

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Jeanne Utterback, President
Beatriz Vasquez, PhD, Vice President
Tom Guyn, MD, Secretary
Abe Hathaway, Treasurer
Tami Vestal-Humphry, Director

Board of Directors
Regular Meeting Agenda
March 31, 2021 at 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: 994 2786 1506

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.

				Approx. Time Allotted
1	CALL MEETING TO ORDER			
2	2.1 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS			
	Persons wishing to address the Board are requested to fill out a “Request Form” prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.			
3	APPROVAL OF MINUTES			
	3.1 Regular Meeting – February 24, 2021	Attachment A	Action Item	2 min.
	3.2 Special Meeting – March 24, 2021	Attachment B	Action Item	2 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:			
	4.1 Resolution 2021-08 – February Employee of the Month	Attachment C	Action Item	2 min.
	4.2 Director of Nursing Acute – Theresa Overton	Attachment D	Report	2 min.
	4.3 Director of Quality – Jack Hathaway	Attachment E	Report	2 min.
	4.4 Mayers Rural Health Center – Amanda Ponti	Attachment F	Report	2 min.
5	BOARD COMMITTEES			
	5.1 Finance Committee			
	5.1.1 Committee Meeting Report: Chair Hathaway		Report	5 min.
	5.1.2 February 2021 Financial Review, AP, AR and Acceptance of Financials		Action Item	5 min.
	5.1.3 Board Quarterly Finance Review		Action Item	5 min.
	5.2 Strategic Planning Committee			
	5.2.1 March 8 th Meeting Report – Next Meeting April 28 th Full Board SP Meeting – DRAFT Minutes attached	Attachment G	Report	5 min.

5.2.2	Strategic Planning Session Plans & Ideas		Report	5 min.
5.3	Quality Committee			
5.3.1	March 10 th Meeting Report – DRAFT Minutes Attached	Attachment H	Report	5 min.
6	ADMINISTRATIVE REPORTS			
6.1	ED of Community Relations & Business Development – Val Lakey	Attachment I	Report	5 min.
6.2	Chief’s Reports – Written reports provided. Questions pertaining to written report and verbal report of any new items	Attachment J	Reports	
6.2.1	Chief Financial Officer – Travis Lakey		Report	5 min.
6.2.2	Chief Clinical Officer – Keith Earnest		Report	5 min.
6.2.3	Chief Nursing Officer – Candy Vculek		Report	5 min.
6.2.4	Chief Operation Officer – Ryan Harris		Report	5 min.
6.2.5	Chief Executive Officer – Louis Ward		Report	5 min.
7	OTHER INFORMATION/ANNOUNCEMENTS			
7.1	Board Member Message: Points to highlight in message		Discussion	5 min.
8	ANNOUNCEMENT OF CLOSED SESSION			
8.1	Pending Litigation Government Code 54596.9 Upcoming mediation		Discussion	10 min.
9	RECONVENE OPEN SESSION – REPORT CLOSED SESSION ACTION			
10	ADJOURNMENT: Next Regular Meeting – April 28 th , 2021			

Posted 3/26/2021

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Board of Directors
Regular Meeting
Minutes
February 24, 2021 – 1:00 pm
Teleconference Only

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 1:05 pm on the above date.

BOARD MEMBERS PRESENT:

Jeanne Utterback, President
Beatriz Vasquez, PhD, Vice President
Tom Guyn, MD, Secretary
Abe Hathaway, Treasurer
Tami Vestal-Humphry, Director

ABSENT:

Special Presenters:

Wipfli: Eric Volk & David Imus

STAFF PRESENT:

Louis Ward, CEO
Ryan Harris, COO
Keith Earnest, CCO
Travis Lakey, CFO
Candy Vculek, CNO
Val Lakey, ED of CR & BD
Marlene McArthur, MMH Executive Director
Jessica DeCoito, Board Clerk

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

3 Special Presentation from Wipfli: Annual Audit Review: Summary presentation of the Required Communication, Financial Statement Review, Financial Analysis, and Accounting Standards Update was provided. Another clean audit with no findings and Mayers continues to better its financial ratios to increase financial stability. "Thank You" to Wipfli from the Board and Administration for helping MMHD get through the tough times and get to where we are today.

4 APPROVAL OF MINUTES

4.1	A motion/second carried; Board of Directors accepted the minutes of January 27, 2021. Amend section 6.1.1 to finish the sentence.	Guyn, Hathaway	Guyn-Y Hathaway-Y Humphry-Y Utterback-Y Vasquez-Y
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5 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

5.1	A motion/second carried; Shaylene Herndon was recognized as January Employee of the Month. Resolution 2021-04	Vasquez, Guyn	Guyn-Y Hathaway-Y Humphry-Y Utterback-Y Vasquez-Y
5.2	Mayers Healthcare Foundation Report: Submitted another Grant application that is not noted on the report. COVID Relief Grant Program through the state of California and is help for small businesses. Thank you to our staff and volunteers for all they have don't to keep us going through these times. Request from MMHD Board to let MMHD Administration know what we can do to thank our volunteers.		
5.3	Safety Quarterly Report: IIPP and Ergonomics Program are pretty exciting but most of what we are working on is COVID related.		

6 BOARD COMMITTEES

6.1 **Finance Committee**

6.1.1	Committee Meeting Report: Received reports from the Pharmacy, Retail Pharmacy and Physical Therapy. The Retail Pharmacy and Finance are working with a consultant in March to understand 340B. Physical Therapy revenues are down but with Shasta Co. sitting in the RED tier now, we hope to see a pick-up in the patient visits.		
6.1.2	January 2020: QAF Payment came in at \$4.9 million which is more than we anticipated. Will plan on putting \$2 million in the LAIF account. Burney Clinic will be separated out on the financials tab once the clinic is open.	<i>Hathaway, Guyn</i>	<i>Guyn-Y Hathaway-Y Humphry-Y Utterback-Y Vasquez-Y</i>
6.1.3	Cornerstone Bank Account: Resolution 2021-05: Suggestion provided from Wipfli to separate accounts. Recommendation from Finance Committee to accept. Motion moved, seconded and carried.	<i>Hathaway, Humphry</i>	<i>Guyn-Y Hathaway-Y Humphry-Y Utterback-Y Vasquez-Y</i>
6.1.4	Annual Audit Review Acceptance: Congrats to Travis and Finance team. Recommendation from Finance Committee to accept. Motion moved, seconded and carried.	<i>Humphry, Hathaway</i>	<i>Guyn-Y Hathaway-Y Humphry-Y Utterback-Y Vasquez-Y</i>
6.2	Strategic Planning Committee Chair Vasquez		
6.2.1	Committee Meeting Report – no report for February.		
6.3	Quality Committee Chair Utterback		
6.3.1	Committee Meeting Report – SNF is now at a 4 STAR RATING – a huge accomplishment.		
7	OLD BUSINESS		
7.1	Community Member Invitation to Committees: working on job descriptions, looking into receiving credit with CMS for having community members on our Quality Committee. Will report more when confirmation is received.		
8	NEW BUSINESS		
8.1	Board Member Education and Information: Can we create a summarized packet on top of the original packet, and each person could dive into the reports further if they so choose? Purchasing iPads for each director to use strictly for District Business. This would help with the use of our Mayers email accounts, all the required documents and our IT staff would be the main point of contact with technological issues.		
9	ADMINISTRATIVE REPORTS		
9.1	ED of Community Relations & Business Development: PPE legislation: clearly states we need to have “normal consumption” and not pandemic levels, but trying to figure out what those numbers are and how to arrive at them continues to be a struggle. Comments on this bill are being accepted, and we have submitted our letter in. Senator Dahle and Assembly member Dahle had a call with Val today regarding the seismic bill and the reason behind the demolition project. Demo project PR process includes a presentation to multiple organizations and boards. Two new bills that have been introduced that are trying to bring back the Supplemental COVID Sick Leave – MMHD has not removed this from our employees use, even though it was only required through December 31 st , 2020. COVID Messaging is now in Spanish. And we will be providing information via non internet, text message or social media paths.		
9.2	Chief’s Reports		
9.2.1	CFO: QAF Payment came in at a higher level than anticipated. COVID Hazard pay will go out to employees soon that will cover 3 months. Swing Bed is a status for CAH where a patient can start in Acute or SNF, go into Acute at a swing level – basically for patients who need rehabilitation (wound care, physical therapy, etc).		
9.2.2	CCO: Busy with COVID Vaccination clinics. Last Friday we received permission to start filling in our schedule with agriculture workers starting March 1 st . Meeting set for tomorrow with the County to define the “agriculture worker”. Lots of conversation around the MyTurn program which regards the COVID vaccination program. We have 11 Hospice Patients currently which is great news considering our number being low last month.		
9.2.3	CNO: RED Tier has opened up the conversation about visitation opening back up again. The hope is to open back up within a week for visitations. Restrictions are still in place with masks and distance. February 3 rd , we		

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.

had a survey and we were deficiency free. Congratulations shared with Candy and her team on 4 STAR Rating. And congratulations on the no tag survey on February 3rd!

9.2.4 **COO:** Clinic: punch list walk through was completed February 23rd with very minor items listed. Significant change order on the fire line was provided with approval provided by Finance Chair per policy. Fire Line should be completed the first week of March. At this time, it is not anticipated that we will have any delays to our projected opening date but it depends on licensure and when they can come out to approve. DEMO: we did our construction walk with the three potential bidders and answered questions. A Special Meeting will be called for the Notice of Contract of Award on March 24th for the Demo Project. Daycare is well underway with updates needed for Fire Inspection, researching and purchasing needed equipment. Laundry Facility: permit is supposed to be issued on March 15th. Security Seminar: Ryan Harris and Ryan Nicholls attended. We are doing a great job already but some gaps have been identified and we are working on solutions.

9.2.5 **CEO:** Clinic provider update provided with contract details being finalized. General Applications have been received for clinic positions without the job descriptions being posted yet. Obviously, we are very excited to be a 4 Star Rating in our SNF – a big thank you to our SNF Leadership, staff and all the support staff with Maintenance, Dietary and Housekeeping. Of 269 employees, MMHD has 141 vaccinated and 129 declined or have not responded due to various reasons including on a leave of absence, casual employee classification, have been COVID positive, etc. A smaller COVID Hazard pay is going out this week to employees, covers 3 months this time. Shasta Co. has moved to the RED Tier and things are changing slightly with things opening back up BUT restrictions are still in place. Employee Testing plan may be altered as well and plans are being looked into. Dr. Syverson has taken over in the Outpatient Medical department.

10 OTHER INFORMATION/ANNOUNCEMENTS

10.1 Board Member Message: Message from Audit with no findings, 4 Star Rating, Required trainings and additional conferences, Clinic update, mention to the daycare

10.2 Rural Health Leadership Conference Attendee Summary: videos are available on each session for the next 90 days so take full advantage of what is there. Take some of the information we have learned and summarize it for our Board Member Education.

11 ANNOUNCEMENT OF CLOSED SESSION – 4:03pm

11.1 **Pending Litigation Government Code 54596.9: Upcoming Mediation:** Nothing to report out of CLOSED Session.

12 RECONVENE OPEN SESSION: 5:00 pm

13 ADJOURNMENT: 5:00 pm

Next Regular Meeting: March 31, 2021

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

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Jeanne Utterback, President
Beatriz Vasquez, PhD, Vice President
Tom Guyn, MD, Secretary
Abe Hathaway, Treasurer
Tami Vestal-Humphry, Director

Board of Directors
Special Meeting
Minutes

March 24, 2021 – 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:** Jeanne Utterback called the regular meeting to order at 1:00 pm on the above date.

BOARD MEMBERS PRESENT:	STAFF PRESENT:
Jeanne Utterback, President	Louis Ward, CEO
Beatriz Vasquez, Ph.D., Vice President	Ryan Harris, COO
Tom Guyn, M.D., Secretary	Travis Lakey, CFO
Abe Hathaway, Treasurer	Jessica DeCoito, Board Clerk
Tami Vestal-Humphry	

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

- 3 **NEW BUSINESS**

- 3.1 **Phase II Hospital Renovation – Demolition of 1953 Buildings:** Demolition Project review: requirement from State to remodel for seismic wall separation or build a new building. We decided to build a new ER, Radiology, Lab and lobby building, which then required us to demo the old building. With this project an HVAC system will be updated due to the location of the current unit, the separation of the domestic and fire line coming into the building, finish the NHW water tank pump installation portion of the NHW project and demolishing the building and building a new exterior wall. The lowest bid received was from Randy Hill Construction from Chico, CA for \$1,616,252.53. In the best case scenario, we hope to be around the \$1.6 million mark but have budgeted for a total of \$2.5 million with unknown costs that could occur, like: Legal expenses, county fees, consultants, special inspections, fixtures/furniture and PG&E. As always, we carry Change Order and Contingency in the budget for unknown issues that could come up when they start the construction project.
Start Date: April 5th: mobilize on this date – actual construction won't occur for a couple of weeks later
End Date: 7 months – approximately November 2021
- PR on the demolition project has begun already with a walk through the decades via social media and local paper
- Lots of conversations and dialogue has occurred with elected officials
- Resolution 2021-07 Awarding contract to Randy Hill Construction of Chico, CA was moved, seconded and carried;
- Hathaway/
Vasquez* *Guyn – Y
Humphry - Y
Hathaway – Y
Utterback – Y
Vasquez - Y*

- 4 **Other Information/Announcements:**
Strategic Planning Session: a deadline for receiving ideas to research will go out later today. A form will be provided to follow. This presentation and day will include the

Facility Master Plan. Help from the Board is appreciated and we will reach out when an item comes up that we require assistance on.

Foundation Executive Director – candidate search has been broadened to include Indeed.com. At this time, one application has been received.

5 **ANNOUNCEMENT OF CLOSED SESSION – 1:29 pm**

5.1 **Pending Litigation Government Code 54596.9: Upcoming Mediation**

Report out of CLOSED Session: The Board discussed upcoming mediation with Administration.

6 **RECONVENE OPEN SESSION: 2:33 pm**

7 **ADJOURNMENT: 2:33 pm**

Next Regular Meeting: March 31, 2021 – Teleconference

I, _____, Board of Directors _____, certify that the above is a true and correct transcript from the minutes of the emergency 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. 2021-08

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

Jessica Cook

As February 2021 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, Jessica Cook is hereby named Mayers Memorial Hospital District Employee of the Month for February 2021; and

DULY PASSED AND ADOPTED this 31st day of March 2021 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

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

Jeanne Utterback, President
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

Jessica DeCoito
Clerk of the Board of Directors

Director of Nursing Board Report--Mar 31, 2021

- Jan 2021 Acute ADC 2.71, Swing ADC 8.19; LOS 12.7, OBS days: 5.29.
- Acute has been staffing up to 3 RN/LVN due to Covid.
- Full-time staffing on Acute requires 9 FTE's plus utilization of the Acute Assistant Manager. We float 2 of our FT RN's to Outpatient surgery every other week which requires additional staff on the surgery weeks. Currently Acute staffing is as follows; 5 FTE RN's, 1-FTE LVN (continues to work towards his RN upgrade), 3 per diem RN's. 1-Acute Assistant Mgr, 3-FTE CNA's (one of which started as a Unit Tech with the design they would complete the CNA course and then be FT after completion), 2-Ward Clerks. We are down 2 FTE RN's and 1 FTE CNA. We are utilizing travelers.
- Several of our nurses continue to float to OPS
- The Acute Dept. has been moved back to St.1 Mar. 16-18. The staff was excited to get back to their own station where we have a temporary call system awaiting OSHPD approval for the new call light system and all the other amenities we have been making do with on St. 3.
- Currently there are no Covid positive patients in the Covid unit.
- Since my last DON report, we moved the Acute station to St. 3 in December due to an increase in Covid within our SNF's. This was a huge workflow change for all departments. However our staff did a great job of accepting the change and doing what they could to make the workflow adaptable for the needs of our patients.
- St. 1 then came the larger Covid unit when our Covid census was greater than 4 patients. This unit was mostly filled with SNF residents and we only saw less than 10 community members in the Covid unit since March 2020.
- Staffing for the Covid unit was staffed mostly through Acute with staffing up to 4 licensed staff per shift. Early on, a Covid on-call schedule was established using licensed nursing from SNF, Acute, ER and Nursing Admin. This helped to fill the gap depending on census in the Covid unit.
- The Covid surge has decreased, however we still maintain the Covid call schedule.

OPS:

- With the Covid surge, OPS closed mid-November and this staff was floated in other areas throughout the hospital.
- Surgery reopened Feb. 23-24th with general surgery. St. 3 was a shared space with Acute. The pre-post-op rooms were being used for Acute Patient rooms.
- Acute has now moved back to St. 1 leaving this area open to OPS. However, if there is a Covid surge once again requiring more than the 4-bed Covid unit, we will utilize this area once again for Covid patients.
- On a normal basis, the every other week model continues with Dr. Guthrie once a month and Dr. Syverson twice a month with the cross training of staff from Acute to OPS. We have had a shift of CRNA's requiring continued search with the help of HR for contract CRNA's. This is an ongoing problem that we are constantly working on.
- We look to the possibilities of the new clinic opening with the hope of increased referrals and growing this department.

OPM-See Attached Report

Respectfully submitted by:
Theresa Overton, RN, BSN
Director of Nursing-Acute Services

BOARD REPORT MARCH 2021

Updates:

- RN for OPM- Ellie Haydock RN OPM full time (Out on maternity leave until June). We have been able to borrow a LVN Kat from LTC for wound clinic days, which has been helpful and hopefully interesting and educational for staff. Her training helps with continuity of care in LTC.
- Hired a part time MMHD employee Marsha Rugene RN for OPM and will be shared with Acute when Ellie returns.
- The Outpatient Census is down a bit with an average monthly patient visits at (110 approx. a month). December 92 patients, 114 procedures, January 95 patients, 114 procedures, February 103 patients, 127 procedures, (These counts do not include seeing LTC residents with wounds in Burney and FR or Telemed assessments when needed.)

Continuing Work:

- **Covid planning- OPM is now located in PT building in an out building of the hospital. We are hopeful to move back to the OPM space when regulations regarding Covid etc change regarding isolation.**
- **Dr Rasmussen and Dr Zittel are now gone from MMHD and only practice currently at Enloe Wound and Ostomy Clinic.**
- **Dr Syverson has now taken over wound clinic and as acting Medical Director for OPM.**
- **Received MHF monies from generous donor and purchased pressure injury prevention devices for LTC Burney and FR, and Acute departments. Order is almost complete and will be given out to those departments for use.**
- **With MHF monies from Chocolate Festival OPM was able to purchase a new wheelchair and VS machine for department.**
- Marketing: Val and Michelle met regarding lower OPM census and new marketing plan. We will be doing some quick OPM videos, patient testimonials to send out to local providers, staff, and to discharge planners in Redding. On hold due to Covid emergency preparedness. We will start this process up again with updating our website.
- **Dr, Kynaston, infectious disease DO now has privileges in OPM.**
- **Lewis Furber NP at Pit River Health Clinic has privileges in OPM.**
- Mercy Oncology physicians have been privileged in OPM. Val sent welcome marketing packets to the new physicians.
- **IT/OPM EMR charting. We are changing direction at this point again. We are looking to get on Epic software when/if the hospital moves to that platform. It was decided by administration at the last minute that Epic could not work for OPM on the clinic platform.**

- Referrals- We continue to send out email reminders. We have placed OPM order sets and referral forms on our website and send out a password/link for: Provider Resources on the MMHD website
- OPM has been seeing residents in LTC in Burney and FR. Residents are no longer being seen as OPM but in the resident's rooms in LTC, except when Dr Syverson comes for wound clinic days he may round on some patients.
- **Issues/Needs:**
 - **There is a team to look at ambulatory computer charting options as we move forward with the clinic. We are hoping we will be able to use this in the OPM setting. Currently, the clinic is going to Epic and OPM will need to wait until the hospital joins an Epic platform.**
 - **OPM is waiting for an ambulatory software before we can utilize money given to us from MHF for a wound documentation system that connects to the computer software.**
 - **Currently, we are looking at using devices that take wound photos for Epic which seem to be an iphone, Ipad device that will upload to the EMR system. This helps streamline the wound documentation process that is necessary for all clinical departments.** In the past we have been price shopping to find another company similar to tissue analytics to help our work flow and help with patient centered care in OPM leading to get better reimbursement. Work toward ambulatory care system for OPM in the future? This is a camera similar to LTC uses for wound documentation. We continue to compare different camera systems and get price quotes. Ie. Wound zoom, Silloutte, Moleculight, inSight, Wound Vision, Wound WiseIQ, Swift medical, eKare wound works.
 - LTC currently working on new process plan to make sure staff are taking wound photos/assessments weekly. Will continue to monitor progress at weekly wt/wounds meeting.

Respectfully submitted,

Michelle Peterson RN CWCN
 Outpatient Medical Assistant Manager
 Mayers Memorial Hospital District

Director of Quality Report

Current Projects:

- Complaint Intake
- Risk Education
- Compliance Plan and Education
- PRIME DY15 Audit
- PRIME 3.5
- New QIP4 (replacing PRIME)
- Playing my role in the clinic opening as needed
- Looking at metrics for Hospital Star Rating
- HSAG HQIP program initiation
- HQIP Dashboard

Quality is moving on all of the listed projects – things are progressing smoothly. Most of them you have heard about in other reports, however, if you have any specific questions I would be more than happy to answer them.

Of note:

Complaint Intake: I am currently looking at a new more efficient way to intake complaints from the community. IT has had success with tracking and intake and in talking with them I have found similar solutions for complaint intakes, some of them even have a self-help option that has shown in their research to be very promising. Currently Zen Desk is the leader on this front.

Risk Education: Education for risk has been deprioritized in the beginning of the year, as I have has PRIME and Promoting Interoperability reporting to complete in addition to my normal duties. Promoting Interoperability has been submitted and I am working to wrap up PRIME (due 03/31) to be completed by no later than Monday March 29. This means that I can get back to building an appropriate Risk education for staff that will live in our Relais system.

PRIME DY15 Audit: We are currently undergoing a PRIME audit for demonstration year 15 (covering 01/01/2019 to 6/30/2020) I had a meeting with our PRIME liaison and it seemed that she was satisfied – we are currently awaiting the results of this audit.

PRIME 3.5 report: I am currently finishing the PRIME 3.5 report (covering 01/01/2020 to 12/31/2020) as expected the impact of COVID was obvious – our eligible population fell by over 100 lives and the specific metric denominators fell as well, data suggests that we will have only 2 in our adult population that will fall their corresponding adult metric.

New QIP (Quality Improvement Program): This program looks to be in line with multiple other QIP programs so the tracking could potentially be easier than we have seen in the past EPIC looks to be very robust in tracking all of the associated metrics (that we know of) for the QIP program.

HSAG HQIP (Health Services Advisory Group Hospital Quality Improvement Program) is a new program that will assist us in looking at measures reported by all hospitals – and should help us with our benchmarking for star ratings for the hospital.

HQIP Dashboard: This dashboard was created by HQIP and will be able to process all of our MIRCAl data (submitted to OSHPD) in 48 hours. Much faster than OSHPD can so we will have a new data source looking at some of our reported metrics.

That is a summary (brief summary) of what is new in Quality this quarter.

Thank you,

Jack Hathaway

Chief Executive Officer
Louis Ward, MHA



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Beatriz Vasquez, Ph.D., Vice President
Tom Guyn, M.D., Secretary
Abe Hathaway, Treasurer
Tami Vestal-Humphry, Director

Board Meeting

Wednesday March 31, 2021

Mayers Rural Health Center Report – Amanda Ponti, Clinic Manager

Occupancy and Licensing

Occupancy of the building was granted on March 16th. Wipfli has submitted our license application to the state and we should have a survey date provided to us within the next two weeks. Ongoing work is being conducted with The Compliance Team to perform our required accreditation survey. This survey date will be provided to us after 10 patients are seen in the clinic.

Staffing and Onboarding

Job descriptions have been completed and approved for all clinic positions. Positions were flown and interviews were conducted the week of 3/15 and 3/22 for the following positions in the clinic: Front Office Clerk (x2), Medical Records/Referrals Clerk, Medical Assistant (x4), and LVN. We were fortunate enough to get many talented applicants. Human Resources is working on offers and onboarding. We are anticipating the majority of the staff starting their first day at the clinic on April 5th. The beginning of their formal training will be participating in go-live training provided in partnership with OCHIN.

Policies

A good amount of time has been spent identifying and creating necessary policies for the operation of the clinic. There are required policies for state licensure, accreditation, and insurance survey. Completing this work is a major focus of mine at this time as the deadline for licensing is quickly approaching. A meeting is scheduled to review all developed policies, current hospital related policies, and identify any outstanding policies on 3/24.

Electronic Medical Record Implementation

The work with OCHIN-EPIC continues in full force as we near the opening date of the clinic. The Core Team on this project includes Ryan Nicholls (IT), Jeff Miles (IT), Danielle Olson (Billing), Ryan Harris (Project Sponsor), and myself.

Wave 1 and 2 OCHIN deliverable have been completed. this included submission of the below documents:

- Report Mapping Template
- Outside Places of Service
- Meaningful Use
- Workgroups
- Training Staff List
- Master LMS User Upload Template
- Holidays
- First PMF Load Template
- First User Security Load Template
- Business Carriers
- List of POCT
- Lab Account Numbers
- Lab Order Display
- Internal Referrals
- Logos
- State Registry Application for CAIR
- Default Fee Schedule
- Share of Cost Workflow

- Medi-Cal Carve Out of Services
- Telemed Requirements
- Validate Medical Claims print on UB question
- Info Gathering Workbook review
- Modifier automation that could be useful
- Statements
- Charge review warnings/claim errors to catch for biller review
- Prompt pay flat rate and any other discounts
- RHC statement configuration
- Flow Sheet Build
- Visit Types
- Recall Template
- Schedule Blocks
- Consent Types
- Employer Masterfile
- List of top 10-20 pharmacies
- Drug Formulary
- List of Frequent Requestors
- Fee Schedule for Each Requestor
- Printer & Workstation Entry into Web tools
- Order Class Template
- Destination Maps

Pending Wave 3 deliverables are being focused on at this time and include:

- Consents for E-Signature
- OB Checklist
- Results Console Build
- Request list of Care & Delivery Sites
- List Users for ROI module
- Second User Security Load
- Second PMF Load
- External Provider List

Implementation of additional services within OCHIN-EPIC have been a time consuming addition to my workload. This list includes the following services and a brief description of what they provide:

- Well- Appointment reminders and confirmation automation; texting application for patients to communicate with the practice
- Welcome- MyChart patient portal, check-in kiosks and credit card payment integration
- EPCS and Impravata- single sign on and secure schedule medication prescription processing
- APPRISS- Integrated CURES reporting
- On Base/Right Fax- Processing of all document scanning, inbound, and outbound faxing
- Zoom- Integrated telemedicine and phone visits platform

A large focus of the team has been on building and testing a variety of different interfaces including: hospital lab ordering and resulting, hospital radiology ordering and resulting, SacValley Med Share health information exchange, CAIR California's immunization registry, and 370b.

Additional to the interface work the IT team has been diligently working on installing hardware in the clinic in order for user acceptance testing to be complete.

Danielle and I are focusing on billing user acceptance testing to ensure claims are created in the appropriate manner, charges are loaded in the system correctly, claim edits fire accurately, modifiers appear on claims when appropriate as well as outlining and identifying process for clinic cash posting and self-pay collections.

Order transmittal testing begins on 3/29 with an anticipated completion of 4/1, as well as building the provider schedule templates.

The go-live date for the clinic EMR continues to be on track for April 20th.

Workflows

EPIC workflow meetings have been occurring every Wednesday to cover task workflows that will be completed in the electronic medical record system. This group has been reviewing OCHIN suggested best practice workflows to ensure that the system is used in the most efficient manner while individualizing those workflows to meet the need of clinic

staff and providers. Erica Haedrich has been the provider champion for this work. Additional workflows are a focus to help guide staff on day-to-day tasks outside of the EPIC system. Ryan and I have identified a list of workflows we would like to produce and the work to complete those is in process. It is the goal that each position will have a workflow binder that should cover the majority of anything they should encounter during the day.

Equipment and Supplies

Working closely with Delaney, we were able to develop an extensive list of large equipment items that were necessary for clinic operation. This list was completed and approved in December. The majority of items have been delivered and are installed in the clinic. We continue to track outstanding items closely.

With the help of the provider team a supply and medication list are being developed/reviewed for stocking in the clinic. This is a main focus right now as well in order to ensure that clinic is properly stocked for survey readiness. Final information should be provided to Delaney early next week in order to wrap up this project. Medication stocking in the clinic will not occur until a survey date is provided.

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Jeanne Utterback, President
Beatriz Vasquez, PhD, Vice President
Tom Guyn, M.D., Secretary
Abe Hathaway, Treasurer
Tami Vestal-Humphry, Director

Board of Directors
Strategic Planning Committee
Minutes

March 8, 2021 at 1:00 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:** The meeting was called to order at 1:00 pm on the above date.

BOARD MEMBERS PRESENT:

Beatriz Vasquez, PhD, Chair
Abe Hathaway, Treasurer

STAFF PRESENT:

Louis Ward, CEO
Ryan Harris, COO
Travis Lakey, CFO
Candy Detchon, CNO
Jessica DeCoito, Board Clerk

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 January 11, 2021

Hathaway,
Ward

Hathaway – Y
Vasquez – Y

-
- 4 Full Board Strategic Planning Meeting:** Schedule meeting in accordance with April Board Meeting on the 28th. Finance at 9, then Board Meeting at 10:30, and close out with SP Meeting. In person and include lunch. Location TBD with new guidelines coming out. C Team to provide a full review for the Board members. If needed, C Team will include experts. Check into moderator schedule for April 28th and bring up for approval at Special Board Meeting on March 24th. Jessica to resend the most up to date copy of the Strategic Plan.

-
- 5 Community Member Invitation to Committee:** working on Job Descriptions for positions, Policy and Procedure that would include term limits, application and interview before a nomination. Once a job description is created, we can look at an announcement to the community.

-
- 6 Construction Update:** Burney Clinic: Fire Line connection being tied in March 9th and hoping for Fire Inspection done March 9th as well. Calling for construction final on March 16th, to start licensure on March 17th. Everything is tracking on schedule at this time. Jobs have been posted and 8 applications have been received since posting on March 4th. Burney Annex and Clinic office space being moved and created. Demo Project: Bids are due March 9th at 4:00 pm, notice of recommendation for award of contract on March 11th. Special Board Meeting on March 24th for approval of recommendation for Award of Contract. Lots of campus moves that include moving Acute back to Station 1, offices moving back to Station 3, all in preparation of the Demolition project beginning on April 5th. Nurse Call Acute Project has been called for a construction final on March 10th. Laundry Facility plans are still in review with the county and still has a week to go. Daycare: interior updates have been completed. Outdoor play area plan has been submitted for review to the church and Tri-County Community Network. Waiting on a few signs to call for fire inspection.

-
- 7 Facility Master Plan Discussion:** Review presentation at the full Strategic Planning session.

-
- 8 Administrative Report:** COVID: visitation has opened up with some restrictions still in place for our SNF residents. Numbers are declining around the county. Vaccine administration in the county is up. CDC guidance provided this morning an update that masks are

not required to be worn in small groups, given that all individuals in group have been fully vaccinated. We will wait on CDPH guidelines before any changes are made. We are planning a ribbon cutting ceremony for the Rural Health Clinic – more details to come. We are working on EMR systems for the hospital now. We are back in the timeframe for surveys in the hospital. Candy Detchon is working on mock surveys and in contact with individuals who can come in and check in on us.

9 OTHER INFORMATION/ANNOUNCEMENTS: None

10 ADJOURNMENT – 1:47 PM

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Jeanne Utterback, President
Beatriz Vasquez, Ph.D., Vice President
Tom Guyn, MD, Secretary
Abe Hathaway, Treasurer
Tami Vestal-Humphry, Director

Board of Directors
Quality Committee
Minutes

March 10, 2021 @ 1:00 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 Jeanne Utterback called the meeting to order at 1:01 pm on the above date.			
	BOARD MEMBERS PRESENT:		STAFF PRESENT:	
	Jeanne Utterback, President Tom Guyn, MD., Secretary		Louis Ward, CEO Candy Detchon, CNO Jack Hathaway, Director of Quality Dawn Jacobson, Infection Control Jessica DeCoito, Board Clerk Michelle Peterson, Outpatient Medical Pam Sweet, Med Staff Theresa Overton, Director of Nursing – Acute Moriah Padilla, Assistant Director of Nursing - Acute	
	ABSENT:			
	Community Members Present: Laura Beyer			
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 February 10,2021.	Guyn, Hathaway	Guyn – Y Utterback – Y Ward – Y Hathaway – Y Beyer – Abstain (absent)
4	No Reports for: Quality Facilities, Staff or Finances			
5	REPORTS: QUALITY PATIENT SERVICES			
	5.1	Outpatient Medical: First Wound Clinic with Dr. Syverson was Monday, March 8 th and went really well. MHF provided a \$16,000 grant to help us purchase new equipment for pressure relieving, for all MMHD patients (SNF and Acute are included). Working on the process to streamline the referral process with patients from the clinic when it opens. Maintenance has been AMAZING in all of our department moves due to COVID. And a BIG THANK YOU to MHF and the donors who have provided us the opportunity to purchase equipment for better patient care. Thank you to the Pharmacy for the temporary set up of Pyxis so we have quick access for our patient care.		
	5.2	Med Staff: Concentration is on the COVID Vaccination scheduling. Practitioner Record Keeping process takes a lot of time to keep up to date and it's always a priority.		
	5.3	Acute/Swing: COVID has been a common theme hospital wide and navigating the many changes that has brought on. December was our big surge in COVID which required our Station 1 Acute Wing to move to Station 3 to allow for the COVID surge plan.		

		Teamwork played into the move and set up for our patients during the move. We will be moving back into Station 1 area this next week with a new and improved Nurse Call System. Visiting hours have been established for visits on the Acute floor.
5.4		Outpatient Surgery: Hit hard with closure due to COVID. We closed November and just opened back up this last week with Orthopedic and Scope surgeries. Our Steris Hot Water machine has been repaired during the closure. CRNA coverage has continued to be difficult. Thank you to Jeanette our Scrub Tech for keeping the Surgery Department prepped and ready to go when the closure ended. And thank you to Maintenance for all the help with all the moves we've made. Requested total surgeries and total cancellations.
5.5		Blood Transfusion Quarterly: The Blood Transfusion process has been in a changeover cycle with the departure of our lab manager. But Nurse Administration and HIM are working on streamlining the process and working on getting everything ready to go. Lab: we've been searching for a Lab Manager for over a year now, and we hired an Interim Manager that diligently worked on updating our policies and procedures in the lab. We are hiring a lab consultant to mentor a current team member to become a lab manager and to help close up any gaps the lab currently has.
5.6		SNF Events/Survey: The most recent survey went really well and was very in depth. In April, we plan to see CDPH picking back up on surveys. Leslie, our survey consultant, will come in and provide mock surveys for us so that we are prepared and ready for the next survey season to begin. In the process of opening up for SNF visitations with restrictions still in place, but new regulations coming out are starting to relax.
5.7		Infection Control: Focus is on COVID vaccinations. And employees have been great about completing their weekly testing. Changes in the weekly testing requirements could be changing with regards to employees outside of the clinical departments.
6		DIRECTOR OF QUALITY
	6.1	Compliance Quarterly: Very on point with all the survey reports. Self-reports have raised the bar and we will continue to perform those so we make solutions and adjustments in house. RL6 is an electronic reporting platform for accidents, issues, concerns.
	6.2	Director of Quality Update: Thank you to Jack for writing out all the abbreviations. Last Prime report is due at the end of the month and the program will end. Looking forward to the QIP4 because we have the clinic and it will have a positive impact to the community. And the new EMR for the clinic will be an easier platform for us to maintain the reporting on this.
7		ADMINISTRATIVE REPORT: Vaccination compliance poster will be shared throughout the hospital to reach a MMHD Facility wide goal of 80% Vaccinated. Denominator could change with certain classes of declined responses, ie. Medical, have already tested positive for COVID, pregnancy, etc. Incentive if goal is reached is being talked about with ideas around PTO, gift cards, etc. and would go to each employee at MMHD regardless of receiving the vaccine or not. Focus is on the \$1.9 trillion bill just approved – Rural Hospitals are addressed in the bill for funding. Once the text is available, we will be reading it to understand what and how we are affected. Epic demo is being scheduled for the hospital EMR. Clinic Construction Fire Inspection went well with one condition and we should meet that this week. Next week will be the county inspection and then we should have both documents in hand to file for Licensure. Jobs are posted and applications are starting to come in. Demo project bids were received and under review currently. We will have a Special Board Meeting on the 24 th to award the contract. Lots of in house moves taking place to prepare for the demolition project.
8		OTHER INFORMATION/ANNOUNCEMENTS: Bring up at Board Meeting with regards to Strategic Planning – mobile lab clinic and tie it into Home Health Care and enhancing the Imaging department. Ask if there are other ideas to research or review before the Strategic Planning Review session.
9		ANNOUNCEMENT OF CLOSED SESSION
		Medical Staff Credentials: Government Code 54962 STAFF STATUS CHANGE <ol style="list-style-type: none"> 1. Robert Adams, DO to Inactive 2. Latisha Smith-Chase, MD to Inactive 3. Henry Patterson, OD to Inactive 4. Steven McKenzie – Add a Service Location AHP (Allied Health Professional) APPOINTMENT <ol style="list-style-type: none"> 1. Serena Ackerman, CRNA 2. Andrew Ewell, CRNA 3. Craig Griffiths, CRNA 4. Shazmin Gangji, PA AHP (Allied Health Professional) REAPPOINTMENT <ol style="list-style-type: none"> 1. David Nicholson, CRNA

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.

	<p>2. Heather Corr, PA</p> <p>MEDICAL STAFF REAPPOINTMENT</p> <p>1. Lara Zimmerman, MD</p> <p>2. Lin Zhang, MD</p> <p>3. Alan Yee, DO</p> <p>4. Ge Xiong, MD</p> <p>5. Vicki Wheelock, MD</p> <p>6. Massuc Seyal, MD</p> <p>7. Ajay Sampat, MD</p> <p>8. David Richman, MD</p> <p>9. Katherine Park, MD</p> <p>10. John Olichney, MD</p> <p>11. Kwan Ng, MD</p> <p>12. Ricardo Maselli, MD</p> <p>13. Ryan Martin, MD</p> <p>14. Norika Mallhado-Chang, MD</p> <p>15. Marc Lenaerts, MD</p> <p>16. Jeffrey Kennedy, MD</p> <p>17. Alexandra Duffy, DO</p> <p>18. Charles DeCarli, MD</p> <p>19. Ashok Dayananthan, MD</p> <p>20. Matthew Chow, MD</p> <p>21. Michelle Apperson, MD</p> <p>22. Kevin Keenan, MD</p> <p>23. Olivia Tong, MD</p> <p>24. Tommy Saborido, MD</p> <p>25. Aditi Bhaduri, MD</p> <p>26. Allen Morris, MD</p> <p>MEDICAL STAFF APPOINTMENT</p> <p>1. Khalil Zahra, MD</p> <p>2. Paul Guisler, MD</p> <p>3. Sindhura Batchu, MD</p> <p>4. Orwa Aboud, MD</p>
10	RECONVENE OPEN SESSION – REPORT CLOSED SESSION ACTION: Medical Staff Credentials were moved, seconded and carried. Unanimous consent to approve credentials.
11	ADJOURNMENT: Next Regular Meeting – April 14, 2021

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Mayers Memorial Hospital District

Always Caring. Always Here.

Executive Director of Community Relations & Business Development – Valerie Lakey
March 2021 Board Report

Legislation/Advocacy

We have been following several bills as they start to move through the legislative process. There have been 175 +/- sent to the Health Committees that are being reviewed to determine how they will affect hospitals and/or rural healthcare.

Assemblyman Wood has a trio of bills that we are following closely. [AB 1130](#) would establish, within the Office of Statewide Health Planning and Development (OSHPD), an Office of Health Care Affordability. The office would analyze the health care market for cost trends and drivers of, develop policies for lowering health care spending costs for consumers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers.

[AB 1131](#) would create a statewide health information exchange (HIE). Substantive amendments to this bill are still pending. CHA will continue to work with the author to help shape the conversation about sharing and exchanging health information. Alternatively, CHA supports Senate Bill (SB) 371 (Caballero, D-Salinas), which is sponsored by the California Medical Association. SB 371 was amended with the goal of creating an HIE “network of networks” that aligns with federal guidelines and builds upon the existing HIE infrastructure. In addition, the bill would re-establish the deputy secretary of health information technology position and seeks to modernize California’s public health infrastructure.

[AB 1132](#) would create the Health Care Consolidation and Contracting Fairness Act of 2021, pertaining to contracts issued, amended, or renewed on or after Jan. 1, 2022, between a health care service plan or health insurer and a health care provider or health facility. It would prohibit these contracts from containing terms that — among other things — restrict the plan or insurer from steering an enrollee or insured to another provider or facility, or that require the plan or insurer to contract with other affiliated providers or facilities. AB 1132 would also create additional Attorney General oversight for the merger or acquisition of health plans and providers, including hospitals.

AB 650 has not yet been formally introduced, but would require district hospitals and private health care employers with 100 or more employees to pay all their health care workers, with the exception of management and supervisory staff, a “hazard premium pay bonus” of \$5 per hour for each hour worked, applied retroactively to Jan. 1, 2021, and through the end of the state of emergency related to the pandemic.

[**SB 213**](#) would define “injury,” for a hospital employee who provides direct patient care in an acute care hospital, to include infectious diseases, cancer, musculoskeletal injuries, post-traumatic stress disorder, respiratory diseases, and now COVID-19. The bill would also create rebuttable presumptions that these injuries that develop or manifest in hospital employees arose out of and in the course of employment and extends the presumptions for specified time periods after the hospital employee’s termination of employment. The bill was heard in the Senate Labor, Public Employment and Retirement Committee and passed 4-1, it is moving to Senate Appropriations.

Gov. Gavin Newsom has signed [**SB 95**](#), which resurrects the [statewide COVID-19 supplemental paid sick leave](#) that expired at the end of 2020. The new law also applies retroactively to Jan. 1 and will remain in effect until Sept. 30. The law takes effect immediately and we have until March 29 to be in compliance.

The law requires employers with more than 25 employees to provide paid sick leave for specified reasons related to COVID-19. The law requires a new bank of leave — regardless of how much time an employee used under the 2020 COVID-19 supplemental paid sick leave law. Other differences from the 2020 requirement include the reasons for the leave, the rate to be paid for the leave, a retroactivity component, the ability to take a credit for leave provided after Jan 1st and more.

The law continues to prohibit employers from requiring documentation in support of the leave unless the employer has other information indicating that the covered employee is not requesting 2021 COVID-19 supplemental paid sick leave for a valid purpose. In any such claim, the reasonableness of the parties’ actions will undoubtedly come into play. The labor commissioner has issued [FAQs](#) to assist employers with compliance and has until March 26 to develop a notice to be used by employers.

[**AB2537**](#) Implementation

As we approach the April 1st 90-day Stockpile requirement of this bill, we still do not have a definition from CalOsha as to what data to base our stock-pile on. The law says “normal consumption”, but that is not the direction CalOsha is going. We continue to be involved in that discussion and stay up to date on what the requirements will be.

Marketing/Public Relations/Recruiting

The new website will launch the first part of April and will include page build-outs for the Mayers Rural Health Center and the Retail Pharmacy.

A bulk publication will be sent to all box holders the last week of March. The publication features history of Mayers through the decades.

Public relations and messaging continues for the Clinic and Building Demo project. We are working on “Service” signage for the clinic patient rooms as well as hospital department information and brochures.

We are working on the Clinic Ribbon Cutting event and developing advertisements and marketing materials for the clinic.

Doctor’s Day is March 30th. We are doing a special ad and gifts for our provider staff to recognize them for their continued commitment to Mayers and the Intermountain Area.

COVID Messaging/Vaccination Program

The messaging for COVID has continued through a weekly update and social media posts and has had a focus on vaccinations. The vaccine clinics continue and requires a lot of behind the scenes work. We continue to receive forms daily from our website which need to be managed. The staff has done an amazing job of scheduling, coordinating and communicating to make this all happen.

We were able to collaborate with Driscoll’s and arrange for on-site vaccinations of their staff. We are in the process of doing the same for Sierra Pacific Industries.

Disaster/Emergency Preparedness/Safety

The Injury and Illness Prevention Plan is complete and includes new procedures for Heat Illness Injury Prevention, Safe Patient handling and Ergonomics. All of this is being updated on the Employee Intranet for easy access.

Congratulations to Dana Hauge, our Wellness Coordinator, for completing her Certified Ergonomics Assessment Specialist Certification. She has also completed the new procedures for MMHD’s ergonomics program.



Operations Report March 2021

Statistics	February YTD FY21 <i>(current)</i>	February YTD FY20 <i>(prior)</i>	February Budget YTD FY21
Surgeries (<i>incl. C-sections</i>)	17	34	64
➤ Inpatient	1	5	16
➤ Outpatient	16	29	48
Procedures (<i>surgery suite</i>)	72	116	128
Inpatient	1,373	1,091	1,351
Emergency Room	2,527	2,853	2,680
Skilled Nursing Days	18,551	18,562	18,493
OP Visits (OP/Lab/X-ray)	14,183	9,306	10,559
Hospice Patient Days	570	738	936
PT	1,614	1,671	2,000

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

*Surgery CLOSED for December 2020 and January 2021 due to COVID

Chief Clinical Officer Report

Prepared by: Keith Earnest, CCO

Pharmacy

- Most of my activity has surrounded acquiring and administering COVID vaccines.
 - Mayers received 195 vials, 1170 doses, of Pfizer vaccine on 3/23/2021. We are now using our ultra-low freezer. An emergency plan is in place for loss of power or freezer unit failure. The ultra-low freezer's temperature is continually monitored with text messages being sent for any deviation in temperature.
 - Mayers has received a limited quantity of Johnson and Johnson single dose vaccines. We are following the county's guidelines on how these are to be used.
 - As of March 19, Mayers has given 1253 first doses of Pfizer, 798 second doses of Pfizer and 10 Johnson and Johnson doses (2061 total doses given)
 - The vaccine clinic has moved to the Seventh Day Adventist Church, as the old lobby will begin tear down. This is working well.
 - Mayers has been following the vaccination tiers as established by the state and the CDC, moving through the tiers at the county's direction. We are now vaccinating healthcare professionals, persons over age 65, those working in K12 education and childcare, agricultural workers, utility workers, and persons 16-64 with high risk pre-existing conditions. The team from Mayers will vaccinate Driscoll's workers onsite and we are working with Sierra Pacific to do onsite vaccinations the week of March 29.
 - Reporting of vaccinations to the California Immunization Registry (CAIR) is done electronically through Paragon.
 - Keith Earnest and Susan Knoch from Mountain Valley's Health Centers are on the Shasta County Task Force for vaccinating food and agricultural workers.

- The barrier isolator is out of service due to a motor failure on one of the fans. A service order to have it repaired has been issued but the manufacturer is having supply chain issues with the parts. A service technician will be coming to see if the motor can be repaired instead of replaced.

Physical Therapy

- Mayers PT department has two Physical Therapy Assistant interns from Institute of Technology in Redding. They are about half way through and the internship is going well. We hope to continue to work with IOT and grow our workforce.
- The department was awarded \$5500 from a community member through the foundation for a treadmill. COVID has caused a delay in production.
- February is generally a down month historically and February 2021 volumes exceeded budget projections.

Retail Pharmacy

- In April, we are bringing in a 340B consultant to primarily focus on our 340B contract and inventory control. Volumes are good but financial performance is not meeting expectations. The consultant has decades of experience with an independent pharmacy that has successfully leveraged the 340B program.

Telemedicine

- See attached.
- Telemedicine services will be part of the Burney Clinic at time of opening. Amanda Harris has been working with the EMR vendor to incorporate everything into the new clinic.

Respiratory Therapy

- CareFusion was on site doing preventative maintenance and repairs on the PFT machine.
- The PFT machine reaches end of life in 2022 and we have started the research process for replacement options.

Cardiac Rehab

- The new holter monitors are on their way. The ones that initially shipped were the wrong item and have been returned.
- Two new monitored patients will start the week of March 29.

Chief Nursing Officer Report

Prepared by: Candy Vculek, CNO

- COVID restrictions are starting to lighten related to visitation. Visitors (with proper precautions) are now allowed back in our facility. This has led to lots of tears of joy and happiness for both our residents and our staff. The facility is still functioning under a number of COVID restrictions.
- CDPH has announced the resumption of routine SNF surveys. They anticipate them to start again next month. Our SNF consultant will be here the end of the month to conduct a “Mock Survey” in order to give us a solid overview of the status of the SNF. This information will be used to close any identified gaps.

- Recruitment efforts for the LVN group have been very successful. At present, there is only one LVN vacant position. There are three new graduates and several other new hires that are just joining the MMHD team over the next couple of weeks. In March of 2020 there were nine vacant positions and in May of 2019 there were 12. The RN group currently has four vacancies. In January of 2020 there were 12 RN vacant positions. A number of changes were made that helped to stabilize these groups. This includes offering a hiring bonus, a solid and effective orientation program and wage adjustments.
- CNA recruitment and retention continues to be problematic. There are currently 22 vacant positions throughout the facility. The CNA program is in place but enrollment has not matched expectations. Plans are in place to reach out to all the local high schools as well as conducting a larger advertising campaign prior to the August class. Other discussions are happening to develop a plan to recruit.

SNF Report

- Census = 73 Residents (Burney Annex = 45; Station 2 Fall River Mills = 28). There are three possible admissions for Fall River Mills SNF this week. There are a total of nine beds open (eight female beds and one male). At the Burney Annex, the Memory Care Unit is completely full at this time with twenty-one Residents. There are four male beds available in Burney Annex Front. There are two potential male admissions for the Annex from Alturas. We are rebuilding our census!
- Covid-19 Vaccine Program for SNF Residents continues. At this time we have 56 Residents fully vaccinated; with 5 who have received their first vaccine; 4 new Admissions that will be vaccinated as well as a few more who have decided they now want to be vaccinated; the remainder have refused.

Acute Care Report

This report will be separate as it is time for the quarterly report

Emergency Department

- Through the Emergency Department, we treated 293 patients in February.
- JD Phipps, the Director of Emergency and Ancillary Services has resigned. His last working day will be April 2nd. He has been a huge asset to MMHD and will be missed.
- Covid Operations update – Operations are smooth with use of the isolation room and rapid testing. Non-acute patients are being asked to wait in the car pending COVID swab if symptomatic and the isolation room is not available. The trailer is still available if needed or delay is anticipated to be prolonged

Laboratory

- A new laboratory manager, Ulysses Pelew has been hired. He has been working at MMHD as a CLS and will do a terrific job. Since this is his first management position, a consultant has also been hired for a short term to assist in the correction of identified regulatory gaps as well as mentoring Ulysses in his new position.
- CLIA survey is scheduled for April 6th.
- PCC/EPIC interface with Lab- There has been significant progress on the project and the interface should be completed within the next two weeks. This will provide EHR interfaces with both the clinic and the SNF resident charts.

- The lab has implemented a new test that is a combination of COVID and Flu A/B
- New glucometers have been ordered for the facility as the old ones have reach the end of their life cycle. It will take about two months to have them fully implemented.

Radiology Board Report

- The radiology CD burner has arrived and been installed. It will require a little work between MMHD and Ambra for it to become fully operational.
- A new full time radiology tech has been hired which reduces the usage of travelers in the department.

Chief Operating Officer Report

Prepared by: Ryan Harris, COO

Facilities, Engineering, Other Construction Projects

- We received a Certificate of Occupancy for the Mayers Rural Health Clinic on March 15th. Landscaping is the one conditional we need to complete as the weather permits. The General Contractor has submitted pay applications through February 28th, 2021 for \$2,247,795.96 with \$112,389.80 in retainage and change orders of \$299,943.65. The project's balance to completion is \$197,537.69. I am expecting the final billing for the project any day. I am meeting with the operations departments to ensure we have new workflows and the staff we need to support this new business.
- The Demo project is moving along with acceptance of the contract with Randy Hill Construction, of Chico, CA on March 24th. The milestones that we must meet are as follows: Completion of the new hospital wing by September 25th, 2020 (completed), start partial demolition of the existing hospital by April 5th, 2021, completion of the demolition project by December 15th, 2021. This project is still on schedule. The Demo project will include the new riser room and separation of our domestic and fire lines as well as HVAC work.
- Moves in both Fall River and the Burney Annex have occurred to prepare for the opening of the Clinic and the demo project. Station 1 is housing Acute/Swing patients, Station 3 is back into office spaces for Nurse Administration and our 4-6 bed COVID unit is available if we need to reopen it.
- The Acute Nurse Call project is completed.
- 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's COVID-19 restrictions. No changes to this project.
- Laundry facility drawings have been approved by the county. The general contractor has started procuring materials for the project and I anticipate construction to resume in the next 30 days. My goal is to have the laundry facility operational again by July of 2021.
- Alex Johnson and the Maintenance team have begun working on the minor updates in the church for the Daycare. Once complete, the fire inspection can occur, and then the license can be approved. The fire inspection is scheduled for April 6th, 2021. I have also been going back and forth with the county on the tenant improvement permit on behalf of TCCN and the church as I do not think a permit is a requirement as we are not doing any improvements that require a permit or have a building code to refer to.
- Facilities and IT are currently working on and tracking 75 other projects both large and small. We have been doing this process to set priorities and to get jobs completed in a timely fashion. This also allows us to give better lead times to new project requests. For March our focus has been on getting

the demo project started, moving the various departments to their new location, getting the work completed on the daycare, getting construction restarted on the laundry facility as well as getting the certificate of occupancy for the clinic. To do this we had to put most other projects on hold.

- Facilities and IT are also working on a ticketing system for maintenance requests. This will help streamline our processes and give better visibility to the amount of the requests coming in, appropriate staffing levels, department workloads, and improve communication to staff.

IT

- Since February 19th, we have seen a 7% decrease in received tickets with a 10% decrease in resolved tickets. Our Backlog has gone down another 2%. Overall this is good for us as our received ratios averaged out for the past couple of months and our backlog continues to shrink, which means we are just barely staying ahead of our day-to-day work.
- We have maintained an identical project list, however, we have shrunk our focus significantly to ensure the Demolition and Clinic projects are not hindered. We are keeping pace on these projects, with our only roadblocks being vendors not sharing the same sense of urgency. In our available time, when these projects are not pending us, we are working on our Office 365 migration and Citrix.

Purchasing

- 50% of the purchasing department has been renovated. We put a 2-month hold on the other 50% so our new management and staff can get better acclimated to their positions. Our purchasing manager also visited Modoc Medical Center's new purchasing building to get ideas on how to improve ours and to compare what both facilities are doing.
- The new Purchasing team continues to work on workflows and processes so that each person is cross-trained within the department.
- Inventory
 - Updating units of measure on expiring items for issuance of fewer items to reduce likelihood of items expiring
 - Identifying frequently expiring items to reduce par levels in stock locations and supply room to eliminate waste
 - Working to eliminate over-stocking items
- Ordering
 - Planning to consolidate supply ordering to one primary vendor by working with Premier to achieve highest-tiered pricing possible for our needs
 - Working to establish regular order forms for each department to use
- Stocking
 - Adjusting par levels for all locations to ensure no over-stocking, but ensure minimum essential levels are maintained
 - Planning to reorganize stockroom locations to increase efficiency and deter overstocking and outdated item quantities

Food & Nutrition Services

- The dining rooms are now open and FNS staff are happy to serve our residents again.
- Square Point of Sale System has continued to work well for our staff.
- Prime program is no longer a factor and Susan and team are working on updates to put in play.

Environmental Services & Laundry

- Sherry and her staff have been working extremely hard over this last month with all of the department move as well as keeping the clinic clean while we move in owner furnished owner-installed equipment.

Security

- We have had a couple of security incidents over the last month that has made us revisit putting access control at our Fall River Campus. We are currently looking into vendors and costs. A meeting and site walk is scheduled for the 6th of April with an access control vendor.

Rural Health Clinic

- Amanda Ponti our Clinic Manager will be giving a more detailed monthly report to the board for the next 6 months. But I am excited to announce that we have received our Licensure inspection date from CDPH of March 30th, 2021 and if everything goes well I am hoping to report at our board meeting that we have received our license.

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

COVID Vaccine

We received 1100 doses of the Pfizer vaccine from Shasta County, which is about 8 times more than we generally receive weekly. The reason this is important to us, and why we have been fighting for this for some time now, as each week we have to send a pharmacist to Redding to pick up the vaccine, now we can just receive one shipment and store it in our Ultra Low freezer installed for this purpose. We are also working with the County to get our new clinic setup as a vaccine provider when we open, my understanding is we would be administering the Moderna and J&J Vaccines, as they are much easier to store in a regular freezer. At some point in the future, our vaccine clinic will transfer to the Burney clinic and vaccines taking place at the hospital will begin to Phase out. We expect to see this happen after June. This is normal and customary as vaccinations generally take place in Clinics and Pharmacies and not so much in the hospital setting. We will, of course still be able to offer vaccines to ER patients as we generally do with the flu vaccine in flu season. More to come on this in future meetings. For now...more vaccine is a good thing.

Rural Health Clinic

Our Rural Health Clinic is progressing nicely and still on track for our April 19 opening. Considerable progress has been made throughout March including the completion of the construction, hiring of employees, contracting of Physicians and Advanced Practice Providers, and scheduling of our licensure visit with the State of California. We are continuing to work on obtaining and creating new policies and procedures for the Clinic and standard medical practices. We are on schedule with our EPIC EMR computer system project for the clinic. All things at this point are on schedule for our April 19 opening.

New MMHD Clinic and SNF Physician

After much conversation, we have successfully signed on another full time doctor, Dr. Steven McKenzie. He is expected to provide his notice to his current employer this week and he will begin with us on April 12. Dr McKenzie will begin seeing patients on April 20 at our new Rural Health Clinic in Burney; he will also continue to take care of the Burney SNF residents as he has been for the past 6 months.

PG&E PSPS Events

We have been working with PG&E throughout this past month to ensure we do not lose power in future Planned Power Shutoff Events (PSPS). At this point, it does look like PG&E will be providing the District with a resource (generator) that will live here for the duration of the fire season. We do have a backup generator here on site however the plan PG&E would put in place is actually on their side of the Meter, meaning their generator would power the entire facility and not just the emergency equipment we generally have power to in a power outage. This is very important in the Skilled Nursing Facility, as the air conditioners would be operationally with the PG&E plan and not with the hospital's emergency backup generator. Our emergency backup generator meets all hospital code requirements but the requirements are really setup for short-term loss of power; not what PG&E has been doing over the past few years with long-term power shutoffs. Thank you to Valerie Lakey for her continued work on this.

Mayers 1953 Building Demolition

As part of Senate Bill 1953, Mayers Memorial Hospital District is required to remove from service and demolish what we refer to as the 1953 building by December 31, 2021. This "demo" project has been discussed at length for years with the District Board, local lawmakers, the county, and State. A contractor to perform the demo work and various other projects has been selected and approved by the District Board in an earlier March Special Board meeting. The project is scheduled to start in April and continue through the end of the year.

Telemedicine Update as of March 1, 2021

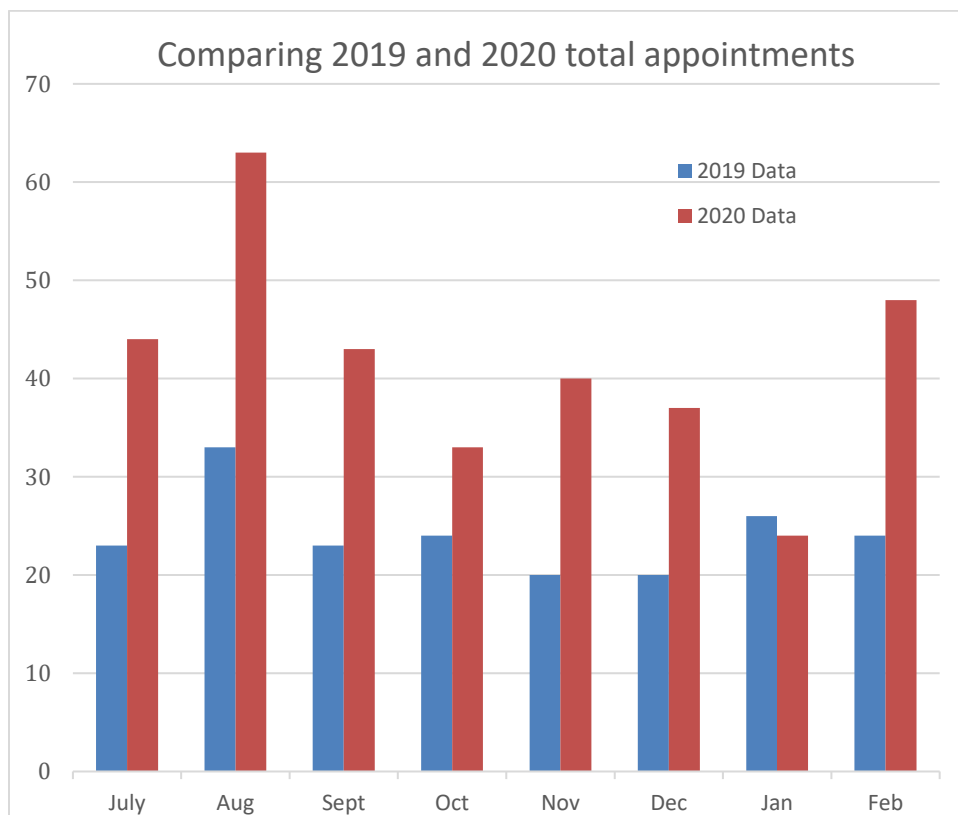
Respectfully submitted by Amanda Harris for Keith Earnest, CCO, Dr. Aaron Babb, Medical Director and Louis Ward, CEO (included quarterly).

We have completed a total of 1124 live video consults via Telemedicine since August 2017.

February 2021 is the busiest month that outpatient Telemed has ever had with 46 appointments.

There were also two family counseling appointments that took place here, but are not included in statistics. The previous record was 43.

Compared to this time last year we are at 172% in volume of appointments. (Jul 19 through Feb 20 = 193, Jul 20 through Feb 2021 = 332) As a reminder – total appointments last fiscal year = 346.



*Due to uptick in the program I'm going to stop tracking ancillary revenue. I can say that it was approximately \$15k for February but it's just too time consuming to track at this point. If anyone included in this report objects I will reprioritize it back into things. It will increase when we reopen our draw station in Burney, patients have been badly missing it.

Endocrinology:

- We had 13 Endo consults in February.
- We've had 353 consults since the start of this specialty in August 2017.

Nutrition:

- We had two Nutrition patients in February.
- We've had 90 consults so far since we started this specialty in November 2017.

Psychiatry:

- We had 23 patients seen for Psych in February. This is a new record for Psych, but he's hovered around 21 and 22 in the past a couple times.
- We've had 359 consults since the beginning of the program in August 2017.

Psychology:

- Dr. Jones has attempted some in-person consults and has not asked for assistance as of this time.

Infectious Disease:

- Dr. Siddiqui saw three patients in January, none in February and has two scheduled for tomorrow (3/2).
- We've had 87 consults since the start of this specialty in September 2017.

Neurology:

- Dr. Woodburn saw six patients in February.
- Dr. Woodburn must cut her hours back with us to one block a month. As such, we will be bringing on an additional Neurologist, Dr. Leviym. Pam is working on her credentialing/privileging now. Patients that were seeing Woodburn will continue to see her. I have 6 new/transfer patients waiting for Dr. Leviym.
- We've had 150 consults since the start of the program in November 2018.

Rheumatology:

- Dr. Butts saw two patients in February and currently five scheduled for March.
- We've had 15 consults since the start of the program in May 2020.

FRJUSD/Mayers/MVHC Take Four Counseling Grant:

- To date, about 622 consults have taken place with this program.
- Counseling services at all six sites are up and running. I'm still running the block at Burney Elementary due to lack of staff.
- Our carryover funds request was approved. This will fund additional services like counseling for faculty and staff (offered district wide, done), special flyers to be sent home to families regarding mental health (one already completed, another in progress), and additional counseling hours over the summer months here at Mayers.

Inpatient Telemed Services:

- Contracts are completed with T2U for inpatient services. Endo and ID eConsult has been rolled out and information disseminated to providers. Other services will be rolled out soon.

PHC/UCD Pediatric services:

- Partnership Healthcare has approached us about being a part of a pilot program with UC Davis for Peds Telehealth services. After consulting with Drs. Babb and Frye we're moving forward with quarterly offerings of Peds GI specialty services. Our meet and greet with the new specialist is on March 17 with services beginning in April.

