

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
June 23, 2021 at 10:30 am**

Intermountain Fairgrounds
Heritage Room
44218 A Street
McArthur, CA 96056

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 – May 26, 2021	<i>Attachment A</i>	Action Item	2 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:			
	4.1 Resolution 2021-12 – May Employee of the Month	<i>Attachment B</i>	Action Item	2 min.
	4.2 Mayers Rural Health Clinic Update – Amanda Ponti, Manager	<i>Attachment C</i>	Report	2 min.
5	BOARD COMMITTEES			
	5.1 Finance Committee			
	5.1.1 Committee Meeting Report: Chair Hathaway		Report	5 min.
	5.1.2 May 2021 Financial Review, AP, AR and Acceptance of Financials		Action Item	5 min.
	5.1.3 Board Quarterly Finance Review: Recommendation from Finance		Action Item	5 min.
	5.1.4 Annual Budget Hearing: 2022 Budget Approval (Resolution 2021-13 FY22 Budget)	Attachment D	Action Item	5 min.
	5.2 Strategic Planning Committee			
	5.2.1 Strategic Planning Session scheduled for June 23 rd following Regular Board Meeting			
	5.3 Quality Committee			

5.3.1	June 9 th Meeting Report – DRAFT Minutes Attached	Attachment E	Report	5 min.
5.3.2	Hazard Vulnerability Analysis – Recommendation from Quality to approved.	Attachment F	Action Item	2 min.
7	NEW BUSINESS			
7.1	Appoint Ad Hoc Committee for CEO Evaluation		Appointed by Chair	2 min.
7.2	Resolution 2021-11 – District Name Change	Attachment G	Action Item	2 min.
8	ADMINISTRATIVE REPORTS			
8.1	ED of Community Relations & Business Development – Val Lakey	Attachment H	Report	5 min.
8.2	Chief's Reports – <i>Written reports provided. Questions pertaining to written report and verbal report of any new items</i>		Reports	
8.2.1	Chief Financial Officer – Travis Lakey		Report	5 min.
8.2.2	Chief Clinical Officer – Keith Earnest	Attachment I	Report	5 min.
8.2.3	Chief Nursing Officer – Candy Vculek		Report	5 min.
8.2.4	Chief Operation Officer – Ryan Harris		Report	5 min.
8.2.5	Chief Executive Officer – Louis Ward		Report	5 min.
9	OTHER INFORMATION/ANNOUNCEMENTS			
9.1	Board Member Message: Points to highlight in message		Discussion	5 min.
10	ADJOURNMENT: Next Regular Meeting – July 28, 2021			

Posted 6/18/2021

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Board of Directors
Regular Meeting
Minutes
May 26, 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: Jeanne Utterback called the regular meeting to order at 1:01 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

STAFF PRESENT:

Louis Ward, CEO
Ryan Harris, COO
Keith Earnest, CCO
Travis Lakey, CFO
Val Lakey, ED of CR & BD
Amanda Ponti, Clinic Manager
Tracy Geisler, MHF Executive Director
Jessica DeCoito, Board Clerk

ABSENT:

Candy Detchon, CNO (working the floor in the ED)

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

3 APPROVAL OF MINUTES

A motion/second carried; Board of Directors accepted the minutes of April 28, 2021.

*Guyn, Vasquez
Guyn-Y
Hathaway-Y
Humphry-Y
Utterback-Y
Vasquez-Y*

4 Introduction of Mayers Healthcare Foundation Executive Director Tracy Geisler: Tracy has been with us for some time but with a different role as a Pharmacy Technician. She has a big background in IT, Marketing and Sales and that fits the bill for what we need at the Mayers Healthcare Foundation. Already taking part in local community foundations like the Burney Fall River Education Foundation. Welcome!

5 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

5.1 A motion/second carried; Kristy Blevins was recognized as April Employee of the Month. Resolution 2021-10. Kudos to the extra work taken on during the last year.

*Vasquez, Hathaway
Guyn-Y
Hathaway-Y
Humphry-Y
Utterback-Y
Vasquez-Y*

5.2 Mayers Rural Health Clinic Update: Going forward, we will be able to provide more statistics and analytics of the clinic with providers, revenues, etc. EPIC is very inclusive to everything we could want and need in the Clinic. Unfortunately, without our CLIA and finalizing our RHC License, we can’t bill for everything just yet.

6 BOARD COMMITTEES

6.1 Finance Committee

6.1.1 **Committee Report:** Met with Surgery, Business Office, Patient Access and HIM. A lot of great discussion about the EPIC program the Clinic uses. Surgeries were down but our inventory didn’t affect us. Patient Access is working with patients to help with reduction of costs and programs available. Vouchers for District Members were discussed – Administration is working with Modoc and Southern Humboldt with regards to the voucher system. HIM update included a discussion about what they do – coding all services so insurance can be billed.

6.1.2	April 2021: Price comparison spreadsheet was shown to reference what other hospitals are charging versus where we are at, and we are less than others. Retail Pharmacy: consultant came up and worked with Keith and the team at the Pharmacy. Strategies were provided for inventory control like not keeping high cost drugs on the shelves. 340B was a huge component for the consultant to focus on. 340B is really for those folks needing routine medications. Re-negotiation is an option for our 340B contract with great talking points provided by the consultant.	Hathaway, Humphry	Guyn-Y Hathaway-Y Humphry-Y Utterback-Y Vasquez-Y
6.2	Strategic Planning Committee Chair Vasquez		
5.2.1	SP Planning Session: Scheduled to June 23 rd at 1:00 pm at Intermountain Fairgrounds Heritage Room		
6.3	Quality Committee Chair Utterback		
6.3.1	Committee Meeting Report – Draft minutes of meeting were attached. JCO Certification versus Star Rating discussion will take place at the SP Session on June 23 rd .		
7	NEW BUSINESS		
7.1	Policy & Procedures:	Hathaway, Vasquez	Guyn-Y
	1. <i>Board Compensation & Reimbursement: confirm this matches with the most recent copies of bylaws</i>		Hathaway-Y Humphry-Y
	2. <i>Disposal of Surplus or Excess Properties: clarification on the special district law with regards to</i>		Utterback-Y Vasquez-Y
8	ADMINISTRATIVE REPORTS		
8.1	ED of Community Relations & Business Development: SB 213 Worker’s Comp: have some extra time to work in opposition on this bill. AB 650 did take some amendments: Public hospitals are now included in this bill and past payments are included as credit. \$7 billion price tag for hospitals statewide. Seismic Bill is in budget process, and hoping for 2 nd round on trailer bills around June. PPE Stockpile for 30 days of supply – we submitted a report of PPE burn rate and we should be getting a 30-day supply. Marketing is focused on Clinic marketing. Key point messaging for the demolition project. Kudos to Val on the information shared and the work done on the messaging for the demolition project. Need to formulate a plan to market with Telemed providers.		
8.2	Chief’s Reports		
8.2.1	CFO: FY22 Budget will look rough compared to previous 5 years of budgets with supplemental payments changing. By FY23, the budget will look more normal.		
8.2.2	CCO: June 10 th EMD will be here to repair and certify the hood. While the hood has been down, we have had Maintenance repaint the room with specialized paint. Clinic refrigerator arrived yesterday 5/25 and temperature monitor arrived today 5/26. Will be in service no later than 5/27. This will allow us to transfer our vaccine clinic down to the Burney clinic. Pfizer vaccination is now good for 30 days rather than the 5 previously noted. COVID Vaccine – first MyTurn Clinic was 5/25 and is more efficient from the nursing aspect. Sign-ups continue to decline but we are seeing sign-ups coming in through MyTurn which has made the turnaround time much quicker. On-site vaccination clinic at the schools was not able to come to fruition but we were able to give information to the schools that was sent home with students. Last planned off site vaccination clinic is scheduled for Johnson Park tomorrow.		
8.2.3	CNO: submitted written report. SNF: have openings for staff and continue to work on in house schooling for the CNA program. Resident openings and actively trying to bring the census up with admissions. 3 new RN’s on Acute floor: one that has been with us for her CNA, LVN and now RN. Huge success story for her and for our Growing Our Own Program.		
8.2.4	COO: Legionella testing has been a huge priority for our team. We are engaged in conversations with engineers to come to a solution. Phase 1: separate the domestic and fire line (in demo project) and chlorinate the system to start fresh. Phase 2: trace fire line and remove dead legs. Phase 3: look at water heaters. Could be all phases. Laundry facility: 60 to 90 days we should be done with the laundry facility rebuild. Patient Volumes for the Clinic are being tracked every day: most provider patient loads are improving but not at a pace we are hoping for. Hospital Admitting can schedule clinic patients as they leave their ER visit. Demo project: scheduled for end of		

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.

project at October 13th with quite a bit of float to handle issues if they arise. AFL: set to expire on July 17th which requires us to move all departments and folks back to their original locations pre-Covid. This AFL does impact our ICRA barriers and negative air pressure machines. Mock Survey for Acute brought up issues that the Operations team is going to work on. Biggest issue is the air exchanges rate in surgery which trails back to our HVAC units needing to be upgraded.

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- 8.2.5 **CEO:** Covid good: 159 tests and 0 positives. Covid bad: county wide we have 16 patients in the hospitals and 1 death today which is the first death we've had in a while. And positivity rate is up in Shasta Co. – we are still in the red and very close to purple. PG&E: able to have a conversation with the new CEO of PG&E with regards to our facility during power shut off events – we have power but not to our HVAC systems – so no AC or heat. Innovative ideas are being researched at PG&E to help with a lot of power shutoffs. Envision contracts for physicians in our ED: looking at our options for coverage in our ER. Met with the Director of ER at Mercy and discussed bringing their providers to our ED for coverage help. Trip to Modoc Medical is planned to learn more about the local voucher program. High School Internship program produced 5 applicants – 2 from Fall River, 2 from Burney and 1 from Big Valley. They are busy throughout the whole facility learning and helping us out. MMHD will Adopt-a-Highway along 299 just outside of McArthur.

9 OTHER INFORMATION/ANNOUNCEMENTS

- 9.1 Board Member Message: Price Comparison general statement, Demolition Project update with general schedule, Telemedicine Program, MyTurn for the vaccination program, Clinic update.

10 ANNOUNCEMENT OF CLOSED SESSION – 2:36 pm

10.1 Medical Staff Credentials Government Code 54962

Medical Staff Reappointment

1. Sean Pitman, MD, Pathology (Shasta Path.)
2. Mark Ramus, MD, Pathology (Shasta Path.)
3. Michael Dillon, MD, Emergency Med. (Envision)

Medical Staff Appointment

1. Sophie Xu Teng, MD, Neurology (UCD)
2. Robert L. Muller, MD, Radiology (vRad)
3. Anne Marie McLellan, DO, Radiology (vRad)
4. Alap R. Jani, MD, Radiology (vRad)
5. Ronald D. Alexander, DO, Radiology (vRad)
6. Desiree Levyim, MD, Neurology (Telemed2U)

Motion made, seconded and carried to approve Medical Staff Credentials.

10.2 Pending Litigation Government Code 54596.9: Upcoming Mediation:

11 RECONVENE OPEN SESSION: 2:39 pm

12 ADJOURNMENT: 2:39 pm

Next Regular Meeting: June 23, 2021 at 10:30 am at Intermountain Fairground Heritage Room

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

Board Member

Board Clerk

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Mayers Memorial Hospital District
Always Caring. Always Here.

RESOLUTION NO. 2021-12

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

Kristi Shultz

As May 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, Kristi Shultz is hereby named Mayers Memorial Hospital District Employee of the Month for May 2021; and

DULY PASSED AND ADOPTED this 23rd day of June 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

Chief Executive Officer
Louis Ward, MHA



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Tom Guyn, M.D., Secretary
Abe Hathaway, Treasurer
Tami Vestal-Humphry, Director

Board Meeting

Wednesday, June 23, 2021

Mayers Rural Health Center Report – Amanda Ponti, Clinic Manager

Statistics

The clinic has currently seen 691 patients as of 6/16/21 with 97 productive provider days.

Average patients per day for the last 30 days by provider is currently: Corr 8.5, Haedrich 5.25, McKenzie 10, and Saborido 6.5.

Downstream revenue observed at the hospital by provider to date: Corr \$23,094, Haedrich \$30,873, McKenzie \$94,122 and Saborido \$67,195. Current total \$215,284.

Survey Update

On 6/8/2021, we received a letter of site survey completion from Partnership Health Plan of California. We are still waiting for contract approval from PHP, which is currently delayed due to the ongoing CLIA issue.

We are still waiting on our CLIA license in order to request The Compliance Team survey, complete Medicare enrollment, apply for our PTAN and visit rate. Travis and I have tried many different avenues to get information on the status of our application without success. I received an email from CDPH 6/16/21 letting us know our application completed initial review and is with the CLIA office for ID assignment. It is undetermined what the time frame on that is.

Electronic Medical Record Interface Updates

Work is still being conducted on the lab and radiology interface. We are hopeful that these are going to be tested and ready for production by the first week of August.

SacValley Med Share HIE interface is still in full swing and going smoothly. The hope is to have that interface live by September 30 in order to be eligible for grant funding available.

Vaccination Refrigeration and Vaccines for Children

Our vaccination refrigerator arrived at the end of May after the first one was damaged at delivery. We have been able to stock that with vaccination for private pay and commercial insurance. Keith is working on completing the Vaccines for Children application process in order for us to stock vaccinations for uninsured and underinsured.

Dr. Syverson

Dr. Dale Syverson started seeing patients in the clinic on June 4th. We are excited to have him as part of the clinic team. He is performing his pre and post-operative visits in the clinic every other Friday. Additionally, he will perform minor procedures in the clinic space as well.



Mayers Memorial Hospital District
Always Caring. Always Here.

MAYERS MEMORIAL HOSPITAL DISTRICT
BOARD OF DIRECTORS

RESOLUTION 2021-12

WHEREAS, the Governing Board of Directors is responsible for the preparation and adoption of a final budget, which provides a financial plan, including estimated revenues, expenditures and reserves, for operation during the fiscal year July 1 through June 30.

WHEREAS, the budget submitted is required by law to be a balanced operating budget for year July 1, 2021 through June 30, 2022; Total Net Patient Revenue \$33,091,795.86 with a bottom line of \$506,831.77.

NOW, THEREFORE, the undersigned certifies and attests that the above resolution was approved at a regular meeting of the Board of Directors, Fall River, California, the 23rd day of June 2021.

PASSED AND ADOPTED on June 23, 2021, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Date

Jeanne Utterback, President
Board of Directors
Mayers Memorial Hospital District

Date

Thomas Guyn, MD., Secretary
Board of Directors
Mayers Memorial Hospital District

FISCAL YEAR July 1, 2021- June 30, 2022
BUDGET

APPROVED AND ADOPTED AT THE BOARD OF DIRECTORS' REGULAR MEETING
THIS 23rd DAY JUNE 2021.

Jeanne Utterback, President
BOARD OF DIRECTORS
MAYERS MEMORIAL HOSPITAL DISTRICT

Thomas Guyn, MD., Secretary
BOARD OF DIRECTORS
MAYERS MEMORIAL HOSPITAL DISTRICT

Budget Prepared By:

MAYERS MEMORIAL HOSPITAL DISTRICT

(Attachment: FY2022 Operating Budget)

**MAYERS MEMORIAL HOSPITAL
OPERATING BUDGET**

	ACTUAL YTD APRIL '21	PROJ ACTUAL FYE '21	BUDGET FYE 2022	DIFF	DIFF %	Notes
REVENUE:						
IP Nursing Service						
Medical/Surgical	\$ 5,476,141	\$ 6,571,369	\$ 6,113,480	\$ (457,890)	-6.97%	Had an abnormal amount of Swing days so I expect this to be down
Skilled Nursing	\$ 9,901,377	\$ 11,881,653	\$ 12,941,763	\$ 1,060,111	8.92%	Our rates went up slightly and our census should go up as well
Ancillary Services						
Inpatient	\$ 1,748,607	\$ 2,098,328	\$ 2,212,552	\$ 114,224	5.44%	Combination of the two lines
Outpatient - SNF Ancillary	\$ 2,746	\$ 3,295	\$ 3,290	\$ (5)	-0.16%	
OP Services	\$ 17,692,129	\$ 21,230,554	\$ 25,180,644	\$ 3,950,089	18.61%	I expect a Covid rebound plus increased referrals from our clinic
Total Patient Revenue	\$ 34,820,999	\$ 41,785,199	\$ 46,451,729	\$ 4,666,530	11.17%	Up due to SNF plus Outpatient increases
DEDUCTIONS FROM REVENUE:						
Contractual - Medicare/Medi-Cal	\$ (1,539,174)	\$ (1,847,009)	\$ (8,885,514)	\$ (7,038,505)	381.08%	Up due to the large reduction in supplemental payments next year.
Contractual - PPO	\$ (2,189,162)	\$ (2,626,994)	\$ (2,883,439)	\$ (256,445)	9.76%	Up due to higher overall revenue
Charity and Other Allowances	\$ (97,356)	\$ (116,828)	\$ (125,006)	\$ (8,178)	7.00%	Up due to higher overall revenue
Admin Adjmts/Employee Discounts	\$ (920,421)	\$ (1,104,505)	\$ (1,181,821)	\$ (77,315)	7.00%	Up due to higher overall revenue
Provision For Bad Debts	\$ (221,303)	\$ (265,564)	\$ (284,153)	\$ (18,589)	7.00%	Up due to higher overall revenue
Total Deductions	\$ (4,967,417)	\$ (5,960,901)	\$ (13,359,933)	\$ (7,399,033)	124.13%	Combination of factors above
Net Patient Revenues	\$ 29,853,582	\$ 35,824,299	\$ 33,091,796	\$ (2,732,503)	-7.63%	Decreased due to higher contractals
OTHER OPERATING REVENUE:	\$ 350,726	\$ 420,871	\$ 450,332	\$ 29,461	7.00%	Conservative Estimate based off the last five years
Net Revenue	\$ 30,204,308	\$ 36,245,170	\$ 33,542,128	\$ (2,703,042)	-7.46%	Decreased due to higher contractals
OPERATING EXPENSES:						
Productive Salaries	\$ (10,767,027)	\$ (12,920,432)	\$ (14,065,693)	\$ (1,145,261)	8.86%	CNA, LVN, minimum wage increases
Non-Productive Salaries	\$ (1,320,920)	\$ (1,585,105)	\$ (1,694,130)	\$ (109,026)	6.88%	Typically increases at a lower rate than productive. Last year was an anomaly due to Covid Supplemental runs.
Employee Benefits	\$ (3,050,201)	\$ (3,660,241)	\$ (3,994,585)	\$ (334,344)	9.13%	Due to annual health insurance increases
Supplies	\$ (2,707,005)	\$ (3,248,407)	\$ (3,309,992)	\$ (61,585)	1.90%	Got a bunch of PPE through the state and vendors hopefully won't have the opportunity to charge us surge pricing.
Professional Fees	\$ (1,366,158)	\$ (1,639,389)	\$ (1,708,671)	\$ (69,282)	4.23%	We are under discussions of changing our ER contract so I do expect this to increase
Acute/Swing Purch Serv	\$ (320,915)	\$ (385,098)	\$ (392,800)	\$ (7,702)	2.00%	With nurse wage increases I do expect the billed rate to increase even if usage stays the same
SNF Purch Serv	\$ (1,683,717)	\$ (2,020,460)	\$ (2,040,665)	\$ (20,205)	1.00%	With nurse wage increases I do expect the billed rate to increase even if usage stays the same
Ancillary Purch Serv	\$ (804,537)	\$ (965,444)	\$ (982,893)	\$ (17,448)	1.81%	Radiology and ER nurse staffing remains difficult but the Covid premium pricing has stopped
Other Purch Serv	\$ (1,878,720)	\$ (2,254,464)	\$ (2,066,978)	\$ 187,486	-8.32%	With decreased employee testing I expect this to actually go down. If we can get to a higher % vaccinations this could even be lower
Repairs	\$ (241,557)	\$ (289,869)	\$ (298,370)	\$ (8,502)	2.93%	Used historical averages
Utilities	\$ (483,221)	\$ (579,865)	\$ (594,869)	\$ (15,003)	2.59%	Historical averages minus the old wing that was demolished
Insurance	\$ (270,319)	\$ (324,382)	\$ (398,857)	\$ (74,475)	22.96%	Property Insurance Rates went up significantly
Other	\$ (543,188)	\$ (651,826)	\$ (707,038)	\$ (55,212)	8.47%	Up due to outside travel and training
Depreciation	\$ (1,138,146)	\$ (1,365,776)	\$ (1,521,226)	\$ (155,450)	11.38%	Increased due to the new wing and clinic
Bond Repayment Insurance	\$ -	\$ -	\$ -	\$ -	0.00%	
Bond Repayment Interest	\$ (179,108)	\$ (214,930)	\$ (232,124)	\$ (17,194)	8.00%	Up due to USDA loan being fully drawn at some point next year after legal issues are settled
Interest	\$ (48,059)	\$ (57,671)	\$ (62,285)	\$ (4,614)	8.00%	Up due to a full year of the CHFFA loan
Rental & Leases	\$ (131,611)	\$ (157,934)	\$ (160,698)	\$ (2,765)	1.75%	Based off historical averages
Total Operating Expenses	\$ (26,934,411)	\$ (32,321,293)	\$ (34,231,875)	\$ (1,910,582)	5.91%	Total
Net Operating Revenue or (Loss)	\$ 3,269,897	\$ 3,923,876	\$ (689,747)	\$ (4,613,624)	-117.58%	Net Revenue minus Total Operating Expenses
NONOPERATING REVENUES AND EXPENSE:						
District and County taxes	\$ 678,418	\$ 814,101	\$ 871,088	\$ 56,987	7.00%	Will go up due to the USDA loan being fully drawn and the county collecting more
Interest Income	\$ 138,054	\$ 165,664	\$ 170,634	\$ 4,970	3.00%	Increased this due to higher amounts in LAIF
Other Non-operating expense/rev	\$ 1,183,839	\$ 1,420,607	\$ 154,857	\$ (1,265,751)	-89.10%	Will decrease due the Capital Campaign being over, no Prime payments and Cares Act Funding going away
Total Nonoperating Revenue	\$ 2,000,310	\$ 2,400,373	\$ 1,196,579	\$ (1,203,794)	-50.15%	Total
PROFIT or (LOSS)	\$ 5,270,207	\$ 6,324,249	\$ 506,832	\$ (5,817,417)	-91.99%	Projecting a positive bottom line

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Louis Ward, MHA



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Board of Directors
Quality Committee
Minutes

June 9, 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 1:04 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 Theresa Overton, DON Acute Shelley Lee, DON SNF Alexis Cureton, Director of Emergency Department Jessica DeCoito, Board Clerk	
	ABSENT: Dawn Jacobson Alan Northington			
	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 May 12,2021.	Guyn, Hathaway	Guyn – Y Utterback – Y Hathaway – Y Ward -Y
4	No Reports for: Quality Facilities, Finances, Staff			
5	REPORTS: QUALITY PATIENT SERVICES			
	5.1	Skilled Nursing Facility: Will provide a more thorough report at the next required Quality Meeting. Facility wide internet issue has caused some delays and issues, but we are working through them until Frontier can provide us with the correct line of internet speed. Working through the new role as Interim Director of Nursing for SNF in both facilities. We are 7 short of full capacity in our SNF. Working on referrals and keeping in contact with surrounding hospitals.		
	5.2	Emergency Department: ESI – (emergency severity index) Acuity level that we assign a patient when they come in through the door) Example: 1 – came in through the ambulance and 5 – a patient that walked in that required small resources/services. Working hard on educating and re-educating – testing competencies on acuity levels.		
	5.3	Laboratory: Ulysses unavailable for verbal report. Jack stepped in to assist. CLIA Survey with minor deficiencies that are being worked on. Plan of Correction has been submitted and we are moving forward. The hood is being installed in our Microbiology room finally and looking forward to that room being fully utilized. New AFL has brought on new changes for COVID testing on employees. Trying to navigate that new AFL to start making adjustments.		

5.4	Radiology: unavailable for verbal report but written report was submitted. Would like to research how we can include some imaging services not currently provided. IE: mammography, dexoscan, etc. We will be discussing more options at the June 23 rd Strategic Planning Workshop. Staffing has been an issue with Rad Tech's but we are looking at a 13 week contract while we search for a new tech.		
5.5	Blood Transfusion Quarterly: changes in Lab staffing caused issues with our blood transfusion reporting. We also noticed some parameters were not being checked off. We are working on the plan of corrections for these issues like updating the hard copy form to an electronic order form.		
5.6	SNF Events/Survey: We've worked through all the issues brought on by our Mock Survey. We are ready for when the real survey happens. Working through our transition of leadership with a new DON SNF. Assistant DON of SNF has been posted and can be filled with either LVN or RN. Residents and staff are much happier with restrictions in COVID being lessened.		
5.7	Infection Control: written report submitted. Not available for verbal report. Moving the COVID vaccination clinic down to the Mayer Rural Health Clinic.		
6	DIRECTOR OF QUALITY		
6.1	Director of Quality Update: Mock Survey for Acute was wonderful and provided a whole new perspective for the Quality department in our hospital. A change of how reports are submitted and what is in detail in those reports, will change per the Mock Surveyor's suggestion. It would be best to show data and graphs that would help show us trends, etc. to watch from month to month. By August, we should have an example of what this new report will look like. Would be helpful if we decided to transition into JCO, which will be discussed more at the June 23 rd Strategic Planning Workshop.		
6.2	Compliance Quarterly: written report submitted. Baseline information provided.		
7	NEW BUSINESS		
7.1	Hazard Vulnerability Analysis 2021: Safety committee formulates this analysis, using a nationwide-standard form. The information is compiled to show us what our Safety concerns are and what we need to focus on. After Safety compiles the data, the report is provided to Quality and then to the full Board for approval.	<i>Guyn, Hathaway</i>	<i>Guyn – Y Utterback – Y Hathaway – Y Beyer-Y Ward -Y</i>
8	ADMINISTRATIVE REPORT: On boarding a new Pharmacist. 340B discussions have been taking place. Meeting with Modoc Medical Center tomorrow to talk about district wide voucher program to help with both the clinic, outpatient services and the hospital. AB 650 – required hospitals to pay \$10,000 to every healthcare professional if they had worked during the COVID time. Actively worked on by MMHD, CHA, ACHD – poorly written bill and only covered certain classes of healthcare workers – not all nor the support staff. Bill has been killed. MMHD has provided hazard pay checks to each employee twice in the past year. Kudos and thanks to VAL for all her work on getting this bill killed. Seismic Bill is being worked on actively to get it pushed from 2030 to 2037. On boarding the Studer Group – will begin in August. Will review and audit the communication, strategic plan, etc. and tell us where we have opportunities to improve. We are bringing on a new Emergency Physician – Dr. Pamela Ikuta from Redding who works with the Mercy Medical group. And she did her residency here with Dr. Dahle. She will have shift coverage on June 13 th and June 19 th to begin with. Very happy with the response from staff when the fire broke out in Burney on Saturday, June 5 th . Luckily, we didn't have to put our plans into action but our team was ready! Demolition project: on schedule with the project progressing each day.		
9	OTHER INFORMATION/ANNOUNCEMENTS: August 21 st is the Mayers Healthcare Foundation Golf Tournament.		
10	ADJOURNMENT: Next Regular Meeting – July 14, 2021		

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.

HAZARD VULNERABILITY ANALYSIS

Hazard vulnerability analysis (HVA) and risk assessment are systematic approaches to identifying hazards or risks that are most likely to have an impact on a healthcare facility and the surrounding community. Conducting a risk assessment / HVA is also a requirement in the CMS Emergency Preparedness Rule.

MMHD uses the HVA as directed, to determine which risks are most prevalent and determines how to education and train staff.

The HVA was developed by committee and the standard form used nationwide is a product of Kaiser. The HVA is completed each year with the work originating in the Safety Committee. It must be approved by the board annually.

HAZARD AND VULNERABILITY ASSESSMENT TOOL NATURALLY OCCURRING EVENTS

A

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Hurricane	0	0	0	0	0	0	0	0%
Tornado	1	1	1	1	2	2	1	15%
Severe Thunderstorm	2	2	2	2	2	2	2	44%
Snow Fall	3	1	2	3	1	1	1	50%
Blizzard	3	1	2	3	1	1	1	50%
Ice Storm	1	1	1	1	3	3	2	20%
Earthquake	2	1	1	1	2	2	2	33%
Tidal Wave	0	0	0	0	0	0	0	0%
Temperature Extremes	2	1	1	1	3	3	2	41%
Drought	1	1	1	1	3	3	3	22%
Flood, External	1	1	1	1	2	2	2	17%
Wild Fire	3	3	3	3	2	2	2	83%
Landslide	1	1	1	1	2	2	2	17%
Dam Inundation	1	1	1	1	2	2	2	17%
Volcano	2	1	2	3	1	1	1	33%
Epidemic	3	2	2	2	2	2	2	67%
AVERAGE SCORE	1.63	1.13	1.31	1.50	1.75	1.75	1.56	27%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY
0.27 0.54 0.50

HAZARD AND VULNERABILITY ASSESSMENT TOOL TECHNOLOGIC EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Electrical Failure	2	0	1	2	1	1	2	26%
Generator Failure	1	0	3	3	2	1	1	19%
Transportation Failure	0	0	0	0	0	0	0	0%
Fuel Shortage	1	0	1	2	1	1	1	11%
Natural Gas Failure	1	1	1	2	1	1	1	13%
Water Failure	2	0	1	2	1	1	1	22%
Sewer Failure	1	0	1	2	1	1	3	15%
Steam Failure	0	0	0	0	0	0	0	0%
Fire Alarm Failure	2	0	1	1	1	1	3	26%
Communications Failure	0	0	0	0	0	0	0	0%
Medical Gas Failure	1	2	2	3	1	1	1	19%
Medical Vacuum Failure	1	0	1	1	1	1	1	9%
HVAC Failure	2	0	1	1	1	1	1	19%
Information Systems Failure	2	0	0	3	1	1	1	22%
Fire, Internal	1	1	3	3	1	1	1	19%
Flood, Internal	1	0	2	2	1	1	1	13%
Hazmat Exposure, Internal	1	1	0	1	1	1	1	9%
Supply Shortage	1	0	0	1	1	1	1	7%
Structural Damage	1	1	2	3	1	1	1	17%
AVERAGE SCORE	1.11	0.32	1.05	1.68	0.89	0.84	1.11	12%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY
0.12 0.37 0.33

HAZARD AND VULNERABILITY ASSESSMENT TOOL HUMAN RELATED EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK	
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE		
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/Mutual Aid staff and supplies</i>	<i>Relative threat*</i>	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Incident (trauma)	1	1	0	3	2	2	1	17%	
Mass Casualty Incident (medical/infectious)	1	1	1	1	1	1	1	11%	
Terrorism, Biological	0	0	0	0	0	0	0	0%	
VIP Situation	0	0	0	0	0	0	0	0%	
Infant Abduction	0	0	0	0	0	0	0	0%	
Hostage Situation	1	1	0	1	1	1	1	9%	
Civil Disturbance	0	0	0	0	0	0	0	0%	
Labor Action	0	0	0	0	0	0	0	0%	
Forensic Admission	0	0	0	0	0	0	0	0%	
Bomb Threat	1	1	1	1	1	1	1	11%	
AVERAGE	0.40	0.40	0.20	0.60	0.50	0.50	0.40	2%	

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.02	0.13	0.14

HAZARD AND VULNERABILITY ASSESSMENT TOOL EVENTS INVOLVING HAZARDOUS MATERIALS

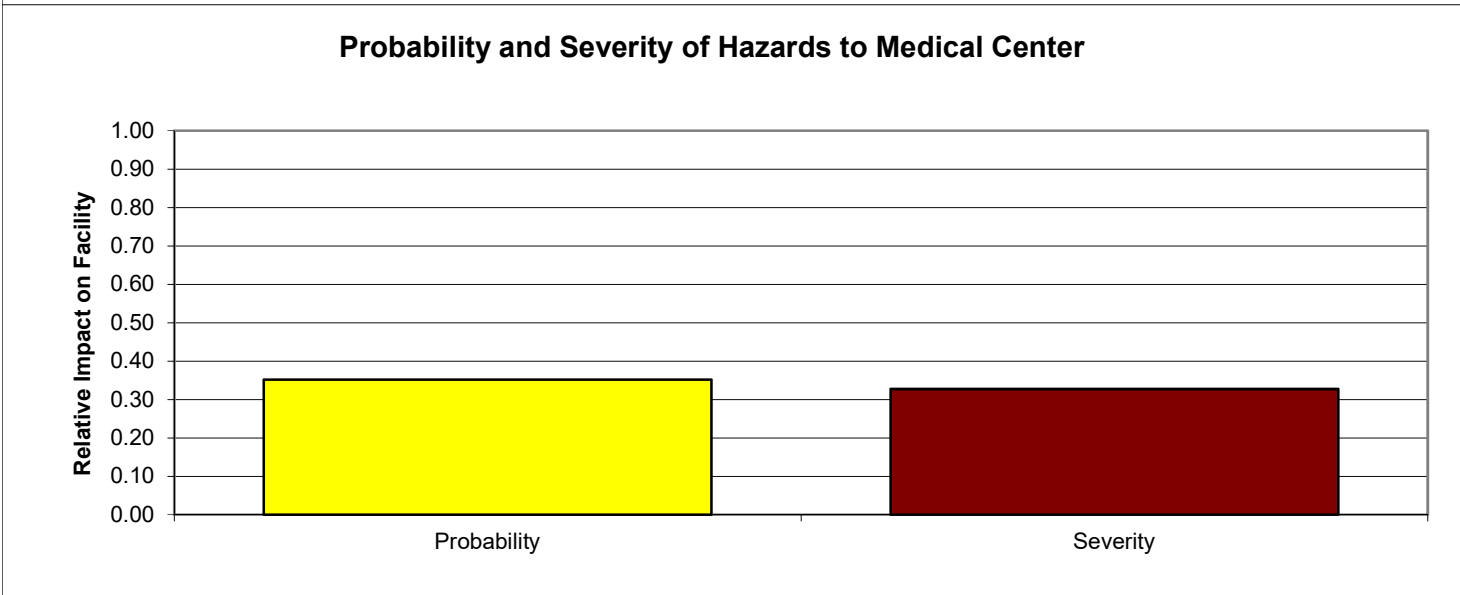
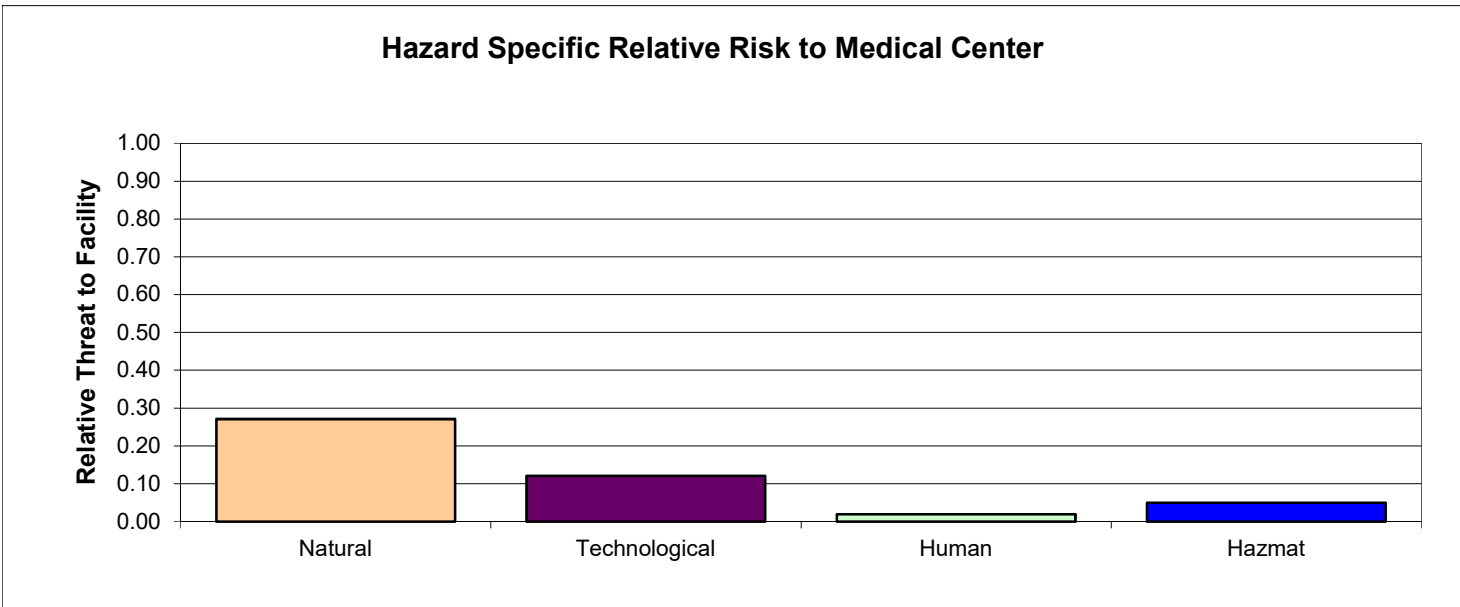
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Hazmat Incident (From historic events at your MC with >= 5 victims)	1	1	1	1	1	1	1	11%
Small Casualty Hazmat Incident (From historic events at your MC with < 5 victims)	1	1	1	1	1	1	1	11%
Chemical Exposure, External	1	1	1	1	1	1	1	11%
Small-Medium Sized Internal Spill	1	1	1	1	1	1	1	11%
Large Internal Spill	1	1	1	1	1	1	1	11%
Terrorism, Chemical	0	0	0	0	0	0	0	0%
Radiologic Exposure, Internal	1	1	1	1	1	1	1	11%
Radiologic Exposure, External	0	0	0	0	0	0	0	0%
Terrorism, Radiologic	0	0	0	0	0	0	0	0%
AVERAGE	0.67	0.67	0.67	0.67	0.67	0.67	0.67	5%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.05	0.22	0.22

SUMMARY OF MEDICAL CENTER HAZARDS ANALYSIS

	Natural	Technological	Human	Hazmat	Total for Facility
Probability	0.54	0.37	0.13	0.22	0.35
Severity	0.50	0.33	0.14	0.22	0.33
Hazard Specific Relative Risk:	0.27	0.12	0.02	0.05	0.12



This document is a sample Hazard Vulnerability Analysis tool. It is not a substitute for a comprehensive emergency preparedness program. Individuals or organizations using this tool are solely responsible for any hazard assessment and compliance with applicable laws and regulations.



Mayers Memorial Hospital District
Always Caring. Always Here.

RESOLUTION NO. 2021-11

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

Authorizing Name Change

WHEREAS, in the year 2021, Mayers Memorial Hospital (the “District”) has expanded services beyond hospital care; and

WHEREAS, the services in the District has expanded its operations to include a rural health clinic, and a retail pharmacy; and

WHEREAS, the District continues to grow to meet the needs of the community;

WHEREAS, the work “Hospital” in the District’s name inhibits the District from developing within the District’s boundaries’

NOW, THEREFORE BE IT RESOLVED as follows;

1. Pursuant to Health and Safety Code Section 32137, the name of the District, “Mayers Memorial Hospital District” is hereby changed to “Mayers Memorial Healthcare District” and the CEO of the District is hereby authorized and instructed to file a verified copy of this Resolution with the California State Secretary;

2. The CEO is hereby authorized and instructed to take all other actions necessary or desirable to effect the name change, including, without limitation (a) the notification of the Local Agency Formation Commission (“LAFCO”), including compliance with any and all instructions by LAFCO with respect to the District’s name change; (b) the notification of any and all governmental agencies that may be interested in or affected by the name change; (c) the giving of public notice of the District’s name change by filing a notice in newspapers of general circulation with the District’s boundaries; and (d) the notification of the Hospital and all District grantees.

PRESENTED, ADOPTED, APPROVED, AND RECORDED this 23rd day of June, 2021.

AYES:
NOES:
ABSENT:
ABSTAIN:

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

ATTEST:

Jessica DeCoito
Clerk of the Board of Directors



Mayers Memorial Hospital District
Always Caring. Always Here.

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

Legislation/Advocacy

There has not been a dull moment when it comes to legislation lately. We saw two big wins (at least for the time being, as we know bills always have a way of taking a new form).

Assembly Bill 650 (Muratsuchi) and Senate Bill 213 (Cortese) both failed to pass floor votes in their respective houses today, so they will not move forward this year.

AB 650 would have mandated extra pay for hundreds of thousands of health care workers, while SB 213 would have created a rebuttable presumption in the workers' compensation system, essentially requiring hospitals to accept more claims with little to no evidence that they are work-related.

AB 1130 (Wood, D-Santa Rosa) — Oppose Unless Amended

AB 1130 would establish, within the Office of Statewide Health Planning and Development (OSHPD), the Office of Health Care Affordability (OHCA). The office would analyze the health care market for cost trends and drivers, 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. Also released by the administration on Feb. 18 was budget trailer bill language to establish an OHCA within OSHPD, which is similar to AB 1130. The bill passed the Assembly (51-14) on June 3 and is now pending in the Senate.

AB 749 (Nazarian, D-North Hollywood) — Support if Amended

This bill would require a SNF to contract as its medical director a person who is, or will be within five years, certified by the American Board of Post-Acute and Long-Term Care Medicine as a certified medical director. CHA has been working and continues to work with the author's office on adding language that would allow a hospital-based SNF to meet this requirement through an alternate way to demonstrate that the contracted medical director is qualified. AB 749 passed Senate Health on June 10 on a 10-0 vote and now moves to Senate Appropriations.

The Disaster Readiness Modernization (Seismic) is the proposal which will likely work through the budget process. This process is taking much longer than expected, as CHA has been in "talks" with the appropriate groups. The goal is to take the focus off "buildings" and refocus on the ability to provide emergency services in the event of a disaster or earthquake. There is also a proposal to provide an extension to the timeline required to meet regulations.

The proposal includes refocusing 1990s hospital seismic requirements on only those services most needed after an earthquake or any other disaster. Hospitals must be able to ensure they can invest in a strong, well-trained workforce so they can treat patients while supporting evacuations that may be necessary following a major earthquake.

We continue to be a part of the coalition and advocacy efforts related to the many pieces of legislation that can affect rural healthcare.

Marketing/Public Relations/Recruiting

- The bulk mailing for the clinic was completed and sent to all local box holders.
- We are supplying grocery bags for the Burney Farmers Market with the Clinic Logo/phone number.
- Marketing for Telemedicine is underway and we have designed materials to post in the clinic, PT and other outpatient areas of the hospital.
- Our media campaign is currently being designed and will focus on the clinic and continuity of care and ease of flow with referrals, telemedicine specialties, pharmacy, hospital outpatient/ancillary services and procedures.
- We will be installing a Mayers “branded” television service in the Clinic and Hospital lobbies. The content is customized to our needs and can feature our own videos, etc. about services.
- Updates continue on the website, as information is provided from and reviewed by Department Managers.
- We are excited to have 5 summer interns joining us. There are two from Fall River, two from Burney and one from Big Valley. This is a part of our “Planting Seeds, Growing Our Own” initiative and gives graduated high school seniors an opportunity to see of the opportunities in healthcare. We will additionally be re-implementing the other initiative programs that were placed on hold during the last school year because of COVID.

Disaster/Emergency Preparedness/Safety

We have continued the Code Knowledge training and education. For the month of June we have focused on CODE GRAY. There have been education materials, quizzes and mock drills all related to the CODE. We are seeing an increase in knowledge and an overall increase in general participation.

With the River Fire on Saturday, June 5th, we had a good opportunity to test our procedures for evacuation. We followed the required process through County OES and the County MHOAC. After the incident, our Region 3 RDHMS scheduled a meeting with county emergency preparedness partners as well as representatives from Lassen and Modoc counties. We were able to complete a “Hot Wash” of the incident and discuss scenarios in the event we are not able to evacuate west down Hwy 299. We discussed processes for going to Susanville or Alturas. The protocol of using the MHOAC and county OES is essential to make sure we are not “double-

doing” work and to make sure communication lines are open and we are all working on the same page.

We received the drop shipment of PPE from OES for the SNF and the requested 30-day supply for the hospital (as allowed by AFL 21-15.



Operations Report June 2021

Statistics	May YTD FY21 <i>(current)</i>	May YTD FY20 <i>(prior)</i>	May Budget YTD FY21
Surgeries (<i>incl. C-sections</i>)	31	37	88
➤ Inpatient	2	5	22
➤ Outpatient	29	32	66
Procedures (<i>surgery suite</i>)	72	116	128
Inpatient	1,655	1,323	1,857
Emergency Room	3,462	3,630	3,685
Skilled Nursing Days	25,534	25,859	25,428
OP Visits (OP/Lab/X-ray)	19,887	11,793	14,673
Hospice Patient Days	1,297	877	1,287
PT	2,327	2,344	2,750

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

Chief Clinical Officer Report

Prepared by: Keith Earnest, CCO

Pharmacy

- Activity surrounding acquiring and administering COVID vaccines.
 - Starting July 6th, COVID vaccines will be administered at Mayers Rural Health Clinic and not at the hospital. The public can sign up for vaccines through the MyTurn platform (the link is available on Mayers website).
- Mayers Rural Health Clinic is now stocked with vaccines and will be enrolling in California's vaccine for children program.
- In August, Mayers will be changing out the now obsolete Pyxis 3500 machines for Pyxis ES machines. Pyxis ES will have remote access to add users, expanded capacity, and more advanced reports and tracking. This conversion is a massive undertaking, with revisions to the interface, formulary and workflow. An extensive validation process will take place before Pyxis ES goes live.
- The barrier isolator was repaired June 10th and is back in service. Biological sampling is still pending.

Physical Therapy

- The NuStep for the Burney Facility has been ordered. We are excited to have this equipment at the annex.
- Several students interested in careers in physical therapy will be shadowing in the department this summer.

- Daryl Schneider, PT, department manager, has been attempting to work with DME providers to house walkers and other equipment on site so patients won't have to wait for a delivery on discharge. Having DME on site also helps with Mayers liability from Mayers owned equipment goes home with a patient with a promise to return it. Owen's Medical has agreed to work with us and walkers are onsite. She anticipates one of the walkers to be sent home with a patient with an anticipated discharge June 16th.
- HS200 has been signed and will be submitted to add Occupation Therapy to the hospital license.

Retail Pharmacy

- Kristi Shultz, CPhT, is employee of the month.
- A review of OTC products was completed and non-moving products and duplicate products have been returned. The initial OTC selection was done with consultation of McKesson to stock in a similar manner to "like" pharmacies. Now that we have been open for an extended time, we have records of what does and does not sell.
- Louis Ward, CEO, has begun preliminary discussions with MVHC on revising the 340B contract.
- We are working with Bay Alarm to add two cameras to the security system.

Telemedicine

- Referrals have been strong due to the opening of the Rural Health Clinic.
- The current telemedicine medical director is transitioning out.

Respiratory Therapy

- David Ferrer, RT, Respiratory Therapy department lead has done in person marketing of the pulmonary function lab to Mayers Rural Health Clinic, MVHC Burney, and Pit River Indian Health. Referrals are increasing due to Mayers Rural Health Clinic. Future plans include marketing to Modoc county as there is no pulmonary function lab at Modoc Medical.
- The respiratory therapy department received a grant for high flow oxygen on babies and pediatrics. Big thank you to foundation grant writer, Laura Byers, for making it happen.
- Respiratory Therapist went onsite at Pit River Indian Health to do mask fitting on employees.

Chief Nursing Officer Report **Prepared by: Candy Vculek, CNO**

- The formal report from the MMHD mock survey was received. A project plan has been developed and the necessary corrections are being made.
- The COVID Unit has been stood down in response to the flex waivers that are being rolled back by CDPH. The COVID call schedule has also been terminated since there is no longer a need to staff the unit.
- Both the Emergency Department and the SNF continue to have staffing challenges. The ED has 3 vacant RN positions and the SNF continues to have multiple C.N.A. vacancies. Acute care vacancies are filled with several in orientation or pending transfer

SNF Report

- Census = 79 Residents (Burney Annex = 47; Station 2 Fall River Mills = 32). The staff continues to work diligently to bring in new residents. There is several pending.
- Both the Burney Annex and Station 2 remain COVID-19 free at this time.
- C.N.A. staffing remains a challenge. At present there are 20 vacant C.N.A. positions between the two facilities. MMHD is waiting for approval from CDPH to start running an in house C.N.A. program. Approval is a 60 to 90-day process
- Staffing changes – Shelley Lee RN is doing an excellent job as the Interim DON, spending Monday and Tuesday at Station 2, Wednesday, Thursday at the Burney Annex and splitting Friday between the two facilities.
- Nola Covert LVN Charge Nurse at the Burney Annex is retiring after 28 years! She will be missed.
- There are Charge Nurse Openings both at Fall River and the Burney Annex. An internal application for the positions has been posted with good response. Interviews will be conducted shortly. These openings are due to retirement of one charge nurse and the promotion of the other to an RN position on acute care
- Stacie Warnock RN Supervisor for SNF and Surgery Lead is relocating and has also put her resignation in for June 25th.
- Stacie has worked for Mayers for 27 years and will also be greatly missed in both departments.
- Morale has improved for both residents and staff as visitation is now open for no more than 2 visitors at a time. All visitors are screened with temperature check and questionnaire prior to the visit. Each visitor receives a mask to wear and hand hygiene encouraged prior to visitation.
- Burney Annex is currently experiencing a gastroenteritis outbreak isolated to the Memory Care Unit and affecting 8 residents. All residents in the facility are asked to stay in their room, activities are suspended and visitors are advised not to enter the facility. Contact precautions are in place for those affected.

Acute Care Report

- Acute ADC .80, Swing ADC; .63, LOS 6.33, OBS days: 3.58.
- FTE: RN's 7, includes Acute Asst. Mgr. Per diem: RN's 3. LVN-1. RN Traveler-1, RN Registry-2. FT CNA's: 4, 1 on LOA. 1 newly graduated RN will start on Acute in July and one FTE RN to start in one month.
- The acute care assistant manager has developed a mandatory educational project and will be dedicating the next staff meeting to it.
- Each staff member including licensed personnel and CNA's will be responsible to present an educational topic.
- They each have 3 to 5 minutes teach a brief education to the rest of their team.
- Topics were developed based on weaknesses that have identified recently.
- The staff was very receptive to the idea.

Outpatient Surgery

- The operating department circulating RN gave notice to move to new area. Recruitment is proving to be difficult due to the limited numbers of days the OR is open.
- Currently working on OR processes and in communication with Modoc Medical Center to share staff and to train our current staff. The process has not been finalized at this time.

- CRNA's booked through November.

Outpatient Medical Unit

- OPM will be relocating back into the main hospital in July.
- Dr Syverson has taken over wound care and is the acting medical director.

Emergency Department

- The Emergency Department saw a total of 345 patients in May which was a significant increase from April. June has continued to be busy as well.
- Staffing- There continues to be three vacancies in the E.D. Two positions have travelers and the other position is covered with staff overtime. Recruitment has been difficult.

Laboratory

- Microbiology continues to be outsourced as the department is working through some issues with the hood installation. Maintenance is working on the project and thinks all the issues will be resolved within a few weeks. Once it is resolved, the lab will resume in-house microbiology testing.
- The external laboratory management consultant will be on sight next week – It is likely to be the last on sight visit as the new lab manager is feeling very positive and ready to take on role. He is doing well and reaching out appropriately when he has questions.
- The department is beginning to find a workable staffing mix with CLS – currently 3 full time and 1 per diem CLS' are employed with the District. There are still two vacancies that are covered by travelers.

Radiology Board Report

- Slow Internet speeds continue to be an issue. Some studies take a very long time to get to the cloud system so that they can be sent for reading. Some times are better than others, however, there could be a long potential delay – and that could in turn affect care.
- The department is still actively recruiting for technologists, currently there are 2, the department would be well situated with 2 more, however, could function well with just 1 more (allowing for a more livable call schedule and work/life balance).
- Calls have been made to Simmons to try to connect and get an idea for what would be needed for the addition of mammography, however, the sales contact has yet to respond to repeated attempts of contact.

Quality

- Working on project plans for Hospice, Acute and Skilled as we move into survey season. The department is finishing work on launching an electronic system for intake of grievances (should be on line by June 30), and has completed the update for RL6 and that will go live on 6/21.

Risk

- General risk training has been created and will be available on Relias soon (should be ready by June 30) in order to better help employees understand their role in risk. The education was created by BETA and should be very understandable (and I think engaging) for all.

Chief Operating Officer Report

Prepared by: Ryan Harris, COO

Facilities, Engineering, Other Construction Projects

- The Demo project is moving along with major demolition completed. The separation of the domestic and fire line and pouring of concrete for the water tank are scheduled for the next few weeks of work. Alex, Jessica, and I continue to meet with the contractor, inspector of record, and architect weekly to go over any issues. Daily reports are being managed by Alex, Jessica, and myself to document project progress and issues. A couple of change orders have been received and approved due to unforeseen conditions due to historical construction documents not matching field conditions. The largest pending change order is due to soil conditions where new parking will be located. Due to the cost of fixing this issue the design team, contractor and I are exploring alternative options. This project is still on budget and on schedule.
- 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. Further discussion of the overall scope of this project will happen at the strategic planning meeting.
- Work continues on the laundry facility with All MEP (Mechanical, Electrical, Plumbing) trades all now working on the project. Rough-in inspections for MEP will happen over the next couple of weeks with electrical scheduled for 6/17/2021.
- An engineer has been retained to develop the drawings for the daycare project. Once completed these will go into the county for approval. The architect met with Alex and Jessica to confirm measurements and conditions from the county this month.
- Alex and the maintenance team are starting work on an outdoor eating area for our residents, patients and staff. This will be located at the old helipad and will include 2 gazebos with concrete pads overlooking the bluff, several picnic tables, and concrete walkways. Walkways and concrete pads are completed and the gazebos will be delivered on June 28th and installed that week.
- We received a 60-day extension for the final on the expansion project. The remaining outstanding items are: the removal of the water fountain (Greenbough design is working to remove this from the project), the microbiology hood that Alex and his team are working on installing, and the completion of the emergency water tank has been tasked to the demo project construction team and Intech mechanical.
- Legionella issues were brought up during the Acute Mock Survey. Current plans are Phase 1: separate the domestic and fire lines in the demolition project and chlorinate the system. This is in the current OSHPD demo project. If we do not see an improvement after testing, we will move into Phase 2: Trace domestic water lines and remove dead legs and chlorinate the system. This is considered a maintenance project per the mechanical engineer. If no improvement after testing, move into Phase 3: look into changing out all water heaters and adding a point of entry disinfecting system. This would be an OSHPD project. We are also looking into the feasibility of installing a point

of use disinfecting system at all showers and sinks while we move through these phases. These systems have a 5-year life span.

- Alex continues to work with PG&E on the long-term hospital and skilled nursing facilities resiliency plan. PG&E has delivered emergency backup generators to both locations. PG&E was also onsite on 6/17/2021 to go over our facility and formulate a resiliency plan. A power point presentation will be put together to present our options to the C-Team. I also have talked with a microgrid and solar company to see how their solutions could cut our electricity bill and make our facilities more resilient when PG&E turns the power off. I attend OSHPD Energy Committee meetings to gain insight on the path OSHPD is taking. I recently became a member of the CHA Ad Hoc Energy Workgroup. I am representing critical access hospitals in the state on energy resiliency.

IT –

Helpdesk

- Since May 18th, we have seen a 4% increase in received tickets and a 13% increase in resolved tickets. This is our first month since the January to February period where we resolved more than we received. I am confident this is a direct correlation to our staffing levels returning to normal. Overall our backlog has also decreased by 8%. Response time has increased by 180%, and resolution time has increased by 28%. The resolution time measurement is an outlier as we have cleaned out many old tickets, which caused a large number of tickets from many months ago to count against us. However, we will look into improving our response times next month as they are wildly outside our target with no explanation as to why.
- We received a survey response on 11% of our tickets. 90% of our responses were 5/5, 8% 4/5, and 2% 3/5. We received no 2/5, or 1/5.

Projects

- Pyxis MedStation project started
- NovaNet Glucometer project started
- The Lab Interface for the clinic has been moved to the next stage. We are currently configuration production in preparation to finish both Lab and Rad soon. Rad testing is on hold due to staffing constraints.
- PCC Interface has been reactivated with Jack's assistance
- Printer project is pending some deliverables from the vendor before we can finish deploying the supplemental shipment. We are at a point now where reports from PaperCut have enough data to be actionable, such as busiest printers/users, cost reports, total color vs grayscale, etc.
- We are working on enrolling all of our iPads into Microsoft Intune. Our mobile device volume has grown enough that centralized management is no longer optional.

Security

- BancSec Audit has been moved to the week of July 5th.
- Finalized our new backup architecture
- Looking into leveraging data provided by our Anti-Virus/EDR software more effectively

Purchasing

- Delaney and her team are in the middle of our fiscal year-end inventory, to be completed at the end of June.
- Delaney has been working on identifying issues with Paragon that have been throwing inventory off as well as some old processes of receiving items before they are delivered that have caused inventory issues in the past.

Food & Nutrition Services

- Susan is working on a plan of corrections for the issues brought up in the Acute Mock Survey with the help of Nursing leadership, specific to the Diet Order Process.

Environmental Services & Laundry

- Sherry has prepared a plan of corrections for the issues brought up in the Acute Mock Survey and has already implemented some.

Rural Health Clinic

- Amanda Ponti our Clinic Manager will be giving a more detailed monthly report to the board.

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

Mayers Rural Health Center

Things continue to go well with the Mayers Rural Health Center. Most importantly, patient feedback continues to be very positive after their visits. Staff from the clinic report more and more patients are happy with the comprehensive care they can now receive in the intermountain community. Patients are most happy with the communication between their primary care doctor, any unexpected or expected hospital visit, and of course the pharmacist when considering regular medication therapies. Dr. Syverson has now moved his surgical practice into the clinic. We are working with him and the other providers on referral patterns, communication with the clinic and hospital surgery department, and necessary forms.

New Emergency Room Doctor

Mayers is delighted to announce a new Emergency Room Physician has joined our team, Dr. Pamela Ikuta, a seasoned emergency room physician. At the time of this report, Dr. Ikuta has worked one shift with another planned later this month. In her first shift I came to meet with her and she reported feeling very welcomed and prepared. I look forward to Dr. Ikuta's feedback over the coming weeks and the staff continuing to welcome her to the team.

COVID – 19

Things continue to be very manageable on the COVID front. We recently received a new All Facilities Letter (AFL) from CDPH allowing facilities like ours to cease weekly employee testing if the facility has a 70% vaccination rate with staff. We are working hard to achieve this as we are currently at 63% of staff who are vaccinated, that equates to roughly 15 more employees choosing to be vaccinated to reach the 70%. I continue to meet with staff and management to brainstorm ideas to encourage vaccinations as well as convey the importance of getting vaccinated. Comparatively our facility actually has higher vaccination rates than many of the neighboring hospitals however, 70% is the magic number so that is our target to hit in the near future. We are expecting some future AFL's that are supposed to speak to masking, testing, and visitation.

Internet

We have worked with Frontier over the past month to rectify the internet issues that have plagued our facility. Internet speeds were drastically reduced when Frontier cutover our internet from our older server room to the room located in the new wing. When this cutover occurred Frontier did not have the necessary hardware to ensure the faster speeds. This resulted in a less than optimal outcome that in fact threatened patient care considering our need to send CT images to offsite facilities for reading. At the time of this report Frontier now has the piece of equipment needed and we are on the schedule to be returned to our normal internet speeds.