

Chief Executive Officer
Chris Bjornberg



MAYERS MEMORIAL
HEALTHCARE 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
December 7th, 2022 at 1:00 PM
Mayers Memorial Hospital
FR Boardroom
43563 HWY 299 E, Fall River Mills

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 –October 26, 2022	<i>Attachment A</i>	Action Item	2 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:			
	4.1 Resolution 2022- 14– October Employee of the Month	<i>Attachment B</i>	Action Item	2 min.
	4.2 Resolution 2022-15 – November Employee of the Month	<i>Attachment C</i>	Action Item	2 min.
	4.3 Hospice Quarterly	Lindsey Crum	Report	2 min.
	4.4 Mayers Healthcare Foundation Quarterly	Tracy Geisler	Report	2 min.
5	BOARD COMMITTEES			
	5.1 Finance Committee			
	5.1.1 Committee Meeting Report: Chair Hathaway		Report	5 min.
	5.1.2 October 2022 Financial Review, AP, AR and Acceptance of Financials		Action Item	5 min.
	5.2 Strategic Planning Committee			
	5.2.1 No November Meeting		Information	1 min.
	5.3 Quality Committee			
	5.3.1 No November Meeting		Information	5 min.

6 OLD BUSINESS				
6.1	By-laws Review – Second Reading	<i>Attachment F</i>	Discussion/ Action Item	10 min.
6.2	BOD Assessment Survey Results	<i>Attachment G</i>	Discussion	10 min.
7 NEW BUSINESS				
Policy and Procedures:				
7.1	1. Charity Care Policy 2. HHS Poverty Guidelines – 75% MMH 388	<i>Attachment H</i>	Action Item	2 min.
7.2	Organizational Analysis	LINK	Review, Discussion 1st Reading Approval, Action Item	10 min.
7.3	Annual Organizational Process			
	7.3.1 Officers and Committees		Action Item	5 min.
	7.3.2 2023 Board Calendar	<i>Attachment I</i>	Action Item	5 min.
7.4	Accreditation Decision	<i>Attachment J</i>	Action Item	10 min.
8 ADMINISTRATIVE REPORTS				
8.1	Chief's Reports – <i>Written reports provided. Questions pertaining to written report and verbal report of any new items</i>			
8.1.1	Chief Financial Officer – Travis Lakey		Report	5 min.
8.1.2	Chief Human Resources Officer – Libby Mee		Report	5 min.
8.1.3	Chief Public Relations Officer – Val Lakey	<i>Attachment K</i>	Report	5 min.
8.1.4	Chief Clinical Officer – Keith Earnest		Report	5 min.
8.1.5	Chief Nursing Officer – Theresa Overton		Report	5 min.
8.1.6	Chief Operation Officer – Ryan Harris		Report	5 min.
8.1.7	Chief Executive Officer – Chris Bjornberg		Report	5 min.
9 OTHER INFORMATION/ANNOUNCEMENTS				
9.1	Board Member Message: Points to highlight in message		Discussion	5 min.
10 ADJOURNMENT: Next Meeting January 30, 2022				

Posted 12/02/2022

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.

Chief Executive Officer
Chris Bjornberg



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

Board of Directors
Regular Meeting
Minutes

October 26, 2022 – 1:00 pm
Pit River Lodge & Microsoft Teams

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.

CALL MEETING TO ORDER: Jeanne Utterback called the regular meeting to order at 1:03 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

ABSENT:

Valerie Lakey, CPRO

STAFF PRESENT:

Chris Bjornberg, CEO
Travis Lakey, CFO
Ryan Harris, COO
Theresa Overton, CNO
Keith Earnest, CCO
Libby Mee, CPRO
David Ferrer, Respiratory Lead
Jack Hathaway, Director of Quality
Moriah Padilla, Acute Manager
Jessica DeCoito, Board Clerk

2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: NONE		
3	DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS		
31	A motion/second carried; Board of Directors accepted the minutes of September 28, 2022.	<i>Vasquez, Humphry</i>	<i>Approved by All</i>
4	DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS		
4.1	A motion/second carried; Hollie Lappin was recognized as September Employee of the Month. Resolution 2022-13. This honor has come at very opportune time. Recently, IT experienced a staffing shortage and Hollie stepped in without any issue. She did an excellent job meeting the needs of our hospital during this shortage. Well deserved honor. She has been an integral part of our team.	<i>Vasquez, Humphry</i>	<i>Approved by All</i>
4.2	Safety Quarterly: written report is submitted. A location has been found to house the Shasta Co. Sheriff's department within the hospital for some onsite presence. They will not be there all the time, just when they need a working space – which they currently don't have.		
4.3	Respiratory Therapy: PFT's – working on getting registered (pulmonary function technologist) to become certified. Making arrangements to set up appointments at clinics for pulmonary screening. Allows our local community to know that we have the services for pulmonary screening locally. We have also been researching the opportunity to have a sleep lab. Asthma education courses are being set up to help educate the community.		
4.4	Employee Housing: October 12 th was our promotional video footage day at the lodge. Streamlined the cleaning process by changing the linen for the rooms. Currently have 16 on campus staying, with one nighter coming in each day and leaving. Nursing has received a lot of great feedback from the traveling nurses.		
4.5	Construction-Project Management: updates provided on the strategic priorities by COO. Gathering information for workman's comp for construction/maintenance department to establish a safety program. Some setbacks were		

experienced with the IOR testing. But have some headway made for getting a test scheduled for after the first of the year.

5 BOARD COMMITTEES			
5.1 Finance Committee			
5.1.1	Committee Report: Reviewed the finances and notes provided by the CFO. Retail Pharmacy and RHC have positive bottom lines. Uptick in volumes for all hospital departments. 340B program updates have been going great. Maintained our Triple B rating with Finch, which helps us with getting loans and financing. Looking at how we can reduce our energy use to help with PG&E costs. We will do the State Retention Pay and that application is due in December. We will then know what the state will match by January, and we can issue in February. Continue to work on the GPO analysis. Working with Wipfli for the Debt Capacity Study to see what we can afford to build out of the Master Planning Services.		
5.1.2	September 2022 Financials: motion moved, seconded and carried to approve financials.	<i>Hathaway, Humphry</i>	<i>Approved by All</i>
5.1.3	Disposal of Property – 43216 5th Street, FRM, CA – APN 032-160-029: requirement to offer the house for sale. Motion moved, seconded and carried to approve the letter and proceed forward.	<i>Hathaway, Humphry</i>	<i>Approved by All</i>
5.1.4	IV Pumps: The proposed IV Pumps will take our current system, which is archaic and at end of life, to a whole new level. They meet Cerner interfaces, meets JCHAO accreditation, and 7 Patient Safety measures/goals. Lots of safety features built in. Very user friendly as well. Motion moved, seconded and carried to purchase the Ivenix IV Pumps for \$216,820.00 with \$13,600 every year after that.	<i>Humphry, Vasquez</i>	<i>Approved by All</i>
5.1.5	Notice to Award Master Planning Services Contract to Aspen Street Architects, Inc. Resolution 2022-12: After proposals were received, a scoring committee individually scored the proposals, and a summary was created. A discussion took place over the scoring, and it was a unanimous decision to recommend the award to Aspen Street Architects, Inc. Motion moved, seconded and carried to award Aspen Street Architects, Inc, at the price of \$177,870.00 and an add alternate option for Criteria documents at \$309,941.00.	<i>Hathaway, Vasquez</i>	<i>Approved by All</i>
5.2	Strategic Planning Committee Chair Vasquez: No October Meeting		
5.3	Quality Committee Chair Utterback: DRAFT Minutes attached. Gathering the data to set up dashboards for Quality has proved difficult. A meeting has been set up with Department managers and leads to set expectations, allow for questions and create understandings of who is available for questions and support.		
6 OLD BUSINESS			
6.1	By-Laws Review – First Reading: A DRAFT copy with the changes that were made was provided in the packet. Amendments to make: strikeout on 3.2 “All officers will serve a two year term.” Strikeout on 3.3.1 “two” and add in “one”. On 3.4.2 (a) strikeout “On even years”. Board Clerk to make the changes and provide second reading at next Board Meeting.		<i>No action taken</i>
6.2	BOD Assessment Process: No changes made – please send out the survey monkey.		
7 NEW BUSINESS			
7.1	Policy & Procedure Summary: motion moved, seconded and carried to approve the summary.	<i>Hathaway, Humphry</i>	<i>Approved by All</i>
7.2	Nominating Ad Hoc Committee for Board Officers – Appointed by Chair: Jeanne Utterback and Abe Hathaway have been appointed by the Chair to report at the December Board meeting.	<i>Appointed by Chair</i>	
7.3	Motion moved by Director Vasquez, seconded by Director Humphry to add onto New Business “ACHD Board of Directors Application Letter of Support for J. Utterback”. 2/3 vote received.	<i>Vasquez, Hathaway</i>	<i>Approved by All</i>

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.

An open seat is available as Beatriz retires from her role with ACHD Board of Directors. Jeanne Utterback has accepted the invitation and must apply by November 4th. This application requires a letter of support from MMHD Board of Directors. Beatriz has provided a letter (Exhibit) to be signed by her as Secretary of the Board.

Motion moved, seconded and carried to approve letter for J. Utterback application.

8	ADMINISTRATIVE REPORTS	
8.1	Chief's Reports: written reports provided in packet	
8.1.1	CFO: Financial notes provided in email. No further updates.	
8.1.2	CHRO: Written report submitted. New ultrasound tech has started. Radiology Tech has accepted but still two openings available. Acute Care RN has accepted a full time/permanent role. A new IT employee began today, with other IT roles being filled. We will be using a dashboard to track employee immunizations rather than a paper process. Kudos to Libby and Shay on all the amazing work our HR team is doing for our current and prospective employees.	
8.1.3	CPRO: Written report submitted. Kudos on the Cornerstone Ceremony.	
8.1.4	CCO: Hospice Chaplin has been hired – Allison Mackey has accepted this role. Respiratory has been flying solo this month with just David – so kudos to covering all shifts. Kristi Schultz has been working very hard on the 340B program. Nephrology will be available through Telemedicine.	
8.1.5	CNO: SNF update: Green in Burney. Red in FR. If we do not have any more positives starting today, we will be able to go to Green on November 5 th . Most of the positive residents are asymptomatic or very little symptoms. We did get a visit from the State on Infection Control issues. The State representative was very happy with our current protocols in place and commended us on our work. Discussion about the communication to family members on current protocols to help keep them educated about the current requirements. Continue to work on building a surgery team to get surgeries back up and running in our facility. Dr. Magno has officially taken over Outpatient Medical now that Dr. Syverson on is officially retired.	
8.1.6	COO: We have been on Fire Watch in both facilities. We have received communication errors in our fire panels in both FR and Burney. Our tech was onsite today to fix the issue, and happy to report that our issue has been fixed. Currently three HVAC units are down. One will need to be replaced and we will know about the other two once the technician can diagnose the units on Friday. We are researching our options currently. Mobile Clinic - working on the application process now with the help of Wipfli. We will finish the application process once our unit is on site. We hope to be up and running in the Spring. Cerner: the project team attended the OCHC Conference in Kansas City this past week. We enjoyed the Community Works Sessions that actually included round tables with other hospitals who are in the implementation phase or just implemented. We will not get our July 1 go live – we will have July 24 th as our go live.	
8.1.7	CEO: ACHC vs TJC discussion took place. Director of Quality: Jack Hathaway was present for discussions. We will continue to collect information on ACHC and TJC to bring back at the December Board Meeting with pricing differences as well. Appointed as the CHA Northern Section Chair today. Becker Podcast interview is live and a copy will be shared. On December 7 th is the Flagpole Ceremony. We will be opening up an anonymous compliance platform for anyone that would like their voice to be heard but anonymously.	
9	OTHER INFORMATION/ANNOUNCEMENTS	
10.1	Board Member Message: Employee of the Month, New Hospice Chaplin, SNF changes for Covid, Medical Equipment upgrades, Active Shooter and Safety trainings	
	December 7 th Finance Meeting will be at 12:00 pm with a lunch.	
10	ANNOUNCEMENT OF CLOSED SESSION: 3:58 pm	
11	CLOSED SESSION	
12.1	Med Staff Credentials – Government Code 54962	<i>Credentials approved unanimously</i>
	Medical Staff Appointment Haroon Rehman, MD – Oncology	

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.

Medical Staff Reappointment
David Panossian, MD – Pulmonary Care
Julia Mooney, MD – Pathology

12 ANNOUNCEMENT OF OPEN SESSION: 4:00 pm – Med Staff Credentials approved unanimously

13 ADJOURNMENT: 4:00 pm

Next Regular Meeting: December 7, 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

DRAFT

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.

4



RESOLUTION NO. 2022-14

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

Ellie Joraanstad

As October 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, Ellie Joraanstad is hereby named Mayers Memorial Healthcare District Employee of the Month for October 2022; and

DULY PASSED AND ADOPTED this 7th day of December 2022 by the Board of Trustees of Mayers Memorial Healthcare District by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

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

ATTEST:

Jessica DeCoito
Clerk of the Board of Directors



RESOLUTION NO. 2022-15

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

Regina Blowers

As November 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, Regina Blowers is hereby named Mayers Memorial Healthcare District Employee of the Month for November 2022; and

DULY PASSED AND ADOPTED this 7th day of December 2022 by the Board of Trustees of Mayers Memorial Healthcare District by the following vote:

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

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

ATTEST:

Jessica DeCoito
Clerk of the Board of Directors

Hospice Quarterly Report

The Hospice staff has been working diligently to successfully start a new bereavement group which will happen at the Burney Annex. Running the group will be Gail Leonard and Steve Bevier. Flyers were posted and patient families were notified. It will be held the first Thursday of each month. We did have a setback on the first Thursday in November due to the annex going into yellow status with covid. The December meeting will be during the Hospice candlelight service so attendance may vary.

Complaints have not been an active problem for Hospice in the past. Our set goal is to continue to have this outcome. Clear communication is essential for patient safety and satisfaction. Effective use of oral, visual, written and aural modes of communication signifies the professional competence and knowledge expected while caring for those within our trusted care.

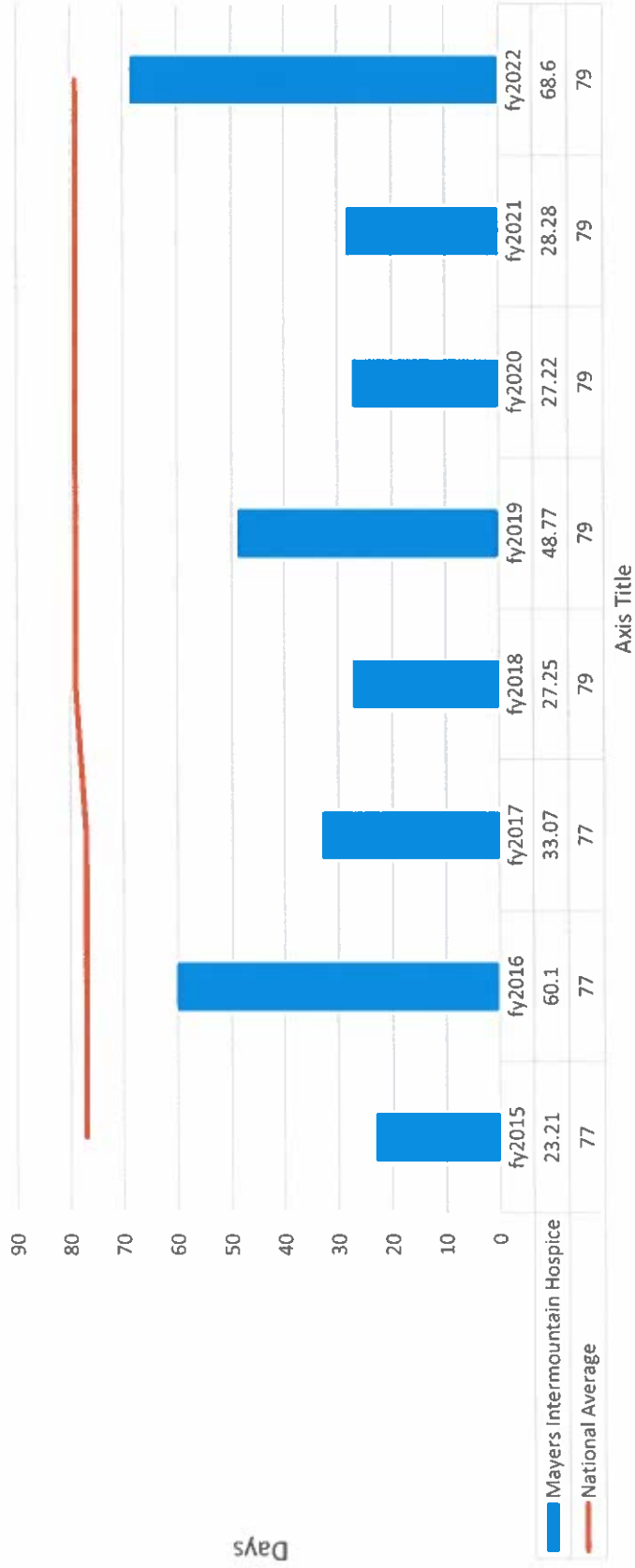
Attached are graphs and data showing our average compared to national averages for the length of stay and discharges. As of June of 2021 our average has continued to exceed the targeted goal that was set.

Our yearly renewal with our charting system happens in January 2023 at that time we'll have to start thinking about a different billing system. There have been concerns that have come up due to nonpayment from insurances other than Medicare. Our current HPMS system manager does the billing for Medicare and that will have to be figured out with the roll out of Cerner, along with payment from other insurances.

Thank you,

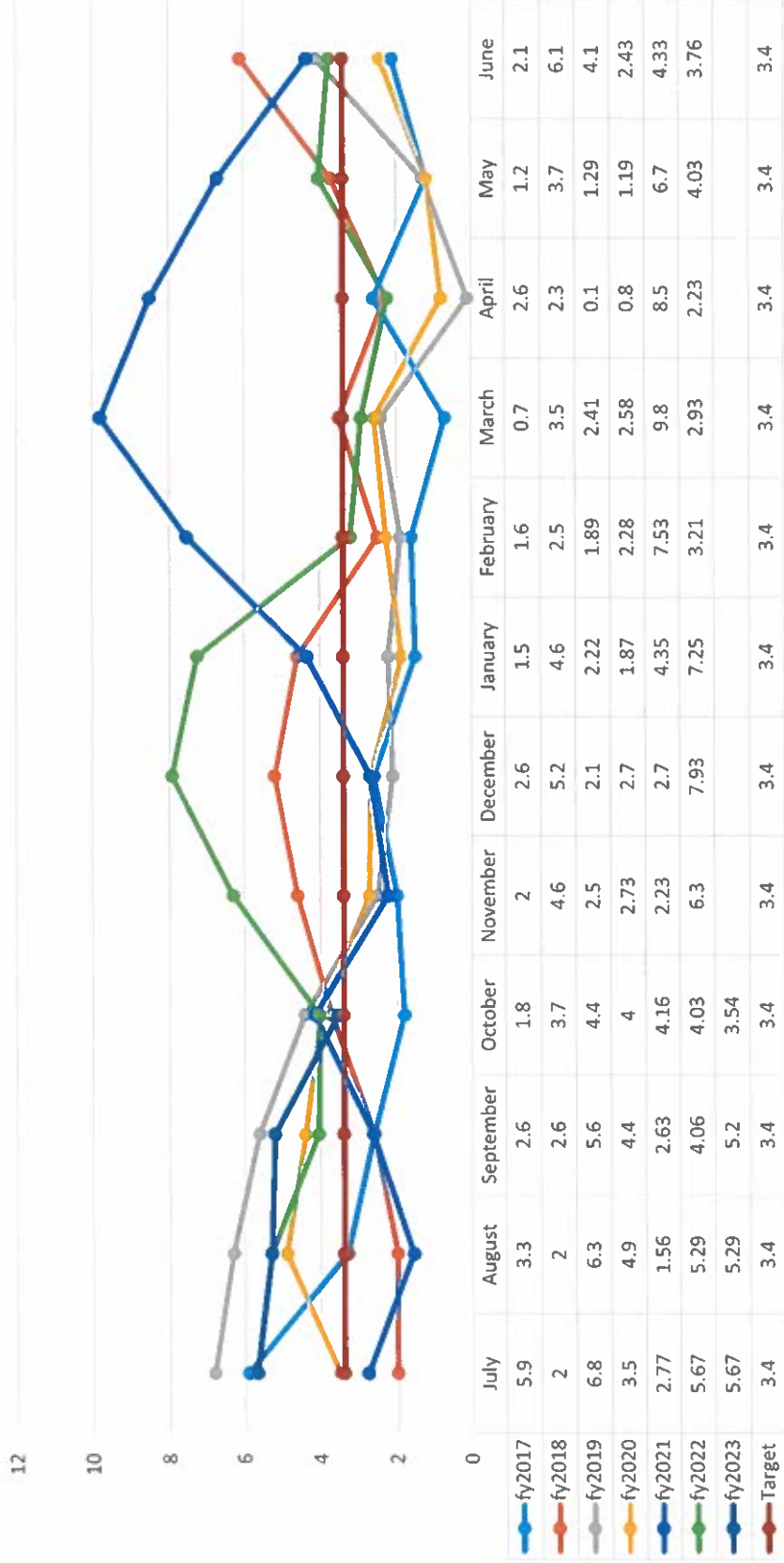
Lindsey Crum, RN

Average Length of Service



■ Mayers Intermountain Hospice — National Average

Average Patient Days





Quality / Service Pillar

Executive Leader: *Keith Earnest, CCO*

Director or Manager: *Mary Ranquist*

Department: *Hospice*

Last Updated:



Current Year	Specific Plan & Estimated Completion Date	Driver	Current Actions
Priority:			
Zero complaint surveys in FY23	Demonstrate clear communication and overall patient/family satisfaction	Lindsey Crum	Employee education
	Est. Completion date June 2023		
Community bereavement support group	Group gathering for a bereavement group. Event details posted throughout the community	Gail Leonard/ Steve Bevier	Continue to plan monthly bereavement group
Priority Ideas for Next Year			

MHF

MAYERS HEALTHCARE FOUNDATION

Foundation Quarterly Report for MMHD

DATE: December 2022

Below lists recent foundation and board meeting business and activities.

Financial Reports: **Strategic Priority FY23 – Growth Pillar**, *commitment to achieve consistent growth and enhance services, support & continue development through a financial lens.*

- 10/2022 Balance Sheet Assets, Liabilities, Equity and P&L totals show an increase above the \$1 Million dollar threshold. MHF proudly demonstrates commitment to enhance and increased donation productivity for both community and MMHD award funding opportunities.

Events: **Strategic Priority FY23 – Communication Pillar**, *demonstrates our commitment to have an environment where we can be collaborative, increase recognition and communicate the MHF mission through philanthropy in our community.*

- **Volunteer & Board Member Appreciation Brunch** – November 6, 2022, at Crums in McArthur, CA. Full participation of both volunteers and board members made this day a very special “Thanks for Giving” event. The food was terrific, and the conversation and fellowship, topped off the day. MHF is very thankful for our volunteers and board members. We look forward to more gatherings in 2023.
- **North State Giving Tuesday – November 29, 2022.** We had an outstanding day of giving. MMHD individual employees and our community members gave \$24,100.00 in donations for the MHF CNA Scholarship program benefitting the MMHD CNA certification program. MHF will fund the 2022 MMHD program \$20,000.00 this December to support the CNA graduates. We applaud the great work MMHD has demonstrated and hope to give and fund even more in 2023.
- **Denim & Diamonds Hospice Winter Gala – January 28, 2023.** Event tickets go on sale December 12, 2022, through January 20, 2023. Individual tickets \$75.00 each & Diamond Tables \$1500.00 (seats 8). Featuring Jared Hovis, DJ/dancing, beer & wine parings, and decadent chocolate desserts. Ingram Hall – McArthur, CA. More information to come.
- **MHFP/MMHD ELT Summit Meeting** – January 17, 2023. Establish, review, and create an agreeable Governance Plan to outline income and fundraising management between MHF and MMHD relationship. Communicate the purpose of common objectives and facilitate the translation of objectives into value. Establish the foundation culture, define ambition and direction by building an understanding of what MHF/MMHD together stand for. Review MHF guidelines that are measurable, attainable and increase productivity around MMHD future funding opportunities. MMHD FR Board Room 10am-12pm.

Stores Update:

- Thrift & Gift continues to draw in shoppers from all over the intermountain area. We also receive generous donations which help with the growth of hospice revenues.
- The Pharmacy Gift Store offers See’s candies, accessories, and quality gift selections.

Volunteers:

- MHF finalized our volunteer policies to reflect the MMHD Covid Vaccine Requirements for volunteers. Two new FRHS Jr. Volunteers through the FRJUSD Workability program have joined to serve with Hospital Gardens and Thrift and Gift.

Awards and Scholarships:

- \$50,000 Department Awards - 2022
- \$24,500 Employee Development & Community Scholarships – 2022
- \$20,000 MMHD CNA Certification Program for 18 student graduates - 2022

The 2022 Departmental Awardees are as follows:

Department	Amount Awarded	Item/Program
Emergency	\$5,412.26	Butterfly IQ+ Ultrasound System
Outpatient Medical	\$7,877.91	Centrella Smart+ Bed
	\$5,000.00	Pressure Prevention Waffle Cushions
Pharmacy	\$10,000.00	Two attendees at 340B Conference
Rural Healthcare Clinic	\$1,784.84	Two Breath Alcohol Rapid Tests
	\$849.00	Vaccine Cooler
	\$958.50	Attest Auto Clave Reader
Nursing Education	\$5,139.49	Two beds and vital signs monitor for skills lab
Emergency Preparedness	\$3,200.00	HAM Radio Equipment
Cardiac Rehab	\$2,600.00	Vitals Monitor and Roller Stand
	\$6,032.00	SciFit Pro1 Upper Body Exerciser
Hospice	\$1,146.00	Shelley Haynes Institute for Hospice and Palliative Care Certification Program

MHF Committees:

- **MHF Board Recruitment** – MHF has two new applicants Marie Weimer Parks and Mary Jo McDermott who will be introduced and when approved, will be on board January 2023. We are very excited about the two new applicants and believe they will offer incredible support and experience to the foundations mission and vision.

Other News:

- MHF new office location is: 37104 Hwy 299 E in Burney. This location does not change our MHF corporate address being in Fall River, CA. The move is a temporary home until we re-join MMHD in Fall River when available or a location has been determined.
- Volunteer & Event Coordinator – Jeanine Ferguson resigned Nov. 3rd, 2022. MHF will miss her talent and support. We wish her well and hope she has a wonderful next adventure in life. MHF will be floating the new job requisition on December 15, 2022, for a full-time coordinator. Any questions or applicant suggestions, please reach out to Tracy Geisler directly. Thank you!

Respectfully submitted by Tracy Geisler, Executive Director – Mayer Healthcare Foundation, Inc.



BYLAWS OF THE
MAYERS MEMORIAL
HEALTHCARE
DISTRICT

REVISED OCTOBER 2022

TABLE OF CONTENTS

Article I: Preamble	1
Mission	1
Offices	1
Definitions	1
Article II: Powers and Purposes	2
General	2
Authority of District Bylaws	2
Amendment	2
Conflict	2
Facility Operation	2
Trade Membership	2
Article III: The Board of Directors	3
Directors	3
Fiduciary Duties	3
Orientation	3
Resignation and Removal	3
Vacancies	4
Officers	4
President	4
Vice President	4
Secretary	4
Treasurer	5
Committees	5
Standing Committees	5
Special (Ad Hoc) Committees	5
Meetings	6
Quorum	6
Types of Meetings	6
Compensation	6
Indemnification	6
District Agent Indemnification	6
Scope of Indemnification	7

Article IV: Delegation of Authority	7
Chief Executive Officer	7
Operation of the District and Its Facilities	7
Communication	7
Compliance	7
Delegation	8
Human Resources	8
Policy Implementation	8
Public Relations	8
Reporting	8
Medical Staff	8

ARTICLE I PREAMBLE

These District Bylaws are adopted by the Mayers Memorial Healthcare District Board of Directors (the "Board") pursuant to and consistent with Division 23 of the California Health and Safety Code, known as the Local Health Care District Law. These District Bylaws are established to further enable the Board to faithfully exercise its powers and fiduciary duties in accordance with applicable law. All provisions contained herein shall conform to and comply with all applicable federal, state, and local laws and regulations. Medical Staff Rules that have been approved by the Board shall be used to further assist in implementing the responsibilities of the Board.

- 1.1 Mission.** Mayers Memorial Healthcare District serves the Intermountain area providing outstanding patient-centered healthcare to improve quality of life through dedicated, compassionate staff and innovative technology.
- 1.2 Offices.** The principal office of the District is fixed and located within Mayers Memorial Hospital at 43563 Highway 299 East, Fall River Mills, California, 96028. Branch or subordinate offices may be established by the Board at any time or place.
- 1.3 Definitions.**
 - 1.3.1** "Board" means the Board of Directors of the District.
 - 1.3.2** "Director" means a duly elected or appointed member of the Board of Directors of the District.
 - 1.3.3** "District" means the Mayers Memorial Healthcare District.
 - 1.3.4** "Facilities" means the Hospital as well as other health care facilities and services operated by the District.
 - 1.3.5** "Hospital" means Mayers Memorial Hospital.
 - 1.3.6** "Medical Staff" or "Staff" means the organized medical staff of Mayers Memorial Healthcare District.
 - 1.3.7** "Medical Staff Bylaws" means the Bylaws of the Medical Staff, as approved by the Board.
 - 1.3.8** "Medical Staff Rules" means the Medical Staff Bylaws, Rules and Regulations, and Policies .
 - 1.3.9** "Practitioner" means a person who is eligible to apply for or who has been granted privileges in the Hospital, or another District Facility.

ARTICLE II POWERS AND PURPOSES

The only actions of the Board are those agreed to by a majority of the Board of Directors in publicly noticed meetings that are consistent with all applicable laws and regulations. The Board shall have accountability and authority for those powers as set forth in the Local Health Care District Law Code Sections 32121 through 32138 inclusive, that are necessary for fulfilling the District's mission. These include but are not limited to the following:

- 2.1 General.** The Board is the governing body of the District. All District powers shall be exercised by or under the direction of the Board. The Board is authorized to make appropriate delegations of its powers and authority to officers and employees. The Board shall evaluate the performance of the CEO and its own performance. The Board may do any and all things which an individual might do that are necessary or advantageous to the District or the Facilities for the benefit of the communities served by the District, or that are necessary to accomplish any purpose of the District.
- 2.2 Dissolution.** Any proposal for dissolution of the District shall be subject to confirmation by the voters of the District in accordance with Cortese-Knox Local Government Reorganization Act of 1985 (Gov. Code, § 56000 et seq.).
- 2.3 Authority of District Bylaws.**
 - 2.3.1 Amendment.** These District Bylaws shall be reviewed biannually at the beginning of even numbered years. They may be changed by an affirmative vote of at least three Directors at a regularly scheduled board meeting.
 - 2.3.2 Conflict.** If there is a conflict between the District Bylaws and any other bylaws, the District Bylaws shall be controlling.
- 2.4 Facility Operation.** The Board shall be responsible for the operation of all Facilities owned or leased by the District, according to the best interests of the public health. The Board shall make and enforce all rules, regulations and bylaws necessary for the administration, government, protection and maintenance of Facilities and District property under their management. The Board may prescribe the terms upon which patients may be admitted to the Facilities. Minimum standards of operation as prescribed by the Medical Staff Rules shall be established and enforced by the Board.
- 2.5 Trade Membership.** The District may maintain membership in any local, state, national, or global group or association organized and operated for the promotion of the public health and welfare or the advancement of the efficiency

of hospital and health care administration, and in connection therewith pay any necessary dues and fees.

ARTICLE III THE BOARD OF DIRECTORS

The Board shall consist of five (5) Directors, each of whom shall be a registered voter residing in the District and whose term shall be four (4) years. Terms shall be staggered such that three (3) Directors shall be elected in years evenly divisible by four, and two (2) Directors shall be elected in alternating even-numbered years. Elections of the Board Members shall be consolidated with the statewide general election as indicated by Health & Safety Code section 32499.3.

3.1 Directors.

3.1.1 Fiduciary Responsibilities. Directors have fiduciary responsibilities to the District, and those living in the District trust the Board to act on their behalf.

- (a) The duty of care requires that Directors act toward the District with the same watchfulness, attention, caution, and prudence as would a reasonable person in the same circumstances.
- (b) The duty of loyalty requires that Directors not place their personal interests above those of the District.
- (c) The Board shall respect privacy of information by not requesting or seeking to obtain information that is not authorized or necessary for conducting the business of the Board. Directors respect confidentiality by not revealing information to others who are not legally authorized to have it or which may be prejudicial to the good of the District. Directors respect information security by requesting and monitoring policies that protect the privacy of individuals served by or doing business with the District.

3.1.2 Orientation. The Board shall ensure an orientation process that familiarizes each new Director with his or her duties and responsibilities, including the Board's responsibilities for quality care and the Facilities' quality assurance programs. Continuing education opportunities shall be made available to Directors.

3.1.3 Resignation and Removal.

- (a) Any Director may resign effective upon giving written notice to the President, the Secretary, or the Board, unless the notice specifies a later time for the effectiveness of such resignation.

- (b) The term of any Director shall expire if the Director is absent from three consecutive regular meetings or from three of any five consecutive meetings of the Board and if the Board by resolution declares that a vacancy exists on the Board, except when prevented by sickness, or when absent with permission required by law.
- (c) All or any of the Directors may be recalled at any time by the voters following the recall procedure set forth in Division 16 of the Elections Code.
- (d) A Director shall cease to hold Committee membership upon ceasing to be a Board member.

3.1.4 Vacancies. When a vacancy occurs on the Board of Directors, the remaining Board Members may fill it by appointment as outlined in Government Code Section 1780.

3.2 Officers.

3.2.1 President. The President shall be the principal officer of the District and the Board, and shall perform all duties incident to the office and such other duties as may be prescribed by the Board including but not limited to:

- (a) Serve as the Board's primary liaison with the Chief Executive Officer, the press, and the public;
- (b) Prepare the Board agenda and request necessary support materials for meetings;
- (c) Conduct meetings of the Board;
- (d) Sign documents as authorized by the Board;
- (e) Appoint Directors to Committees subject to approval by a majority of the Board;

3.2.2 Vice President. The Vice President shall serve in the capacity of the President when necessary or as delegated.

3.2.3 Secretary. In coordination with the Board Clerk, the Secretary shall provide for the keeping of minutes of all meetings of the Board. The Secretary shall give, or cause to be given, appropriate notices in accordance with these Bylaws or as required by law and shall act as custodian of District records, reports, and the District's seal.

3.2.4 Treasurer. The Treasurer shall be charged with the safekeeping and disbursal of the funds in the treasury of the District.

3.3 Committees. All Committees, whether Standing or Special (ad hoc) shall be appointed by the President. The chairman of each Committee shall be appointed by the President. All Committees shall only be advisory to the Board unless otherwise specifically authorized to act by the Board. Authorized action requires Committee quorum and a majority vote of appointed members, unless such action is approved in writing by the absent members. A Committee chairman may invite additional individuals with expertise in a pertinent area to meet with and assist the Committee. Such consultants shall not vote or be counted in determining the existence of a quorum and may be excluded from any Committee session.

3.3.1 Standing Committees. When it is deemed necessary by the Board, Standing Committees may be appointed by the President with the concurrence of the Board. Standing Committees shall limit their activities to the accomplishment of the task for which they are created and appointed. Members of Standing Committees will serve one year terms. Standing Committees shall continue in existence until discharged by the Board.

- (a) Standing Committees shall be:
 - (1) Finance Committee
 - (2) Quality Committee
 - (3) Strategic Planning Committee
- (b) Standing Committee Participation. Other Directors may attend standing Committee Meetings as members of the public but may not participate in the discussions. The President may remove any member at any time, or designate other Directors to serve in the capacity of any absent Committee members. All appointed members of Committees, including ex officio appointments and recognized alternates, shall be voting members and shall count toward establishing a quorum. Additional members from within the district, including appointed members, may be recommended to serve on the committee as a voting member with board approval.

3.3.2 Special (Ad Hoc) Committees. A Special Committee is an advisory committee composed solely of Directors that represent less than a quorum of the Board, does not have continuing authority, and does not have a meeting schedule fixed by resolution or formal action of the Board. Special Committees may be appointed by the President for special tasks as circumstances warrant, and upon completion of the task for which appointed, such Special Committee shall stand discharged.

Special Committee action may be taken without a meeting by a writing setting forth the action so taken signed by each member of the committee entitled to vote.

3.4 Meetings. All meetings of the Board and its Standing Committees are conducted in accordance with the Ralph M. Brown Act (the Brown Act). Public comment will be invited and considered at all open meetings and meeting agendas, support materials, and minutes will be available to the public.

3.4.1 Quorum. A majority of the Directors of the Board or Committee members shall constitute a quorum.

3.4.2 Types of Meetings.

- (a) An annual organizational meeting shall be held on the first meeting in December at the place designated in a resolution by the Board. This meeting shall include the election of the President, Vice President, and Secretary, as well as the appointment of a Treasurer, and appointment of Standing Committee members.
- (b) Regular monthly meetings shall be held on a consistent basis, alternating sites between the Burney and the Fall River Mills campuses, in the boardroom, except as otherwise specified by a resolution of the Board. Meeting dates and times are set at the annual meeting in December and if changed will be legally noticed. In the event the regular meeting date falls on a legal holiday, the meeting shall be held on the following day, except as otherwise specified by a resolution of the Board.

3.5 Compensation. The Board shall serve without compensation except that by resolution of a majority vote, the Directors may authorize the payment of up to one-hundred dollars (\$100) per meeting for a maximum of six (6) meetings per month as compensation to each Director as authorized by the Local Health District Law (Health & Saf. Code, § 32103). Each Director shall be allowed the Director's actual necessary traveling and incidental expenses incurred by the performance of official business of the District as approved by the Board.

3.6 Indemnification. All instances of indemnification shall adhere to the California Government Code beginning at Section 825. Nothing contained herein shall be construed as providing indemnification to any person in any malpractice action or proceeding arising out of or in any way connected with the practice of such person's profession.

3.6.1 District Agent Indemnification. The District shall, to the maximum extent permitted by law, indemnify each of its agents against expenses,

judgments, fines, settlements and other amounts actually and reasonably incurred in connection with any proceeding arising from any act or omission occurring within the agent's scope of authority, as determined by the District. A District agent includes any person who is or was a director, officer, employee or other agent of the District.

3.6.2 Scope of Indemnification. The District may not provide unconditional indemnification to non-employee members of its medical staff involved in litigation arising out of peer review committee activities.

ARTICLE IV DELEGATION OF AUTHORITY

The Board honors the distinction between governance and management and is authorized to make appropriate delegations of its powers and authority to officers and employees at its discretion. The Board shall exercise its responsibilities for oversight by operating at the policy level, setting strategic direction and goals, monitoring key outcomes, and taking corrective action where needed.

3.7 Chief Executive Officer ("CEO"). The District shall employ or contract with a CEO for the Hospital who acts on behalf of the District within the constraints of all District bylaws and policies. The Board delegates to the CEO the authority to perform the following functions:

3.7.1 Operation of the District and Its Facilities. The CEO is responsible for coordination among the Facilities to control costs and to avoid unnecessary duplication in services, facilities and personnel. The CEO is responsible for ensuring the soundness of financial, accounting and statistical information practices including budgets, forecasts, special studies and reports, and proper maintenance of statistical records. The CEO is responsible for data collection as required by governmental, licensing, and accrediting agencies. The CEO shall maintain adequate insurance or self-insurance covering the physical property and activities of the District and the Board. The CEO is responsible for the negotiation and administration of contracts necessary for District operations. The CEO shall maintain all District records including the minutes of Board and Committee meetings.

3.7.2 Communication. The CEO shall be liaison among the Board, the Medical Staff, and District personnel.

3.7.3 Compliance. The CEO shall assist the Board in planning services and facilities and informing the Board of governmental legislation, regulations and requirements of official agencies and accrediting bodies, that affect

the planning and operation of the Facilities. The CEO is to perform as liaison with governmental, licensing, and accrediting agencies, and shall implement actions necessary for compliance.

- 3.7.4 Delegation.** The CEO shall designate other individuals by name and position who are authorized to act for the CEO during any period of absence. To the extent the CEO deems appropriate, the CEO shall delegate to management personnel in the Facilities the authority to manage the day-to-day operations of the Facilities, hire and terminate Facility personnel, and administer professional contracts between the District and Practitioners.
- 3.7.5 Human Resources.** The CEO is responsible for ensuring the soundness of all personnel. The CEO shall provide the Board and its Committees with adequate staff support.
- 3.7.6 Policy Implementation.** By working with Standing and Special Committees of the Board and joint committees of the Medical Staff, the CEO is to participate in the elaboration of District policies.
- 3.7.7 Public Relations.** The CEO shall coordinate community relations activities, including public appearances and communications with the media.
- 3.7.8 Reporting.** The CEO shall prepare and distribute to the Board and Medical Staff periodic reports on the overall activities of the District, the Hospital or other Facilities, and pertinent federal, state and local developments that affect the operation of District Facilities.
- 3.7.9** Any other duties as the Board may direct from time to time.

3.8 Medical Staff. There shall be a Medical Staff for the District established in accordance with legal, regulatory and accreditation requirements, including California Local Healthcare District Law, that is responsible and accountable to the Board for the discharge of those duties and obligations set forth in the Medical Staff Rules and as delegated by the District. The Medical Staff shall be self-governing with respect to the professional work performed in the Hospital and shall have those rights recognized by the California legislature in Senate Bill 1325 (2004). The Board and the Medical Staff shall have the mutual rights and responsibilities as described in that legislation.

- 3.8.1** The Medical Staff is responsible for and accountable to the Board for the quality of care, treatment and services rendered to patients in the District. The Medical Staff shall implement mechanisms to assure the consistent delivery of quality care such that patients with the same health problem all receive the same level of care. The Medical Staff shall be responsible for investigating and evaluating matters relating to Medical Staff applications, membership status, clinical privileges, and

corrective action, except as provided by the Medical Staff Rules. The Medical Staff shall adopt and forward to the Board specific written recommendations, with appropriate supporting documentation, that will allow the Board to take informed action. Board procedures for appeals shall comply with procedures set forth in the Medical Staff Rules and applicable law, including the Local Healthcare District Law (Health and Safety Code Section 32150 et seq.).

3.8.2 The Medical Staff is responsible for the development, adoption, and periodic review of the Medical Staff Rules consistent with these District Bylaws, applicable laws, government regulations, and accreditation standards. The Medical Staff Rules and all amendments, shall become effective only upon approval by the Medical Staff and the Board.

3.8.3 Membership in the Medical Staff shall be comprised of physicians, surgeons, dentists, podiatrists, and mid-levels who meet the qualifications for membership as set forth in the Medical Staff Rules and who are duly licensed and privileged to admit or care for patients in the Hospital. Membership shall be a prerequisite to the exercise of clinical privileges in the District, except as otherwise specifically provided in the Medical Staff Rules.

CERTIFICATION

It is hereby certified that attached hereto is a true, complete and correct copy of the current Bylaws of the Mayers Memorial Healthcare District, duly adopted by the Board of Directors on October 26, 2022.

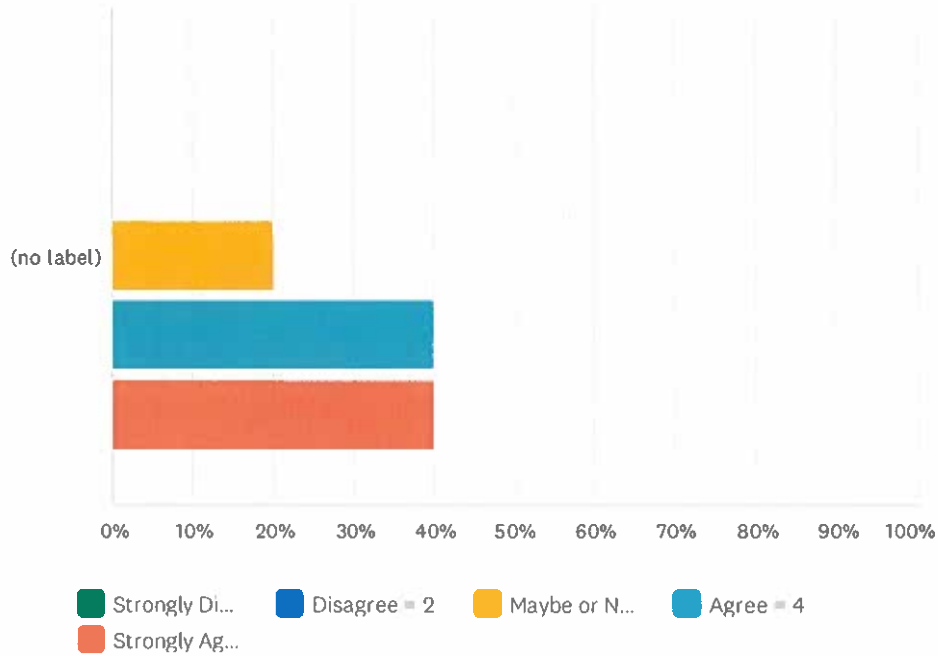
Jeanne Utterback, President

Date

2022 MMHD Board Assessment Survey

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

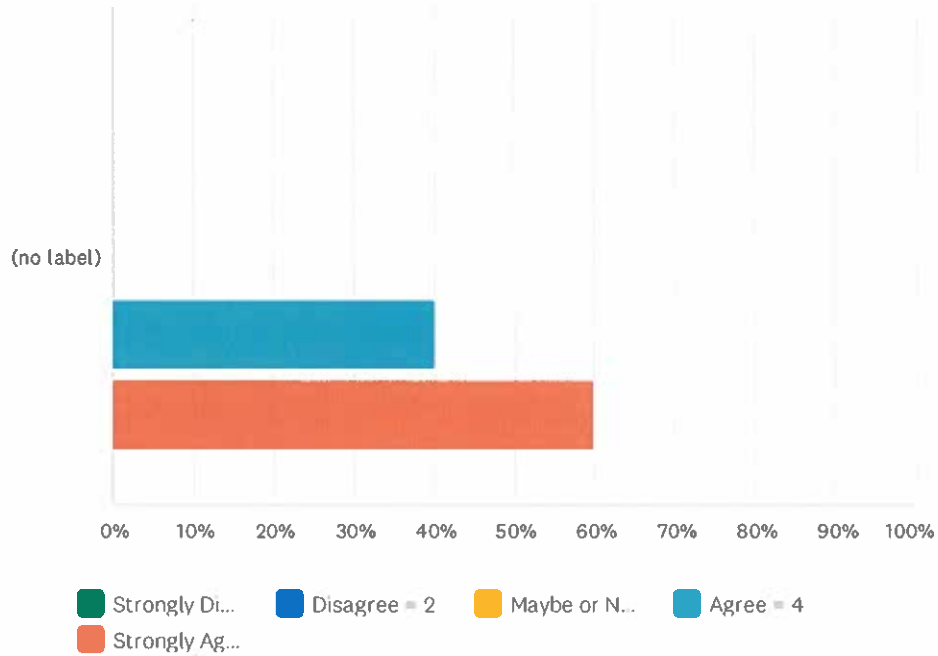
Answered: 5 Skipped: 0



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

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

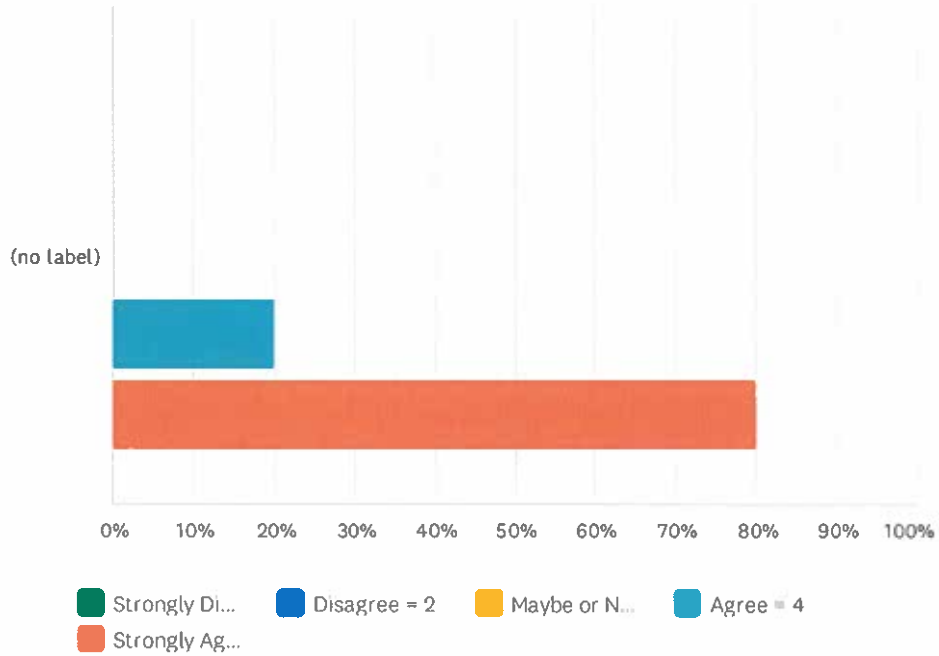
Answered: 5 Skipped: 0



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

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

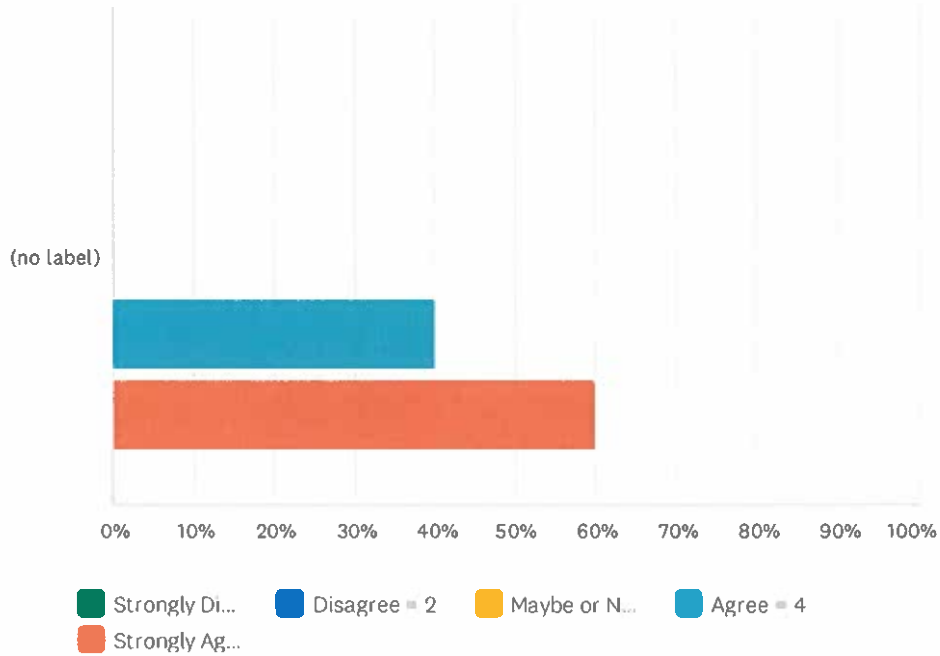
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

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

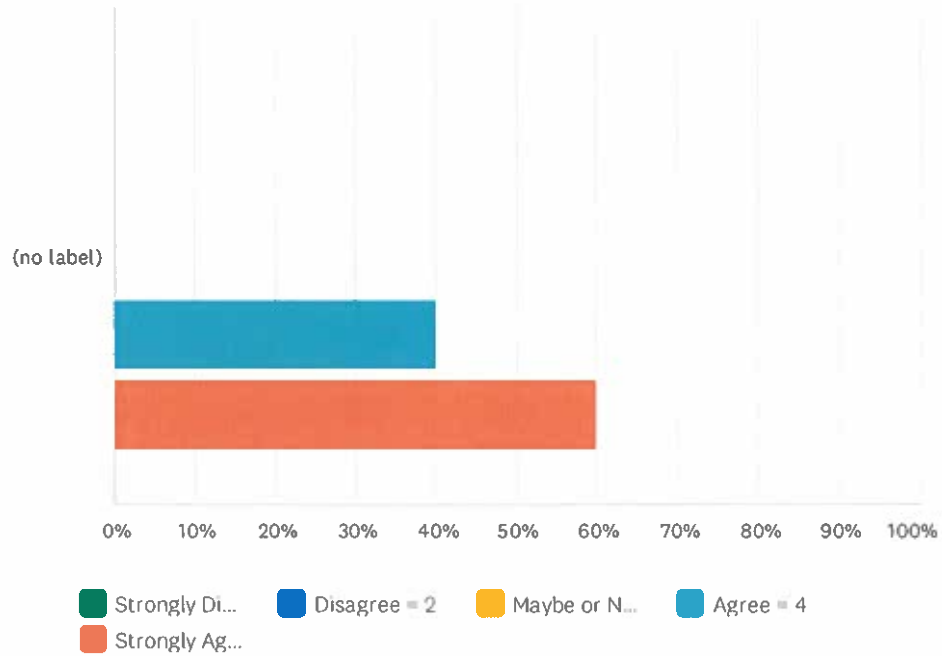
Answered: 5 Skipped: 0



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

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

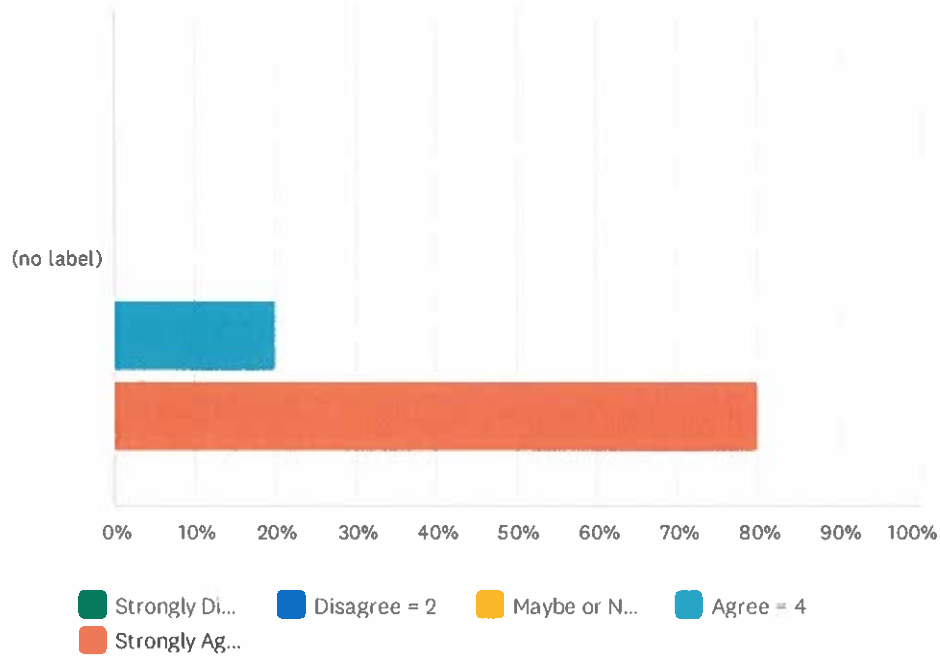
Answered: 5 Skipped: 0



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

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

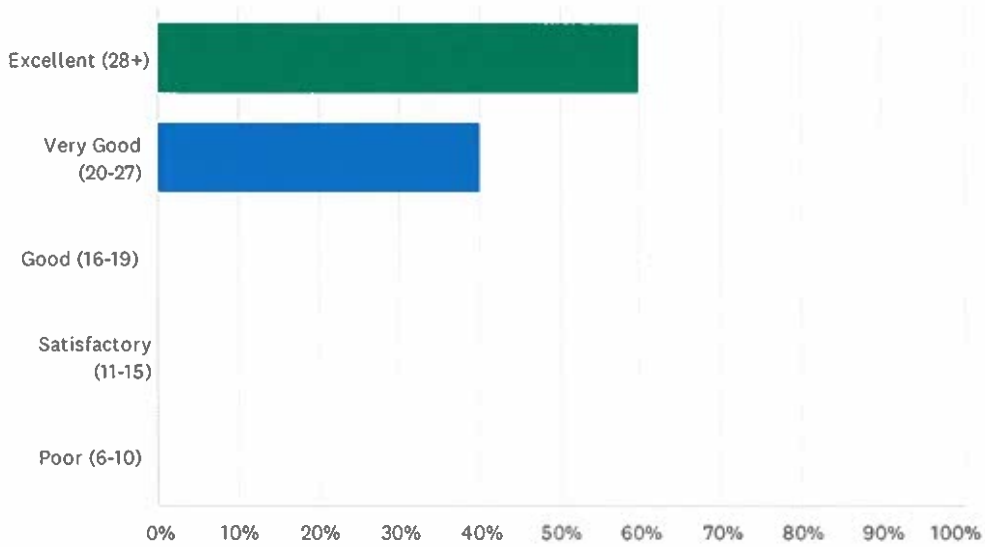
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

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

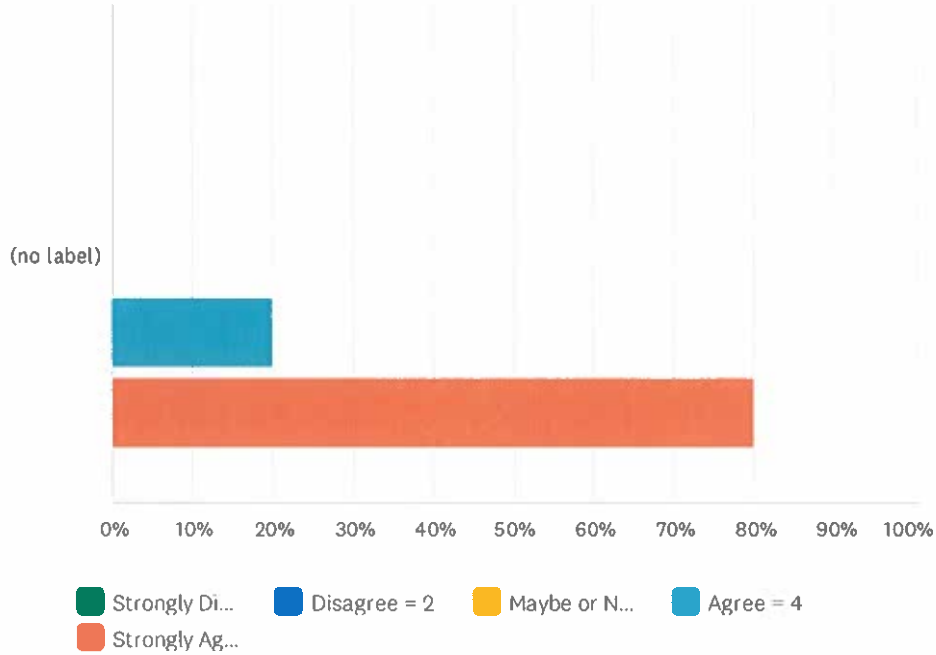
Answered: 5 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent (28+)	60.00%	3
Very Good (20-27)	40.00%	2
Good (16-19)	0.00%	0
Satisfactory (11-15)	0.00%	0
Poor (6-10)	0.00%	0
Total Respondents: 5		

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

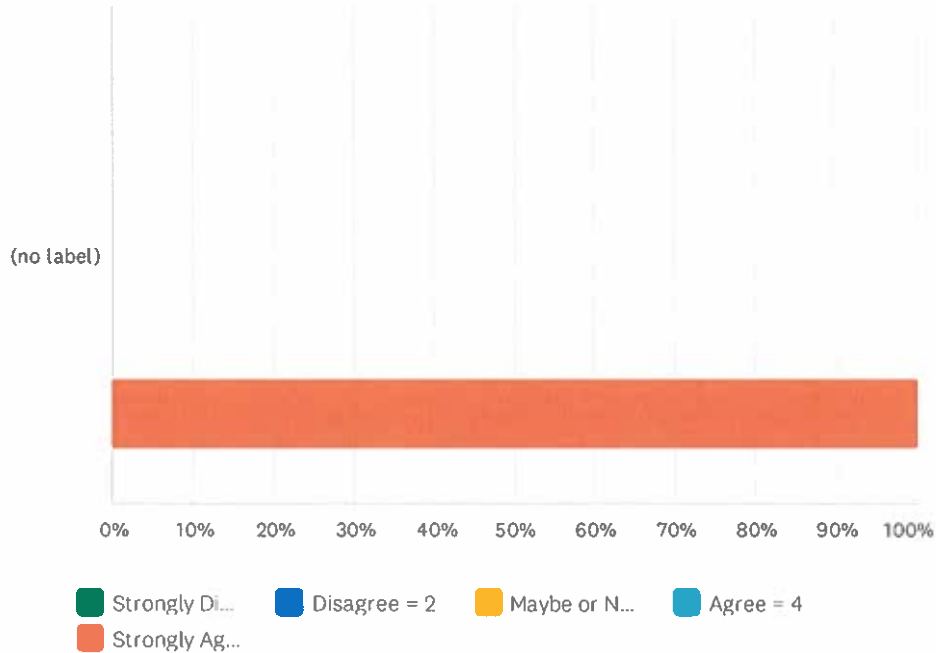
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

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

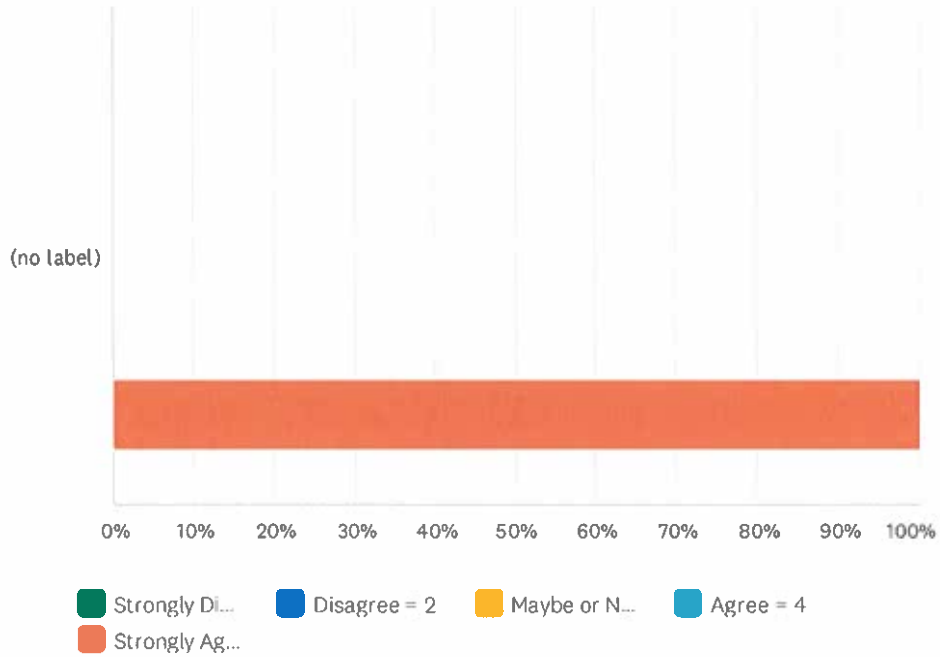
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 5	5	5.00

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

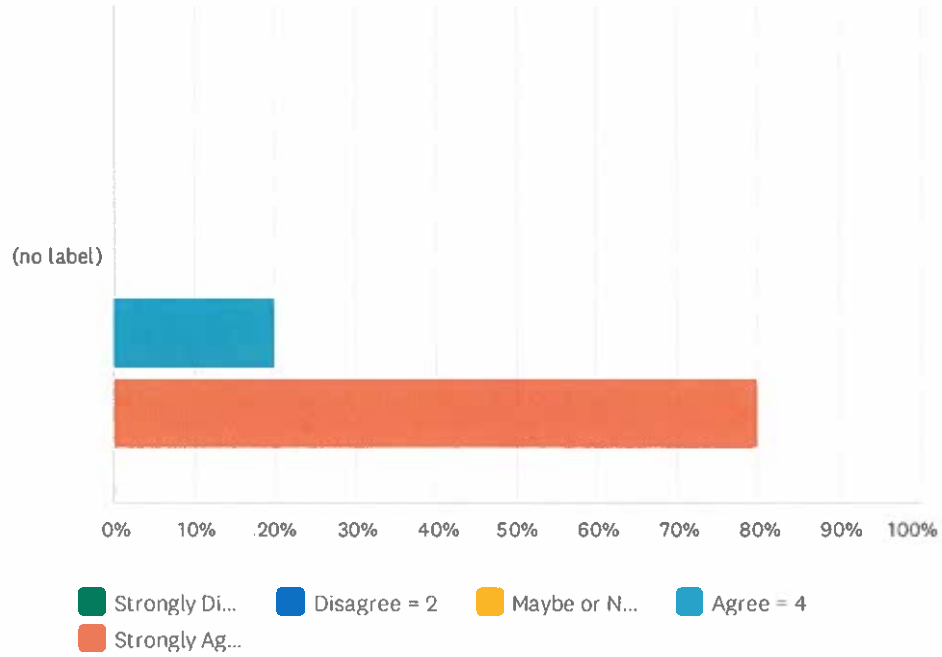
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 5	5	5.00

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

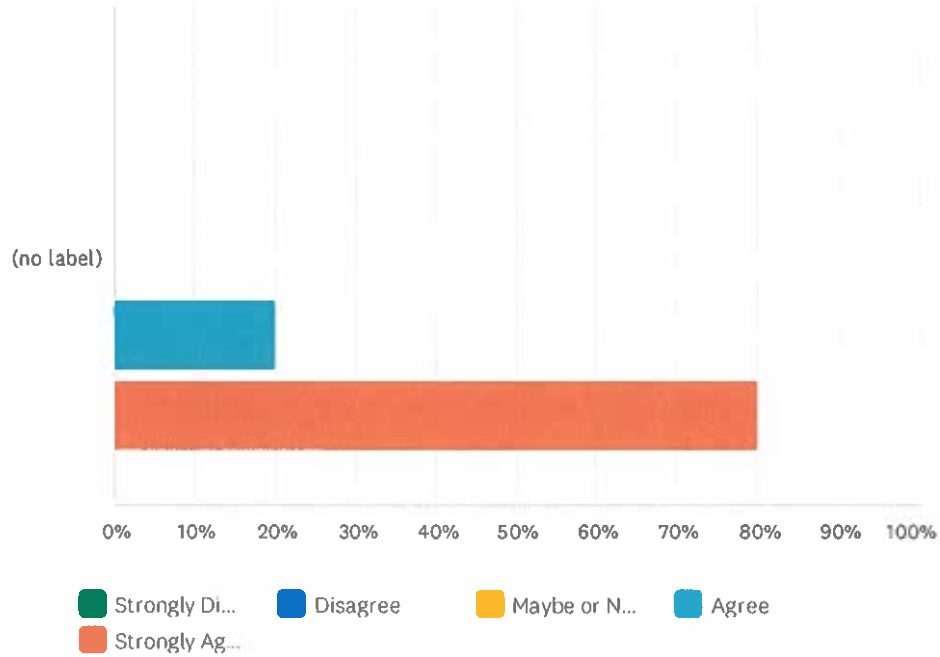
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	0.00%	0.00%	20.00%	80.00%	5	4.80
	0	0	0	1	4		

Q12 All Board members participate in important board discussion.

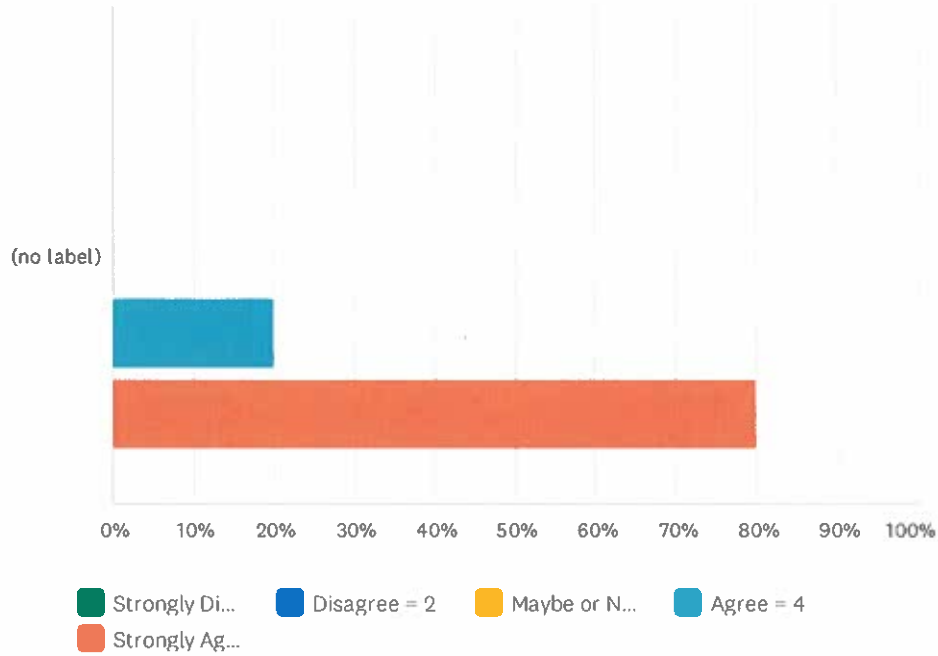
Answered: 5 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	MAYBE OR NOT SURE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

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

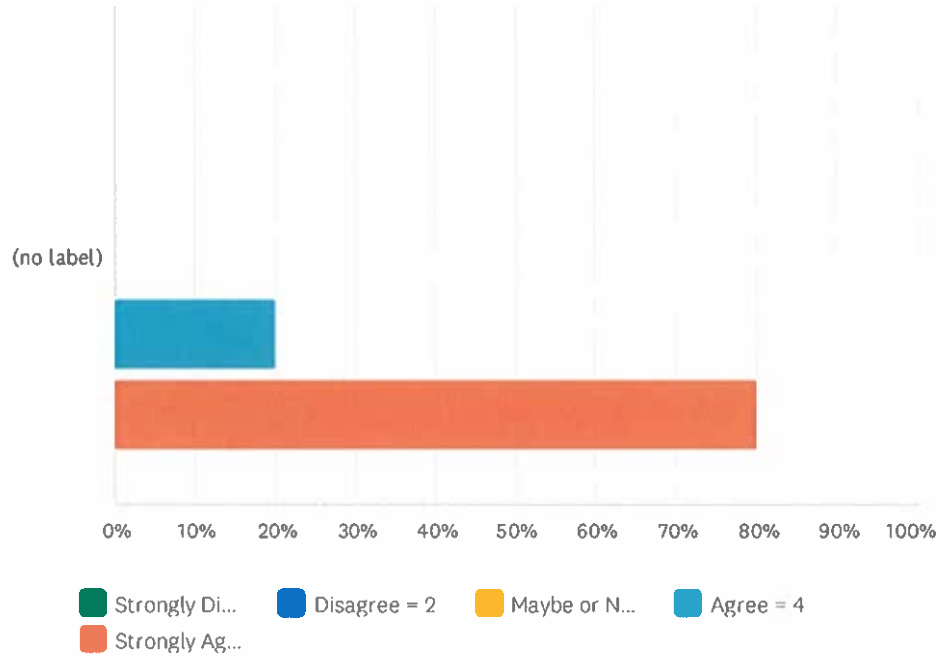
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q14 We all support the decisions we make.

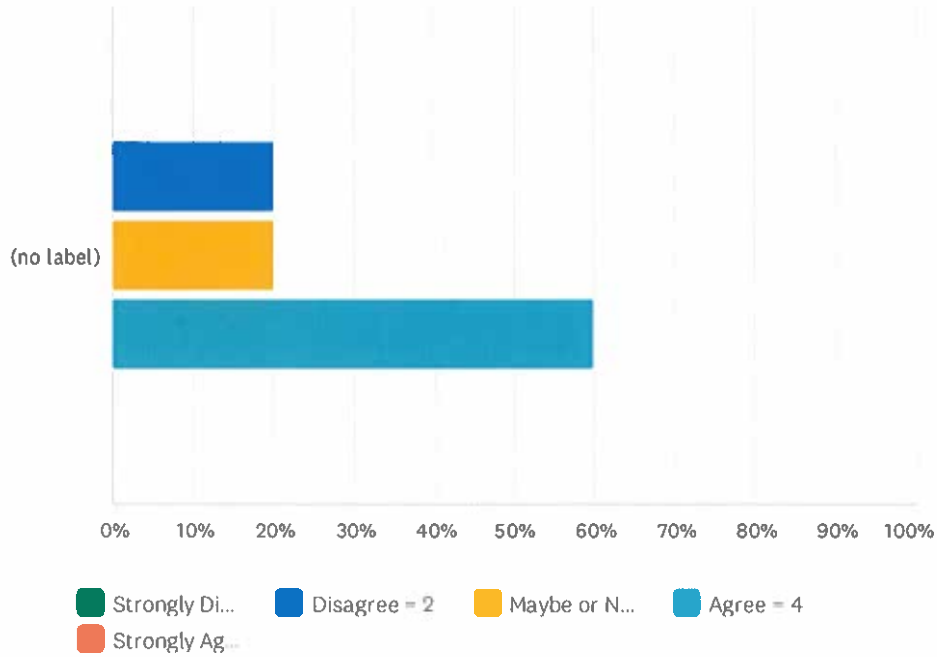
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

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

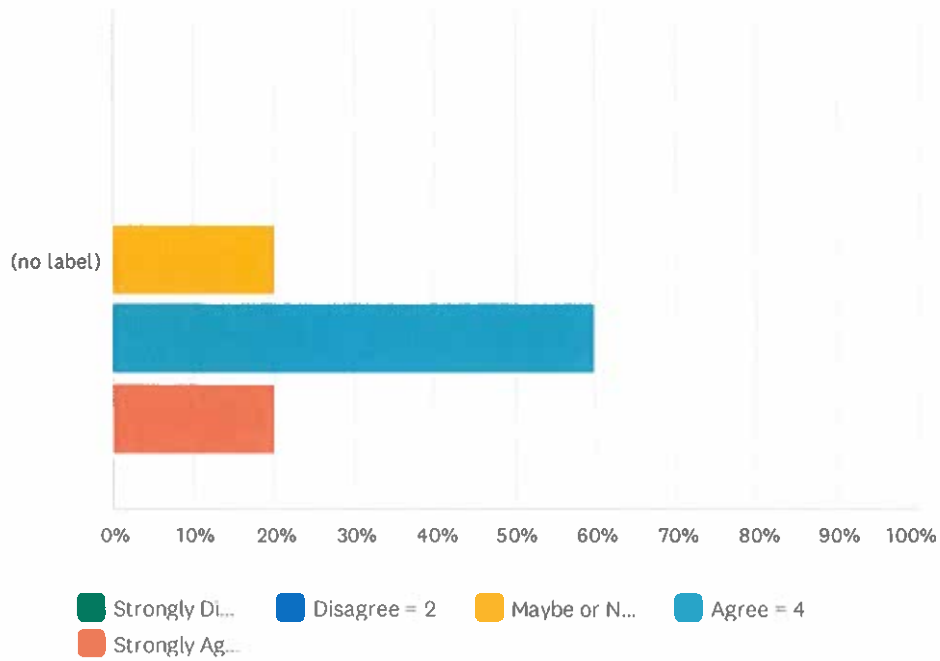
Answered: 5 Skipped: 0



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

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

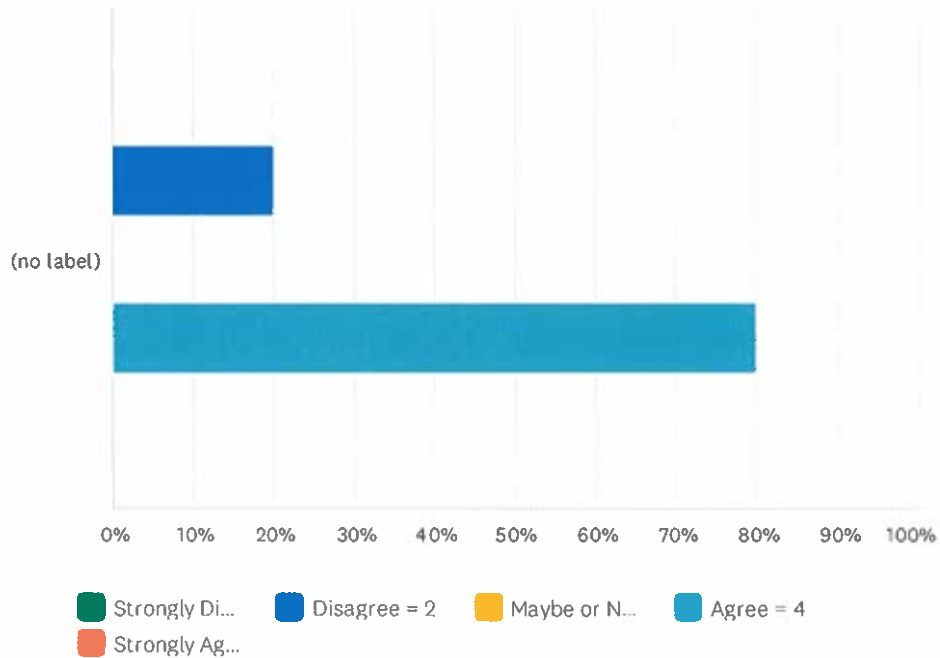
Answered: 5 Skipped: 0



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

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

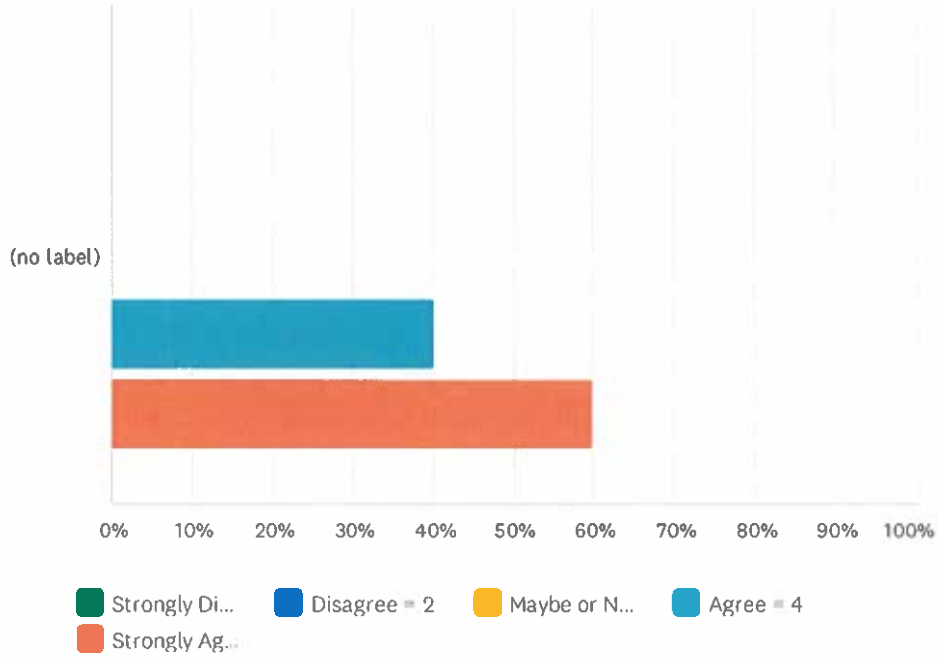
Answered: 5 Skipped: 0



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

Q18 Our Board meetings are always interesting.

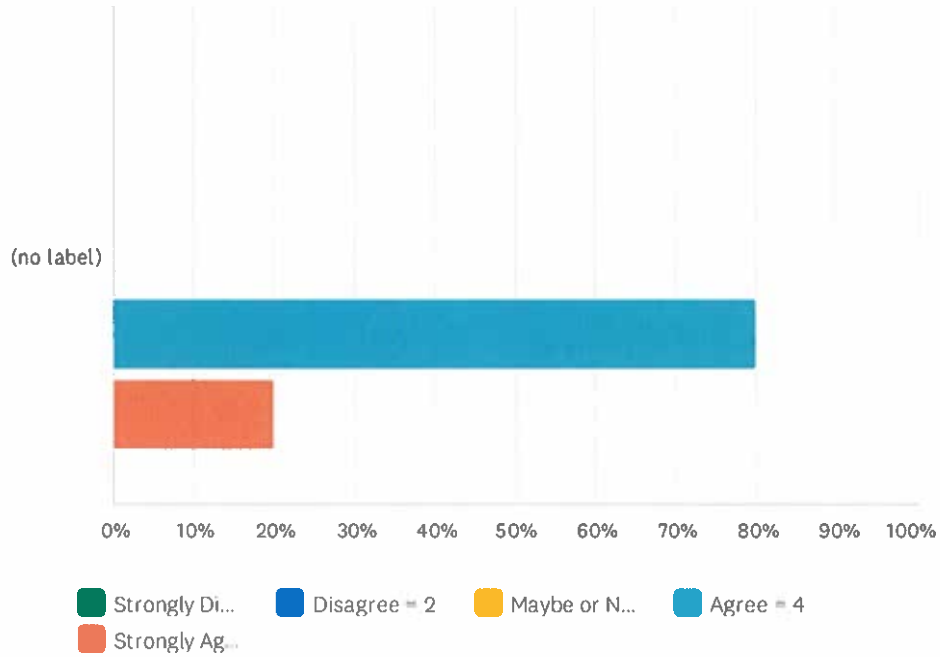
Answered: 5 Skipped: 0



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

Q19 Our Board meetings are frequently fun.

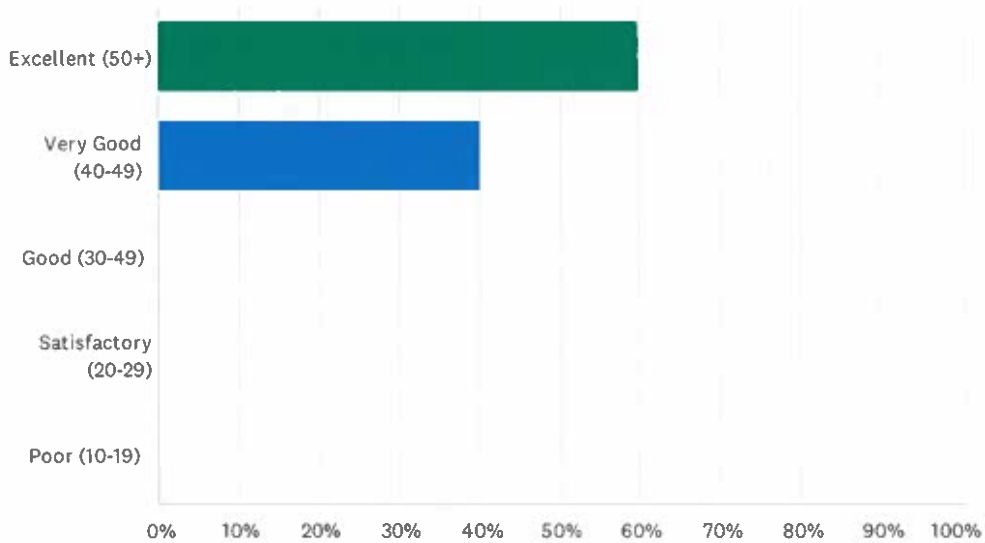
Answered: 5 Skipped: 0



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

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

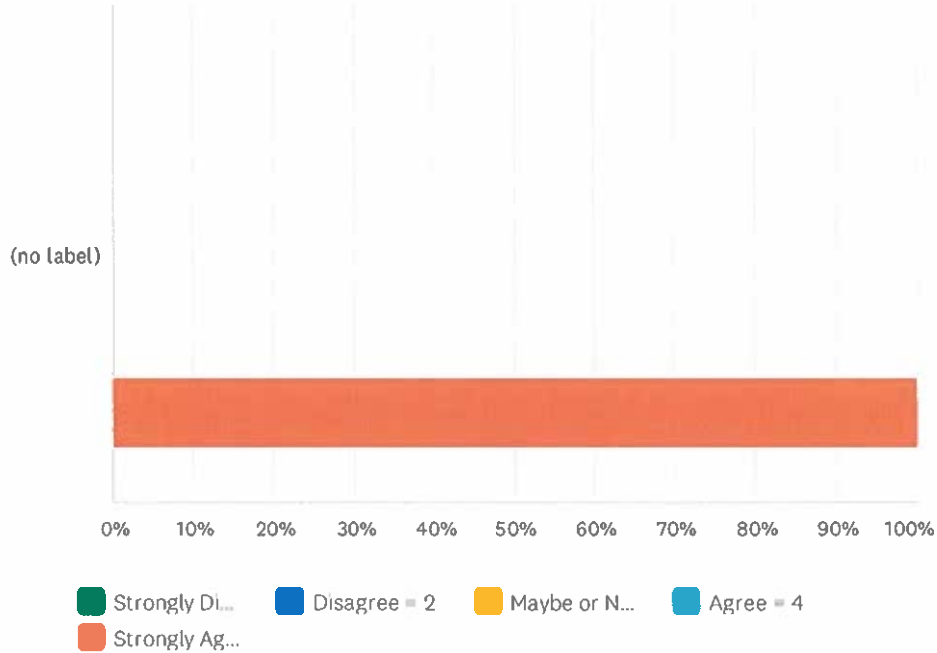
Answered: 5 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent (50+)	60.00%	3
Very Good (40-49)	40.00%	2
Good (30-49)	0.00%	0
Satisfactory (20-29)	0.00%	0
Poor (10-19)	0.00%	0
Total Respondents: 5		

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

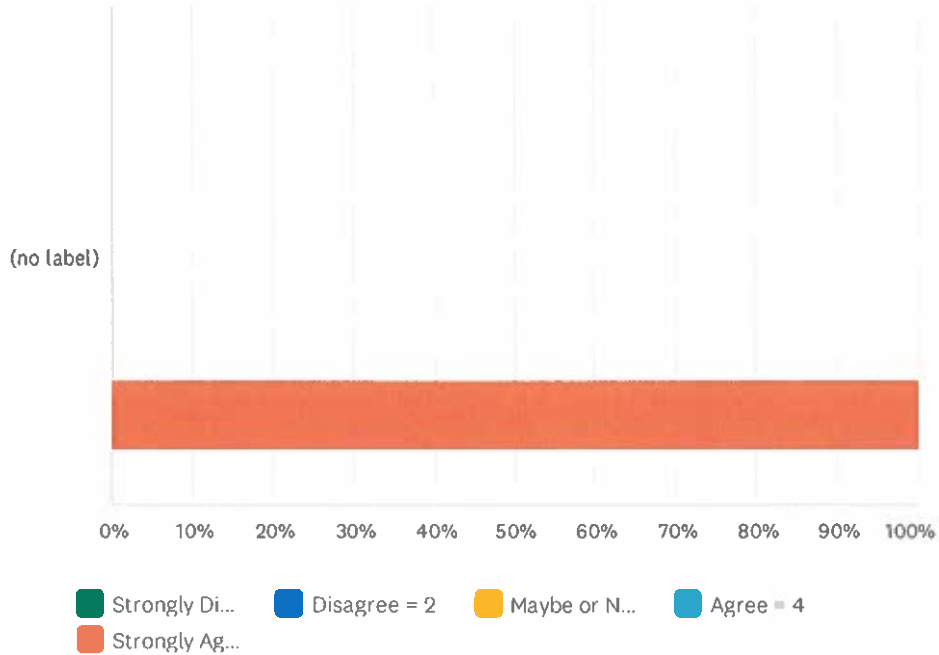
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 5	5	5.00

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

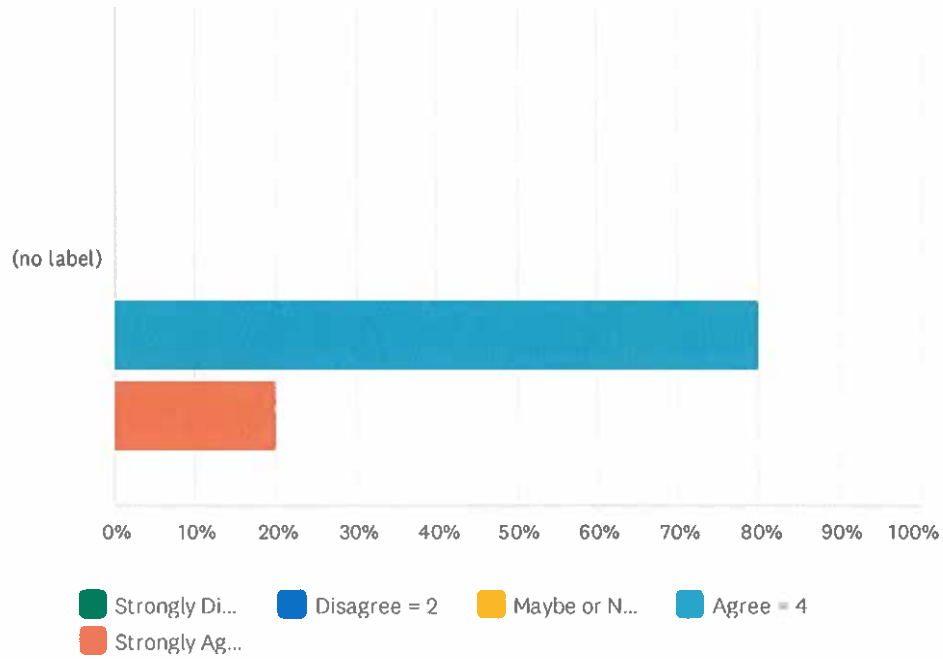
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 5	5	5.00

Q23 The Board trusts the judgement of the CEO.

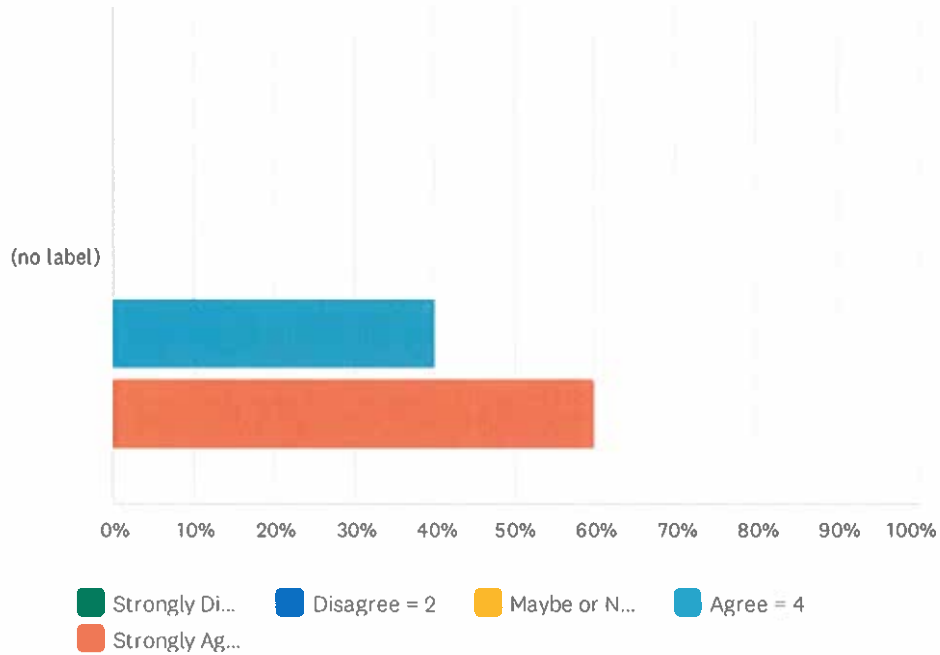
Answered: 5 Skipped: 0



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

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

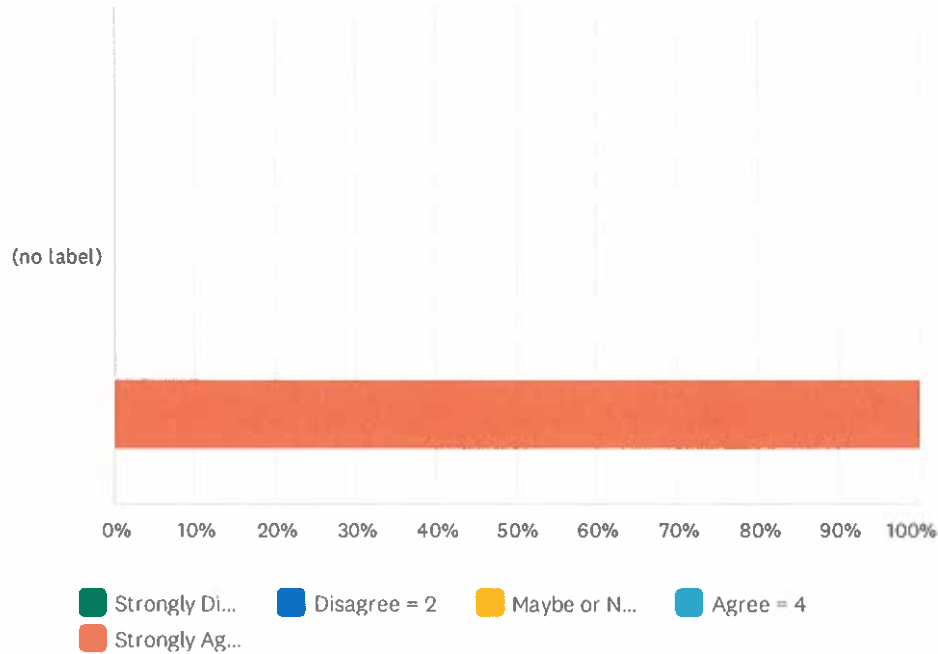
Answered: 5 Skipped: 0



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

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

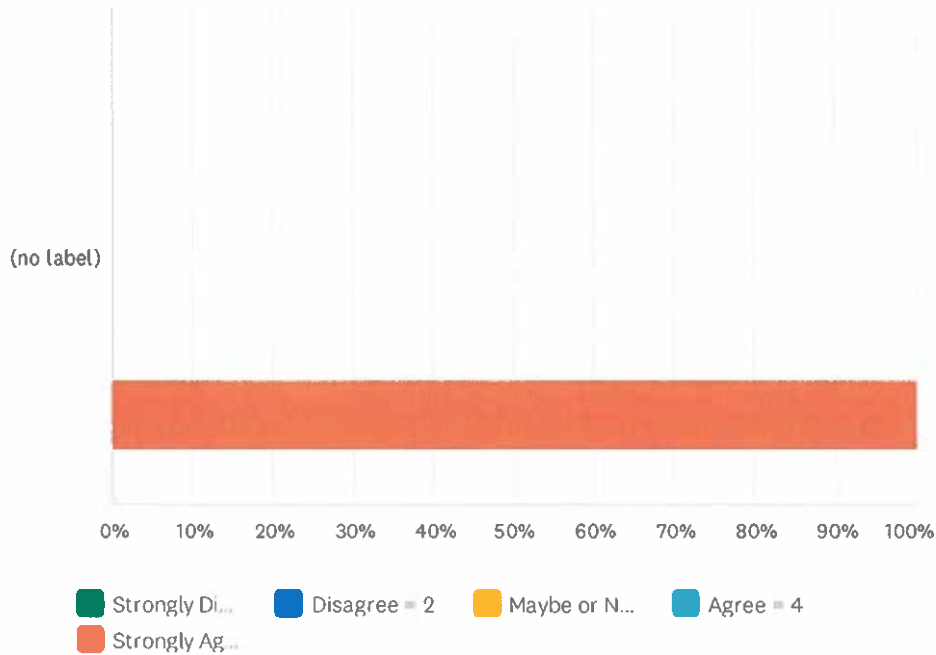
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 5	5	5.00

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

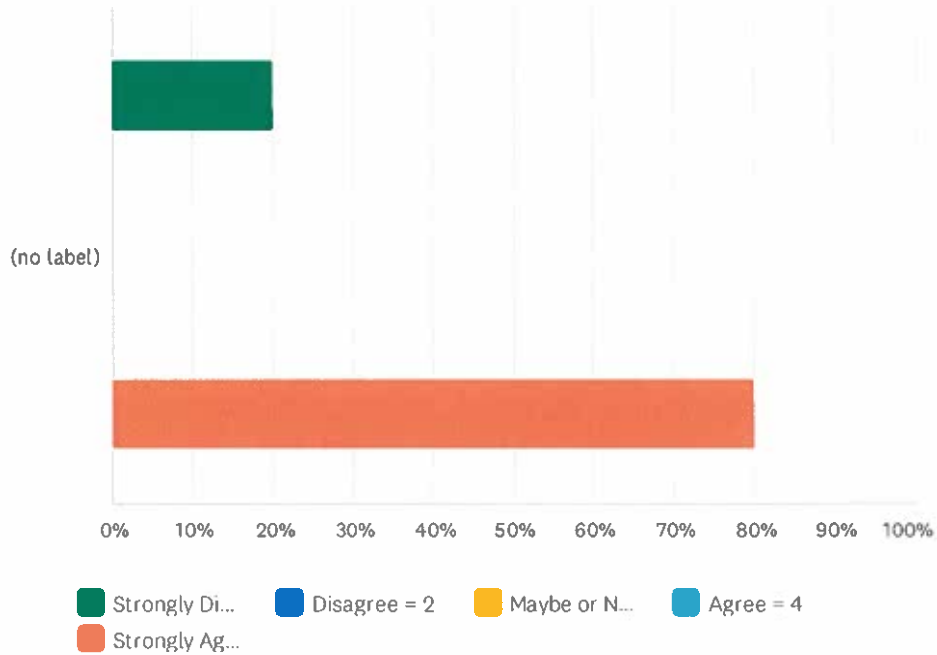
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 5	5	5.00

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

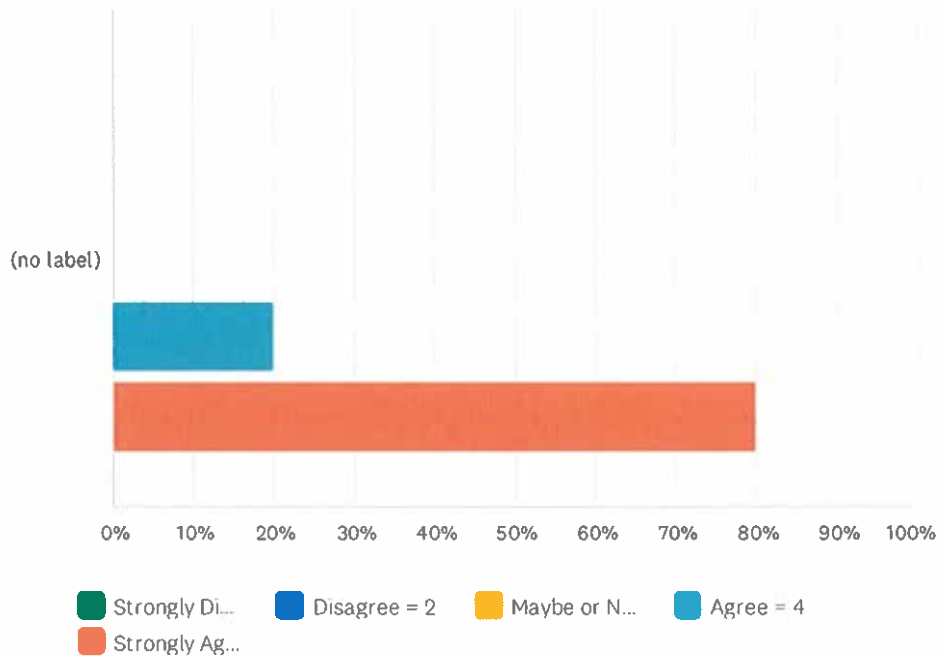
Answered: 5 Skipped: 0



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

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

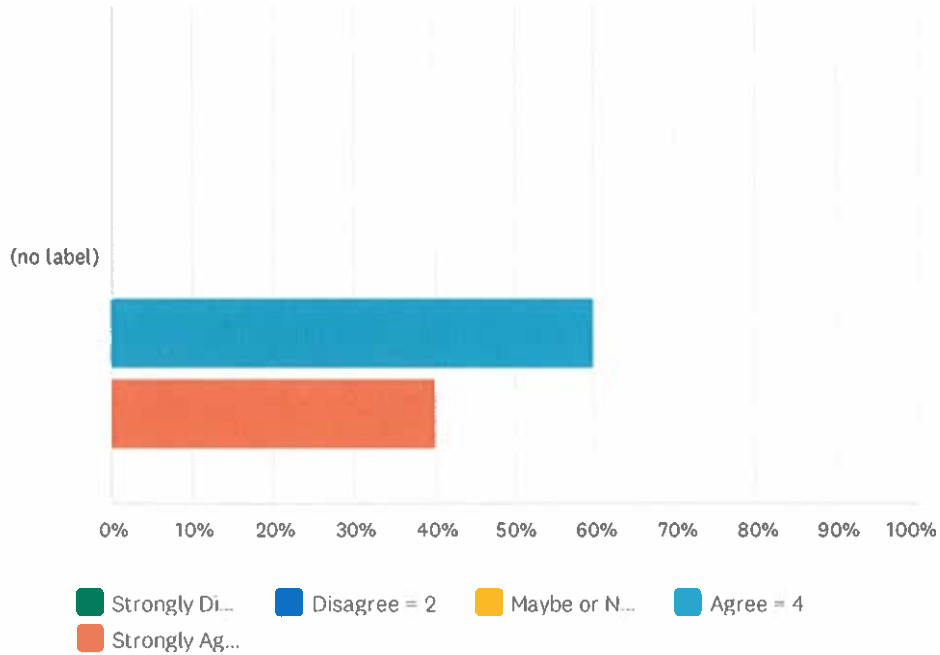
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

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

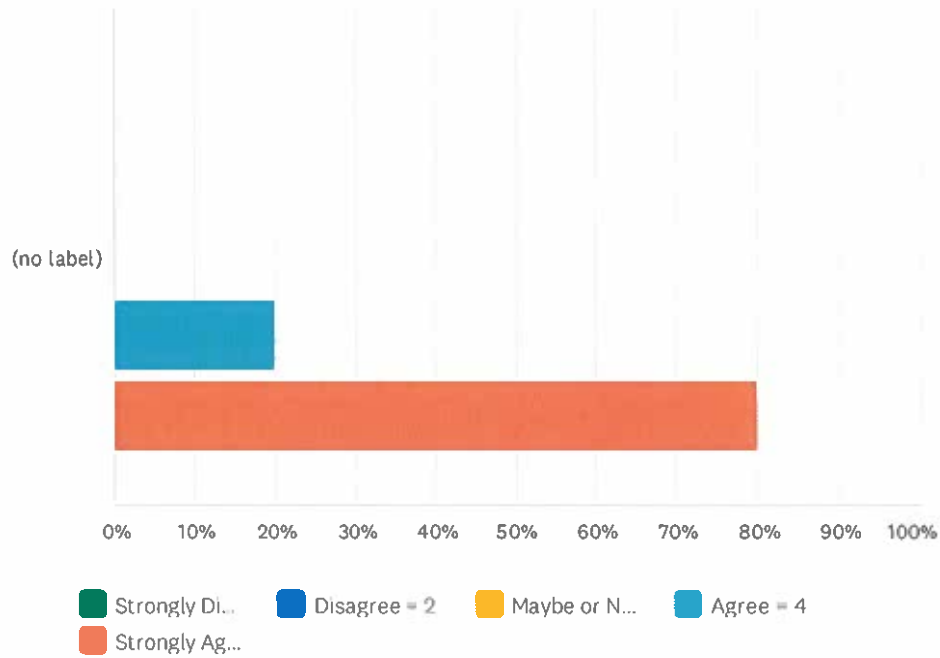
Answered: 5 Skipped: 0



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

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

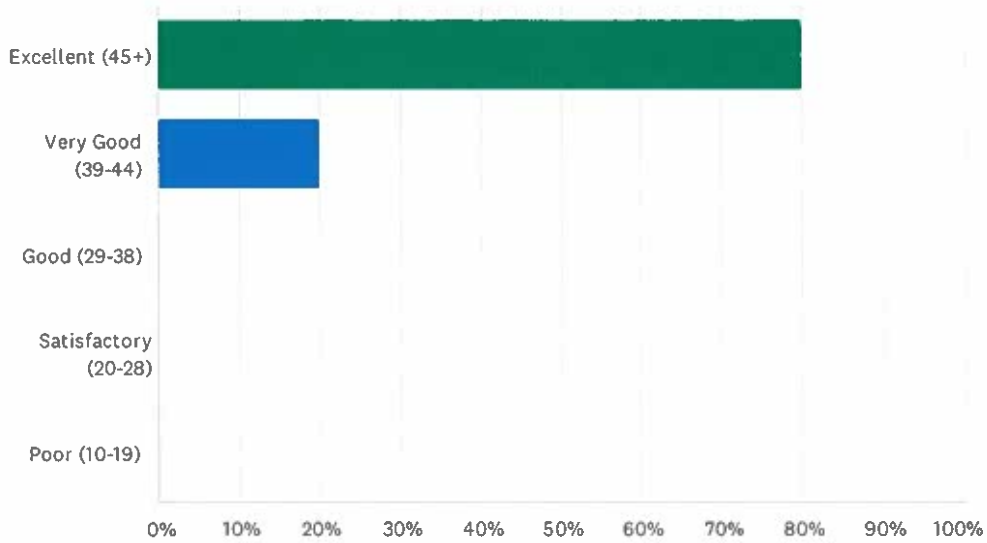
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

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

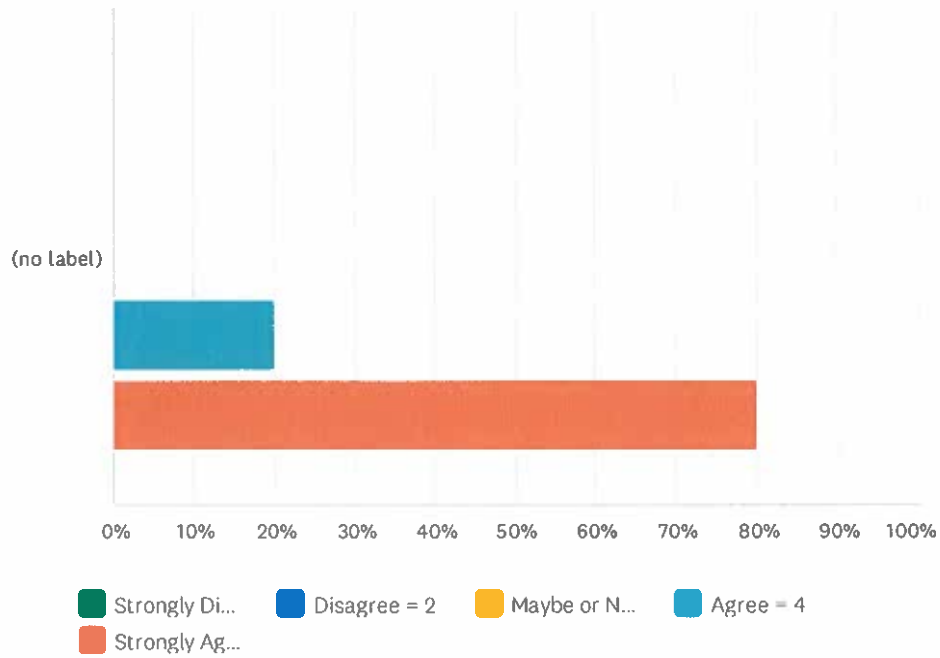
Answered: 5 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent (45+)	80.00%	4
Very Good (39-44)	20.00%	1
Good (29-38)	0.00%	0
Satisfactory (20-28)	0.00%	0
Poor (10-19)	0.00%	0
Total Respondents: 5		

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

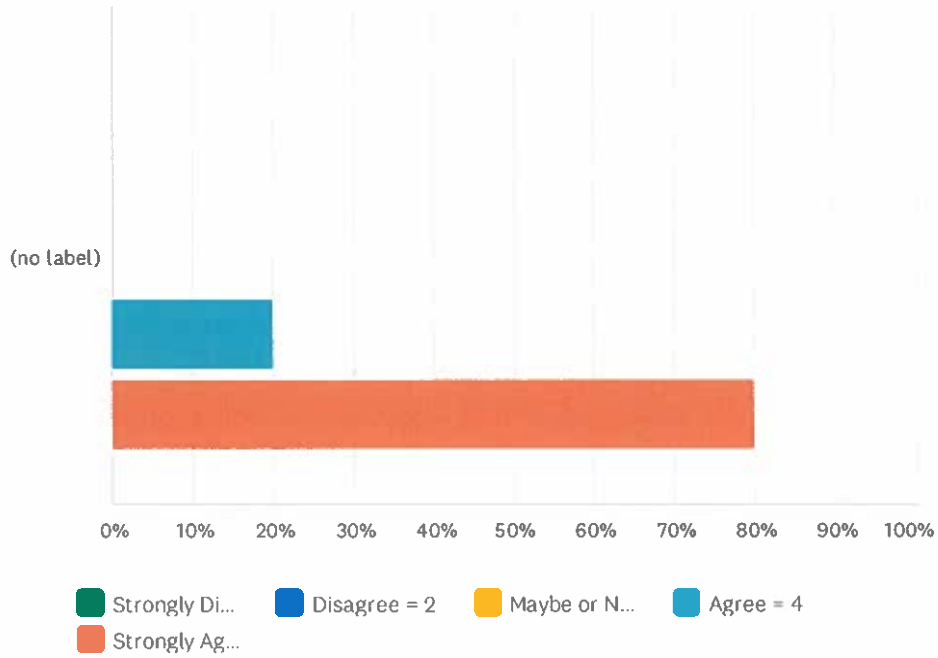
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q33 I have a good record of meeting attendance.

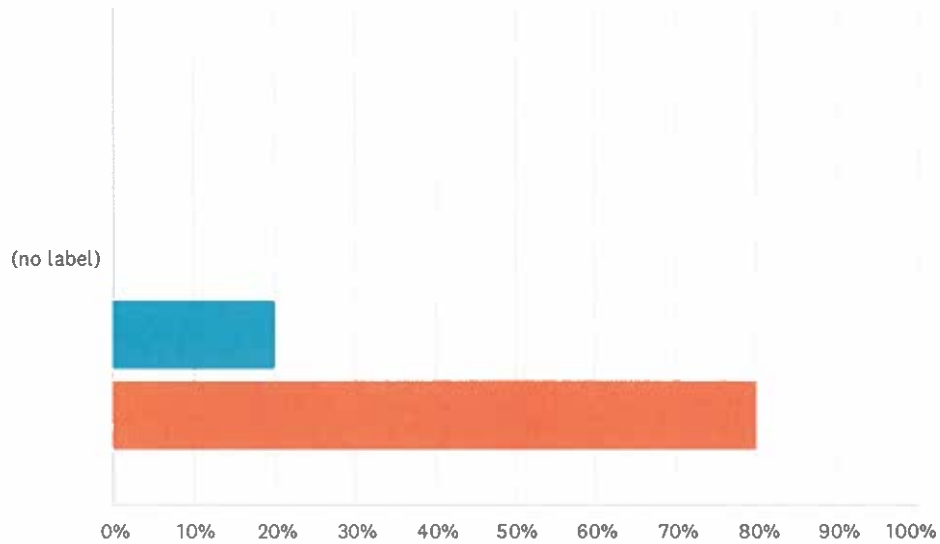
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	0.00%	0.00%	20.00%	80.00%	5	4.80
	0	0	0	1	4		

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

Answered: 5 Skipped: 0

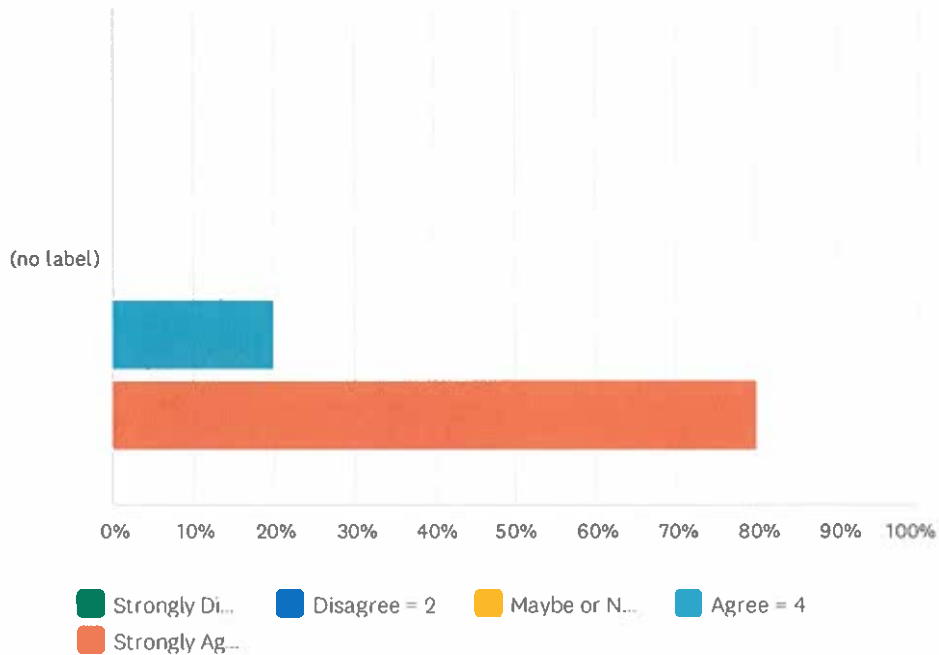


■ Strongly Di...
 ■ Disagree = 2
 ■ Maybe or N...
 ■ Agree = 4
 ■ Strongly Ag...

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

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

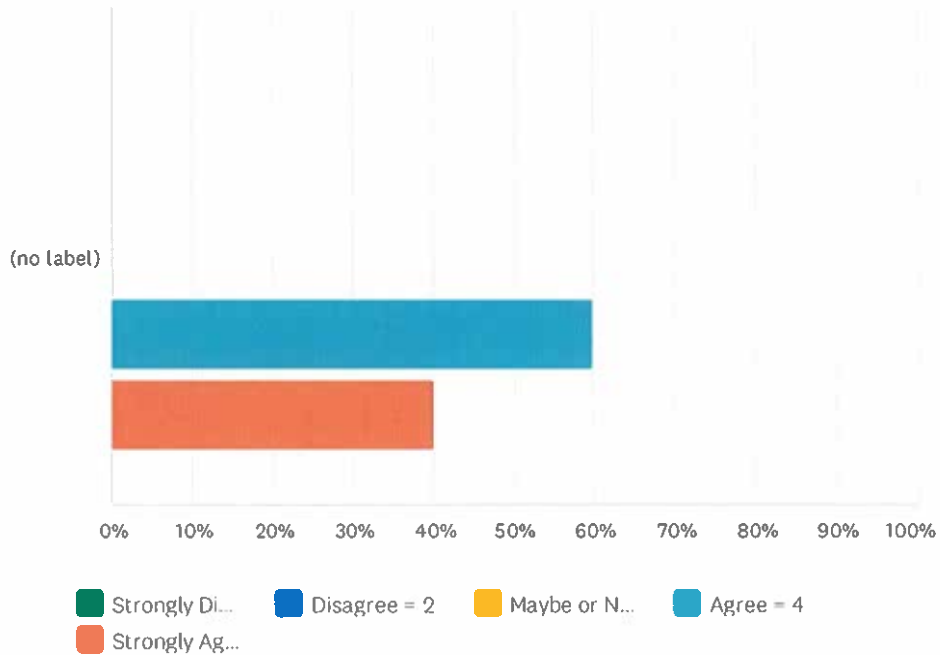
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

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

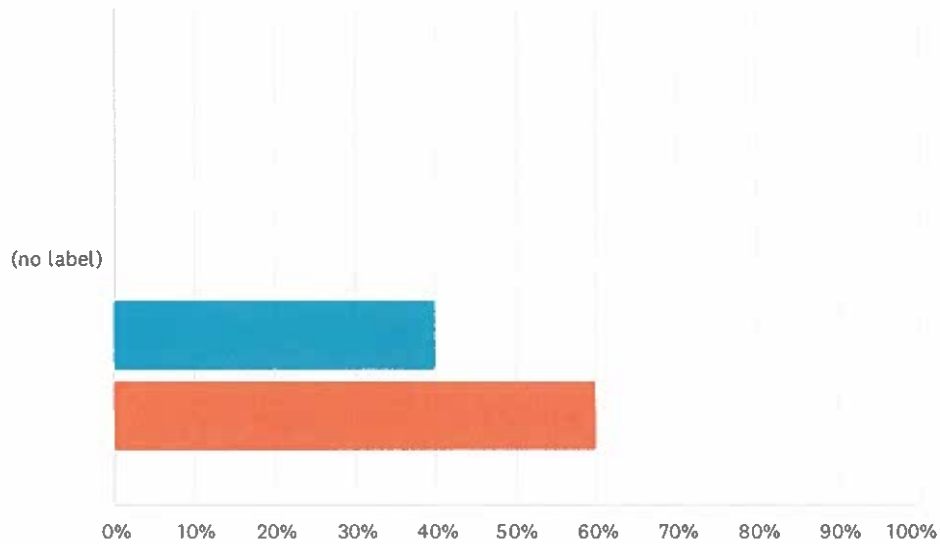
Answered: 5 Skipped: 0



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

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

Answered: 5 Skipped: 0

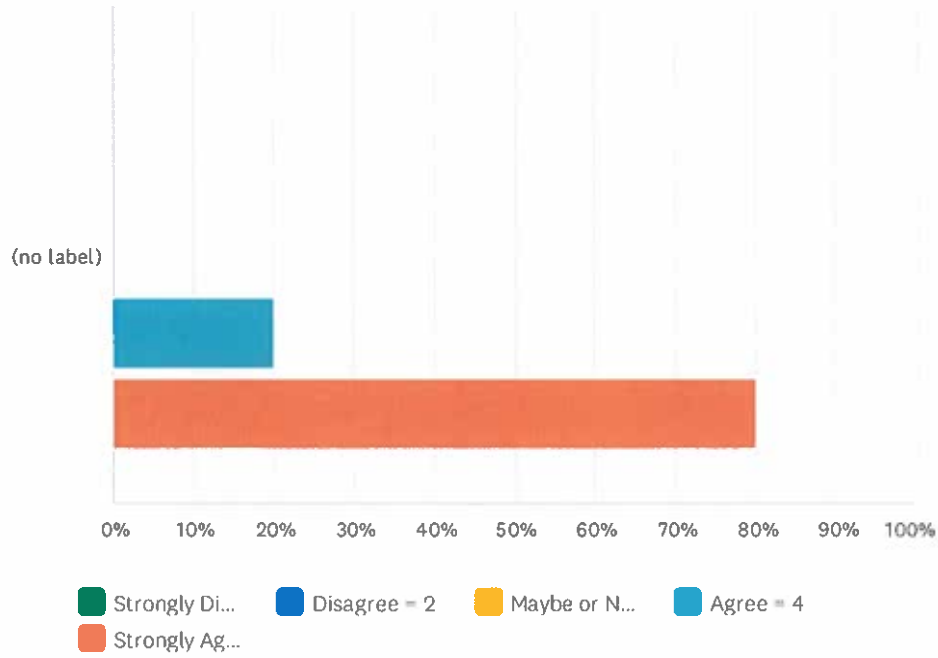


■ Strongly Di...
 ■ Disagree = 2
 ■ Maybe or N...
 ■ Agree = 4
 ■ Strongly Ag...

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

Q38 I am a good listener at Board meetings.

Answered: 5 Skipped: 0

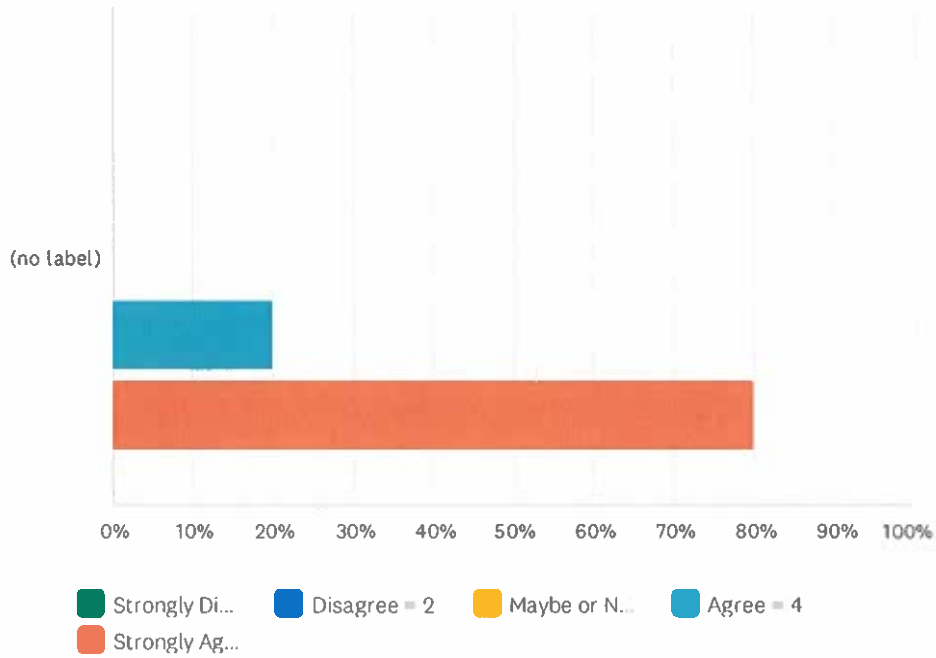


	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	0.00%	0.00%	20.00%	80.00%	5	4.80
	0	0	0	1	4		

6/1

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

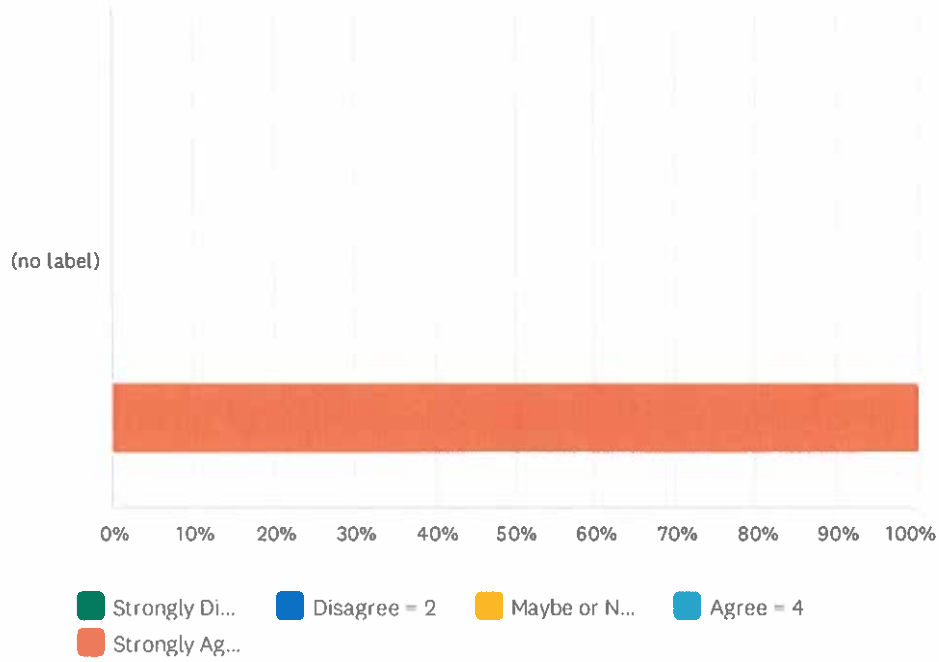
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q40 I maintain the confidentiality of all Board decisions.

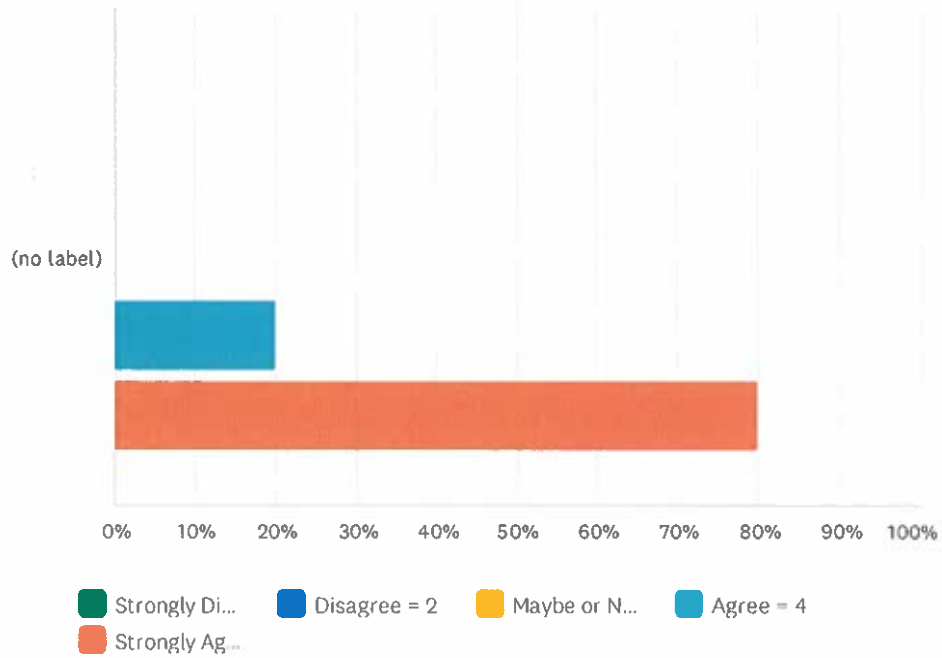
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 5	5	5.00

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

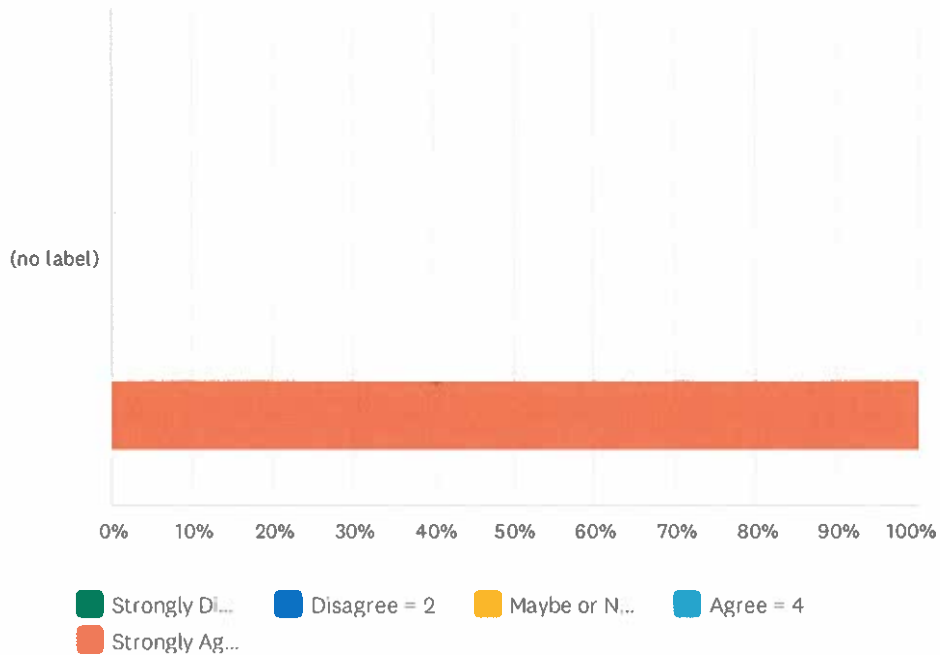
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	0.00%	0.00%	20.00%	80.00%	5	4.80
	0	0	0	1	4		

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

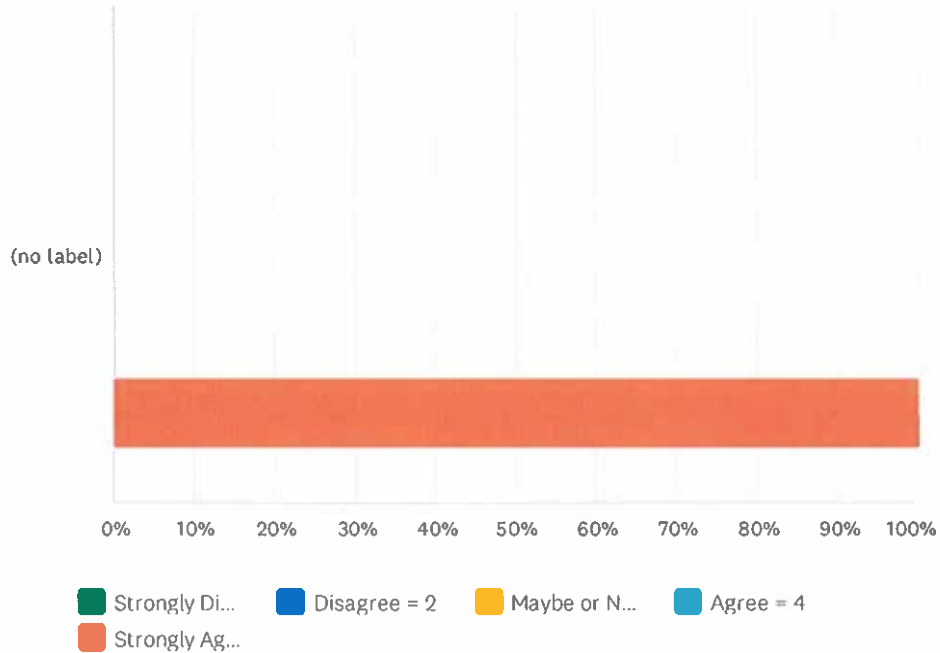
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 5	5	5.00

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

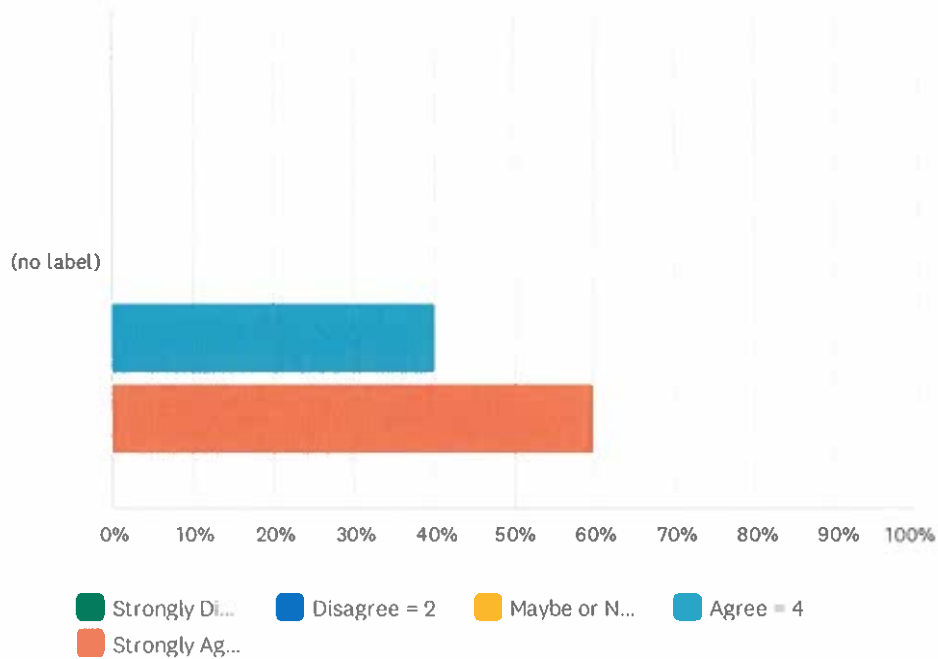
Answered: 5 Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 5	5	5.00

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

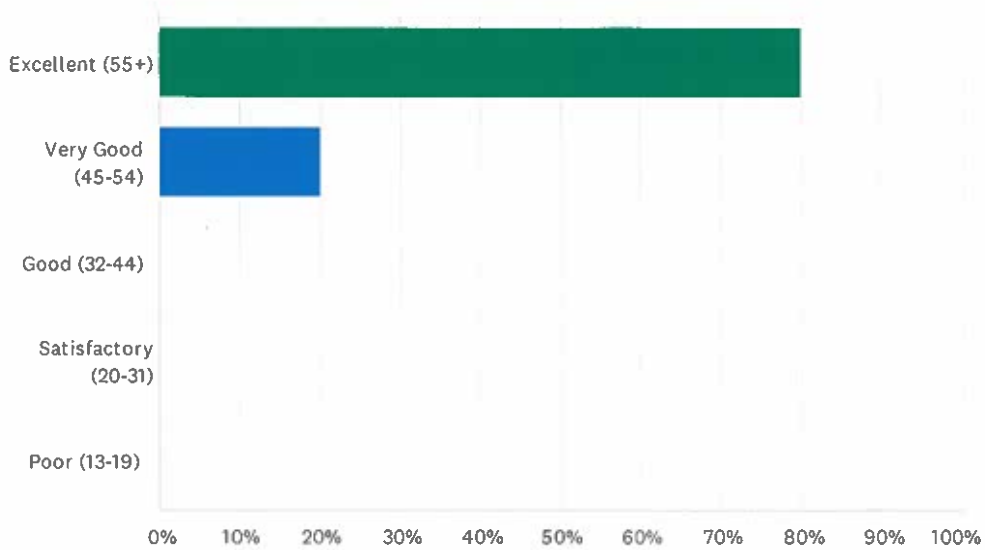
Answered: 5 Skipped: 0



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

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

Answered: 5 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent (55+)	80.00%	4
Very Good (45-54)	20.00%	1
Good (32-44)	0.00%	0
Satisfactory (20-31)	0.00%	0
Poor (13-19)	0.00%	0
Total Respondents: 5		

**MAYERS MEMORIAL HEALTHCARE DISTRICT
POLICY AND PROCEDURE
CHARITY CARE POLICY**

Page 1 of 4, plus the following attachments
HHS Poverty Guidelines – 75% MMH388
HHS Poverty Guidelines – 400% MMH389

POLICY:

Mayers Memorial Healthcare District realizes the need to provide service to patients who cannot otherwise afford health care. This policy is to provide financial assistance to patients who have health care needs and are uninsured, under-insured, ineligible for a government program, and are otherwise unable to pay for medically necessary care based on their individual needs. A graduated schedule based on the annual HHS Poverty Guidelines, as well as assessment of the patient's monetary assets will be used to determine the qualifying income and asset levels of applicants. Guidelines are subject to change yearly based on the HHS Poverty Guidelines. Understanding this need, the hospital has chosen to fulfill their responsibility to the community by adopting the following Charity Care Policy.

PROCEDURE:

1. Standard Eligibility Criteria for Participation in the Charity Care Program:

- a. A patient qualifies for Charity Care if all of the following conditions are met:
 - i. The patient does not have private health insurance (including coverage offered through the California Health Benefit Exchange), Medicare, or Medi-Cal as determined and documented by the hospital;
 - ii. The patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital;
 - iii. The patient's household income does not exceed 75% of the Federal Poverty Level; **and**
 - iv. The patient's allowable monetary assets do not exceed \$5,000;
 1. In determining a patient's monetary assets, the hospital **shall not** consider: retirement or deferred compensation plans qualified under the Internal Revenue Code; non-qualified deferred compensation plans; the first ten thousand dollars (\$10,000) of monetary assets, and fifty percent (50%) of the patient's monetary assets over the first ten thousand dollars (\$10,000).

2. Special Eligibility and Enrollment Exceptions:

- a. High Medical Costs/Medically Indigent:
 - i. A patient whose family income does not exceed 400% of the federal poverty level and their annual out-of-pocket medical expenses for non-elective/medically

necessary services with Mayers Memorial Healthcare District and other health care providers exceed 10% of the patient's family gross income in the prior 12 months, would then be considered as "Medically Indigent" as defined by AB774.

1. For those who have been informally determined to be Medically Indigent, or have incurred high medical costs will be offered to complete a Charity Care application by the Financial Counselor.
 2. Supporting documentation to show what medical expenses have been paid in the prior 12 months is required to determine eligibility.
- b. Homeless/Indigent Patients:
- i. Patients who are determined to be indigent/homeless by either clinical documentation or are unable to provide sufficient demographic information such as a mailing address, phone number, or residential address will/can be considered for Charity Care.
 1. No application will be required by a patient who has been determined to be indigent/homeless.
 2. Only emergent/medically necessary services will be considered. Should a patient who presents for outpatient services, financial counseling will be done at the time of service.
- c. Deceased - No Estate:
- i. Upon receipt of confirmation that a patient is deceased and who has no estate, third party coverage, or spouse, will be automatically eligible for Charity Care upon receipt of the following items.
 1. Notification from county in which patient expired in.
 2. Received copy of death certificate from patient family notifying MMHD of death and no estate exists.
 3. Confirmation that patient does not have a living spouse who would be liable for outstanding/unpaid debt.
 4. Confirmation from another facility of patients' expiration and that no estate or pending probate exist.
 5. Upon notification from collections agency that collections accounts are being cancelled due to deceased/no estate.
 6. Knowledge that patient has expired based on clinical documentation for services provided by MMHD.
- d. Administrative Charity Care:
- i. In cases where medically necessary services are provided to a patient who has been screened by the Financial Counselor, and it has been determined that the patient is unable to complete the standard application process due to medical, social, or other documented circumstances, charges may be considered for Charity Care on a case by case basis.
 1. Account(s) should be written up for Charity Care adjustment with all supporting documentation attached and be presented to the Financial Director and Chief Executive Office for approval.
- 3. Standard Enrollment Process:**
- a. An informal determination of Charity Care eligibility will be determined by the Patient Financial Counselor, and the applicant may choose to fill out an application based on the recommendation of the Patient Financial Counselor; however, the recommendation of the Patient Financial Counselor is not required in choosing to fill out the Charity Care Application.

- b. Upon being submitted for consideration by the Patient Financial Counselor, all properly submitted applications will be reviewed and considered for implementation within 10 business days.
- c. All application packets must be filled out completely and accurately with each of the following required documentation attached to be considered:
 - i. Documentation of non-coverage from Medi-Cal for the service on the date performed;
 - ii. ii. Documentation of household income, as provided by:
 - 1. Current W-2 withholding form or Income Tax statement form from the previous year, **or**
 - 2. Pay stubs from the previous three months
 - iii. iii. Documentation of monetary assets, to include:
 - 1. Most current bank statement, and any additional information or statements on all monetary assets
 - a. Statements on retirement or deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans **shall not** be included
 - 2. Signed waiver or release from the patient or the patient's family, authorizing the hospital to obtain account information from financial and/or commercial institutions, or other entities that hold or maintain monetary assets, to verify their value
 - iv. Completed Medicare Secondary Payer (MSP) Questionnaire indicating the patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance
- d. Any additional accounts with outstanding balances at time of application will be screened for Charity Care eligibility using the same information collected above.
- e. Verification of accuracy of application information, including contacting employers for verification of employment, will be made.
- f. A letter of either approval or denial will be submitted to each applicant:
 - i. The approval letter will include a demand statement for the service in question with adjustments and a balance of zero dollars (\$0), and contact information for any questions that may arise;
 - ii. The denial letter will include: reason for denial; indication of potential eligibility under the Discount Payment Program, Payment Plan Program, or other self-pay policy; and information and request to contact the Patient Financial Counselor as soon as possible.
- g. Any additional services rendered up to a year after the submission date of an approved Charity Care Application will additionally require: updated documentation of non-coverage for the service on the date performed; and a completed MSP Questionnaire indicating the patient's injury is not a compensable injury.
- h. Any disputes regarding a patient's eligibility to participate in the Charity Care Program shall be directed to the Business Office Manager and will be resolved within 10 business days:
 - i. If it is determined that the patient is ineligible to participate, the number of days spent on dispute resolution shall not be counted toward the minimum 180 days prior to reporting any amount to a credit reporting bureau.

4. Participant Accounts Maintenance:

- a. A folder for each Charity Care applicant will be created, and will include the following items:
 - i. Patient information and application
 - ii. A copy of every correspondence between Mayers Memorial Healthcare District and the participant
 - iii. Detailed bills on all accounts to be included in the application
 - iv. Adjustment form with adjustments taken on accounts
 - v. Any additional notations and pertinent information

5. Availability of the Charity Care Policy:

- a. Notice of the Charity Care Policy shall be posted in the following locations:
 - i. Emergency department
 - ii. Billing office
 - iii. Admissions office
 - iv. Laboratory
 - v. Imaging
 - vi. Station III
- b. In the event of the hospital providing service to a patient who has not provided proof of coverage by a third party at the time the care is provided or upon discharge, the hospital shall provide a notice to the patient that includes, but is not limited to:
 - i. A statement of charges for services rendered by Mayers Memorial Healthcare District; and
 - ii. A request that the patient inform Mayers Memorial Healthcare District if the patient has health insurance coverage, Medicare, Medi-Cal or other coverage, and if the patient does not, that the patient may be eligible for such coverage, and can obtain an application for such coverage from Mayers Memorial Healthcare District; and
 - iii. A statement that indicates the patient may qualify for Charity Care if they meet the eligibility criteria set forth in this policy; and
 - iv. The name and telephone number of the Patient Financial Counselor from whom the patient may obtain information about the Charity Care policy and other assistance policies, and about how to apply for that assistance.

REFERENCES:

The processes and procedures described above are designed to comply with CA SB 1276 (Chapter 758, Statutes of 2014), CA AB 774 (Statutes of 2006) and SB 350 (Chapter 347, Statutes of 2007). Questions regarding SB 1276, AB 774 and SB 350 can be addressed by the Patient Financial Counselor or by California's Office of Statewide Health Planning and Development's website, at <http://www.oshpd.ca.gov/hid/products/hospitals/fairpricing/index.html>.
<http://aspe.hhs.gov/poverty/14poverty.shtml>

COMMITTEE APPROVALS:

Chiefs: 11/8/2022

BOD:

MAYERS MEMORIAL HOSPITAL DISTRICT

2022 HHS POVERTY GUIDELINES

Persons in Family or Household	75% US Poverty Level
1	\$ 9,660
2	\$ 13,065
3	\$ 16,470
4	\$ 19,875
5	\$ 23,280
6	\$ 26,685
7	\$ 30,090
8	\$ 33,495
For each add'l person, add	\$ 3,405

To determine charity eligibility according to income level:

- Count the number of persons in your family/household
 - For persons 18 years of age and older, include spouse, domestic partner and dependent children under 21 years of age, whether living at home or not
 - For persons under 18 years of age, include parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative
- Calculate the household income
- On the row corresponding to the number of persons in your family/household above, compare your household income to the amount in the column labeled "75% US Poverty Level"
- If your household income is less than 75% US Poverty Level amount, your income supports your eligibility for Charity Care.

Note: Pursuant to AB 774 Sect. 127405(2), Mayers Memorial Hospital has established eligibility levels for financial assistance and charity care at less than 350 percent of the federal poverty level as appropriate to maintain its financial and operational integrity. Mayers Memorial Hospital is a rural hospital as defined in Section 124840.

To determine charity eligibility according to total monetary assets:

- Calculate your total monetary assets (referred to as "ASSETS" in the equation below)
 - Assets included in retirement or deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans **shall not** be included
- Insert total assets into the following equation:
 - $(ASSETS - 10,000)/2$
- If the remaining amount is less than \$5,000, your total asset level supports your eligibility for Charity Care.

Approvals: Chiefs: 8/9/2022, BOD:
MMH388 Page 1 of 1

HHS POVERTY GUIDELINES – 75%

Attached to policy Charity Care Policy



2023 Board Calendar
****Subject to Change**

January	
18 Wed	1pm Quality Committee
30 Wed	11am Finance Committee
30 Wed	1pm Board Meeting
Education/Conferences/Events	

February	
15 Wed	1pm Quality Committee
27 Wed	11am Finance Committee (Burney)
27 Wed	1pm Board Meeting (Burney)
Education/Conferences/Events	

March	
15 Wed	1pm Quality Committee
27 Wed	11am Finance Committee
27 Wed	1pm Board Meeting
Education/Conferences/Events	

April	
19 Wed	1pm Quality Committee
24 Wed	11am Finance Committee (Burney)
24 Wed	1pm Board Meeting (Burney)
Education/Conferences/Events	

May	
17 Wed	1pm Quality Committee
22 Wed	11am Finance Committee
22 Wed	1pm Board Meeting
Education/Conferences/Events	

June	
21 Wed	1pm Quality Committee
26 Wed	11am Finance Committee (Burney)
26 Wed	1pm Board Meeting (Burney)
Education/Conferences/Events	

July	
19 Wed	1pm Quality Committee
31 Wed	11am Finance Committee
31 Wed	1pm Board Meeting
Education/Conferences/Events	

August	
16 Wed	1pm Quality Committee
28 Wed	11am Finance Committee (Burney)
28 Wed	1pm Board Meeting (Burney)
Education/Conferences/Events	

September	
20 Wed	1pm Quality Committee
25 Wed	11am Finance Committee
25 Wed	1pm Board Meeting
Education/Conferences/Events	

October	
18 Wed	1pm Quality Committee
30 Wed	11am Finance Committee (Burney)
30 Wed	1pm Board Meeting (Burney)
Education/Conferences/Events	

November	
15 Wed	1pm Quality Committee
Education/Conferences/Events North State Giving Tuesday	

December	
6 Wed	11am Finance Committee (Fall River)
6 Wed	1pm Board Meeting (Fall River)
13 Wed	1pm Quality Committee
Education/Conferences/Events	

Accreditation Conversation – continued

As we continue the conversation on accreditation, please feel free to look at the attached excel file. Mayers had a mock surveyor come and in 2021 we started putting a plan together to respond to the findings that were presented. In the excel file you will find the 10 most critical findings that came from that mock survey - a couple of which were deemed by the surveyor to be at the immediate jeopardy level.

I have added information from both TJC and ACHC, as well as what specific regulations that come from the Code of Federal Regulations – in order to help highlight some of the differences between the approach of the two agencies in relation to the actual published laws. It is a very basic and I would say abbreviated file, however, I hope it shows in a simple way the differences where they exist.

Overall, after moving through the pages of both ACHC and Joint Commission accreditation manuals, the major differences that stand out to me are the approach of the competing agencies. One the one hand you have TJC the gold standard with its celebrated focus on all of the specifics of facilities and environment of care and patient safety – obviously all of these areas deserve the highest attention. TJC, however, does not offer as much guidance in their manuals – it has a lot of specific elements that are very straight forward – but not as much about what each of those elements may mean or how they could be discovered. ACHC is slightly more revealing in terms of expectations and guidance, and that shows in the way that the manual is put together – more tags, fewer elements and more transparency to assist in achieving the goal.

I still do not know if one is better than the other – I believe that the cost will end up being a wash after considering mock surveys and readiness work with either agency – what we really have to consider is our ability to achieve and maintain accreditation, and who fits us best as a partner moving forward.

To that end – I believe that ACHC would be a better partner in the long run for our district. All of the Code of Federal Regulations (CFR) is established all of the rules there that make up our conditions of participation (CoPs) are the same. TJC makes reaching those CoPs just a little more confusing than ACHC in my all too briefly formed opinion – and in a game of inches, as third-party accreditation often is confusing can end up being very costly.

If you have any questions, or if you would like to review manuals with me I invite you to reach out to me and I can address any needs and assist in finding any answers that may be needed.

Thank you,

Jack Hathaway

Director of Quality



Operations Report November 2022

Statistics	October YTD FY23 <i>(current)</i>	October YTD FY22 <i>(prior)</i>	October Budget YTD FY23
Surgeries			
➤ Inpatient	0	0	TBD
➤ Outpatient	0	9	TBD
Procedures** (<i>surgery suite</i>)	0	28	TBD
Inpatient	810	903	476
Emergency Room	1598	1571	1522
Skilled Nursing Days	9534	9160	9237
OP Visits (OP/Lab/X-ray)	6161	7399	4502
Hospice Patient Days	624	517	597
PT	829	855	935

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

**Procedures: include colonoscopies

Chief Human Resource Officer
November/December 2022 Board Report
Submitting by Libby Mee – Chief Human Resource Officer

The Human Resource department currently supports 273 active employees
Full Time – 237 Part Time/Casual/Per Diem - 26 Leave of Absence – 10

Staffing and Recruitment

We are actively recruiting and interviewing for the below posted positions.

Administration

Director of Clinical Services
Director of Nursing – Skilled Nursing Facility
Public Relations Assistant

Nursing

Utilization Review RN
Emergency Department RN (4)
Med/Surg Acute RN (4)
Skilled Nursing CNA (14)
Skilled Nursing LVN (8)
Clinic LVN

Clinical

Laboratory CLS
Imaging Radiology Tech
Imaging Manager
Respiratory Therapist

Support Services

Food and Nutrition Services Aide/Cook (6)
Registered Dietician
Environmental Services Housekeeper (3)
Activities Aide

Travel/Registry Staff

We continue to use registry for the following departments:

- Emergency Department RN
- Skilled Nursing Facility LVN and CNA
- Med/Surge Acute RN
- Laboratory CLS
- Imaging CT/Radiology Tech
- Respiratory Therapy Therapist
- Physical Therapy Therapist

The department is currently working on a Recruiter job description so we can give more time and resources towards filling our vacant positions. This person would also attend career fairs and visit educational institutions to maximize our recruitment efforts.

Additionally, we have had multiple meetings with the Admin and nurse leadership teams to create new and robust recruitment retention programs and packages.

Employee Health and Wellness

Employee COVID Exposure

Total cases – 333

Isolation/Positive – 255

Quarantine – 78

Exposure related to work – 63

Employee Immunization

We are in the process of moving our internal employee COVID immunization tracking to the National Healthcare Safety Network dashboard. This dashboard will be managed by the Infection Preventionist for reporting compliance.

Work Related injury and Illnesses

There has been 1 new first aid claim this month with no days away from work.

We have 2 new reportable claims, resulting in 6 days away from work.

We have a total of 16 first aid injuries this year resulting in 4 days away from work and have had 8 reportable injuries resulting in 75 days away from work.

Unfortunately, a large majority of the injuries are from CNAs in the Skilled Nursing Facility, many of which are students coming out of our recent class. In recognizing this trend, there has been a meeting with nursing leadership and staff involved in the CNA programs to establish the need for additional training and support related to resident mobility. This also enforces the need for a more formal safe patient handling program.

Employee Safety and Wellness Initiatives

BETA Safe Patient Handling program – We have completed an inventory of current slings and lifts in the facility. We are looking at the laundering and storing process. Next, we will be incorporating the Physical Therapy department for help as we look at the mobility assessment portion of the program.

BETA Slip Trip Fall program – We are waiting for a formal report back from our reps site visit but have received very positive verbal feedback. Managers from Environmental Service and Maintenance have already jumped in and made some changes that were identified in the site visit.

I attended Hospital Quality Institute Annual Conference on November 7th and participated in the Joy in Practice series focusing on Avoiding Healthcare Workforce Burnout, Engaging

Clinicians Support with Outcomes, Workforce Support Concepts and Strategies and Purpose and Building Better Teams. I have been meeting with current MMHD staff to discuss how we can integrate strategies learned from this conference into our current employee wellness programs.

Additional Projects

Annual Compensation and Benefit Accrual

Utilizing the Allied for Health compensation survey that we participated in this year, we have begun constructing our 2023 wage scale. I am currently meeting with division leaders to go over scales and then will work with managers. From there, we will place current staff in the new scale effective January 1.

Additionally, we will be updating our Personal Time Off policy. The current policy and accrual included time for the 7 holidays recognized a year. We will be removing some of these hours from the PTO accrual and creating an alternate Holiday Time Off bank. This bank will also include a wellness day for employees.

Paycom

We continue to see very high employee usage of the new Paycom system. We recently went live with the Paycom's Talent Acquisition dashboard to post, track and manage all open positions and applications. We will now begin building the Performance Management portion of the system to be used for 2023 employee evaluations.

2023 Labor and Employment Law updates

I am scheduled to attend my annual Labor and Employment Law update trainings.

**Chief Public Relation Officer – Valerie Lakey
November/December 2022 Board Report**

Legislation/Advocacy

With the elections over, we will see a new dynamic in the state legislature. It looks like there will be 33 new members. This means a lot of educating of rural healthcare needs to these freshman members.

I will be a member of CHA's Physician Choice Workgroup which is working to protect and enhance AB2024 which allowed Critical Access Hospitals to employ physicians. I also remain on the CHA Legislative Strategy Group and ACHD Advocacy Committees.

The coming year will be an interesting one. We are just getting back to prioritizing and setting goals for advocacy.

Marketing/Public Relations

It is organization time for the coming year with marketing and public relations. I have started department meetings to prioritize services, etc. for advertising and marketing. We will correlate the department advertising with healthcare observance months. We will be using a new platform to simplify process of posting on social media. We are increasing our presence on platforms in addition to Facebook. You will see more information on Instagram, Pinterest, and LinkedIn.

Employment opportunities will also be highlighted along with the new video promoting the lodge. We are just about ready to release a campaign built around the video.

Materials have been prepared for nursing staff to visit career fairs at various schools. We are also looking at doing bulk mailings to targeted groups for recruitment.

SHIP COVID Grant

We are nearing the end of the COVID SHIP grant cycle. Reporting will be due at the end of the year. We were able to do many great things with this grant money, aimed at employee well-being and community COVID mitigation. Additionally, \$113,000 of the grant was spent on portable cardiac monitoring equipment. Here is an overview of some of the projects:

- Wellness Program, educational Materials, Resources for staff (with incentives)
- Walk Path and break areas at both sites
- Visitor Management system which also provides COVID education, checklists, etc.
- Staff communication resources with COVID education
- Hand Washing programs at local schools and events
- Safety training and resources
- Community Education Content
- Mindfulness and mental health resources for staff

We are working on the implementation of several of these projects. Many of these projects will overlap into many departments and have an influence in the community.

Emergency Preparedness

The Active Shooter functional drill was Friday, November 18. It was a large success. We had 195 staff members attend one of the three sessions. We have been reviewing the observer forms and post drill

evaluation forms. We will be building the After-Action Review to see what objectives we met and what we need to continue to work on. Overall, we have had good feedback and have a good idea of what we need to continue to work on. The Shasta County Sheriff Department also felt the day went well and wants to continue to help us with our trainings. A big thank you to leadership for supporting the activity and ensuring that we had such a large participation rate.

We are scheduling ICS and HazMat trainings for after the first of the year.

*November Board Report
Clinical Division
11/29/2022*

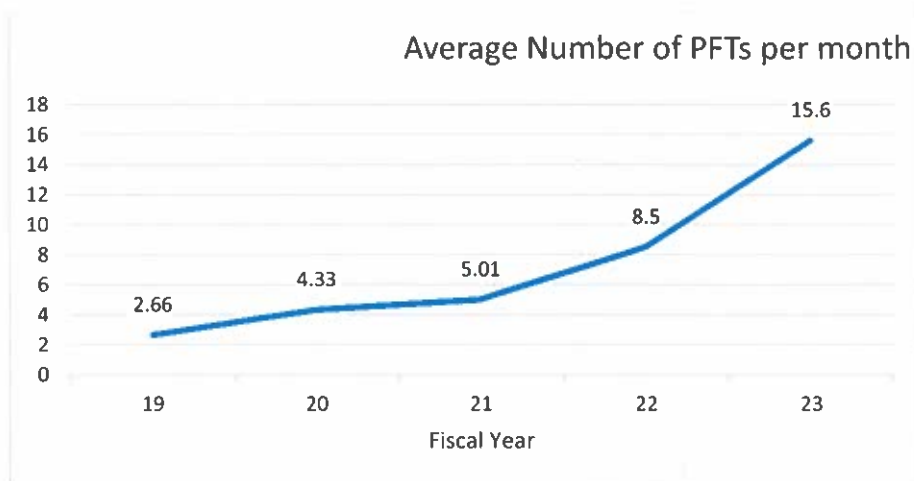
Pharmacy

- COVID Vaccines
 - Mayers carries both Pfizer and Moderna COVID bivalent booster vaccines.
 - Skilled residents' bivalent boosters are complete.
 - Mayers offers pediatric bivalent boosters.
- The kickoff for the IV pump conversion is November 30th.
- The contract with CareFusion/Pyxis for host conversion has been initiated as Mayers will be moving to Cerner®.
- The barrier isolator was recertified.

Retail Pharmacy

- In November there was a bump in the number of new customers due mainly to transfers of customers from another area pharmacy. A similar bump occurred in July when Mayers Pharmacy began serving MVHC patients in the Weed area via mail.
- 340B from Kristi Shultz, CPhT, 340B coordinator
 - Claims on telemedicine prescriptions that were mistakenly denied have been reprocessed and replenished. Fixes are in place moving forward.
 - Cash card claims that were denied or approved under the wrong 340B account have been approved, replenished, and fixed.
 - Kristi Shultz has identified claims that were reversed by CaptureRx in error. These claims will be reprocessed by December 12th. The approx. value of these claim is more than \$30,000.
 - All of our designations have been approved as of November 1st. These designations allow high-cost medications to be covered that may not be covered with regular insurance. Another clinic system in our community already had these designations. Mayers having these designations allows patients to move to Mayers clinic without losing coverage for these drugs.

Respiratory Therapy



- David Ferrer, Respiratory Manager, has built a strong pulmonary function testing program. We have done a maximum of 20 a month where at the beginning of David's career at Mayers we were doing about one every other month.
- David will be taking the asthma education certification course in January so Mayers can offer community asthma classes.

Imaging

- The search for a manager continues. We have retained a search company to help us find a manager.
- Kim Elliot, Ultrasound Tech, is working with purchasing on obtaining ultrasound probes and programs for cardiac studies.
- We welcome Diana Alvarez as the new imaging clerk.

Cardiac Rehab

- Volumes have been strong. Currently there are 5 monitored patients.
- Staff is working to update documentation and marketing materials.
- We are excited for the equipment awarded to the department through the foundation.
- Cardiac rehab patients will be having a Christmas party.

Physical Therapy

- The department is enjoying having high school seniors Ellie and Jencie shadowing in the department.
- Daryl Schneider, PT, department manager, is working with Shannon Gerig, MVHC CEO, to attend a provider meeting to promote PT services and cardiac rehab services.
- A previous patient and recent high school graduate, who is now a student at Shasta College, is interested in becoming a Physical Therapist. Daryl is working with Shasta College to arrange an internship.

Laboratory

- The chemistry analyzer conversion is behind schedule due to supply chain delays in getting test reagents. The Siemen's tech is scheduled to return the week of November 28th to complete the pre-install testing.
- The micro hood failed to meet specs on recertification. Repairs are being made and the hood certification company will return after repairs.

Telemedicine

See attached report

NURSING SERVICES BOARD REPORT

Nov. 2022

CNO Board Report

- Both Fall River and Burney Annex are in the Green status. Bivalent vaccines were completed in the Fall River SNF on Tues 11/22, 16 residents have received their bivalent this makes a total of 50 residents for both facilities.
- The position of DON-SNF has been posted with no applicants received. A contract has been signed for a recruiting firm. Working closely with HR to seek an interim DON.
- DON-Acute Services position is ready to be posted. This will replace my old position.

SNF Report

- Census – (77) Fall River – 32 Burney – 45
- Fall River & Burney are at Green Status.
- Admissions are back up and running.
- We have 5 female beds and 1 male bed available in Fall River
- Burney has 4 female beds available, all in Memory Care.
- CNA Class due to start in January.
- Activities department is currently fully staffed.
- Activities staff are organizing private dining for residents and their families through the holidays. This has been going very well and the families and residents are loving the one on one time they are getting with each other. This has been a nice alternative we have provided to replace our Christmas party that was held annually before COVID.
- No deficiencies noted from last CDPH visits. Two self-reports pending review.
- Struggling to find NOC shift nurses. Contracted 1 NOC LVN for 13 weeks through Medefis.

Outpatient Surgery

- Department continued to be closed.
- Working with Chris and HR in recruitment of provider and CRNA.
- Been in talks with 2-different companies for General Surgeon coverage.
- Sharing of OR Team with Modoc Medical Center in discussion.

Acute

- October 2022 Dashboard
 - At time of this report, stats not available
- October Staffing: Required 8 FTE RN/LVN's, 4 FTE CNA's & 2 FTE Ward Clerks
 - Currently utilizing 3 FTE travelers (3 contracted, 1 NPH)
 - Open positions: 2 FTE RN's and 2 PTE RN's
- In collaboration with several other organizational team members, we are working on a new Safe Patient Handling Program to comply with BETA and state requirements. We

have since performed an Acute equipment inventory. We are now working towards streamlining our laundering process and evaluating the best way to note failed equipment or need for new supplies.

- We have been collaborating with several interdisciplinary care team members to streamline our utilization review process by evaluating gaps and increasing education to our team.
- Through the responses from a need's assessment sent out by our Clinical Educator, the entire Acute Team attended a mandatory in-service on November 4th for this content review of employee wellness and burnout prevention.
- Since the approval from the board for the new IV Infusion System, contracts have been signed, and an initial "kick-off" and implementation meeting is scheduled November 30th, 2022

OPM

- The Outpatient Census (*110 approx. a month*) is currently August 113 patients 146 procedures, September 87 patients, 123 procedures. October 90 patients, 105 procedures. LTC Residents to start being seen as Medicare Part B starting September 6th. Residents will take activities van over on wound clinic days to see physician for wound clinics. OPM staff to follow up if *complicated* wounds at Mayers Rural Clinic for Burney residents as an outpatient to reduce transportation and make easier on residents in Burney. Fall River residents will schedule appointment and be seen in OPM.
- New part time OPM employee is out on maternity leave.
- Dr Magno has had 2 wound clinics
- Working with Marketing on increasing providers in efforts to increase census. Val will start marketing Dr. Magno for wound clinics
- OPM to move to new space

Emergency Department—Oct. 2022

- Through the Emergency Department, we treated 386 patients
- 15 were admitted to Mayers
- 14 were transferred to a higher level of care
- 95 patients were peds (under 18)
- 9 AMA
- 4 LWBS
- 3 LPTT
- 34 patients presented to ER via EMS
- Staffing: The ER Manager returned as of 11/30/22. We currently have 1 FT Day shift, 1 FT NOC RN and 1 FT NOC SUP positions being filled by travelers.
- RN Supervisor filled temporary role for Clinic Project Manager for Cerner implementation.

Respectfully Submitted by Theresa Overton, CNO

Chief Operating Officer Report

Prepared by: Ryan Harris, COO

Facilities, Engineering, Other Construction Projects

- John Morris our project manager met with the new Area Compliance Officer (ACO) and Inspector of Record (IOR) to review the existing TIO activities requiring documentation for the demolition project closeout. The General Contractor has been given the IOR field report and asked to schedule with trade contractors. New ACO is reviewing the documentation requested by the former ACO to close out the remainder of the project.
- Surgery floor project initiated in November. The team is currently working on the contract with the sterile floor contractor, finalizing scope adjacent to the autoclave and coordinating storage with each of the departments.
- Master Planning contract has been fully executed. We are working on a project kickoff meeting date.
- John conducted a kickoff meeting with the Department of Health Care Access and Information (HCAI) sub-contractors and Alex Johnson. John will issue the notice of construction start once subs are scheduled.
- Burney Annex Fire Alarm Project was submitted to HCAI for approval. Project documents are still under review by HCAI currently.
- The first phase of our access control project is completed, and new badges are being delivered to staff. We are now exploring phase two of the project that will include interior door at the Fall River Campus and exterior doors at the Burney Annex.
- Maintenance is constantly working on skinning doors and plans on moving to the Surgery Suite next, so the department is ready once surgery is reopened.
- Weather turned on us sooner than expected and we were not able to restripe the parking lot. This will be done prior to the mobile clinic being opened in Fall River.
- Work continues at the lodge - we plan on installing a mini split system in the Sycamore Lodge and will be pulling reroofing permits in the Spring for two of the houses.
- We are planning to move Outpatient Medical back to their space which has been our COVID Isolation space. This is in anticipation of the emergency declaration expiring in February. Coordination will happen around moving OPM and the new surgery floor.
- We have engaged PG&E on their Healthcare Energy Fitness Initiative (HEFI). This team will be involved with our master planning over the next year to help us incorporate and make decisions on our energy goals including solar and electric vehicle charging station projects.
- Facilities and Engineering is currently fully staffed including staff for employee housing.
- A call is being scheduled between Trent Construction and its subs to resolve the water damage claim at the Burney Clinic.

IT

- We have hired a Customer Support Specialist and System Administrator and promoted a team member to Jr. System Administrator. We still have one opening for a Customer Support Specialist.
- We successfully setup the new Foundation Office on a VPN.
- We are working on Cerner tasks: Printer Assessment, archiving programs, interface lists, etc.
- We are starting the Ivinex IV Infusion Pumps project this week.
- SOC – we have changed over from RocketCyber to Kaseya. Implementation is well underway and will be completed in October.

Purchasing

- Work continues on finding a new GPO for purchasing and the team has meet with several vendors already.
- Ivinex IV Infusion Pump Kick off starts November 30th. A representative will be on site to train and meet with Rachel with regards to supplies that we will need for the pumps.
- The team has started their work on the Supply Chain workbook for the Cerner implementation.

Food & Nutrition Services

- Jen Taylor has been hired as our Certified Dietary Manager (CDM) for the Burney Annex. She will undergo a 6-month manager-in-training program with Susan. Our goal is to improve management in the department by having additional supervision at both locations. This will improve dietary outcomes for our patients and residents.
- Food and nutritional services have several open positions and is actively working to fill them.
- The HVAC system is working well, and staff are very pleased.

Environmental Services & Laundry

- Our contract with AlSCO will terminate on December 14th. We will then transition to do all the Hospital linen from both facilities and resident laundry at the Laundry Facility. We have been preparing for this turnover by communicating to all the departments.
- Floor Maintenance has been busy getting all the floors stripped and waxed. This will be a part of a schedule of tasks to do.
- Two new hires will begin shortly which has made our staffing levels better but not full yet.
- Cross training with FNS staff is continuing. We focus on training for both dayshift, night shift and laundry duties.

Rural Health Clinic

- The mobile clinic is scheduled to be delivered on December 2nd. Training will be conducted with the clinic and maintenance staff on that date. As mentioned in my last report we ran into several roadblocks while getting the mobile clinic licensed. The licensing process was more in-depth than we were originally told. However, we are done compiling 90% of the licensing paperwork. Our biggest obstacle now is getting the Department of Housing & Community Development (HCD) insignia. We have already been in contact with them and once the mobile clinic is registered in our name, we can schedule them to do their inspection. This is one of the last items we need to complete before we can submit our application paperwork to CDPH.
- The clinic experienced a sudden departure of its LVN. We are actively looking to fill the position. All other positions are full at this time.

Employee Housing

- Carol and Joey have been able to cut the room cleaning turnaround time from 60 minutes to 25 minutes with process improvements and new linens for the beds.
- A DRAFT survey has been created for a STAR Rating program for guest stays at the lodge. Survey Monkey will be used to collect the survey results.
- The promotional video is complete and will be sent off to staff agencies to help recruit. The video will also be posted on our website.

- The house rules are constantly improving and being modified to fit the needs of our unique property and tenants.