

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**  
May 27, 2020 1:00 pm

**Due to COVID-19 shelter in place orders and under the authority of the Governor’s Executive Order N-29-20, this meeting will be conducted entirely by teleconference. No physical location will be available. Members of the public can attend and provide public comment via teleconference at the following link and number:**

Zoom Meeting: [LINK](#)

Zoom Call In Number: 1 669 900 9128, Meeting ID: 967 7708 6359

**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.

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

				<b>Approx. Time Allotted</b>
<b>1</b>	<b>CALL MEETING TO ORDER</b>			
<b>2</b>	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>	— Persons wishing to address the Board are requested to fill out a “Request Form” prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.		
<b>3</b>	<b>APPROVAL OF MINUTES</b>			
	3.1 Regular Meeting – April 22, 2020	<b>Attachment A</b>	<b>Action Item</b>	2 min.
<b>4</b>	<b>DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS: WRITTEN REPORTS SUBMITTED, NO VERBAL REPORTS</b>			
	4.1 Resolution 2020-08 – April Employee of the Month	<b>Attachment B</b>	<b>Action Item</b>	5 min.
	4.2 Mayers Healthcare Foundation Quarterly Report	<b>Attachment C</b>	Report	
<b>5</b>	<b>BOARD COMMITTEES</b>			
	<b>5.1 Finance Committee</b>			
	5.1.1 Committee Meeting Report		Report	10 min.
	5.1.2 April 2020 Financial Review, AP, AR, and Acceptance of Financials		<b>Action Item</b>	5 min.
	5.1.3 Cornerstone Bank Account – recommendation to open account		<b>Action Item</b>	5 min.
	** To get back on quarterly reporting schedules, Board Quarterly Finance Review will be presented at July’s Finance Committee Meeting.			
	<b>5.2 Strategic Planning Committee</b>			
	5.2.1 May 11 <sup>th</sup> Meeting Report – DRAFT Minutes Attached	<b>Attachment D</b>	Report	5 min.
	<b>5.3 Quality Committee</b>			
	5.3.1 May 13 <sup>th</sup> Meeting Report – DRAFT Minutes Attached	<b>Attachment E</b>	Report	5 min.
<b>6</b>	<b>NEW BUSINESS</b>			

6.1	<b>Policy &amp; Procedure Approval</b>	<b>Attachment F</b>		
	1. Exclusions Screening Policy			
	2. Medication Administration in a Public Setting MMH672		<b>Action Item</b>	5 min.
	3. Reporting of Overpayments			
	Each policy falls under compliance – Jack Hathaway			
6.2	Board Member Messaging to public after Board Meetings	<b>Attachment G</b>	Discussion	5 min.
6.3	June & July Board Meeting Dates – consideration for date changes		Discussion	5 min.
6.4	Board Member Elections: Resolution Calling for Election & Specification of the Election Order 2020-09	<b>Attachment H</b>	<b>Action Item</b>	5 min.
<b>7</b>	<b>ADMINISTRATIVE REPORTS</b>			
7.1	Chief's Reports – <b>Written reports provided. Questions pertaining to written report and verbal report of any new items</b>	<b>Attachment I</b>	Reports	
7.1.1	CEO – Louis Ward		Report	10 min.
7.1.2	CCO – Keith Earnest		Report	5 min.
7.1.3	CFO – Travis Lakey		Report	5 min.
7.1.4	CNO – Candy Vculek		Report	5 min.
7.1.5	COO – Ryan Harris		Report	5 min.
7.2	ED of Community Relations & Business Development – Val Lakey	<b>Attachment J</b>	Report	5 min.
7.3	Construction Change Orders – None			
<b>8</b>	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>		Information	
<b>9</b>	<b>ANNOUNCEMENT OF CLOSED SESSION</b>			
9.1	<b>Real Property Government Code 54956.8:</b> Potential Property Purchase with New Services Offered		Information	
<b>10</b>	<b>RECONVENE OPEN SESSION</b> – Report Closed Session Action		Information	
<b>11</b>	<b>ADJOURNMENT:</b> Next Regular Meeting – JUNE TBD			

Posted 05/22/2020

# Attachment A

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

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

Board of Directors  
**Regular Meeting**  
**Minutes**

April 22, 2020 – 1:00 pm  
Teleconference Call – FULLY Remote

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

**1 CALL MEETING TO ORDER:** Beatriz Vasquez called the regular meeting to order at 1:06 pm on the above date.

**BOARD MEMBERS PRESENT:**

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

**ABSENT:**

Allen Albaugh, Treasurer

**STAFF PRESENT:**

Louis Ward, CEO  
Ryan Harris, COO  
Keith Earnest, CCO  
Travis Lakey, CFO  
Candy Vculek, CNO  
Theresa Overton, Director of Nursing Acute  
Jessica DeCoito, Board Clerk

**2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: NONE**

**3 APPROVAL OF MINUTES**

- |     |   |                           |   |
|-----|---|---------------------------|---|
| 3.1 | A motion/second carried; Board of Directors accepted the minutes of March 25, 2020. | <b>Hathaway/Utterback</b> | <b>Beyer – Y<br/>Hathaway – Y<br/>Utterback – Y<br/>Vasquez – Y</b> |
| 3.2 | A motion/second carried; Board of Directors accepted the minutes of April 10, 2020. | <b>Utterback/Hathaway</b> | <b>Beyer – Y<br/>Hathaway – Y<br/>Utterback – Y<br/>Vasquez – Y</b> |

**4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

- |     |   |                           |   |
|-----|---|---------------------------|---|
| 4.1 | A motion/second carried; Danise Vaughn was recognized as March Employee of the Month. Resolution 2020-06  | <b>Hathaway/Utterback</b> | <b>Beyer – Y<br/>Hathaway – Y<br/>Utterback – Y<br/>Vasquez – Y</b> |
| 4.2 | Director of Nursing – Acute: Theresa Overton – written report submitted. No additional comments.  |                           |   |
| 4.3 | Director of Quality: Jack Hathaway – written report submitted. Question regarding the medication/fluid – this will always be high. This graph does not compare each item. We are very diligent in this area – this is not a spike. A constant moving piece. |                           |   |
| 4.4 | Director of ED & Ancillary Services: JD Phipps – written report submitted. No additional comments or questions.   |                           |   |
| 4.5 | Hospice Quarterly Report: Mary Ranquist – written report submitted. No additional comments or questions.  |                           |   |

**5 BOARD COMMITTEES**

**5.1 Finance Committee**

5.1.1 **Committee Meeting Report:** no additional questions or comments. Written reports submitted from departments. COO explained PPE tracking and inventory processes. The Activities Team is working on some new and different ways to keep residents active. Update on our energy audit.

5.1.2	<b>March 2020</b> Financial Review, AP, AR and acceptance of financials.	<b>Hathaway/Utterback</b>	<b>Beyer – Y Hathaway – Y Utterback – Y</b>
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5.1.3	Burney Health Clinic Award of Contract & Resolution 2020-07: discussion on delays with regards to COVID-19 – not at this time. A motion/carried: Burney Rural Health Clinic Contract has been approved with Trent Construction. Resolution 2020-07 approved.	<b>Hathaway/Utterback</b>	<b>Beyer – Y</b> <b>Hathaway – Y</b> <b>Utterback – Y</b> <b>Vasquez – Y</b>
5.1.4	Capital Expenditure Plan: MHF provides each year for us to review & accept.	<b>Hathaway/Utterback</b>	<b>Beyer – Y</b> <b>Hathaway – Y</b> <b>Utterback – Y</b> <b>Vasquez – Y</b>
5.2	<b>Strategic Planning Committee Chair Albaugh</b>		
5.2.1	<b>Committee Meeting Report</b> – no meeting held in April or March. May 11 <sup>th</sup> is the next meeting.		
5.3	<b>Quality Committee Chair Beyer</b>		
5.3.1	<b>Committee Meeting Report</b> – DRAFT Minutes attached in Packet. No additional comments or questions.		
6	<b>NEW BUSINESS</b>		
6.1	<b>Policy &amp; Procedure Quarterly Summary Approval</b> <b>ATTACHMENT G</b>	<b>Utterback/Hathaway</b>	<b>Beyer – Y</b> <b>Hathaway – Y</b> <b>Utterback – Y</b> <b>Vasquez – Y</b>
6.2	<b>MVHC Correspondence to Board:</b> clarification for our knowledge. No additional comments.		
7	<b>ADMINISTRATIVE REPORTS</b>		
7.1	<b>Chief's Reports</b>		
7.1.1	<b>CEO:</b> Update on coronavirus measures in place for both county and local was discussed. A lot of discussions for the area opening back up as we await the news from the Governor. MMHD has begun discussions about opening up the services that have been closed – admissions into SNF is being planned with extra measures in place for COVID-19 precautions. We are working one on one with employees who have needed individual assistance for the current stay at home orders. Dr. Saborido will be joining us for tomorrow to meet with MMH team members. He will join us full time in July. Working on convincing a current doctor in our ER to stay with MMHD full time. Reviewed the Burn Rate Calculator to help manage our PPE inventory. Kudos to all the staff and the hard work they are doing. June 2015 = \$3000 cash on hand and in April 2020 = \$19,000,000 cash on hand --- HUGE improvements and all thanks to our wonderful staff and team. And because of this we do not need to lay off any staff.		
7.1.2	<b>CCO:</b> we are ramped up. We are prepared for the Flex plan. Cardiac Rehab is creating a plan for opening back up.		
7.1.3	<b>CFO:</b> working on Paycheck Protection Program – if we use 75% of this funding for payroll, it is forgiven and no payback required. Tri Counties could not process our application but we were able to get it into two other banks. CHFFA Financing application is moving along. CARES Act - \$10 Billion in funding will be allocated to rural hospitals and clinics – we do not know what that figure is for us yet. Money for COVID reimbursements is available through FEMA and CARES Act – but you can only choose one source.		
7.1.4	<b>CNO:</b> submitted report. Good to see the staffing is full on Acute. Still need some positions filled on SNF.		
7.1.5	<b>COO:</b> review of COO report. Expansion construction is moving a lot much faster after the new management came in on the job. Pictures of expansion project shown – flooring, signs, etc. Electrical Delay Claim has been rejected – will most likely be resolved after construction is complete. Laundry facility is being viewed by insurance company and we are waiting on bids from restoration companies. Burney Clinic construction will begin on May 4 <sup>th</sup> . Administration Building is coming along very well – projected completion by end of May.		
7.2	<b>ED of Community Relations and Business Development:</b> Trustees sharing their appreciation for all the work Val is doing with all the reporting on COVID for both MMHD staff, trustees and community as well as the county and state information. Update provided on work being done with the county's emergency operations for COVID-19 and any emergencies in the future.		
7.3	<b>Construction Change Orders:</b> none		

8 OTHER INFORMATION/ANNOUNCEMENTS

Outward communication from the Board at the conclusion on the board meeting – what we did, where to find the information. Please place on the agenda for May’s Board Meeting.

9 ANNOUNCEMENT OF CLOSED SESSION – 2:07 pm

.2 Real Property Government Code 54956.8: Potential property purchase with new services offered: No actions to report.

11 RECONVENE OPEN SESSION: 2:19 pm

12 ADJOURNMENT: 2:19pm

Next Regular Meeting: May 27, 2020 – Teleconference

I, \_\_\_\_\_, Board of Directors \_\_\_\_\_, certify that the above is a true and correct transcript from the minutes of the regular meeting of the Board of Directors of Mayers Memorial Hospital District

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

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



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

**RESOLUTION NO. 2020-08**

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

**Vicki Moran de la Torre**

**As April 2020 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, Vicki Moran de la Torre is hereby named Mayers Memorial Hospital District Employee of the Month for April 2020; and

**DULY PASSED AND ADOPTED** this 27th day of May 2020 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:  
NOES:  
ABSENT:  
ABSTAIN:

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

ATTEST:

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Jessica DeCoito  
Clerk of the Board of Directors

## Attachment C

### Foundation Update (dated 5/20/20):

The *Mayers Healthcare Foundation (MHF)* board of directors met for business on 5/18/20.

Find below some of the meeting's business and recent foundation activities.

- Reports: Balance Sheet, P&L with previous year comparisons (including \$10K variance supplemental report), and Gift By Date for the period 1/1/20-4/30/20—additionally, review of Edward Jones Investment Summary & Performance 1Q20.
- Verbal reports provided by: Volunteer/Events Director, Foundation CEO, District CEO and District Board.
- Grants Update (external monies):

<b>2020 Grants - District Wide (MMHD &amp; MHF)</b>							
Agency/Company Name	Grant Title	Purpose	\$\$ Amount Applied For	Status	Written By	Entity	Awarded Amount
Department of Healthcare Services *	SHIP	Other	\$48,000.00	Approved	J.Hathaway	D	\$48,000.00
Shasta Regional Community Foundation	Burney Regional Fund	HePA air filtration system	\$4,774.00	Pending	S.Sawyer	F	
Shasta Regional Community Foundation	Redding Rancheria	LiteGait I 400 Deluxe	\$7,000.00	Pending	S.Sawyer	F	
Federal Communications Commission	COVID-19 Telehealth Fund	WiFi Refresh	\$51,510.32	Pending	S.Sawyer	D	
U.S. Department of Health and Human Services*	Small Health Care Provider Quality Improvement Program	Teletherapy at FRJUSD	\$471,000.00	Approved	S.Sawyer	D	\$471,000.00
<b>AMOUNT APPLIED FOR</b>			<b>\$582,284.32</b>	<b>TOTAL AWARDED</b>			<b>\$519,000.00</b>

- Other foundation board business highlights:
  - Endowment program under consideration (pending)
  - Amazon SMILE registration being denied; follow-up contact (pending)
  - Upcoming Events: Health Fair cancelled but discussions to offer Discounted Labs for the community through a voucher process. Working with Mayers' laboratory manager and staff as well as Lab Corp (project pending). Golf tourney event cancelled in August—possibly September (event pending). NSGT scheduled.
  - Finance Committee meeting held 4/29/20
    - 2020 Awards to fund projects: \$25K-\$30K approved
    - Award cycle is funded through the generous thrift store donors and good works of our volunteers and staff operating the Thrift Store!

- Scholarship Committee meeting held 5/6/20.
  - 2020 Scholarships Awarded To Date: \$9,400 to 11 students in medical/healthcare studies: 3 renewed scholarships, 3 Mayers employees (MEDS), 4 high school graduating seniors—and the very first award from the Dr. Robert M. Adams II, Memorial Scholarship fund for students with a GPA of 3.0 or higher enrolled in a bachelor’s program.
  - Scholarship awards funded through the generosity of community members through private contributions and gift shop proceeds. Again, our gratitude and thanks to the generous volunteers for their time and efforts in operating, stocking, and working the gift shop!
  - Restricted Scholarship Funds to be Awarded: Anna Conde Memorial Scholarship; Dr. Robert M. Adams, II, Memorial Scholarship; Johanna Desmond Memorial Scholarship; and the Leland Kerns Memorial Scholarship
- 2019-2020 MEG (Mayers Employee Giving) Cycle will close the end of May. In June, the MEG members will select and award \$4K to a department to acquisition equipment listed on the CEP (capital expenditure plan).
- Thrift Store proceeds quarterly transfer to “Restricted Hospice” & “Awards Pending” accounts. Process review.
- Donor-Advised Funds to support Mayers’ C.N.A. program through Shasta College coming in August.
- Donor-Advised Gift \$50K to be awarded to Mayers departments:
  - Outpatient medical: wound and skin assessment tools
  - SNF Vera Sabina Patient Lifts (1 Burney/1 FRM)
  - SNF resident recliner chairs (4)

I would like to publically thank the good works of our foundation board volunteers at this time: Keith Earnest, PharmD, President; Steven Raffin, MD, Vice President; Renee Coe, Secretary; Paul Kerns, Treasurer; Linda Adams, Mona Carr, James Hamlin, Randall Harr, Martin Johnson, Elsie Matthews, Gail McClung and exofficio directors Jeanne Utterback and Louis Ward.

Regards,

*Marlene McArthur, Executive Director*



Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

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

Board of Directors  
**Strategic Planning Committee**  
**Minutes**

May 11, 2020 12:00 PM  
Fully Remote Zoom Meeting

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

**BOARD MEMBERS PRESENT:**

Allen Albaugh, Chair  
Beatriz Vasquez, PhD, President

**STAFF PRESENT:**

Louis Ward, CEO  
Ryan Harris, COO  
Travis Lakey, CFO  
Candy Detchon, CNO  
Jessica DeCoito, Board Clerk  
Marlene McArthur, ED Mayers Health  
Foundation  
Sheba Sawyer, MHF

**Community Members Present**

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

None

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3 **APPROVAL OF MINUTES**

3.1 A motion/second carried; committee members accepted the minutes of January 13, 2020. Vasquez, Albaugh **Albaugh – Y**  
**Vasquez - Y**

4 **DAYCARE PROJECT UPDATE:** Church has applied for a use permit and will have to change that use. Waiting on the county to report back to us with that information. March 6th the permit was filed, April 21<sup>st</sup> we heard notice for change, comments are due by May 15<sup>th</sup> and decision to be made after that. With COVID-19 we have seen a delay in the process for daycare including interview of teachers, processing lease, etc.

5 **FR New Hospital Wing update:** lots of progress being made in all interior finishes. Owner furnished and Contractor installed equipment will be turned over this week (May 12<sup>th</sup>). Water tank has been set in place today May 11<sup>th</sup>. Crews working around the clock to get things done. July 7<sup>th</sup> is the expected completion date. Licensure paperwork and process has been started for a quicker turnaround. Demolition on the Burney Clinic has begun as of May 11<sup>th</sup>. New Admin & Finance building is about a month out from completion. Helistop will begin once Layton has moved equipment offsite, hoping for early June. Sewer line will be updated and reconnected to the Riverview House once Layton has been left. Retail Pharmacy sign is still being researched for options. Discussion on housekeeping processes and potential need to hire more staff has started.

6 **BURNEY CLINIC OPERATIONS & RECRUITING:** demolition started today, may 11<sup>th</sup>. Job descriptions, salary scale, recruiting, etc. will begin. First position will be someone to man and run the clinic. We will need another physician and mid-level. Dr. Saborido will be working here. Dr. Watson will be available to work some days in the clinic. Discussion on isolation in clinic area for situations similar to COVID-19. Specialty care services are being looked at for clinic services to patients.

- 7 **DENTAL:** working on getting Wipfli to do a feasibility study for us. We hope to have a report by the May 27<sup>th</sup> Board Meeting.
- 8 **ADMINISTRATIVE REPORT: HOSPITAL WEEK IS THIS WEEK (MAY 11<sup>TH</sup> THROUGH MAY 15<sup>TH</sup>)** – games, goodies, food, etc. & t-shirts for everyone at MMHD.
- 6.1 Surgery has begun making appointments again to begin on May 18<sup>th</sup>. Orthopod will be here the first week of June.
- Staffing will be reduced back to normal scheduling – phasing out of extra traveler positions. Should be back to normal schedule week of May 25<sup>th</sup>. We have staffed for the worse but received the best, however our staff is ready for a surge should it happen. COVID-19 trailer will stay in place if we do have an event. Outpatient medical area will remain as a COVID-19 area. Plans are in place for May and at end of May we will discuss further plans. MMHD just ordered our own 1 hr test for COVID – 60 tests – should be here around May 18<sup>th</sup>. We have antibody tests ordered and can test on site. This will allow us to inform the community if we have had COVID here and if so, how to educate them on it.
- 6.2
- 6.3 Laundry facility – moving forward with Belfor to do the restoration. We did find asbestos in the bathroom which is being taken care of.
- 6.4 Retail Pharmacy door opening has started to be discussed.
- 6 **OTHER INFORMATION/ANNOUNCEMENTS:** Reminding for the Webinar hosted by ACHD – Beatriz Vasquez participated. Recommendation to sit through and watch – share with Jack Hathaway, Amanda Harris and Jessica DeCoito.
- 7 **ADJOURNMENT** – 1:19 pm next meeting is July 13, 2020

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

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

Board of Directors  
**Quality Committee**  
**Minutes**

Full Remote Teleconference  
May 13, 2020 @ 12:00 PM  
Fully Remote Zoom Meeting

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

- 1 **CALL MEETING TO ORDER:** Board Chair Laura Beyer called the meeting to order at 12:00 pm on the above date.

**BOARD MEMBERS PRESENT:**

Laura Beyer, Secretary  
Jeanne Utterback, Director

**ABSENT:**

**STAFF PRESENT:**

Louis Ward, CEO  
Candy Vculek, CNO  
Keith Earnest, CCO  
Jack Hathaway, DOQ  
Dawn Jacobson  
Jessica DeCoito, Board Clerk

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

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3 **APPROVAL OF MINUTES**

- 3.1 A motion/second carried; committee members accepted the minutes of April 8, 2020 **Utterback, Hathaway Beyer – Y**  
**Utterback – Y**

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4 **Quality Facilities Reports:**

- 4.1 **Marketing:** submitted written report. Kudos to Val on the keeping everyone up to date with Emergency Preparedness and messaging going out.

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5 **Quality Staff Reports**

- 5.1 **Employee Health:** submitted written report. Annual physicals will start soon. Working out the details with HR while COVID-19 restrictions are still in place.
- 5.2 **Work Comp Quarterly:** submitted written report. Comparison to previous quarter and does COVID-19 restrictions have an effect on any employee related incidents. Louis to follow up with Libby and report back.
- 5.3 **Safety Quarterly:** submitted written report. No additional questions or comments.
- 5.4 **Staff Development:** Jessica to ask Brigid for full report outside of the PDF report template. And share report in minutes for May meeting. CNA training has been transitioned into a remote training. Onsite training will begin August for CNA's through Shasta College.

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6 **Quality Patient Services**

- 6.1 **Volunteer Services:** submitted written report. During COVID-19 what is the volunteer situation? – Not many volunteers are being used especially with the Gift Shop and Thrift Shop being closed. But they have stepped up elsewhere with making masks, etc.
- 6.2 **Social Services:** submitted written report. We have seen some increased depression from residents but we are getting around to each resident to check in with them, in addition to keeping families up to date. Activities is stepping up to help moral as well.

- 6.3 **Activities:** submitted written report. There are employees from multiple departments helping out with Activities when their workloads aren't heavy because of COVID-19 restrictions. Candy to follow up with Sondra on reporting to Quality Committee with LEAN project.
- 6.4 **SNF Events/Survey:** Things are going well because we have a great team of employees. LEAN work is getting picked back up. We have some changes with CNA workflows to look at as well. CDPH is requiring a COVID-19 mitigation plan and our team is working on getting that completed and turned in.
- 6.5 **Infection Control:** went live for HSN for mandatory reporting. This includes daily reporting.
- 6.6 **Blood Transfusion:** submitted written report. Candy to follow up on Vitals Document (N) reporting from November 2019. Will report back once information is received.

7 **Quality Finances Reports: No Department Reports**

8 **Quality Program Reporting and Initiatives**

- 8.1 **Quality/Performance Improvement:** working through COVID-19. Telemedicine Quality work: process improvement through COVID-19 situation, because we are now able to get students into their tele-therapy program in the Physical Therapy building, and we do not have to collect data as we had before COVID-19. 100% of the students who started with tele-therapy have continued through this program even with COVID-19.
- 8.2 **PRIME:** submitted and received an initial approval. A deeper clinical review is now taking place. Some questions may come up but no issues are foreseen.
- 8.3 **Compliance Quarterly:** submitted report. Clarification on investigations.
- 8.4 **CMS Core Measures Quarterly Report:** submitted report. One measure has been dropped off on Imaging – OP-14, but the two other measures will still be looked at and relevant to our facility.
- 8.5 **5 Star Rating Monitoring Quarterly Report:** submitted written report. Issues have been remedied.

9 **NEW BUSINESS:** none

10 **ADMINISTRATIVE REPORT:** Happy Hospital Week (May 11 – May 15) – lots of fun activities while social distancing. COVID-19: Shasta Co. is in Phase 2. Alternative Care site has been dismantled but equipment is ready in case we do need it. Surgery is reopening on May 18<sup>th</sup> and expect to see surgeries beginning first part of June. Retail Pharmacy will reopen for in store visits, date TBD. Construction updates: Burney Clinic remodel has begun as of May 11<sup>th</sup>. Entrance and exit has been moved – Burney Fire and SEMSA has been altered and walked through in case of emergency. NHW – progress is coming along. Schedule reflects a July 7<sup>th</sup> completion date but crews are working all day and night. Administration & Finance building is coming along for completion around end of June. Laundry Facility restoration will begin shortly as well. Working on 1135 Waiver – allows us as hospitals and SNFs to not have to put in FLEX's for certain situations. Louis will represent Critical Access and Rural Hospitals in a National Press Conference on May 14<sup>th</sup> – will talk through MMHD's response to COVID-19.

11 **OTHER INFORMATION/ANNOUNCEMENTS:** None

12 **ADJOURNMENT: 1:33 pm** - Next Regular Meeting – June 10, 2020 (Fall River Mills)

**MAYERS MEMORIAL HOSPITAL DISTRICT**

**POLICY AND PROCEDURE**

**EXCLUSIONS SCREENING POLICY**

Page 1 of 2

**SCOPE**

This policy applies to Mayers Memorial Hospital District Nursing Facility (“MMHD”) and its wholly owned subsidiaries and affiliates.

**POLICY**

The purpose of this policy is to ensure that the facility does not employ or do business with individuals or vendors who have been excluded from participation in federal healthcare programs.

It is the policy of MMHD to perform at least annually exclusions screenings for board members, employees, contractors, vendors, and referring physicians with the OIG’s List of Excluded Individuals/Entities (LEIE) as well as state Medicaid programs.

**PROCEDURE**

All board members, employees, contractors, vendors, and volunteers will be screened upon employment or contract initiation and thereafter to coincide with the OIG’s LEIE monthly update. Individuals or entities must be ruled out by other identifying information, as directed by the OIG, when multiple names appear on the research query. If an individual or entity has been excluded from participation in federal healthcare programs, and the exclusion is still in effect, that individual or entity may not be hired or contracted.

**Outside Vendor**

1. The Compliance Officer, or designee, will determine the best method of exclusion screening based upon volume and cost and select a method to ensure that exclusions screening is effectively completed and reported.
2. If a third-party vendor is selected, the Compliance Officer or designee, will complete a vendor demonstration of their capabilities on exclusion screening and request references from other healthcare providers.
3. The Compliance Officer or their designee shall review exclusion records and reports provided by the vendor on a periodic basis to ensure that duplicates are properly identified and vetted per the OIG Guidance.
4. The Compliance Officer or their designee shall maintain the vendor’s report log for each screening period.
5. The Compliance Officer will include a summary dashboard report of exclusions screening to the board on a routine basis.

**Internal**

1. The Compliance Officer or designee will determine the best process in the use of the OIG LEIE database for exclusions screening.
2. If the LEIE is queried via the online database, a record of each employee will be printed

on the initial screening (hard copy or PDF to file), and any subsequent screening in which there is a positive hit for the name to ensure that the individual or entity was ruled out with identifiers as recommended by the OIG.

3. If the LEIE database is downloaded and run against MMHD's list of employees, vendors, and referring physicians, it must be assigned to an individual database expertise and have demonstrated abilities to run an exclusions check in this fashion.
4. The Compliance Officer or their designee shall maintain the internal database report log for each screening period.
5. The Compliance Officer will include a summary dashboard report of exclusions screening to the board on a routine basis.

## **REFERENCES**

*MMHD Compliance and Ethics Program Guide.*

Social Security Act Section 1128(b)(7) (Exclusions Authority).

## **COMMITTEE APPROVALS:**

Quality: 2/11/2020

P&P: 5/14/2020

**MAYERS MEMORIAL HOSPITAL DISTRICT**

**MEDICATION ADMINISTRATION IN A PUBLIC SETTING**

In some cases, it is beneficial to have medications administered with meals in order to assist assimilation of the medication for the resident. Meals for our residents are often, if not always, enjoyed in the dining room - a public setting. In other cases, residents prefer not to be moved to their room to have medications administered in private. In these cases we will accommodate the resident and administer their medications where ever the resident is at the time of administration, including a public setting.

I \_\_\_\_\_,

- consent** to having my medications administered with meals in a public setting.
  
- do not consent** to having my medications administered with meals in a public setting.

\_\_\_\_\_  
Resident or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident or Responsible Party

\_\_\_\_\_  
Date

# **MAYERS MEMORIAL HOSPITAL DISTRICT**

## **POLICY AND PROCEDURE**

### **REPORTING OF OVERPAYMENTS**

Page 1 of 2

#### **DEFINITIONS**

Federal healthcare programs are defined as any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government, including but not limited to Medicare, Medicaid, Tricare, the U.S. Department of Veterans Affairs, the Civilian Health and Medical Program of the Uniformed Services, and the State Children's Health Insurance Program.

Overpayment is defined as the amount of money Mayers Memorial Hospital District (MMHD) has received in excess of the amount due and payable under any federal healthcare program requirements, including applicable federal statutes, regulations, Medicare or other federal healthcare program payment manuals, and Medicare Administrative Contractor Local Coverage Decisions. An overpayment may be the result of non-adherence to federal healthcare program requirements, errors by MMHD workforce, payment processing errors by the payer, or erroneous or incomplete information provided to MMHD by the patient or responsible party.

#### **POLICY**

Within 60 days after identification of the overpayment from a federal healthcare program, MMHD will repay the identified overpayment to the payer to the extent that such overpayment has been quantified. If MMHD is not able to quantify the extent of any such overpayment, within 60 days after identification, MMHD will notify the payer in writing of its efforts to quantify the overpayment and provide detail as to the work plan to further quantify the suspected overpayment.

#### **PROCEDURE**

##### **Refund process:**

Overpayments shall be identified in accordance with applicable billing and accounting policies. Refunding of identified overpayments shall be processed in accordance with the payer's refund policy and include the provider name and number, address, contact person, phone number; and patient name and account number; and reason code for overpayment.



**Reporting overpayments:**

All overpayments should be tracked and reported in accordance with MMHD billing and accounting policies and procedures. If an overpayment exceeds \$25,000, the MMHD compliance officer should be contacted to validate overpayment. The Chief Compliance Officer shall notify the payer of any overpayment in excess of \$25,000 if the overpayment is related to an act or omission by MMHD.

**Corrective action:**

MMHD shall take corrective action to remediate underlying root cause of overpayments within sixty (60) days after identification.

**REFERENCES**

*ATI Code of Conduct and Compliance Program Guide.*  
Overpayment Regulation (42 CFR §401 and 405).

**COMMITTEE APPROVALS:**

Quality: 2/11/2020

P&P: 5/14/2020

### Social Media Messaging from the Board Proposal – May 27, 2020

Currently, MMHD already utilizes social media outlets (most predominately, Facebook) to provide information and updates to the community. As of 5/15/2020, there were 1,189 followers of the MMHD Facebook page.

While individual board members can engage online if desired, there is currently no unified, direct messaging from the Board to the public through any means aside from meetings. Community members can of course attend meetings, access minutes (albeit a month later after approved) and contact board members directly, but these are, to put mildly, under-utilized. Like it or not, social media is often the primary way in which much of the public seeks out and obtains their information. With the recent closure of one of our local papers, there are even less options of readily-available information for our constituents. In addition, the current times have removed a lot of in-person contact making engagement in the online world even more important and critical.

There are certainly drawbacks to social media usage: context and emotion are often difficult to convey, especially in short bursts of information, many do not do further research of sources, back and forth conversations are often not immediate and many take on “online personas”: reacting in ways they would not if it were an in-person conversation. In addition, information can easily be misconstrued and spread widely in a flash. Unfortunately, it is generally negative information that takes on a life of its own.

As board members, we are representatives of our community and responsible and answerable to them. Openness, transparency and access to information are critical to maintaining their trust. Board utilization of social media in smart way can improve flow of information and help our community to better understand where and how they can access the information they want. It also creates a way in which to provide more timely information and promote the good work the board and the hospital are doing for the community.

#### The Proposal:

At least monthly, publish on Facebook a “Boardroom Brief” article within a week of the full board meeting. This brief would provide some information on some of the key items discussed and the decisions and other contextual information. Other pertinent information can also be provided. Links to where the agenda and minutes can be found will be included as well as to board contact information. Each brief would remind people to contact board members directly or attend a meeting if/when they have questions and concerns. There would be no back and forth responses provided on the site other than perhaps an additional reminder to contact board members if comments indicate that necessity or an answer to a straight-forward question that would likely be answered were it posted on other MMHD posts. Over time, the purposes and frequency of the Boardroom Brief could be expanded if board members desire.

#### Process for Approval:

- Wednesday board meeting – agree who will write the brief that month
- Board member drafts brief and emails to other board members by the end of Friday that week
- Board members respond with approval or any input or edits by the end of Monday (no response indicates approval). This may be revised after time if the Board agrees prior approval is no longer needed.

- Brief is sent to Val on Tuesday for immediate publishing on social media outlets. The goal will be to have it published within a week of the meeting and absolutely no later than by the end of the week following the meeting (Friday).

An example of the type of brief proposed is below based on April's board meeting.

#### BOARDROOM BRIEF

Welcome to our new regular feature, the Boardroom Brief, where your board members provide a brief update on what has been happening recently in the boardroom. This is not a full accounting of the meeting, just a few highlights. The full agenda and minutes of all meetings can be found here: [LINK TO AGENDAS AND MINUTES](#)

On April 22, the most exciting for our community was the awarding of a contract with Trent Construction to remodel our building next to the Burney Annex into a new health clinic. This will provide more services for all of us and we are very excited.

Do you ever wonder what some of your donations go toward? Then check out the updated board-approved Capital Expenditure Plan. You can even donate to the Mayers Healthcare Foundation for a specific item if you want! The donations and grants we get through the Foundation keep us going so thank you to them and all of you!

Of course, COVID-19 pervades almost all of our discussions these days. We were glad to hear the updates on the amount of work each area of the hospital is continuing to do to be prepared and compliant. Although we have had to temporarily close surgery, almost all of our services are still available to our community. There are extra precautions all have to take when entering the hospital but we are still here to serve you.

If you have any questions, concerns or comments please contact one of your board members via phone or email or come (well, dial in for now!) to a meeting. We are here to represent and serve you. [LINK TO BOARD MEMBER INFO](#)



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

**RESOLUTION NO. 2020-09**

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

**Resolution Ordering Board of Directors Election; Consideration of Elections; and  
Specifications of the Election Order**

**WHEREAS**, California Elections Code requires a general district election be held in each district to choose a successor for each elective office whose term will expire in December (December 2, 2020) following the election to be held on Tuesday, November 3, 2020; and

**WHEREAS**, other elections may be held in whole or in part of the territory of the district and it is to the advantage of the district to consolidate pursuant to Elections Code section 10400; and

**WHEREAS**, Elections Code section 10416 requires each district involved in a general election to reimburse the county for the actual costs incurred by the county elections official in conducting the election for that district; and

**WHEREAS**, Elections Code section 13307(f) requires that before the nominating period opens the district board must determine whether a charge shall be levied against each candidate submitting a candidate's statement to be sent to the voters and, if authorized pursuant to subdivision (c) of the same section, for the electronically distributed candidate's statement; and

**WHEREAS**, Elections Code section 12112 requires the election official of the principal county to publish a notice of the election once in a newspaper of general circulation in the District;

**NOW, THEREFORE, IT IS ORDERED** that an election be held within the territory included in this district on the 3<sup>rd</sup> day of November, 2020, for the purpose of electing members to the board of directors of said district in accordance with the following specifications:

**Specifications of the Election Order**

1. The Election shall be held on Tuesday, the 3<sup>rd</sup> day of November, 2020. The purpose of the election is to choose members of the board for the following seats:

Current Members of Vacant Seats:                      Term Length:

2. The District has determined that the estimated cost for the optional Candidate Statement will be paid for by the:

Circle One:              District              Candidate

The Candidate's Statement will be limited to 200 words. The estimated cost shall be paid at the time of filing Declaration of Candidacy.

3. The District directs that the County Registrar of Voters of the principal county publish the Notice of Election in a newspaper of general circulation that is regularly circulated in the territory.
4. This Board hereby requests and consents to the consolidation of this election with other elections which may be held in whole or in part of the territory of the district, pursuant to Elections Code section 10400.
5. The Board acknowledges that the consolidated election will be held and conducted in the prescribed in Elections Code section 10418.
6. The District will reimburse the county for the actual cost incurred by the county elections official in conducting the general district election upon receipt of a bill stating the amount due as determined by the elections official.
7. The Clerk of this Board is ordered to deliver copies of this Resolution to the Registrar of Voters.
8. THE FOREGOING RESOLUTION WAS ADOPTED upon motion of Director

\_\_\_\_\_  
Seconded by Director \_\_\_\_\_, at a regular meeting on this day of  
May, 2020, 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



## Operations Report May 2020

Statistics	April YTD FY20 <i>(current)</i>	April YTD FY19 <i>(prior)</i>	April Budget YTD FY20
Surgeries <i>(including C-sections)</i>	35	50	80
➤ Inpatient	5	2	20
➤ Outpatient	30	48	60
Procedures <i>(surgery suite)</i>	121	89	144
Inpatient	1262	1612	1688
Emergency Room	3357	3427	3350
Skilled Nursing Days	23432	22912	23117
OP Visits (OP/Lab/X-ray)	10685	13356	13336
Hospice Patient Days	874	1050	1170
PT	2104	2572	2500

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

#### **COVID – 19**

In Shasta County, our overall numbers remain low at 34; the one thing of special consideration is the last three positive cases were individuals who were asymptomatic at the time of their positive test. Shasta County is now fully in Phase 2 of our Re-Opening efforts allowing many additional businesses to begin operating. We too will begin operating services we closed or limited with reopening plans in the coming days:

Surgery begins again – May 19<sup>th</sup>

Retail Pharmacy Opens the front of store – May 26<sup>th</sup>

We are now focusing our efforts of testing considering testing supplies are becoming more available to us. We are developing plans that would allow us to test large percentages of our staff and residents in the SNF regularly as well as have tests available to the public when they are needed. More information about testing will be reported verbally.

#### **Hospital Week**

This month we celebrated both Nurse's week and Hospital week. This year our celebration was different considering COVID however we made the very best of it. Our dietary department provided lunches and an ice-cream social for the staff. I want to say thank you to Lisa Zaech, Jessica DeCoito, Shay Herndon, Val Lakey, Libby Mee, and the entire Dietary staff.

#### **Shasta College CNA Program**

Mayers and Shasta College have agreed to a partnership that will bring a CNA class to the Burney area. For the past few years, a prospective CNA student has had to travel to Redding numerous times a week to

complete their training. This commitment has been challenging for many students and unfortunately in many situations students have not been able to complete their training considering the long travel time. This new partnership will surely provide a more convenient learning environment for the youth of the intermountain area. We are excited to assist the youth of the community in their goals particularly those that are interested in the healthcare field.

### ***New Time Clock Software***

We are moving forward with implementing our new time clock software after a few month set back due to COVID. We are targeting a June 21<sup>st</sup> go live. Libby Mee is working to setup training, which is challenging considering vendor travel restrictions and large group gathering restrictions. We will be performing most of our training efforts virtually

### ***New Hospital Wing***

The new hospital wing project is getting very exciting; the final product is really taking shape. Final touches are being worked on, equipment is being moved in, cleaning crews are cleaning.... Now is the time to come by and take a tour.

Ryan Harris, COO will provide a more in depth report on the final schedule however we are feeling good about our July opening.

## **Chief Clinical Officer Report**

**Prepared by: Keith Earnest, CCO**

### ***Physical Therapy***

- Taylor Sloat, DPT student, will be starting his clinical experience at Mayers. Other PT and PTA schools have stopped their clinical rotations due to coronavirus.
- We are anticipating referral numbers to rebound as elective orthopedic surgeries resume at Mayers and elsewhere.

### ***Pharmacy***

- Rental Pyxis machines for our additional beds went live April 21<sup>st</sup>.
- The updated drug database for the infusion pumps is being loaded on the pumps and will be complete in early June.

### ***Retail Pharmacy***

- Sneeze guards are being installed the week of May 18<sup>th</sup> in anticipation of opening the front end on May 26<sup>th</sup>.

### ***Respiratory Therapy***

- Mayers has ordered the equipment to have high flow oxygen that will be able to be used for adult and pediatric patients. It will be useful for COVID-19 patients as well as for RSV and other respiratory illnesses. The equipment is scheduled for delivery in early June.

- In anticipation of COVID-19 patients, respiratory therapy was on site 24/7 by using registry staff. We ended the registry contracts early and will return to on-call respiratory coverage in June.

### ***Cardiac Rehab***

- Monitored patients continue to rehab with masks and screening.
- The department is rearranging and taking a treadmill out of service to allow for social distancing in anticipation of reopening.
- The manager has medically reduced hours and we are hiring a tech to fill the gap for maintenance patients.

### ***Telemedicine***

- Talk counselling for FRJUSD students resumed on May 1<sup>st</sup> and are onsite at Mayers every Friday. Starting May 29 an option from MVHC Burney Clinic will be available so Burney students can access the program from Burney.
- Rheumatology consultations began May 6<sup>th</sup>.
- Endo is now the lead specialty in total ancillary revenue. Dr. Bhaduri has two clinic blocks per month. The Annex lab being closed due to COVID-19 is greatly affecting Telemed patients' ability to get their labs completed at this time.

### **Chief Nursing Officer Report**

**Prepared by: Candy Vculek, CNO**

- Acute care and ED staffing remains strong. Registry usage on this side of the facility has been due to the COVID-19 staffing. This variance will continue to show into May and then should decrease back to normal staffing levels unless there is a change in the COVID-19 status.
- LTC Staffing still has a significant amount of vacancies but there has been some progress. Two more LVN's have been hired and will be starting in the next two weeks.
- MMHD has reached an agreement with Shasta College and a C.N.A. program will be offered in Burney starting in August. All the classroom and clinical time will be held in Burney/Fall River. The class has been reduced from a semester in length to only 8 weeks. Libby and Val are actively working on advertising the class out to the community.
- New AFL requirements sent out by CDPH this week. MMHD is working to comply. Failure to meet CDPH's requirements on the AFL can result in an IJ tag. The following components are in the AFL
  - Testing and Cohorting
    - Requires routine COVID testing of residents and SNF employees
  - Infection Prevention and Control
    - Increases infection preventionist requirements from 20 hours per week to 40 hours per week for the SNF.
    - Increases surveillance and training requirements
  - Personal Protective Equipment (PPE)
    - Requires a plan for adequate provision of PPE
  - Staffing Shortages



- Requires creation of a staffing contingency plan and crisis capacity strategy.
  - Designation of space
    - Requires creation of policy and plan to dedicate space within the facility to ensure separation of infected patients and eliminating movement between infected and non-infected residents by the health care providers.
- COVID-19 Update
  - All visitors, vendors, and non-essential staff continue to be restricted from entering either the hospital or the SNF
  - All entrances to the hospital and SNF are closed and everyone entering the hospital are being screened prior to entry.
  - All employees are being screened prior to the start of their shift and MMHD remains extremely diligent in managing the sick employee.
  - The disaster management trailer continues to be the initial screening area for potential COVID patients.
  - The Outpatient Medical Unit is still set up to manage four potential COVID patients and due to new CDPH guidelines, the space will be committed to COVID planning for the foreseeable future. Outpatient Medical Services are being managed out of the Station 3 space for now.
  - Surgery has re-opened.
  - Residents in the SNF continue to be screened twice daily
  - Certain non-clinical staff members continue to work from home
  - The cafeteria remains closed.

### ***SNF Report***

- Census = 79 Residents (Burney Annex = 46; Station 2 Fall River = 33); two male beds and one female available in the Burney Annex Front. One female is being admitted this week. Memory Care Unit is completely full with a ‘waiting list’. At Station 2 there are two female beds open (plus Isolation Room with two beds on reserve).
- Residents are screened morning and evening for fever and/or any changes in condition.
- MMHD SNF is strictly following all of the recommended CDC Guidelines and State mandates. Information is being reviewed and assimilated to staff daily.
- Residents and families have been utilizing technology to have “FaceTime” chats with each other. Tables have also been set up outside certain windows so residents can visit with his or her families through the glass and utilizing a portable phone.
- Construction on the Burney clinic has caused the regular entrance to be blocked. An alternate route has been established and the entrance remains the same.
- In order to facilitate better communication between all caregiving staff in Skilled Nursing, we are customizing the ‘Clinical Dashboard’ in PCC and POC. Next week we plan to begin In-servicing Staff via ‘Zoom’ meetings on the new customized dashboard, about how to access it, how to understand it, to add important information and remove resolved issues, etc. Staff are being trained to read their dashboard at the beginning of their shift and at the end to ensure being well informed. This will be in addition to the Shift to Shift Report that is ongoing but will fill in the ‘gaps’ in communication that often occur.

### ***Acute Care Report***

- Acute ADC 1.32, Swing ADC 1.55; LOS 9.60, OBS 9.26 Days.
- Outpatient medical services will be working on the Station 3 Hallway for the foreseeable future due to the need to maintain a COVID-19 isolation space
- Acute Care Assistant Manager has designed and implemented a significant education plan with the staff.
- One new hire nursing orientee continues with orientation. Remain fully staffed on Acute.
- Part of working group for LEAN process for Purchasing/ER/Acute.
- Outpatient Surgery
  - Outpatient surgery reopened May 19<sup>th</sup>.
  - There is a new RN orienting to be an OR circulator. This will provide more capacity for the department.
  - Will also start to train another Acute Care RN to work the pre-op/post-op area in order to provide coverage that is more consistent.

### ***Emergency Department***

- 217 patients were treated in the Emergency Department in April
- There is one vacant RN position in the ED. A recent hire did not make probation.
- Operations for disaster trailer and OPM for potential COVID-19 patients is now a comfortable new “norm”. Discussions are underway to start planning for new wing operations for COVID-19. This includes looking at patient presentation (new doors and flow) and how to best use trailer and/or new isolation bed in the new ED
- LEAN work is in progress with Purchasing to design the new stocking and supply process for the ED/Acute Care unit. This will include PAR levels for all supplies and should streamline processes and reduce waste.

### ***Laboratory***

- Still waiting arrival of COVID testing capability. Both were expected to ship this week but have been pushed back multiple times. The supply chain remains unreliable. When the antigen testing does arrive, it will be in limited quantities as there are restrictions
- Work continues on the new wing equipment with some challenges. Most have been resolved at this point
- Still searching for a new manager without success

### ***Radiology Board Report***

- The interface for the new radiology group is complete. Ready to give 30-day notice to the existing group so that MMHD can transition to the new group.
- Radiology is implementing formal QA processes to manage quality issues that happen. This will build an evidence-based process for managing quality issues.

## Chief Operating Officer Report

Prepared by: Ryan Harris, COO

### *Hospital Expansion Project*

- The New Hospital Wing (NHW) project is continuing to move forward with good progress being made every day. Several milestones have been hit with flooring, cabinets, countertops, ceiling tiles, millwork, signage, stonework, trim out, owner furnished contractor installed equipment, RF, and CT all being installed. HVAC, and Lighting are on as well. Current scheduling shows completion of the expansion is on July 7<sup>th</sup>, 2020.

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

- Construction started on the Burney Clinic remodel on May 11<sup>th</sup>, 2020. The demo is almost complete. We are working on a couple of items including both the electrical and water not being routed as shown on our as-built drawings. There was also termite damage exposed during demolition. The project is moving along well and Trent Construction is making good progress.
- Construction on the Administration Building remodel is well underway. The new office space will house both the Administration and Finance departments. Our estimated completion date is June 1<sup>st</sup>, 2020.
- The extension to the hospital demolition project has been approved by OSHPD. The new milestones that we must meet are as follows: Completion of the new hospital wing by 9/25/20, start partial demolition of the existing hospital by 4/15/21, completion of the demolition project by 12/15/21. We are working through HVAC issues as one of our HVAC units sits on two rooflines and after the building is demolished it will sit too close to the outside edge of the building per code.
- The Riverview House is in the final stages of completion. Engineering is currently working on the final punch list items to complete the project. The house will not be available until after the NHW project is completed and the sewer line can be reconnected.
- Due to low census now is a good time to start the Acute Care NurseCall Project. I anticipate this project starting by the end of the month. The contractors and vendor will follow all of their COVID-19 safety precautions as well as ours. They will be screened daily and wear a mask at all times.
- SNF Refresh project will include the updating of all sinks to be ADA compliant. This project has also been put on hold because of the facility COVID-19 restrictions.
- We have decided to bring the helistop project in-house. We have received the drawings and are waiting until Layton's temporary power is out of the way to begin. We were anticipating starting this month but due to delays on the expansion project have been unable to do so.
- Facilities and engineering crews have been working closely with nursing leadership to ensure that our facilities can meet the demands of COVID-19 including rooms for a patient surge, isolation rooms, negative air pressure, monitoring, and HEPA filtration. To date, these measures are working appropriately.
- Facilities personnel are also staying on top of their normal daily tasks while minimizing the amount of facilities staff traffic in the hospital and skilled nursing facilities.
- Work has been begun on grounds projects and upkeep. Facilities will start an irrigation project on the back lawn as well as the landscaping in front of Station 3 in the coming weeks.
- We are awaiting bids for the Laundry facility project. A decision was made to proceed with Belfor doing the project. The estimated damage to the facilities, inventory, and equipment is \$200,000-\$300,000. The insurance company is sending an investigator to determine the cause of the fire.

- The church has applied for a use permit for the daycare in Fall River. We are still waiting for the result before we move any further into the project.
- No work was done on the Fall River HVAC project this past month due to several other projects starting and current workloads for staff.

## *IT*

- IT has 3 FTEs
- IT received 427(+12.9%) new tickets
- IT spent 33.12%, 158H50M,(-10.4%) of their time on those tickets
- In that time, IT was able to resolve 427 of those tickets with:
  - Average of 6.5(-23.5%) tickets/day per FTE
  - Average first response time of 3H30M(-19.2%)
  - Average resolution time of 2H14M(-24.7%)
- Of those 427, 15, 3.5%, (+150%) had an impact on Patient Care, Business Continuity, Regulatory Compliance, or Security Posture
- Of those 427, 20, 4.6%, (+122%) were reopened at least once due to not being properly resolved
- Of those 427, 6, 1.4%, (+0%) violated the Service Level Agreement
- For Satisfaction Surveys
  - 90.2% Did Not Reply (+1.2%)
  - 8.2% Replied 5/5 Stars (+18.8%)
  - 1.2% Replied 4/5 Stars (-70%)
  - 0.2% Replied 3/5 Stars (0 In March)
  - 0% Replied 2/5 Stars (0 In March)
  - 0.2% Replied 1/5 Stars (0 In March)

## *One-Offs*

- Hired 1 FTE

## *Projects*

- Backup and Disaster Recovery Revamp
  - What's been done this month
    - Met with Ryan and Louis, landed on a solution involving 1 Backup Appliance in the new building, 1 Tape Library in Burney, and a Cloud Repository. We will be holding off on ASR for the time being.
    - Order the Backup Appliance.
  - What's coming
    - P&P for updating our air-gapped password and critical documentation vault regularly
    - P&P for properly verifying recoveries Semi-Annually
    - Installation of Backup Appliance
    - Meeting with vendors to discuss Tape and Cloud options
- Internet speed upgrades
  - What's coming
    - Fall River upgrade to Gigabit Internet is ready to go-live need to schedule a downtime with nursing/rad staff.
    - Burney upgrade to Gigabit Internet delayed due to COVID concerns as Frontier would need to pass through patient care areas

- Retail Pharmacy 20 Megabit Internet upgrade delayed again, we need to cut out part of the parking lot to repair the conduit before Frontier can finish
- Admin Building
  - What's been done this month
    - Ordered everything we need, PCs, wiring, etc
  - What's coming
    - Installation of network gear
- Clinic
  - What's been done this month
    - Removed any sensitive equipment from clinic area in prep for remodel
    - More work with vendors on selection of hardware for new server room
  - What's coming
    - Assisting in the selection of a Clinic EMR
- Ticketing System
  - What's been done this month
    - With input from the team, we are tuning the ticketing system to be easier to use for IT. So far we have revamped the categories and some of the configurations which allowed us to get the improved metrics above
    - Shelby has stood up a new server and started migrating our documentation to Confluence.
    - Shelby has started moving passwords into Password Vault
  - What's coming
    - Change Management process to help reduce the impact IT Changes have on daily business functions
- Patch Management
  - What's been done this month
    - First month went very well all things considered, still some bugs to iron out before next month.
  - What's coming
    - Once we iron out the bugs, patch compliance reports will be provided
    - Expanded patching policies to include other devices, including network hardware and hypervisors
- Network Infrastructure Refresh
  - What's been done this month
    - Ordered all equipment, DGI will be housing everything except the WiFi which we will be installing ASAP due to COVID
  - What's coming
    - Installation of this equipment when they are able to come on site
- OneContent Enterprise
  - What's been done this month
    - Troubleshooting. Sounds like the current plan is to go live with Purchasing/AP, and delay the HR/Payroll due to Paragon bugs.
  - What's coming
    - Go-Live on 5/12
- IT P&Ps/Training
  - What's been done this month
    - Started work on Relias Training

- Continued work on Service Level Agreement Policy
  - Continued work on Change Management Policy
- Security Initiatives
  - What's been done this month
    - Established approval processes for tickets in the security realm
  - What's coming
    - End-User cybersecurity education via Knowbe4/Relias
    - Intrusion Detection and Prevention Tools
    - Revamp of all security roles in Paragon and Active Directory to align ourselves with the concept of Least Privilege Access
- Paragon 15 Upgrade
  - What's been done this month
    - Migrated test environment to new database (Huge performance increases)
  - What's coming
    - Live database migration scheduled for 5/13
    - Estimated Go-Live for Version 15 is september right now
- MVHC Lab Interface
  - What's been done this month
    - Not much, documents have been sent to the vendor
  - What's coming
    - Test interface should be coming soon
- COVID Projects
  - Working on rolling out new WiFi to improve Telehealth solutions
  - Working on getting reimbursement for the Telehealth solutions

### ***Purchasing***

- Purchasing has taken over inventory every quarter for departments using chargeable items; this includes ED, Acute, and Outpatient Medical. This was put on hold until COVID 19 restrictions are lifted in the facility.
- We are organizing the chargeable and non-chargeable items by first reviewing what we are currently charging for, what we should charge for, and what needs to be removed from the chargeable items list. We will then make the charging process more efficient and hope that this will capture missed revenue.
- We have also changed our purchasing par levels and added extra security to the purchasing department during the COVID – 19 outbreak the country is facing. This was due to supply chain problems and dwindling inventory amounts. There have been no other issues with missing PPE from purchasing since these measures were put in place.
- Jessica DeCoito and Madison Kelly have been working diligently in getting us daily inventory counts of PPE and other high demand items. They input this data into a burn rate calculator that the CDC provided. This shows us based on our usage of how many days' supply we have and which items we should be focusing on procuring. This has been a great tool for us to identify and prioritize PPE we are getting low on.
- We are constantly searching for PPE availability through various vendors.
- The purchasing team has also taken on the task of policing our inventory to reduce waste.

- We are also creating new workflows to supply patient rooms down Station 3 hall in the event of a surge.
- Steve and Madison are also actively engaged in One Content go live and establishing new workflows.
- Purchasing has done a wonderful job of ensuring we do not run out of PPE and I am pleased to announce that we have not run out of any PPE to date.
- Purchasing currently is working with Nurse Leadership and Finance on bundling supplies based on the procedure. If these supplies are used on this procedure everything the charge code will automatically drop for these items based on the procedure.
- Purchasing is also working with Nurse Leadership on new workflows in the NHW.

### ***Food & Nutrition Services***

- The dietary department is meeting weekly for the point of sale system rollout. They are making significant progress on this project and there are several benefits to both the dietary and finance department.
- They are also engaged in coming up with Ideas of offering staff lunches while the kitchen is closed to staff and public.
- The Food and Nutrition staff is working hard to accommodate the residents' food preferences during the COVID lockdown. They have had some minor workflow changes to adapt to but nothing major.
- With the closure of the cafeteria the Fall River department has had some extra time to organize areas of the department and accomplish some additional cleaning tasks.
- Staffing is improving in the department and we are nearing full staff. A couple of our Food and Nutrition staff have elected to take a leave of absence until the COVID orders for people of the age of 65 have been lifted.

### ***Environmental Services & Laundry***

- Sherry Rodriguez and her staff have taken a complete inventory of the Laundry Facility for the insurance company. Sherry and I worked on getting a new vendor onboarded to launder our linen immediately after the fire. We are averaging 900 pounds of laundry per week and we are charged .63 per pound to launder and deliver to one of our locations. This is about half the cost of our last vendor to supply and launder linens. To date, I have not heard or any issues with this arrangement, but Sherry and I are both looking forward to getting our Laundry facility up and running again. We have also been transporting the Burney resident laundry to the Fall River laundry area to be laundered. We have had some linen shortages but have made adjustments to amounts being delivered before the weekends.
- Sherry has also been preparing for a possible surge to ensure we have enough staff and linen.
- EVS staff continues to maintain our ramped up our infection control practices by making sure to disinfect all doorknobs and handrails in all patient care areas 2-3 times a day. We have also increased the number of times we disinfect our entrances. We have also implemented infection control in our public areas such as the lobby, ER, and halls. We are now disinfecting those 5-6 times a day. We also do a total clean of the COVID trailer twice a day and more often if used. EVS staff also helped to set up isolation rooms and to make sure our isolation processes are in place.
- Sherry has also completed a review of our paper products and dispensers. She has identified single dispensers to use throughout the facilities instead of the 4-5 different kinds we use. We also did a

financial impact study to see how going to single-source dispensers would impact cost and are current practice is more cost-effective than single source.





# Mayers Memorial Hospital District

*Always Caring. Always Here.*

## **Executive Director of Community Relations & Business Development – Valerie Lakey May 2020 Board Report**

It has been a long March, April and now into May doing much of the same thing; all primarily related to COVID

### **Legislation/Advocacy**

Work in the Legislative Strategy Group (LSG) through CHA has really picked up the pace since the legislator went back on May 4<sup>th</sup>. The different format and a limited accessibility to personal conversations has provided a new dynamic. There are less bills, but they are moving at a faster pace. I am attaching a HOT BILL list to this report. (Exhibit A)

There are a couple of bills directly related to COVID-19 which we are following closely, AB2537 (the PPE bill) and AB2604 (frequently referred to as the “how to run a hospital” bill). We have written many letter for various bills, state and federal budget and COVID support.

The Governor’s \$54 Billion budget deficit could pose some issues for hospitals in general, specifically rates paid to private and district hospitals could target inpatient rates. Much of the budget is tied to federal funding; items could be reduced/cut unless sufficient federal funding is received by July. It is also noted that the Medi-Cal caseload is projected to see a 2 million case increase by July up to 14.5 million.

In the LSG group, we are also working on a recommendation plan for resurgence based on best practices and lessons learned from the first time around. Within this framework, we are looking at waivers and executive orders that should be extended – possibly to March 31, 2021.

### **Marketing/Public Relations/Recruiting**

Over the last few months, I have continued to be the lead for communication with staff for the COVID-19 Incident. As the local situation has not been changing significantly, we have reduced the Employee Memos to Tuesday and Thursday and Chief Memos to Monday, Wednesday and Friday. The primary focus is to keep staff up to date on current situations and provide resources and education for their work and personal well-being.

We have just set up a link on the web page for community members to sign up for updates. This was just activated and we have received a few so far. This will be a good tool moving forward.

We continue to receive many “e-cards” for residents. We also continue to send the weekly update to SNF families along with pictures. This has been very well received. Our text notification system has been very valuable during this time to communicate with staff and resident families.

Updates regarding COVID-19 continue to be put on the INTRANET and Website.

We continue to participate in weekly Shasta County Press Conference.

Currently, we are working on marketing of services to let our community know we are prepared and ready to take care of their health care needs. It is hoped that the COVID duties will slow a bit and we can get to work on some of the outpatient and hospice projects that we were beginning in early march.

### **Disaster/Emergency Preparedness**

I served on the County EOC as a liaison officer in the Command Staff for the last six weeks. The EOC has gone out of Unified Command, so I am now just helping as needed.

I also want to update you on the work that is happening on Shasta County. Working at the EOC it has been a definite positive, as the unified command consisted of Cal Fire, Sheriff and Public Health and there was some lack of understanding where hospitals were concerned. I was the only "outsider" in the group. It was beneficial to have a hospital person in the group to facilitate work with the hospitals in our county. The five Shasta County Hospitals work collaboratively on a regular basis, but there was a lack of understanding within the EOC as to what exactly we do and how we work together. I was given the responsibility to coordinate the hospital portion of the Shasta County Variance Plan and work with my counterparts to ensure we can meet surge capacity, etc.

The five hospitals (Mercy, Shasta Regional, Mayers, Vibra and Patients along with St. Elizabeth's of Tehama County) just completed a "surge" document that is an overview of our facilities and the stages of surge. We addressed Staffing, Space, Supplies and Services. The EOC asked for a document that shows "what we do and how we do it." It also includes links to our surge plans, how we can facilitate a 35% surge in our county and addresses all disasters, not just COVID.

We were asked to identify trigger points for an ACS/FMS and what statistics we monitor in a surge. This all fits into planning for resurgence and am pleased that our county is trying to stay a step ahead. The biggest benefit is getting the unified command and public health to understand the hospital process. When I joined the EOC, I was very surprised about the disconnect that seemed to be there.

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