DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS</b>			
	4.1 Resolution 2019-11 – July Employee of the Month	<i>Attachment B</i>	Action Item	5 min.
	4.2 Director of Public Relations – Val Lakey	<i>Attachment C</i>	Report	10 min.
	4.3 Safety Report – Val Lakey	<i>Attachment D</i>	Report	10 min.
	4.4 MHF Report – Marlene McArthur		Report	10 min.
<b>5</b>	<b>BOARD COMMITTEES</b>			
	<b>5.1 Finance Committee</b>			
	5.1.1 Committee Meeting Report		Report	10 min.
	5.1.2 July 2019 Financial Review, AP, AR, and Acceptance of Financials		Action Item	5 min.
	5.1.3 Board Quarterly Finance Review		Action Item	5 min.
	5.1.4 Mindray Project		Action Item	5 min.
	<b>5.2 Strategic Planning Committee</b>			
	5.2.1 Committee Meeting Report – Minutes Attached	<i>Attachment E</i>		
	<b>5.3 Quality Committee</b>			
	5.3.1 Committee Meeting Report – Minutes Attached	<i>Attachment F</i>	Report	10 min.
<b>6</b>	<b>NEW BUSINESS</b>			
	6.1 Discussion of potential strategic plan review session		Discussion	10 min.
<b>7</b>	<b>ADMINISTRATIVE REPORTS</b>			
	<b>7.1 Chief's Reports – Written reports provided. Questions pertaining to written report and verbal report of any new items</b>	<i>Attachment G</i>		
	7.1.1 CEO – Louis Ward		Report	10 min.

7.1.2	CCO – Keith Earnest	Report	5 min.
7.1.3	CFO – Travis Lakey	Report	5 min.
7.1.4	CNO – Candy Vculek	Report	5 min.
7.1.5	COO – Ryan Harris	Report	5 min.
7.2	Construction Change Orders	Action Item	5 min.
8	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>	Information	
	LEGISLATIVE UPDATE – Val Lakey		
9	<b>ANNOUNCEMENT OF CLOSED SESSION</b>		
9.1	<b>Government Code Section 54962:</b> <b>STAFF STATUS CHANGE</b>		
	1. William Randazo, MD – Radiology (Telemed)		
	2. Gregory Taylor, MD – Emergency Care		
	<b>AHP APPOINTMENT</b>		
	1. Paula Ann Amacker, NP - Oncology		
	<b>MEDICAL STAFF REAPPOINTMENT</b>		
	1. Tikoes Blankenber, MD – Pathology		
	2. Lloyd Pena, MD – Emergency		
	3. Michael Maloney, MD – Radiology		
	<b>MEDICAL STAFF APPOINTMENT</b>		
	1. Dyanesh Ravindran, MD – Oncology		
	2. Alireza Abdolmohammadi, MD – Oncology		
	3. Arun Kalra, MD – Oncology		
	4. Ayman Ghraosi, MD – Oncology		
	5. Kevin Keenan, MD – Neurology – (Telemed)		
	6. Olivia Tong, MD – Neurology – (Telemed)		
	7. James Haug, DO – Radiology – (Telemed)		
	8. Charles Gould, MD – Radiology – (Telemed)		
	9. Yuming Yin, MD – Radiology – (Telemed)		
	10. Miriam Hulkower, MD – Radiology – (Telemed)		
	11. William Rusnak, MD – Radiology – (Telemed)		
	12. Bao Nguyen, MD – Radiology – (Telemed)		
9.2	<b>Real Property Government Code 54956.8</b>		
9.3	<b>Pending Litigation Government Code 54956.9</b>		
9.4	<b>Personnel Government Code 54957 FINALIZE CEO Evaluation</b>		
10	<b>RECONVENE OPEN SESSION – Report Closed Session Action</b>	Information	
11	<b>ADJOURNMENT: Next Regular Meeting – September 25, 2019 – Fall River Mills</b>		

Posted 08/22/2019

Chief Executive Officer  
Louis Ward, MHA



**Mayers Memorial Hospital District**

**Board of Directors**  
Beatriz Vasquez, PhD, President  
Abe Hathaway, Vice President  
Laura Beyer, Secretary  
Allen Albaugh, Treasurer  
Jeanne Utterback, Director

**Board of Directors  
Regular Meeting  
Minutes**

July 31, 2019 – 1:00 pm  
Boardroom (Fall River Mills)

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

**1 CALL MEETING TO ORDER:** Beatriz Vasquez called the regular meeting to order at 1:00 pm on the above date.

**BOARD MEMBERS PRESENT:**  
Beatriz Vasquez, President  
Abe Hathaway, Vice President  
Laura Beyer, Secretary  
Allen Albaugh, Treasurer  
Jeanne Utterback

**STAFF PRESENT:**  
Louis Ward, CEO  
Ryan Harris, COO  
Keith Earnest, CCO  
Candy Vculek, CNO  
Val Lakey, Board Clerk  
Mary Ranquist  
Diana Groendyke  
Shay Herndon

**ABSENT:**

**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 June 24, 2019 *Utterback/Beyer Approved All*

**4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

4.1 A motion/second carried; James Marlow was recognized as June Employee of the Month. Resolution 2019-10 *Beyer/Utterback Approved All*

4.2 **Hospice Quarterly Report** – Mary Ranquist – (See attached). Admissions have increased this quarter. One of the RN's is off on disability. Have hired a local LVN who is pursuing RN.

4.3 **Director of Nursing Report – SNF** – Diana Groendyke – Thanks from the staff for the appreciation day and gift. Annex census is 78. There have been a lot of outdoor activities utilizing the vans. Looking at activities programs and the use of technology, etc. There will be a 10-year activities plan presented.

4.4 **Director of Human Resources – Workers Comp Report** – Shay Herndon reported for Libby Mee. See attached report. The written report was reviewed. Discussion on recruiting agencies that we have used and the effectiveness. Just Culture was discussed and explained. This is a program that is offered through BETA. The program is at no cost to MMHD. Working on the orientation and re-orientation process. Will be completed on an iPad that will replace the paper packets.

**5 BOARD COMMITTEES**

**5.1 Finance Committee**

5.1.1 **Committee Meeting Report:** Met July 31, 2019. There was an update with Dietary and Cardiac Rehab. See attached reports from the finance packet.

5.1.2	June 2019 Financial Review, AP, AR and acceptance of financials.	Hathaway/Utterback	Approved All
5.1.3	401K Retirement Plan – Change the eligibility after 90 days instead of 1 year. Sign-up monthly instead of quarterly. Currently 74 of 214 employees enrolled. Should help retention with a 401k. Are not vested until 5 years.	Utterback/Hathaway	Approved All
5.2	Strategic Planning Committee		
5.2.1	Committee Meeting Report – No Committee meeting		
5.3	Quality Committee Chair Beyer		
5.3.1	Committee Meeting Report – No Committee Meeting		
6	NEW BUSINESS		
6.1	Policies & Procedures – Acute Stroke Protocol Business Associates Conservative Sharp Instrumental Wound Debridement Nursing Ventilator Management In The Absence Of Respiratory Therapy Phone Reimbursement Scope Of Services MMHD	Utterback/Beyer	Approved All
6.2	AB2190 Attestation – The board has been advised	Utterback/Albaugh	Approved All
7	ADMINISTRATIVE REPORTS		
7.1	Chief's Reports		
7.1.1	CEO – In addition to the written report - Discussed day care. Met with school district and Shasta County of Education. (SCOE). There is potential for funding that Shasta County will be submitting and we can potentially include our project. Looking at a modular or building renovation. Looking at a building instead of a rental. The process and collaboration will continue with working on details and funding. In the meantime, there are some possibilities to work with space available at the elementary school. Will meet again on Monday, August 5th. Cindy Dodds from Burney Community Center will also be there.  Telemed grant – The three year grant will bridge a gap with needs of the school district. Thanks to Amanda Harris and Sheba Sawyer.		
7.1.2	CCO: In addition to the written report: Earnest also referenced the HRSA grant. Working to get some Redding physicians to be able to refer for some outpatient procedures.		
7.1.3	CFO: In addition to the written report: Some of the supplemental may not be as large next year. Still working on the models for QUAF. Transferred money to the LAIF account. Albaugh asked about the return on Telemedicine. Much of it goes to ancillary services.		
7.1.4	CNO: In addition to the written report: Preparing to come back to Finance with information on Mindray. Will bring in August. Looking at LEAN processes in SNF. Quality to reduce risk and cost. Interviewed 2 more RN's this week.		

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 Directors documents are available online at [www.mayersmemorial.com](http://www.mayersmemorial.com).

7.1.5 COO: In addition to the written report. Construction is about 56 days behind. There will be some change orders discussed. A lot of progress has been made in the last few weeks. Looking at a November 26, 2019 completion date.

Also addressed the kitchen repairs. The pipes under the building need to be repaired or replaced. Will be working on a long-term plan.

There will be temperature monitors re-installed on the refrigerators in Dietary.

Emergency repairs will done during the night time hours.

HVAC bids are coming in very high. There was a lot of discussion regarding the plan for the future.

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7.2	Construction Change Orders: \$240,000 water tank. So far there have been \$325,000 in change orders.	<i>Albaugh/Hathaway</i>	<i>Approved All</i>
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8	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>		
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	Legislative Update - none		
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9	<b>ANNOUNCEMENT OF CLOSED SESSION – 3:05 pm</b>		
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9.1	Government Section Code 54962 <ul style="list-style-type: none"><li>Quality Assurance: Quality Improvement Issues, Medical Staff Report – No report or privileges</li></ul>		
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9.2	Real Property Government Code 54956.8 – No Action		
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9.3	Litigation Government Code 54956.9 – Discussed construction contracts. Will be amending the current contracts. Recommend we pay the \$99,000 for the initial 40 day delay.	<i>Albaugh/Utterback</i>	
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9.4	Personnel Government Code 54957 –		
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10	<b>RECONVENE OPEN SESSION: 3:41 pm –</b>		
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11	<b>ADJOURNMENT</b>		
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	Next Regular Meeting — August 28 - Burney – 1:00 pm		
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I, \_\_\_\_\_, Board of Directors \_\_\_\_\_, certify that the above is a true and correct transcript from the minutes of the regular meeting of the Board of Directors of Mayers Memorial Hospital District

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

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



**Mayers Memorial Hospital District**  
*Always Caring. Always Here.*

**RESOLUTION NO. 2019-11**

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

**James Harris**

**As July 2019 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, James Harris is hereby named Mayers Memorial Hospital District Employee of the Month for July 2019; and

**DULY PASSED AND ADOPTED** this 28th day of August 2019 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:  
NOES:  
ABSENT:  
ABSTAIN:

\_\_\_\_\_  
Beatriz Vasquez, President  
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

\_\_\_\_\_  
Val Lakey  
Clerk of the Board of Directors





# Mayers Memorial Hospital District

Always Caring. Always Here.

## Marketing and Public Relations – Valerie Lakey, Director of Public Relations Report – August 2019

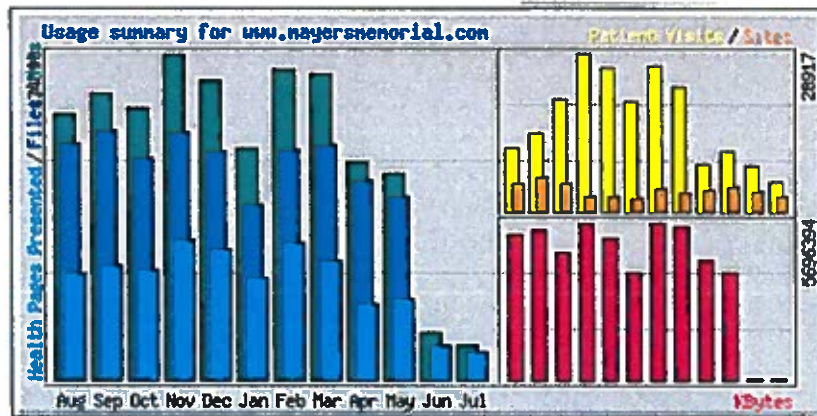
Mayers Memorial Hospital District Public Relations Department focus remains on IMAGE and branding and making sure that everything associated with MMHD is consistent. We have many low-cost/ no-cost avenues for public relations and keep our image in the public eye. Our work with the community and developing relationships with the schools, organizations and businesses has been beneficial.

The department deals with Public, Community, Patient and Employee relations and communications and ultimately leads a variety of projects.

### Accomplishments:

- **Budget** – The budget remains consistent with previous years. We are no longer doing television ads. We have designated an amount for the IMAGE budget. These dollars are used for team sponsorships, the fair, local chamber events and school projects.
- **Communications** – Our Mass Notification system is a great way to share information in an instant with staff. It is primarily used for Emergency Notifications, but can be utilized for events and announcements. The “It Pays to Know” newsletter is distributed with the payroll twice a month and is used to provide information to staff. Currently, I am working on building a new email distribution list.
- **Community Outreach – IMAGE BUDGET** - We continue to advertising locally in an effort to reduce out-migration. Keeping MMHD “visible” in the community is a high priority. We participate in health fairs and other community events; like the Intermountain Fair, which is a highly populated event for the Intermountain Area. We remain active in the local high schools with Health Career Days and High School Senior Internships. *“Planting Seeds and Growing Our Own”* has been a focus. We are also active with activities in local elementary schools.
  - I have had the opportunity to share at many organizations, locally and statewide, about the hospital and our projects. MMHD has become a strong voice in rural healthcare.
    - I am active on ACHD Advocacy, Governance Committees and work closely with CHA and the Disaster Committee. These avenues build relationships and the networking is very beneficial.

- I will be speaking at the ACHD Annual Conference about our partnership with Stanford and the Wellness program.
  - I will be presenting at the CHA Disaster Conference in September.
- **Website/Intranet**– We continue to utilize the website. The website is a required component of the District Transparency (as a result of state legislation). Both the internal and external sites are “fluid”. We try to change them to keep up with changes, community and employee needs.



Summary by Month										
Month	Daily Avg						Monthly Totals			
	Pages	Files	Health Pages Presented	Patient Visits	Sites	KBytes	Patient Visits	Health Pages Presented	Files	Pages
Jul 2019	608	0	478	178	2825	4505	5518	14831	0	18873
Jun 2019	842	0	617	283	3642	6137	8504	18536	0	25267
May 2019	3568	3167	1393	360	4494	3871446	11189	43199	98177	110619
Apr 2019	3872	3569	1365	289	3992	4307392	8697	40972	107089	116169
Mar 2019	5296	4076	2061	736	3522	5526259	22845	63908	126357	164185
Feb 2019	5957	4415	2629	954	4250	5696394	26720	73623	123630	166810
Jan 2019	4014	3041	1773	647	2463	3878988	20082	54991	94294	124447
Dec 2018	5166	3949	2262	851	2871	5172988	26408	70147	122449	160175
Nov 2018	5819	4435	2514	963	2828	5647287	28917	75423	133072	174593
Oct 2018	4845	3965	1969	684	5170	4646409	20536	59096	118966	145353
Sep 2018	5105	4465	2040	477	6430	5405850	14317	61213	133969	153163
Aug 2018	4585	4088	1845	372	5292	5257497	11547	57195	126757	142161
<b>Totals</b>						<b>49421152</b>	<b>205260</b>	<b>633134</b>	<b>1184760</b>	<b>1501815</b>



- **Social media** - Having a presence on Social Media is very important, as much of our target market uses these avenues. We primarily use Facebook. We have separate pages for Construction, Planting Seeds and a private group for employee challenges, etc. **NO COST – except time. Schedule Posts, etc.**

**Mayers Memorial Hospital District**  
August 13 at 9:42 AM

We are hiring! Learn more about joining our TEAM  
<https://www.mayersmemorial.com/getpage.php>

**MMH** Mayers Memorial Hospital District  
*Always Caring. Always Here.*

## EMPLOYMENT Opportunities

Please visit our website **EMPLOYMENT PAGE** for current Employment Opportunities

- Food & Nutrition Services
- Insurance Billing Specialist
- Housekeeper
- Nurse Practitioner
- CNA's, LVN's and RN's

*Ask about our Sign-On Bonus!*

[www.mayersmemorial.com](http://www.mayersmemorial.com)  
**(530)336-5511**

Get More Likes, Comments and Shares  
When you boost this post you'll show it to more people

929 People Reached      75 Engagements      **Boost Post**

Jasna Patel, Felisa Westlake and 6 others      20 Shares

Like      Comment      Share

<b>929</b> People Reached	<b>43</b> Likes, Comments & Shares	
<b>22</b> Likes	<b>8</b> On Post	<b>14</b> On Shares
<b>0</b> Comments	<b>0</b> On Post	<b>0</b> On Shares
<b>21</b> Shares	<b>20</b> On Post	<b>1</b> On Shares
<b>32</b> Post Clicks		
<b>5</b> Photo Clicks	<b>9</b> Link Clicks	<b>18</b> Other Clicks
<b>NEGATIVE FEEDBACK</b>		
<b>2</b> Hate Posts	<b>1</b> Missed Report	
<b>0</b> Reported as Spam	<b>0</b> Unlike Page	

Reported status may be delayed from what appears on post.

- **Department Marketing/Employee Public Relations** – Currently working on projects with Retail Pharmacy, Cardiac and Respiratory. In addition, planning for the opening of the New Hospital Wing.



## Board Quality Report Template

<p><b>Name:</b> Valerie Lakey</p> <p><b>Department:</b> Safety/Emergency Preparedness</p> <p><b>Last Quality project reported:</b> Emergency Preparedness and Safety Training for Orientation and Re-Orientation</p> <p><b>Update on last Quality project reported:</b> Materials for both orientation and re-orientation were reviewed and modified. Resources were placed on the INTRANET and employees are now trained on where to find needed resources and where to find EP/Safety policies, procedures, documents, training resources, personal preparedness resources. All employees are re-quizzed and signed off annually as required by CMS Guidelines.</p>	<p><b>Current report date to Board Quality:</b> 08/14/19</p> <p><b>Last report date to Board Quality:</b> 02/12/19</p>
<p><b>What successes have you seen based on the outcome of previous Quality projects?</b> More involvement in Safety and EP as well as an increased general knowledge amongst all staff.</p>	
<p><b>What issues have come up in your department relating to Quality?</b> Lack of time and staff availability for training.</p>	
<p><b>PLAN: What plan was implemented to address those issues?</b> Incorporate more available training on the INTRANET and have a thorough review at reorientation. Information is distributed via email, newsletters and in department meetings.</p>	



**DO: How did the implementation of that plan go?**

It is working well and we continue to find ways to train and educate necessary and key staff.

**STUDY: What kind of results did the implementation of the plan yield?**

More awareness of Safety?EP program and more interest involvement

**ACT: What changes were made based on the results of the plan implementation?**

In progress

**Upcoming Quality Items:**

EOP Phone App, EOP Flip Charts, CODE Binder

**Quality Related Goals for the Department:**

Review and update all documents and educate staff as changes are made.

**Data/Graphics supporting project outcomes:**

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Board of Directors  
Strategic Planning Committee  
Minutes  
August 13, 2019 12pm  
Boardroom (Fall River Mills)

SP  
Attachment A  
DRAFT

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

1 **CALL MEETING TO ORDER:** The meeting was called to order at 12:05 pm on the above date.

**BOARD MEMBERS PRESENT:**

Allen Albaugh, Chair  
Beatriz Vasquez, PhD, President

**STAFF PRESENT:**

Louis Ward, CEO  
Ryan Harris, COO  
Travis Lakey, CFO  
Pam Sweet, Board Clerk

**Community Members Present**

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2 **CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**

None

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3 **APPROVAL OF MINUTES**

3.1 A motion/second carried; committee members accepted the minutes of DATE Vasquez/Albaugh Approved All

4 **HVAC Replacement Project**

- Replacing existing units will cost about \$250,000 per unit. A total cost of about \$6 mil.
- Replacing all existing units with two central plants will cost approximately \$4.3 mil.
- Need to determine:
  - By what date do we want to have this project complete
  - Where to find the funds
- There aren't likely to be any grants available for this project, but there might be some low-cost loans
- Now exploring the best way forward and working with electrical engineers
- Struggling to find a contractor to do the job
- Will bring up at the September BOD meeting

5 **Mayers Facilities Master Plan**

- Need to decide what the facilities will look like for 2030 so Ryan has a target to work toward
- Next: take out the old building, then do a hazard assessment to comply with 2030 regulations
- Discussed SPC and NPC requirements: plumbing, electrical and mechanical

6 **ADMINISTRATIVE REPORT**

- 6.1 Day care
- Moving forward

- Need to put up fencing and install carpet inside.
- Need play structure outside
- Will support up to 28 children
- Hiring staff will be the difficult part
- School district wants to pursue a grant to refurbish an existing building, but that is a 2 to 3 year project. We don't want to wait that long

**Pharmacy**

- Opening is September 4<sup>th</sup>
- 6.2
- You will start seeing marketing as soon as next week
  - Pharmacy will be the main focus at the fair booth

**7 OTHER INFORMATION/ANNOUNCEMENTS:**

We are considering buying the FR Arts building. Would be used for Cardiac Rehab. Discussed options for the building

**8 ADJOURNMENT – 1:30 pm**



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Mayers Memorial Hospital District

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Jeanne Utterback, Director

Board of Directors  
Quality Committee  
Minutes

August 14, 2019 12:00pm  
Boardroom (Fall River Mills)

*Quality Packet*

**Attachment A**  
**DRAFT**

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1 **CALL MEETING TO ORDER:** Board Chair Laura Beyer called the meeting to order at TIME on the above date.

**BOARD MEMBERS PRESENT:**

Laura Beyer, Secretary  
Jeanne Utterback, Director

**OTHERS PRESENT:**

**STAFF PRESENT:**

Louis Ward, CEO  
Candy Vculek, CNO  
Jack Hathaway, DOQ  
Theresa Overton, DON, Acute  
Diana Groendyke, DON, SNF  
Travis Lakey, CFO  
Keith Earnest, CCO  
Danielle Bottorff – Business Office  
Amy Parker – Patient Access  
Libby Mee – Dir. Human Resources  
BJ Burke – SNF Activities  
Val Lakey – Dir. Emergency Prep.  
Pam Sweet, Board Clerk

2 **CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**  
None

3 **APPROVAL OF MINUTES**

3.1	A motion/second carried; committee members accepted the minutes of June 12, 2019	Utterback/ Hathaway	<b>Approved All</b>
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4 **DEPARTMENT REPORTS**

- 4.1 **Patient Access:** Submitted written report.
- In the new building, the layout will be more conducive to getting patient information for ED admission
- 4.2 **Business Office:** Submitted written report.
- We are supposed to get preauthorization. If we are forced to get post-authorization, there is a lot more work involved. We have a very good process now.
- 4.3 **HIM** – No report. Move to next agenda
- 4.4 **SNF:** Submitted written report.

- At the time of our last report, we were just beginning to use the stop light report. We are enjoying using it now. It is very useful
- RN hours project: Have defined a plan. A contract RN is working out very well. Hope to renew her contract the end of September
- Value Stream Mapping: Looks at how the business process works where you look at the flow of a resident from admission to discharge. Working to develop a plan of process improvement. Focus on Quality and reduction of CDPH tags

4.5 **Finance** – Submitted written report.

- WIPFLI is coming soon for the annual audit and cost report

4.6 **SNF Activities** - Submitted written report.

- Face Time – Use to make better contact with families and smoothing transition to LTC. Equipment is adequate.

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5 **QUARTERLY REPORTS**

5.1 **Safety:** Submitted written report.

- Code and quick-reference binder go out to staff
- Redoing the Disaster binders. Organized into 44 areas we are surveyed on
- Working with Libby to restructure the Emergency Preparedness areas on the intranet
- Staff is embracing Emergency Preparedness. We have good participation at meetings

5.2 **Workers Comp:** Submitted written report.

- Attended webinar with BETA on investigations. Working to process map our current investigative process
- Implementing Just Culture program

5.3 **Patient Safety First:**

- RL6 Program: identified a lot of areas that need additional training
  - Had 31 events reported.
- We had a mandated reporting event take place that has taken most of our time over the last 2 weeks.

5.4 **CMS Core Measures**

- Reported for the 1<sup>st</sup> quarter of 2019. We had 1 qualifying event under AMI and 0 under chest pain
- By next quarter report, hope to have a conversation with physicians on how to improve the pool
- Jack explained how the patient pool starts large and gets smaller

5.5 **5-Star Rating Monitoring**

- New rating has not come out yet. Should be out soon
- Hope the increase in staffing will show
- Biggest tags will be coming off in 2020

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6 **STANDING MONTHLY REPORTS**

6.1 **Quality/Performance Improvement:**

- Working on implementing LEAN & using it as an operating system for performance improvement
- Working on ED process mapping

6.2 **PRIME:**

- We have submitted PRIME and we are expecting payment. Everything is going well

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**6.3 SNF Events/Survey:**

- See Diana's SNF Report above
- Everything is going well

**6.4 Infection Control:**

- Going through the policies to identify where they don't match the current processes
- Ensuring reporting processes are accurate
- Keith and Diana are working through the McGeer criteria. Staff are having a hard time understanding the criteria. Have clarified the verbiage and created a decision tree to help with understanding

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**7 ADMINISTRATIVE REPORT:**

Pharmacy: Will open September 4. Hours will be 9am to 6pm Monday through Friday. We will not be able to take Partnership insurance until about 60 days after opening, but we have most commercial insurances right away. Signage is going up today.

Day Care: Working with the school. Looking at different buildings that might house the day care. School superintendent is very supportive

New Building: Project is going smoothly. Will soon see the outside of the building completed, then will be working on the inside

Fiscal Year 2020 Goals: Working on now

Management meeting was held yesterday. Employee meetings will be held September 17 and 18

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**9 OTHER INFORMATION/ANNOUNCEMENTS: None**

**10 ANNOUNCEMENT OF CLOSED SESSION:**

**10.1 LIST OF CREDENTIALS**

**STAFF STATUS CHANGE**

1. William Randazo, MD – Radiology
2. Gregory Taylor, MD – Emergency Care

**AHP APPOINTMENT**

1. Paula Ann Amacker, NP - Oncology

**MEDICAL STAFF REAPPOINTMENT**

1. Tikoes Blankenber, MD – Pathology
2. Lloyd Pena, MD – Emergency
3. Michael Maloney, MD – Radiology

**MEDICAL STAFF APPOINTMENT**

1. Dyanesh Ravindran, MD – Oncology
2. Alireza Abdolmohammadi, MD – Oncology
3. Arun Kalra, MD – Oncology
4. Ayman Ghraosi, MD – Oncology
5. Kevin Keenan, MD – Neurology – (Telemed)
6. Olivia Tong, MD – Neurology – (Telemed)
7. James Haug, DO – Radiology – (Telemed)
8. Charles Gould, MD – Radiology – (Telemed)
9. Yuming Yin, MD – Radiology – (Telemed)
10. Miriam Hulkower, MD – Radiology – (Telemed)
11. William Rusnak, MD – Radiology – (Telemed)

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12. Bao Nguyen, MD – Radiology – (Telemed)

A motion/second carried; committee members approved all credentials

Beyer/Utterback

Approved All  
Credentials

10.2 Discussed visit ID 111898

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11 **RECONVENE OPEN SESSION:** Reported closed session action

Report

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12 **ADJOURNMENT: TIME -** Next Regular Meeting – September 11, 2019 (Fall River Mills)

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## Operations Report August 2019

Statistics	July YTD FY20 <i>(current)</i>	July YTD FY19 <i>(prior)</i>	July Budget YTD FY20
Surgeries <i>(including C-sections)</i>			
➤ Inpatient			
➤ Outpatient			
Procedures <i>(surgery suite)</i>			
Inpatient	109	184	169
Emergency Room	417	402	335
Skilled Nursing Days	2376	2188	2312
OP Visits (OP/Lab/X-ray)	1271	1338	1409
Hospice Patient Days	109	212	117
PT	212	210	250

**Operations District-Wide**  
Prepared by: Louis Ward, CEO

### Retail Pharmacy

The Mayers Pharmacy project is in its final stages before our fast approaching opening date of September 4<sup>th</sup>. District staff is meeting to discuss our master project task list and progress on assigned tasks multiple times a week to ensure all necessary tasks are completed prior to the opening date. At the time of this report, all is going as expected and we intend to meet our September 4<sup>th</sup> deadline. More information will be provided verbally at the full BOD meeting.

### Employee Meetings

District Administration is working closely with management to develop an agenda and presentation which will be shared with all employees on Sept 16<sup>th</sup> and 18<sup>th</sup>. The meetings will occur in both Fall River and Burney. Topics to be discussed in the fall employee meetings are: Retail Pharmacy, New Hospital Wing progress, Burney Clinic, District Finances, uniform policy, sick pay policy, and attendance policies.

### Tahoe Forest Healthcare District visit

This month Travis Lakey, CFO and I accepted and invite from Harry Weis, CEO of Tahoe Forest Healthcare District in Truckee to visit his facility and discuss how our two districts can work together in the future. We spoke at length about our strategic plans while looking for common ground for us to explore further with our staffs. We share in many challenges, to name a few: Housing, IT infrastructure, staffing, and quality initiatives. We toured the facilities, including their onsite daycare. The tour provided us with many ideas that we plan to bring to our own district. More information will be provided by request at the upcoming BOD meeting.

### Meeting with Shasta County Health Officer

The Chief Team and Emergency Preparedness Coordinator met this month with Karen Ramstrom and Brandy Isola, Public Health Officers for Shasta County. The conversation surrounded services the county are or could provide to the hospital and/or community. We spoke at length



about workforce development, as it is a hot topic here within our district as well as at the county level. The County is looking to place additional funding towards workforce development by highlighting employers and actively reaching out to professionals in an effort to show them a pathway home. This is encouraging however; I do feel the program they are designing is geared more to the urban areas of the county. We spoke with the group about mental health services, particularly gaps where we see the county are not covering. More information about this meeting will be provided verbally.

**DHLF Board meeting.**

Travis Lakey, CFO and I attended the District Hospital Leadership Forum Board meeting in Lake Tahoe earlier this month. As mentioned in past hospital district board meetings, the DHLF Board is charged with allocating millions of dollars a year to each of the districts through the use of an Intergovernmental Transfer Program. There is a great deal of conversation amongst the DHLF Board that I serve on, how we plan to develop the financial allocation model for the future years. It is imperative we and other small district hospital continue to attend these meetings to share with the group our unique challenges and ensure the maximum amount of funding is flowing into our community hospitals. More information will be provided to the full Board in our upcoming meeting.

**Meeting with FRJUSD Superintendent**

Earlier this month I met with the Dr. Merrill Grant, the new Superintendent of the Fall River Joint Unified School District. It was important for the two of us to meet to discuss how the hospital has played a role within the school system for the past few years as well as discuss how we can continue to think outside the box when addressing ways we can engage the youth of our community. I am pleased to report Dr. Grant was supportive of the programs the hospital and the schools have worked together on in recent years and sees no need to make changes and is eager to support these types of partnerships. We committed to working closely together in the future in a multitude of areas, namely: Emergency Preparedness, our “planting seeds and growing our own” initiatives, and workforce development programs not yet in place.

Respectfully Submitted by,  
Louis Ward, MHA  
Chief Executive Officer

**Chief Operating Officer Report**  
**Prepared by: Ryan Harris, COO**

**Hospital Expansion Project**

Our current schedule shows construction completion on December 9th. Layton is working on getting our schedule back to early November for construction completion. We anticipate it taking licensure and OSHPD 30-90 days to license and give an occupancy permit for the building. I do have an extension on the 1956 building until January 5, 2021 and with that, there will be no interruptions to services provided in the area if we go beyond the original deadline of January 1, 2020.

Over the past month, drywall, site work, electrical, framing, HVAC and stucco have all continued.

## **Facilities, Engineering, Other Construction Projects**

We have finalized our design for the new Burney Clinic. The architect and engineers will continue to work on construction documents. There has been some delay on the structural side and will delay the submission to the county until mid-September. I still anticipate a building permit issued in November of 2019. We will start the RFP process after permitting to get the most accurate bid possible. We would prefer to start construction in March/April of 2020.

Due to bids coming in so high we are attempting one last-ditch effort to repair our existing HVAC over the SNF dining room. I will know in the next two weeks if this is possible or not.

Greenbough Design and its consultants have finalized their assessment of the 1956 and surrounding buildings and what steps will be involved with the demolition of the building. They presented a demolition plan and a space concept for after the building is removed. A contract has been issued for this work and it is moving forward.

Work has started back up on the Riverview house transformation into an on-call employee sleep house. The engineering crews have started siding this week.

With MVHC relocating to their new clinic, facilities and engineering will soon begin work on the current clinic building and converting that into office space as well as remodeling the current finance building into an administration building. We have pushed this project start out to October or November due to demands on the project. We are currently looking at the best approach and gauging the size of the project.

Nurse call plans in the acute space have been submitted to OSHPD and are under review.

Work on the pharmacy is well on its way. The parking lot has been paved and landscaping is in. We have also received our construction final from the County.

We have decided to bring the helistop project in-house. We with either send the project out to bid to a new contractor or perform the work with the engineering department.

## **IT**

IT is currently working on both the IT infrastructure for the new building as well as the pharmacy.

## **Purchasing**

We are excited to be joined by Madison Kelly, our new assistant purchasing manager. She is currently looking into inventory improvement and supplies cost reduction.

## **Dietary**

Emergency repairs to all of the pipes under the kitchen will start this week. Work will be conducted at night to ensure minimal impact to our residents, patients, and staff.

## **Security**

The Fall River Campus did have one security incident with two suspicious individuals in the hospital in areas they shouldn't have been in. The staff did a very good job getting the individuals out of the hospital with no incident. These are the same individuals that were reported last month.

Several newly planted plants were stolen from the new retail pharmacy. A police report was made and we replaced the plants the same day.

## **Environmental Services & Laundry**

Sherry Rodriguez and I are currently looking into new chemical vendors for our laundry facility to get that spend back under control.

The EVS team will be in uniforms by the end of the week of 8/19/19. They will be the first department to be in full uniforms.

Respectfully Submitted by,  
Ryan Harris  
Chief Operating Officer

### **Chief Nursing Officer Report**

**Prepared by: Candy Vculek, CNO**

## **Staffing**

- Recruitment and retention program is starting to show results.
- LTC Nursing positions have begun to fill.
  - Only four vacant nursing positions left on the Skilled Nursing Facility side.
  - Staff is still in orientation but will soon be moving into their permanent positions.
- Acute Care is also interviewing a number of nurses. There are three full time RN positions available.

## **SNF Report**

- Census = 76 Residents
- The motorized awnings are a beautiful addition to both patios at the Burney Annex and contribute greatly to the quality of life. The Residents at the Annex are truly enjoying them this summer!

- **Competency Based Orientation**
  - Registry Staff assessment is working well
  - HR and the Clinical Nurse Educator have a solid process now in place.
  - The Competency Based Orientation for the permanent new employees is also in place.
- **CMS PHASE III Regulations**
- **Implementation of CMS PHASE III Regulations**
  - Implementation is underway and will be complete by fall.
  - The deadline for complete Regulatory Compliance is November 2019.
- **Refinements to our McGeer Antibiotic Stewardship Program**
  - There has been some ongoing difficulty understanding the stewardship program as originally developed
  - The program has been refined and will be reviewed with staff at the next monthly meeting.
  - The goal is to enhance understanding and improve compliance with the stewardship program

#### **Acute Care Report**

- June Acute ADC 1.83, Swing ADC 6.70; LOS 6.70.
- Completed Scorecard Summary Goals successfully with OPM and Acute.

#### **Outpatient Surgery**

- June ADC-Procedures=4.17 and ADC-Patients=3.50
- Worked together with MVHC to improve process of referrals and authorizations for Dr. Guthrie and Dr. Syverson.

#### **Outpatient Medical Board Report**

- The Outpatient Census has an average monthly patient visits for July of 120 patients and 144 procedures.
- **Staffing**
  - OPM has hired another full time RN and supplement the busy days by borrowing a LVN from other departments on wound clinic days
  - A part-time position remains posted

#### **Continuing Work**

- Briefly met with staff from ER at their department meeting to go over process for seeing OPM patient in ER on weekends.
  - Plan is to do more one on one charting education during down time in ER. Biggest challenge is scanning medications so a charge is dropped for OPM.
- Dr. Rasmussen from Physicians Wound Center is now privileged at MMHD and will be seeing patients

#### **Emergency Department**

- 407 patient visits in July
- RN staffing
  - Staffing continues to be a challenge due to two leave of absences, and one vacancy
  - Third traveler started this week. This brings the ED to full RN staffing
- Sepsis protocol.
  - A standardized sepsis protocol is in draft.
  - This will allow MMHD staff and physicians to better identify and provide national standard care to sepsis patients.
  - Next steps are committee approval and education provided to staff
- Implementing new process improvement tool in the ED to help with hardwiring change for vitals.

### **Laboratory Board Report**

- Lab manager and CLS positions posted
  - Current manager will be staying but wishes to move back to a staff position
- Progress is being made on development of the Point Click Care
- Reviewing plan for equipment in the new lab.
  - Several pieces of equipment are leased.
  - The plan on two is to upgrade to a new lease agreement with new equipment and have that directly installed in the new lab.
  - This will result in new equipment for little impact on cost as it is under lease agreements that won't significantly change

### **Radiology Board Report**

- Ambra PACS transition is complete and is operating smoothly
  - This was a very large lift by the radiology department
- Radiology manager will be having surgery later this month and will be off for an extended period.
  - Tyson is able to stand in for Alan during this time.
- ACR accreditation cycle has started.
  - Application and data have been submitted to ACR.
- The radiology manager is in discussion with two potential permanent applicants.

### **Chief Clinical Officer Report**

**Prepared by: Keith Earnest, Pharm.D., CCO**



- Pharmacy is navigating many nationwide drug shortages. The emergent shortage is epinephrine syringes for the crash carts. High dose epinephrine is stocked in crash carts with directions on use and nursing staff has been in-serviced.
- Per medication safety best practice standards, injectable promethazine has been removed from the formulary.
- The McGeer criteria for urinary tract infections has been reformatted to be more user friendly. To facilitate compliance a decision tree has been developed.
- We are in the process of hiring a casual pharmacist to provide additional backup to the hospital once the retail pharmacy is open.

### **Physical Therapy**

- An “off road” walker has been purchased so patients can safely walk outside as part of their rehabilitation.
- The biofeedback machine is in use and the first patient is reporting positive results.

### **Telemedicine**

- The UCD Cart located near the ER will now be used for Peds Critical Care AND Adult Neurology cases. Cases can be presented in the ER itself in an urgent scenario or in acute. The cart has now been used for both specialties in both ER and acute scenarios.
- Our Nutritionist will no longer be working with Telemed2U. T2U is currently getting another provider credentialed with Partnership and we’re hoping to have someone lined up for September as this is a popular service.
- FRJUSD/Mayers/MVHC Grant application: Amanda Harris conducted a Site Coordinator training on August 16th. All six coordinators attended from the six schools the grant will be serving. She explained the entire program and all the steps and had a demo call with a staff person from T2U. The first block of clinic time is tentatively scheduled for the first week in September due to minimum days and Fair break.

### **Cardiac Rehab**

- Two new monitored Cardiac Rehab patients have joined the program.
- Attendance of maintenance patients has been low due to summer vacations and illness, which is consistent with historical patterns. Three new maintenance patients have joined the program this month.

### **Respiratory Therapy**

- Training on coding and charges with the respiratory therapists has been completed and charge capture has improved dramatically. This process will be monitored closely and a report to finance committee will be presented after the close of Q1.
- A training with Care Fusion is scheduled in August 21-22 to train both Ronald and the RT traveler, David on the PFT machine. Mayers has a back log of referrals and we are pushing for the soonest date the trainer is available. The pulmonary rehab program can re-launch after once the PFT is up and going.
- A training on the Metanebs machine is complete with staff.

Respectfully Submitted by,  
Keith Earnest  
Chief Clinical Officer