

Chief Executive Officer
Chris Bjornberg



Mayers Memorial Hospital District

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

Board of Directors
Regular Meeting Agenda
May 25, 2022 at 1:00 pm
Fall River Boardroom
43563 HWY 299 E, Fall River Mills

MICROSOFT TEAMS MEETING

[Click Here to Join](#)

Call In Number: 1-279-895-6380

Phone Conference ID: 834 386 625#

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 – April 27, 2022	Attachment A	Action Item	2 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:			
	4.1 Resolution 2022- 06– April Employee of the Month	Attachment B	Action Item	2 min.
	4.2 Mayers Healthcare Foundation Quarterly Report	Attachment C	Report	2 min.
5	BOARD COMMITTEES			
	5.1 Finance Committee			
	5.1.1 Committee Meeting Report: Chair Hathaway		Report	5 min.
	5.1.2 April 2022 Financial Review, AP, AR and Acceptance of Financials		Action Item	5 min.
	5.1.3 Human Resources Information System Proposal	Attachment D	Action Item	10 min.
	5.1.4 Daycare Operational Budget	Attachment E	Discussion/ Action Item	10 min.
	5.1.5 Mobile Rural Health Clinic	Attachment F	Discussion/ Action Item	10 min.
	5.2 Strategic Planning Committee			
	5.2.1 No May Meeting			

5.3	Quality Committee			
5.3.1	May 11 th Meeting Report – DRAFT Minutes Attached	Attachment G	Report	5 min.
6	NEW BUSINESS			
	Policy & Procedure Approval:			
	- Medical Staff Bylaws and Rules Changes			
	- Application for Inspection of Public Records MMH585			
	- Blood Gas and Lactate i-STAT			
6.1	- Blood Glucose Monitoring – Nova Statstrip Glucose Monitoring System	Attachment H	Action Item	5 min.
	- Crisis Communications Plan			
	- Mayers Rural Healthcare Clinic Cleaning			
	- Sedation and Analgesia in the OR; Non-Anesthesia Provider			
	- Terminal Cleaning for Mayers Rural Healthcare Clinic Procedure Room			
6.2	Board Member Elections: Resolution Calling for Election & Specification of the Election Order – Resolution 2022-07 DRAFT attached	Attachment I	Action Item	5 min.
7	ADMINISTRATIVE REPORTS			
7.1	ED of Community Relations & Business Development – Val Lakey	Attachment J	Report	5 min.
7.2	Chief's Reports – Written reports provided. Questions pertaining to written report and verbal report of any new items		Reports	
7.2.1	Chief Financial Officer – Travis Lakey		Report	5 min.
7.2.2	Chief Clinical Officer – Keith Earnest	Attachment K	Report	5 min.
7.2.3	Chief Nursing Officer – Candy Detchon		Report	5 min.
7.2.4	Chief Operation Officer – Ryan Harris		Report	5 min.
7.2.5	Chief Executive Officer – Chris Bjornberg		Report	5 min.
8	OTHER INFORMATION/ANNOUNCEMENTS			
8.1	Board Member Message: Points to highlight in message		Discussion	5 min.
9	ANNOUNCEMENT OF CLOSED SESSION – PUBLIC WILL BE ASKED TO LEAVE			
10	CLOSED SESSION			
10.1	Personnel - Government Code 54957 CEO Evaluation Process Discussion		Discussion	
11	ANNOUNCEMENT OF OPEN SESSION			
12	ADJOURNMENT: Next Meeting June 29, 2022			

Posted 5/20/2022

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Chris Bjornberg



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Tom Guyn, MD, Director

Board of Directors

Regular Meeting

Minutes

April 27, 2022 – 1:00 pm

Burney Boardroom & Microsoft

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

STAFF PRESENT:

Chris Bjornberg, CEO
Ryan Harris, COO
Travis Lakey, CFO
Keith Earnest, CCO
Candy Detchon, CNO
Jack Hathaway, Director of Quality & Ancillary Services
Jessica DeCoito, Board Clerk

ABSENT:

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

3 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

3.1 A motion/second carried; Board of Directors accepted the minutes of March 30, 2022 *Guyn/Vasquez* **Approved by All**

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

4.1 A motion/second carried; Angyl Vaughn was recognized as March Employee of the Month. Resolution 2022-05. Works the night shift at the Memory Care Unit of the Burney Annex. She is fast approaching her 7th year with MMHD where she also received her CNA license. Congrats to Angyl and thank you for taking care of our residents. *Hathaway/Humphry* **Approved by All**

4.2 Director of Quality and Ancillary Services: written report submitted. Jack has been hard at work with the Quality Measures and transferring into a JCHAO model. Working on Partnership patients with the Rural Health Clinic and the QIP Program. Saw opportunities for process improvement in blood pressure readings with our staff.

4.3 Hospice Quarterly Report: The Hospice team has done an outstanding job at meeting all measures and metrics in the Hospice Quality program.

5 BOARD COMMITTEES

5.1 Finance Committee

5.1.1 **Committee Report:** Update on Daycare project – sent out survey to staff to get data to help us put together the operational budget to provide to full Board. Retail Pharmacy is working with the 3rd party consultant to get inventory numbers more consistent. Partnership system was down for 3 weeks and a swing will be seen for that.

5.1.2 **March 2022 Financials:** discussion of the financials sent out took place. Recommendation from Finance committee to accept the financials as provided. Motion moved, seconded, and carried to accept the financials. *Hathaway/Humphry* **Approved by All**

5.1.3 **Burney Annex Fire Alarm:** recommendation from Finance to approve the fire alarm project. We have continuous issues with our current program, and it *Hathaway/Vasquez* **Approved by All**

needs to be updated. Motion moved, seconded and carried to proceed forward with the fire alarm project for Burney Annex.

5.2	Strategic Planning Committee Chair Vasquez: no meeting		
5.3	Quality Committee Chair Utterback		
5.3.1	Committee Meeting Report – DRAFT minutes attached. Kudos to Jack Hathaway, Director of Quality & Ancillary Services, for all the progress on the Quality measures in each department.		
6	OLD BUSINESS		
6.1	Board Calendar: new look for Quality. An internal Quality committee will be set up to review the measures and metrics applied to each department. Those departments will report internally to the Committee, and then those reports will be summarized and taken to the Board Quality meeting. Finance could move into a similar format so that our Finance Committee is not meeting with non-revenue generating departments. Regular Board would see the departments for reports not meeting the Quality measures or the Finance metrics. We will create an actual calendar to see who is reporting when and the frequency. We will provide the draft to the Board at a future date for approval. Goal is to minimize the times they need to report. No action taken.		No Action taken
7	NEW BUSINESS		
7.1	Policies & Procedures Summary 3/31/2022: motion moved, seconded, and carried to approve the summary.	Vasquez/Guyn	Approved by All
7.2	Policy & Procedure Approval: Wound Care Privileges Motion moved, seconded, and carried to approve this policy.	Guyn/Humphry	Approved by All
7.3	Huron Training: starting point for Board Governance trainings. Other options are being researched on top of this. We are waiting on the proposal for that. HEAT by Office of State General has videos that we could access for free as well. CHA, ACHD and AHA also has resources for us to utilize. No action taken.		No Action Taken
8	ADMINISTRATIVE REPORTS		
8.1	ED of Community Relations & Business Development: written report submitted. So proud of Val and all her work.		
8.2	Chief's Reports		
8.2.1	CFO: notes on finances were submitted. Clearwater Lodge inspections came up with some repairs. Insurance is the next step to work on.		
8.2.2	CCO: we will go live with 340B with our RHC on July 1 st . Health Fair was a great event.		
8.2.3	CNO: Nursing vacancies were at 37 at the beginning of January – now we are at 26. 22 vacancies for CNA's is down to 11. 12 people currently interested in the next CNA class. Some CNA's are moving up to LVN and some LVN's are moving up to RN – which are great accomplishments and helpful in our staffing. Still working with ambulance services to help them figure out the coverage our district community needs. Continuing to work on CRNA coverage.		
8.2.4	COO: Clearwater lodge personnel and operation staffing has started. Lodging software is being researched for use. Grand Opening ceremony is being discussed. And were about 6 weeks' worth of work before we can open. Pit River Health Care is opening a center up in Burney at 22,000 sq ft., which will be open for all not just members of the tribe. Working on collecting the daycare survey information to help put the operational budget together for the Board to look at.		
8.2.5	CEO: Met with MVHC CEO and will set up a regular meeting monthly for CEOs and Quarterly for other Chief officers in both organizations. Western Health is coming next week to meet with us regarding our ER Provider contract. We are also working on some other options. Request from Board to have something in writing for this report. Request from the Board to have a weekly summary sent out. In early discussions about a mobile clinic to add to our services. Employee Council has elected to change the name to Employee Action Team – want to bring more positivity into the work environment. Hospital and Nursing Home Week is the week of May 9 th – a lot of the things happening that week are planned by the EAT team. Other fun days have been planned outside		

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.

of the hospital and nursing home week. Looking for a new name for the lodge. CHARTUS data – shared the data with the Board. More information to come out on this for next board meeting.

9 OTHER INFORMATION/ANNOUNCEMENTS

- 9.1 Board Member Message: Health Fair thank you to the community and vendors, Employee of the Month, Laundry Facility is up and running, Employee Action Team.
-

10 ANNOUNCEMENT OF CLOSED SESSION: 4:02 pm

11 CLOSED SESSION

11.1 Medical Staff Credentials – Govt Code 54962

Appointment

1. Shelleen Denno, MD
2. Nicholas Schulack, DO
3. Nimeka Phillip, MD (Pit River Health)
4. Timothy Fischer, MD (vRad)
5. Farzin Imani, MD (vRad)
6. David Katz, MD (vRad)
7. Robert Murray, MD (vRad)
8. David Sarver, MD (vRad)

**Action Item:
Unanimously
Approved**

Reappointment

1. Tyler Barr, MD
 2. Daley Syverson, MD
-

11.2 Personnel Govt Code 54957: CEO Evaluation Process Discussion

12 ANNOUNCEMENT OF OPEN SESSION: 4:50 pm

13 ADJOURNMENT: 4:50 pm

Next Regular Meeting: May 25, 2022

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

Board Member

Board Clerk



Mayers Memorial Hospital District
Always Caring. Always Here.

RESOLUTION NO. 2022-06

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

Sara Fenn

As April 2022 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, Sara Fenn is hereby named Mayers Memorial Hospital District Employee of the Month for April 2022; and

DULY PASSED AND ADOPTED this 25th day of May 2022 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



MAYERS HEALTHCARE FOUNDATION

Foundation Quarterly Report for MMHD

Date: May 18, 2022

Below lists recent board meeting business and foundation activities.

Financial Reports

- Balance Sheet reviewed and accepted for April 2022 (Including variance supplemental and unrestricted account detail)
- P&L reviewed and accepted for April 2022 Previous Year Comparison (Including variance supplemental)
- Gift by Date - MEG 1/01/22 - 4/26/2022 \$ 1641.19 with 8 participants.

Events:

- Health Fair was very successful in distributing information on Health Care services and community relations and partnerships, especially with agencies who have not previously attended. (Pit River Health, Shasta County Public Health-three departments, fitness club, and more). The 2023 MHF Health Fair is scheduled for April 15th. New benefits will feature lab vouchers available two weeks prior and on-line. More to come as we approach 2023. Thank you to the MMHD board members Jeannie Utterback and Beatriz Vasquez who volunteered and/or participated. We appreciated the support!
- The MHF 22nd Annual "On the Green" Golf Tournament Fundraiser is August 13, 2022. Proceeds have been designated to benefit MMHD Memory and Long Term Care.
- Denim and Diamonds Winter Hospice Gala is set for January 28th, 2023. Save the date cards will be distributed 6/2022. Elegance, denim, a Big 500 ticket raffle, wine/beer & foodie "finger food" pairing, decadent chocolate desserts and exciting auction items are planned.

Stores Update:

- Thrift and Gift Tent Sale is this week, May 17-20, 2022.
- Thrift & Gift will be open the third Saturday of every month starting May 21, 2022. 11:00 a.m. to 3:00 p.m. MHF & board member volunteers are encouraged to participate. Fun and shopping for all.

Volunteers:

- An appreciation luncheon is scheduled for our hospital garden volunteers on May 24th, 2022.
- We are currently recruiting Spanish and Native American multi-lingual individuals to join the Hospice volunteer team. This will be a wonderful and much needed addition to the volunteer team.
- Volunteer growth from 5 to a total of 17 new and reactivated volunteers in the last six months is encouraging. This also includes a Jr. volunteer who is painting a mural at the Skilled Nursing Facility in Fall River Mills as a Senior project.

PO Box 77, Fall River Mills California 96028 • 530-336-5211
www.supportmayersfoundation.org

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 James Hamlin, Martin Johnson, Gail McClung • Ex-officio Directors: Tami Humphry, Louis Ward, MHA

A Nonprofit Public Benefit Corporation, Tax ID #: 91-1839151



MAYERS HEALTHCARE FOUNDATION

Foundation Executive Director Report

- Tax Accountant – CPA meeting has been confirmed. MHF treasure, Paul Kerns, Finance Assistant Kandie Dekker and Tracy will meet with CPA on May 26, 2022 – 9:00 a.m. All required prep work and details have been completed and we are ready for the review.
- The Chocolate Festival will be replaced by the Denim and Diamonds 2023 Hospice Gala featured MHF event. Due to the last two years of covid restrictions and California Food Safety guidelines, the annual Chocolate Festival regrettably had to be retired from the MHF calendar of events. We know the community is saddened by the loss of such a special, long-lived event so we plan to celebrate chocolate by including decadent “chocolate” desserts at the gala. Chocolate lives on!
- The 2021 Annual Appeal – completed. Bulk mailed to MHF intermountain communities and donors’ week of May 18, 2022. Hand postage mailing will go to out of area donors/prospects, May 23-28, 2022. If you have anyone additional with whom you would like us to include, please provide name and address. Thank you!

➤ **2022 Community Scholarship/Employee Award Total: \$22,500.00**

Employee Awards Received YTD: 5

- ✓ Amanda Harris - \$2000.00 – Masters/Mental Health Counseling/Licensed Professional Counselor
- ✓ Christina Kingsbury- \$2500.00 – Certification in Medical Billing and Coding
- ✓ Maria Barba - \$2000.00 – Health Information Management
- ✓ Summer Schottel - \$2000.00 – LVN Program
- ✓ Moriah Padilla - \$4000.00 (2021-\$2000.00 & 2022-\$2000.00 Individual Awards) Masters/Nursing

• Community Scholarships Received YTD: 5

- ✓ Amara Darnell - \$1000.00 – Fall River HS - Nursing
- ✓ Allison Ibarra - \$1000.00 – Fall River HS – Physical Therapist
- ✓ Jeanna Bucher - \$1000.00 – Community - Physician
- ✓ Emma Harrington - \$1000.00 – Burney HS - Pharmacy
- ✓ Yarley Contreras - \$1000.00 – Community - Nursing

• Renewal Community Scholarships Received YTD: 5

- ✓ Cassie Stevenson - \$1000.00 - Nursing
- ✓ Cade Harner - \$1000.00 - Physician
- ✓ Francie Ferguson - \$1000.00 – Physician Assistant
- ✓ Cameron Cunningham - \$1000.00 – Physical Therapy
- ✓ Lucas Warnock - \$1000.00 -Critical Care Paramedic/ Critical Care Flight Paramedicine

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MAYERS HEALTHCARE FOUNDATION

GIVE WHERE YOU LIVE

Mayers Healthcare Foundation is powered by Our Community! We work hard every day to maintain a philanthropic culture, applaud the loyalty and generosity of our donors and ensure trust and professionalism promoting the spirit of charitable giving.

Give Where You Live is a vital part of the community and “is” the success of our science minded youth, individuals engaging in higher education, enhancing equipment and funding capital projects for bettering healthcare services.

The foundation thrives on getting involved at the local level and asks for your continued donations large or small. You’re in Memory Of, In Honor Of, In Kind, Individual scholarships, grants, general donations (restricted or non-restricted) and capital project funding donations keep the foundation alive and improves the lives of others. – Tracy Geisler

WITH OVERWHELMING GRATITUDE, WE THANK YOU.

Respectfully submitted by Tracy Geisler, Executive Director, Mayers Healthcare Foundation.

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Board Finance
Wednesday May 25, 2022

Human Resources Information System Proposal

Presented by Libby Mee – Director of Human Resources

Currently the Human Resource department utilizes and pays for nine different systems to support tracking and processing of employee resources functions.

Vendor	Function	Annual Cost
Fasthealth	Applicant Tracking	\$ 14,395.00
PreEmploy.com	Background Checks	\$ 4,994.05
Evercheck	License Tracking & Verification	\$ 2,400.00
TrakStar	Performance Management	\$ 10,993.00
Relias	Training and Education	\$ 12,261.91
Schedule Anywhere	Scheduling	\$ 3,931.20
JBDev	Time and Attendance	\$ 9,573.39
Paragon Payroll	Payroll Processing	\$ 2,141.12
ACA Compliance	Benefit Forms Processing	\$ 4,105.00
		\$ 64,794.67

The current payroll processing system is a Paragon product. As we will be moving to a new EMR system, I would like to propose taking this time to implement a fully functioning Human Resource Information System. This system will be used to collect and store data for all MMHD employees.

After research and conversations with colleagues, we have had demonstrations of the following systems.

System	Proposed Annual Cost
Paylocity	\$ 56,572.72
ADP	\$ 78,000.00
Paycom	\$ 85,296.64

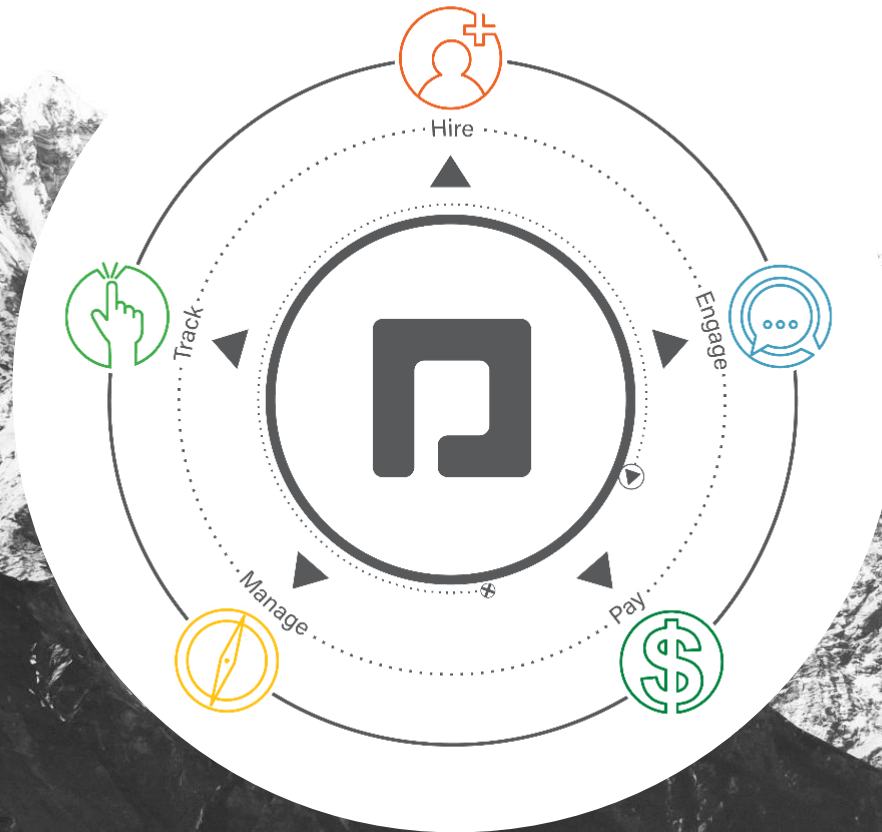
Considering all the information that has been gathered, the Paycom suite of products would not only meet our current needs but would enhance the employee experience and culture, significantly reduce manual processes, and create a protective strategy for employees and the district.

I was unable to find a HRIS system that matched the extensive clinical content and competency built into the Relias learning system. As a result, I recommend maintaining an annual contract with Relias.

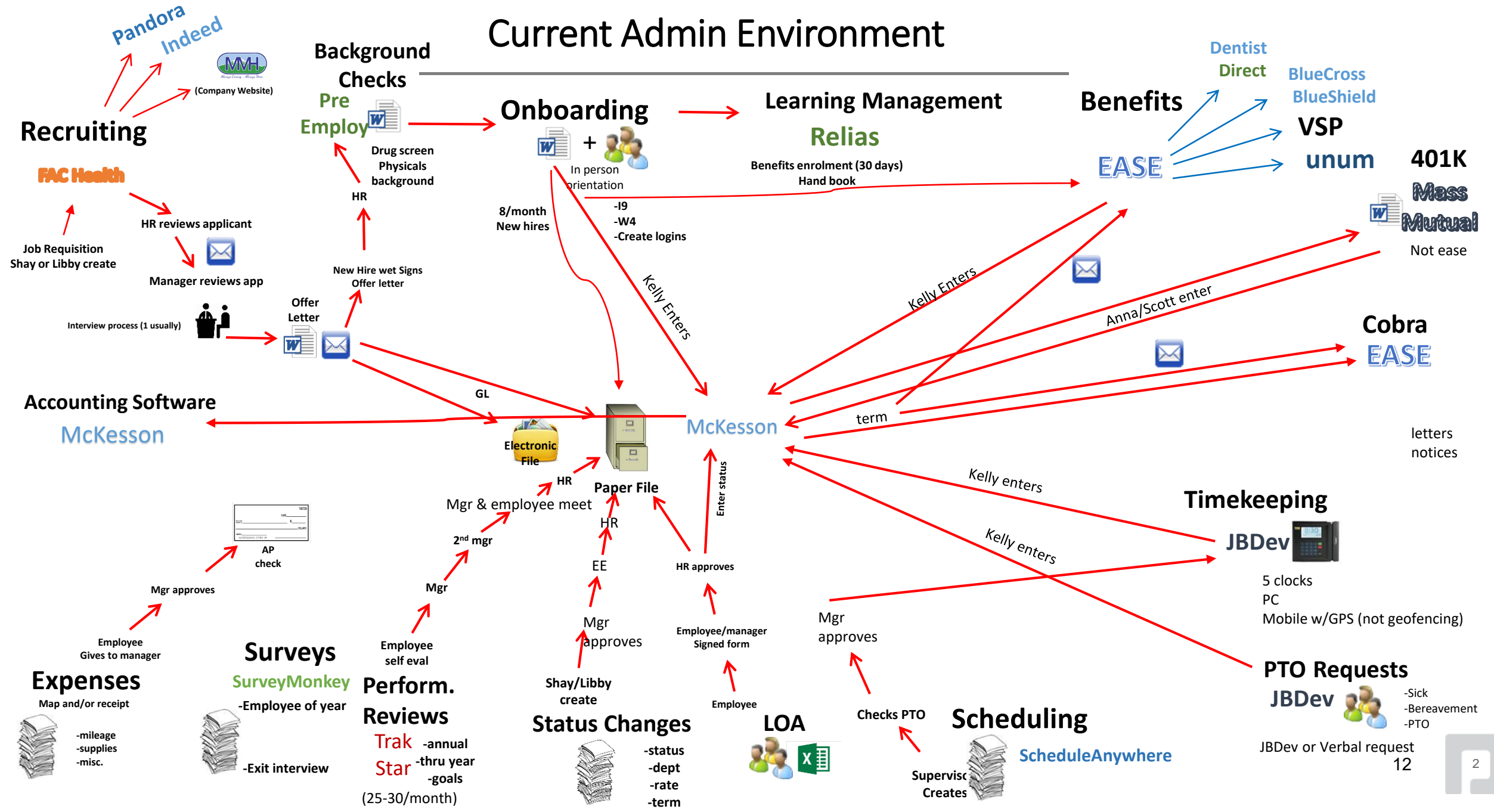


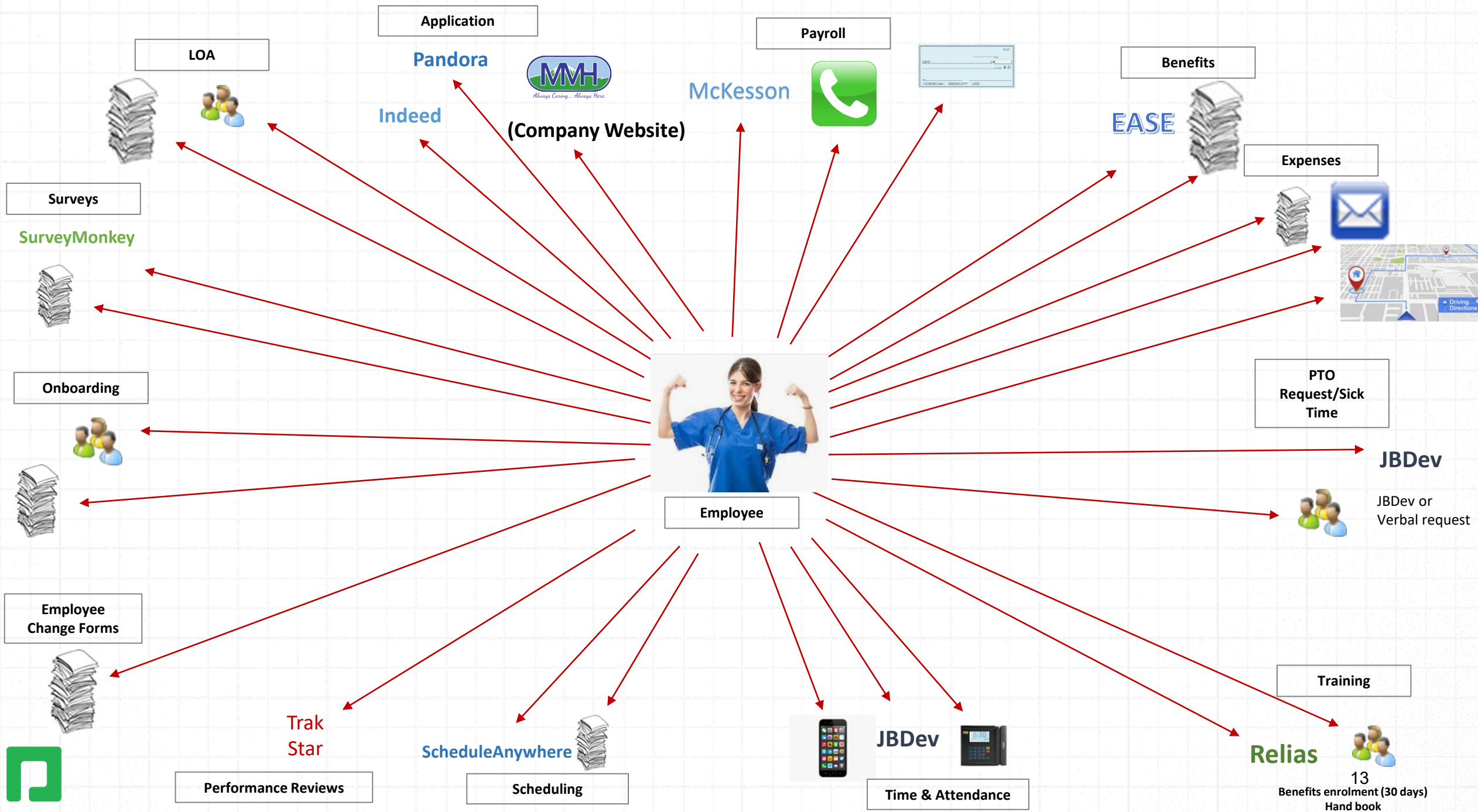
Always Caring... Always Here.

Business Case



Current Admin Environment





Employee Change Forms



Onboarding



Surveys



LOA



Application

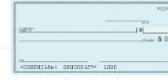
Pandora



(Company Website)

Payroll

McKesson



Benefits

EASE



Expenses



PTO Request/Sick Time

JBDev

JBDev or Verbal request



Training

Relias



13 Benefits enrolment (30 days) Hand book



JBDev



Time & Attendance

ScheduleAnywhere



Scheduling

Trak Star

Performance Reviews

Future Environment



Position Management



Candidate Tracker



Applicant Tracking



Background Checks



Tax Credits



Onboarding



E-Verify®



Ask Here™



Benefits Administration



Benefits to Carrier



Paycom Learning



Scheduling



Time and Attendance



Geofencing Geotracking



Time-Off Requests



Expense Management



Mileage Tracker



Enhanced ACA



Government and Compliance



Garnishment Administration



Payroll



GL Concierge



Push Reporting



Performance Discussion Forms



Performance Management



Personnel Action Forms



Paycom Surveys



COBRA Administration



Direct Data Exchange™



BUSINESS IMPACTS

Enhancing the Employee Experience & Culture



- Employees have ONE place for everything work related (only one login!)
- Performance management tied to merit increases
- Free up time for HR team to focus on people
- Standardization throughout the hospital
- One place to communicate/ask questions through Ask Here

Scalability

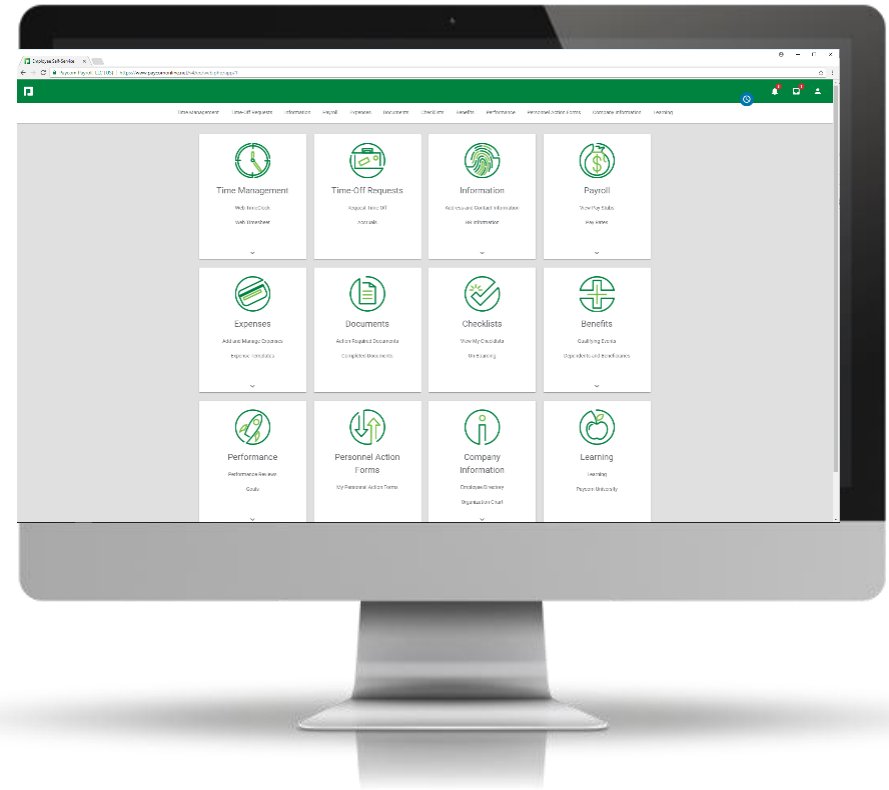


- Reduce manual processes and free up time for managers, supervisors, and admin team to focus on more strategic work and/or patient care
- Eliminate need for paper forms and separate tracking of leaves of absence, PAF's, certifications, surveys, and expenses

Create a Protective Strategy



- Eliminate manual rekeying and number of times data is touched
- Approval workflows, attestations on time cards, missing punches adjusted by employees and approved by managers/supervisors
- With scheduling, timekeeping, and payroll in same database- accruals will be accurately tracked and easy for both employee and manager to view for time off requests
- Lunch lockouts, average rate of pay, ease of pulling data for audits, ACA, and eliminate rounding rule
- Data integrity within one single database





Created on 05/10/2022. Valid For 30 Days.

Client Signature
Printed Name

Title
Date

Human Capital Management Solution

Human Capital Management Solution			
Solution	Base	Per Check	Per Payroll Fee
Background Screening			Per Use Fee
Single Application HCM System			Included
Dedicated Paycom Specialist			Included
Analytics Dashboard			Included
Beti			Included
- Approve My Check			Included
- Payroll Automation			Included
- Payroll Dashboard			Included
Drug Testing			Per Use Fee
Applicant Tracking			Included
New Hire Reporting			Included
Employee Self Service			Included
- AskHere			Included
- Manager on-the-Go			Included
Document & Task Management			Included
- Self-Onboarding			Included
Time and Attendance			Included
Schedule Exchange			Included
Time Punch Import			Included
Time Off Accrual Tracking			Included
Time Off Requests			Included
Payroll Processing			Included
- Check Vouchers			Included
- Federal Electronic Tax Depositing (941,940)			Included
- Deposit and File State Tax Deposits			Included
- Deposit and File SUTA (State Unemployment)			Included
- Quarterly Federal/State Deposit Statements			Included
- Quarterly 941s Signed and Filed			Included
- Jurisdiction Filing (\$6 per additional Jurisdiction) Jurisdictions: 1			\$ -
- Position Seat Management			Included
- Direct Data Exchange			Included
- Employment Predictor			Included
- Organizational Chart			Included
- My Analytics/Executive Dashboard			Included
Payroll Gross to Net			Included
General Ledger Concierge			Included
Paycom Pay			Included
Check Stuffing			Included
Advanced Report Center			Included
Workers Comp Tracking			Included
401(k) Standard Report			Included
Benefits Administration			Included
Benefits-to-Carrier			Included
Enhanced Affordable Care Act			Included



Government & Compliance				Included
Performance & Compensation				Included
Personnel Action Forms				Included
- Performance Discussions				Included
Total	265	\$ 226.54	\$ 14.67	\$ 4114.09

Pay-Per-Use				
Solution	Quantity	Base	Per Check	Per Payroll Fee
Direct Deposits	0	\$ 8.15	\$ 0.29	\$ -
Full Garnishments	0	\$ -	\$ 10.00	\$ -
Total				\$ 0

Grand Total Per Payroll	\$ 4114.09
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One-Time Conversion, Set-Up and Training				
Solution	Option	Quantity	Per Unit Charge	Fee
Client Conversion	Included			\$ 32089.90
Training	Included			Included
Total Initial Investment				\$ 32089.9

Carrier Feeds				
Solution	Option	Quantity	Per Unit Charge	Fee
Carrier Feeds	Included		\$650.00 per Plan Type to be billed upon completion	

Annually				
Solution	Option	Quantity	Per Unit Charge	Annual Fee
940 Filed	Included			Included
2022 W-3 Transmittal	Included			\$ 75.00
2022 Employee/Employer W-2s	Included		Per W-2	\$ 6.95
2022 ACA Form 1094 (B or C)	Included			\$ 75.00
2022 ACA Form 1095 (B or C)	Included		Per 1095 Form	\$ 6.95

All Pricing is subject to change with written or electronic notice. Note: Delivery fee will be based on actual delivery costs. Additional processing fees may apply.

All applicable taxes, including but not limited to sales or service taxes, are not included in the above proposal (unless specified otherwise). Client is responsible for applicable taxes in addition to the fees outlined in the proposal. Applicable taxes may vary by jurisdiction.

..



Proposal Summary for Valued Partner - Mayers Memorial Hospital

Company Summary					
Company Name	# of Checks/ Vouchers	Base/Per Check	Per Payroll	Total Initial Investment	Annual Estimate
Mayers Memorial Hospital	265	\$193.39/\$11.65	\$3,280.64	\$19,618.23	\$85,296.64
Total	265		\$3,280.64	\$19,618.23	\$85,296.64

Frequency Summary				
Company Name	Frequency	# of Checks/Vouchers	Per Payroll	Annual Estimate
Mayers Memorial Hospital	Bi-Weekly	265	\$3,280.64	\$85,296.64
Total		265	\$3,280.64	\$85,296.64



Sales Associate(s)	Client	Proposal Date	Information
Heather Monahan	Mayers Memorial Hospital	5/12/2022	Summary of Concession

Quantity	Description	Annual Total
Based on 265 Employees	Initial Proposal	\$106,966.34
Based on 265 Employees	Discounted Proposal	\$85,296.64

	ANNUAL DISCOUNT	\$21,669.70
--	------------------------	--------------------

Description	Annual Total
Initial Implementation Fee	\$32,089.90
Discounted Implementation Fee	\$19,618.23

	ONE-TIME IMPLEMENTATION DISCOUNT	\$12,471.67
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	TOTAL DISCOUNT	\$34,141.37
--	-----------------------	--------------------

Daycare Operating Budget

NOTES

Operating Revenue	\$ 259,080.00
Operating Expenses:	
Salaries & Wages	\$ 266,211.00
Employee Benefits	\$ 66,552.75
Supplies	\$ 31,958.00
Purchased Services	\$ 2,000.00
Professional Fees	\$ -
Repairs & Maint.	\$ 6,000.00
Utilities & Telephone	\$ 4,800.00
Leases/Rentals	\$ 9,600.00
Depreciation Expense	\$ -
Insurance Expense	\$ -
Interest Expense	\$ -
Other Expenses	\$ 3,000.00
20% employee discount	\$ 51,816.00
Total Oper. Expenses	\$ 441,937.75
Net Oper. Income(loss)	\$ (182,857.75)

Operating Revenue: Open 254 days a year. Closed for 6 holidays and weekends. Hours are 7:00 am - 5:30 pm. \$34 per day.

Salaries & Wages: Used California Labor statistics for childcare workers \$35,390. Used average salary of a child care director of \$89,261. For age group of 1-6 year olds at full capacity, we will need 6 adults. 5 teachers and 1 director. Does not include EVS, Laundry or maintenance wages

Supplies: Based off of Plumas expense

Utilities: Also for mats

Mobile RHC Build

Base Cost	\$	368,140.00
Blood Draw Chair	\$	856.00
Diagnostic System	\$	2,931.00
Exam Light x 2	\$	5,862.00
Graphics Package	\$	7,000.00
Medical Freezer	\$	2,254.00
Vaccine Refrigerator	\$	2,254.00
Microwave	\$	546.00
Physicians Scale	\$	695.00
Stereo System for patient privacy	\$	1,265.00
UV Air Purifier	\$	528.00
Awning - Automatic Side Awning	\$	4,145.00
City Water Fill	\$	415.00
Exterior Outlet	\$	375.00
Handicap Lift	\$	11,471.00
Leveling/Stabilizing System	\$	8,407.00
Sound Deadening Room x2	\$	6,038.00
	\$	423,182.00

NO CDL required

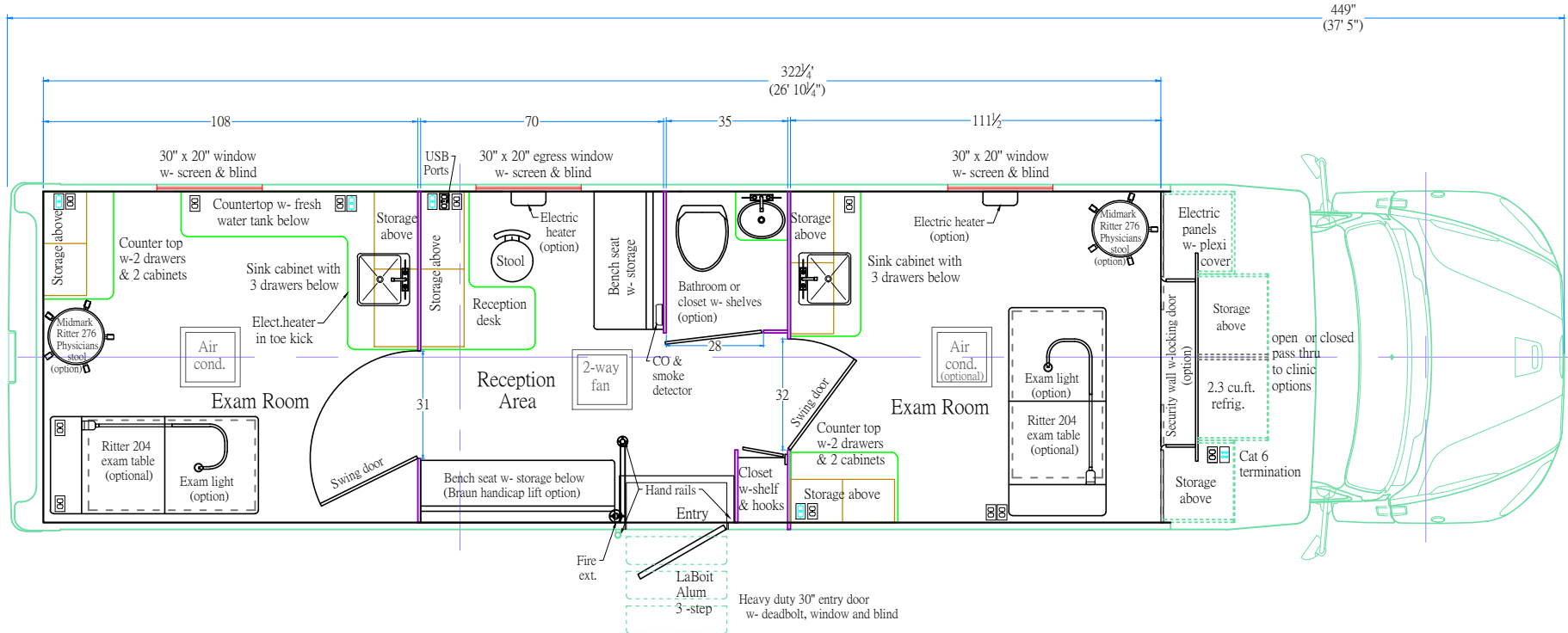


prelim floor plan	plnt mgr approv.	global framework	plumbing	electrical	cabinetry	installers	build sheet mtg.	final floor plan
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This document is confidential and proprietary to LaBoit Specialty Vehicles Inc. and may not be reproduced, published or disclosed to others without company authorization.

- 120v duplex outlet w- 2 USB ports
- 120v duplex outlet
- 120v inverter outlet
- Cat 6 connection
- LED light
- Overhead speaker

Standard Plan



Standard and some optional features- Power:

- 1- 9.0KW EPS Diesel Generator
- Equipment - non-medical**
- 2 - 13.5K BTU Air Conditioners (1 standard)
- 3 - Electric Heaters (1 standard)
- 1- 2-way Fan
- 2.3 cu. ft. Refrigerator
- 4 - CAT 6 connections
- Navigation system w- vehicle stereo
- Back up alarm & camera w- vehicle stereo

Structure

- Storage/ Fridge above cab
- Forward Security Wall w- locking sliding door (option, closed std)
- Bathroom (closet optional)
- 30 x 20 Egress window w- screen & blind (option)
- Spare tire w- custom bracket (optional)
- Bench seat

Plumbing

- 4 gallon Water heater
- 40 gal. fresh water tank
- 20 gal. black water & 15 gal. black water dump tanks
- 3 - Hand sinks

Equipment & Lighting - medical

- 2 - Midmark Ritter 204 exam table (option)
- 2 - Midmark Ritter 275 physicians stool (option)
- 2 - Sunnex LED exam light w- holder (option)

Lighting

- 4 - 36" overhead LED lights
- 3 - 20" overhead LED lights
- 1 - 6" overhead LED light in bathroom

Colors

- | | |
|--------------------------|---------------------------|
| Walls- (sides and rear)- | Champagne or White |
| Floor color- | TBD |
| Counter color- | TBD |
| Upper Cabinet panes- | Smoked or Clear Plexiglas |
| Upper Cabinet frames- | Black or White |
| Midmark table color- | TBD |
| Blind color- | TBD |

See price sheet for other optional features

Approval signature- _____

Chief Executive Officer
Chris Bjornberg



Mayers Memorial Hospital District

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

Board of Directors
Quality Committee
Minutes

April 13, 2022 @ 12:00 PM
Fully Remote Teams 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 12:01 pm on the above date.			
	BOARD MEMBERS PRESENT:		STAFF PRESENT:	
	Jeanne Utterback, President Tom Guyn, MD., Director		Chris Bjornberg, CEO Keith Earnest, CCO Dr. Watson, CMO	
	Excused ABSENT: Candy Detchon, CNO		Brigid Doyle, Staff Development Marinda May, Social Services Sondra Camacho, Activities	
	COMMUNITY MEMBERS PRESENT:		Jack Hathaway, Director of Quality Jessica DeCoito – Board Clerk	
	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 April 13, 2022	Guyn, Hathaway	Approved by All
4	REPORTS: QUALITY STAFF			
	4.1	Staff Development: written report submitted. Nurse Assistant Training Program just finished up with the second round of classes. Our current class will test out tomorrow. Our class has a 100% pass rate – HUGE ACCOMPLISHMENT. 12 students have signed up for our next session starting in June. We will have two locations – 6 in Burney and 6 in Fall River. Conversations about an in house LVN program have begun to provide another opportunity for our CNA's take another step in their careers.		
	4.2	Volunteer Services: written report submitted. Volunteers are at our Thrift Shop, Landscaping, and in our Hospice services. Volunteers in the skilled nursing have begun again with restrictions on COVID being lightened.		
	4.3	Safety Quarterly: Thank you to the team who helped complete the Workplace Violence program with Beta. Meeting all 18 measures was a great accomplishment.		
5	REPORTS: QUALITY PATIENT SERVICES			
	5.1	Marketing & Public Relations: looking forward to getting back into the schools to provide information about our services and provide wellness opportunities for our district. Community Health Needs Assessment is ongoing and receiving feedback. Advertising this need is shared throughout multiple outlets.		
	5.2	Social Services: Medi-cal approval for patients on the Acute floor to be transferred to long term is taking 75-80 days to process where it was 45 days prior to COVID. We need to set up a meeting with Shasta Co. to discuss the issues and find a solution. We need to be more efficient and cost effective for our patients and residents and unfortunately this ties back to the county needing to change their processes. Interested in including some extra pieces into the social services.		
	5.3	Pharmacy: we passed the Barrier Isolator tests entirely. Working on launching the 340B program between our clinic and our retail pharmacy. We are continuing to provide COVID vaccination shots.		

5.4	Activities: We have hired a van driver and multiple activity aides that are keeping busy. We have been planning a sensory herb garden. A High School senior is working on painting a mural at the FR SNF. In Burney we are getting our garden ready for our vegetables and lots of flowers. Hoping to get a koi fishpond installed at the annex for our residents in Burney. Church services have picked back up in the facility as well.
5.5	Hospice: written report submitted. Most current data from March 15 th . Our Hospice department is doing amazing work. CHC = continuous home care which means an 8 hr period in one calendar day (clock resets at 12:00 am). GIP = general inpatient care means needing to bring an at home patient into the hospital for more resources. Bottom line is our Hospice nurses and staff are amazing at what they do.
5.6	SNF Events/Survey: survey season is upon us. Some changes will occur for infection prevention which we are looking at how this will change and occur within our facility and policies.
6	DIRECTOR OF QUALITY
6.1	CMS Core Measures: continue to work on in house measures to help improve processes and efficiencies.
6.2	5 Star Rating: we are sitting at 4 stars currently. We are working on 7 quality metrics to measure in our SNF.
	We will be meeting with Plumas District Hospital to ask questions about the Joint Commission process. We will also meet up with Shasta Regional to ask them questions. We want to get as much information with facilities as we work to get our approval in Joint Commission. For this committee, it will be nice to see the measures listed out and that we are meeting those measures or if we need to do more work. It provides us a better visual aid to our quality metrics, how we are accomplishing them or if we have areas of opportunity to meet those measures.
7	OLD BUSINESS
7.1	Meeting Calendar Discussion: a Quality team will meet up and then provide a summary of the discussions/reports to the Board Quality Committee. The measures and metrics will help us determine the frequency of departments reporting.
8	OTHER INFORMATION/ANNOUNCEMENTS:
9	ADJOURNMENT: at 1:27 pm Next Regular Meeting – June 8th, 2022

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.

Bylaws and Rule Changes:

Definitions

Allied Health Professional or **AHP** means an individual, other than a licensed physician, dentist or podiatrist, who exercises independent judgment within the areas of his or her professional competence and the limits established by the Governing Body, the Medical Staff, and the applicable State Practice Act, who is qualified to render direct or indirect medical, dental, or podiatric care under the supervision or direction of a Medical Staff member possessing privileges to provide such care in the hospital, and who may be eligible to exercise privileges and prerogatives in conformity with the policies adopted by the Medical Staff and Governing Body, these Bylaws and the Rules. ~~AHPs are not eligible for Medical Staff membership.~~

Article 6 Allied Health Professionals

6.1 Qualifications of Allied Health Professionals

Allied Health Professionals (AHPs) are ~~not~~ eligible for medical Staff membership. They may be granted practice privileges if they hold a license, certificate or other credentials in a category of AHPs that the Governing Body (after securing Medical Executive Committee comments) has identified as eligible to apply for practice privileges, and only if the AHPs are professionally competent and continuously meet the qualifications, standards and requirements set forth in the Medical Staff Bylaws and Rules.

Article 8 Medical Staff Officers (and Medical Directors)

8.1-2 Qualifications

All Medical Staff officers shall:

- a. Understand the purposes and functions of the Medical Staff and demonstrate willingness to assure that patient welfare always takes precedence over other concerns;
- b. Understand and be willing to work toward attaining the hospital's lawful and reasonable policies and requirements;
- c. have administrative ability as applicable to the respective office;
- d. Be able to work with and motivate others to achieve the objectives of the Medical Staff and hospital;
- e. Demonstrate clinical competence in his or her field of practice;
- f. Be an active or consulting Medical Staff member, ~~or an Allied Health Professional~~ (and remain in good standing as a Medical Staff member while in office); and

g. Not have any significant conflict of interest.

Appendix 3A Credentials Committee

A. Composition

The Credentials Committee is comprised of one member of the Active or Consulting medical staff **or an Allied Health Professional** who shall be the Chairperson and the and the Director of Quality Improvement/, both of whom shall be voting members of the Committee.

Appendix 3E Infection Control Committee

A. Composition

The Infection Control Committee shall consist of one representative from each department, one **physician practitioner** who specializes in infectious disease, a nurse whose responsibilities primarily involve infectious disease, and the pharmacy director who shall be voting members. The employee health nurse, a representative of nursing administration, a surgical services representative and director of central supply, and a representative of hospital administration shall be ex officio members

		Provisional	Active	Consulting	Courtesy	Telemed Consulting	Inactive	AHP
PREROGATIVES	Admit Patients	YES ¹	YES ²	NO	YES ³	NO	NO	YES ⁴
	Follow Observation Patients	NO	YES	NO	YES	NO	NO	YES
	Clinical Privileges	YES	YES	YES	YES	YES	NO	YES
	Vote	NO	YES	YES	YES	NO	NO	YES
	Hold Office	NO	YES	YES	YES	NO	NO	YES
	Serve on Committees	YES	YES	YES	YES	YES	NO	YES
	Committee Chairperson	NO	YES	YES	YES	NO	NO	YES
RESPONSIBILITIES	Medical Staff Functions	YES	YES	YES	YES	NO	NO	YES

¹ Must admit/attend at least 10 inpatients per year

² Must admit/attend at least 10 inpatients per year

³ Must admit/attend fewer than 10 inpatients per year

⁴ May co-admit with a Provisional, Active or Courtesy practitioner

	Attend Meetings	YES	YES	YES	NO	NO	NO	YES
	Pay Dues	YES	YES	NO	YES	NO	NO	YES
	Application Fee	YES	YES	YES	YES	NO	NO	YES
	Emergency Room Call	NO	NO	NO	NO	NO	NO	NO
OTHER REQUIREMENTS	Complete Provisional	N/A	YES	NO	YES	NO	YES	YES
	Malpractice Insurance	YES	YES	YES	YES	YES	NO	YES

MAYERS MEMORIAL HOSPITAL DISTRICT

The District encourages public participation in the governing process and provides reasonable accessibility to all public records except those documents that are exempt from disclosure by express provisions of law or considered confidential or privileged under the law. The District has 10 days to respond to any request for a copy of public documents by indicating whether or not the documents exist and will be made available. Actual production of the documents may take somewhat longer depending upon their ease of availability and staff workload. You may be notified within the 10 day period that additional time is necessary. To assist us in providing a timely response to your request, please fill out the form below and indicate the specific record/document you wish to review. If you do not know the precise identification of the document, please describe its contents as clearly as possible. Minutes of Board of Directors meetings, annual budget and audits are available on the MMHD website, www.mayersmemorial.com

Name: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail: _____

Record or Document Requested (Please be as specific as possible):

Reason for Request (Optional): _____

Do you wish to purchase a copy of the record(s)? Yes ___ No ___

If Yes, how many copies? ___ Fee for copying: 10 cents per page

Date of Inspection: _____

Applicant's Signature

Date of Request

DISTRICT USE ONLY:

Is Written Authorization Required? Yes ___ No ___

If so, has written authorization been received and attached? Yes ___ No ___

District Officer's Signature _____

Approvals: P&P: 4/4/19; BOD 4/24/19

APPLICATION FOR INSPECTION OF PUBLIC RECORDS MMH585

Attached to policy: Access to Public Records

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

BLOOD GAS and LACTATE I-STAT

Page 1 of 12

DEFINITIONS:

Measured parameters: pO₂, pCO₂ and pH

pO₂ is defined as the partial pressure (or tension) of oxygen in a gas phase equilibrium with blood and is measured amperometrically. Oxygen permeates through a gas permeable membrane from the blood sample into the internal electrolyte solution where it is reduced at the cathode. The oxygen reduction is proportional to the dissolved oxygen concentration. Causes for decreased pO₂ include decreased pulmonary ventilation (e.g. airway obstructions or brain trauma), impaired gas exchange between alveolar air and pulmonary capillary blood (e.g. bronchitis, emphysema, or pulmonary edema) and alteration in the flow of blood within the heart or lungs (e.g. congenital defects in the heart or shunting of venous blood into the arterial system without oxygenation in the lungs).

pCO₂ is defined as the partial pressure (or tension) of CO₂ in a gas phase equilibrium with blood and its activity is measured by ion-selective electrode potentiometry. Concentrations are calculated from measured potential through the Nernst equation. pCO₂ represents the balance between cellular production of CO₂ and ventilatory removal of CO₂ and a change in pCO₂ indicates an alteration in this balance.

pH is defined as the hydrogen ion concentration and its activity is measured by ion-selective electrode potentiometry.

pCO₂ along with pH is used to assess acid-base balance. Causes of primary respiratory acidosis (increase in pCO₂) are airway obstruction, sedatives and anesthetics, respiratory distress syndrome and chronic obstructive pulmonary disease. Causes of primary respiratory alkalosis (decreased pCO₂) are hypoxia (resulting in hyperventilation) due to chronic heart failure, edema, and neurological disorders and mechanical ventilation.

Lactate is measured amperometrically but is not reported. The enzyme lactate oxidase, immobilized in the lactate biosensor, selectively converts lactate to pyruvate and hydrogen peroxide (H₂O₂). The liberated hydrogen peroxide is oxidized at a platinum electrode to produce a current which is proportional to the sample lactate concentration.

POLICY:

Calculated Parameters

Oxygen saturation (O₂ Sat) is the calculated amount of oxyhemoglobin expressed as a fraction of the total amount of hemoglobin able to bind to oxygen (oxyhemoglobin plus decarboxyhemoglobin). This calculation assumes normal affinity of oxygen for hemoglobin and that normal amounts of dysfunctional hemoglobin are present. O₂ Sat is a useful predictor of the amount of oxygen that is available for tissue perfusion.

Bicarbonate (HCO₃), the most abundant buffer in the blood plasma, is an indicator of the buffering capacity of the blood. Regulated by the kidneys, HCO₃ is the metabolic component of acid-base balance. Causes of the metabolic acidosis (decreased in HCO₃) are ketoacidosis, lactate acidosis (hypoxia) and diarrhea. Causes of primary metabolic alkalosis (increase in HCO₃) are vomiting and antacid treatment.

TCO₂ is measured carbon dioxide which exists in several states (CO₂ in physical solution or loosely bound to protein). TCO₂ and HCO₃ are used to assess acid-base imbalance and electrolyte imbalance.

Base Excess is defined as the titratable base of the extra cellular fluid and reflects the non-respiratory (metabolic) component of acid-base disturbances.

CLINICAL SIGNIFICANCE:

Blood gases are obtained in a variety of clinical situations. The two major reasons for testing include:

1. Determine/monitor the patient's ability to oxygenate their blood.
2. Determine/monitor the patient's acid-base status utilizing the respiratory and metabolic components.

Lactate testing is useful for:

1. Diagnosis and treatment of lactic acidosis in conjunction with measurement of blood acid/base balance.
2. Monitoring tissue hypoxia and strenuous physical exertion
3. Diagnosis of hyperlactemia. Hyperlactemia is an indicator commonly used to detect hypoperfusion, particularly in the case of sepsis, trauma and surgical situations.
4. Elevated lactate levels are found in conditions of hypoxia such as shock, hypovolemia, and left ventricular failure, in conditions associated with diseases such as diabetes mellitus, neoplasia and liver disease; and in conditions associated with drugs or toxins such as ethanol, methanol, or salicylates.

The i-STAT System incorporates a microprocessor control system that manages all functions of the analyzer. A single-use disposable cartridge contains micro-fabricated sensors for pH, pCO₂

and pO₂, a calibrating solution, fluidics system and a waste chamber. When a whole blood sample filled i-STAT cartridge is inserted into an analyzer, the analyzer controls the functions of the testing cycle including fluid movement within the cartridge, calibration and continuous quality monitoring. Electrical impulses are detected at the cartridge sensors and circuitry amplifies the signals.

SPECIMEN:

95µl heparinized arterial, venous, or capillary whole blood collected in a balanced heparinized syringe, balanced heparinized plastic capillary tube, or lithium heparin vacutainer tube. Note: Sample type menu is set/limited by each testing location.

Specimen Identification:

Respiratory therapist will identify each patient through verification of the patient's name, medical record number and date of birth. During order entry, each specimen is given a Specimen Identification number as the barcoded label is generated. The MPI barcode number scanned as the patient's test ID during testing steps.

Specimen Collection:

All samples are collected by venous or arterial puncture following standard precautions outlined in Lab-0105 Safety-Biological. Refer to RC-3200 Arterial (Blood Gas) Puncture/Samples, Lab-1360 Venipuncture for Blood Collection and Lab-1236 Skin Puncture for Capillary Blood-Obtaining, Handling, Processing of Specimens. Heparin is the only acceptable anticoagulant for blood gas testing with the i-STAT test system. (Precaution: Expel air bubbles immediately for syringe collections.) All samples must be labeled with patient's name, collection date and time, and medical record number.

Stability:

Only fresh whole blood samples are recommended for use with the i-STAT test system.

Unacceptable Specimens:

1. Clotted specimens
2. Specimens not tested within 10 minutes
3. Iced specimens should not be tested on the i-STAT system.
4. Large air bubbles in syringe samples will yield inaccurate results and should be recollected.
5. Unlabeled specimens.
6. Lithium Heparin vacutainers (green top gel or no gel) venous whole blood less than full draw can not be used for blood gas testing.

REAGENTS/MATERIALS:

i-STAT G3+ and i-STAT CG4+ Test Cartridges, Abbott Corporation:

Store the cartridges in the manufacturer sealed pouches at 2-8°C. Do not allow cartridges to freeze. Refrigerated cartridges are stable until the expiration date listed on the cartridge box. Cartridges may be stored at room temperature (18-30°C or 64-86°F) for up to 2 months.

Cartridges should not be returned to the refrigerator once equilibrated to room temperature. Mark the modified 2 month expiration date on each individual cartridge package. The cartridge must remain in the sealed pouch until time of use. Do not use any cartridges after the expiration date (manufactured or modified).

i-STAT Level 1 and Level 3 Liquid Controls, Tri-Controls, Abbott Corporation:

Store control vials at 2-8°C. Allow control vials to warm to room temperature for a minimum of 4 hours. Control solutions may be stored at room temperature for up to 5 days at 18-30°C or 64-86°F. Prolonged storage at temperatures greater than 30° may cause changes in the values of some analytes. Do not use beyond the expiration date on the box and vial labels.

Linearity Tri-Controls Calibration Verification:

Store vials at 2-8°C. **Warm the vials for 4 hours at room temperature prior to use.** Do not use beyond the expiration date found on the package and vial labels. Linearity solutions may be stored up to 5 days at 18-30o C or 64-86o F (Room temperature).

Materials needed:

ABG kit. To include:

1. 3ml Syringe w/23g 1 inch needle
2. Filter pro device
3. Adhesive bandage
4. Alcohol prep pad
5. Gauze sponge

EQUIPMENT/INSTRUMENTATION:

i-STAT Test System, Abbott Corporation:

Includes i-STAT hand-held instrument and Downloader/Recharger

i-STAT Electronic Simulator, Abbott Corporation:

Quality Control device

i-STAT Rechargeable Power Pack, Abbott Corporation:

Nickel-metal hydride battery

CALIBRATION:

1. The i-STAT cartridge is standardized against known methodologies at the factory. A multi-point calibration curve, the slope or sensitivity of which is defined by coefficients in the CLEW software, is derived for each sensor by this process. These calibration curves are adjusted twice per year through CLEW software updates.
2. A one-point calibration test is performed on each cartridge automatically before the blood is tested. No operator intervention is required to initiate this process. The calibrating solution is automatically released from its foil pack and positioned over the sensor with cartridge insertion. Signals produced during this one-point calibration adjust the offset of

the stored calibration curve. The analyzer automatically moves the sample over the same sensors and the signals produced by the same sample sensors are measured. While coefficients are used rather than graphic calibration curves, the calculation of the results is equivalent to reading the sample's concentration from the adjusted calibration curve.

3. Calibration Verification/Analytical Measurement Range is validated by lab staff after each CLEW software upgrade and at six month intervals. The test levels within this linearity kit cover the complete measurement range of the G3+/CG4+ test cartridge parameters, pH, pCO₂, O₂ and/or Lactate.

QUALITY CONTROL:

The i-STAT quality control program is designed to verify the performance of the analyzer and cartridges.

1. To meet this requirement, an internal simulator check (automatic with cartridge insertion) is preprogrammed within the iSTAT.
2. The internal simulator runs automatically every eight hours as scheduled through the DE customization when a test cartridge is inserted into the device. NOTE: If internal simulation passes, the device automatically proceeds to analyzing the patient test cartridge. If the internal simulator FAILS, patient test cartridge will be locked. To unlock the i-STAT, follow the External Simulator Stepwise Instructions for resolution/troubleshooting.

Electronic Simulator:

The external and internal simulator simulates two levels of electrical signals that stress the analyzer's cartridge signal detection function both below and above measurement ranges. Perform the external electronic check on the analyzer using the i-STAT Electronic Simulator once per month during scheduled monthly QC.

Stepwise Instructions for external simulator:

1. Turn the analyzer "On".
2. Press the "Menu" key to access the Administration Menu. (Note: Pressing the menu key allows the operator to toggle between the Administrator Menu and the shorter Test Menu pages).
3. Select "3-Quality Tests".
4. Select "4-Simulator".
5. Enter your Operator ID. Press and hold the scan button to activate the barcode scanner in the top of the analyzer. Type in your lab employee ID number. Press "Ent" to store and to advance the screen to the next page. Scan or enter Simulator ID. Retrieve the electronic simulator's black static-free storage box. Locate the barcode serial number on the front flap of the storage box. Press and hold the scan button to activate the barcode scanner in the top of the analyzer and pass the laser light over the barcode. The screen advances automatically.

6. “Insert Simulator” prompt appears on the screen. Remove the electronic simulator from the black box. Remove the blue protective cover from the contact pads. Avoid touching the contact pads. Insert the simulator into the analyzer’s cartridge port.
7. “Contacting Simulator” appears on the screen. The test timer appears on the display screen during testing. Do not remove until “Simulator Locked” message at the bottom of the screen disappears.
8. View the test result on the screen.
9. If PASS is displayed, continue to use the analyzer. To perform the Delta probe check, press (.) to display the Delta probe temperature. The difference must read numerically
10. If FAIL is displayed, retest the simulator. Remove the simulator from the analyzer’s cartridge port. Select “1-Test Option”, and then Select “2-Same Simulator”. Repeat steps 5-7.
11. If FAIL is displayed a second time. DO NOT USE the i-STAT. Contact the Technical Support.

Patient testing cannot continue if the electronic simulator QC has failed.

Liquid Quality Control:

i-STAT control solutions Tri-Controls, Level 1 and Level 3, come packaged in ready-to-use glass vials. Refrigerated control vials must equilibrate to room temperature for 4 hours prior to testing. (NOTE: The warm up time varies from chemistry cartridge types where the warm-up time is only 30 minutes.)

PROCEDURE:

1. Take liquid controls out of refrigerator for the required four hours needed for controls to equilibrate to room temperature.
2. Obtain two test cartridges. Refrigerated cartridges require 5 minutes to warm to room temperature. Utilize the room temperature cartridges from the transport bag whenever possible.
3. Turn the analyzer “On”.
4. Press the “Menu” key to access the Administration Menu. (Note: Pressing the menu key allows the operator to toggle between the Administration Menu and the shorter Test Menu pages).
5. Select “3-Quality Tests”.
6. Select “1-Control”.
7. Select 2-Schedule 1. Complete scheduled QC testing only within the defined date window. Otherwise, QC can be tested any time as 1-Unscheduled.
8. Select Cartridge Type being tested.
9. Select APOC Combo L1 or L3.
10. Enter your Operator ID by typing in your Employee ID number. Press “Ent” to store and to advance the screen to the next page or use the scan option.

11. Scan the APOC QC vial barcode to enter the control lot number.
12. Scan the barcode on the cartridge's foil packet to quickly enter the cartridge lot number. The screen advances automatically.
13. The analyzer holds the entered information for 10 minutes, allowing sufficient time to prepare the control vial for testing. To prepare the control vial properly, hold the glass vial at the tip and bottom with your forefinger and thumb to minimize increasing the temperature of the solution. Immediately before use, shake the control vial vigorously for 5 to 10 seconds to equilibrate the liquid and gas phases.
14. Protect your fingers with gloves, gauze, tissue or the provided plastic protective sleeves and snap off the tip of the glass vial.
15. Immediately transfer the solution to the test cartridge using a plain syringe and blunt needle. Plain syringes are recommended to transfer an aqueous control solution from the ampule to the cartridge. When using a syringe (3 cc sterile syringe with a 16-20 gauge blunt needles are recommended), slowly draw approximately 1 cc of the solution from the bottom of the ampule. If air is trapped between the leading edge of the solution and the plunger, DO NOT invert the syringe to expel it; this will not affect the solution near the tip of the syringe. Always expel one or two drops from the syringe before filling the cartridge.
1. 16. Immediately seal the cartridge and insert into the prepared analyzer. (Note: Aqueous based solutions, such as these controls, lack the buffering capabilities of whole blood. Therefore, the transfer process from vial to cartridge must be more expedient than a patient sample).
16. View the 120-second test timer on the screen. Remove the test cartridge only when "Cartridge Lock" message disappears.
17. The iSTAT electronically links to the QC value assignment range sheet and marks the results as PASS or FAIL.
18. Press "1-Test Options" on the result page and then press "1-Next level:" Repeat steps 6-18 to test the other control level.

Common Errors Causing QC to Fail:

1. QC vial lot # entered into the analyzer differs from the QC vial actually used to dose the cartridge.
2. Failure to allow control vials to equilibrate to room temperature for four hours.
3. Failure to adequately shake the QC vial prior to testing.
4. Delay in testing process once the vial tip has been snapped off prior to testing.
5. Prolonged exposure to room air.

Frequency of Use:

The lab verifies each new shipment of test cartridges using Level 1 and Level 3 QC samples and every 30 days thereafter.

Acceptable Tolerance Limits:

Initially, the expected values established by the manufacturer in the package inserts are used to assess cartridge performance. The manufacturer's mean and acceptable range is used to evaluate cartridge performance. Once adequate data is collected, historical performance limits will be determined and utilized to adjust the manufacturer ranges to better monitor the testing system.

Corrective Action:

If quality control tests fall within the acceptable control ranges, patient testing may continue. However, if quality control tests fall outside the acceptable control ranges, the problem must be corrected before proceeding with patient testing. Refer to the Troubleshooting section of the i-STAT User Guide for a quick reference to possible solutions. i-STAT offers an overnight replacement program for nonoperational analyzers when contacted before 3:00 p.m. Call the regional lab office for help with unresolved problems or for a replacement analyzer.

Recording QC Data:

The quality control results (external and internal simulator and liquid QC) are stored in the memory of the analyzer. The room temperature reading is captured with each external simulator QC test. The thermal probe check is accomplished by reviewing the Probe Delta Station. The thermal probe check is accomplished by reviewing the Probe Delta column for readings of <0.1. This result is recorded. The room temperature and refrigerator used to store i-STAT reagents are recorded daily.

i-STAT Maintenance:

Gently clean the display screen and case using a Super-Sani Cloth Germicidal or bleach wipe. Rinse the outside of the analyzer with another gauze pad moistened with water and wipe dry. Avoid getting excess fluids in the seam between the display screen and the case.

Implementation

PATIENT TEST PROCEDURE:

1. Pull the necessary test cartridges from the refrigerator to warm to room temperature. Modify the cartridge foil package to indicate the modified 2 month expiration date. Plan to use the cartridges with the oldest modified expiration date first.
2. Turn the analyzer "On". From the Test Menu screen, select "2-i-STAT Cartridge" to prepare for a test patient test.
3. Enter Operator ID.
4. Enter patient medical record # x 2
5. Scan the cartridge lot # barcode.
6. "Insert cartridge" prompt appears on the screen. The screen maintains the prompt for 10 minutes. Remove the cartridge carefully from the foil pouch and place on clean, dry surface. (Testing tips: Hold the cartridge by the sides. Do not contaminate the contact pads.

Do not apply pressure to the central area of the label as the calibrant pack inside could burst prematurely. Do not block the air vent on the back of the testing cartridge.)

7. Direct the tip of the syringe into the sample well.
8. Dispense the sample slowly and steadily until it reaches the blue minimum fill mark. Leave some sample in the sample well.
9. Fold the snap closure over the sample well. Press the rounded end of the cover until it snaps into place.
10. Insert the filled cartridge into the i-STAT cartridge port.
11. The i-STAT analyzer identifies the cartridge and performs a one-point calibration during the first 90 seconds. The patient sample is tested during the last thirty seconds only if the one point calibration was successful.
12. Do not remove the cartridge until the message Cartridge Lock disappears from the screen. Wait for the results to appear.
13. Review the blood gas results. Document the results per protocol.
14. Select comment to chart or not to chart result and to document the results of the Allen test.
15. Remove the test cartridge. Dispose of the test cartridge and all collection apparatus into appropriate biohazard containers.

SPECIAL CONSIDERATIONS:

1. Attempting to remove a test cartridge or simulator while “Cartridge Locked or Simulator Locked” is displayed will cause irreparable damage to the i-STAT analyzer.
2. If the snap closure is not closed before cartridge insertion into the analyzer, the test cannot be performed and the error message “Unable to Position Sample” will be displayed. Recollect the sample and retest.
3. The blue mark on the test cartridge defines the minimum fill line. The maximum fill line is an imaginary horizontal line drawn from the bottom of the blue i-STAT words on the cartridge toward the sample chamber. If the maximum fill level is exceeded, the one point calibration will fail and the specimen will need to be repeated.
4. An analyzer that has been exposed to extreme environmental conditions must be allowed to come to equilibrium with the operating environment prior to use. Note: The analyzer will display the message “Temperature Out of Range” until it has reached its operating temperature.
5. The barcode scanner is a Class II device that meets the requirements of the CFR. Warning labels are attached directly to the bottom of the i-STAT. Do not stare into the laser beam or point the laser at others.
6. The battery compartment is located at the display end of the analyzer next to the laser barcode scanner window. The analyzer uses two (2) alkaline batteries.
7. The analyzer will display a Battery icon during a low battery situation. Data is not lost when batteries are fully discharged. A fully discharged battery requires replacement of both alkaline batteries.

8. The analyzer contains a thermal control subsystem that controls the temperature of the sensors and fluids that come into contact with the sensors to 37°C. This system is automatically activated during cartridge insertion.
9. The analyzer contains a solid-state barometric pressure sensor, which determines the ambient atmospheric pressure used for the pO₂ sensor calibration.
10. On the Downloader/Recharger unit, the blue proximity light indicates automatic transmission of all unsent results. Do not move the analyzer while the message “Communication in Progress” is displayed on the screen.

CALCULATIONS:

The i-STAT analyzer automatically performs all the required calculations from the measured parameters (pH, pCO₂, pO₂) to yield the following calculated parameters (O₂ Sat, HCO₃, TCO₂ and Base Excess).

INTERPRETATION:

REFERENCE RANGE BLOOD GAS RESULT BY SAMPLE TYPE:

Analyte	Units	Arterial (Adult)	Venous (Adult)	Capillary	Arterial (Neonate)	Venous (Neonate)
pH		7.350 – 7.450	7.31 – 7.41	7.310– 7.410	7.350 – 7.450	7.310 – 7.410
pCO ₂	Mm Hg	35.0 – 45.0	41.0 – 51.0	41.0 – 51.0	35.0 – 45.0	41.0 – 51.0
P0 ₂	Mm Hg	80 – 100	35.0 – 40.0	35.0 – 40.0	80.0 – 100.0	35.0 – 40.0
HC0 ₃ *	mmol/L	22.0 – 26.0	22.0 – 26.0	N/A	22.0 – 26.0	22.0 – 26.0
O ₂ Sat*	%	95 – 100	N/A	N/A	95.0 – 100.0	N/A
Lactate	mmol/L	0.5 – 1.6	0.5 – 2.2	N/A	N/A	N/A

* = Calculated value

Reportable ranges for the i-STAT measured parameters are:

pH = 6.5 – 8.20

pCO₂ = 5 -50 mmHg

pO₂ = 5 – 800 mm Hg

Lactate= 0.30-20.00 mmol/L

*** **(Instead of Results)** – A particular sensor’s signal falls outside of operational limits. Uncharacteristic signals can be caused by a compromised sensor or by an interferent in the sample. This flag also appears for any calculated test dependent on a measured test parameter flagged with stars. The sample should be retested only once using another cartridge. Otherwise, collect a new sample for confirmation.

Unexpected patient test results should be first confirmed by repeat analysis. Collect another sample for confirmation. When the results from the i-STAT are still suspect, validate the cartridge lot performance with the i-STAT control solutions.

Refer to the Troubleshooting section of the i-STAT 1 User guide when evaluating the error messages. Contact Technical Support.

Reporting Results:

A blood gas order is generated by order entry in the Paragon system. The blood gas results are entered manually.

LIMITATIONS:

Factors Affecting Results/Interfering Substances:

Exposure of the whole blood sample to air will cause an increase in pO₂ when values are below 150 mmHg and a decrease in pO₂ when values are above 150 mmHg.

Do not ice sample before testing – pO₂ results may be falsely elevated in cold samples. Do not use a cold cartridge –pO₂ results may be falsely decreased if the cartridge is cold.

Exposing a sample to air will cause an increase in pH due to loss of CO₂. pH decreases on standing anaerobically at room temperature at a rate of 0.03 pH units per hour.

When increased amounts of dysfunctional hemoglobins (carboxy, met, and sulfhemoglobin) are present, the oxygen saturation cannot be used as a predictor of the amount of oxygen available for tissue perfusion.

Lactate increase by as much as 70% within 30 minutes at 25 degrees C as a result of glycolysis. Therefore, testing must take place immediately. The following substances are known to interfere with the i-STAT lactate assay:

Substance	Test Concentration (mmol/L)	Interference
Bromide	37.5	Decreased iSTAT lactate results See note below
Glycolic	10.0 ¹⁷	Increased iSTAT lactate results. Use another method
Hydroxyurea	0.92	Increased iSTAT lactate results. Use another method

REFERENCES:

1. i-STAT System Implementation Guide, i-STAT Corporation, Rev Oct 2002
2. i-STAT 1 System manual, i-STAT Corporation 2005
3. i-STAT 1 User Guide, i-STAT Corporation 2004
4. Practice Guideline 0026 Respiratory Care: Ionized Calcium/Arterial Blood/Sampling/Handling

COMMITTEE APPROVALS:

M/P&T: 3/23/2022
P&P: 5/5/2022
MEC: 5/17/2022

MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE
MAYERS RURAL HEALTHCARE CLINIC CLEANING

POLICY:

The clinic is cleaned daily to make it a safe, sanitary and comfortable environment. The clinic is cleaned by the Environmental Services Staff daily. Daily cleaning is not to interfere with patient care.

PROCEDURE:

1. Equipment needed on housekeeping cart:
 - a. Paper Towels
 - b. Toilet Paper
 - c. Hand soap and hand sanitizer
 - d. Trash can liners
 - e. Disinfectant in properly labeled container
 - f. Counter brush and dustpan
 - g. Dust mop, mop bucket and microfiber mops
 - h. Wet floor “caution” signs
 - i. Gloves and other Personal Protective Equipment (PPE)
2. Assemble the appropriate materials necessary to clean each area.
3. Put on Personal Protective Equipment (PPE) prior to handling any chemicals.
4. Wipe down all flat surfaces with appropriate cleaners.
3. Remove magazines, decorative items prior to dusting, cleaning furniture and tables.
4. Remove garbage and set aside to dispose of in appropriate bin later.
5. Remove soiled linens and set aside to dispose of in appropriate bin later and re-stock clean linen from linen room at the annex when needed.
6. Re-stock all supplies, e.g., Toilet Paper, Paper towels, Hand soap, Hand Sanitizer, from housekeeping cart, if needed.
7. Check for cobwebs, wash windows and mirrors.
8. If appropriate put down wet floor “caution” signs, dust mop and then wet mop.
9. Remove signs when floor is visibly dry.

COMMITTEE APPROVALS:

P&P: 5/5/2022

Mayers Memorial Hospital District



Mayers Memorial Hospital District

CRISIS COMMUNICATIONS PLAN

2021

SECTION I: Overview

Purpose

This *Communications Plan* has been developed to support the Mayers Memorial Hospital District disaster response, as detailed in the Emergency Operations Plan. Included in this plan are positions and their descriptions, public communication models, and Just-in-Time Training material.

Plan Maintenance

A copy of this plan is available on the network and located in the Disaster Management folder; also, a hard copy is kept with the Safety/Disaster Coordinator. This plan will be reviewed and revised by the emergency preparedness team annually or as changes necessitate, whichever comes first. Any revisions will be reviewed and approved by the department management team.

Approvals:
Disaster/Safety: 3/20/2022
P&P: 5/5/2022

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SECTION III: Communications Plan and Team

Common Operating Picture

A common operating picture is established and maintained by gathering, collecting, synthesizing, and disseminating incident information to all appropriate parties. Achieving a common operating picture allows on-scene and off-scene personnel to have the same information about the incident, including the availability and location of resources and the status of assistance requests.

The common operating picture is created from situation reports produced from incident commanders.

First Assessment of Potential Crisis

- Are there injuries or deaths?
- Could this potentially damage the overall brand and reputation of (levels of organization)?
- Are there immediate or potential legal issues/complications?
- Does this significantly affect the public, patients and/or employees?
- Do we expect widespread media attention or a flurry of social media conversation?

Is there a sensationalistic aspect of this issue that could elevate the crisis to the system level?

Communications Team

Span of control is key to effective and efficient incident management. For a small localized public health emergency, the incident commander may be the only necessary position; alternatively, a larger incident will necessitate appointing additional staff for assistance.

The incident command system identifies the liaison officer and public information officer positions for communications support to the incident commander; when these positions are appointed, the communications team becomes established within the command staff structure.

However, the communications team may need to expand further to meet the communication needs of an incident. The communications team consists of the following six positions:

- Liaison Officer
 - o Assistant (if necessary)
- Public Information Officer
 - o Hospital Spokesperson (if necessary)
 - o Media Coordinator (if necessary)
 - o Public Outreach Coordinator (if necessary)

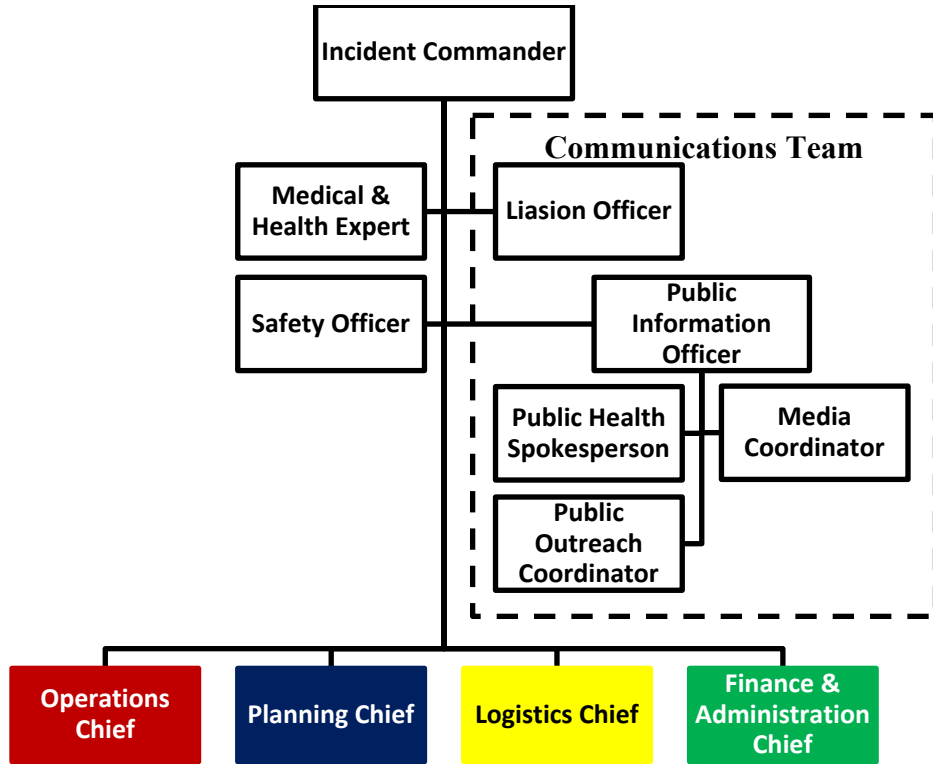
The organization chart below, illustrates how the communications team fits into the HICS command staff structure. HICS is defined as the Hospital Incident Command System, and is a separate document to be found in the Emergency Preparedness files on the Internet.

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Mayers Memorial Hospital District
 Emergency Preparedness - Crisis Communication Plan



Job Descriptions and Job Action Sheets for these positions can be found in Section X: Appendix.

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Communication Modes

Telephone: live calls from media, health care providers, other stakeholders and partners, and the public received on our designated phone lines. Mass communication text system to notify all staff members of an incident.

E-mail: using prepared media lists to rapidly communicate with the media, partners and County staff.

Fax: using pre-programmed broadcast fax lists, to quickly disseminate information to physicians, hospitals, and clinics, elected officials, home health agencies, residential care facilities, schools, organizations, and others.

Rapid Notification: CAHAN allows public health to notify DOC staff and pre-identified partners/stakeholders. In addition, the County Sheriff's Office uses the reverse 911 system Code Red to deliver telephone messages to landlines and cell phones in identified locations within MMHD to advise residents of an immediate threat to life and/or property.

Social Media networks: if established, social media formats such as Facebook, Twitter, Instagram, You Tube, etc. may be utilized to share updates as the situation unfolds.

MMHD website: to post more detailed information about the incident for medical providers and the general public (e.g. prevention and treatment recommendations).

Redundant Communications System

Establishing and maintaining the common operating picture among response partners is essential for effective disaster management. Thus having redundant communication systems is necessary for maintaining situational awareness; this is because a single communication mode, such as cell phones or radios can fail when needed. The list below identifies several communication modes per type of communication and the order of their use. Use these lists along with the Contact Directory to establish and maintain communications with partners, stakeholders and public in response to a disaster.

Verbal Communications

1. Landline, cellular and satellite phones
2. Radios UHF and VHF
3. Runner

Document Reporting

1. Email
2. Faxing
3. Runner

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Joint Information System

The public information mission during an incident is to get the accurate information to the appropriate people at the right time so they can make the proper decisions. Periodically, MMHD experiences emergencies requiring dissemination of critical health and medical information to the public. However, other incidents may be occurring simultaneously to a public health and medical incident; in which case, public information must be coordinated among responding agencies.

The Joint Information System (JIS) is the operating method for organizing, integrating and coordinating incident information to ensure timely, accurate, accessible and consistent messaging among multiple Public Information Officers (PIOs) across multiple agencies, jurisdictions and sectors to avoid confusing the public.

The JIS can be:

- Two PIOs talking on the phone about an incident that involves both of their agencies.
- A PIO at the Emergency Operations Center (EOC) talking to a PIO at the site of the incident.
- PIOs from several departments working together at a single location.
- Multiple PIOs from many agencies working from several locations; but all working together to ensure clear and accurate information is being delivered to the public.

Area Public Information Officers

Agency	Name	Phone	Email
MMHD	Lakey, Val	336-5511	vlakey@mayersmemorial.com

Speaking With One Voice

Through the JIS, PIOs are able to collaborate on message development for consistency, and coordinate release for effectiveness. The following five steps outline the collaborative process:

- 1) Identify key information that needs to be communicated to the public.
- 2) Create messages that convey key information, and are clear and easily understood.
- 3) Prioritize messages to ensure timely delivery of information without overwhelming the audience.

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- 4) Verify accuracy of information through appropriate channels, including Incident Command and relevant agencies and program areas.
- 5) Disseminate messages using the most effective means available.

The size and scope of an incident/disaster will determine public information needs, and MMHD’s response. Initially, the MMHD PIO, Spokesperson or designee(s) will perform public information responsibilities, or from MMHD’s Operations Center (DOC). In a large-scale disaster, the MMHD PIO or designee(s) may be dispatched to a Joint Information Center (JIC).

Joint Information Center

The Joint Information Center (JIC) acts as a central location for facilitating operation of the joint information system (JIS).

- JICs may be established at various government levels- local, regional, state, and national- as required.
- Co-locates PIOs/representatives from involved agencies together.
- One location is preferred; but the system is flexible to work with multiple locations and virtually as well.

Department Operations Center	
	Phone #
Mainline	
Fax-line (Clinic)	
Emergency Operations Center (EOC)	
Section	Phone #
Management Team	
Operations	
Planning	
Logistics	
Finance	
Incoming FAX	

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Phone Triage

Phone Call Screening Process

Tracking Media Calls- Keeping track of media calls and MMHD's timely response to these calls is essential in a public health emergency. Media should know ahead of time how the flow of information will work, how to get their requests answered, and what you can or cannot do. Media also must be kept informed of other information sources (hotline numbers, Web sites, etc.) that have been established for this event so their questions can be answered in the most timely and efficient manner possible.

MMHD will use the media call log provided in the appendix to help keep track of who called and any necessary follow-up needed for each media outlet.

- All media inquiries to any MMHD source are to be routed to the PIO staff. This is to ensure that reporters are directed to the most appropriate staff, depending on the topic, and that valuable professional staff time is spent addressing the public health situation, rather than dealing with the media.
- The PIO Staff will log the calls and then forward the calls to the Director, Director of Nursing, Health Officer or Emergency Preparedness staff, depending on the subject.
- The PIO Staff will notify the Director and the Director of Nursing about the level of media and public interest, as necessary.

Fact sheets will be created/updated for distribution and posted on website, if necessary. Scripts may be created for staff fielding calls.

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SECTION V: Public Information

Risk Communications

Through risk communication, MMHD hopes to provide the audience with information about the expected type (good or bad) and magnitude (weak or strong) of an outcome from a behavior or exposure. Typically, risk communication involves:

- discussion about adverse outcomes,
- Probabilities of those outcomes occurring.

Crisis Communications

Crisis communications is about communicating information to positively affect the public's health, safety and environment in response to and recovery from an emergency incident/disaster event. Crisis communications should be strategically designed public information campaign to reduce the public's uncertainty, and encourage their participation for desirable behaviors.

Issues Management Communication

Issues management communication can be similar to crisis communication. An issue is a public question that has generated some interest by stakeholders. Questions about vaccine safety, for example, have generated concern among some groups

Emergency management will use Issues management communication to influence how MMHD responds to the issue and how it is potentially resolved. In some cases, an issue can become a crisis. MMHD Management will typically have more time to respond to issues than they would to a crisis

Crisis & Emergency Risk Communications

Crisis and emergency risk communications (CERC) combines both elements of crisis communications and risk communications as they are used during an emergency response. CERC involves experts who provide information allowing individuals or an entire community to make the best possible decisions about their well-being.

Communicators must also help people accept the imperfect nature of choices during the

MMHD uses Six Principles of CERC:

1. Be First
2. Be Right
3. Be Credible
4. Express Empathy
5. Promote Action

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6. Show Respect
 - To gain public confidence by providing information that is:
 - Timely
 - Empathetic
 - Accurate
 - Credible
 - Pertinent
 - To keep the public calm by:
 - Acknowledging uncertainty
 - Recognizing people's fears
 - Explaining the process in place to find answers
 - Giving people specific things to do
 - Directing public to action
 - Meeting the needs of the entire community through universal access (i.e. make it accessible for those with access and functional needs)
 - Meeting the needs of the news media;
 - Meeting the needs of partners/stakeholders; and
 - Coordinating with federal, state, and local agencies involved in responding and providing information to the public.
 - Maintaining patient confidentiality

Crisis Phases

Understanding the pattern of a crisis can help you, as a communicator to anticipate the information needs of the media, stakeholders, and public. While every crisis is unique and develops in its own way, this generalized pattern has been shown to be part of most events. The following five phases described below, each has its own unique informational requirements. Therefore, your communication efforts must evolve.



Progression through each of the phases will vary according to the following:

- The event that triggered or initiated the crisis
- Level of harm
- Adequacy of the response, including the level of community resilience
- The intensity and longevity of the crisis, which will impact required resources and manpower

Pre-crisis Phase

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The communication objectives during the pre-crisis phase include the following:

Plan and prepare by:

- Identifying spokespersons, resources, and resource mechanisms.
- Develop training and refine plans and messages.
- Foster alliances and partnerships to ensure that officials and experts speak with one voice and that resources are available and shared.
- Consider conducting an emergency public health communication needs assessment to clarify what needs to be done

Initial Phase

MMHD's role is to manage the following:

- Collect information about what happened.
- Interpret and separate the factual information from rumors.
- Determine the communication response.
- Coordinate with other response groups and agencies.
- Verify the magnitude of the event as quickly as possible.

Communication objectives during this phase will require that MMHD:

- Acknowledge the event with empathy.
- Explain to and inform the public in simple and clear terms about their risk.
- Establish organization and spokesperson credibility.
- Provide emergency courses of action, including how and where to get more information.
- Coordinate messages with other organizations and agencies.
- Commit to stakeholders and the public to continue communication and remain accessible.

* Recognize there are limitations to the public's ability to process information, and more information does not necessarily lead to greater trust and credibility. As such, the public may not be so interested in more information

Maintenance Phase

The maintenance phase generally begins when most or all of the direct harm is contained, and the intensity of the crisis begins to subside. As one crisis communicator commented,

MMHD Communication objectives during this phase include the following:

- Help the public more accurately understand its own risks.
- Provide background and encompassing information to those who need it. Work to answer questions such as the following:
 - "How could this happen?"
 - "Has this happened before?"
 - "How can we keep this from happening again?"
 - "Will I be all right in the long term—will I recover?"
- Generate understanding and support for response and recovery plans.

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- Listen to stakeholder and audience feedback and correct any misinformation.
- Explain emergency recommendations.
- Empower risk/benefit decision making.

Resolution Phase

MMHD objectives for this phase include:

- Improve appropriate public response for future similar emergencies through education.
- Honestly, examine problems and mishaps, and then reinforce what worked and address what did not work in the recovery and response efforts.
- Persuade the public to support public policy and resource allocation to the problem.
- Promote the activities and capabilities of the organization. Help reinforce the identity of your organization as capable and responsive.

Evaluation Phase

When the crisis is over, it is important to evaluate the performance of the communication plan, document lessons learned, and determine specific actions to improve crisis systems or the crisis plan. Evaluate responses, including communication effectiveness.

- Document and communicate lessons learned—what worked and where were the challenges?
- Determine specific actions to improve crisis communication and crisis response capability.
- Create linkages to pre-crisis activities.

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SECTION VI: Crisis & Emergency Risk Communications Plan

This *Crisis & Emergency Risk Communications Plan* outlines nine protocols for communicating crisis and risk information to the public and media in response to an emergency incident/disaster. This overview of crisis and emergency risk communications, along with the brief descriptions of media relations and public outreach will serve as just-in-time training. Communicators must inform and persuade the public in the hope that they will plan for and respond appropriately to risks and threats. The work presented here shows how an organization can follow CERC principles when responding to a crisis.

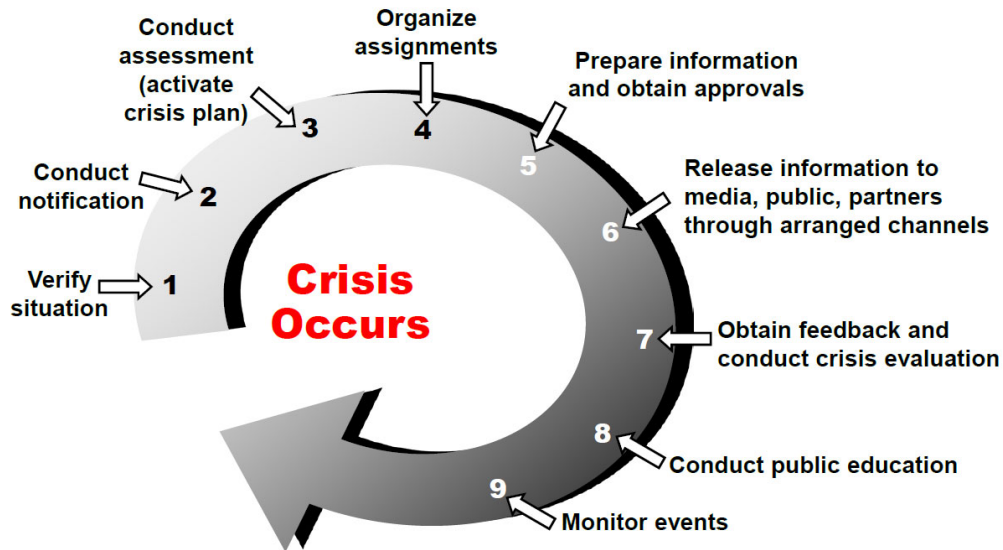
Policy

Official Spokesperson- the MMHD PIO, or their designee, is the official spokesperson for conveying MMHD's official position on general safety/disaster/health situations or significant issues.

Media Inquiries- inquiries from the media about issues with these significances, especially issues of a controversial or sensitive nature, will be referred to the official spokesperson. Media requests regarding specific programs or staffs' professional expertise in a non-emergency situation, then MMHD staffs are free to respond.

Emergency & Crisis Communication- in an emergency crisis communications will be implemented, and the MMHD PIO will handle all media contact, and will coordinate the information flow from the Incident Command to the public. Communication is a key factor in the response of the agency to any emergency. When an emergency arises, timely, accurate, clear, concise and credible messages have a tremendous impact on how the public reacts during an event, and on its perception of MMHD. The facility's *Crisis and Emergency Risk Communication* (CERC) plan has been designed as a blueprint to aid the agency in responding to an intentional, unintentional or naturally occurring event that creates a public health threat. It spells out the crucial first steps and formalizes our policies. The purpose of this Crisis and Emergency Risk Communication (CERC) Plan is to enable MMHD too effectively:

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1) Verify Information

- Get the facts
- Judge validity based on source of information
- Clarify plausibility through subject matter expert
- Attempt to discern the magnitude of the event

Obtaining situational awareness is the first step. Evaluate the information, attempt to verify the magnitude of the event, and seek additional information to put the event into perspective regarding public and media interest. Helpful questions might include the following:

- Where did the information originate?
- Is the source credible?
- From which of the following did the information come?
- Is the characterization of the event plausible and consistent with other events of this type?
- Is the information consistent with other sources that are reporting on the event?

2) Notification & Coordination

- **Notify chain of command**
- **Coordination is with response peers and partners.**

Once you have verified the event, notify managers immediately.

Make sure the notification message only contains information that has been verified.

Describe the event from a public or media perspective. If you anticipate, based on your risk

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analysis, that the event will produce intense media and public interest, share that opinion with those being notified. If the event has potential to grow, share that view as well.

Coordination means notifying people who may not be in the formal chain of command for emergency response but who may be partners in the response. You may be coordinating with members of your own organization or with partners outside your organization.

Notification is formal and comes first.. The plan also identifies those people or organizations that should be notified or with whom activities will be coordinated, according to the type of emergency that has occurred.

Initial Media Response (Get your Information out Early)

One of the best ways to satisfy the media's need for information is to control the flow of information while establishing MMHD as a credible source for information.

- Do not give in to pressure to confirm or release information before experts or emergency operation centers confirm it.
- Release some information initially, but be honest that your organization is still gathering information. The following are suggested responses for the media that give the time necessary to collect the facts:
 - “We’ve just learned about the situation and are trying to get more complete information right now.”
 - “All of our efforts are directed at bringing the situation under control. I’m not going to speculate about the cause of the incident at this time.”
 - “I’m not the authority on this subject. Let me have [name of authority] call you right back.”
 - “We’re preparing a statement on that now. Can I send it in about two hours?”

3) Conduct Assessment and Activate Communication Plan

- What is the communication needs appropriate for the incident?
 - Develop communication objectives.
- Assess impact on communication operations and staffing.
- Determine your organization's role in the event.
- Activate media and Internet monitoring.
- Identify audiences.
 - By location
 - By demographics
 - By
- Identify affected populations and their initial communication needs.
- Assembling the facts is a priority for your team.

4) Organize Assignments Quickly

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The initial organization around an event involves assigning people responsibilities. Much of this will be predetermined by the crisis plan.

Immediate Issues:

- Determine who is managing the event from an operations, programmatic, and scientific perspective.
- Consider how communication coordinates with the program staff in charge of managing the crisis. What meetings should communication staff attend?
- What are the crisis communication teams (media, Web, public, partner, stakeholder, and support)? Are they operational?
- What are the current, most pressing priorities?
- What resources are needed? Is staffing sufficient?
- Who is the spokesperson for this event and what support might he/she need (i.e., SMEs as additional spokespersons, additional briefing or training, cultural liaisons)?
- At this point, should communication teams operate 10, 12, 20, or 24 hours per day and 5, 6, or 7 days per week?
- Will communication staff be expected to travel?
- Are supplemental funds needed?
- Is contractor support needed?

Ongoing organizational issues:

- What is the potential for the crisis to get worse?
- Will events result in more intense public or media interest?
- Have rumors or points of conflict emerged?
- How should the organization respond to these issues? Is there a current response and is it adequate?
- Should the organization continue to be a source of information to the media about this crisis? Would other groups or agencies more appropriately address some issues?
- Are the teams operating with approximately equal effectiveness? How could efficiency be improved?
- Is the clearance process operating efficiently? How can it be improved?
- Are resources sufficient? Should staff resources be reallocated?
- Should the organization reset times for daily updates to the media or cancel the regular updates?
- Are daily or weekly subject matter expert briefings appropriate to reduce the demand for one-on-one interviews with these experts?
- Should personnel who have been temporarily assigned to the crisis be returned to normal duties?
- Should hours of operation be increased or reduced?
- Are supplemental funds needed to meet public and media demand for information?
- What is the organization learning from the public and the media that could be useful to outbreak investigators and policy managers?

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In both immediate and long-term issues, partner coordination is critical. Questions about partner involvement might include:

- Who are the partner organizations (traditional and emergent) of this event? Have they been briefed? Are they concerned about their own reputations?
- Which partners are or should be involved in the response? How can coordination occur?
- Can a partnership improve the response? If so, who and how will you engage them?
- Do partners wish to get involved in the response? If so, who and how?

5) Prepare Information and Obtain Approvals

Rapid clearance of information for release comes with inherent tension and challenges. This function includes all message and development activities, the approval process, and the coordination of information within an organization. Several questions are important to the approval process:

- Who are the audiences, both immediate and remote? Who's been affected by this event? Who's upset or concerned? Who needs to be alerted?
- What are the audiences' perceptions, backgrounds, and values?
- What are their immediate and long-term information needs and wants?
- What do media personnel want to know?
- How can your organization demonstrate appropriate empathy?
- What are the facts? What happened?
- What is the organization's stance on the issue? Are there policies or values that are relevant to this issue?
- What is your organization doing? How is your organization solving the problem?
- What can your organization do to keep this from happening again?
- What other agencies or groups are involved and what are they saying?
- What should the public be doing?
- What public information is available and when will more information be available?
- Develop message.
- What do media want to know?
- Show empathy.
- What is the organization's response?
- Identify action steps for public.
- Execute the approval process from the plan.
- Identify Communication Tactics
 - Conduct on-air press conferences.
 - Disseminate information approved by the Public Information Officer and Incident Commander.
 - Set-up on-scene press conferences.
 - Establish media briefing times and places for approval by the Public Information Officer and Incident Commander.
 - Monitor other media to prevent redundancy and rumors.
 - Coordinate interviews and provide escorts as needed.

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- Document in chronological order, the information provided to the media and public. This entails the collection of releases, recordings of interviews, the sequence of statements and briefings, etc.
- Respond to media inquiries as appropriate.
- Set-up media hotline

6) Release Information Through Prearranged Channels

Anticipating likely questions from the media and recognizing their role can improve the effectiveness of communication.. It may help you to anticipate likely media questions such as the following:

- Who's in charge?
- What are you doing for the people who are hurt?
- Is the situation under control?
- What can we expect?
- Why did this happen?
- Why wasn't this prevented?
- What else can go wrong?
- When did you begin working on this (were notified of this, determined this)?
- What do these data or results mean?
- Are there bad things you aren't telling us?
- When can we get more information?

When talking to the media, some basic kinds of information can generally be provided:

- Provide only information that has been approved and cleared by the appropriate channels. Don't speculate and don't over-reassure.
- Repeat the facts about the event.
- Describe the data collection and investigation process.
- Describe what your organization is doing about the crisis.
- Describe what other organizations are doing.
- Explain what the public should be doing.
- Describe how to obtain more information about the situation.

Face-to-face, including media briefings and community meetings.

Printed materials, including fact sheets, posters, and other specially prepared materials.

- **Direct Mail:** Develop and mail a packet of materials to target populations, such as schools and large employers, to share with their constituents.

7) Obtain Feedback and Conduct Crisis Evaluation

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As soon as practical following a crisis, MMHD will conduct an evaluation of the organization's response.

MMHD will strive to get direct feedback from key audiences.

Assess what is being reported in the mainstream and new media.

This will allow messages to be adjusted to address deficiencies or correct problems. These assessments are also important in the learning process:

- Keep notes or audio record observations made during the initial phase of the crisis.
- Identify the needs of special audiences, including any special-needs populations or stigmatized groups.
- Compile and analyze comments and criticisms from various audiences, partners, agencies, and stakeholders.
- Gather and analyze media coverage and Web activity.
- Conduct a hot wash (an immediate review of what happened, what went right, and what went wrong) to capture lessons learned.
- Develop a "Strengths, Weaknesses, Opportunities, and Threats" report on the crisis communication operation. Report your results to your organization's leadership.
- Share results within your organization.
- Determine the need for any changes to the crisis communication plan.
- Determine if there is a need to improve policies and processes.
- Incorporate changes with appropriate training into your organization.
- Revise crisis plan policies and procedures based on lessons learned.

8) Conduct Public Education

Once the crisis begins to subside, MMHD may need to carry out additional public education activities. MMHD may consider the following activities:

- Assess the need to educate your audience about related public health issues related to this crisis.
- Determine the public's perceptions and information needs related to this crisis. Are there any misperceptions or misunderstandings that need to be corrected?
- Does the public understand the organization's health messages on this issue? Is the public taking appropriate actions?
- Decide if audiences not involved in the crisis should be targeted for public education.
- Should a public health message related to this crisis event be incorporated into other health communication activities such as Public Health Week or National Infant Immunization Week?
- Should this event be used to highlight any related public health messages? Should any websites be updated as a result of this crisis?
- Should any of the crisis materials be institutionalized?
- Would a series of post crisis, pre-produced articles be useful in this situation?

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9) Monitor Events

Monitoring should occur at all points. It provides ongoing feedback and determines how messages or the general communication strategy should be changed. Crisis monitoring protocols include the following:

- Media monitoring, including television, radio, mainstream print, and specialized print
- Internet monitoring, including social media and related websites
- Ongoing exchange of information with key partners, such as other organizations and state health departments, SMEs, and partners
- Public opinion monitoring and collection of other relevant information

First 24 to 48 Hours

Be First, Be Right, Be Credible- the initial phase of crisis communications (24-48 hours) is vital; because this phase can influence the subsequent development of the crisis. The initial phase will be triggered either by MMHD's identification of an unfolding event as a potential crisis or by intense media inquiry that is expected to be sustained for an indefinite amount of time. This phase is marked by the need for a quick assessment of the following:

- Potential response level required
- Facts to be assembled
- Actions to secure the necessary resources needed to meet the expected buildup of media and public information demand

The first six steps of crisis response are critical during the initial phase:

- Verify situation
- Notification & coordination
- Assessment
- Initial media response
- Assignments
- Resource allocation

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SECTION VIII: Media Relations

Media & Disaster Management

What we are trying to accomplish, is to Talk through the media to the desired public audience, rather than to the media.

- Be cooperative where possible
- Avoid being used to their advantage
- Do the best possible job of sending our message to our audiences
- Shape our public image; develop reputation over the long term.

Communication Tactics

Media Advisory- During an emergency, the media advisory is your opportunity to alert the media to your upcoming news conference or media briefing.. Be sure to mention the person(s) the reporter can interview and what could be discussed as well as describe possible photo opportunities.

A media advisory should be brief and contain important information such as who, what, when, where and why. Include your target audience (i.e., editors, producers and reporters).

- Include a media contact name, organization and telephone number.
- Limit the advisory to one page.
- Provide a description of possible photo and interview opportunities.
- Send the media advisory as early as possible before the media event to local news editors and follow up with a phone call. Refax or E-mail advisory a few hours prior to the event, if time permits.
- If time permits, be sure to send your media advisories to wire services and ask them to list your event on their “daybooks” (a calendar of upcoming news events kept by wire services, such as AP and Reuters).

Press Release- A press release is designed to give all pertinent background on a story. It contains all the news elements of the story. It includes facts on the issue, quotes from appropriate people and a boilerplate – an overview of your organization.

Media Kit- A media kit (or press kit) includes materials that would be provided to the news media from MMHD in the event of an emergency. It includes information that is current to the crisis as well as background information related to a particular situation.

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(More information on developing press releases and sample press releases can be found in the appendices.)

- **Press Releases**
- **Fact Sheets**
 - Fact sheets should ideally be kept to one page using bullets as opposed to paragraph form.
 - Fact sheets should be designed in an easy-to-understand, easy-to-follow format with a logical progression from the broad to the specific about a single subject.
 - They should define scientific and technical terms, if necessary.
- **Backgrounders**
 - Backgrounders are longer documents that may be in paragraph form and typically give historical information too in-depth for a bulleted fact sheet.
 - Both fact sheets and backgrounders are excellent sources of information for the media.
 - Avoid including information in fact sheets and backgrounders that will be changing. Press releases are the place for updates on the ongoing situation. Fact sheets and backgrounders give just that—facts—and background or history.
- **Frequently Asked Questions**
 - Frequently Asked Questions (FAQs) should include answers to common questions that the public may have.
 - The document should typically be one to two pages in length.
- **Spokesperson Biographies**
 - Biographies should be kept to one page for each of your spokespersons.
 - They should include the position, education and experience of your spokesperson – all of which establishes the spokesperson’s authority to speak on the subject.
- **Tips to Remember**
 - Expect to see your materials printed on media Web sites, so get the facts right.
 - Media kit materials should also be posted to your Web site, so media can access them easily at any time.

News Conference- A news conference is a live media event organized by the communication team

If properly conducted, a news conference can be one of the best ways to update media following a crisis. A news conference should be scheduled by MMHD only when necessary.

Pros

- Ensures consistent information is given to all media who attend.
- Completes multiple media interview requests at one time.

Cons

- Requires a skilled spokesperson, who can be difficult to find.
- Excludes media who do not attend from receiving your information.

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- Introduces your spokesperson(s) and subject matter experts to the public.
- Fulfills the immediate needs of the media if information is rapidly changing.
- Involves coordination between all parties to avoid competing and inconvenient news conferences.
- Involves providing media with periodic updates.

Holding a news conference:

- Is an effective way to conduct media interview requests at one time.
- Will help ensure consistent information is released.
- Can introduce the MMHD spokesperson and subject matter experts to the public.
- Allows response organizations to show early on that a process is in place to respond to the crisis.
- Can fulfill the immediate needs of the media, if information is changing rapidly or not enough is known to issue a news release.
- Provides the members of MMHD's JIC (if activated) with a forum to present a united front.

Plan the date, time and location. It is advisable to plan the news conference two to four hours after a crisis has occurred, depending on the severity

Invite key members of the media to attend. This is done by sending out a media advisory

Prepare the room. Make sure your news conference site includes staging, chairs, a podium and microphones.

Provide media materials. If time permits, prepare media kits including any news releases, a list of speaker names and anything else that is available that will help reporters write their stories.

Be prepared. The main spokespersons for MMHD should rehearse the key messages developed for the crisis and should be ready to answer questions. Spokespersons know what the most important information is and how to stay focused, even if asked questions that concern other issues. Discuss in advance which key points will be made by each spokesperson. A Designated moderator can be chosen in advance with a clear end time set for the news conference. This person will be responsible for keeping the news conference on schedule and fielding reporters' questions. This person also will establish the format of the news conference and any ground rules

Be thorough. Make sure that all questions are answered. If MMHD spokesperson does not know the answer to a question, make sure a member of the communication team finds the answer after the news conference and makes it available to the reporter at a later date.

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If possible, allow spokespeople to be available one-on-one with reporters following the conference to answer questions. Remember that a Public Information Officer or other designee can ask questions during the news conference that you think are important for reporters to hear.

Monitor attendance. Have reporters check in. This will provide a list of who attended – and more importantly, who did not attend. If key media personnel are not able to attend, offer them a phone interview with the spokesperson(s).

Press Interviews

During the interview, the MMHD spokesperson should:

- **Make certain not to over-reassure.** The objective is not to placate but to elicit accurate, calm concern.
- **Acknowledge uncertainty.** Offer only what you know. Show your distress and acknowledge your audience’s distress. “It must be awful to hear that we can’t answer that question right now...”
- **Emphasize that a process is in place to learn more.** Describe that process in simple terms.
- **Give anticipatory guidance.** If you are aware of future negative outcomes, let people know what to expect (e.g., side effects of antibiotics).
- **Be empathetic, not defensive.** Say, “We are sorry ...” or “We feel terrible that ...” when acknowledging misdeeds or failures from the organization. Do not use “regret,” which sounds like you are preparing for a lawsuit.
- **Acknowledge people’s fears.** Do not tell people they should not be afraid. They are afraid and they have a right to their fears. Do not disparage fear; acknowledge that it’s normal and human to be frightened.
- **Acknowledge the shared misery.** Some people will be less frightened than they are miserable, hopeless and feeling defeated. Acknowledge the misery of a catastrophic event, and then help move people toward the future through positive actions.
- **Express wishes.** Say, “I wish we knew more,” or “I wish our answers were more definitive.”
- **Be willing to address the “what if” questions.** These are the questions that everyone is thinking about and they want expert answers. Although it is often, impractical to speculate when the crisis is contained and not likely to affect large numbers of people, it is reasonable to do so if people need to be emotionally prepared.
- **Ask more of people.** Perhaps the most important role of the spokesperson is to ask people to bear the risk and work toward solutions with you. People can tolerate considerable risk, especially voluntary risk. If you acknowledge the risk’s severity and complexity, and recognize people’s fears, you can then ask the best of them.
- **Be calm and relaxed.**
- **Be truthful and stick to your expertise.** Never use the phrase “no comment.” If an answer is unknown, say, “I don't have that information in front of me. May I research it and get back to you?”

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- **Be genuinely concerned about the situation.** Personalize your answers and express sympathy, if appropriate. Provide a solution. State exactly what will be done to correct the problem in accordance to the statement and/or media messages prepared by the crisis team.
- **Remain gracious.** If several reporters are requesting interviews, you may have to repeat yourself several times. Do not appear irritated.
- Avoid confrontation and do not be argumentative.
- **Stay on message.** Stay within the parameters of the approved media statement and media messages.
- **Keep it simple.** Make statements simple and direct; remember a reporter will likely pull one or two sound bites and not use every answer in its entirety.
- **Avoid jargon.** When speaking with reporters or the lay public, avoid the use of jargon and acronyms. Your mission is to convey information in a clear, concise way. If your listeners have to decipher industry-speak, you will shortly lose their attention and they may miss a key message.
- **Use bridges to take control of the interview.** If a reporter asks you a potentially sticky question, answer it, but bridge it to a message you want to convey. “Yes, but have you considered ...” or “No, but we’ve solved that problem through ...” Other suggested bridges include:
 - “What I think you are really asking is ... ”
 - “The overall issue is ... ”
 - “What’s important to remember is ... ”
 - “It’s our policy not to discuss (x), but what I can say is ... ”
- **Watch casual remarks.** Nothing is off the record even if you tell a reporter or group of reporters that it is. You should never say anything you would not want quoted because those are usually just the juicy tidbits that will end up in print or on air.

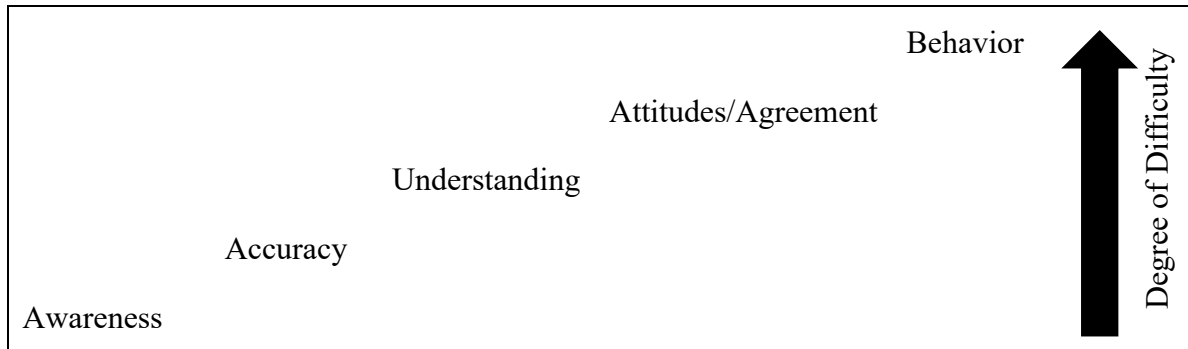
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SECTION IX: Public Outreach

Public & Disaster Management

Crafting the Message

It is easy to make someone aware of our public communications campaign. Getting them to accurately remember and understand the messaging is a bit more difficult, but not nearly as hard as changing someone's attitude or getting someone to change his/her behaviors.



Therefore MMHD needs to tailor messages to the audiences in a way that makes the messages easy to understand and relevant to them. Effective strategies to reach culturally diverse populations include:

- Identifying respected leaders or healers within the population
- Identifying interpreters and translators to craft and translate public health information in other languages
- Developing lists of locations where culturally diverse groups gather (e.g., churches, markets, senior centers)

Recommendations for helpful messages include statements that:

- Recognize and empathize with public concerns
- Acknowledge that reports from the media may be confusing
- Avoid comparing the present risk to other risks that are not part of the present fears
- Provide frequent updates of information based on medical and scientific data
- Give the public suggestions for actions that will help safeguard health

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So in a crisis, MMHD will initially communicate:	MMHD will build trust and credibility by expressing:
<ul style="list-style-type: none"> • Simply • Timely • Accurate • Relevant • Credible • Consistent 	<ul style="list-style-type: none"> • Empathy and caring • Competence and expertise • Honesty and openness • Commitment and dedication

Addressing Public Concerns

- Must feel empowered to reduce fear and victimization.
- Must be given actions to reduce anxiety.
- Will revert to rudimentary “fight or flight” reasoning.
- Can receive very limited new information (limit messages to three and the first messages carry more weight).
- Assure the public that MMHD is working actively to minimize risks

Keep the number of key messages low, usually no more than two or three. During an emergency, people will be upset and they will have difficulty remembering lots of information.

Be short and concise, generally no more than a sentence or two each. Short messages are easier for your spokesperson and the public to remember and are more likely to be conveyed without editing by the media.

- and recall somewhere between three and seven bits of information. It makes sense during the stress of an emergency to ask your audience to remember fewer bits of information.
- Example: Anthrax is a bacterium that is treated with antibiotics. Anthrax is not transmitted from person to person. Seek medical care if you believe you have symptoms of anthrax: fever, body aches, and breathing problems.

Use personal pronouns for the organization

- “We are committed to ...” or “We understand the need for...”

Be careful about speculation

- Try to stick to the known facts.
- Keep in mind that too much speculation weakens your credibility, but also recognize that people want answers.
- Concentrate on describing the steps in place to get the facts and help the audience deal with the uncertainty while that process goes on.

Legitimize emotion

- In a crisis, people are right to be fearful and miserable.
- Both emotions are at risk of slipping into denial, or escalating into terror or depression, or receding into apathy.
- To help people bear their feelings, it is important to respect their feelings.

Things to Avoid when Developing Messages

Technical jargon

- Instead of saying “people may suffer morbidity and mortality,” say, “people exposed may become sick or die.”
- Instead of “epidemic” or “pandemic,” say “outbreak” or “widespread outbreak.”
- Instead of “deployed,” say “sent” or “put in place.”
- Instead of “correlation” say “relationship, (avoid using “cause”).

Unnecessary fillers- Save background information for news releases or fact sheets.

Attacks- Attack the problem, not the person or organization (i.e., be careful not to point fingers at a specific person or group, but talk about the issue at hand).

Promises/guarantees- State only what you can deliver. Otherwise, promise to remain committed to keeping people informed throughout the emergency response.

Discussion of money- In the initial phase, discussion of the problem’s magnitude should be in context with the health and safety of the public or environment. Loss of property (money) is secondary.

Humor

- Seldom is humor a good idea.
- People seldom “get the joke” when they are feeling desperate.
- One person’s attempt at humor may be another’s insult.

Rumors- Rebut a rumor without repeating it to avoid reinforcing it. Limit the rebuttal to only places where the rumor exists.

Prepare to answer these questions

- Are my family and I safe?
- What can I do to protect my family and myself?
- Who is in charge?
- What can we expect?
- Why did this happen?
- Were you forewarned?

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- Why wasn't this prevented?
- What else can go wrong?
- When did you begin working on this?

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Communications for Access & Functional Needs Population

Children and adults with access and functional needs may have physical, sensory, mental health, cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Others who may also have access and functional needs include, but are not limited to, women in late stages of pregnancy, elders and individuals needing bariatric equipment or communication assistance.

MMHD recognizes that Under Title II of the ADA, all state and local governments are required to take steps to ensure that their communications with people with disabilities are as effective as communications with those without disabilities. This requirement ensures universal access and effective communication for the whole community including those who have access needs such as language barriers as well as those with functional needs such as disabilities. Universal access to effective communication is especially important when communicating emergency messages.

Effective and universally accessible communication simply means that whatever is written or spoken must be as clear and understandable to people with access and functional needs as it is for the general population. People with disabilities or functional needs that affect hearing, seeing, speaking, reading, writing, or understanding may use different methods to communicate than those who do not.

Communication may occur in different ways.

- Speaking,
- Listening,
- Reading,
- Writing

Auxiliary aids and services are devices or services that enable effective communication for people with access or functional needs. Generally, the requirement to provide an auxiliary aid or service is triggered when a person with an access or functional need requests it. The type of aid or service necessary depends on the length and complexity of the communication as well as the format.

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Types of Auxiliary Aids and Services

- Qualified interpreters
- Note takers
- Screen readers
- Computer-Aided Real-time Transcription (CART)
- Written materials
- Telephone handset amplifiers
- Assistive listening systems
- Hearing aid-compatible telephones
- Computer terminals
- Speech synthesizers
- Communication boards
- Text telephones (TTYs)
- Open or closed captioning
- Closed caption decoders
- Video interpreting services
- Videotext displays
- Description of visually presented materials
- Exchange of written notes
- TTY or video relay service
- Email
- Text Messaging
- Instant messaging
- Qualified readers
- Assistance filling out forms
- Taped texts
- Audio recordings
- Braille materials
- Large print materials
- Materials in electronic format (CD with materials in plain text or word processor format)

Selecting an Acceptable Auxiliary Aid or Service

When an individual with an access or functional need requests an auxiliary aid or service to assist in communication, primary consideration to the individual's method of choice will be honored whenever possible. If an alternate method (aid or service) is selected it must be mutually agreed upon. The individual with the access or functional need is in the best position to determine what type of aid or service will be effective.

The requestor's method of choice does not have to be followed if:

- The agency can demonstrate that another equally effective means of communication is available;
- Use of the method or service chosen would result in a fundamental alternation in the service, program, or activity; OR
- The means selected would result in an undue financial and administrative burden.

SECTION X: Appendix

- **Job Descriptions & Job Action Sheets**
 - **Liaison Officer**
 - **Public Information Officer**
 - **Information Officer**
 - **Media Coordinator**

- **Forms**
 - **Situation Report**
 - **Public Call Form**
 - **Media Call Form**

Job Descriptions & Job Action Sheets

Job Descriptions

Each position identified in the Communications Team has a job description, which summarizes the purpose for the position, identifies the supervisor, and outlines the positions responsibilities. This sheet, usually one page, will help the MMHD Incident Commander, Liaison Officer and Public Information Officer to identify what support they may need to respond most effectively to an incident. In addition, this sheet will help whoever is appointed to understand their role in the incident response effort.

Job Action Sheets

Along with the job description sheet, is a job action sheet. This form is an aide for appointment, check-in, objectives, and demobilization. This form is to be followed by both the appointee and their supervisor to document completion of actions outlined on the sheet. Copies need to be made for the appointee, the supervisor, and for incident documentation.

Liaison Officer

Job Description:

The Liaison Officer is Incident Command's point of contact for representatives of other governmental agencies, nongovernmental organizations, and the private sector (with no jurisdiction or legal authority) to provide input on their agency's policies, resource availability, and other incident-related matters. Under either a single Incident Commander or a Unified Command structure, representatives from assisting or cooperating agencies and organizations coordinate through the Liaison Officer. Agency and organizational representatives assigned to an incident must have the authority to speak for their parent agencies or organizations on all matters, following appropriate consultations with their agency leadership.

Reports to: MMHD Incident Commander

Responsibilities:

- Establish contact with liaison counterparts
- Review pre-developed Establish communication protocols based on prearranged agreements with identified partners and stakeholders
- Keep the Health Officer and partner agencies and organizations updated on changes in response to incident
- Arrange regular partner briefings and updates
- Solicit feedback and respond to partner information requests and inquiries
- Organize and facilitate official meetings to provide information and to receive input from partners and stakeholders
- Distribute your contact information to partners
- Oversees partner/stakeholder monitoring systems and reports including partner/stakeholder Web sites to ensure the information presented is accurate (e.g., analyzes trends, concerns and misinformation)

Liaison Officer Job Action Sheet

Position Appointment	
Positioned assigned to: _____	Date of appointment: _____
Authorized by: _____	MMHD Incident Commander

Check-In	Time	Initial
Register on <i>ICS Form 211 Incident Check-in List</i>		
Receive the following: <ul style="list-style-type: none"> - <i>ICS Form 214 Activity Log</i>, - ICS vest (white) - Liaison officer job description - Communications equipment - Contact List - Organization Directory - Facility Directory 		
Review the liaison officer job description and responsibilities.		
Receive initial brief from MMHD Incident Commander		
Review <i>ICS Form 201</i> or <i>Incident Action Plan</i>		
Review <i>Communications Plan</i> and <i>Crisis & Emergency Risk Communications Plan</i> , as well as other relevant incident specific plans.		

Objectives	Time	Initial
Develop.		
Manage.		
Manage.		

Demobilization	Time	Initial
Upon your deactivation, brief the Public Health Incident Commander on your current situation.		
Return assigned equipment and unused supplies to the logistic section.		
Participate in after-action debriefings to provide your observations and recommendations.		
Participate in stress management.		
Report to Planning Section (or Demobilization Unit Leader): <ul style="list-style-type: none"> - Submit your <i>ICS Form 214</i> - Submit this job action sheet - complete <i>ICS Form 221 Demobilization Check-Out</i> 		

Public Information Officer (PIO)

Job Description:

For incidents at MMHD, the MMHD Incident Commander will appoint a Public Information Officer (PIO) for the incident.

The Public Information Officer is responsible for interfacing with the public, media and other agencies with incident-related information requirements.

The Public Information Officer gathers, verifies, coordinates, and disseminates accurate, accessible, and timely information on the incident cause, size, current situation, resources committed, and other matters of general interest for both internal and external audiences.

The Public Information Officer may also perform a key public information monitoring role.

Whether the command structure is single or unified, only one Public Information Officer should be designated per incident. Assistants may be assigned from other involved agencies, departments, or organizations.

The incident commander/unified command must approve the release of all incident-related information.

In large-scale incidents or where multiple command posts are established, the public information officer should participate in or lead the joint information center (JIC) (see page xx/appendix, etc. needs definition) in order to ensure consistency in the provision of information to the public.

Reports to: MMHD Incident Commander

Responsibilities:

Upon check-in, manage production of public information for public health incident for release to the public/media:

- Develop crisis communications campaign, and coordinate message development and release with horizontal and vertical partners (other agency spokespeople)
 - Create/review/edit message content for public/media (press releases, public alerts, question and answer sheets, social media postings, website content, etc.).
 - Information release requires MMHD Incident Commander's approval.
 - Utilize risk communication principals and protocols
- Manage public outreach
 - Educate county residents about known risks and counter measures.
 - Produce messaging in appropriate languages and reading levels
 - Audience specific (general public, ethnic populations.)
 - Utilize fact sheets for phone triage, website updates, social media posting, etc.)

Mayers Memorial Hospital District
Emergency Preparedness - Crisis Communication Plan

- Respond to public request for information by telephone/email/in-writing
- Activate and supervise the telephone lines dedicated to public and media inquiries; and
- Manage media relations
 - Arrange for interviews, teleconferences, video conferences, satellite broadcasts, web site revisions, respond to media requests, broadcast faxes, etc., upon approval by Incident Commander.
 - Determine whether to schedule media briefings or news conferences
 - Inform on-site media of the areas, which they may have access to and those that are restricted.
- Manage communications monitoring and evaluations
 - Assess effectiveness of incident messaging and adjust tactics and/or strategy as appropriate.
- Work with Liaison Officer/IC to establish contact with other agency spokespeople
- Establish and manage JIC in collaboration with other involved agencies
- Ensure that human, technical and mechanical supply resources are available to provide information to the public. Ensure that resources are available for sustained communications (people, equipment, and supplies)
 - Request public information staff support if needed (MMHD Incident Commander's approval is required).
- Maintain a list of communication methods.

Qualifications: (incident demands will determine level of expertise needed)

- Professional experience in public and media relations.
- Educated/trained in risk/crisis communications.
- Public speaking skills.
- Appropriate FEMA courses

Public Information Officer Job Action Sheet

Position Appointment	
Positioned assigned to:	Date of appointment:
Authorized by:	
MMHD Incident Commander	

Check-In	Time	Initial
Register <i>ICS Form 211 Incident Check-in List</i>		
Receive the following: <i>ICS Form 214 Activity Log</i> , ICS vest (White),		
Review the public information officer job description and responsibilities.		
Receive initial brief from Public Health Incident Commander		
Review ICS Form 201 or incident action plan		
Review <i>Communications Plan</i> and <i>Crisis Communications Plan</i> , as well as other relevant incident specific plans.		

Actions	Time	Initial
Develop crisis communications campaign.		
Manage public outreach.		
Manage media relations.		
Manage communications monitoring and evaluations.		
Establish joint information system.		
Manage joint information center (if set up).		

Demobilization	Time	Initial
As needed, consolidate and/or deactivate public information support positions.		
Coordinate release of final media briefings and reports.		
Upon your deactivation, brief the Public Health Incident Commander on current situation.		
Return assigned equipment and unused supplies to the logistic section.		
Participate in after-action debriefings to provide your observations and recommendations.		
Participate in stress management.		
Submit this job action sheet and your <i>ICS Form 214</i> to Planning Section Chief.		

Media Coordinator

Job Description:

The Media Coordinator position is a public information staff support role, and appointed by the public information officer with incident commander's approval. The media coordinator serves as contact point for the media during an incident with heavy media interest and demands. The media coordinator will facilitate answers to media questions and requests. In addition, the media coordinator will assist with message development and distribution to media sources.

Report to: Public Information Officer

Responsibilities:

Assess media needs and organize mechanisms to fulfill those needs during the crisis. Triage the response to media requests and inquiries

Ensure copies of press release or fact sheets for media are available. Produce and distribute media advisories and news releases. Produce and distribute materials such as fact sheets or B-roll (background video for distribution to television stations that sometimes includes interviews or sound bites)..

Review media contact list and update if needed call logs.

Arrange for media interviews (time and place, TV vs. radio vs. phone) with PIO.

Meet and greet media personnel in reception area and lead to interviewee.

Oversee media monitoring system and reports (analyzing news clips and video clips to determine needed messages, to discover which information needs to be corrected, and to identify concerns, interests and needs arising from the crisis and response) including media Web sites for information on what is being reported and whether that information is accurate (e.g., analyzes trends, concerns and misinformation)

Ensure that risk communication principles are incorporated into all public messages delivered through the media

Media Coordinator Job Action Sheet

Position Appointment	
Positioned assigned to:	Date of appointment:
Authorized by:	
Public Information Officer	

Check-In	Time	Initial
Register on <i>ICS Form 211 Incident Check-in List</i> for the incident		
Receive the following: <i>ICS Form 214 Activity Log</i> , ICS vest (White),		
Review the media coordinator job description and responsibilities.		
Review <i>ICS Form 201</i> or <i>Incident Action Plan (IAP)</i>		
Review <i>Crisis Communications Plan</i> , <i>Communications Plan</i> , and relevant incident specific plans.		
Receive initial brief from public Information officer		

Actions	Time	Initial
Assess medias' needs.		
Distribute information to media contacts.		
Facilitate media request.		
Monitor media's coverage of incident.		
Inform on-site media of the physical areas which they have access to and those which are restricted. Coordinate with Safety and Security Officer.		

Demobilization	Time	Initial
As needed, consolidate and/or deactivate public information support positions.		
Coordinate release of final media briefings and reports.		
Upon your deactivation, brief the Public Health Incident Commander on current situation.		
Return assigned equipment and unused supplies to the logistic section.		
Participate in after-action debriefings to provide your observations and recommendations.		
Participate in stress management.		
Submit this job action sheet and your <i>ICS Form 214</i> to Planning Section Chief.		

Approvals:
Disaster/Safety: 3/20/2022
P&P: 5/5/2022

Forms

- Situation Report
- Public Call Form
- Media Call Form
- Photo Release Form

Approvals:
Disaster/Safety: 3/20/2022
P&P: 5/5/2022

Situation Report

GROUP:	YOUR CONTACT INFORMATION:	
COMPLETED BY:		
POSITION:		
DATE:	TIME:	
1) REPORT TYPE (<i>MARK</i>):	<input type="checkbox"/> INITIAL	<input type="checkbox"/> UPDATE #
2) REPORT STATUS (<i>MARK</i>):	<input type="checkbox"/> ADVISORY (NO ACTION REQUIRED)	<input type="checkbox"/> ALERT (ACTION REQUIRED)
3) YOUR GROUP IS (<i>MARK</i>):	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NOT FUNCTIONAL	
4) IF NOT FULLY FUNCTIONAL, EXPLAIN WHY?		
5) PROGNOSIS (<i>MARK</i>):	<input type="checkbox"/> NO CHANGE	<input type="checkbox"/> IMPROVING <input type="checkbox"/> WORSENING
6) YOUR SITUATION:		
7) YOUR PRIORITIES:		
8) ACTIONS TAKEN:		
9) CLIENT POPULATION:		
10) HOW MANY STAFF ON SCENE?	HOW MANY AVAILABLE?	
11) WHAT DO YOU NEED?		
RECEIVED BY:	DATE:	TIME:

Situation Report Instructions

1-3, 5) Circle the option you judge appropriate for the situation and your ability to accomplish your objective.								
6) Briefly describe your activities:								
7) Describe resolved issues or past actions, also “none” or “Nothing to Report” is acceptable.								
8) Provide a head count of your total client population. Also provide a total count of unaccompanied minors, and clients in need of medical care. <table><tr><td>Red Cross Shelter Example</td><td>Animal Shelter Example</td></tr><tr><td>Total pop. 8</td><td>Total pop. 28</td></tr><tr><td>Unaccompanied minors 2</td><td>Need med. Care 5</td></tr><tr><td>Need med. care 1</td><td></td></tr></table>	Red Cross Shelter Example	Animal Shelter Example	Total pop. 8	Total pop. 28	Unaccompanied minors 2	Need med. Care 5	Need med. care 1	
Red Cross Shelter Example	Animal Shelter Example							
Total pop. 8	Total pop. 28							
Unaccompanied minors 2	Need med. Care 5							
Need med. care 1								
9) Provide a head count of personnel on scene and under your command; also provide a count of personnel who are confirmed available and you are in contact with.								
10) Describe anything you need to become fully functional or to maintain operations.								
11) Describe anything you feel the EOC needs to be aware of, or you are concerned about.								

Public Call Form

Time of call: _____ A.M. P.M.

Nature of call:

- Request for referral:**
 - For more information
 - Other _____
- Feedback to agency:**
 - Complaint about specific contact with agency
 - Complaint about recommended actions
 - Concern about ability to carry out recommended action
 - Rumor or misinformation verification (briefly describe) _____

- Outcome of call:**
 - Calmed caller based on scripted information
 - Referred caller to:
 - Expert outside the department
 - Emergency room
 - Red Cross or other non-government organization
 - FEMA or state emergency management agency

Action Needed:

- None
- Return call to:
 - Caller's name: _____
 - Telephone number: _____
 - Gender: M F
- Return Call urgency: Critical (respond immediately)
 - Urgent (respond within 24 hours)
 - Routine Call taken by: _____
 - Date: _____

○

Media Call Form

Deadline: 2 hours Today Am Today PM ASAP Other

Media Outlet:

- Local TV Magazine Blog Other
- Regional Radio Daily/Wire Website
- National

Caller's name (print first and last):

Caller's contact information: Phone(s):
 Fax:
 E-mail:

Request:

- SME* questions
- Interview (by name request?)

- Background/B-roll
- Fact check
- Update
- Return call to press officer

Action needed: Comments:

- Return call expected from PIO
- Return call expected from SME*

PA suggested triage priority:**

- Critical(respond immediately)
- Urgent (respond within 24 hours)
- Routine

Taken by: _____

Time: _____ A.M. _____ P.M.

Date: S M T W T F S _____

Topic:

- Numbers
- Response/Investigation
- Health/disease issue/treatment
- Hot issue 1 _____
- Hot issue 2 _____
- Other

Comments:

No action needed; call closed by:

- PIO answered question
- PIO referred to Internet
- PIO referred to CIO
- PIO referred to outside agency
- PIO other

* SME = Subject Matter Expert



Photo Release Form

I grant permission to MMHD and its agents or employees, to use photographs taken of me on the date and at the location listed below for use in MMHD publication such as brochures, newsletters, and magazines, and to use the photographs on displays boards, and to use such photographs in electronic versions of the same publications or on the MMHD website or other electronic forms or media, and to offer them for use or distribution in other non-facility publications, electronic or otherwise, without notifying me.

I hereby waive any and all rights to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any and all rights to royalties or any form of compensation for or arising from or related to the use of the photograph.

I hereby agree to release and hold harmless MMHD and its agents or employees, including any form publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on websites, from and against any claims, damages or liability arising from or related to the use of the photograph, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of all the terms of this release.

Location of Photo

Date

Name (please print)

Signature

Signature of guardian if under 18 years of age

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

BLOOD GLUCOSE MONITORING - NOVA STATSTRIP GLUCOSE MONITORING SYSTEM

Page 1 of 6, plus the following Attachment(s):

Quick TroubleShoot Guide, Nova Stat

Quick Quality Control (QC) Guide, Nova Stat

Quick Operation Guide Wi-Fi, Nova Stat

Quick Operation Guide, Nova Stat

DEFINITION:

The Nova Biomedical StatStrip Glucose Hospital Meter System is intended for use in determination of blood glucose via capillary finger stick, venous whole blood, arterial whole blood, neonate arterial whole blood, and neonate heel stick specimens.

POLICY:

To ensure prudent and expedient monitoring of blood glucose in acute care, emergency room, and skilled nursing facility patients as ordered by the attending physician or as deemed appropriate by patient or resident condition.

PROCEDURE:

I. EQUIPMENT AND REAGENTS

- StatStrip Meter
- Docking Station
- Lithium Battery
- StatStrip Glucose Test Strips
- StatStrip Glucose Control Solutions, Levels 1 and 3

II. TEST STRIP AND CONTROL STORAGE HANDLING

- Keep the StatStrip Glucose Hospital Meter Test Strip Vial tightly closed when not in use.
- Test strips should be stored only in original vial.
- Once opened; strips expire in 180 days or the expiration date printed on the vial whichever comes first.
- **Test strips and control vials should be labeled on opening with date and time, expiration date and time, and initials of person opening vials.**
- Store test strips between 34-86 degrees Fahrenheit; and between 10-90% relative humidity.
- Test strips are stable for 24 months from the date of manufacture.
- Do not freeze test strips.
- StatStrip meter should be stored at 59-104 degrees Fahrenheit.
- Li-Polymer Battery should be stored at temperatures below 140 degrees Fahrenheit.

- Li-Polymer Battery should be discarded properly after expiration date printed on label.
- StatStrip Test Strips; and StatStrip Glucose Control Solutions; once opened; expire within 90 days; or the expiration date printed on label whichever comes first.
- StatStrip Glucose Control Solutions should be stored between 60-90 degrees Fahrenheit.
- The Nova Strip Meter does not require calibration.
- Outdated test strips and control solutions should be discarded.

III. QUALITY CONTROL TESTING

Protocol

- Glucose controls should be performed **once every 24 hours after midnight. Monitor will lock system if not done by 0100.** Glucose quality control checks are logged electronically in the server.
- Glucose controls may also be performed under the following circumstances:
 - During training of each new operator.
 - If a patient test has been repeated and the blood glucose results are still lower or higher than expected.
 - If there are other indications the system is not working properly.
 - Whenever problems are identified; or anytime there is a concern the accuracy of the meter may be compromised; such as by dropping the meter or by getting the meter wet.
 - If a previous control is out of range.
 - If questionable results are repeatedly displayed.
- The StatStrip Glucose Control Meter has a QC lockout function that prevents patient testing unless the QC is performed successfully by a qualified operator.

Procedure

1. Verify that the strip vial and QC vials are within the expiration date – not to exceed the printed expiration date on the bottle.
2. From the Welcome screen, press the <Login> button and enter user ID by scanning or by manual entry using employee number.
3. From the Patient Test Screen, press the QC key.
4. Press <Scan> to enter the strip lot number and scan the barcode on the vial.
5. Verify that the lot number is correct and press <Accept>.
6. Enter the first QC lot by scanning the barcode on the vial in the same manner
7. Verify that the lot number displayed is correct and press <Accept>.
8. Insert the test strip into the meters strip port, gold end first.
9. Gently mix the StatStrip control solution.
10. Discard the first drop of control solution from the bottle to avoid contamination.
11. Ensure that the apply sample screen is illuminated.

Note: If the screen darkens at any time during testing, tap the screen to illuminate it before continuing.

12. Place a drop of control solution from the bottle at the end of the test strip until the solution is drawn into the well of the test strip, maintaining contact until the six second countdown begins and a beep sounds.
13. Remove the test strip manually or use the strip ejector at the back of the meter.
14. Recap the control solution.
15. If “Pass” is displayed, press the <Accept> key, and continue with the next control level as required. If “Fail” is displayed, add a comment as required. Press the <Comment> key. Select up to three comments to document the corrective action taken. Comments will display in the results screen. Press the <Accept> key. Repeat any failed test.
16. Repeat procedure for the next level of Quality Control.

IV. PATIENT SPECIMEN REQUIREMENTS

- The system has not been evaluated for use with neonate venous blood.
- Use only whole blood. Do not use serum or plasma.
- Only fresh whole blood or whole blood collected in lithium heparin collection devices should be used for arterial and venous specimens.
- Fluoride, EDTA, Sodium, and Ammonium blood collection devices should not be used.

V. PATIENT TESTING

- Verify patient identity by use of patient ID band.
- Describe to patient the purpose and steps of the procedure before beginning testing.
- Wash hands and don gloves.
- Ask patient to wash hands with soap and warm water and allow to dry. If patient is unable to wash hands, wipe site where specimen will be collected with alcohol pad and allow to dry.
- From the “Welcome” screen of the StatStrip Glucose Meter, press the <Login> button. “Enter Operator ID” will appear at the top of the screen.
- Press <Scan> and scan the user barcode, or enter the user ID manually using the keypad.
- Press <Accept>, the “Patient Test” screen will appear.

Note: If the padlock symbol appears with the words “Glu Locked”, proceed to Quality Control Testing section above.

- From the “Patient Test” screen, press the <Accept> key.
- When the “Enter Strip Lot” screen displays, press <Scan> and scan the strip lot number. Verify that the strip lot number displayed is correct and press <Accept>. The “Enter Patient ID” screen will then appear.
- Enter the patient ID by scanning the patient ID in the same manner.

- Verify the patient information on the screen and press <Accept>. The “Insert Strip” screen will appear.
- Insert the test strip into the meter’s strip port, gold end first. The “Apply Sample” screen will appear.
- Perform the finger or heel stick procedure, ensuring that the site is clean and dry.
- Ensure that the “Apply Sample” screen is illuminated.

Note: If the screen enters sleep mode and darkens at any time during testing, tap the screen to illuminate it before continuing.

- Squeeze the site gently to form a drop of blood.
- Touch the end of the test strip to the blood drop, maintaining contact until the 6 second countdown begins and a beep sounds. Alternatively, apply a drop of well-mixed heparinized whole blood from a tube or syringe.
- Once the result appears, remove the test strip manually or use the strip ejector at the back of the meter.
- Discard the test strip into an appropriate waste container.
- Select <Reject>, <Accept>, or <Comment>.
- If <Reject> is selected, add comments if required and repeat test as necessary.
- If <Accept> is selected the meter will be ready for the next patient test.
- If <Comment> is selected, choose the comment by touching it on the screen. It will highlight in black. Press >Accept>. You may select up to three comments per sample.
- Clean and disinfect meter
- Once testing is complete, return the meter to the docking station. Ensure the meter is securely seated in the dock and that all lights are illuminated.
- **Critical Result Values:**
 - A. **Critical Low - 50**
 - B. Normal low – 70
 - C. Normal high – 140
 - D. **Critical High – 500**
- **Repeat finger stick to verify result. Notify MD immediately related to glucose results of 50 or less, or values of 500 or more. Follow MD orders as given.**

VI. Cleaning and Disinfecting the StatStrip Glucose Hospital Meter

- The StatStrip Glucose Hospital Meter should be cleaned and disinfected after each patient use.
- Caviwipes1 ® germicidal wipes should be used to disinfect meter. EPA registration # 467781-13.
- To clean the meter remove a fresh germicidal wipe from the canister.
- Wipe the external surface of the meter thoroughly with a fresh germicidal disinfectant wipe.
- Discard the used wipe into an appropriate biohazard container.

- To Disinfect the meter, use a new germicidal wipe, thoroughly wipe the surface of the meter (top, bottom, left, and right sides) a minimum of 3 times horizontally, followed by 3 times vertically, avoiding the bar code scanner and electrical connector.
- Gently wipe the surface area of the test strip port making sure that no fluid enters the port.
- Observe surface contact time to complete disinfection. Follow the disinfectant manufacturer instructions for contact time.
- Dispose of used wipe and gloves in a standard container.
- Wash and sanitize hands with soap and water, and put on a fresh set of gloves before proceeding to perform testing on the next patient.

VII. Trouble shooting

- Evidence of damage includes: plastic housing cracks, cloudiness or frosting of the display, response issues with the display, battery compartment fluid leakage, test port damage, failure to recover proper control solution results, or inability to perform a blood glucose test.
- In the event evidence of damage to the meter and/or inability to perform blood glucose test or controls is noted; take the following steps:
 - a. **Notify Manager**
 - b. **For issues related to Quality Control or strips notify the Lab**
 - c. **For all other issues notify IT**

Additional Information

- Do not allow liquid to enter the strip port connector or allow pooling of liquid on the touch screen.
- If liquid does get into the strip port connector, immediately dry the components with a dry cloth or gauze.
- Do not spray the meter directly with solutions as this could cause the solution to enter the case and damage electronic components.
- Do not immerse the meter or hold the meter under running water.
- If you observe damage due to cleaning and disinfection, stop using the meter and contact Nova Technical Support at **800.545.6682**.

VIII. ROUTINE BATTERY REPLACEMENT

Frequency

- When the Li-Polymer battery has reached the expiration date
- When the Li-Polymer battery shows any visible signs of damage

Procedure

1. Pull back on the back cover latch and remove the cover
2. Grasp the battery and remove it.
3. Replace the battery with the new one, bottom first.

4. Discard expired battery properly, or recharge a discharged battery in the docking station.

IX. SPECIAL CONSIDERATIONS

- Prior to use, read the Instructions for User Manual.
- Do not reuse test strips. Test strips should be disposed after a single use.
- Discard used test strips according to local regulations.
- Remove the test strip from the vial only when ready to test.
- Do not use the test strip if the expiration date has passed as this may cause inaccurate results.
- Do not tamper with the test strip.
- If test is higher or lower than expected, run a control solution test to confirm test strip performance.
- If control solution result is out of range, remove test strip vial from point of use and repeat control solution test with new test strip vial.

REFERENCES:

Nova biomedical CLSI procedure: Glucose in Whole Blood on the Nova StatStrip® System version 1.01

StatStrip WiFi Radio and Connection Status Quick Operation Guide 01/11/2017

COMMITTEE APPROVALS:

M/P&T: 3/23/2022

P&P: 5/5/2022

MEC: 5/17/2022

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

SEDATION AND ANALGESIA in the OR; NON-ANESTHESIA PROVIDER

Page 1 of 5, plus the following attachment

Sedation Flow Sheet-ED/Surgery MMH 164

H&P / Procedure - Sedation Physician Documentation MMH720

POLICY:

A trained RN may perform sedation and analgesia for diagnostic and uncomplicated upper GI endoscopy and colonoscopy procedures and minimally invasive procedures. Sedation and analgesia are considered to be an integral component of the endoscopic examination.

See Policy and Procedure: *Sedation and Analgesia* for information concerning levels of sedation and other general information.

Education and Training

In administering medications to induce conscious sedation, the RN is required to have the same knowledge and skills as for any other medication the nurse administers. This knowledge base includes but is not limited to:

- effects of medication
- potential side effects of the medication
- contraindications for the administration of the medication
- the amount of the medication to be administered.

The requisite skills include the ability to:

- Competently and safely administer the medication by the specified route
- Anticipate and recognize potential complications of the medication
- Recognize emergency situations
- Administer reversal agents
- Institute emergency procedures

The RN is accountable for knowledge of the medication, and for ensuring that the proper safety measures are followed.

The RN must have training in monitoring sedated patients which include:

- Continuous monitoring of oxygen saturation and end tidal CO₂.
- Cardiac rate and rhythm
- Blood pressure
- Respiratory rate
- Level of consciousness

Emergency Cart

Whenever conscious sedation is performed an emergency cart (crash care) will be immediately available. The cart contains resuscitative and antagonist medications, airway and ventilatory adjunct equipment, defibrillator, suction, and a source for administration of 100% oxygen.

PROCEDURE

Pre-procedure assessment

1. The RN reviews the patient history and physical MMH720 to identify aspects that could adversely affect the outcome of endoscopic sedation.
2. The RN reviews the American Society of Anesthesiology (ASA) physical status classification as determined by the physician and documents class.
 - a. ASA class I-III patients may have sedation administered by an RN.

Choice of Sedation Regimen

The physician chooses the sedation regimen. The level of sedation targeted, and the agents chosen will depend on:

1. Characteristics of the procedure including:
 - Length of procedure
 - Level of anxiety
 - Degree of invasiveness
2. Individual patient factors including
 - Age
 - Existing medical conditions
 - Prior experience with endoscopic procedures
 - Patient anxiety
 - Current use of opiates or other sedatives
3. Patient preferences
4. Need for patient cooperation

Additional Personnel

A respiratory therapist or an RN trained in advance airways will be present during procedures to monitor respirations and assist with airway management if needed.

Medication Dosing Guidelines

Drug	Initial Dose	Supplemental Dose	Usual Maximum Dose	Average Dose	Average dose for colonoscopy from the survey of CAG clinicians	Comments
Fentanyl	50-100 mcg	25 mcg q 2-5 mins	200 mcg		50-100 mcg	Dose reduction of 50% or more is indicated in the elderly
Midazolam	0.03 mg/kg	1 mg	1 mg q 2 mins		3-5 mg	Dose reduction of 20% or more of pts > 60 yrs and/or ≥ ASA III
Propofol	5-15 mg	5-15 mg		Colonoscopy: 65-100 mg EGD: 35-70 mg		Pre-Induction Fentanyl: 25-75 mcg Midazolam: 0.5-2.5 mg

Dosing Guideline for Reversal Agents

Medication overdoses or adverse reactions may cause respiratory depression, hypotension or impaired cardiovascular function.

Drug	Intended Use	Initial Dose	Supplemental Dose	Usual Maximum Dose	Comments
Naloxone (Narcan®)	Reverse effects of Narcotics/Opioids	0.05-0.1mg over 2-3 minutes	Repeat at 2-3 minute intervals until respirations are greater than 10/min	0.4mg	Use with caution in patients with coronary artery disease
Flumazenil (Romazicon®)	Reverse sedative effects of benzodiazepines	0.3mg	Repeat at 60 second intervals	1mg	Use incremental doses of 0.1mg in elderly patients as often received smaller doses of benzodiazepines

Time Out

Intra-Procedure Phase “Time Out” Immediately Before Starting the Procedure The procedure team conducts a “time out” before the start of the procedure for which sedation is being administered to confirm that the correct patient, site, and procedure have been identified; that all required documents are complete; equipment is available and ready for; and use team concerns have been addressed.

Monitoring

RNs managing the care of patients receiving conscious sedation shall not leave the patient unattended or engage in tasks that would compromise continuous monitoring of the patient by the registered nurse. Monitoring must be done by the RN and may not be assigned to unlicensed assistive personnel.

- Continuous oxygen saturation (oxygenation) and end tidal CO2 monitoring
- Continuous pulse (circulation)
- Respiration (ventilation) by observation and/or auscultation at regular intervals (every 5 minutes during procedure and immediately following the procedure)
- Blood Pressure measurements at appropriate intervals (every 5 minutes during procedure and immediately following the procedure)
- Level of Consciousness (LOC) at regular intervals using verbal stimuli for moderate sedation, with more profound stimuli used for deep sedation
- Electrocardiograph (EKG) monitoring. Print rhythm strips
 - Pre-procedure
 - Post-procedure
 - With any changes

Documentation

Document medication administration and monitoring on *Sedation Flow Sheet-ED/Surgery MMH 164*

Discharge Criteria

See Policy and Procedure: Discharge From Outpatient Surgery

REFERENCES:

American Association of Nurse Anesthesiology. Non-anesthesia provider procedural sedation and analgesia policy considerations; February 2016

ASGE Standards of Practice Committee. Guidelines for sedation and anesthesia in GI endoscopy, American Society for Gastrointestinal Endoscopy Volume 87, No. 2; 2018

Board of Registered Nursing. Conscious Sedation/Moderate Sedation, Practice Committee, August 7, 2013

Patient-Centered Perianesthesia Communication. Park Ridge, IL: American Association of Nurse Anesthetists; 2014.

Position Statement: nonanesthesiologist administration of propofol for GI endoscopy
www.geijournal.org Volume 70, No. 6: 2009 GASTROINTESTINAL ENDOSCOPY, pg4

Singh H, Poluha W, Cheung M, Coptain N, Baron KI, Taback SP. Propofol for sedation during colonoscopy, Cochrane Database Syst Rev 2008; (4):CD006268

Vargo JJ, Cohen LB, Rex DK, Kwo PY. Position Statement: Nonanesthesiologist administration of propofol for GI endoscopy. Gastroenterology 2009 Dec; 137(6): 2161-7

COMMITTEE APPROVALS:

M/P&T: 4/28/2022

P&P: 5/5/2022

MEC: 5/17/2022

BOD:

MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY & PROCEDURE
TERMINAL CLEAN FOR CLINIC PROCEDURE ROOM

POLICY

In addition to the clinic being cleaned daily, the procedure room will have a terminal cleaning done once per week. Ensure that the room is a clean, safe environment for patients. This cleaning will not interfere with patient care and will be done by the Environmental Services staff.

PROCEDURE

1. Before cleaning you will remove all garbage, soiled linens and placing these in appropriate bins and set aside until you can dispose of them.
2. Re-stock all supplies in the room, paper towels, hand sanitizer, hand soap.
3. Place a wet mop with disinfectant on the mop head and wash walls starting up at the ceiling and working your way down to the floor, do all the walls. Pay attention to the mop when it starts drying out take it off and dispose in correct bin and get another wet one and start the process again. Do this until all the walls have been disinfected.
4. Working from the highest point to the floor wipe down all objects with a cloth and disinfectant, changing your rag often. Pay special attention to the bed wipe all areas from the top to the bottom.
5. Wet mop the floor last making sure to start furthest from the door, make sure you have your wet floor sign in place.

COMMITTEE APPROVALS:

P&P: 5/5/2022



Mayers Memorial Hospital District

Always Caring. Always Here.

RESOLUTION NO. 2022-07

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

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

WHEREAS, California Elections Code requires a general district election be held in each district to choose a successor for each elective officer whose term will expire in December (December 2, 2022) following the election to be held on Tuesday, November 8, 2022; and

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

WHEREAS, Elections Code section 10520 requires each district involved in a general election to reimburse the county for the actual costs incurred by the county elections official in conducting the election for that district; and

WHEREAS, Elections Code section 13307(e) requires that before the nominating period opens the district board must determine whether a charge shall be levied against each candidate submitting a candidate's statement to be sent to the voters and,

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

NOW, THEREFORE, IT IS ORDERED that an election be held within the territory included in this district on the **8th day of November, 2022**, for the purpose of electing members to the board of directors of said district in accordance with the following specifications:

Specifications of the Election Order

1. The Election shall be held on Tuesday, the 8th day of November, 2022. The purpose of the election is to choose members of the board for the following seats:

<u>Current Members of Vacant Seats:</u>	<u>Term Length:</u>
Jeanne Utterback	4 years
Beatriz Vasquez	4 years

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

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

3. The District directs that the County Registrar of Voters of the principal county publish the Notice of Election in a newspaper of general circulation that is regularly circulated in the territory.
4. This Board hereby requests and consents to the consolidation of this election with other elections which may be held in whole or in part of the territory of the district, pursuant to Elections Code section 10400.
5. The District will reimburse the county for the actual cost incurred by the county elections official in conducting the general district election upon receipt of a bill stating the amount due as determined by the elections official.
6. The Clerk of this Board is ordered to deliver copies of this Resolution to the Registrar of Voters.
7. THE FOREGOING RESOLUTION WAS ADOPTED upon motion of Director _____. Seconded by Director _____, at a regular meeting on this day of May, 2020, by the following vote:

AYES: 0
NOES: 0
ABSENT: 0
ABSTAIN: 0

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
May 2022 Board Report

Legislation/Advocacy

We are actively following and advocating for and against several bills. I had a few in person meetings with legislators in Sacramento over the last month. We were able to attend the CHA meet and greet with Assembly and Senate members on May 9th. This was an opportunity to talk about priority issues including seismic. I attended an all day Legislative Stratgy Group meeting on May 10th.

It is the time of year where things are very political. Unfortunately, focus on policy isn't the priority in Sacramento. Union influence plays into strong politics. This is very evident in the seismic discussion. It is hoped that Senator Pan's bill (SB1339) will bring all stakeholders to the table to come up with a viable solution and compromise between hospitals and labor. There are several other things "brewing" especially with CAH's, Districts and rural facilities. I will keep you posted.

There are several bills related to public meetings and the Brown Act:

SB 1100 (Cortese): Open meetings: orderly conduct. Authorizes the presiding member of a legislative body conducting a meeting to remove an individual for disrupting the meeting, and defines "disrupting" for these purposes. Referred to Assembly Local Government and Judiciary Committees

AB 1944 (Lee): Local government: open and public meetings. Allows members of a legislative body of a local agency to use teleconferencing without identifying each teleconference location in the notice and agenda of the meeting or proceeding, and without making each teleconference location accessible to the public. Assembly Floor

AB 2449 (Blanca Rubio): Open meetings: local agencies: teleconference. Allows members of a legislative body of a local agency to use teleconferencing without identifying each teleconference location in the notice and agenda of the meeting, and without making each teleconference location accessible to the public, if at least a quorum of the members of the body participates in person. Assembly Floor

AB 2647 (Levine): Local government: open meetings. Allows writings that have been distributed to members of a legislative body of a local agency less than 72 hours before an open meeting to be posted online. Awaiting Senate committee assignment

The following are bills CHA is following closely:

AB 1882 (R. Rivas, D-Salinas) — Oppose Unless Amended

AB 1882 would require hospitals to report to their local governments the seismic rating of their hospital buildings and progress toward meeting the 2030 seismic requirements. The bill would also require all hospitals to post the status of their SPC 2 buildings in their hospitals, labeling them as an “Evacuation Risk, Structurally Deficient.” CHA opposes this new title for hospital buildings, as well as other provisions in the bill. The bill passed the Assembly Appropriations Committee on May 11 and is now pending a vote of the full Assembly.

AB 2080 (Wood, D-Santa Rosa) — Oppose Through Coalition

This bill would create the Health Care Consolidation and Contracting Fairness Act of 2022, pertaining to contracts issued, amended, or renewed on or after Jan. 1, 2023, between a health plan or insurer and a health care provider or facility. It would prohibit these contracts from containing terms that — among other things — restrict the payer from steering patients to other providers or facilities, or that require the payer to contract with other affiliated providers or facilities. AB 2080 would also create additional attorney general oversight for transactions undertaken by investor-owned hospitals, medical groups, payers, and pharmacy benefit managers. Additionally, it would expand the Department of Managed Health Care’s authority over health plan mergers and acquisitions.

SB 1339 (Pan, D-Sacramento) — Support If Amended

SB 1339 would require hospitals with SPC 2 buildings to provide the location of each service in that building. In addition, the Department of Health Care Access and Information would be required to provide the Legislature with an assessment of projected costs to retrofit each hospital building to meet the 2030 seismic requirements. The bill was placed on the Senate Appropriations Committee Suspend File, which was taken up on May 19.

The deadline for bills to pass their respective Appropriations Committees was May 20. May 23-27 will be floor sessions only, and May 27 is the deadline for bills to pass their houses of origin.

Now that the governor’s May revision has been released, budget subcommittee meetings wrapped up May 20. The budget will go to conference committee to iron out the final version. The budget bill must be passed by June 15 to meet the constitutionally mandated deadline. CHA supports a number of proposals that benefit hospitals and health care workers and opposes others that would create challenges.

Historic Firsts: \$300 billion General Fund budget, \$97.5 billion budget surplus (\$49.2 billion of which is discretionary). State Appropriations Limit averted for 2022-23 (SAL exceeded by a “small margin” for 2020-21 and 2021-22. (\$37.1 billion in reserves. \$6.2 billion to prepay callable general obligation bonds; convert lease revenue bonds to cash)

The Governor has proposed an \$18.1 billion inflation relief package:

- \$11.5 billion in Tax Refunds (\$400 for each registered vehicle owner; 2 checks per individual)
- \$2.7 billion for Emergency Rental Assistance Program (ERAP)
- \$1.4 billion for Utility Arrearages
- \$933 million for “Hero Pay” for hospital and nursing home facility workers
- \$750 million for three months of free public transit
- \$304 million for Covered California premium subsidies

- \$439 million for Diesel Sales Tax Pause
- \$157 million to Temporary Waiver of Child Care and Preschool Family Fees

One of the may notes of significance in the Governor’s proposed budget includes a proposal for HERO PAY:

May Revision: Hero Pay

- The state will provide a one-time baseline payment of \$1000 for approximately 600,000 hospital and nursing facility workers.
- The state will increase the payment up to \$1500 if employers commit to matching \$500 for a total of \$2000.
- DHCS will administer the program.
- More details to come.

Marketing/Public Relations

We received the larger SHIP Grant (\$248,000+). \$113,000 of this is for portable cardiac monitors. The remaining projects are for employee wellness and burnout prevention, COVID education and wellness marketing and messaging. We have started on the project list and I look forward to showing you details as we move forward. This has been a large part of public relations and marketing, as we are intertwining the components of the grant to get more bang “for our buck”.

We are continuing to see input on the Community Health Needs Assessment. I will provide a full report after the fiscal years ends and the survey is completed.

Planting Seeds...Growing Our Own

We interviewed thre amazing applicants for our senior intern program last week. This is always a very rewarding experience. As we enter our 6th year of interns, we are very excited about the opportunities this allows local students to experience healthcare careers. Our students this year have expressed interest n Pharmacy, Lab, Imaging and Physical Therapy.

We took a team to Fall River Elementary to do an assembly last week. This was the first assembly at FRE in 2 years! We were excited to be there to interact with the students about the hospital, safety, nutrition and exercise.

Emergency Preparedness

We continue to educate staff on emergency preparedness components that will be addressed in survey.



Operations Report May 2022

Statistics	April YTD FY22 <i>(current)</i>	April YTD FY21 <i>(prior)</i>	April Budget YTD FY22
Surgeries			
➤ Inpatient	2	1	20
➤ Outpatient	32	25	60
Procedures** (<i>surgery suite</i>)	102	92	160
Inpatient	2006	1520	1470
Emergency Room	3514	3117	3541
Skilled Nursing Days	22372	22971	22846
OP Visits (OP/Lab/X-ray)	17096	18000	11937
Hospice Patient Days	1364	1092	1024
PT	2078	2151	2104

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

**Procedures: include colonoscopies

**May Board Report
Clinical Division
5/18/2022**

Pharmacy

- COVID Vaccines
 - Mayers Skilled Nursing Residents have started receiving second booster shots.
 - Second booster shots are available to adults aged 50 and over who have received their first booster at least 4 months ago at Mayers Rural Health Clinic. Employees who qualify are receiving their booster at the Rural Health Clinic.
- Pharmacy is navigating shortages; dextrose 50% and dopamine are very hard to get right now. The shortage of saline flushes is resolving, and sufficient inventory is on hand at this time.
- Renal dose Paxlovid has been released to Mayers via Shasta County and is stocked in the ER and retail pharmacy.
- Mayers Sedation and Analgesia policies are being updated. The policy pertaining to outpatient surgeries is complete and implemented as sedation is being performed by specially trained RNs and not CRNAs at this time.
- Pharmacy, Quality, Infection Prevention, and Laboratory are working together to make the process of communicating culture results from ER patients clearer and effective.
- A representee from California's Vaccines for Children program will be onsite at the clinic on May 23rd to review our vaccine storage. We anticipate that our application will be approved and processed shortly after the inspection.

Retail Pharmacy

- Mayers Rural Health Clinic and Mayers Retail Pharmacy are set to go live with 340B on July 1. Travis Lakey, CFO, has completed all the paperwork with the wholesaler. Contracts with the claims intermediary will be completed as soon as May 20th.
- Mayers welcomes Matt Regoli, Pharm.D., RPh, to staff. Matt will be working part time at both the hospital and retail pharmacies.

Physical Therapy

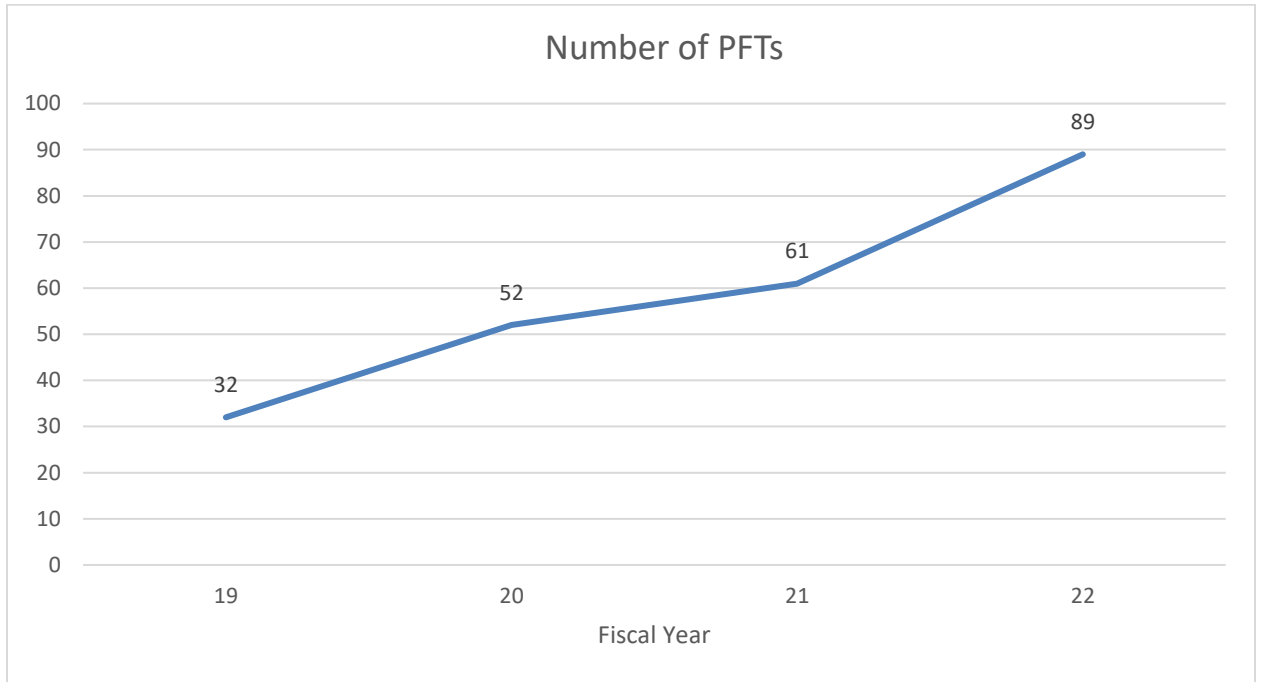
- Mayers welcomes Evan Walter, PT, to the department as a registry Physical Therapist. Daryl Schneider, PT, Manager, is anticipating time away from Mayers for medical reasons.
- The PT patient bathroom is currently being remodeled/refreshed by maintenance staff.
- We are using a local vendor to reupholster one of the PT treatment tables.

Cardiac Rehab

- Trudi Burns, RN, Cardiac Rehab Manager, is working with IT to improve the process for transmitting Holter Monitor readings to the cardiologist for diagnostic interpretation. The current process is placing a memory card in US mail to be downloaded at the cardiologist office and reviewed. The new process which will be tested starting May 18 will be to transmit the data via secure electronic communication. This should decrease the turn around time for the reading to be performed by the cardiologist.

Respiratory Therapy

- Mayers welcomed Ray Burney, RT, as a registry Respiratory Therapist on May 16th.
- David Ferrer, RT, respiratory manager, presented at Modoc Medical Center’s medical staff meeting, focusing on Mayers Pulmonary Function Lab. On May 18th Mayers received our first order for pulmonary function testing for an Alturas patient.
- Overall referrals for pulmonary function testing have increased.



FY22 is year to date.

Telemedicine

- See attached report.

Respectfully Submitted:
Keith Earnest, CCO

Telemedicine Program Update as of May 17, 2022

Respectfully submitted by Amanda Harris for Keith Earnest, CCO and Tommy Saborido, MD

We have completed a total of 1691 live video consults since August 2017(start of program).

Endocrinology:

- Dr. Bhaduri was out most of April on vacation. Since her return this month she's seen 14 patients so far with seven still on the calendar for the rest of the month.
- We've had 557 consults since the start of this specialty in August 2017.

Nutrition:

- We had three Nutrition patients seen in April and Jessica has six on the schedule for May 26.
- We've had 123 consults so far since we started this specialty in November 2017.

Psychiatry:

- Dr. Granese saw 13 patients in April and 12 in May.
- Hospitalist Jody Crabtree again provided a summary of each patient's status at the time of the appointments and her input was greatly appreciated.
- We've had 540 consults since the beginning of the program in August 2017.

Infectious Disease:

- Our one Hep C consult was non-compliant with on-treatment lab protocol and so treatment had to be stopped. This is the first time this has ever happened. We have another referral waiting to see Dr. Siddiqui currently in the workqueue.
- We've had 93 consults since the start of this specialty in September 2017.

Neurology:

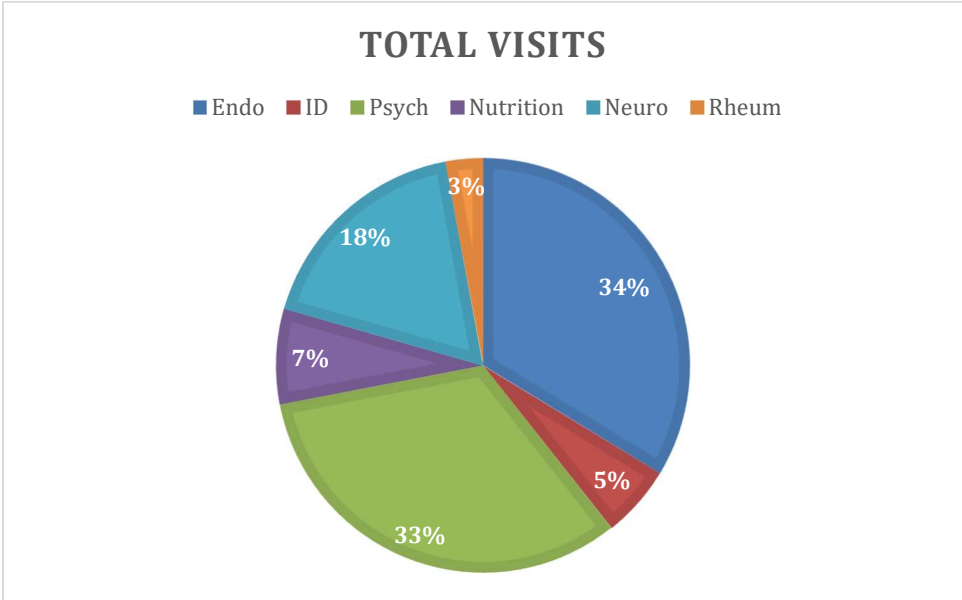
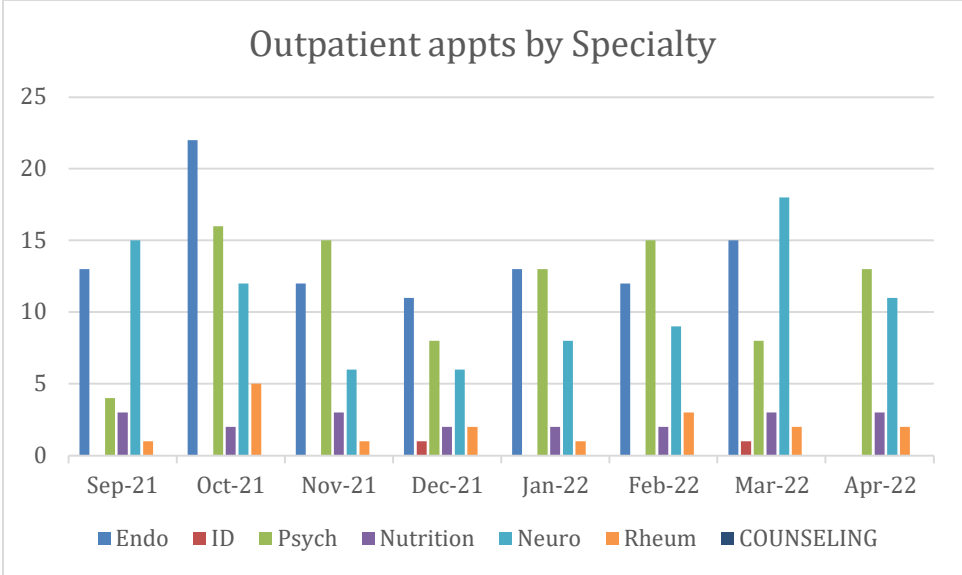
- Dr. Levyim saw 11 patients in April and she has seen six so far this month. There are still six more on the schedule for the rest of May.
- We've had 292 consults since the start of the program in November 2018.

Rheumatology:

- Dr. Shibuya saw two patients in April and he has two on the schedule for this month.
- We've had 48 consults since the start of the program in May 2020.

FRJUSD/Mayers/MVHC Take Four Counseling Grant:

- Amazing news here! While Dr. Beyer and Laura didn't receive their grant funding, **Dr. Grant approved using operational funds to continue the Take Four Counseling program for another year at the school district.** This is awesome and exactly how a grant program should continue. Very exciting!



NURSING SERVICES BOARD REPORT

MAY 2022

CNO Board Report

- COVID – Cases remain minimal and there have been no admissions since March
- The second class of C.N.A.'s completed their class, and everyone passed their tests. They are in orientation and will be a big asset to the staffing of the SNF. The third class will start June 20th and complete in August.

SNF Report

- Current Census: Burney 48 Fall River 26.
- Fall River is ready for 1 admit, pending medical approval.
- Burney was back to yellow status after registry CNA testing positive. Final testing was done on May 14th. It was negative and Burney returned to green status.
- Fall River remains in the green status.
- We have received 2 applications for LVN graduates from IOT. Pending their passing the boards, one for FR Day shift and one for Burney day shift.

SNF Activity Report

- Activities is working with nursing and quality to help document activities involvement with ADL'S and the involvement in reducing negative behaviors.
- Activities department working with high school seniors for senior projects (playing piano for residents, painting a mural and possibly a fishpond for the Burney annex)
- Burney 4-H is helping fill bird feeders in Burney now .FR bird feeding continues to go well.

Outpatient Surgery

- GI procedures are being conducted in OR2 with use of RN Moderate Sedation. MMHD remains unable to find an experienced and qualified RN to perform moderate sedation on a regular basis. The OR has been utilizing an ER RN to perform the sedation. We are unable to continue to utilize the ED staff as it is creating staffing difficulties within the E.R. and overburdening the E.R. staff. This combined with the inability to find a CRNA means we may have to cancel cases

- As mentioned, MMHD continues to search for a CRNA to perform the surgical cases in the OR. Several new contracts have been signed with Locum companies but there has been no success to date. If and when one is found, the cost will be substantial.
- No new statistics since the last board report.

Acute

- March 2022 Dashboard
 - Acute: ADC 2.00, LOS 4.13
 - Swing: ADC 2.97, LOS 13.14
 - OBS days: 9.03
- April Staffing: Required 9 FTE RN/LVN's, 4 FTE CNA's & 2 FTE Ward Clerks
 - MMH RN's: 3 FTE, 1 PTE (alternates OPS), 1 PTE (alternates LTC), 2 per diem, & 1 Asst. Manager
 - MMH CNA's: 4 FTE, 1 per diem
 - MMH Ward Clerks: 2 FTE & our per diem CNA can cover this position as well
 - NPH Traveling: 1 RN's & 1 LVN's that are very consistent
 - 4 Contract Travel RN's – guaranteed 48 hour minimum/week
- The construction project is close to completion. Staff is excited for the move back. We have had several issues with Microsoft 365 for teams and email. With the move back to the nursing station, our computers will be replaced and the virtual desktops we have been using will be dissolved. This should improve many workflows as it brings us up to the current remote system that the other departments have been using.
- Upcoming Events
 - May Staff Mtg: emergency preparedness with Val Lakey (postponed from last month)
 - June 6th – educational event – recognizing the patient in distress (postponed from April 12th)

Emergency Department

- Through the Emergency Department, we treated 302 patients
- 20 were admitted to MMHD
- 6 were transferred to a higher level of care
- 69 patients were peds (under 18)
- 3 AMA
- Staffing: We currently have 2 FULL time night RN and 1 FULL time night supervisor positions being filled by travelers. There is a pending hire for one of the positions but no confirmed start date.

Quality –

Quality is continuing to look at different things in relation to the Joint Commission. Mayers will be meeting with various other CAHs who are Joint Commission certified to see what can be learned from their processes and experience. The initial work for making all of the data quantifiable has been completed by the Quality department and data should start to be available as nursing leadership and quality go through the various audits that are planned.

Lab –

Lab is humming along; staffing is solid for the time being. The only issue that is facing lab at this point is finding a place for the old analyzer to live so we can bring in the new one and put it in its place. Both of them must run simultaneously for some time to be sure that all the controls are in the same place. So far, we have not found a place – and this has prevented Lab from getting its new machine. Lab is continuing to work with the maintenance team to try to find a place for the machines to run together.

Rad –

Rad is doing well also, unfortunately we do have a staffing shortage again. The department is running with 3 techs, which can work just fine, however, 4 is considered full staffing for the department with a working manager preferably. The department has had a tech take a necessary medical leave for the next 2 months. Other than that staffing issue, the department is in a very good place looking at opportunities in the future for positive change and additional growth.

Compliance –

The hospital had a state visit the second week of May. Specifically, there were 3 facility reported incidents in the SNF and one external reported incident on the acute floor. The surveyor was able to address the external report with the Director of Quality, calls were made, and interviews were conducted. Once again, it was found that the hospital did everything correctly and staff performed to the highest standard – no issues were found on any of the tags that were investigated. It is expected that the hospital and SNF will remain deficiency free as it has been for all of 2022.

Risk –

There are no current investigations on ongoing in risk, and nothing that is being found in Quality audits that would warrant a risk alert.

Chief Operating Officer Report

Prepared by: Ryan Harris, COO

Facilities, Engineering, Other Construction Projects

- Work continues on the close out of the demo project. We received fire clearance on 5/10 and John Morris is working with our HCAI compliance officer on nursing station occupancy. The Med Gas/Vacuum alarm panel work is currently under design. We anticipate the design to take a couple of weeks with up to 30 days for design approval and the 1 week of work.
- The electrical work has been completed on the new CT door actuator. The door hardware installer is still waiting on the door hardware. Once received the hardware will be installed and the project completed.
- We have engaged with Butler Engineering to do the Fall River Arts & Trophies remodel construction documents and permitting. Design walks are still pending final scheduling with Butler Engineering. Their proposal will come back to the board for approval to proceed. The plan is to house the Hospice office, the Foundation office, education center, with the possibility of home health offices in the future.
- The contract for the replacement of the Burney fire alarm system has been fully executed. We anticipate the project to be completed prior to the end of the year.
- Interior painting of the hospital is complete. There is minimal cove base that needs to be replaced and we will do that as we get access to those spaces. A couple of the rooms on Station 1 are all that is remaining, but they have been occupied the entire time we have been working in that area.
- Interior painting of the Annex is 95% complete. There are a few resident rooms in Memory Care that we still need to do, and we are working with nursing staff to get access to those spaces when it is best for the residents.
- We will be working on the landscaping in the area that used to be the old building in the next couple of weeks. The volunteers planted the area in front of the business side of the PT/Business Building. We installed a drip irrigation system and we will be putting mulch down.
- The installer from original Stewart Signs proposal is booked. The sign broker is working on getting an updated proposal to include a line item for permitting effort and revised install price. John Morris is reaching out to local contractors for install pricing/availability.
- Facilities and Engineering is currently looking for staff to work at the new employee housing.

IT

- Access Control improvements continue to be made to ensure safety of staff and patients. We have converted our previous system to the new software and added a few critical doors to that. We are now looking to secure all exterior doors and looking at what interior doors we should be adding. From there we will convert Burney and do the same.

- We are currently scoping an archive solution to install alongside Cerner to consolidate all our legacy records. Current candidates are Trinisys, Ellkay, and Capstone Unity.
- Our PACS vendor has been troublesome lately and we are assisting Radiology in selecting a new PACS that will ideally have strong Cerner integrations and better stability.

Purchasing

- Purchasing is currently working on cross training at the buyer position.
- The department is preparing for next month's annual inventory.
- Purchasing is currently fully staffed.

Food & Nutrition Services

- F&NS is has made great improvements over the last couple of months on staffing and is getting close to being fully staffed. Half the F&NS staff has been with MMHD for less than 12 months. Susan and her team are doing a great job with training the new employees.
- We are in the process of posting for a new full time Certified Dietary Manager and Registered Dietitian. Our current Dietary Manager will cover one location and the new manager will cover the other.
- Susan and Sherry are continuing their work on the new EVS/Dietary cross training program.

Environmental Services & Laundry

- Sherry is working with nursing to minimize the damage to our new linens. She has requested that there be some pre cleaning of soiled lined prior to being shipped to the laundry facility.
- Susan Garcia and Sherry have worked out a cross training program for Housekeeping and Dietary departments so that staff can be cross trained when there are staff shortages.
- We need to hire a floor maintenance staff member. Staffing is up and getting everyone trained and setting routines is the focus.
- EVS may have job openings coming up with a couple team members joining the CNA program, relocating, and going back to school. EVS is also looking for staff to work at the new employee housing.

Rural Health Clinic

- We have a scheduled Partnership initial chart review on June 13th. Kim and her staff are preparing for this survey.

- CDPH will be at the clinic on 5/23 to go over our Vaccine for Children (VFC) application and inspect our med room. Once approved we will be a VFC clinic and can then move forward with our Family Pact application.
- At this time, we are short staffed in the clinic and have not found a willing provider to do Saturday clinics. We will reevaluate this opportunity once clinic staffing normalizes.
- Travis, Chris, and I are currently looking into the purchase of a mobile clinic. Currently, we are gathering quotes to present to the board.
- Our outpatient visits were down from 571 to 499 patients being seen in April. We saw a large revenue jump in the month. Revenue increased \$248,900 month over month and was our highest revenue month to date. There seems to be an abnormally high revenue day on April 14th. We are working with OCHIN to confirm this is correct. Our no-show appointment rate was up to 11.2% in April. Our average new patient appointment lead time was down to 5.09 days and our schedule utilization was also up to 66.9% for the month.

CEO Board Report May 2020

The 2030 seismic initiative is still a Hot topic. There's a lot of push from small rural hospitals to get the legislation changed and figure out what we can do to make it more palatable for smaller hospitals. We've attended to separate CHA events that have had most if not all their primary focus on this issue. Furthermore, there have been other smaller hospitals that have wanted to go on their own as they felt that they weren't getting the necessary representation from CHA on this topic. They did reach out to us and ask if we wanted to sign the letter with them. After discussion with Val and others, we decided not to participate in that letter but continue to work with CHA in their efforts to help us with this.

We also met with Western healthcare about coverage for the ED once Envision contract expires the end of June. The visit went very well and most of us that were in attendance felt pretty good about the company and their ability to help us. Although that was the consensus of the group that they could meet our needs, Dr. Watson felt that he has put in a lot of work at this point to get a team of doctors here that can cover our ED needs without the need to bring on a company like this. It was agreed upon by the executive leadership team and Dr Watson to move in this direction and allow him the opportunity to run it on his own. We spoke with Western healthcare and made them aware of our decision and let them know that if something changed, we would reach out to them.

We are also going to be looking at our entire organization to ensure that our hospitals program and clinic are running the way that they should be as well. We are looking at it from a continuity of care perspective, working towards our own clinic providers covering the hospital. We all agreed this would be the most desirable options if it can be done. During this transition we will work with Dr. Saborido to see if we can get this model to work and have him in the clinic the weeks, he is also hospitalist. If it looks as though this model will not work, then we will look at two independent NP's providing hospitalist services.

I've had more communication with Mountain valley about our EHR and their EHR. They are now open to the idea of moving to Cerner to make things easier from sharing records standpoint. Of course, they want to see it first to make sure it can meet their needs. We will also be meeting again in person on the 17th of June.

We were able to meet with Plumas hospital about The Joint Commission (TJC) and how they manage the process. The call went very well, and they answered the number of questions from our team. They also provided us with some great resources and forms that we're going to be able to use going forward. We have a meeting with Shasta Regional in June (the 21st) to go over the same thing with them. The team is excited and feels more comfortable with our direction after having this initial call with Plumas. We are also looking at talking with another critical access hospital close to us up in Yreka but nothing is set with them yet.

We had a good leadership meeting with the leadership team this month as well. We went over some leadership principles and things that we have discussed so far with our Huron training. It was well received. Ryan did a team building exercise that also went very well and taught the team some very valuable lessons. After the team building exercise, we spoke to leadership team about strategic planning and how important it was for them to set their goals so that they aligned with our mission, vision, values, and pillars. They all have a form now that they will use to fill out their goals/priorities for this next year. This is the form that we spoke about that will be used in the reports that will come to you as a

board. We also talked about the need to potentially look at our current mission and vision at least and see if they still fit what we want our mission and vision to be. At the very least we can tweak it a little.

We met with Bob May and Bernie Fire and had a very good conversation about some of the shared struggles that we both have with ambulance service. We talked about options to be able to make things better for both organizations and Bob is going to put together some information for us so that we can run some numbers to see what it looks like and if it makes sense for us to move forward. We should have more information on this next month if we're able to get the data soon.

We met as an executive leadership team and have finalized some org chart changes that we will make effective July 1. We will be moving the quality department back under the CEO line. We will also be moving lab and rad back under the CCO line, but they will report to a director of clinical services. This was a position we had before but did not replace when they left so we're bringing it back. We added placeholders for employee housing as well as potentially a department head for childcare services if we choose to go that direction. We added a spot for a future Director of Support Services under the COO line that will be over housekeeping, dietary, purchasing and employee housing as well as be our project manager for the Cerner implementation. We are also changing Val's title to Chief Public Affairs Officer from her current extremely long title and adding the Foundation under her. We will also be changing the HR director to Chief HR Officer and bringing her in as part of the executive team as well. So, all in all, not a whole lot of changes just a few tweaks.

We also discussed closing the covid unit since our numbers are down significantly. Once the construction project for station one is completed, we will officially close the covid unit and put other measures in place to handle any covid diagnosis is that we receive on a case-by-case basis.

Finally, we had hospital week which was a nice break from the regular day to day routine for our team. The week was very well received by the team, and we had good participation each day. We had a lot of help from leadership to hand things out and make sure events ran smoothly as well as cook for the barbecue. The team Express multiple times how nice it was to do something different like that and get back to something that was normal that we would do prior to the pandemic.

Thank you,

Chris Bjornberg