

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

January 29, 2020 1:00 pm
Fall River 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.

				Approx. Time Allotted
1	CALL MEETING TO ORDER			
2	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 – December 4, 2019	Attachment A	Action Item	2 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS			
	4.1 Resolution 2020-01 – December Employee of the Month	Attachment B	Action Item	5 min.
	4.2 Years of Service Recognition – Louis & Travis			5 min.
	4.3 Recognition of Service – Beatriz & Louis			5 min.
	4.4 Director of Human Resources & Workers Compensation Reports	Attachment C	Report	10 min.
	4.5 Director of Nursing - SNF	Attachment D		10 min.
	4.6 Hospice Quarterly Report	Attachment E		10 min.
5	BOARD COMMITTEES			
	5.1 Finance Committee			
	5.1.1 Committee Meeting Report		Report	10 min.
	5.1.2 Nov. & Dec. 2019 Financial Review, AP, AR, and Acceptance of Financials		Action Item	5 min.
	5.2 Strategic Planning Committee			
	5.2.1 Committee Meeting Report – DRAFT Minutes Attached	Attachment F	Report	10 min.
	5.3 Quality Committee			
	5.3.1 Committee Meeting Report – DRAFT Minutes Attached	Attachment G	Report	10 min.
6	OLD BUSINESS			
	6.1 Board Assessment Review	Attachment H	Discussion	10 min.
	6.2 Organizational Analysis – Final Approval	Link Provided	Action Item	10 min.

7	NEW BUSINESS			
7.1	POLICY & PROCEDURE APPROVAL	<i>Attachment I</i>		
	1. Conflict of Interest for Design-Build Project		Action Item	
	2. Satellite and Home Office Security			
7.2	POLICY & PROCEDURE QUARTERLY REVIEW	<i>Attachment J</i>	Action Item	
8	ADMINISTRATIVE REPORTS			
8.1	Chief's Reports – <i>Written reports provided. Questions pertaining to written report and verbal report of any new items</i>	<i>Attachment K</i>	Reports	
8.1.1	CEO – Louis Ward		Report	10 min.
8.1.2	CCO – Keith Earnest		Report	5 min.
8.1.3	CFO – Travis Lakey		Report	5 min.
8.1.4	CNO – Candy Vculek		Report	5 min.
8.1.5	COO – Ryan Harris		Report	5 min.
8.2	ED of Community Relations & Business Development – Val Lakey	<i>Attachment L</i>	Report	5 min.
8.3	Construction Change Orders		Action Item	5 min.
9	OTHER INFORMATION/ANNOUNCEMENTS		Information	
10	ANNOUNCEMENT OF CLOSED SESSION			
10.1	Government Code Section 54962:			
10.2	Real Property Government Code 54956.8			
10.3	Pending Litigation Government Code 54956.9			
10.4	Personnel Government Code 54957			
11	RECONVENE OPEN SESSION – Report Closed Session Action		Information	
12	ADJOURNMENT: Next Regular Meeting – February 26, 2020 – Burney			

Posted 01/23/2020

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Louis Ward, MHA



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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**

December 4, 2019 – 3:00 pm
Boardroom (Burney)

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 3:00 pm on the above date.

BOARD MEMBERS PRESENT:

Beatriz Vasquez, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback

ABSENT:

STAFF PRESENT:

Louis Ward, CEO
Ryan Harris, COO
Keith Earnest, CCO
Travis Lakey, CFO
Candy Vculek, CNO
JD Phipps
Jessica DeCoito
Marlene McArthur, MHF ED

Val Lakey, 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 October 23, 2019	<i>Hathaway/Beyer</i>	<i>Approved All</i>
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4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

4.1	A motion/second carried; Regina Corpus was recognized as October Employee of the Month. Resolution 2019-14	<i>Hathaway/Albaugh</i>	<i>Approved All</i>
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4.2 Mayers Healthcare Foundation Report – Marlene McArthur – Open House was a great event for all parties involved. Updates on NHW provided, see attached campaign to date review. Capital Expenditure List will come out in January – some managers provided needs for their departments. Annual Appeal Mailer will be going out this week. Grant opportunities are opening up. Check out the Comprehensive Donor List – created with the new donor tracking software and provides information from year to year, and campaign to campaign - see attached.

4.3 ED Services Report – JD Phipps – Challenges facing the new ED will be related to staffing. Travelers are great assets to our ED team, but recruitment is a challenge that we are addressing as needed. Cross training from Acute to ED and vice versa is helpful in keeping our team efficient. JD is the Chair on the Transition to the NHW committee – taking a huge role with moving the team and equipment from old building to new building. Weekly CODE BLUE trainings are being spearheaded by JD and has proven very helpful with our staff for real time situations.

5 BOARD COMMITTEES

5.1 **Finance Committee**

5.1.1	Committee Meeting Report: Met December 4, 2019. Reports from Acute Nursing and Facilities & Maintenance. In depth discussion about staffing, construction and management changes.		
5.1.2	October 2019 Financial Review, AP, AR and acceptance of financials.	<i>Hathaway/Utterback</i>	<i>Approved All</i>
5.1.3	Board Quarterly Finance Review	<i>Hathaway/Utterback</i>	<i>Approved All</i>
5.2	Strategic Planning Committee Chair Albaugh		
5.2.1	Committee Meeting Report – No Meeting		
5.3	Quality Committee Chair Beyer		
5.3.1	Committee Meeting Report – DRAFT Minutes attached – Outpatient Services reported that having transportation options are big impacts to the department and to patients.		
6	OLD BUSINESS		
6.1	Board Assessment Review – moved to January meeting. Survey will be reopened December 5 th and due back December 13 th .		
7	NEW BUSINESS		
7.1	Organizational Analysis – DRAFT was sent out. A big improvement has been made from previous versions. First provision was approved. All corrections/changes need to be shared with Lisa Zaech.	<i>Beyer/Albaugh</i>	<i>Approved All</i>
7.2	Annual Organizational Process	<i>Albaugh/Hathaway</i>	<i>Approved All</i>
	7.2.1 Officers and Committees: same as last year		
	7.2.2 2020 Board Calendar: Med Staff meeting – make sure to share dates/invites with Board Members.		
7.3	Policy & Procedure Approval	ATTACHMENT	<i>Albaugh/Hathaway</i> <i>Approved All</i>
	1. Charity Care Policy		
	2. Contract Review Form MMH586		
	3. Disaster Response Communications Plan		
	4. Disclosure of Protected Health Information During Disaster Relief Efforts		
	5. Food from Outside Sources - SNF		
	6. Medical Records Tracking During Emergency		
	7. Organizational Conflict of Interest Policy for Design-Build Projects		
	8. Phone System Downtime Process		
	9. Storage, Collection and Transportation of Hospital Laundry		
	10. Swing Bed Medical Staff Assessment and Documentation		
8	ADMINISTRATIVE REPORTS		
7.1	Chief's Reports		
8.1.1	CEO: introduced Jessica DeCoito as the new Board Clerk starting beginning of January 2020. Val Lakey is assuming a new title of Executive Director of Community Relations and Business Development. Funds for Hospice are being researched for best ways to apply to the department. Contracts/job offers have been sent out for hospitalist positions. Very hopeful and excited for new opportunities. Working on wages for all positions. Administrative space is being researched. Big thanks to individuals working on the Mayers Holiday Party on December 13 th . Daycare facility discussion continues.		

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.

Take a quick walk around to look at the refresh of the facility here in Burney – new artwork, paint job and holiday decorations.

8.1.2 **CCO:** Codonix – up and running, full report to be brought to Quality in January. Respiratory Therapist starting in January.

8.1.3 **CFO:** Billing staff had a great first part of the year so far. Citrix will allow them to work from home and a pilot program has started. Audit will hopefully be complete by next month.

8.1.4 **CNO:** Waiting on state survey for licensing, but prepared and ready. Attended a Northern California and CDPH meeting – revising the way they do their work to cover the gaps in their process – advanced notice and requests will be made.

8.1.5 **COO:** Expansion – building behind schedule and will be done by May 2020 (per 3rd party evaluator). Issues with electrical panels, water tank, PG&E installation of electrical and gas hook ups, boiler skid. This will push back the demo on the old building and requires a new request for extension. Burney Rural Health Clinic RFQ review will be taking place Dec. 9th and then a short list of bidders will be created. SNF Refresh project might require some ADA updates on sinks.

7.2 **Construction Change Orders:** None

9 **OTHER INFORMATION/ANNOUNCEMENTS**

Legislative Update - Val Lakey gave a legislative report. See Attached. Additional: Val appointed to CHA Legislative Strategic Planning Committee. Some two year bills being followed and updates will be sent out. Senator Dahle, Assemblywoman Dahle and colleagues taking a tour of MMHD to talk about rural hospital districts, our downfalls and successes.

Holiday Party on December 13th at 6:00 pm.

10 **ANNOUNCEMENT OF CLOSED SESSION – 4:45 pm**

.1 **Government Code Section 54962:**

.2 **Real Property Government Code 54956.8 No action**

.3 **Litigation Government Code 54956.9**

.4 **Personnel Government Code 54957 – No Action**

11 **RECONVENE OPEN SESSION: 3:30 pm**

12 **ADJOURNMENT**

Next Regular Meeting: January 22, 2020 – Fall River Mills , 1:00 pm

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

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Exhibit A

Reactivated Donors									
Reactivated Donors	46	30	47	16	53.33%				
Reactivated Donor Revenue	\$14,676.32	\$200,323.33	\$173,877.70	(\$185,647.01)	-92.67%				
Number of Reactivated Gifts	76	40	101	36	90.00%				
Revenue per Reactivated Donor	\$319.05	\$6,677.44	\$3,699.53	(\$6,358.39)	-95.22%				
Revenue per Reactivated Gift	\$193.11	\$5,008.08	\$1,721.56	(\$4,814.97)	-96.14%				
Attrition									
Attrition Rate	58.48%	63.09%	58.30%	-4.61%	-7.31%				
Number of Donors Active Last 2 years	93	110	108	-17	-15.45%				
Number of Donors Active Last 3+ years	67	65	64	2	3.08%				
Number of Donors lost from Last Year	131	188	151	-57	-30.32%				
Number of 2yr Donors lost from Last Year	62	74	77	-12	-16.22%				



Mayers Memorial Hospital District
Always Caring. Always Here.

RESOLUTION NO. 2020-01

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

Pamela Huerta

As December 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, Pamela Huerta is hereby named Mayers Memorial Hospital District Employee of the Month for December 2019; and

DULY PASSED AND ADOPTED this 29th day of January 2020 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:

Jessica DeCoito
Clerk of the Board of Directors

Board Meeting

Wednesday January 29, 2020

Human Resources Report – Libby Mee, Director of Human Resources

The primary focus of the MMHD HR staff continues to be the recruitment and retention of qualified staff in the efforts of elimination of registry use.

Over the past six months we have hired the below employees into positions that were previously utilizing registry:

- Skilled Nursing CNA – 3
- Skilled Nursing LVN – 3
- Med/Surg Acute RN – 4
- Emergency Department RN – 1
- Laboratory CLS - 1
- Respiratory Therapy – 2
- Radiology Tech – 1

By hiring the above staff, we have eliminated the use of registry staff in our Respiratory Therapy and Radiology Departments.

We have also successfully on boarded two full time midlevel Hospitalist to support our providers and staff in the Acute and Skilled Nursing Departments.

We continue to use registry for the following openings:

- Ultrasound Tech – 1
- Emergency Department RN – 1
- Med/Surg Acute RN – 1
- Skilled Nursing Burney
 - RN – 1
 - LVN – 2
 - CNA – 4
- Skilled Nursing Fall River
 - RN – 1

- LVN – 2
- CNA – 2

We are currently in the interview process with two Emergency Department RNs and two Laboratory CLS.

Additional HR projects

Val Lakey, Executive Director of Community Relations and Business Development, and I have begun working very closely to enhance our recruitment process. Val and I now meet weekly to discuss open positions for additional marketing as well as any planned site visit. Val will assist with setting up a site visits catered to the individual including lodging, dining and any community related activities the potential applicant is interested in. She will also be the primary MMHD staff member attending career and school fairs.

We will be starting implementation of a new time and attendance software. We will be switching from our current system TimeClock+ to JBDev. We anticipate the new system to be able to meet our needs with processing shift differentials, scheduling, staff tracking for PBJ reporting and backend processing time. We are aiming to be fully utilizing the system by the first pay period in April.

We will also be converting all HR and Payroll files to an electronic data base utilizing the OneContent software system. We are in early stages of the program and are anticipating full implementation in May.

I will be doing a site visit at Tahoe Forrest on Tuesday February 4th. I will also be meeting with a counterpart from Southern Humboldt. We will tour the facility and spend the day with their HR team. The primary focus of my visit is to inquire about their provider model and policies. I also want to see what HR metrics they track and what they benchmark them against.

I am also actively working on implementing the Just Culture program in partnership with BETA as well as building a Manager Orientation and Re-Orientation program.

Board Meeting

Wednesday January 29, 2020

Work Comp Report

Presented by Libby Mee – Director of Human Resources

2019 Injuries

- 12 First Aid injuries
- 5 Reportable injuries

All injured employees have returned to work, except one that is due to return this spring. Four of the five reportable injuries were Burney SNF CNAs. MMHD nursing leadership and Physical Therapy provided additional training and inservice to staff. No further injuries have been reported since August.

Injuries Compared to previous years:

	<u>2019</u>	<u>2018</u>	<u>2020</u>
First Aid –	12	13	19
Reportable –	5	4	7

I will be able to report financial impact at my next report in July with all our renewal data.

Working with BETA on implementation of Just Culture program.

We intend to use our 2020 CARE Funds to purchase resource materials for the Just Culture program.

SNF BOARD REPORT

1/10/2020

1. Census = 80 Residents; We are working to fill the last 3 beds at Station 2.
2. 13-Week Traveller Contracts for 1- LVN position and 2-RN positions are continuing nicely allowing for greater continuity of care and a more economical way to utilize temporary Staff. Station 2 will be bringing on a 13-week LVN to replace local Registry use in the near future. The additional RN coverage contributes greatly to our 'Star Rating' Improvement Initiative.
3. The beautification of the Burney Annex is fabulous! We are very thankful for these stunning photographs that are now hung throughout. Residents, their Families and Staff all appreciate these gorgeous, generous gifts. Also the painting ongoing throughout the Annex is also contributing to the clean, cheerful atmosphere. The 'Historic Logging Photographs' are now beautifully grouped along several walls throughout the Annex as well.
4. The Annex experienced a gastroenteritis epidemic from 12/28/19 to 1/6/2020. Fortunately, it was short-lived.
5. Dr. Watson and all of us at the SNF are very excited to welcome our 2 Nurse Practitioners to MMHD! We look forward to working together with them and also to the improvement in our quality of care the NP's will facilitate.

Respectfully Submitted,

DIANA GROENDYKE, RN, DON SNF

Hospice Board Report

For: 10/01/2019—12/31/2019

Census:

Average Daily Census: 3.16 patients

Current Month: Average Length of Stay: 44.16 days

12 Month Average Length of Stay: 31.50 days

Admits: 10 patients

Discharges/Deaths: 9 patients

Events:

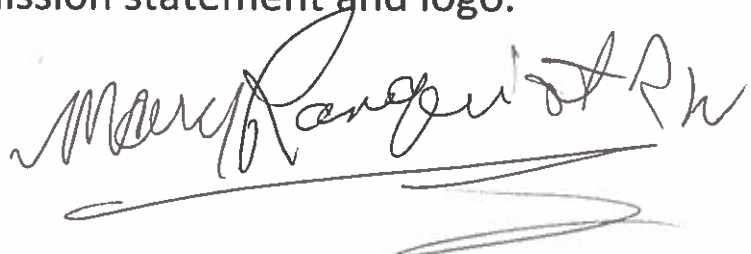
-Our annual Candlelight Celebration was held and was well attended.

-Tree decorating party for the Fall River Long Term Care was a success. Residents enjoyed decorating, Christmas Carols, and snacks.

-Regulatory Boot Camp/ Las Vegas was attended by Keith Earnest and Mary Ranquist.

Other News:

We are currently creating a new mission statement and logo.

A handwritten signature in black ink, appearing to read "Mary Ranquist" followed by a stylized flourish.

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
Strategic Planning Committee
Minutes

January 13, 2020 12:00 pm
Boardroom (Fall River Mills)

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 12:02 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
Candy Vculek, CNO
Jessica DeCoito, Operations
Dave Lupton
Pam Sweet, Scribe

Community Members Present

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 October 15, 2019.

Vasquez/Ward

Approved
All

4 STRATEGIC PLAN REVIEW

- Plan has been reviewed and approved by the BOD October 21, 2019.

5 ADMINISTRATIVE REPORT

5.1 Burney Clinic:

- Still waiting on county approvals.
- Have some interest in bidding the project.

Riverview:

- 5.2**
- Building is pretty much done. Waiting to get the sewer hooked up until sewer is hooked up to the new wing.

Daycare:

- 5.3**
- Ryan attended a Board meeting of the Tricounty Community Network (TCN). They operate the 1st Five program in Burney.

- We are working with TCN on the grant process.
 - Expect to hear on the grant in March 2020.
 - Grant money would be used to upgrade the building
- Hoping TCN will open and 2nd site here with the same programs offered in Burney.
- Propose to pay TCN \$850 per month and let them lease the church building directly, taking MMHD out of the process.
- Capacity will be 28 children; hours from 7am to 6pm

Hospitalist Program:

- We have hired two PA's.
- They report to Candy for administrative things and to Dr. Watson medically.
- Dr. Dahle has reassigned all his SNF patients to Dr. Watson.

5.4

- Hired Tommy Saborido, MD since the last meeting. He won't start for quite some time. He will work in the ER to start with, then later in the clinic and as a hospitalist.
- We are actively looking at combining our physician group with Modoc's. The project would replace Envision. It won't save any money, but it would keep it local.

5.5

One Content:

- Phase 2 will start shortly. Will encompass all business office functions.

IGT's

5.6

- Things are looking positive.
- Think we should receive between \$200k and \$400k.

New Hospital Wing:

- The project got off to a bad start. Now, nothing seems to be happening.
- The schedule was not reasonable to begin with.
- There is a letter going out about personnel on the site.

5.7

6 ADJOURNMENT – 1257

Chief Executive Officer
Louis Ward, MHA



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

Board of Directors
Quality Committee
Minutes

January 8, 2020 12:00 pm
Boardroom (Fall River Mills)

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:** Board Chair Laura Beyer called the meeting to order at TIME on the above date.

BOARD MEMBERS PRESENT:
Laura Beyer, Secretary
Jeanne Utterback, Director

ABSENT:

OTHERS PRESENT:
Susan Knoch, MVHC

STAFF PRESENT:
Candy Vculek, CNO
Jessica DeCoito, Operations
Travis Lakey, CFO
Libby Mee, HR
Lori Stephenson, HIM
Danielle Olson, Bus. Office
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 December 11, 2019 Utterback/**Approved All**
Vculek

4 **DEPARTMENT REPORTS**

- 4.1 **Finance:** Submitted written report.
 - Will send a copy of the audit with the BOD notes
 - Working to implement new time clock software. Will have a very small impact on staff and will improve our processing time
- 4.2 **Patient Access:** Submitted written report.
 - The application we use to verify insurance breaks every time we update Paragon. It is currently a manual process.
- 4.3 **Business Office:** Submitted written report.
 - A/R days is at 49. Expect to be down to 47 soon
- 4.4 **HIM:** Submitted written report
 - One Content update is a huge success. We are able to do records requests from the computer and have been able to bill for them.

- 4.5 **Personnel:** Submitted written report
- Partnering with Val on recruiting. Val will do tours and formal stays. Will allow Libby to focus more on other HR matters
- 4.6 **Pharmacy (Surgery Labeling):** Power Point presentation attached
- Discussed cases from the national news where a paralytic was injected instead of a narcotic. The potential for harm is huge. We did an audit and found that where we did use labels, the concentration of the drug wasn't noted. We have moved to Codonic Safe Label System. Installed in the OR on December 3, 2019 and have used in 1 surgery successfully. Codonic SLS is the system the CRNA's requested.

5 **QUARTERLY REPORTS**

- 5.1 **Worker's Comp:** Submitted written report.
- Claim volumes are very consistent and are below market norms
- 5.2 **Patient Safety First:** No update

6 **STANDING MONTHLY REPORTS**

- 6.1 **Quality/Performance Improvement:**
- New Data Analyst started Monday. She has a math background and healthcare experience.
- 6.2 **PRIME:**
- We were recognized in PRIME Times for our obesity prevention project.
 - Working on PRIME 2.0 to create new projects.
- 6.3 **SNF Events/Survey:**
- Holiday parties went well. Residents and families seemed to enjoy themselves.
 - Still have not had our State Survey.
 - Finally, almost fully staffed.
 - Sondra is our new Activities Director. She has got a calendar set up and is working to get more computer access for the residents.
 - BJ is retiring after 26 years. Will work on replacing her
 - We should see improvement in our Star rating soon. The next report comes out in April
- 6.4 **Infection Control:**
- No report

7 **ADMINISTRATIVE REPORT:**

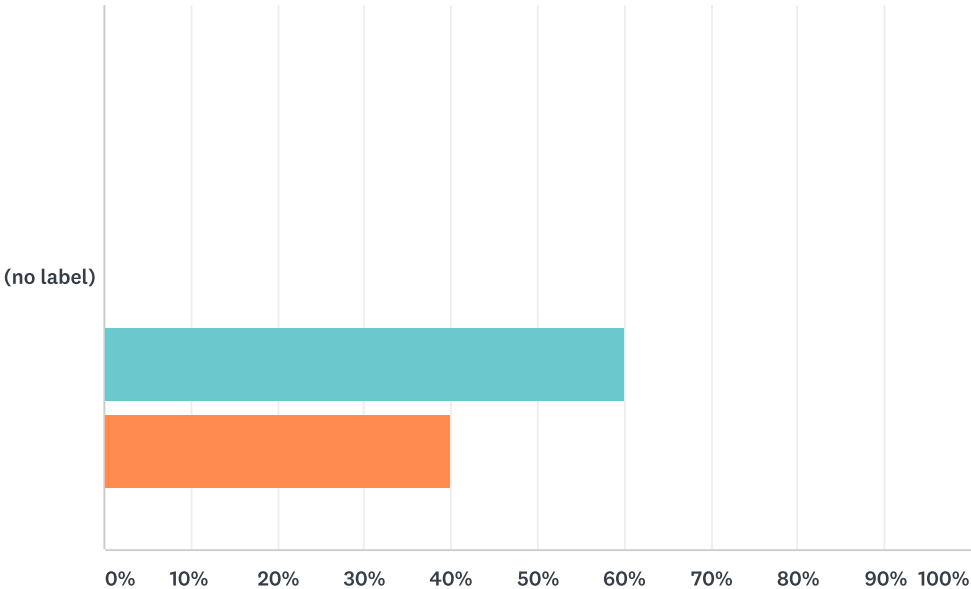
- Two midlevels start next week. Heather, who is a local and Jody who has a good long term care background. Dr. Watson will be present as solid support.
- Dr. Dahle has turned over his SNF patients to Dr. Watson and will no longer do call in Acute.
- We have given some RN's raises and hired 4 new RN's. Still have RN openings in Acute and the ED. Also, still have several CNA openings.

8 **OTHER INFORMATION/ANNOUNCEMENTS:** None

9 **ADJOURNMENT:** 1:01 pm - Next Regular Meeting – February 12, 2020 (Fall River Mills)

Q1 Our organization has a three to five-year strategic plan or a set of clear long range goals and priorities.

Answered: 5 Skipped: 0



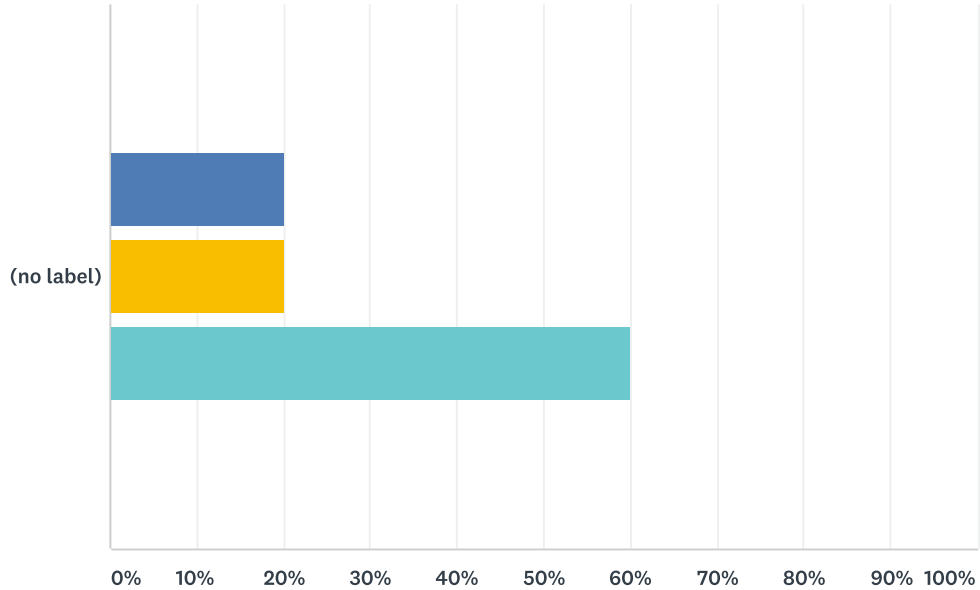
■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	4.40

Q2 The Board's meeting agenda clearly reflects our strategic plan or priorities.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey



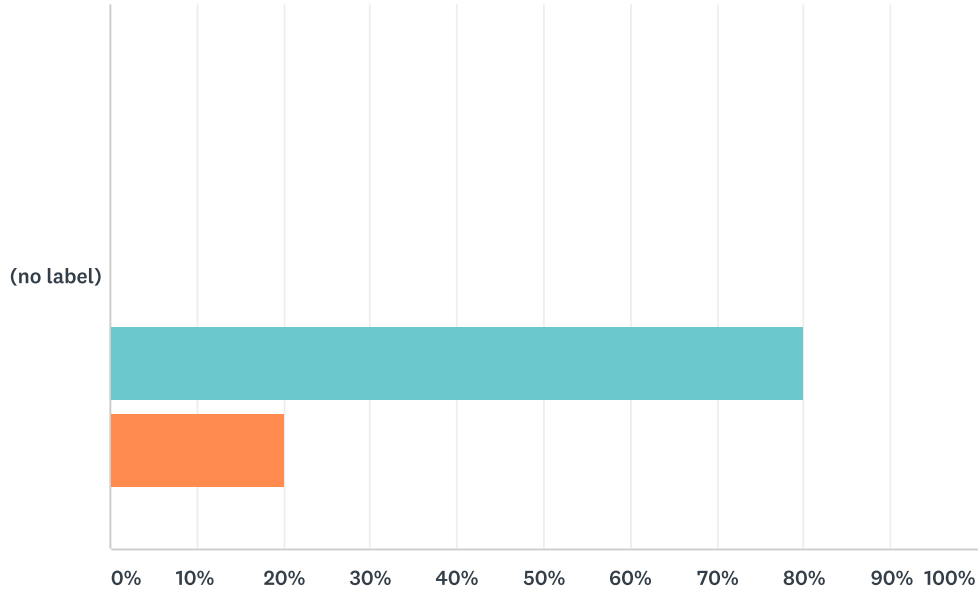
■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	20.00% 1	20.00% 1	60.00% 3	0.00% 0	5	3.40

Q3 The Board has insured that the organization also has a one-year operational or business plan.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey



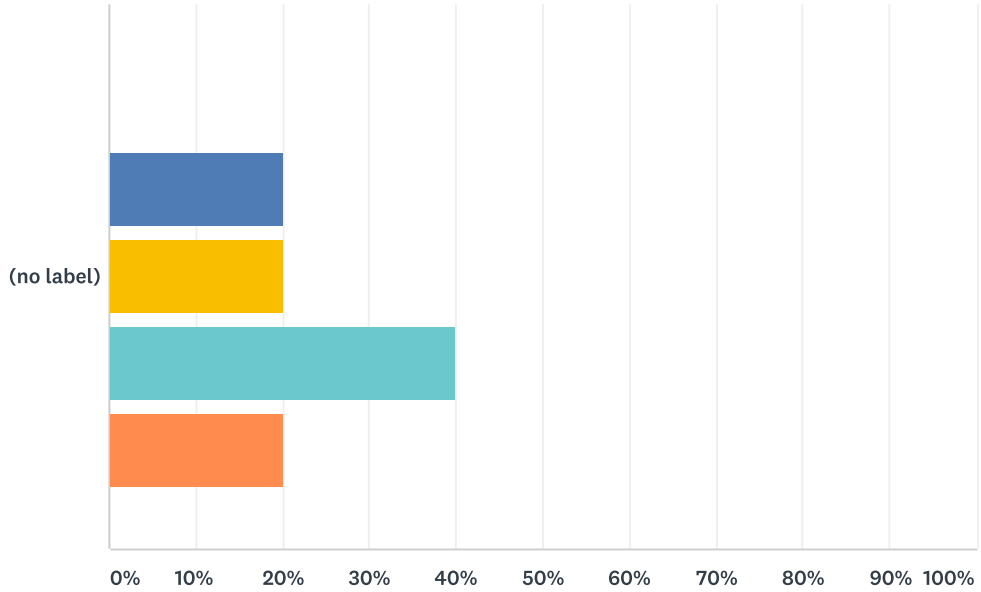
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 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	80.00% 4	20.00% 1	5	4.20

Q4 The Board gives direction to staff on how to achieve the goals primarily by setting or referring to policies.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey



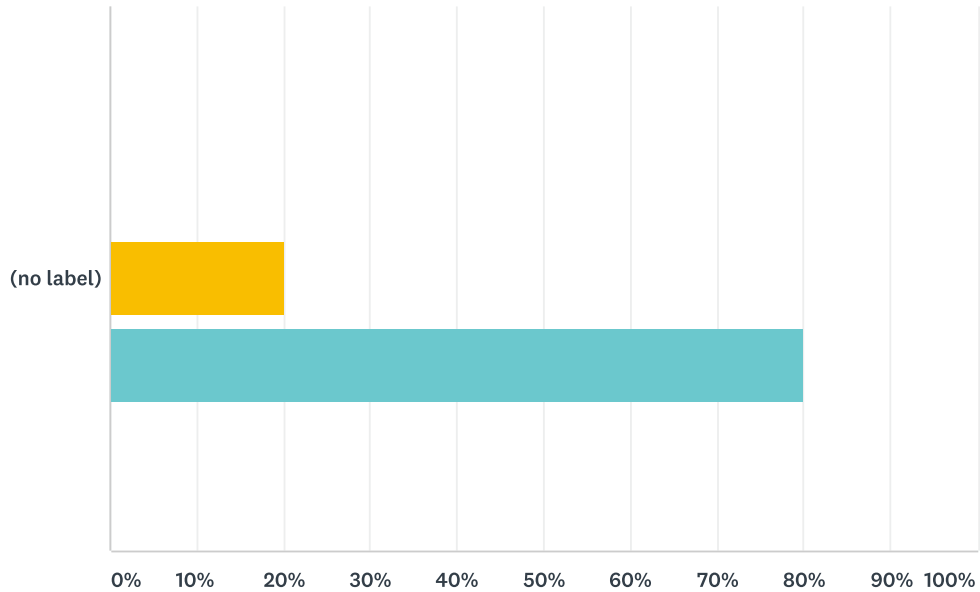
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■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	20.00% 1	20.00% 1	40.00% 2	20.00% 1	5	3.60

Q5 The Board ensures that the organization’s accomplishments and challenges are communicated to members and stakeholders.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey



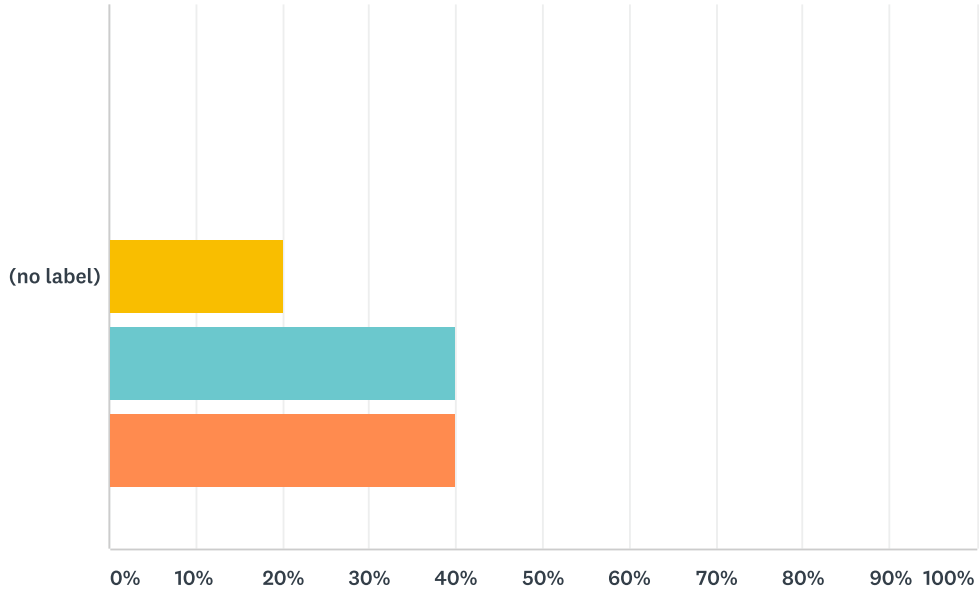
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 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	80.00% 4	0.00% 0	5	3.80

Q6 The board has ensured that members and stakeholders have received reports on how our organization has used its financial and human resources.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey

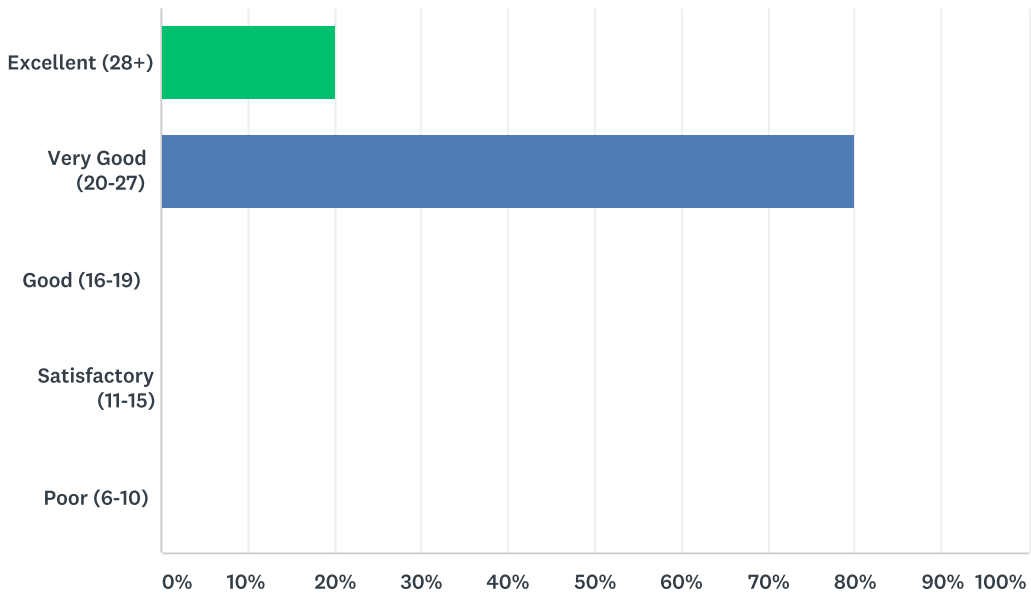


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 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	0.00%	20.00%	40.00%	40.00%	5	4.20
	0	0	1	2	2		

Q7 Add together your ratings for Section A and select the matching overall rating.

Answered: 5 Skipped: 0



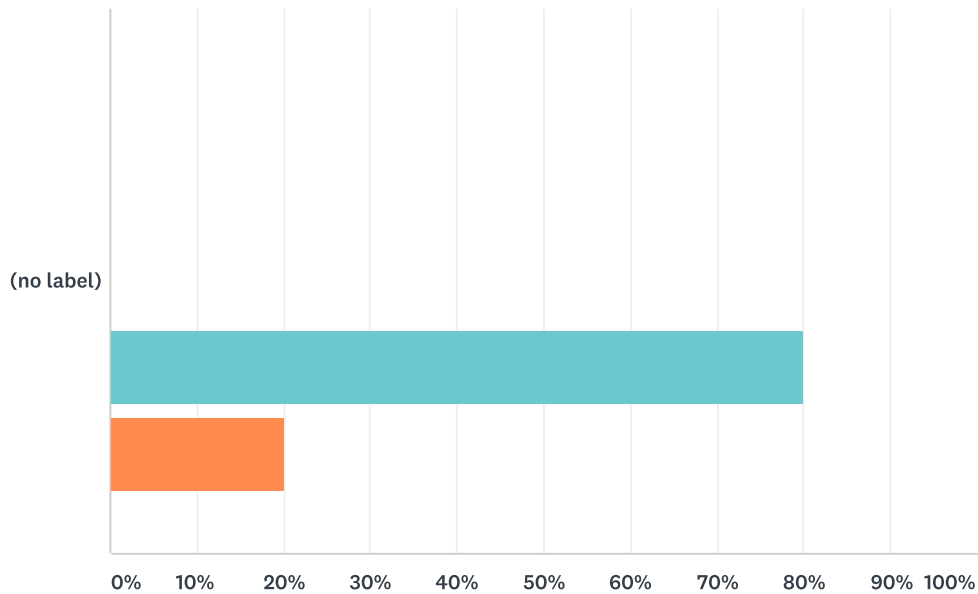
ANSWER CHOICES	RESPONSES
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2019 MMHD Board Assessment Survey

Excellent (28+)	20.00%	1
Very Good (20-27)	80.00%	4
Good (16-19)	0.00%	0
Satisfactory (11-15)	0.00%	0
Poor (6-10)	0.00%	0
Total Respondents: 5		

Q8 Board members are aware of what is expected of them.

Answered: 5 Skipped: 0



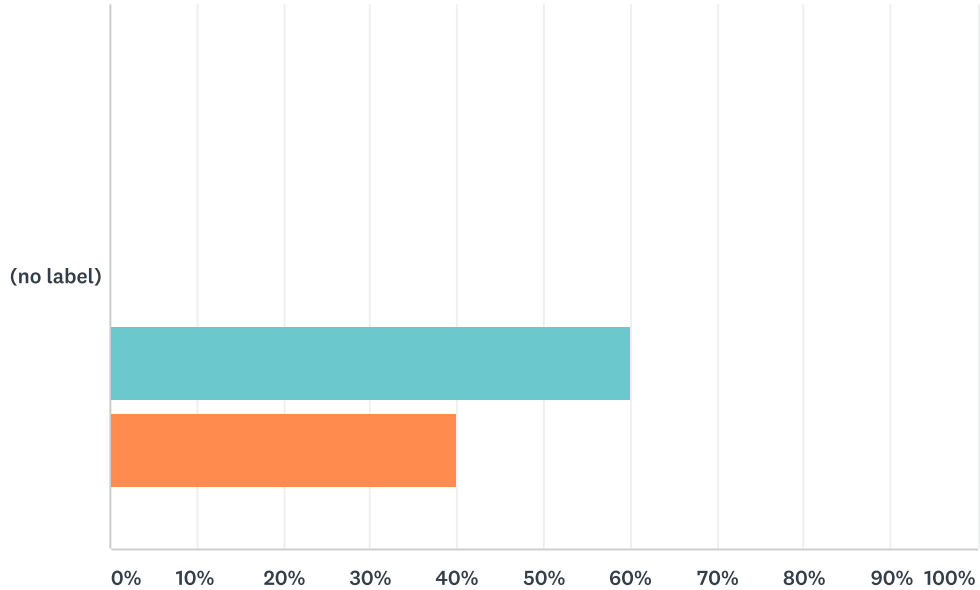
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 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	0.00%	0.00%	80.00%	20.00%	5	4.20
	0	0	0	4	1		

Q9 The agenda of board meetings is well planned to that we are able to get through all necessary board meetings.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey

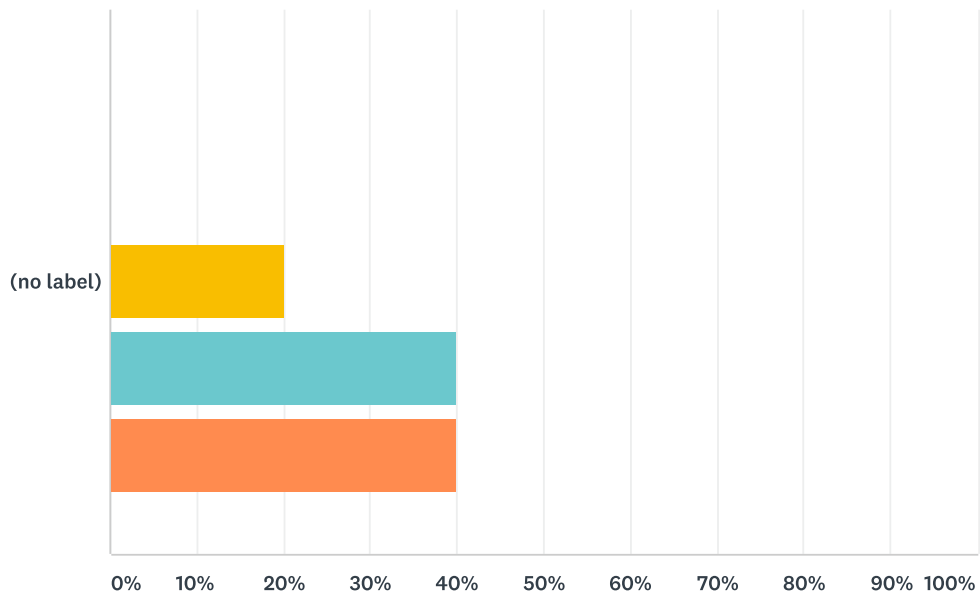


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	0.00%	0.00%	60.00%	40.00%	5	4.40
	0	0	0	3	2		

Q10 It seems like most board members come to meetings prepared.

Answered: 5 Skipped: 0



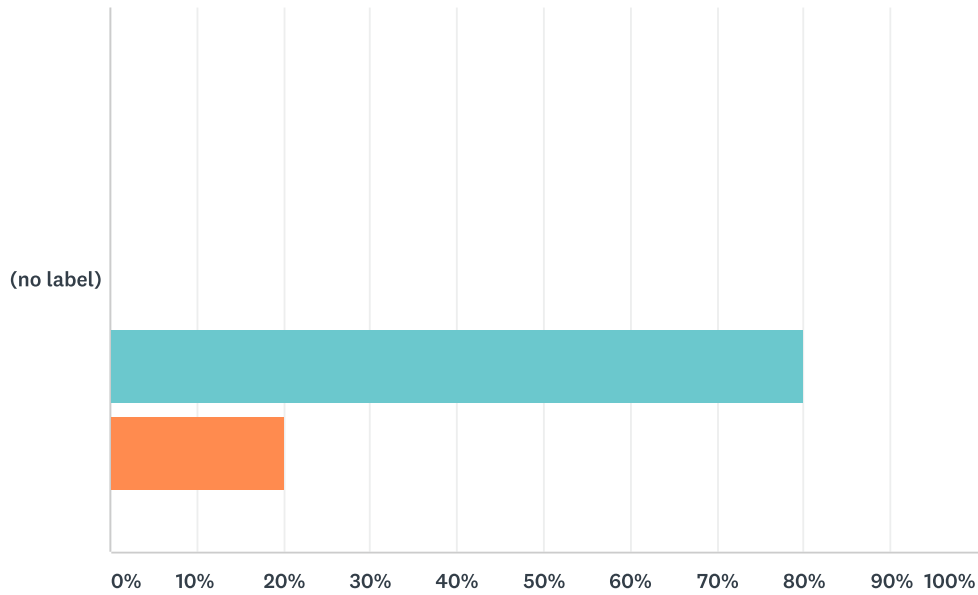
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 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

2019 MMHD Board Assessment Survey

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	0.00%	20.00%	40.00%	40.00%	5	4.20
	0	0	1	2	2		

Q11 We receive written reports to the Board in advance of our meetings.

Answered: 5 Skipped: 0



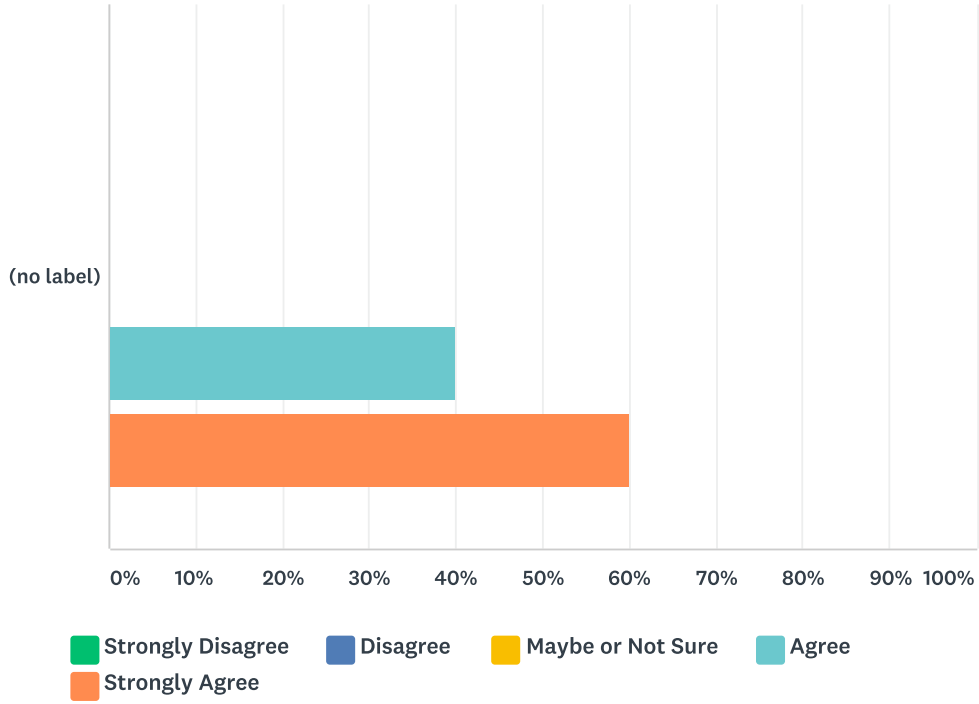
■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	0.00%	0.00%	80.00%	20.00%	5	4.20
	0	0	0	4	1		

Q12 All Board members participate in important board discussion.

Answered: 5 Skipped: 0

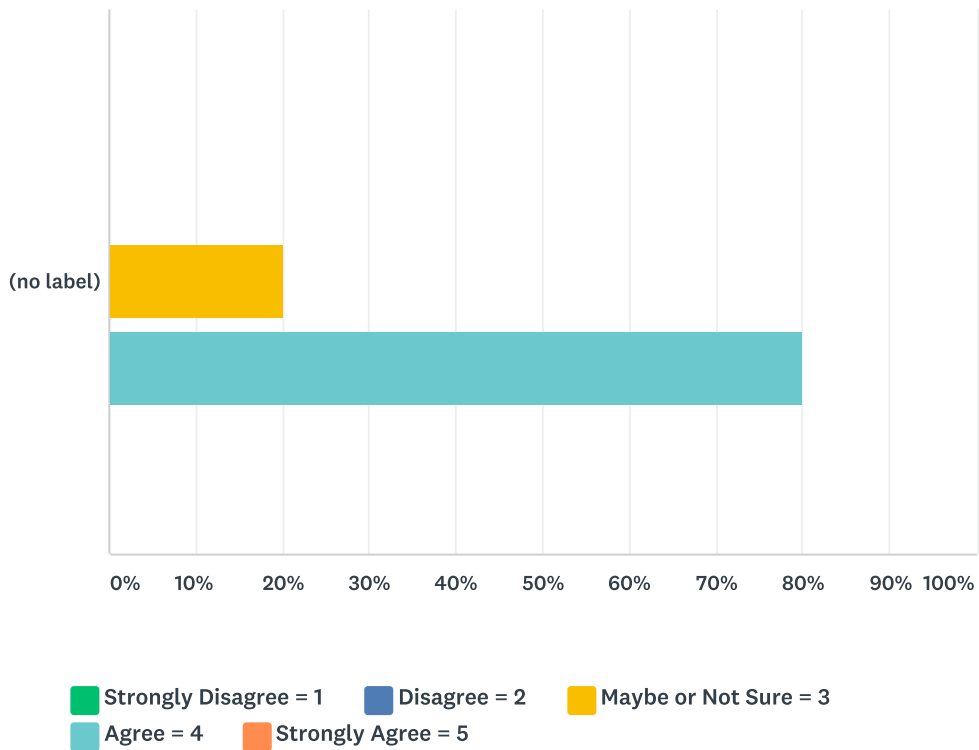
2019 MMHD Board Assessment Survey



	STRONGLY DISAGREE	DISAGREE	MAYBE OR NOT SURE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	0.00%	0.00%	40.00%	60.00%	5	4.60
	0	0	0	2	3		

Q13 We do a good job encouraging and dealing with different points of view.

Answered: 5 Skipped: 0

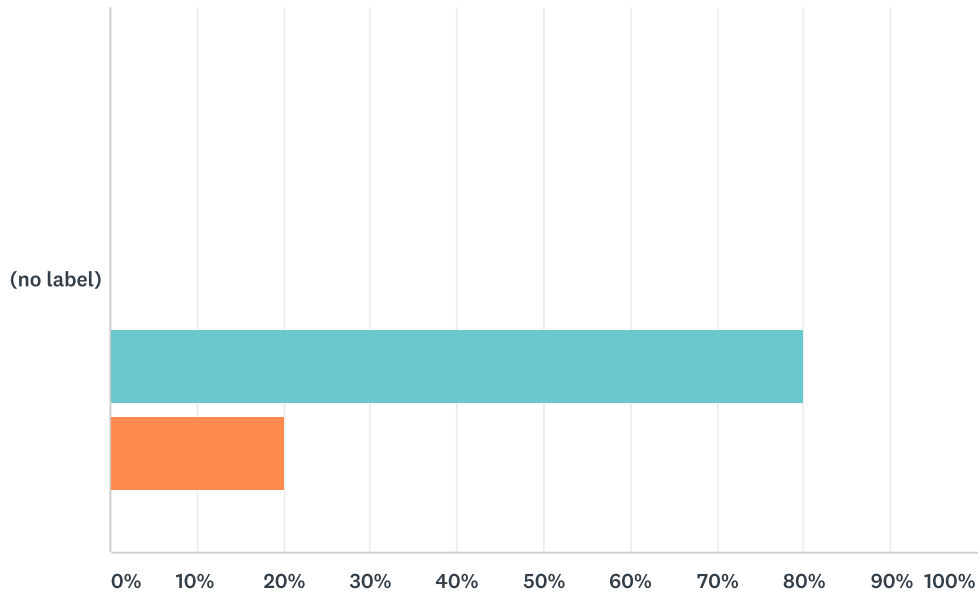


2019 MMHD Board Assessment Survey

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	80.00% 4	0.00% 0	5	3.80

Q14 We all support the decisions we make.

Answered: 5 Skipped: 0



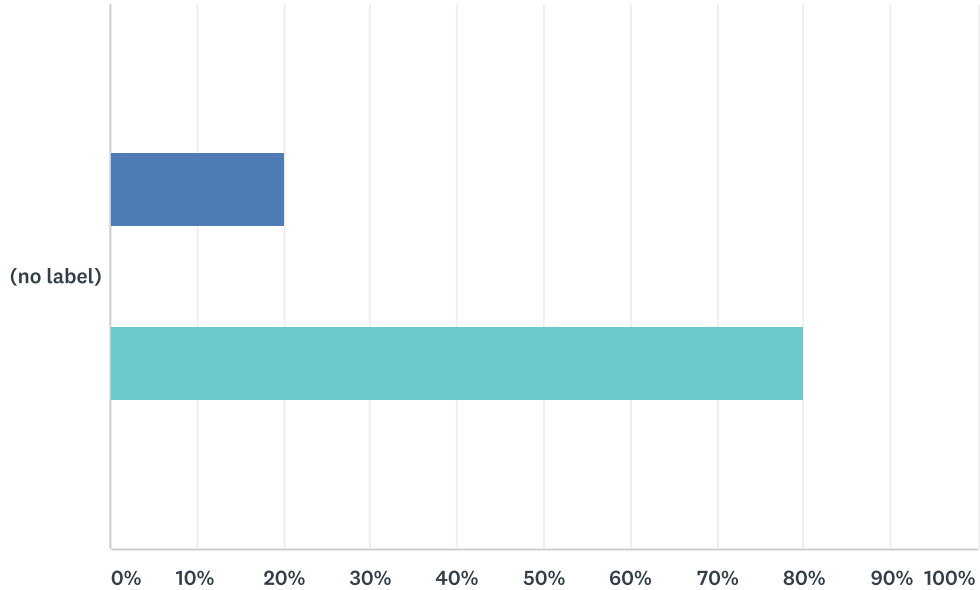
■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	80.00% 4	20.00% 1	5	4.20

Q15 The Board has taken responsibility for recruiting new board members.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey



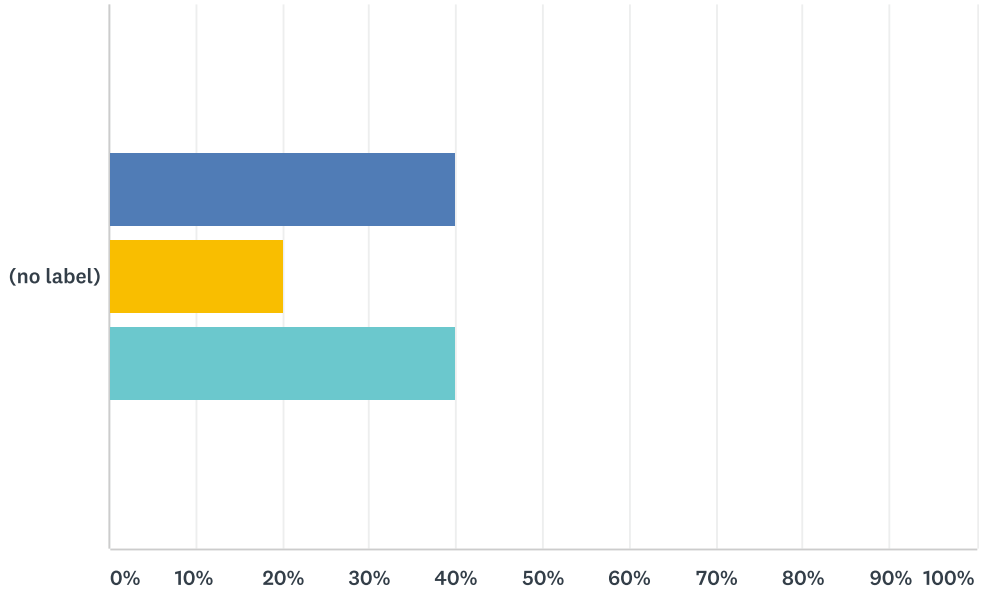
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 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	20.00%	0.00%	80.00%	0.00%	5	3.60
	0	1	0	4	0		

Q16 The Board has planned and led the orientation process for new board members.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey



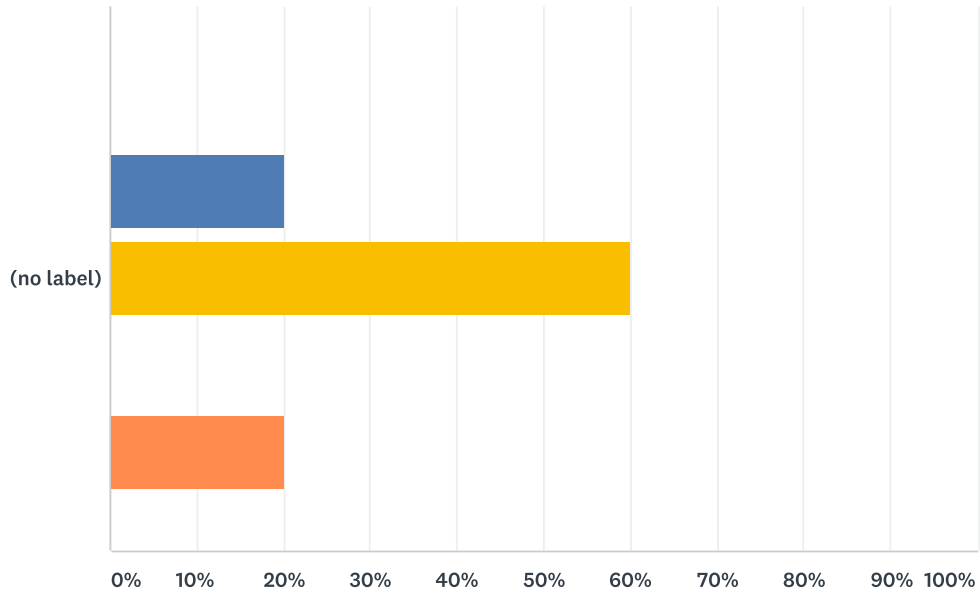
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 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	40.00% 2	20.00% 1	40.00% 2	0.00% 0	5	3.00

Q17 The Board has a plan for director education and further board development.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey

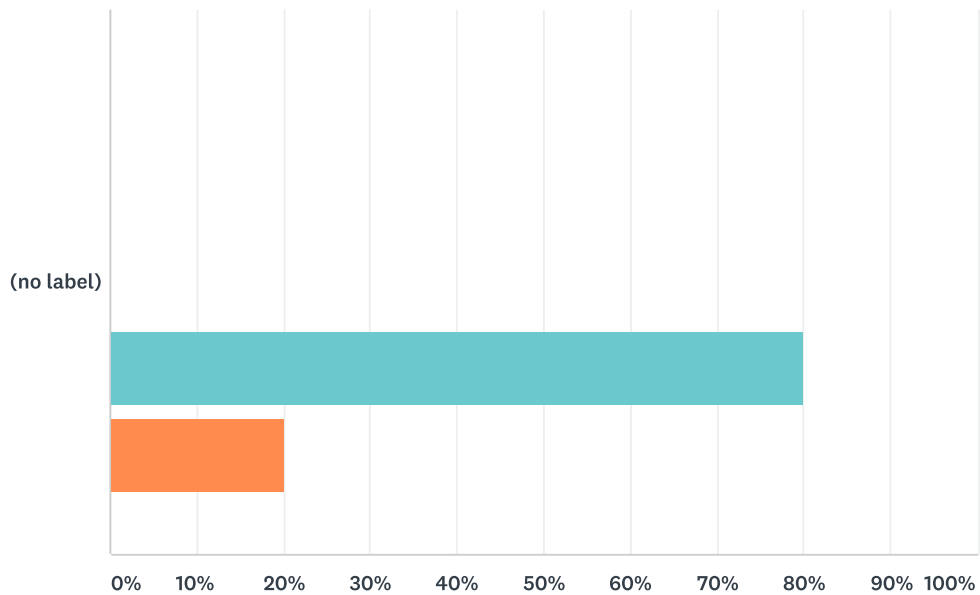


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	20.00%	60.00%	0.00%	20.00%	5	3.20
	0	1	3	0	1		

Q18 Our Board meetings are always interesting.

Answered: 5 Skipped: 0



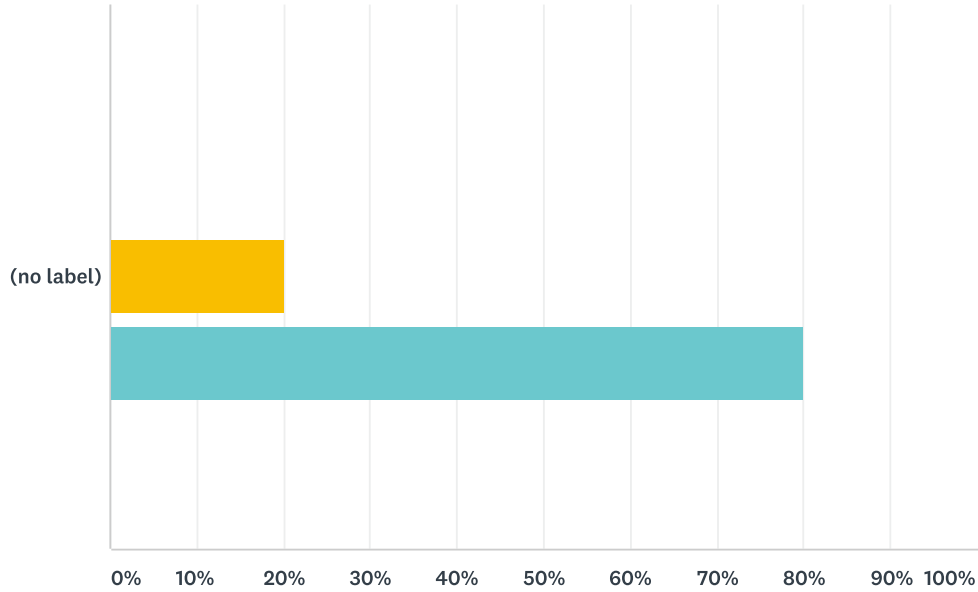
■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

2019 MMHD Board Assessment Survey

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	80.00% 4	20.00% 1	5	4.20

Q19 Our Board meetings are frequently fun.

Answered: 5 Skipped: 0



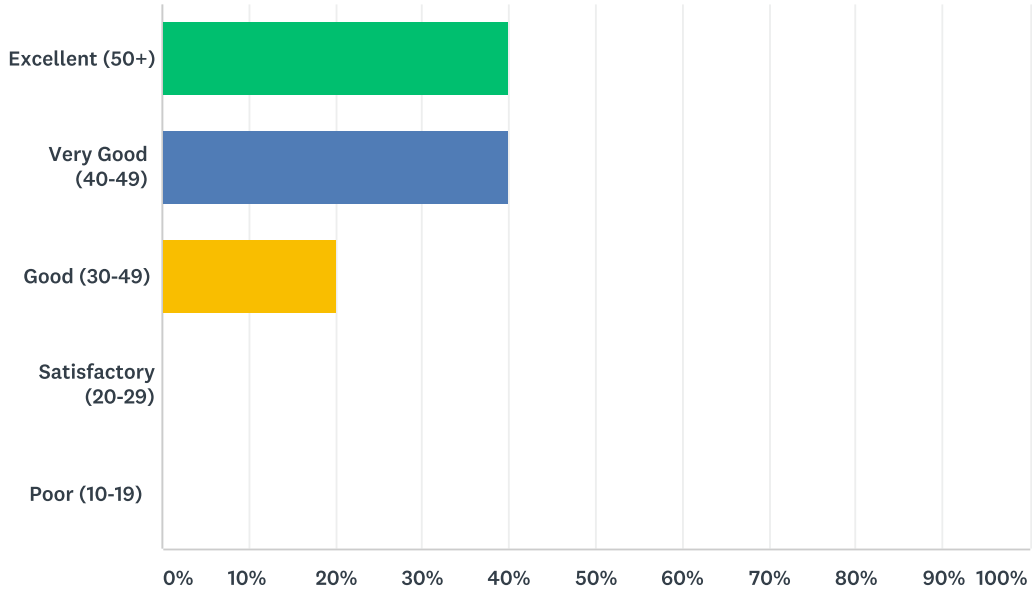
■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	80.00% 4	0.00% 0	5	3.80

Q20 Add together your ratings for Section B and select the matching overall rating.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey

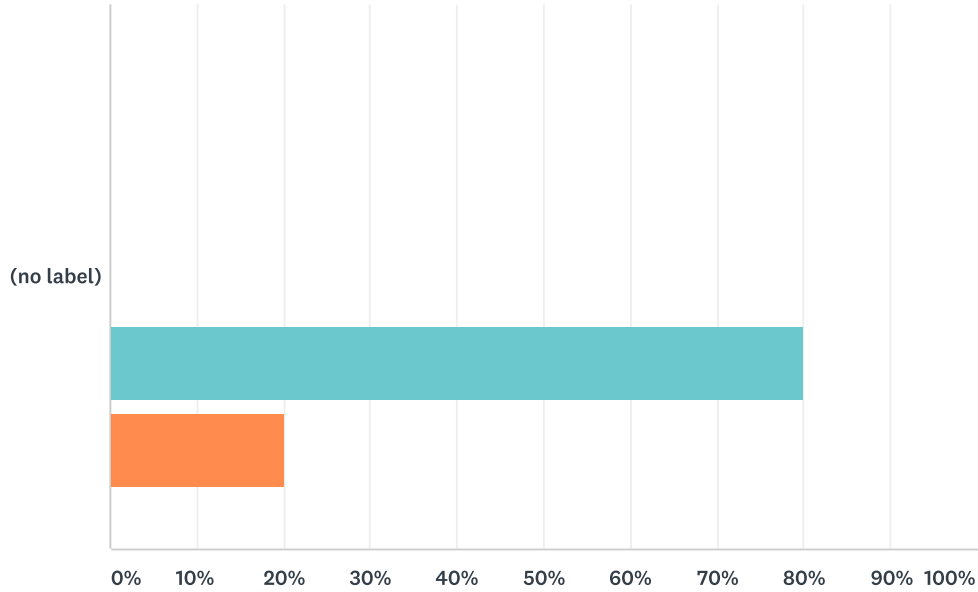


ANSWER CHOICES	RESPONSES
Excellent (50+)	40.00% 2
Very Good (40-49)	40.00% 2
Good (30-49)	20.00% 1
Satisfactory (20-29)	0.00% 0
Poor (10-19)	0.00% 0
Total Respondents: 5	

Q21 There is a clear understanding of where the Board's role ends and the CEO's begins.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey



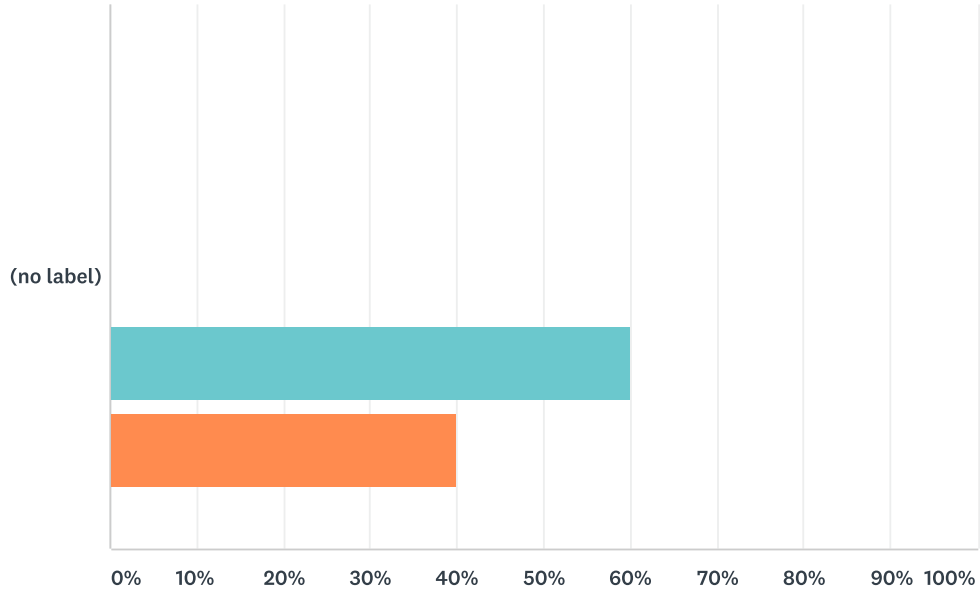
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 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	0.00%	0.00%	80.00%	20.00%	5	4.20
	0	0	0	4	1		

Q22 There is good two-way communication between the Board and the CEO.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey

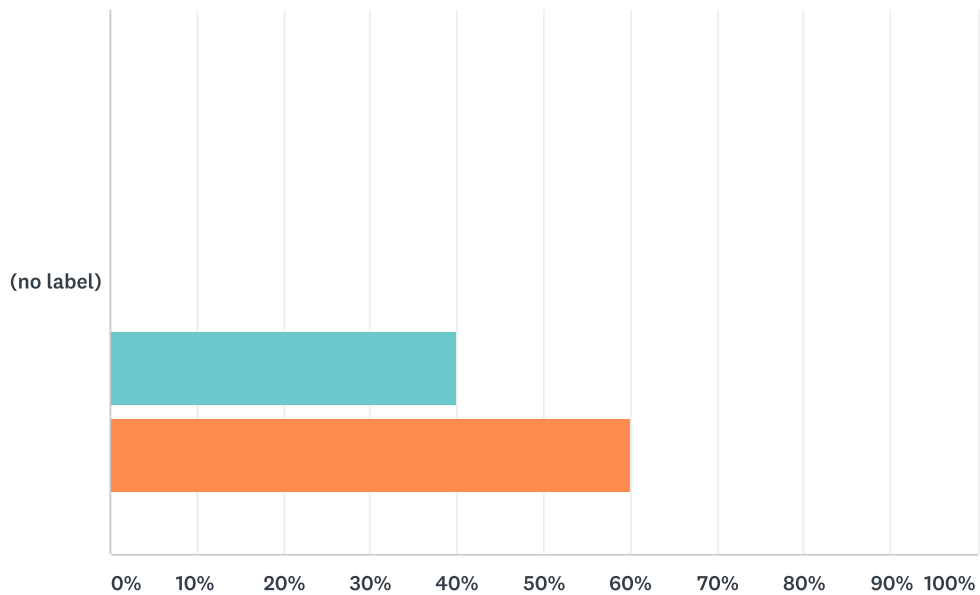


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 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	0.00%	0.00%	60.00%	40.00%	5	4.40
	0	0	0	3	2		

Q23 The Board trusts the judgement of the CEO.

Answered: 5 Skipped: 0



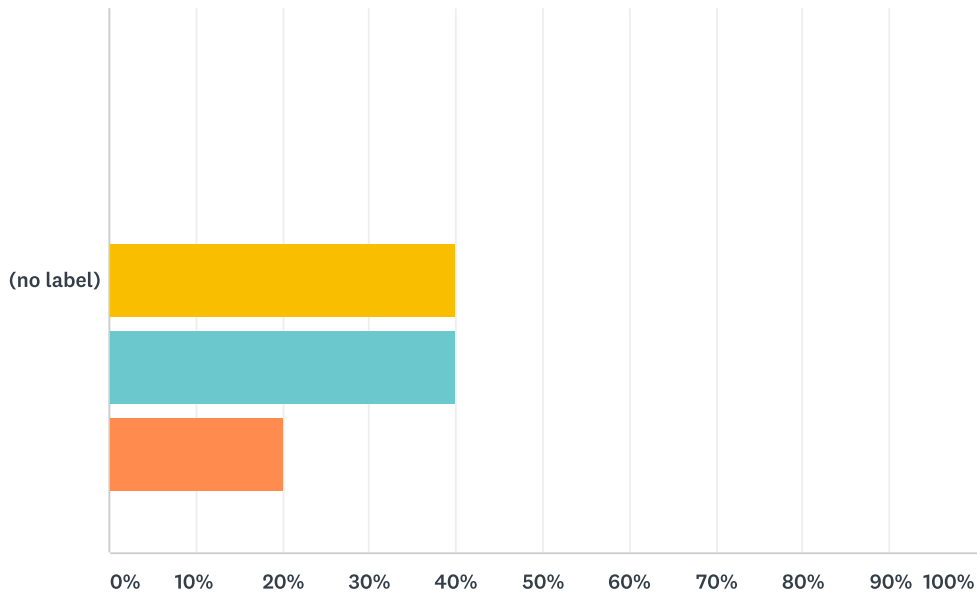
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 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

2019 MMHD Board Assessment Survey

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	4.60

Q24 The Board provides direction to the CEO by setting new policies or clarifying existing ones.

Answered: 5 Skipped: 0



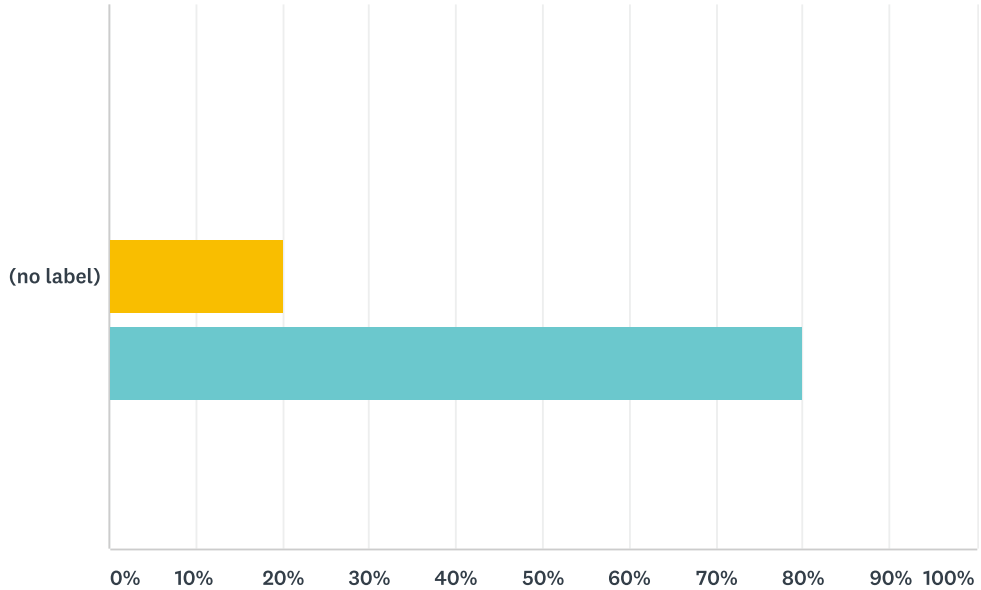
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 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	40.00% 2	40.00% 2	20.00% 1	5	3.80

Q25 The Board has discussed as communicated the kinds of information and level of detail it requires from the CEO on what is happening in the organization.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey



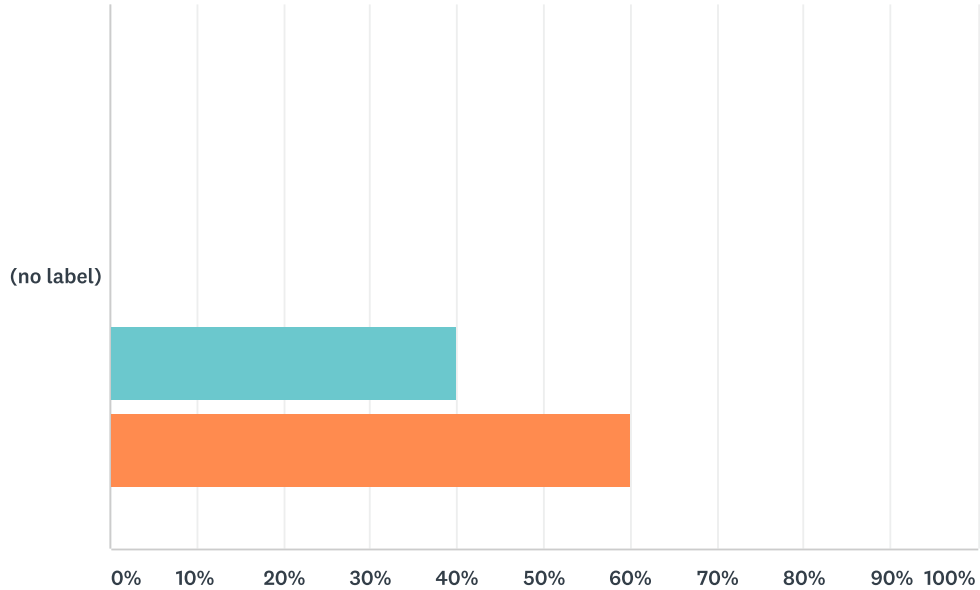
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 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	80.00% 4	0.00% 0	5	3.80

Q26 The Board has developed formal criteria and a process for evaluating the CEO.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey



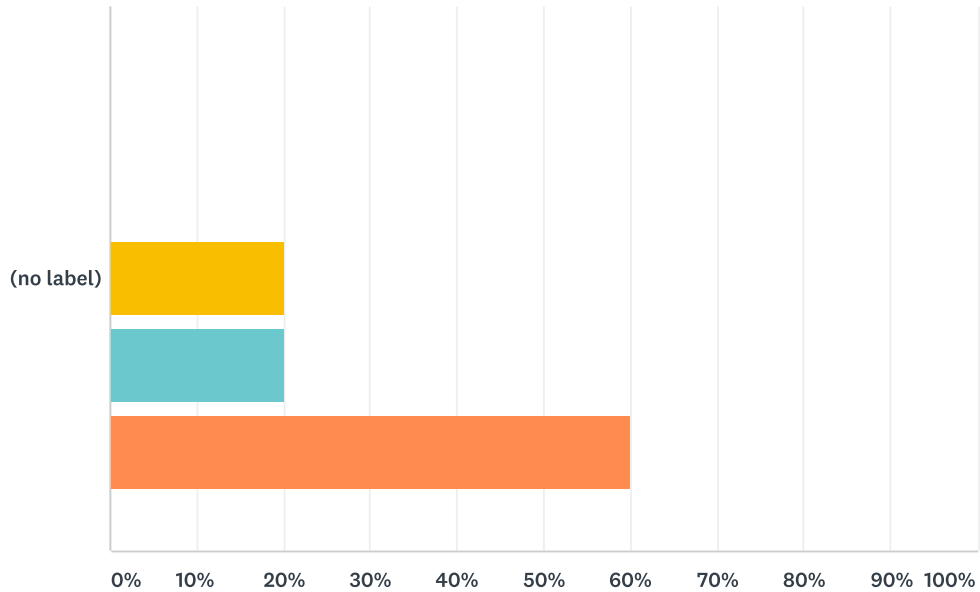
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 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	4.60

Q27 The Board, or a committee of the Board, has formally evaluated the CEO within the last 12 months.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey



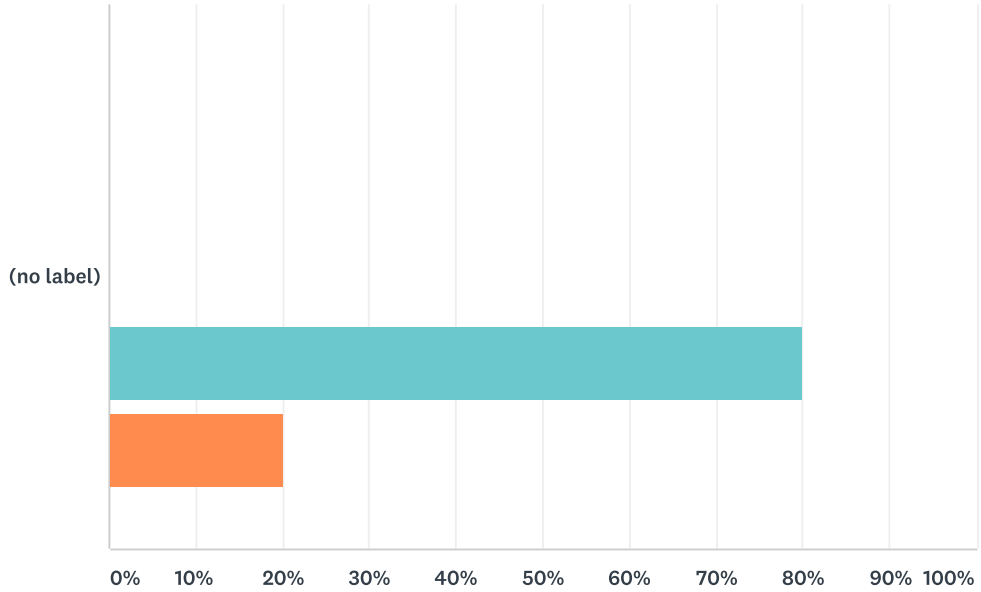
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 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	20.00% 1	60.00% 3	5	4.40

Q28 The Board evaluates the CEO primarily on the accomplishment of the organization’s strategic goals and priorities and adherence to policy.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey



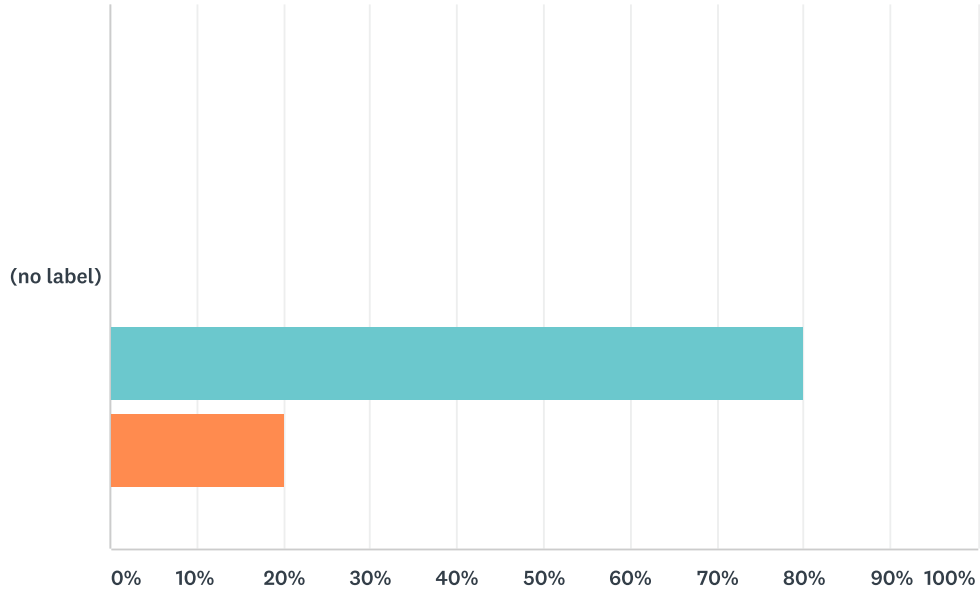
■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	0.00%	0.00%	80.00%	20.00%	5	4.20
	0	0	0	4	1		

Q29 The Board provides feedback and shows its appreciation to the CEO on a regular basis.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey



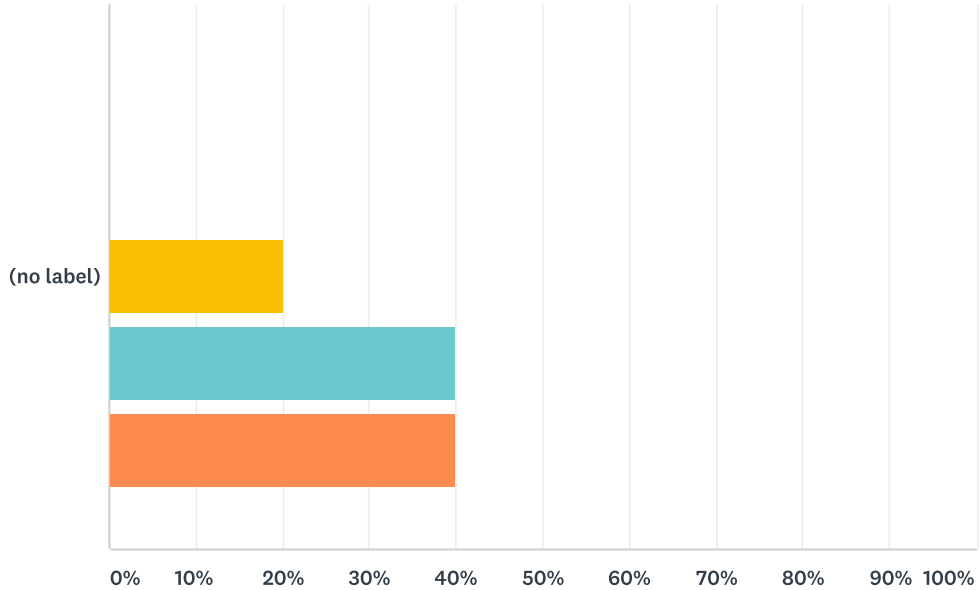
■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	0.00%	0.00%	80.00%	20.00%	5	4.20
	0	0	0	4	1		

Q30 The Board ensures that the CEO is able to take advantage of professional development opportunities.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey

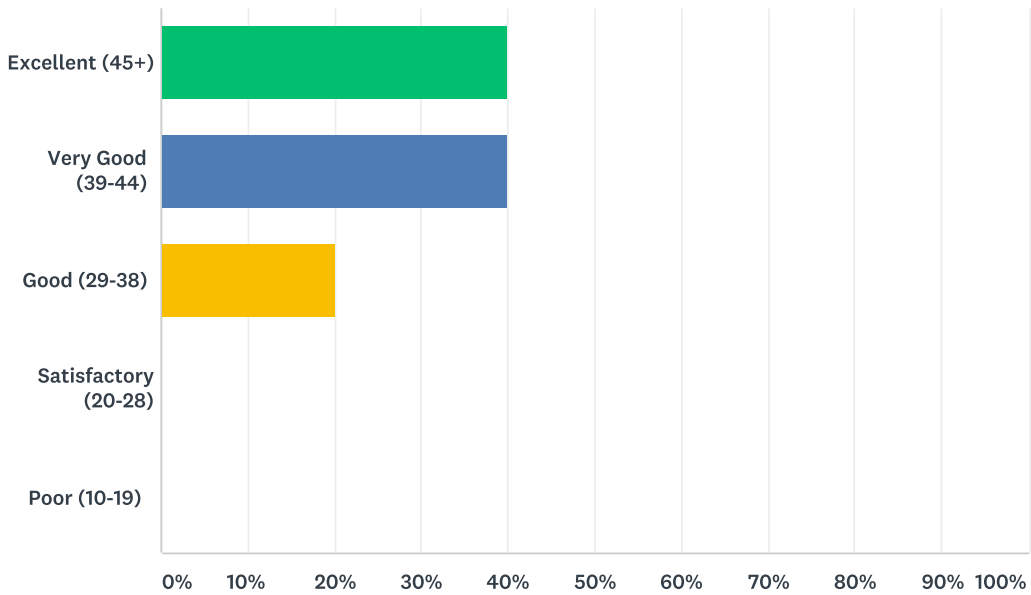


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	0.00%	20.00%	40.00%	40.00%	5	4.20
	0	0	1	2	2		

Q31 Add together your ratings for Section C and select the matching overall rating.

Answered: 5 Skipped: 0



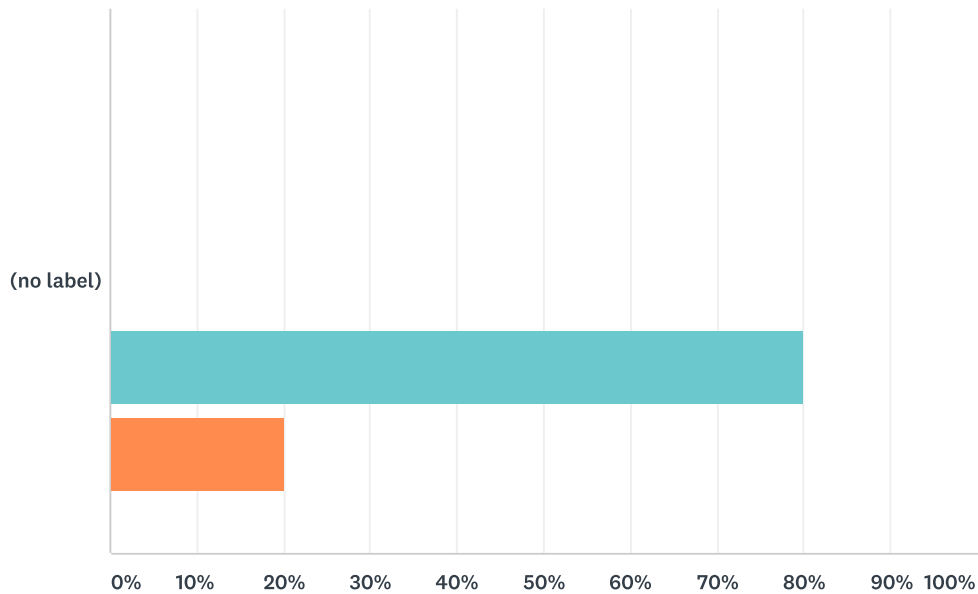
ANSWER CHOICES	RESPONSES
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2019 MMHD Board Assessment Survey

Excellent (45+)	40.00%	2
Very Good (39-44)	40.00%	2
Good (29-38)	20.00%	1
Satisfactory (20-28)	0.00%	0
Poor (10-19)	0.00%	0
Total Respondents: 5		

Q32 I am aware of what is expected of me as a Board member.

Answered: 5 Skipped: 0



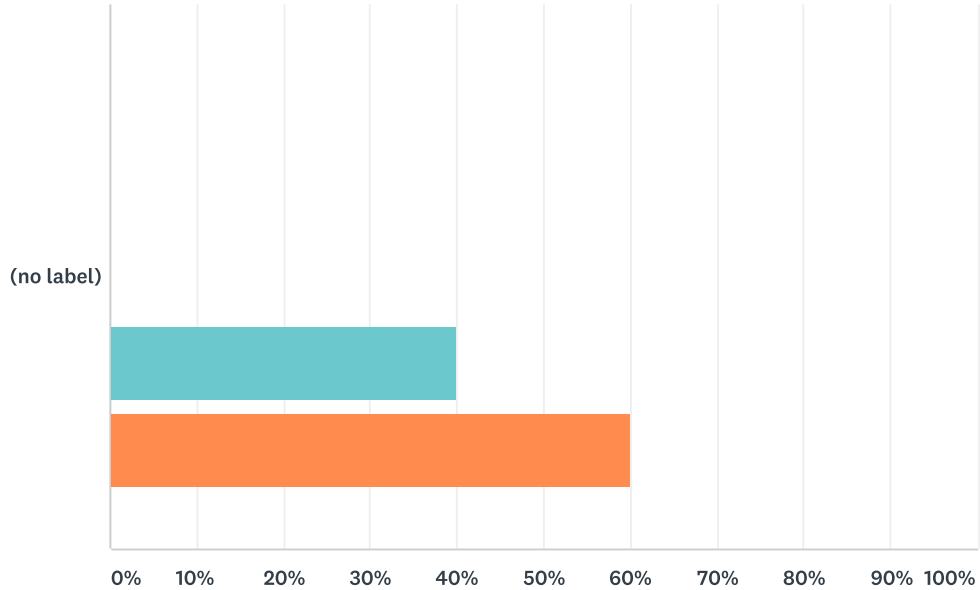
■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	0.00%	0.00%	80.00%	20.00%	5	4.20
	0	0	0	4	1		

Q33 I have a good record of meeting attendance.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey



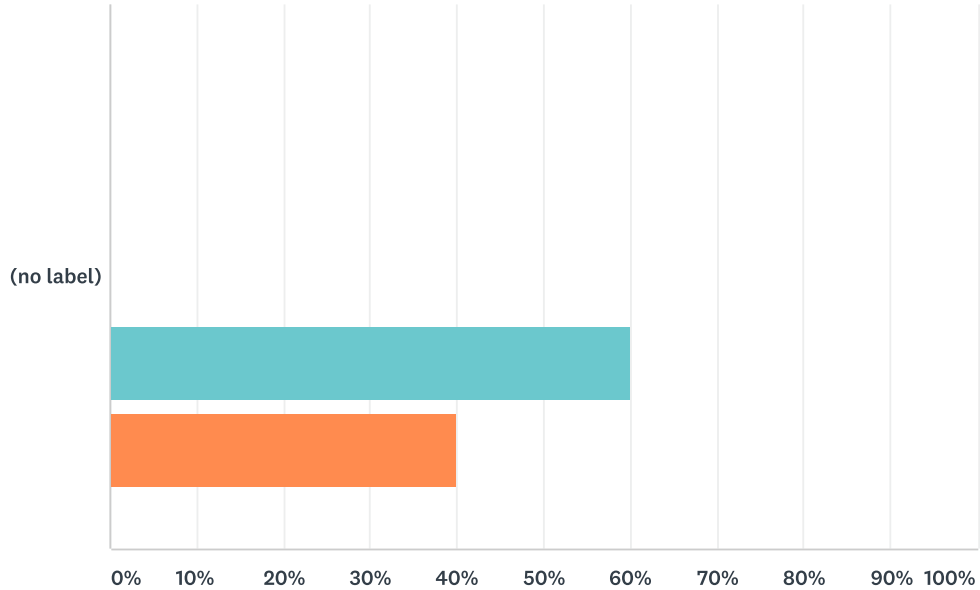
■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	4.60

Q34 I read the minutes, reports and other materials in advance of our Board meetings.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey



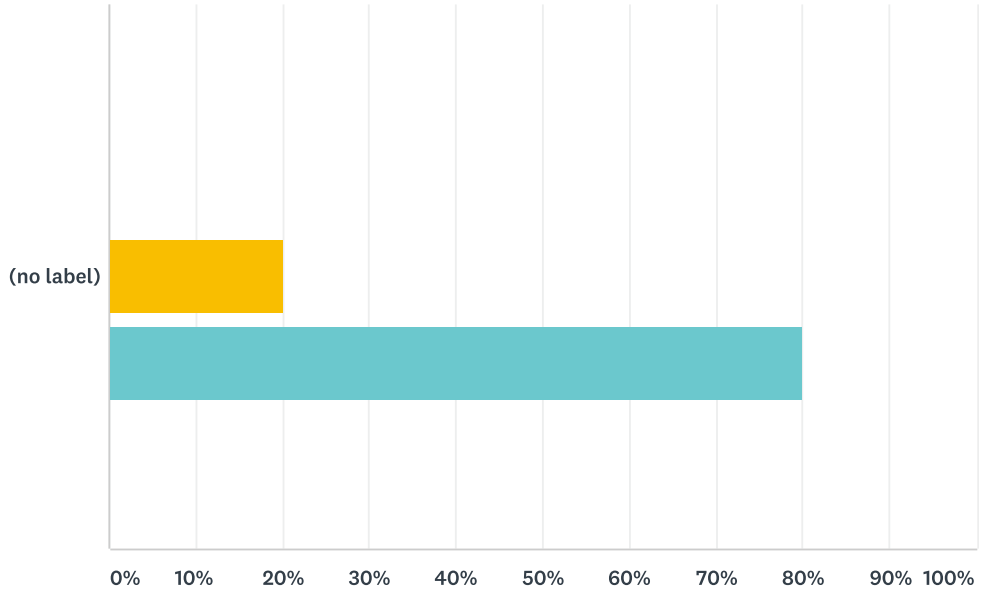
■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	4.40

Q35 I am familiar with what is in the organization’s by-laws and governing policies.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey



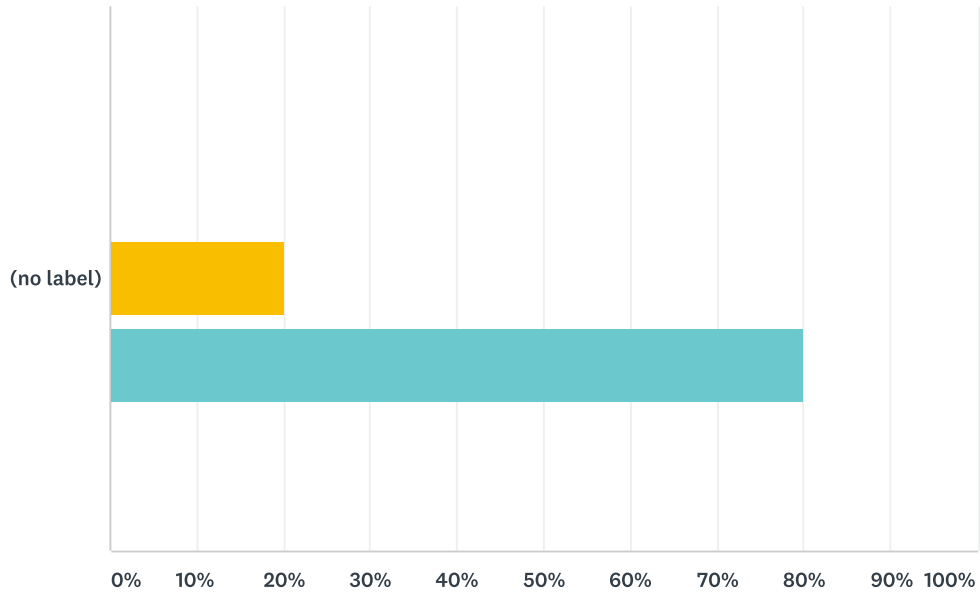
■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	80.00% 4	0.00% 0	5	3.80

Q36 I frequently encourage other Board members to express their opinions at Board meetings.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey



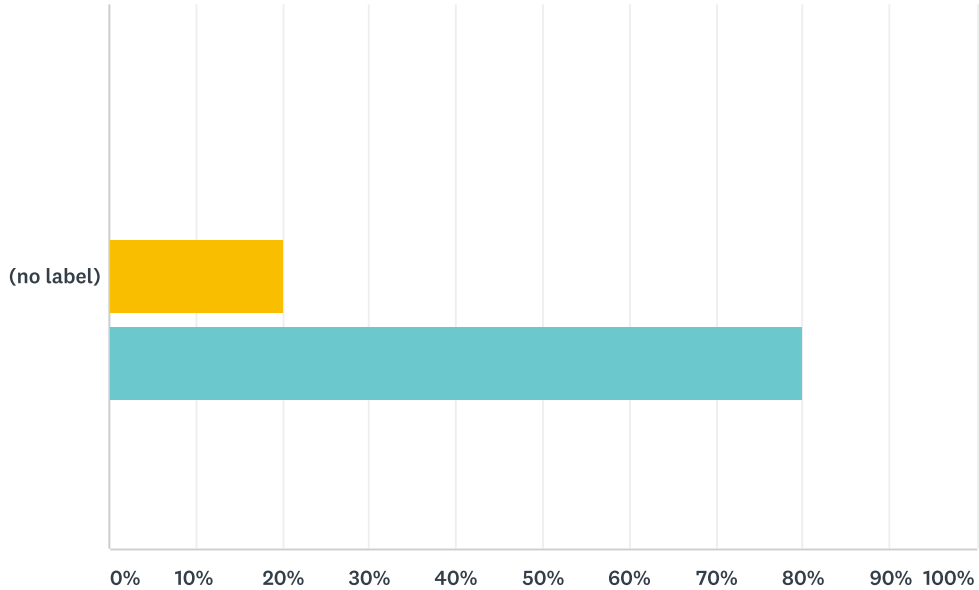
■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	80.00% 4	0.00% 0	5	3.80

Q37 I am encouraged by other Board members to express my opinions at Board meetings.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey

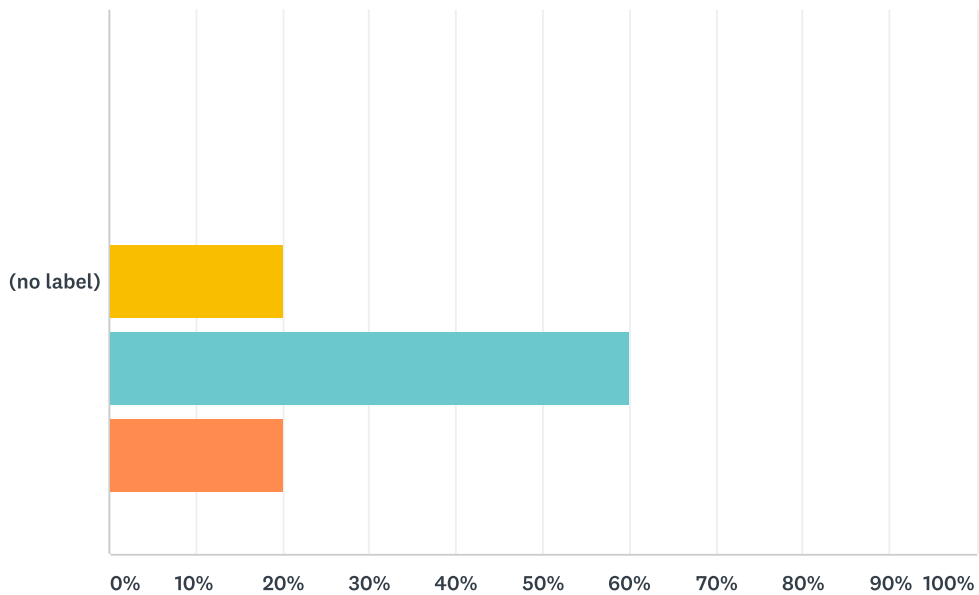


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	0.00%	20.00%	80.00%	0.00%	5	3.80
	0	0	1	4	0		

Q38 I am a good listener at Board meetings.

Answered: 5 Skipped: 0



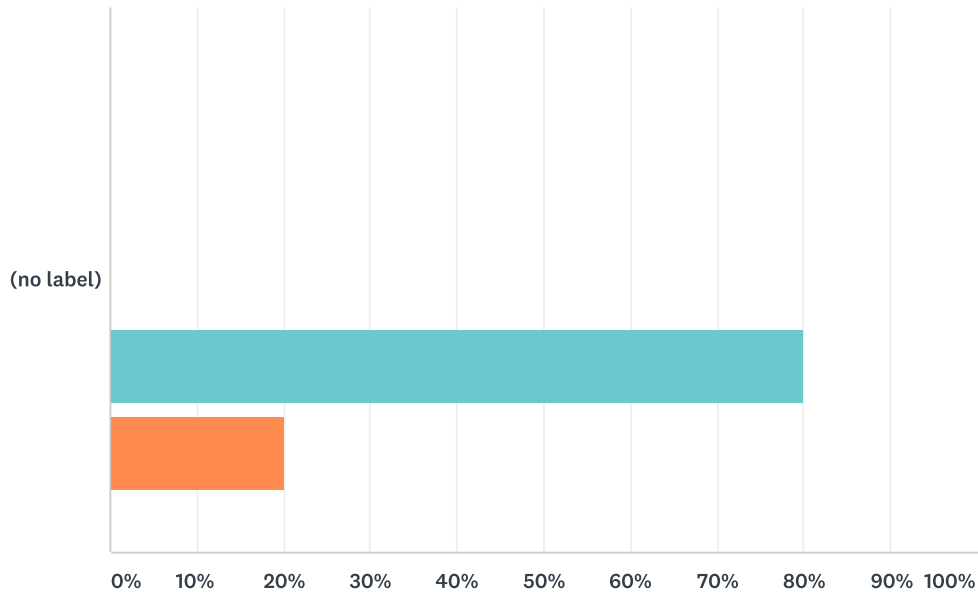
■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

2019 MMHD Board Assessment Survey

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	60.00% 3	20.00% 1	5	4.00

Q39 I follow through on things I have said I would do.

Answered: 5 Skipped: 0



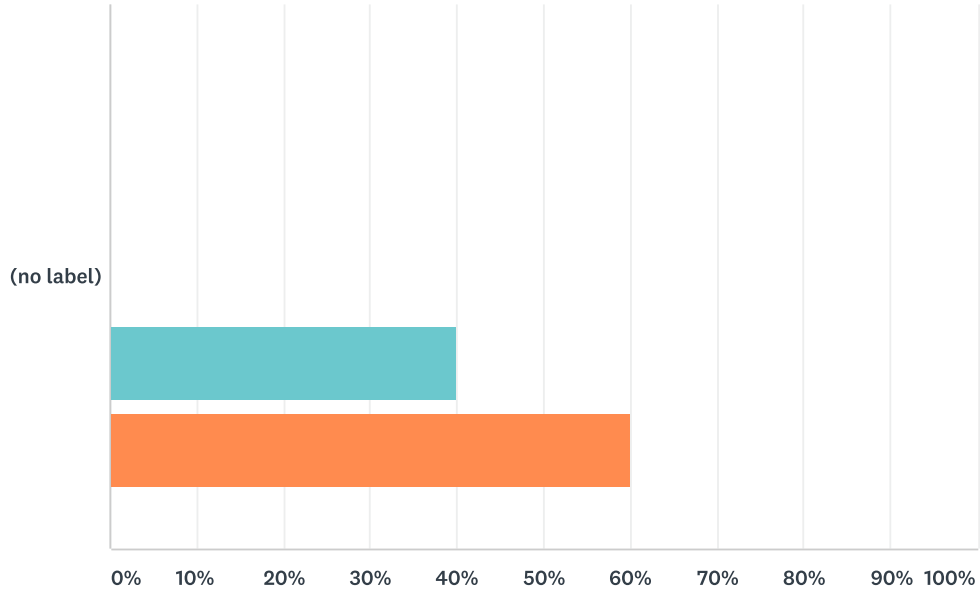
■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	80.00% 4	20.00% 1	5	4.20

Q40 I maintain the confidentiality of all Board decisions.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey

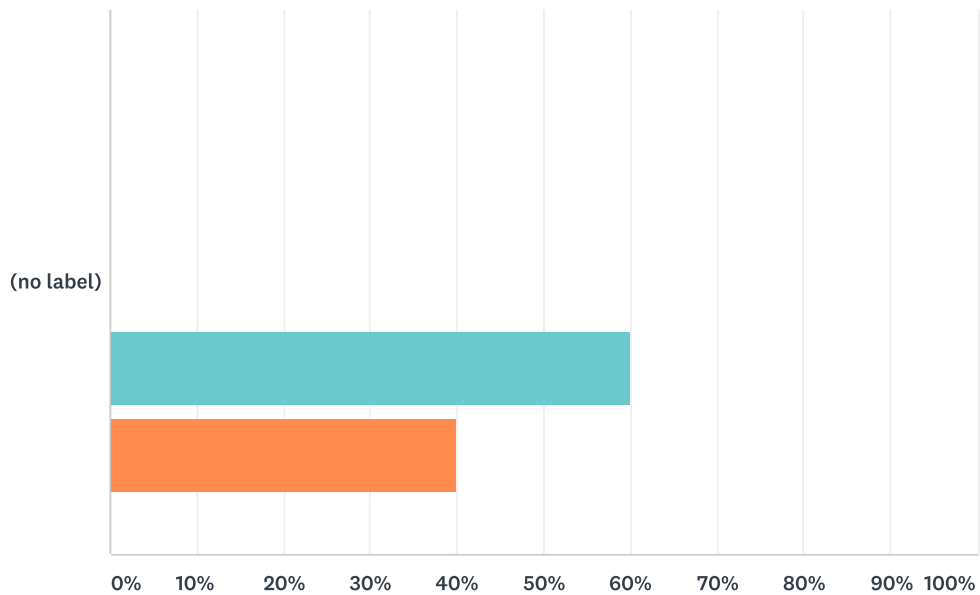


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	0.00%	0.00%	40.00%	60.00%	5	4.60
	0	0	0	2	3		

Q41 When I have a different opinion than the majority, I raise it.

Answered: 5 Skipped: 0



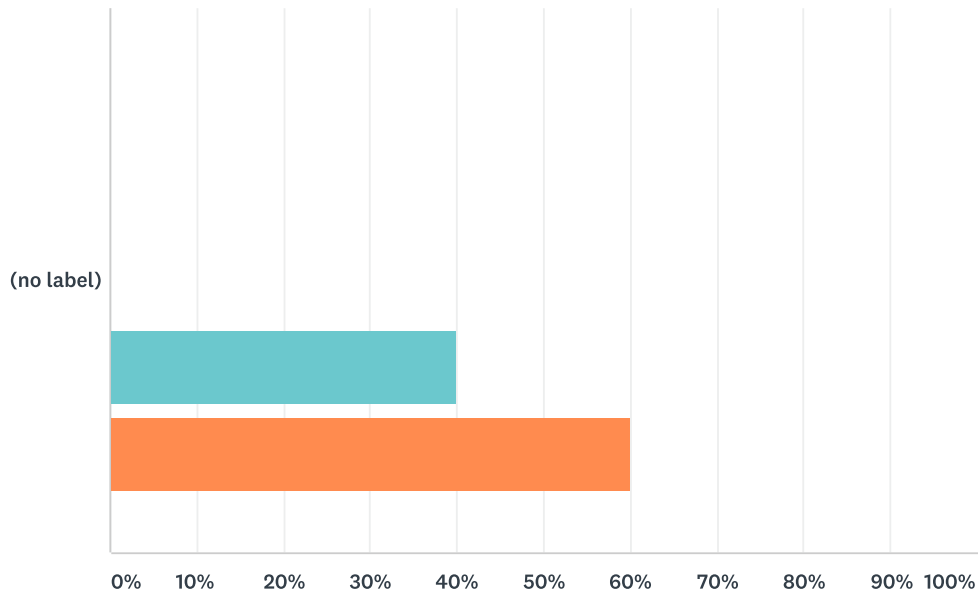
■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

2019 MMHD Board Assessment Survey

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	4.40

Q42 I support Board decisions once they are made even if I do not agree with them.

Answered: 5 Skipped: 0



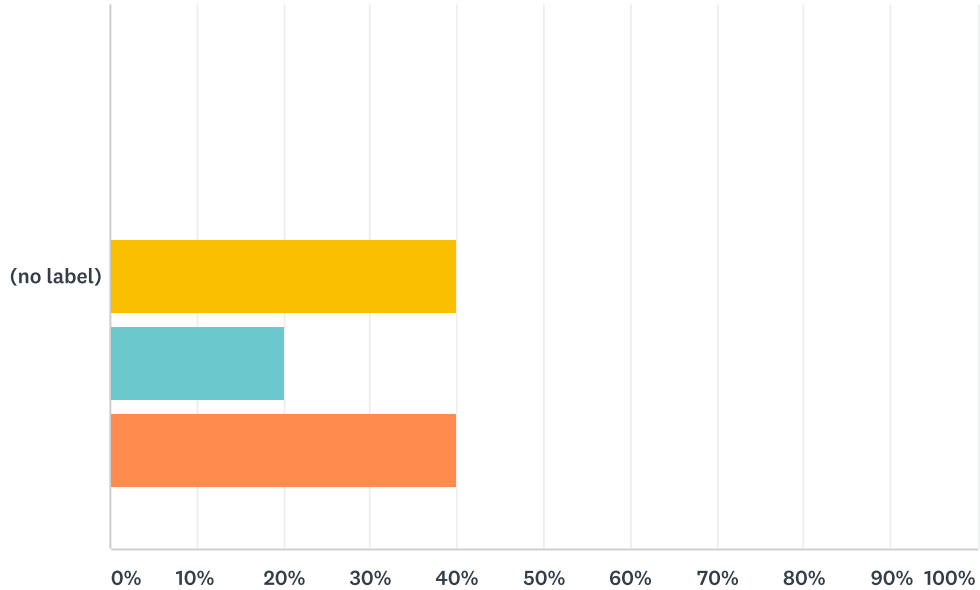
■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	4.60

Q43 I promote the work of our organization in the community whenever I have a chance to do so.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey



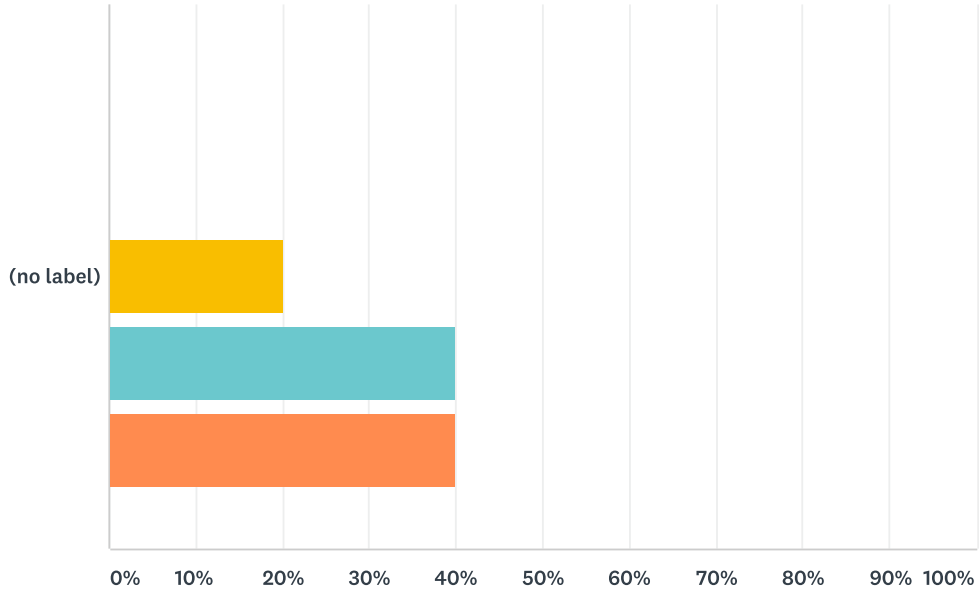
■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	40.00% 2	20.00% 1	40.00% 2	5	4.00

Q44 I stay informed about issues relevant to our mission and bring information to the attention of the Board.

Answered: 5 Skipped: 0

2019 MMHD Board Assessment Survey

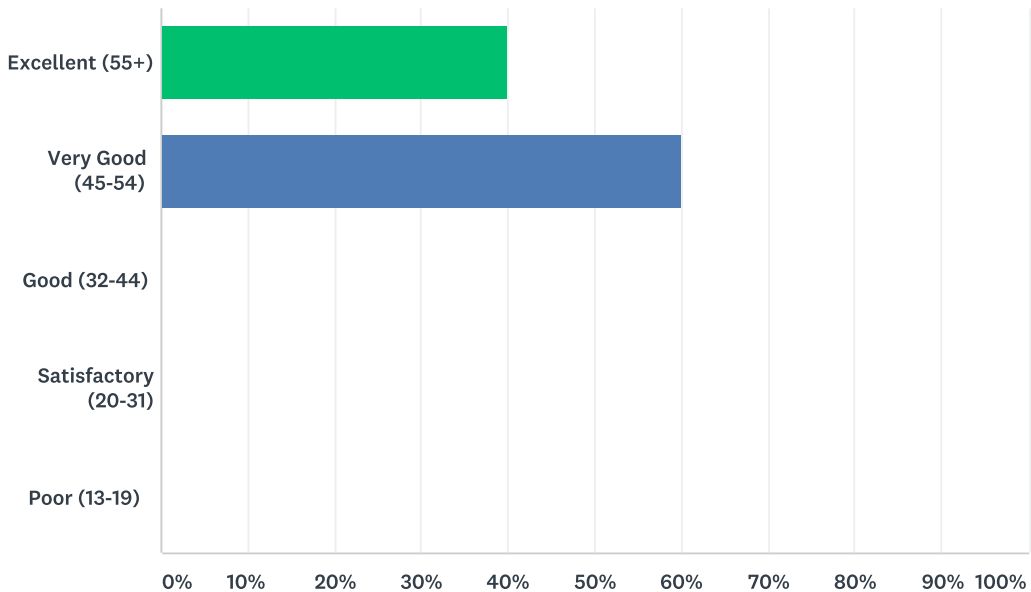


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	0.00%	20.00%	40.00%	40.00%	5	4.20
	0	0	1	2	2		

Q45 Add together your ratings for Section D and select the matching overall rating.

Answered: 5 Skipped: 0



ANSWER CHOICES

RESPONSES

2019 MMHD Board Assessment Survey

Excellent (55+)	40.00%	2
Very Good (45-54)	60.00%	3
Good (32-44)	0.00%	0
Satisfactory (20-31)	0.00%	0
Poor (13-19)	0.00%	0
Total Respondents: 5		

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

**ORGANIZATIONAL CONFLICT OF INTEREST POLICY FOR
DESIGN-BUILD PROJECTS**

Page 1 of 2

PURPOSE: In accordance with Public Contract Code section 22162, the purpose of this policy is to clarify Mayers Memorial Hospital District’s (The District) organizational conflict of interest guidelines applicable to design –build projects procured pursuant to Public Contract Code section 22160, et seq.

POLICY:

Contractors and consultants participating in design-build projects or joining a design-build team may not have organizational conflicts of interest, unless disclosed and approved by the Executive Management Team (C-Team)

Organizational conflicts of interest are circumstances arising out of a consultant’s or contractor’s existing or past activities, business or financial interests, familial relationships, contractual relationships, and/or organizational structure (e.g., parent entities, subsidiaries, affiliates) that results in:

- impairment or potential impairment of a consultant’s or contractor’s ability to render impartial assistance or advice to The District, or of their objectivity in performing work for The District,
- an unfair competitive advantage for any bidder or proposer with respect to a District procurement, or
- a perception or appearance of impropriety with respect to any of The District’s procurements or contracts or a perception or appearance of unfair competitive advantage with respect to a procurement by The District (regardless of whether any such perception is accurate)

There are many instances of when or how an organizational conflict of interest could exist, for that reason the following procedure shall be followed for all design-build contracts that The District solicits or receives.

PROCEDURE:

If and when a design-build project is initiated the C-Team will:

- meet and conduct a review of the project and any specific outcomes that are desired by completion of initiated project,

- review any and all pertinent information regarding request for qualifications (RFQ), or request for proposals (RFP) and their alignment with desired outcomes of initiated projects,
- review any and all returned proposals for their alignment with desired outcomes of the initiated project,
- review any and all returned proposals for any organizational conflicts (as defined above),
- if a conflict is found, or the C-Team has been notified of a conflict, the impact the conflict will be assessed as positive or negative,
- the impact of the conflict (positive or negative) will be weighed against the benefit of the project,
- full disclosure of any and all possible conflicts will be written by the conflicted parties and made available to the C-Team; written disclosure may be made by e-mail, fax, or standard mail, and must be received within five (5) business days of request by the C-Team.
- the C-Team will review all disclosures and decide whether or not to proceed with, or change the relationship with the conflicted parties, based on their determination of the nature of the conflict after full disclosure has been made.

SPECIAL CONSIDERATIONS:

It should be noted that The C-Team working in the best interest of Mayers Memorial Hospital District will have initial determination of whether or not an organizational conflict exists, or whether or not to proceed with a relationship after a determination of positive or negative has been made and weighed against the benefit to The District. If there is no majority decision as to whether or not to proceed in a certain course of action the full discussion of that organizational conflict will be disclosed to the Board of Directors for consultation and decision on the matter.

This policy shall be incorporated by references into all design-build contracts executed by The District.

REFERENCES:

County of San Diego, California Department of Purchasing and Contract Policy,
“Organizational Conflict of Interest Policy for Design-Build Projects”

Public Contract Code section 22160, et seq

COMMITTEE APPROVALS:

Chiefs: 11-07-2019

MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE
SATELLITE OFFICE and HOME OFFICE SECURITY

Page 1 of 2

Synopsis:

This policy is designed to help Mayers Memorial Hospital District (MMHD) designate and protect Satellite and Home Offices that directly perform services for the Covered Entity or Business Associate.

DEFINITIONS:

Satellite Office: A Satellite Office is a non-descript location, with no signage to designate that it is part of, or performs services for, the main organization. This location is not used for storing PHI documented in physical or digital form. It is strictly used for providing treatment and then leaving. When leaving, there is no footprint, no computers, no charts, no trash: nothing that can be traced back to any of the PHI that was interacted with. **If any of the above does not apply, then this site is considered a location and is subject to all the HIPAA requirements that the main office is subject to.**

Home Office: A home office with no signage to designate that it is part of, or performs services for, the main organization. This location is not used for storing charts, for storing computers, and does not retain any documentation. It is strictly used for providing treatment and healthcare viewing of electronic records. There is no footprint, no data stored on computers, no charts, no trash: nothing that can be traced back to any of the PHI that was interacted with. MMHD should not allow storage of PHI at the Home Office. Printed matter should be shredded immediately after use, and it should not be stored. Computers should be set up so PHI cannot download from the main site. **No footprint can be left. If any of the above does not apply, then this site is considered a location and is subject to all the HIPAA requirements that the main office is subject to.**

Requirements of Compliance for Satellite and Home Offices:

1. Devices used at Satellite and Home sites must be protected and encrypted and listed in the Device Audit as encrypted.
2. Site(s) must have a Physical Site Audit filled out and stored in The Guard.
3. All MMHD staff that work in the Satellite and Home offices must go through HIPAA training.
4. No footprint (evidence of PHI) will be allowed at either Satellite or Home Offices.

5. If the above are not followed, the organization must defend their decisions to the Department of Health and Human Services (HHS) should a breach occur and these protocols are not followed.

Example of a Satellite Office:

A Doctor's office in city A has a lot of patients in city B, so once a week they use a site in city B (i.e., an examination room in another doctor's office, etc.) to see patients who live there so they do not have to travel as far. This site is not used for storing charts, for storing computers, or for leaving any documentation behind. It is strictly used for seeing the Doctor's patients, and then leaving. When leaving, they leave behind no footprint, no computers, no charts, no trash, and nothing about or pertaining to any of the patients that were there that day.

COMMITTEE APPROVAL:

HIM/HIPAA: 12/18/2019

The following are the new and Revised 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:		For Quarter Ending
January 3, 2020		December 31, 2019
Activities	Resident Council Meeting Minutes Form MMH44	Revised
Acute - Med Surg	AM Care - Med Surg & Swing	Revised
Acute - Med Surg	BILI LITE FLOW SHEET and I O MMH411	Revised
Acute - Med Surg	Competency Assessment Program	Revised
Acute - Med Surg	Compresses Cold Dry	Revised
Acute - Med Surg	Consent, Informed Patient	Revised
Acute - Med Surg	Constant Watch-Close Observation-5150	Revised
Acute - Med Surg	Leaving Against Medical Advice MMH598	Revised
Acute - Med Surg	Medication Administration Record MMH648	Revised
Acute - Med Surg	Organ and Tissue Donor Transplantation	Revised
Acute - Med Surg	POLST Form (PDF Form)	Revised
Acute - Med Surg	Pre-op Clinic	Retired
Acute - Med Surg	Record of Death Permit to Release Body MMH332	Revised
Acute - Med Surg	Restraint Record, Med-Surg Acute Care FORM MMH250	Revised
Acute - Med Surg	Suicide Ideation Assessment Reassessment MMH433	Revised
Acute - Med Surg	Suicide/Close Observation Flow Sheet MMH438	Revised
Administration	Mayers Organization Chart	Revised
Cardiac Rehab	Equipment Cleaning - Cardiac Rehab	New
Compliance	Compliance Hotline Policy	New
Compliance	Corporate Compliance & Ethics Program	New
Compliance	Exclusions Screening Policy	New
Compliance	Internal Reporting Of Overpayments, Self Disclosure, And Repayments For Federal Health Programs	Revised
Compliance	License Verification Policy	New
Compliance	Medicare Part A Triple Check Process	New
Compliance	Medicare Part B Triple Check Process	New
Compliance	Reporting of Overpayments	New
Disaster	Alternate Sources of Energy	Revised
Disaster	Chemical Spill	Revised
Disaster	Code Triage - Acute Nursing Unit	Revised
Disaster	Code Triage - Instructions for Imaging	Revised
Disaster	Code Triage - Purchasing	Revised
Disaster	Disaster Response Communications Plan	New
Disaster	Disclosure of Protected Health Information During Disaster Relief Efforts	Revised
Disaster	Emergency Sewage & Waste Disposal Policy	Revised
Disaster	Emergency-Disaster Supply Staging List for Purchasing	Revised
Disaster	Evacuation Plan	Revised
Disaster	Medical Records Tracking During Emergency	New
Emergency Department	Adult Crash Cart Monthly Check List MMH86	Revised
Emergency Department	Ambulance Call Report MMH432	Revised
Emergency Department	Amiodarone Continuous Infusion	Revised
Emergency Department	Broselow Monthly Check List MMH540	Revised
Emergency Department	Discharge Instructions (ED) MMH667	New
Emergency Department	Endotracheal Intubation Documentation Form MMH662	Revised
Emergency Department	ER Culture Follow Up Form MMH603	Revised
Emergency Department	Homeless Patient Protocol/Plan for Discharge Form MMH661	Revised
Emergency Department	Intubation Procedure Documentation MMH662	Revised
Emergency Department	Lab Test Request MMH668	Revised
Emergency Department	Mental Health Emergencies Shasta County	Revised
Emergency Department	Newborn Family Medical History Questionnaire CHA 10-4 03-2009 MMH396E	Revised
Emergency Department	Newborn Family Medical History Questionnaire CHA 10-4 03-2009 MMH396S	Revised
Emergency Department	Physician Coverage for Specialty Services - EMTALA	Revised
Emergency Department	Physician Orders MMH1030	New
Emergency Department	Physician Progress Notes MMH1001	New
Emergency Department	Resuscitation Record MMH525	Revised
Emergency Department	Sedation Post-Procedural Quality Monitor MMH165	Revised
Emergency Department	Telephone Follow Up Progress Note MMH499	Revised
Emergency Department	TPA Nursing Protocol - Acute Coronary Syndrome -Acute M.I. Nursing Notes MMH527	Revised
Employee	Employee Exposure to Body Fluid	Revised
Employee	Hazard Communication and Management Program	Revised

The following are the new and Revised 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:
January 3, 2020

For Quarter Ending
December 31, 2019

Employee	Lactation Accommodation	New
Employee	Paid Time Off (PTO)	Revised
Employee	Parking	Revised
Environmental Serv	Cleaning of Laundry Facility	New
Environmental Serv	Obstetrics (OB) Cleaning	Retired
Environmental Serv	Storage, Collection and Transportation of Hospital Laundry	New
HIM	Authorization for Use or Disclosure of Health Information MMH470	Revised
HIPPA 2018	Conditions of Admissions Acute and Swing MMH458	Revised
Hospice	Complaint Resolution - Hospice	Revised
Hospice	Hospice Organization Chart 09-2019	New
Hospice	Hospice Performance Improvement Program Template	New
Hospice	Organization and Administration of Services	Revised
Hospice	Palliative Sedation Consent Form MMH561	Revised
Hospice	Spiritual Care Needs Assessment MMH656	Revised
Hospice	Volunteers - Documentation - Hospice	Revised
Infection Control	Central Line Insertion Bundle	Revised
Infection Control	Central Line Insertion Checklist MMH483	Revised
Infection Control	Health Care Associated Infections (HAI) Surveillance in Surgery	Revised
Infection Control	Influenza Vaccination Received Elsewhere Form MMH445	Revised
Infection Control	Pneumococcal - Influenza Vaccination Documentation - SNF MMH444	Revised
Infection Control	Pneumococcal Polysaccharide Vaccine Consent - SNF MMH548	Revised
Infection Control	TDAP Vaccine Declination Form MMH545	Revised
Infection Control	Varicella Vaccination Consent Form MMH381	Revised
IT - Information Tech	After Hours IT Support	Revised
IV-Med	Adverse Drug Reaction Report Card MMH40	Revised
IV-Med	Anaphylaxis Treatment and Management	Retired
IV-Med	Filtering Injected Medications	Revised
IV-Med	Refusal to Permit Blood Product Transfusion MMH367	Revised
Maintenance	Bulk Oxygen Safety	Revised
Manual Name	Document Name/Policy	New/Revis
Medical Staff	Disclosure of Unanticipated Outcomes	Revised
Medical Staff	Hospitalist Core Privileges	New
Medical Staff	Midlevel Providers, Standardized Procedures and Protocols for	New
Medical Staff	Nurse Practitioner Core Privileges for Inpatient	Retired
Medical Staff	Physician Assistant Core Privileges	Retired
Medical Staff	Proctorship Program - Non-Surgical MMH528	Revised
MOUs - Memorandu	FRJUSD for HRSA funded school-based Telehealth Services of the Take Four Project	Revised
MOUs - Memorandu	MVHC for HRSA funded school-based Telehealth Services of the Take Four Project	New
MOUs - Memorandu	Pit River Health Services Memo of Understanding	New
MOUs - Memorandu	Southern Cascades Emergency Medical Services District MOU	Revised
Obstetrics	Apgar Scoring of the Newborn	Retired
Obstetrics	Hepatitis Immunization Consent Form MMH347	Revised
Obstetrics	Newborn Hearing Screen Consent-Waiver MMH390	Revised
Obstetrics	Newborn Hearing Screening Results and Followup Form MMH277	Revised
Obstetrics	Nursing Progress Notes MMH537	Revised
Occupational Therap	Functional Assessment Evaluation	Retired
Outpatient Medical	Injectafer (carboxymaltose) Preprinted Order Sheet MMH535	Revised
Outpatient Medical	OP Med Treatment Consent MMH296	Revised
Outpatient Medical	OPS Treatment Progress Note MMH292	Revised
Outpatient Medical	Outpatient Services- Ostomy Care Documentation Sheet MMH477	Revised
Outpatient Medical	Physicians Order - IVIG Therapy/Central Line Care MMH421	Revised
Outpatient Medical	Rabies Vaccination Consent Form MMH430	Revised
Outpatient Medical	Wound Care Physician Initial Exam MMH297	Revised
Patient Access	Discount Payment Policy	Revised
Patient Access	HHS POVERTY GUIDELINES MMH389	Revised
Patient Access	Interpretation Services	Revised
Patient Access	Resident Personal Belongings MMH593	Revised
Pharmacy	340B Contract Retail Pharmacies	Retired
Pharmacy	Diltiazem Cardizem IV Infusion, Continuous	Revised

The following are the new and Revised 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:
January 3, 2020

For Quarter Ending
December 31, 2019

Pharmacy	Drug Reordering	Revised
Pharmacy	FDA Risk Evaluation and Medication Safety (REMS) Medication Guides	Retired
Pharmacy	High Alert Medication Flow Sheet MMH326	Revised
Pharmacy	Immediate Medication Regimen Review MMH618	Revised
Pharmacy	IV Therapy	Retired
Pharmacy	Patient Request for Non-Safety Caps on Prescription Containers MMH642A	Revised
Pharmacy	Patient Request for Non-Safety Caps on Prescription Containers MMH642B (Permanent Part of Me	Revised
Pharmacy - Retail	Dispensing CII Controlled Substances - Retail Pharmacy	Revised
Pharmacy - Retail	Dispensing CIII - V Controlled Substances	Revised
Pharmacy - Retail	Diversions - Retail Pharmacy	Revised
Pharmacy - Retail	Drug Interaction Prevention - Retail Pharmacy	Revised
Pharmacy - Retail	Employee Impairment	Revised
Pharmacy - Retail	Identifying and Avoiding Questionable or Suspicious Prescriptions	Revised
Pharmacy - Retail	Pseudoephedrine	Revised
Pharmacy - Retail	Temporary Absence of Pharmacist - Retail Pharmacy	Revised
Pharmacy - Sterile Cc	Glove Tip Testing, Barrier Isolator	Revised
Pharmacy - Sterile Cc	Hand Sanitizing and Garbing Sequence - Clean Room	Revised
Pharmacy - Sterile Cc	Media Challenge, Sterile Compounding:	Revised
Pharmacy - Sterile Cc	Multidose Vials, Use of	Revised
Pharmacy - Sterile Cc	New Employee Orientation to Sterile Compounding MMH666	New
Pharmacy - Sterile Cc	Parenteral Products - Quality Assurance	Revised
Pharmacy - Sterile Cc	Pharmacist Orientation, Training And Competency And Responsibility, Sterile Compounding:	Revised
Pharmacy - Sterile Cc	Pharmacy Technician Clean Room Training and Assessment MMH607B	Revised
Physical Therapy	Adherence to Hospital and Department Standards Manuals, PT	Revised
Physical Therapy	Discontinuance of Therapy, PT	Revised
Physical Therapy	DME Request Form MMH434	Revised
Physical Therapy	PT LTC Referral Form MMH643	Revised
Preprinted Orders	Physician Orders - Cardiac Rehab Referral MMH590	Revised
Preprinted Orders	Physician Orders - General Surgery Inpatient Orders MMH414	Revised
Preprinted Orders	Refusal of Care (AMA)-Transfer Information and Release Form MMH393	Revised
Purchasing	Notification of Price Change	Revised
Purchasing	Training for New Personnel - Purchasing	Revised
Quality & Performan	DEPARTMENTAL QI REPORTING FORM MMH56	Revised
Quality & Performan	Fair Credit Reporting Act	Revised
Quality & Performan	Fair Credit Reporting Act Policy	Revised
Quality & Performan	Medication Error Reduction Plan	Revised
Quality & Performan	Medication Errors	Revised
Quality & Performan	Patient Injury Due to Equipment Malfunction	Revised
Quality & Performan	RL:6 Event Reporting	Revised
Respiratory Therapy	6 Minute Walk Test Recording Sheet - RT MMH514	Revised
Respiratory Therapy	Compressed Gas & Oxygen Use	Revised
Respiratory Therapy	Discharge Six Minute Walk Distance Test MMH620	Revised
Respiratory Therapy	Exercise Prescription - Pulmonary Rehab MMH638	Revised
Respiratory Therapy	Exercise Tracking Sheet - Pulmonary Rehab MMH639	Revised
Respiratory Therapy	Hyperkalemia, Albuterol for the Treatment of	Retired
Respiratory Therapy	Individual Treatment Plan MMH628	Revised
Respiratory Therapy	Initial Interview Form Pulmonary Rehab MMH627	Revised
Respiratory Therapy	Initial Respiratory Evaluation - MMH513	Revised
Respiratory Therapy	Initial Six Minute Walk Distance Test MMH619	Revised
Respiratory Therapy	Nutritional Assessment - Pulmonary Rehab MMH632	Revised
Respiratory Therapy	Positive Expiratory Pressure (PEP) Therapy	Revised
Respiratory Therapy	Pulmonary Function Testing (PFT)	Revised
Respiratory Therapy	Pulmonary Rehab Skills and Competency Assessment MMH636	Revised
Respiratory Therapy	Pulmonary Rehab Tracking Sheet MMH515	Revised
Respiratory Therapy	Scope of Services, Respiratory Therapy	Revised
Respiratory Therapy	Senior Fitness Testing Personal Profile Form MMH622	Revised
Respiratory Therapy	Ventilation with pNeuton Model A Transport Ventilator	Revised
Respiratory Therapy	Ventilator Flow Sheet MMH301	Revised
Skilled Nursing	Abuse Resident, SNF	Revised

The following are the new and Revised 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:
January 3, 2020

For Quarter Ending
December 31, 2019

Skilled Nursing	Bath, Sponge Cooling	Retired
Skilled Nursing	Discontinued Medications and Controlled Substance Disposal: SNF	Revised
Skilled Nursing	Emergency/Disaster Management - SNF	New
Skilled Nursing	Falls - SNF	Revised
Skilled Nursing	Guidelines for Conducting Investigation Accidents/Incidents	Revised
Skilled Nursing	Investigation Tool Form SNF MMH314	Revised
Skilled Nursing	LEVEL OF CARE FOR COLOR CODING SYSTEM mmh148	Retired
Skilled Nursing	Medication Administration In A Public Setting MMH152	Retired
Skilled Nursing	Medication Administration in a Public Setting MMH672	New
Skilled Nursing	Medication Consent Form MMH653	Revised
Skilled Nursing	Release of Liability MMH116	Retired
Skilled Nursing	Resident Assessment Instrument	Revised
Skilled Nursing	Resident Laundry	Revised
Skilled Nursing	Revised McGeer Criteria for GITI MMH625	Revised
Skilled Nursing	Revised McGeer Criteria for RTI MMH624	Revised
Skilled Nursing	Revised McGeer Criteria for UTI MMH623	Revised
Skilled Nursing	SIDE RAIL USE, ASSESSMENT FOR DETERMINING - INCLUDING HALF-RAILS - SNF MMH226	Retired
Skilled Nursing	THEFT and LOSS LOG MMH153	Revised
Social Services	Resident Transfer-Discharge Summary-Plan MMH609	Revised
Social Services	Resident Trust Account Authorization MMH596	Revised
Social Services	Swing Intake Worksheet MMH613	Revised
Social Services	Trauma Informed Care Assessment MMH665	New
Surgery	Admission to Surgical Services	Revised
Surgery	Autoclave Function Monitoring	Revised
Surgery	Cardiac Clearance for Surgery MMH552	Revised
Surgery	Chemical Spill - Operating Room	Revised
Surgery	Colonoscopy Progress Notes MMH670	Revised
Surgery	Consent to Surgery or Special Procedure MMH200E&S	Revised
Surgery	DNAR Orders for Perioperative Period Form MMH249	Revised
Surgery	Endoscopes, Reprocessing of -	Revised
Surgery	Esophogogastroduodenoscopy Progress Notes MMH669	Revised
Surgery	History and Physical, Surgical Patient	Revised
Surgery	Intraoperative Report	Revised
Surgery	Observers in Surgery/Labor Room	Revised
Surgery	On Call Surgical Staffing	Retired
Surgery	Outline of Major Complications of Anesthesia MMH668	New
Surgery	Physician Orders - Hernia MMH488	Revised
Surgery	Physician Orders - Orthopedic Postoperative Outpatient MMH4	New
Surgery	Proctorship Program, Surgical MMH575	Revised
Surgery	Surgical Privileges	Revised
Surgery	Surgical Privileges Chart MMH52	Revised
Swing Bed	Swing Bed Admission Assessment MMH349	Revised
Swing Bed	Swing Patient Temporary Absence Form MMH541	Revised



Operations Report January 2020

Statistics	November YTD FY20 <i>(current)</i>	November YTD FY19 <i>(prior)</i>	November Budget YTD FY20	December YTD FY20 <i>(current)</i>	December YTD FY19 <i>(prior)</i>	December Budget YTD FY20
Surgeries <i>(including C-sections)</i>	20	29	40	22	29	48
➤ Inpatient	3	1	10	3	1	12
➤ Outpatient	17	28	30	19	28	36
Procedures <i>(surgery suite)</i>	77	62	80	84	62	96
Inpatient	666	840	844	822	996	1014
Emergency Room	1818	1781	1675	2169	2099	2010
Skilled Nursing Days	11406	11115	11558	13743	13536	13870
OP Visits (OP/Lab/X-ray)	6000	6518	6858	6964	7582	8071
Hospice Patient Days	562	785	585	645	849	702
PT	1129	1384	1250	1312	1634	1500

Operations District-Wide
Prepared by: Louis Ward, CEO

New Physician employed at Mayers

Mayers Memorial Hospital has executed recruitment agreement with Tommy Saborido, MD. This agreement ensures Dr. Saborido will be employed by Mayers beginning in early 2021. Throughout this year Dr. Saborido will take shifts in our emergency room while we wait for him and his family's permanent move to the Fall River Valley. We are excited to have Dr. Saborido joining TEAM Mayers.

District Hospital Leadership Forum (DHLF) Meeting

This month I travelled to Santa Barbara to attend the DHLF Executive Committee meeting to discuss a number of items with the other members of the Executive Committee. We are currently tasked with allocating 300 million dollars to the hospital districts in California. As the only critical access hospital representative of the DHLF Executive Committee, I worked on behalf of other small hospitals as well Mayers to ensure a fair negotiation occurred. I am pleased to report the other members of the executive committee are very fair and understand the unique challenges small rural hospital are facing. The final IGT allocation models will be voted on later this year.

Administrative and Finance Offices

Work began this month on the new home for our Finance, Human Resources, and Administration offices. As reported in past board meetings, the current space housing Administration will be demolished prior to early 2021. This of course required Administration to find a new location, the quickest and most cost effective plan lead us to a remodel of what was the Mountain Valley clinic space. Considering a remodeling plan was underway, we also felt it would be efficient from a workflow standpoint to move Finance and Human Resources under the same roof as Administration. This remodel is expected to take four months, with a move date planned for April.

Daycare

Hospital leadership met with the Tri Communities Network leadership this month to discuss our shared effort to bring a childcare center to the Fall River Valley. I am pleased to report the Tri Communities Network Board of Directors has agreed to move forward and lease property in the Fall River area, which will house the new childcare center. We are working closely with the TCN leadership while we discuss future MMHD involvement in the operations. We are working on the last documentation needed to submit to the state licensure board to gain approval to open the childcare center. We are also awaiting word back on a grant we wrote in partnership with the school district and the TCN to obtain the funding to build a new play area and make small ADA modifications, we expect to hear back in March. We are shooting for a summer opening in hopes we can be of assistance to families in the area before the start of the next school year.

Time Keeping Solution

Earlier this month Administration executed contracts with JB Dev, a time clock solution. This new solution will replace our current time clock software with a more comprehensive software which seamlessly connects with our current payroll system. This new software will also allow us to implement new changes which employees will like, an electronic schedule, tracking cafeteria and gift shop spend, as well as other features. We are expecting an April 1 go-live date for this new solution.

Regional CEO meeting

Administration is planning and preparing to host a regional CEO meeting in March of this year. The attendees of the meeting are Harry Weis, CEO Tahoe Forest Health System, Kevin Kramer, CEO Modoc Medical Center, Jodee Tittle, CEO Plumas Healthcare District, Jayne O'Flanagan, Acting CEO Easter Plumas Healthcare District, Steve Bolin, Interim CEO Seneca Healthcare District and Don Brandon, CEO Surprise Valley Healthcare District. This meeting has taken place at each of our facilities and has occurred quarterly for the last two years. We are currently working on a shared agenda which generally includes: legislative action, partnership opportunities, workforce strategies, OSHPD, cost reduction and revenue generation ideas, and facility tours. More information to be presented at a later date.

Employee Meetings

Administration is preparing for employee meetings to occur in March at both the Fall River and Burney locations. Agenda and dates for the meetings will be presented in February.

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

Hospital Expansion Project

- As of January 21st, 2020 Layton's anticipated substantial completion is April 17th, 2020 at which time State Licensure can start the licensing process. This process can take 30 to 90 days which puts our occupancy of the building in mid-May to mid-July. This also does not take into account the full electrical hook up delay and as of January 21st, 2020, that delay has not been fully realized.
- Mayers leadership pulled together all parties to try and resolve the electrical hook up issues. After the meeting, it was decided that the electrical engineer of record and architect of record would put together a comprehensive list of all outstanding issues and the Layton team will respond and fix all of the issues. That list was submitted to our Area Compliance officer for OSHPD on January 21st, 2020 and I followed up to ensure he received the email with the report.
- The deferred submittal for the water tank was approved by OSHPD. The boiler skid deferred submittal is still in review at OSHPD.
- Our Inspector of Record put in his two weeks notice and will no longer be on the project as of January 31st, 2020. I have been working with Louis, Porter, and ETCI to find another full-time IOR. Louis and I have had a call with OSHPD's regional compliance officers on the issue of finding a full time IOR and per that call, it is a requirement of our project.

Facilities, Engineering, Other Construction Projects

- A shortlist of bidders was created in December for the Burney Rural Health Clinic. We are still awaiting the final permit to begin the RFB process. I expect the permit set to be approved by January 27th, 2020 with the RFB sent out shortly after.
- Administration Building remodeling has begun. The new office space will house Administration and Finance departments.
- Greenbough Design has submitted construction documents to OSHPD and we expect that those comments will be issued February 13th. I have had conversations with OSHPD leadership in regards to an extension to our AB2190 extension if the delay impacts on our New Hospital Wing project start to affect this project.
- The Riverview House is in the final stages of completion. Engineering is currently working on the final punch list items to complete the project.

- Nurse call plans in the Acute space are still under review by OSHPD. The second round of comment responses was sent to OSHPD in early December.
- We are exploring our option with OSHPD as we have received comments back that at least 50% of our rooms need to be ADA accessible in the SNF refresh project. If this is a requirement it has the potential to put the project on hold for the foreseeable future. We currently do not have the space to make our restrooms ADA compliant, as this was not coded when the building was built and would take up too much of the existing room to have dual occupancy.
- We have decided to bring the helistop project in-house. We will self perform this project and have drawings being drafted this month. Plans are to pour the slab in November. Drawings were received on October 15th, 2019. Alex and I will work with Engineering to schedule this work.

IT

- I am pleased to announce Ryan Nicholls as our IT Manager. Ryan has been one of the most consistent and efficient team members in the IT department for the last 4 years. During Ryan's time in the IT department, he has taken on additional responsibilities and worked extra hours to meet the technical needs of MMHD, including implementing the many new technologies we use today. He has proven himself worthy of the position, and we are excited about his future with MMHD.
- We have begun the work on One Content Multi-Domain for Human Resources, Payroll and Purchasing, so that our systems facility wide are connected.
- We are planning for Paragon 15 CU3 upgrade, while the contract with Allscripts is currently under review.
- We are planning for some big security improvements to protect from Ransomware and HIPAA breaches.
- We have some big improvements to make as we reassess our Disaster Recovery plan.
- Citrix has been delayed to July 1 due to staffing shortages. We are currently assessing performance problems that staff is seeing and standardizing hardware in preparation for the rollout.
- To help improve the IT department processes, we are placing a heavy focus on Technical Documentation and internal policies.
- We are considering a full Network refresh through DGI via a monthly lease with a buyout option.
- Actively working to remove EOL Server Operating Systems from the environment during maintenance windows.
- Working on reestablishing Laboratory Interface with MTN Valleys for seamless patient needs between both facilities.
- We have changes occurring to the department with new staff and leadership.

Purchasing

- Purchasing will be taking over inventory for the entire facility to create a more consistent and efficient process. They will be doing inventory once a quarter instead of yearly. This will give us better control over our inventory processes, have a department that holds ownership over the process, and will give us the ability to correct issues more real-time.
- Nursing leadership and Purchasing Leadership will start to conduct meetings in February to look at our current processes to ensure we are not missing items that are chargeable which is currently inflating our inventory.

Food & Nutrition Services

- I am pleased to announce that Lani Martin has accepted a part-time position to continue on as our Registered Dietitian. Lani has been a contractor with the district in the same roll for many years but with the new AB5 law the transition to employment was needed.
- Our Food and Nutritional services department is currently going through a Lean process improvement project. Our goal for this project is to have better processes in the department that will produce better efficiency, some cost cutting measures, and improve our staff retention by 50%.

Environmental Services & Laundry

- Laundry will also be starting a lean project to look for improvements in a department that is already running well. Our goal after this project is concluded is to have standardized workflows that are the same at both facilities.

Chief Nursing Officer Report

Prepared by: Candy Vculek, CNO

Exhibit B & C

An improved RN pay scale has been implemented with an immediate improvement in recruiting efforts for the RN staff. The Acute care unit has 3 RN's in the orientation process (2 full time and one per diem). The ED has hired one of the recent 13-week traveler RN's. She will need to finish her contract prior to starting orientation but will be coming on board in a full time status.

A standardized staffing matrix has been implemented on the acute care unit. The matrix is attached for review. CNA's not needed on the acute care unit due to low census are being floated to the SNF and registry CNA's are cancelled. Staffing numbers are controlled by the inpatient census.

MMHD administration and Shasta College are in the final steps of re-implementing a CNA class in Burney starting next fall. The class will be 7 weeks in length rather than the current 18 weeks. All but 12 days of class will be held in Burney and the college will be able to provide gas vouchers for the students for the days they do have to go to the main campus. The anticipated outcome of this work is to see a stabilization in the CNA workforce at MMHD.

- Nursing admin is standardizing the daily staffing processes within the hospital. The ward clerks on station one will be working in conjunction with the hospital supervisors to manage the daily staffing. This will include a review of each unit's staffing needs and processes to meet them. Please see attached staffing sheet mock up that will be utilized in the initial test of change. Anticipate rollout of the new process within the next 4 weeks

SNF Activities

Sondra Camacho has several interesting activities planned for our residents this spring.

SNF Report

Please see Diana Groendykes report as she is presenting this month

Acute Care Report

- Nov. Acute ADC 1.47, Swing ADC 2.63; LOS 13.17, OBS 14.51 Days.
- Dr. Guthrie did not have a surgical day in December
- Dr. Syverson had 1 surgery day and 1 procedure day in December
- The surgery department was closed Dec 3-4, Dr. Syverson was OOT and the department was closed Dec 31-Jan 1st for the New Year holiday

Emergency Department

Financial

In fiscal year July 1, 2018 to June 30, 2019, the number of patients treated in the Emergency Department was 4,082 that was a decrease of approximately 100 patients from the previous year. The total number of patients that arrived to the Emergency Department by ambulance was 468, which is stable from the year prior. The combined number of patients who "Left without Being Seen" and "Against Medical Advice" was 79, up from 64. The Emergency Department was the source of 298 admissions to the Acute Care Department representing a 27% increase. There were 146 patients transferred from the Emergency Department who required treatment at facilities able to provide a higher level of care that represents a 9% increase.

We received a \$10,000 grant from the Foundation to go towards the purchase of a Level 1 infuser for the new Emergency Department.

Accomplishments

- Continue to utilize telemedicine in the ED for critical care pediatrics. This year, neuro services was added to the telemedicine options in the ED. This is a key component in assisting in acute stroke care
- An Acute Stroke Protocol was implemented that allows for rapid identification, diagnose, and initial therapy for acute stroke patients. Given the very time sensitive nature of stroke care, this protocol represents a significant increase in care with the ability to dramatically reduce long term stroke sequela
- Staffing has been increased on night shift to a standard of two RN's. This increase in staffing allows for better and faster initial care of critical patients. The increase allows the department to be prepared in advance for patient/nurse ratio requirements associated with the new ED. The Tech position has been moved to a mid-shift time of 10am – 10pm matching typical patient volume
- Standardization of Crash Carts throughout the facility has been completed. This includes the replacement of end of life monitor/defibrillators which has allowed us to standardize this key piece of equipment as well
- Developed and implemented a Procedural Sedation course, flowsheet, and annual competency for all staff who will participate in patient procedural sedation as required by regulation
- Developed and implemented a policy, training course, and quarterly competency for ED nurse utilization of the LTV ventilator when Respiratory Therapy is not in-house
- Researched and purchased Vein Finder. This device helps to locate patient veins to assist in placement of IV catheters. This has been regularly used throughout the hospital on difficult IV patients with great success resulting in providing faster treatment and fewer painful procedures
- Implemented online staffing software for the ED (available hospital wide) allowing staff to have access to their schedules at all times. This has improved staff awareness, responsiveness, and satisfaction to the scheduling process

Challenges

- Organizing and carrying out annual education and standardized competencies for department staff.
- Addressing and updating policies and procedures to reflect current best practice.
- Recruitment of nursing personnel of vacant positions to decrease or eliminate registry use.
- Sufficient time and administrative support to develop, implement, and audit quality initiatives such as Mock Codes and data review as well as day to day oversight.

Goals

- Develop and implement standardized competencies for all Emergency Department personnel and procedures – this is an ongoing process.

- Begin performing Mock Codes at least quarterly, so staff members get an opportunity to practice resuscitation and critical care skills more frequently and are able to increase their confidence and competency.
- Develop and implement a Sepsis Protocol aimed at early identification and standardized treatment of potential sepsis patients.
- Develop and implement an Acute MI Protocol aimed at early identification and standardized treatment of potential heart attack patients.
- Implement a smooth transition to the new ED inclusive of revised processes and flow.

Laboratory Board Report

- Staffing – An new permanent CLS has started. This leaves us with one open CLS position and lab manager position. One lab manager candidate evaluated and one more to be completed.
- Point Click Care interface – This is making slow progress. We have transition in IT leadership which will likely result in a short stall on our part.
- Microbiology specialist traveler is here. The new hire CLS has a micro background also. Chris is going to look into getting him up to speed and then probably cancel the traveler.

Radiology Board Report

- The radiology manager is back from his surgery. Working with lifting restrictions. This is functional due to adequate assistance within the department
- Decision formalized to move a current employee into an in Rad Tech Assist role. This has allowed us to eliminate the remaining Rad Tech traveler position. This is now an evaluation period to see if we need to bring back that last traveler position in order to maintain effective staffing
- Contract with MDI to replace Rad group signed. Working on HL7 interface. Once completed we will be able to execute a transition from Shasta Radiology to MDI

Chief Clinical Officer Report

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

Physical Therapy

- The Physical Therapy Department now has an intercom and can hear overhead pages.
- Daryl Schneider, DPT, PT Manager, has updated the way cancellations and “no shows” are documented so they reflect on the permanent medical record in One Content.

- Referrals have fallen dramatically recently. Shannon Gerig, CEO of Mountain Valleys, has invited Daryl to speak at an upcoming provider meeting.

Pharmacy

- Codonix® (the safety labeling system for anesthesia) was installed December 3rd. A complete presentation was made to Quality Committee. The CRNA's have given very positive feedback.
- Maintenance on the barrier isolator is scheduled for February 4th.

Retail Pharmacy

- We are enrolled with 340B and will start processing 340B prescriptions when the software via CaptureRx is implemented. We are in the implementation phase without a target live date at this time.
- Prescription and refill volumes are slowly building.
- Many customers report very positive feedback on their experiences at the retail pharmacy.

Respiratory Therapy

- Mayers welcomed Odessa Mosely, RT to our staff. She joins David Ferrer, RRT. The department is fully staff with Mayers employees.
- Mayers acquired a rebuild Respironics Vision BiPap machine. On occasion, we have needed more than one BiPap machine and although our LTV 1200 ventilator has a BiPap setting but is not designed for BiPap as a primary function.

Cardiac Rehab

- Trudi Burns, RN, manager, reports that there are currently 3 monitored patients and that the maintenance program has experienced a boost in adherence post New Years.
- Trudi is exploring what is needed to start doing Wellness Screenings in her department.

Telemedicine

From Amanda Harris, Program Coordinator—See attached Exhibit D

All RN Staffing Days

Number of Patients	Acute Care Staffing Matrix			Notes
	RN	CNA	Ward Clerk	
10	2	1	1	
9	2	1	1	
8	2	1	1	
7	2	1	1	
6	2	1	1	
5	2	0	1	Float CNA to SNF ED Tech Assist as needed
4	2	0	1	Float CNA to SNF ED Tech Assist as needed
3	2	0	1	Float CNA to SNF ED Tech Assist as needed
2	1	0	1	RN # 2 on Cal.I Float CNA to SNF
1	1	0	1	RN # 2 cx'd Float CNA to SNF
0	1	0	1	RN # 2 cx'd Float CNA to SNF On duty RN floats

All RN Staffing Night

Number of Patients	Acute Care Staffing Matrix			Notes
	RN	CNA	Ward Clerk	
10	2	1	0	
9	2	1	0	
8	2	1	0	
7	2	1	0	
6	2	1	0	
5	2	0	0	Float CNA to SNF
4	2	0	0	Float CNA to SNF
3	2	0	0	Float CNA to SNF
2	1	1	0	RN # 2 cxd
1	1	1	0	RN # 2 cx'd
0	1	1	0	RN # 2 cx'd Both Staff float and help

RN/LVN Staffing Days

Number of Patients	Acute Care Staffing Matrix				Notes
	RN	LVN	CNA	Ward Clerk	
10	1	1	1	1	
9	1	1	1	1	
8	1	1	1	1	
7	1	1	1	1	
6	1	1	1	1	
5	1	1	0	1	Float CNA to SNF ED Tech Assist as needed
4	1	1	0	1	Float CNA to SNF ED Tech Assist as needed
3	1	1	0	1	Float CNA to SNF ED Tech Assist as needed
2	1	0	0	1	Float LVN and CNA to SNF
1	1	0	0	1	Float LVN and CNA to SNF
0	1	0	0	1	Float LVN and CNA to SNF On duty RN floats

Instructions

1. If there are acuity concerns that may require a higher staffing level, contact Candy before changing matrix
2. If there is staff that is working overtime, cancel the overtime staff first unless the floor needs 2 nurses and one of them is in overtime. Do not cancel the overtime staff if there is the option to float to the SNF.
3. If staff has requested to take the call off, honor if possible, however do not cancel if there is a staffing need on the SNF
4. If a nurse needs to be cancelled/put on call and there is a long term traveler, check log to see if they can be the first nurse cancelled.
5. Complete registry staffing by 1200/2400 and if able, cancel any unneeded registry staff.

MMHD Daily Staffing Sheet

Day Shift Staffing

DATE:		Staffer:							
Station 1		E.D		FRM SNF		Annex SNF		Outpatient	
5:00 RN 1		5:00 RN 1		5:00 Charge		5:00 LVN 1		8:00 RN 1	
5:00 RN 2		5:00 RN 2		5:00 LVN 1		5:00 LVN 2		8:00 RN 2	
5:00 C.N.A.		10:00 ED Tech		5:00 LVN 2		7:00 Charge			
6:30 U.S.				5:00 C.N.A. 1		8:00 LVN			
Misc documentation (orientees etc)						5:00 C.N.A. 2		5:00 C.N.A. 1	
				5:00 C.N.A. 3		5:00 C.N.A. 2			
				5:00 C.N.A. 4		5:00 C.N.A. 3		6:00 RN 1	
				10:00 C.N.A.		5:00 C.N.A. 4		6:00 RN 2	
				7:30 U.S.		5:00 C.N.A. 5		6:00 RN 3	
				7:30 Activity Aide		5:00 C.N.A. 6		6:00 ORT 1	
						13:45 C.N.A. 1		6:00 ORT 2	
						13:45 C.N.A. 2			
						7:30 U.S.			
						7:30 Activity Aide			
						7:30 Activity Aide			

Night Shift Staffing

Station 1		E.D		FRM SNF		Annex SNF	
17:00 RN 1		17:00 RN 1		17:00 LVN 1/RN		17:00 LVN 1/RN	
17:00 RN 2		17:00 RN 2		17:00 C.N.A. 1		17:00 C.N.A. 1	
17:00 C.N.A.				17:00 C.N.A. 2		17:00 C.N.A. 2	
						17:00 C.N.A. 3	
						17:00 C.N.A. 4	

Pre-scheduled Registry Staff				Employee Sick Calls				Registry Call Offs				
Shift	Unit	Name	Role	Shift	Unit	Name	Time of call	Shift	Unit	Name	Time of call	Misc

Telemedicine Update as of December 17, 2019

Respectfully submitted by Amanda Harris for Louis Ward, CEO (included quarterly); Keith Earnest, CCO and Dr. Aaron Babb, Medical Director

We have completed a total of 589 live video consults via Telemedicine since August 2017.

We are currently working out a solution for this problem.

Endocrinology:

- We had 11 Endo consults November and December combined. We only have one block with Dr. Bhaduri in November and December due to holiday/vacation schedules.
- Dr. Bhaduri continues to impress as a provider. She took the time this month with a patient with an insulin pump to call the vendor of the pump and walk the patient through how to check all the settings and how to adjust them. The patient was extremely appreciative.
- We've had 210 consults since the start of this specialty in August 2017.

Nutrition:

- Jessica had three consults in November and one in December (due to weather).
- We've had 66 consults so far since we started this specialty in November 2017.

Psychiatry:

- We had 11 patients in November and 9 in December for Psychiatry.
- We've had 194 consults since the beginning of the program in August 2017.

Infectious Disease:

- Dr. Siddiqui saw four patients this month. We don't currently have any patients on-treatment but three are currently completing labs to move forward with pre-approval. This will boost ancillary revenue for this specialty.
- We've had 63 consults since the start of this specialty in September 2017.

Neurology:

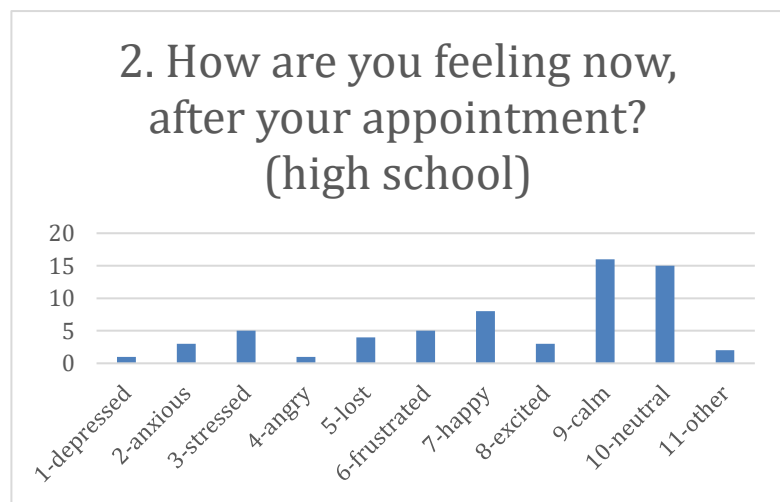
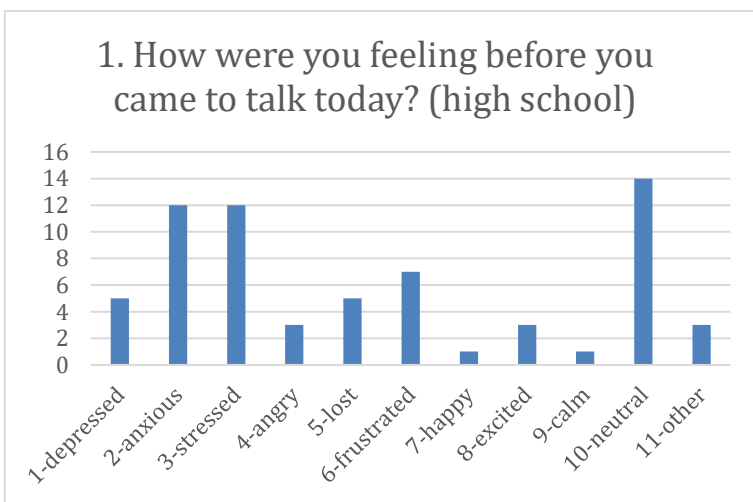
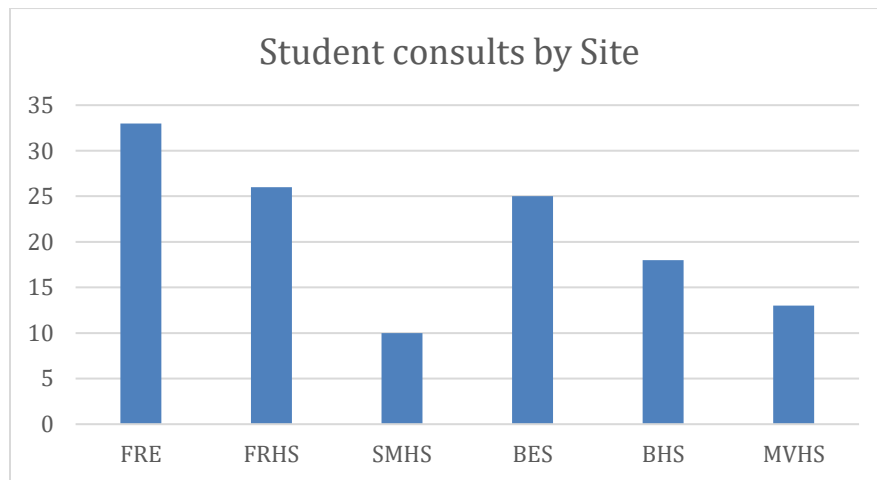
- Dr. Kurian only saw one patient in November and didn't have clinic in December. Last week he gave notice that his last clinic with Telemed2U would be in February. This means our last clinic with him will be at the end of January. Telemed2U is currently working hard to get another Neurologist credentialed to meet our need.
- Nurse coverage for this specialty continues to be a stressor.
- We've had 56 consults since the start of the program in November 2018.

ER UCD Cart:

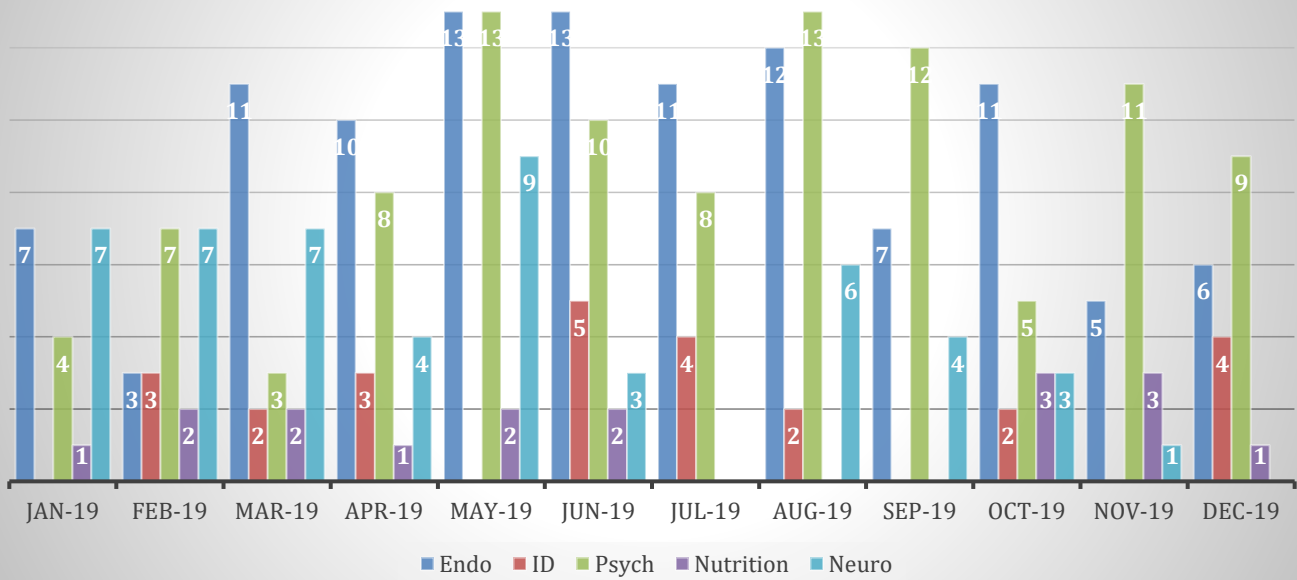
- This cart hasn't been used regularly. I checked with JD (ER Director) and he would still like to keep the cart and Neuro service as it is now a part of our stroke protocol. We will continue to keep an eye on its use.

FRJUSD/Mayers/MVHC Grant application:

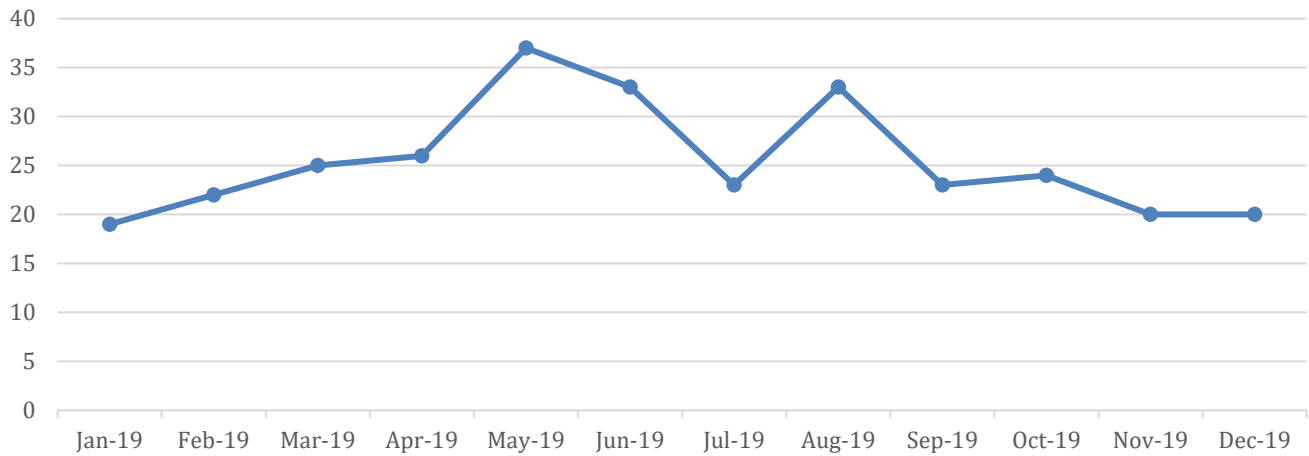
- To date, about 125 consults have taken place with this program. The student post-appointment surveys have been positive in their response to our counselors. We are currently at 8 hours per week with Dr. Masters and 6 hours per month with Jill from MVHC. As feedback continues we will anticipate increasing MVHC's schools probably at the end of the year.
- The first quarterly report was due to the Payment Management System on October 30, 2019 and was transmitted successfully and on time. Our indirect rate response was due October 16, 2019 to HRSA and was completed and submitted on time.
- We are currently surveying the high school students, elementary school teachers, principals and site coordinators to get feedback for QI purposes and also to review at our Advisory Committee Meeting on January 22, 2020.
- We are attempting to do our first draw down from HRSA in the next two weeks. The delay so far has been that the Tri Counties manager is out of office and so unable to verify the bank account. They've fed exed our paperwork for HRSA to their corporate office to be approved. Sheba and I are eager to get that first drawn down done. Our next quarterly report is due January 30th.



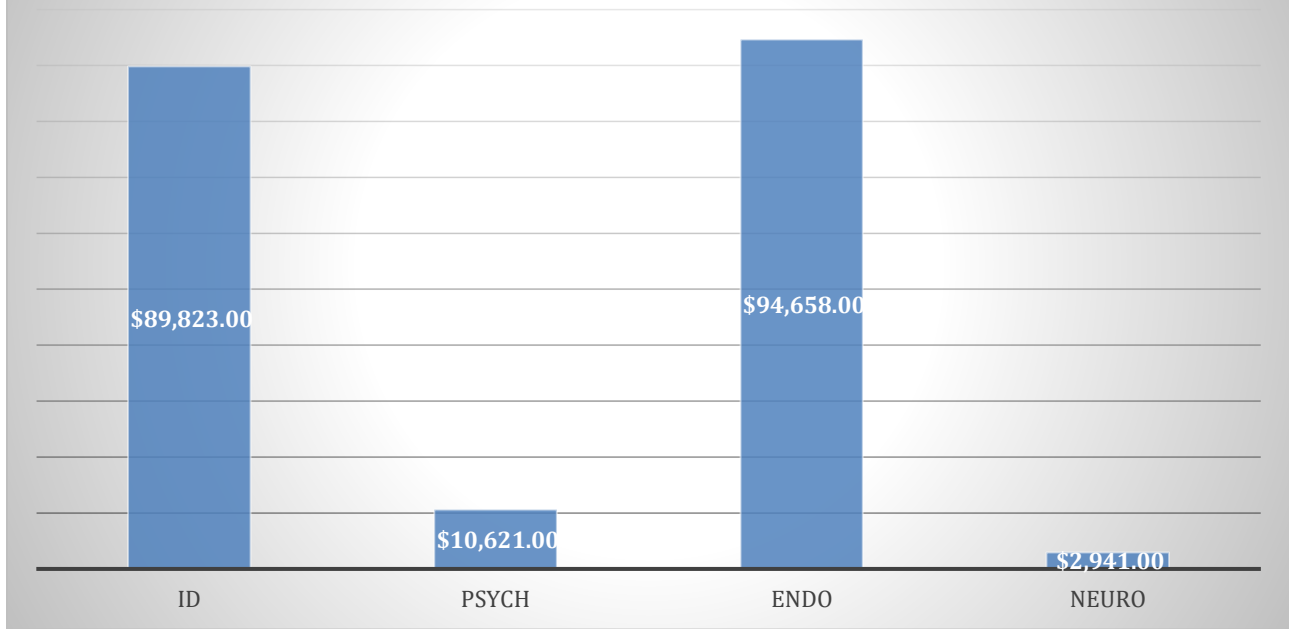
2019 Consults by Specialty



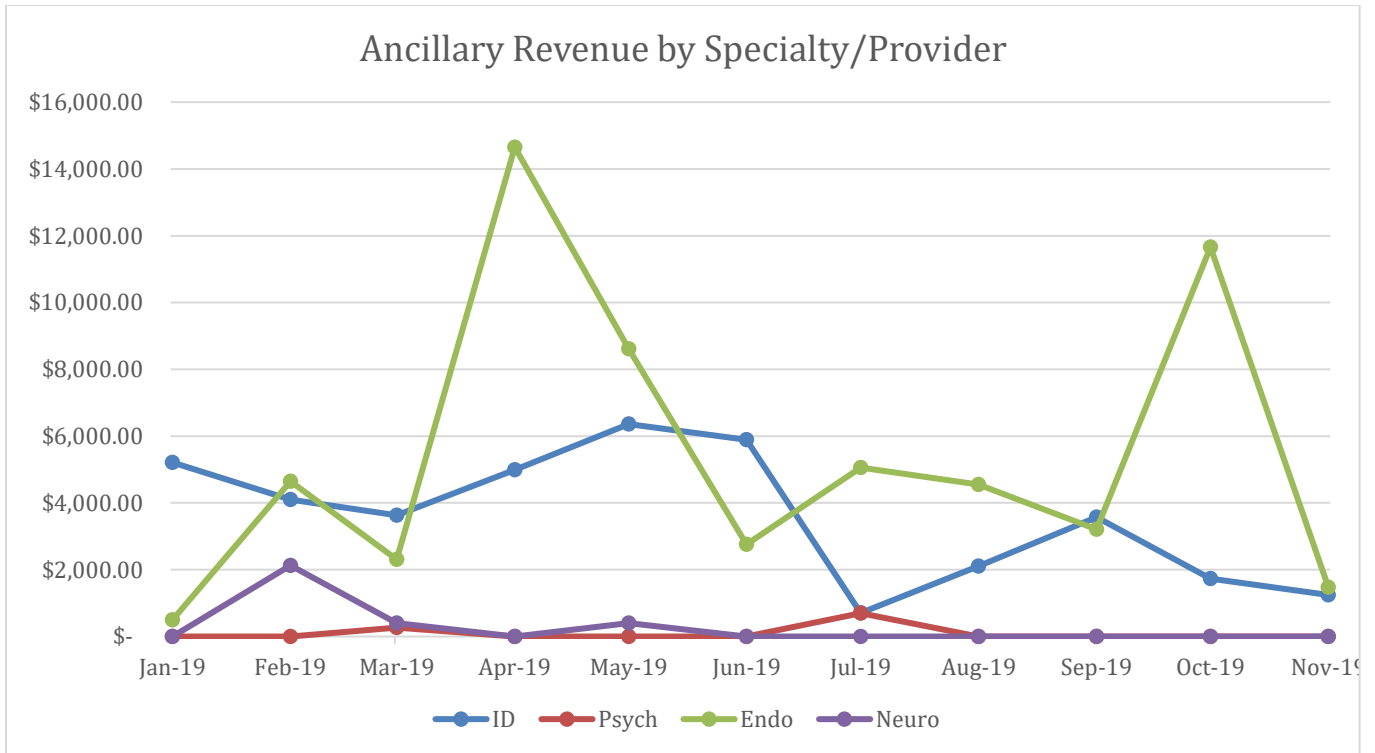
2019 Total Telemed consults



Total Telemed Ancillary Billing by Specialty



Ancillary Revenue by Specialty/Provider





Mayers Memorial Hospital District
Always Caring. Always Here.

Executive Director of Community Relations & Business Development – Valerie Lakey
January 2020 Board Report

Legislation/Advocacy

The legislative season is underway and we are following several bills closely. I am serving on the ACHD Advocacy committee and this year I was also appointed to the California Hospital Association Legislative Strategy Committee. I am the ONLY rural hospital on the committee, the rest all represent large organizations. It is good to have a rural voice, as legislation can affect us all differently. I meet weekly with this group via conference call, so we stay very up to date and discuss strategy on current bills.

Currently, there are a few pending deadlines for two-year bills and new legislation. Bills introduced last year have to be heard by committee and report to the floor by January 24. The last day for each house to pass bills introduced last year is January 31. New bills all need to be introduced by February 21. Many of those will be spot bills used as a place holder.

At this point there is a lot of focus on **SB758** which is the Hospital Seismic bill. There will be a joint hearing of the Senate and Assembly Health Committees on January 28th. CHA is sponsoring this bill focusing on seeing that continuity of services is a priority while making the requirements for each facility flexible and able to meet the needs of the specific community. I have a lot of materials on this bill if you are interested. We have submitted our letter of support and are working with Hospital Council and CHA to help in any way needed.

Other bills of interest:

AB890 is the Nurse Practitioner bill (Wood). It is currently in appropriations, but the word is that it may make it out of that committee with amendments this week. We are in support of this bill and submitted a letter last week.

SB567 is the Workers Comp bill (Caballero). It has been amended. It is in the Labor, Public Employment and Retirement Committee. We are opposed to this bill. We have also submitted our correspondence on this bill.

The other big topics are budget, CalAim program and the federal Medicaid Fiscal Accountability Proposed Rule.

I can provide information on any of the topics.

Marketing/Public Relations

We are currently working on the completion of the Annual Report to be mailed in February. We are taking a different approach this year and focusing on the four areas of our Strategic Plan and using the theme of “Moving into a New Decade.”

With the closing of the Mt. Echo newspaper, we are exploring different ideas for advertising and will be using Social Media and our website a lot more.

Work has started with Physical Therapy, Outpatient Services, Cardiac Rehab, Hospice and Respiratory Services for the marketing of those departments. Additionally, we have reviewed the website and Intranet and identified corrections, changes and needs and are working on getting that completed.

There are many projects ahead including our ***Planting Seeds, Growing Our Own*** projects: School Assemblies, Healthcare Career Days, Intern Applications and Job Shadowing.

Director of Human Resources, Libby Mee and I have been meeting weekly to strategize Public Relations and Marketing efforts for recruiting. We are developing a system to attract, recruit and orient potential and new employees to our organization. There will be more details next month.

The new year for GO365 and your:life employee wellness program is underway for 2020. Employees are doing health assessments, biometrics and setting goals for the year. We will have three years of biometric data to compare and see where the level of our employee overall health is.

Governance

The transition is being made to Jessica DeCoito for Board Clerk. She will handle all committee and regular board functions. I will continue to oversee the process and be available for questions and assistance.

I am working on completing our District Transparency re-certification which is due in March. I will be speaking at the ACHD Leadership Conference at the end of February on the Certification process.

Disaster/Emergency Preparedness

I am excited to announce the addition of extra help in the Emergency/Disaster Management department. Madison Kelly, assistant purchasing manager, has been able to provide some assistance. There are several projects we are working on including updating MOU's, a quarterly safety/emergency preparedness newsletter, training and drill schedule, EP items for the survey binder and ensuring all staff receives the appropriate and required EP training.

January 28-29 we will be attending a training presented through our Healthcare Coalition put on by Texas A & M National Emergency Response and Training Center – Disaster Preparedness for Hospitals and Healthcare Organizations within the Community Infrastructure.

We have a security training scheduled for all of the maintenance staff and chiefs on February 24th. This will be conducted by the Phoenix Training Group. A large portion of the cost is covered by the grant we received from the Burney Chamber of Commerce for Safety projects. I was able to connect with this group through my EP Coordinator contact at Fairchild. They also use Maintenance as a form of security and use this group for training. We are all excited about this full day of information.

MMHD continues to be a leader in the Intermountain Preparedness Group. We meet every other month and collaborate with community partners on EP issues.

I met with Shasta County Sheriff OES Officer Anthony Bertain this month to discuss trainings, PSPS and other EP topics. The Sheriff's OES will be helping us to plan an active shooter drill which will take place in the 1956 building before it is removed.

I continue to meet with other north state hospital Emergency Preparedness Coordinators quarterly.

If you have any questions or concerns on these topics, I would be happy to address them.