

Chief Executive Officer
Ryan Harris



Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tami Humphry, Treasurer
Lester Cufaude, Director

Board of Directors
Regular Meeting Agenda
January 31, 2024 @ 1:00 PM
Mayers Memorial Healthcare District
Fall River Boardroom
43563 HWY 299 E
Fall River Mills, CA 96028

Mission Statement
Leading rural healthcare for a lifetime of wellbeing.

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	SPECIAL PRESENTATION: WIPFLI ANNUAL AUDIT PRESENTATION			
4	APPROVAL OF MINUTES			
	4.1	Regular Meeting –December 6, 2023	Attachment A	Action Item 1 min.
5	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:			
	5.1	Resolution 2024.01 – December Employee of the Month	Attachment B	Action Item 2 min.
	5.2	Resolution 2024.02 – Authority to Sign	Attachment C	Action Item 2 min.
	5.3	Safety Quarterly Dana Hauge	Attachment D	Report 2 min.
	5.4	IT Jeff Miles	Attachment E	Report 2 min.
	5.5	Infection Control Cassandra LaFave	Attachment F	Report 2 min.
6	BOARD COMMITTEES			
	6.1	Finance Committee		
	6.1.1	Committee Meeting Report: Chair Humphry		Report 5 min.
	6.1.2	December 2023 Financial Review, AP, AR and Acceptance of Financials		Action Item 5 min.
	6.1.3	Bank Signers Change: New CEO added	Attachment G	Action Item 2 min.
	6.2	Strategic Planning Committee – No December Meeting		

6.3	Quality Committee –January 24th Report			
6.3.1	DRAFT Minutes Attached	Attachment H	Report	5 min.
7	NEW BUSINESS			
7.1	Policies & Procedures Summary 12-29-2023	Attachment I	Action Item	5 min.
7.2	Policies & Procedures: Bladder Irrigation – Continuous Financial Obligations, Swing Bed General Laboratory Specimen Collection Anesthesia Privileges Hospice and Palliative Care Core Privileges Nurse Practitioner Core Privileges in Neurology 10-2023 Surgery, General Core Privileges	Attachment J	Action Item	5 min.
7.3	Board Vacancy Process: Fill by appointment or Call for special election		Action Item	10 min.
7.4	Board Committee Re-assignments		Action Item	5 min.
7.5	May Board Meeting Date Change		Action Item	5 min.
8	ADMINISTRATIVE REPORTS			
8.1	Chief's Reports – Written reports provided. Questions pertaining to written report and verbal report of any new items			
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	Attachment K	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 Executive Officer – Ryan Harris		Report	5 min.
9	OTHER INFORMATION/ANNOUNCEMENTS			
9.1	Board Member Message: Points to highlight in message		Discussion	2 min.
10	MOVE INTO CLOSED SESSION			
11	CLOSED SESSION ITEMS			
11.1	Closed Session Minutes Approval Special Board Meetings – December 1 st , December 8 th , December 22 nd , December 29 th		Action Item	2 min.
	Hearing (Health and Safety Code § 32155) – Medical Staff Credentials			
	AHP Appointment: Benjamin Weaver, CRNA			
11.2	Medical Staff Appointment: Christopher Campos, DO (UCD) – Neurology Medical Staff Reappointment Edward Richert, MD Alreza Abdolmohammadi, MD William Dykes, MD		Action Item	2 min.
12	RECONVENE OPEN SESSION			
13	ADJOURNMENT: Next Meeting February 28th, 2024			

Posted 01/26/2024

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
Abe Hathaway, President
Jeanne Utterback, Vice President
Tom Guyn, M.D., Secretary
Tami Humphry, Treasurer
Lester Cufaude, Director

Board of Directors
Regular Meeting
Minutes

December 6, 2023 – 1:00 pm
Tri Counties Community Network Boardroom

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: Abe Hathaway called the regular meeting to order at 1:00 PM on the above date.

BOARD MEMBERS PRESENT:		STAFF PRESENT:	
Abe Hathaway, President		Chris Bjornberg, CEO	
Jeanne Utterback, Vice President		Travis Lakey, CFO	
Tami Humphry, Treasurer		Ryan Harris, COO	
Tom Guyn, M.D., Secretary		Theresa Overton, CNO	
Lester Cufaude, Director		Valerie Lakey, CPRO	
ABSENT:		Libby Mee, CHRO	
Keith Earnest, CCO		Brigid Doyle, Clinic Education	
		John Morris, Construction Management	
		Jessica DeCoito, Board Clerk	
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS:		
3	APPROVAL OF MINUTES		
3.1	A motion/second carried; Board of Directors accepted the minutes of October 25, 2023.	Utterback, Humphry	Approved by All Abstain - Cufaude
3.2	A motion/second carried; Board of Directors accepted the minutes of November 6, 2023.	Cufaude, Guyn	Approved by All
4	DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS		
4.1	A motion/second carried; Sarah Skelly was recognized as October Employee of the Month. Resolution 2023-15. Burney native and recent graduate from IOT and hit the ground running with MMHD. Very positive and smiling. Works with our residents at the Burney Annex. Congrats to Sarah!	Utterback, Humphry	Approved by All
4.2	Hospice Quarterly. Written report submitted. Pet therapy program will include dogs most likely.		
4.3	Mayers Healthcare Foundation Quarterly. Written report submitted. A Big thank you to the donors of the NorthState Giving Tuesday. Annual Appeals have gone out in the mail and we have already received some responses. Capital Expenditure Funds are being used for all of our departments that requested funds. Car Raffle Ticket sales are going well as well as the Gala Tickets. Wine Donations are being accepted by the Foundation for placing on sponsored tables at the gala.		
4.4	Clinical Education. Written report submitted. We have four instructors providing educational opportunities to our staff. NATP – nurse assistance training program – is in its 2 nd year and has been very successful. Opportunities to provide community education for heart saving measures like CPR and Heart Saver.		
4.5	Construction Management. Written report submitted and reviewed.		

5 BOARD COMMITTEES

5.1	Finance Committee		
5.1.1	Committee Report: Cash on Hand looks good, AR is a little bit up with transfer of new system. HQAF payment was received on October 31 st . Rate Range numbers came in higher than what was projected. We will get two QAF payments this year. QIP measures were not met and funds will not be received.		
5.1.2	October 2023 Financials: motion moved, seconded and carried to approve financials.	<i>Humphry, Cufaude</i>	<i>Approved by All</i>
5.1.3	Board Quarterly Finance Review: motion moved, seconded and carried to approved.	<i>Humphry, Utterback</i>	<i>Approved by All</i>
5.2	Strategic Planning Committee Chair Utterback: No November Meeting		
5.3	Quality Committee: No November Meeting		

6 OLD BUSINESS

6.1	BOD Assessment Results: Board Member Educational opportunities would be a great piece to add. Board Clerk to research options and opportunities to present. Strategic Planning committee will research the options for changing up the assessment questions.		
6.2	By-Laws Approval: only update was on the mission, vision and values.	<i>Utterback, Guyn</i>	<i>Approved by All</i>
6.3	MVHC Discussion: continued disconnect between MVHC and MMHD. Efforts between CEO's have been consistent. And improvements are being made on both sides. Efforts to reach out by the Board Members will be made. J. Utterback and L. Cufaude have been appointed by the chair to meet with MVHC Board.		

7 NEW BUSINESS

7.1	Policy & Procedures: <ol style="list-style-type: none">1. Laboratory Staff Competency2. Quality Assurance Program – Lab3. STAT List of Tests and Results Reporting Turn Around Time	<i>Guyn, Utterback</i>	<i>Approved by All</i>
7.2	Organizational Analysis: a future change will be to supply this after the fiscal year ends. One correction on “instructions” to “instructors”. On page 45 Motion to approve with change on page 45.	<i>Utterback, Humphry</i>	<i>Approved by All</i>
7.3	Annual Organizational Process		
7.3.1	Board Calendar	<i>Utterback, Cufaude</i>	<i>Approved by All</i>
7.3.2	Officers & Committees to remain the same for the 2024 year		
7.4	Tri Counties Community Network Partnership: report provided. After meeting with TCCN Board and researching our opportunities, the partnership would be what has been provided in the report. Motion moved, seconded and approved.	<i>Utterback, Humphry</i>	<i>Approved by All</i>

8 ADMINISTRATIVE REPORTS

8.1	Chief's Reports: written reports provided in packet		
8.1.1	CFO: Cost reports are in. Working on additional audit stuff. Partnership and DHLF meetings are being set up to getting more information/clarification for DPNF.		
8.1.2	CHRO: Five Unit Assistant program applications received this week – this shows how popular and great the program is. No Manager openings right now – first time in a long time.		
8.1.3	CPRO: We have been working on information packets that the managers can take over to the clinics and provide information on their services.		
8.1.4	CCO: No further questions		
8.1.5	CNO: Burney Annex is in a Red Status for Covid positive cases. CDPH in onsite for reviews on mitigations on self-reported incidents, Covid and scabies cases. CDPH was onsite in FR for incident reviews in the hospital that resulted in no tags nor additional follow-up.		

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8.1.6 **COO:** The most up to date Criteria Documents is provided. Burney Fire Alarm Panel project has been delayed yet again for a possible code violation that is being appealed. In the meantime, our crew continues 24/7 fire watch. Air exchanges in the OR suite continue to be an issue and multiple avenues of corrections are being researched.

8.1.7 **CEO:** We met with Senior Life Solutions that is a group providing geriatric psychiatry services. A service that could be provided to the LTC residents and our community members needing this service. They are preparing a proforma for us to review and discuss for approval. Meeting with a group for pilot program for an Artificial Intelligence program that our providers could use.

9 OTHER INFORMATION/ANNOUNCEMENTS

9.1 Board Member Message: Employee of the Month, North State Giving Tuesday, Denim and Diamonds Gala, Thank You to Volunteers, TCCN message, Organizational Analysis, Master Planning Community Event, Clinic Patient Appreciation Event

10 MOVE INTO CLOSED SESSION: 3:43 PM

10.1 **Personnel – Government Code 54957**
CEO Applicants Review

No Action

11 RECONVENE OPEN SESSION

12 ADJOURNMENT: 5:40 PM
Next Meeting January 25, 2024

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 Healthcare District

Board Member

Board Clerk



RESOLUTION NO. 2024-01

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

Stefanie Hawkins

As December 2023 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, Stefanie Hawkins is hereby named Mayers Memorial Healthcare District Employee of the Month for December 2023; and

DULY PASSED AND ADOPTED this 31st day of January 2024 by the Board of Trustees of Mayers Memorial Healthcare District by the following vote:

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

Abe Hathaway, President
Board of Trustees, Mayers Memorial Healthcare District

ATTEST:

Jessica DeCoito
Clerk of the Board of Directors



RESOLUTION NO. 2024-02

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

AUTHORITY TO SIGN

WHEREAS, the Board finds it necessary to sign contracts, leases, line of credit documents, and other documents necessary for the administration and operation of the District; and

WHEREAS, the Board, within its power, hereby designates Ryan Harris, Chief Executive Officer (CEO), to sign such documents and,

WHEREAS, the Board, within its power, hereby designates Travis Lakey, Chief Financial Officer, to sign such documents in the absence of the Chief Executive Officer and,

NOW, THEREFORE, the undersigned certifies and attests that the above resolution was approved at a regular meeting of the Board of Directors, Fall River Mills, California, on the 31st day of January 2024.

PASSED AND ADOPTED on January 31, 2024, by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

Abe Hathaway, President
Board of Trustees, Mayers Memorial Healthcare District

ATTEST:

Jessica DeCoito
Clerk of the Board of Directors

Safety Quarterly Board Report January 2024

Safety Officer: Dana Hauge appointed May of 2023

The new Environment of Care Rounding process is proving to be successful in finding minor changes that can be addressed quickly, making a great start to our programming. The app we have been using has been slow to implement, but with the 15-hour Administration training course that Dana recently completed, it proves to be a great resource for the Emergency program as well as other safety and facilities level programs. Veoci recommends level 2 training after six to nine months of using the program with the Level 1 training. With the second training Dana will be able to run the program app at a higher level and have similar capabilities in comparison to larger entities, for example the Office of Emergency Services in Colorado.

ACHC

The Emergency Management program policy content meets regulations, and the safety programming program policies are close to completion. The programs, policies, and procedures are currently in the editing process, being fine-tuned, and put into ACHC template form. We will start educating employees about any changes to the programs in this quarter.

Safety Initiatives

The Safe Patient Handling safety domain is continuing to move forward. Regina Blowers has been leading the education program development for the program, and we have plans to send out extensive education in February. The education will involve the full facility. Non-Clinical divisions will receive awareness training, and the divisions in patient care areas will receive direct in person interactive training.

Emergency/Safety/Security Response and Trainings

The 2023 Tabletop drill originally scheduled for July, was rescheduled for October 24, 2023, due to our water and communication responses. The tabletop drill, attended by the ELT team, was a success. The scenario included multiple factors that caused evacuation of the Burney facility and power outages and generator failures at the main campus. In a manner to make the event realistic team members came into the boardroom reporting problems that changed the flow of the response. We concluded the drill after evacuating the main campus and the Burney facilities. This large amount of interjects evaluates the team's critical thinking and knowledge of the FEMA HICS, and NIMS programs in an Incident Command center location. I am happy to report that our leadership did an excellent job.

The first safety event on November 16th, 2023, was a success. We had one hundred and sixteen (116) employees attend. There were five interactive stations: Infection Control, Safe Patient handling, Hazardous spill control, Laundry/lifting safety, and Facility Evacuation routes. Regina and the Education Team as well as Infection Control and Environmental Services were a crucial part of this event.

Upcoming Trainings

- **February 22nd Management level Tabletop Drill**
 - This drill will prepare management for the scenario we will play out in the Functional Drill and will introduce the workings of an Incident Command Center. The ELT will receive the scenario a brief time before, but the management team will not receive it until the day of the drill.
- **February- April Every 15 minutes Drill.**
 - MMHD has been invited to collaborate with the Chemical People out of Redding, CHP, and a senior from Fall River High School. The details are undisclosed currently, per program requirements. We will be using the ER for two to three hours and will be using this as an opportunity to complete a “mass casualty” training.
- **April 23rd Functional Drill (Weather permitting)**
 - This drill will address both facilities and will coincide with the two table tops we are completing. Employee participation will look different depending on the employee’s department.
- **May 23rd Spring Safety Event Weather permitting.**
 - The second of the safety series. The second event will take place in Fall River outside on the bluff.

Respectfully submitted by: Dana Hauge, CEAS, Safety Officer



People Pillar



Executive Leader: Ryan Harris
Director or Manager: Dana Hauge

Department: Safety and Emergency Preparedness

Last Updated: 1/22/2024

FY24 (July 1, 2023 - June 30, 2024)	Specific Plan & Estimated Completion Date	Driver	Current Actions
<p>Increase active engagement in Safety and Emergency Preparedness Measures and Education for Staff with 45-50% participation.</p>	<p>Through holding 2 yearly training days or fairs the goal is to successfully have 45-50% of staff attend and participate in stations or booths focused on training for specific safety measures in at least one session. Both fairs will be held before the End of June in 2024. With the First fair scheduled before 1/1/2024. Each event will last approximately four hours, and will be located on campus in accordance with space and weather allowances. As the plan of events is made it will come to light that there will need to be participation from other departments as well. They will be contacted one to two months prior to the event.</p>	<p>Dana, Regina</p>	<p>Safety Event (Fair)- November 15th, 2023 at the Burney Annex, Focus: Infection Control, Safe Patient Handling, Spill Kits, Laundry safety (lifting) Facility evacuation routes. Regina Blowers- assisting and hosting in classroom. Event location pending current facilities projects.</p> <p>Safety Event (Fair)- Spring 2024, Fall River Facility Focus: Hazmat, Fire, Emergency Preparedness, Safe Patient Handling</p> <p>Event 1, COMPLETED Nov. 2024 116 participants</p> <p>Event 2 Scheduled May 23,2025 1:30-5:30 weather permitting</p>
	<p>Focus will be on four to five in person training opportunities that will be developed for all staff. Team members will have the opportunity to cross train to improve overall facility safety awareness and teamwork. The second session will have crossover to make sure there is understanding and information is retained, however the second event will feature at least three different topics compared to the first.</p>		
	<p>Develop the plan and dates for the fairs by 10/1/23 Contact Mercy Medical Center for resources and partnership by 10/1/2023. Contact Shasta County HCC for resources ideas and participation by 10/1/2023.</p>		<p>May 23, 2024 Shasta County HCC, Mercy Medical Center, First Net Participation in Spring. Possible topics; Stop the Bleed, Infection Control, Decontamination, Communications, Emergency Response, Fire Safety</p>
	<p>Topics may include but are not limited to: Safe patient Handling, Environmental Hazards, Seasonal Hazards, Work Place Violence Education, Review of Code Procedures, Hazmat training or Procedures, Fire and Life Safety Training, Ergonomics, Safety reporting procedures, De-escalation topics.</p>		
Priority Ideas for Next Year			



People Pillar



Executive Leader: Ryan Harris

Director or Manager: Dana Hauge

Department: Safety and Emergency Preparedness

Last Updated: 1/22/2024

FY24 (July 1, 2023 - June 30, 2024)	Specific Plan & Estimated Completion Date	Driver	Current Actions
<p>Priority:</p> <p>Full/Functional Disaster Drill with Table Top exercise.(mass casualty and or evacuation)</p>	<p>In accordance with ACHC standard and best practice for mitigation and preparedness MMHD will host a full or functional drill to test mitigation, response and recovery proficiencies . The drill will include a related table top exercise with leadership and other identified individuals, as part of the preparation.</p>	<p>Dana</p>	<p>5/10/2023 Attended Region-III Table Top Exercise- Mayers Memorial Hospital was the focus. 7/6/23 Shasta County HCC has committed to participate in all drills they are invited to. 7/11/2023 Introduced the topic of increased drill sizes and requirements, emergency communications and the importance of the Shasta County Health Care Coalition at management meeting. 7/19/2023 Attending Acute Department Meeting- Education on Fire Drills, Safety and Emergency Management and introduction and discussion about my role as Safety Officer 10/5/2023- Attended Purchasing Department Meeting- education on expectations in drills, communication priorities with employees</p>
	<p>The table top will be help prior to 3/1/2024 In the table top exercise communications will be tested externally and internally. Functional components, and county official guests in attendance. COMPLETED</p>	<p>Dana</p>	<p>7/24/2023 Table Top Drill 10am, Fall River Board Room, ELT and applicable management. This was postponed due to the Water Advisory Incident. Tabletop Drill has been revised and is scheduled for Tuesday October 24th. Local law enforcement has been invited. This drill meets our compliance requirements for 2023. This drill was completed with great success. 10/24 A second table top focused on managers is scheduled for February 22nd 2024 meeting compliance requirements for 2024 Functional Drill is scheduled for 4/23/24</p>
	<p>The full/functional community involved drill will be held prior to 6/1/2024. The 2024 functional event will have a multiple agency response including local law enforcement, first responders, school districts and local and county health care partners. SCHEDULED</p>	<p>Dana</p>	<p>9/2023 The functional drill scenario has been discussed with other Emergency partners. The scenario proves to be applicable and will need a large amount of planning to begin after the table top scheduled for October. -Functional Drill scheduled 4/23/2024 --Mayers ED employees will participate in "The Every 15 minutes Drill" a senior project by FR high senior Isabella Frances. A mass casualty drill will be added into the scene as the Chemical People out or Redding film the arrival and the treatment of the teenagers. MMHD will also be in charge of the makeup artistry. the Drill in April 9 and 10th with filming date yet to be determined. 1/12/24</p>
	<p>Prior to 1/1/2024 Contact Shasta County HCC for support and participation Contact Mercy Medical for support and participation Contact FRJUSD Contact Health and Law Enforcement partners</p>	<p>Dana</p>	<p>10/23 Local Law Enforcement and fire personnel have committed to attending, as well as Regional and County emergency management partners.</p>
Priority Ideas for Next Year			



People Pillar



Executive Leader: Ryan Harris

Director or Manager: Dana Hauge

Department: Safety and Emergency Preparedness

Last Updated: 1/19/2024

FY24 (July 1, 2023 - June 30, 2024)	Specific Plan & Estimated Completion Date	Driver	Current Actions
Priority:	Successful implementation with validation awarded from BETA will be the final measure of success. By 7/1/2024 Leadership support and signature on opt in forms for participation. 8/23	Dana	6/15/2023 Verbal confirmation of shared goal with team; Daryl, Moriah and Britany 6/21/2023 In person meeting/facility tour with BETA representatives 6/23/2023 Confirmed continued partnership with BETA Insurances
Successfully implement the BETA Safety Domain- Safe Patient Handling with nursing and clinical staff.	Develop and compile the nursing and facility representatives in a planning meeting with BETA representation Mary Fritz. 8/23	Dana	7/24/2023 3pm Planning Meeting -assignments were given to start. 9/26/23 Leadership meeting to discuss implementation, work abilities and program goals. In attendance: Chris Bjornberg, Theresa Overton, Moriah Padilla, Britany Hammons, Libby Mee, Dana Hauge- Largest segments of the program be addressed by November.
	Assign and work on continued tasks and domain requirements for the team that are to be completed for validation. 9/23	Dana, Britany, Moriah, Daryl	Moriah- Patient Mobility Assessment, investigation process , survey for program assessment (10/23) Moriah will advocate for in ceiling lifts or lift mechanism within new building plans Britany- equipment inventory and risk assessment (Moriah), investigation process, survey for program assessment (10/23) Education- Regina, has completed a brochure, pilar flier and the education program is ready and will be released end of February. 1/10/24 Libby- Return to work program and investigation process Dana- Policy and written plans, investigation process , implementation James Harris and Alex Johnson- equipment suggestions, change in storage for SPH equipment- slings LTC storage room is complete 1/10/24 Sherry Yochum and team- laundry process for slings Cassandra Lafave- infection control
	Continuous meetings and communication throughout, to develop the program, policy, culture change, trainings and purchase requirements of necessary lifts and slings.	Dana, Britany, Moriah, Daryl	Patient lifting device samples are starting to arrive- slide sheets and tubes. 1/24 Quotes are being looked into for potential equipment. 1/24 Necessary slings are being purchased and researched 1/24 ED has looked into purchasing hover mats and pumps 1/24 New lifts from grant program arrived.



People Pillar



Executive Leader: Ryan Harris
 Director or Manager: Jeff Miles
 Department: IT

Last Updated: 7.6.2023

FY24 (July 1, 2023 - June 30, 2024)							
Priority:	Weight	Bonus Amount	Specific Plan & Estimated Completion Date	Driver	Current Actions	% Complete By FY End	Bonus Amount Awarded
Have an employee turnover rate in the IT department of less than 25% for FY24.			07.01.2023	Jeff	I have added employee wellness as a topic at monthly IT Staff meetings.		
			01.24.2024	Jeff	We have retained 100% of IT staff for the year so far.		
Attend 2 healthcare information technology specific conferences or workshops by FYE24			11.27.2024 - 11.30.2027	Jeff	Attended virtual conference with Health-ISAC. This was related to Cybersecurity and healthcare.		
					I am still looking for a second conference to attend.		
Priority Ideas for Next Year							

For Completion at Beginning of Fiscal Year

_____ Name	_____ Signature	_____ Date
_____ Supervisor	_____ Signature	_____ Date
_____ Executive Leader	_____ Signature	_____ Date

CEO Approval at End of Fiscal Year

_____ Ryan Harris CEO	_____ Signature	_____ Date
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Quality Service Pillar

Executive Leader: Ryan Harris
Director or Manager: Jeff Miles
Department: IT

Last Updated: 1.24.2024

FY24 (July 1, 2023 - June 30, 2024)							
Priority:	Weight	Bonus Amount	Specific Plan & Estimated Completion Date	Driver	Current Actions	% Complete By FY End	Bonus Amount Awarded
Have a 3rd party audit of our Citrix environment by FYE2024.			11.10.2023	Jeff	We contracted with a company called SSI to conduct an audit of our Citrix environment.		
			12.21.2023	Jeff - SSI	We received the assessment report and reviewed it with the vendor. There are a number of items that can be implemented to improve our environment. We are waiting on a proposal from SSI to assist us with remediation of the findings.		
Priority Ideas for Next Year							

For Completion at Beginning of Fiscal Year

_____ Name	_____ Signature	_____ Date
_____ Supervisor	_____ Signature	_____ Date
_____ Executive Leader	_____ Signature	_____ Date

CEO Approval at End of Fiscal Year

_____ Ryan Harris CEO	_____ Signature	_____ Date
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INFECTION PREVENTION BOARD REPORT
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INFECTION PREVENTION 2024 PRIORITIES

- A.** The establishment of an Environment of Care (EOC) Committee and institution of routine environment of care rounding.
- ❖ Per ACHC guidelines environment of care falls under the auspices of the Safety Committee and so an independent environment of care committee was not established. Environment of care has been successfully integrated into the Safety Committee.
 - ❖ In May of 2023 a team consisting of the safety officer, the director of maintenance, and the infection prevention nurse began the process of identifying an electronic rounding tool and began working with a team from VEOCI to customize a build for the organization and move through the implementation process. Full implementation of the tool was completed in December of 2023.
 - ❖ Routine environmental rounding began in October of 2023 and continues with rounding on two sites monthly.

The use of the EOC tool allows for standardization of the rounding process as well as efficient management of items identified to need correction.

- B.** The establishment of infection prevention protocols, accessible to all staff via the Teams platform allowing for information that is reliable and readily available when dealing with infection prevention issues that may arise on off shifts, holidays, or weekends.
- ❖ The team continues to meet to discuss appropriate content for the infection protocols Teams channel.
- C.** National Healthcare Safety Network on time monthly reporting with at least 90% success. This goal is ongoing.

DEPARTMENT UPDATES

- ❖ The current Infection Prevention nurse has accepted the role of Director of Nursing for the skilled nursing facility. An interim infection prevention nurse is being sought until a permanent replacement can be found.
- ❖ Following three different infection outbreaks occurring at the Burney campus in the month of December and a subsequent immediate jeopardy citation from the state, the infection prevention nurse and other team members continue the process of implementing a directed plan of correction that will bring the facility back to compliance. The process of preparing for dispute resolution of a K tag levied by the state is also ongoing.

Chief Executive Officer
Ryan Harris



Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tami Humphry, Treasurer
Lester Cufaude, Director

January 31, 2024

Tri Counties Bank
Fall River Mills Branch
Attn: Manager
43308 State HWY 299 E
Fall River Mills, CA 96028

Subject: Change in Authorized Signatory
Reference: Mayers Memorial Healthcare District Account

Dear Manager,

The Board of Directors of Mayers Memorial Healthcare District (MMHD) in its meeting held on January 31st, 2024 approved a change to the authorized signatories. Please accept this letter as notification to remove Christopher Bjornberg as a signer on the MMHD Account and replace with Ryan Harris. Jeanne Utterback and Jerry "Abe" Hathaway are to remain as signers on the account.

If you have any questions, please feel free to reach out at 530-336-5511.

Sincerely,

Abe Hathaway
President, Board of Directors
Mayers Memorial Healthcare District

Chief Executive Officer
Ryan Harris



Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tami Humphry, Treasurer
Lester Cufaude, Director

Board of Directors
Quality Committee
Minutes

January 24, 2024 @ 1:00 PM
Microsoft Teams Meeting

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

1	CALL MEETING TO ORDER: Les Cufaude called the meeting to order at 1:00 pm on the above date.		
	BOARD MEMBERS PRESENT:	STAFF PRESENT:	
	Les Cufaude, Director	Ryan Harris, CEO Jessica DeCoito, Board Clerk	
	Excused ABSENT:		
	Jack Hathaway, Director of Quality		
2	CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS		
	None		
3	APPROVAL OF THE MINUTES		
	3.1	Regular Meeting – December 13, 2023	<i>Harris, Cufaude</i> Approved by All
4	HOSPITAL QUALITY COMMITTEE REPORT: DRAFT Minutes attached. Clarification on coding errors and DNFB – already working on a solution with the help with a RevCycle consultant to adjust workflows and educate each part of the medical encounter to make corrections in coding and lessening the DNFB. EVS has seen a 50% decrease month over month for linen damage.		
5	DIRECTOR OF QUALITY: Group in Florida for the ACHC Accreditation process. The plan is to bring back information to perform an internal audit to prepare for our survey when it occurs. We have started conversations with an ACHC consultant that we are interested in hiring for support in getting our accreditation. This will delay our application but allows us to be better prepared and set ourselves up for success. Plan Of Corrections for 880 Tag at the SNF in Burney was submitted and approved. The team is now setting up meetings for further process improvements and education from the POC.		
6	OTHER INFORMATION/ANNOUNCEMENTS: Next meeting, please include the 9XMed opportunity		
7	MOVE INTO CLOSED SESSION		
	7.1	Medical Staff Credentials – Govt Code 54962 Staff Status Change: Gilda Reed, LCSW to Inactive Yelena Usmanova, MD to Inactive Tom Watson, MD – Add Hospice & Palliative Care Privileges Heather Corr, PA – Add Hospitalist Privileges AHP Appointment: Benjamin Weaver, CRNA Medical Staff Appointment: Christopher Campos, DO (UCD) Neurology Medical Staff Reappointment Edward Richert, MD Alireza Abdolmohammadi, MD William Dykes, MD	Approved by All
8	RECONVENE OPEN SESSION		
9	ADJOURNMENT: at 1:38 pm Next Meeting is February 21, 2024 at 1:00 pm		

The following are the New, Revised and Retired Policies and Procedures that have been approved by the Policy and Procedure Process. These policies and procedures have been put in the appropriate hospital manuals.

Date December 29, 2023		For Quarter Ending December 31, 2023
Department	Document	New/Revised/Retired
Acute - Med Surg	Acute Care Admission Assessment Record Form MMH155	Revised
Acute - Med Surg	Admissions Information Form MMH158	Retired
Acute - Med Surg	Antiembolism Stockings	Revised
Acute - Med Surg	Bladder Scan: Using the PBS Bladder Scanner	Revised
Acute - Med Surg	Blood Glucose Monitoring - Roche ACCU-CHEK Inform II	Retired
Acute - Med Surg	Broselow Daily Check List MMH538	Revised
Acute - Med Surg	Charting and Documentation - Acute	Revised
Acute - Med Surg	CIWA Medication Subset	Retired
Acute - Med Surg	Compresses, Warm	Revised
Acute - Med Surg	DVT Wrap and Pump Use	Revised
Acute - Med Surg	Identification, Patient	Revised
Acute - Med Surg	Injection, Intramuscular	Revised
Acute - Med Surg	Intake & Output Monitoring Acute	Revised
Acute - Med Surg	Lumbar Puncture, Assisting with	Revised
Acute - Med Surg	Nursing Progress Notes MMH537	Revised
Acute - Med Surg	Patient Assessment Record MMH157	Revised
Acute - Med Surg	Patient Care Plan Interdisciplinary Guidelines	Revised
Acute - Med Surg	Physician, Notification of	Revised
Acute - Med Surg	Physician, Notification of	Retired
Acute - Med Surg	Record of Death Permit to Release Body MMH332	Revised
Acute - Med Surg	Scope of Service -- Acute Inpatient	Revised
Acute - Med Surg	Staffing Plan (Med/Surg)	Revised
Acute - Med Surg	Telemetry Services	Revised
Administration	Phone Reimbursement	Revised
Ambulance	Ambulance Narcotic Log MMH441	Revised
Anesthesia	CRNA Supervision	Retired
Anesthesia	Malignant Hyperthermia	Revised
Board of Directors	Board Meetings -- Location, Time, Date and Quorum	Revised
CAH	Dental Services - Swing Bed	Retired
CAH	Free Choice, Privacy and Confidentiality	Retired
CAH	Organizational Structure, CAH	Revised
CAH	Work, Mail, Access, Personal Property, Married Couples	Retired
Clinics, Rural	Charting and Documentation for Outpatient Clinics	New
Clinics, Rural	Clinic Appointment No-Show Late-Cancel Policy	Revised
Clinics, Rural	Petty Cash - Clinic	New
Clinics, Rural	Referrals and Preauthorizations	New
Competency Resources	AIDET Assessment	Revised
Competency Resources	AIDET Practice Tool	Revised
Competency Resources	AIDET Staff Observation & Feedback	Revised
Compliance	Dietary Quality of Care - Swing Bed	Revised
Compliance	Handling Grievances	Revised
Compliance	Physician Orders (policy)-Verbal and or Telephone	Revised
Compliance	Reporting Concerns MMH462	Revised
Emergency Department	Acute Cardiac Protocol	Retired
Emergency Department	Acute Sepsis Protocol	Retired
Emergency Department	Acute Stroke Protocol	Retired
Emergency Department	Admission of Emergency Department Patients	Revised
Emergency Department	Adult Crash Cart Monthly Check List MMH86	Revised
Emergency Department	Cord Blood	Retired

Department	Document	New/Revised/Retired
Emergency Department	Crash Cart	Revised
Emergency Department	Discharge Instructions (ED) MMH667	Revised
Emergency Department	EKG Billing Page MMH744	Retired
Emergency Department	Electrocardiogram	Retired
Emergency Department	Fetal Heart Rate Monitoring	Revised
Emergency Department	FOCUS-PDCA-handout2	Retired
Emergency Department	Intubation Procedure Documentation MMH662	Retired
Emergency Department	Mental Health Emergencies Shasta County	Revised
Emergency Department	Nasogastric Intubation	Revised
Emergency Department	Newborn Abandonment	Revised
Emergency Department	Newborn Hearing Screen Not Done MMH276	Retired
Emergency Department	Newborn Screening	Retired
Emergency Department	Nursing Ventilator Management In The Absence Of Respiratory Therapy	Retired
Emergency Department	Performance Improvement Plan ER Nursing Services	Retired
Emergency Department	Physician Coverage for Specialty Services - EMTALA	Retired
Emergency Department	Physician Orders MMH1030	Retired
Emergency Department	Physician Progress Notes MMH1001	Revised
Emergency Department	Post Partum Hemorrhage Treatment	Revised
Emergency Department	Postpartum Care	Retired
Emergency Department	Preeclampsia: Magnesium Sulfate Administration	Revised
Emergency Department	REFUSAL OF TRANSFER, AGAINST MEDICAL ADVICE, INFORMATION AND RELE	Revised
Emergency Department	Telephone Follow Up Progress Note MMH499	Retired
Emergency Department	Temporary Security and Triage Procedure - Covid 19 v7	Retired
Emergency Department	TNK Nursing Protocol - Acute Coronary Syndrome -Acute M.I. Nursing Notes M	Retired
Emergency Department	Transfer of Patients via Ambulance	Revised
Hospice	Pediatric Assessment	Retired
Imaging	Abdomen X-Rays	Retired
Imaging	Acromio-Clavicular Articulations	Retired
Imaging	Ankle X-Ray	Retired
Imaging	Bone Age Survey	Retired
Imaging	Bone Survey X-Ray	Retired
Imaging	Calcaneus X-Ray	Retired
Imaging	Cervicle Vertebra (C-Spine)	Retired
Imaging	Chest X-Ray	Retired
Imaging	Clavicle	Retired
Imaging	CT Chest 3 Phase	Retired
Imaging	Elbow X-Ray	Retired
Imaging	Facial Bones X-Ray	Retired
Imaging	Femur X-Ray	Retired
Imaging	Foot and/or Toes X-Ray	Retired
Imaging	Forearm X-Ray	Retired
Imaging	Hand/Fingers X-Ray	Retired
Imaging	Hip X-Ray	Retired
Imaging	Humerus X-Ray	Retired
Imaging	Knee and/or Patella X-Ray	Retired
Imaging	Leg Length Study	Retired
Imaging	Lumbosacral Spine X-Ray	Retired
Imaging	Mandible X-Ray	Retired
Imaging	Nasal Bones X-Ray	Retired
Imaging	Optic Foramen Radiograph	Retired
Imaging	Orbits X-Ray	Retired
Imaging	ped-CT CHEST W contrast	Retired
Imaging	ped-CT L-spine W CONTRAST	Retired
Imaging	ped-CT L-spine WO CONTRAST	Retired
Imaging	ped-CT Pelvis w Contrast	Retired
Imaging	ped-CT Pelvis wo contrast	Retired
Imaging	ped-CT T-spine W CONTRAST	Retired
Imaging	ped-CT T-spine WO CONTRAST	Retired

Department	Document	New/Revised/Retired
Imaging	ped-CT UPPER EXTREMITY wo contrast	Retired
Imaging	Pediatric CT Abd Pelvis With Contrast	Retired
Imaging	Pediatric CT Abd Pelvis Without contrast	Retired
Imaging	Pediatric CT Abd With Contrast	Retired
Imaging	Pediatric CT Abd wo contrast	Retired
Imaging	Pediatric CT CHEST WO contrast	Retired
Imaging	Pediatric CT C-spine W CONTRAST	Retired
Imaging	Pediatric CT C-spine WO CONTRAST	Retired
Imaging	Pediatric CT LOWER EXTREMITY WO contrast	Retired
Imaging	Pelvis X-Ray	Retired
Imaging	Rib X-Rays - Below Diaphragm	Retired
Imaging	Ribs-Above Diaphragm	Retired
Imaging	Sacro-Iliac Joints X-Ray	Retired
Imaging	Sacrum And Coccyx X-Ray	Retired
Imaging	Scapula X-Ray	Retired
Imaging	Scoliosis Series X-Ray	Retired
Imaging	Shoulder X-Ray	Retired
Imaging	Sinus X-Ray	Retired
Imaging	Skull X-Ray	Retired
Imaging	Soft Tissue Lateral Neck X-Ray	Retired
Imaging	Sternum X-Ray	Retired
Imaging	Temperomandibular Joints X-Ray	Retired
Imaging	Thoracic Vertebrae (T-Spine) X-Ray	Retired
Imaging	Tibia-Fibula X-Ray	Retired
Imaging	Wrist Arthrogram X-Ray	Retired
Imaging	Wrist X-Ray	Retired
Infection Control	Appendix A TB Risk Assessment Worksheet MMH299	Revised
Infection Control	Infection Prevention and You MMH456	Revised
Lab	Blood Administration Monitoring Worksheet MMH368	Revised
Lab	Blood Unit Issue/Return	New
Lab	Cancelled Laboratory Tests - Lab Reorder policy	Retired
Lab	Donor Unit Release Record MMH691	Retired
Lab	Hours of Operation	New
Lab	Lab Specimen Collection and Reporting Schedules	New
Lab	Laboratory Reports	New
Lab	Multiple Specimen Collection	New
Lab	One Step Fentanyl Test Dip Card (Urine)	New
Lab	Unidentified Patient Arm Bands	New
Lab	Urine Drug Testing	New
Long Term Care	Cannabis	Revised
Long Term Care	CARE PLANS - SNF	Revised
Long Term Care	Controlled Substance Medication Cart Count Procedure	Revised
Long Term Care	Discharge With Medications, SNF	Revised
Long Term Care	Discontinued Controlled Substances Log MMH583	Revised
Long Term Care	Notification of Family or Legal Representative: SNF	Revised
Long Term Care	Patient Lift Policy	Revised
Long Term Care	Use of Haloperidol; SNF	Revised
Medical Staff	Anesthesia Privileges	New
Medical Staff	Clinical Social Worker Core Privileges	Revised
Medical Staff	Core Privileges in Neurology, Telemed	New
Medical Staff	Family Medicine Core Privileges	Revised
Medical Staff	Flow Chart for Approval of Policies and Procedures	Revised
Medical Staff	Hospice and Palliative Care Core Privileges	New
Medical Staff	Infectious Disease Core Privileges	Revised
Medical Staff	Internal Medicine Core Privileges	Revised
Medical Staff	Nurse Practitioner Core Privileges in Neurology 10-2023	Revised
Medical Staff	Physician-to-Physician Consultation Procedure	Revised
Medical Staff	Policies & Procedures; Development, Revision & Approval	Revised

Department	Document	New/Revised/Retired
Medical Staff	Policy and Procedure Usable Template	Revised
Medical Staff	Policy Usable Template	Revised
Medical Staff	Proctoring Monitoring FPPE	Revised
Medical Staff	Proctorship Program - Non-Surgical MMH528	Revised
Outpatient Medical	Charge Sheets, Out Patient Medical Services	Retired
Outpatient Medical	IV Therapy Flow Sheet MMH64	Revised
Outpatient Medical	OPS Treatment Progress Note MMH292	Revised
Outpatient Medical	Outpatient Forms - Nursing Documentation	Retired
Outpatient Medical	Photographic Wound Documentation MMH78	Revised
Outpatient Medical	Room Cleaning Between Patients - Outpatient Department	Revised
Outpatient Medical	Scope of Services, OP Medical Services	Revised
Outpatient Medical	Standard Work Sheet for OP Med Charting MMH683	Retired
Outpatient Medical	TB Skin Test & Consent MMH571OPM	Retired
Outpatient Medical	Wound Care Physician Initial Exam MMH297	Revised
Patient Access	HHS POVERTY GUIDELINES MMH389	Revised
Pharmacy	Action Notice, Pharmacy Nursing	Revised
Pharmacy	Covid-19 Moderna Ages 12 & Up Standing Orders	Retired
Pharmacy	Covid-19 Novavax Ages 12 & Up Standing Orders	Retired
Pharmacy	Drug Supply Chain Security Act Compliance Plan	Revised
Pharmacy	Pyxis Competency Checklist MMH749	Revised
Pharmacy - Retail	Controlled Substance Prescription Monitoring Program - Retail Pharmacy	Revised
Pharmacy - Retail	Disposing of Controlled Substances - Retail Pharmacy	Revised
Pharmacy - Retail	Drug Supply Chain Security Act -- Retail Pharmacy	Retired
Pharmacy - Retail	Drug Supply Chain Security Act (DSCSA)	Revised
Pharmacy - Retail	Opioid Antagonist Protocol: Retail Pharmacy	Revised
Preprinted Orders	Physician Orders - Zoledronic Acid Reclast Referral MMH270	Revised
Preprinted Orders	Physician Orders - Acute Coronary Syndrome/Acute Myocardial Infarction MM	Retired
Preprinted Orders	Physician Orders - Diabetic Ketoacidosis Insulin Infusion MMH26	Retired
Preprinted Orders	Physician Orders - IV Therapy Injections/Central Line Care MMH66	Revised
Preprinted Orders	PHYSICIAN ORDERS - Monoclonal Antibodies for Covid 19 MMH703	Retired
Preprinted Orders	Refusal of Care (AMA) - Transfer Information and Release Form MMH393	Revised
Safety	Newborn Identification MMH172	Revised
Safety	Plan for Poor Drainage: Pipes and Drains	Retired
Safety	Safety Program	Retired
Social Services	Abuse, Swing Bed	Retired
Social Services	Swing Intake Worksheet MMH613	Retired
Swing Bed	Assessment of the Swing Bed Patient	Revised
Swing Bed	Care of Dietary and Nutritional Services for Swing Bed Patients	Retired
Swing Bed	Swing Bed: Nutrition	Retired
Utilization Review	Discharge Planning Record MMH228	Retired

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Bladder Irrigation - Continuous	POLICY #MS070
DEPARTMENT/SCOPE: Acute	Page 1 of 4
	EFFECTIVE: 6/3/2023
OWNER: M. Padilla	APPROVER: T. Overton

PURPOSE:

Continuous Bladder Irrigation (CBI) provides a continuous infusion of sterile solution into the urinary bladder using a three-way irrigation system with a triple-lumen catheter, to remove loose tissue, clots and mucous shreds from the bladder.

CBI prevents formation of blood clots and subsequent plugging of catheter and bladder distention; removes loose tissue, clots and mucous shreds from the bladder.

PROCEDURE:

1. A physician order is required to initiate and discontinue CBI.
2. The CBI flow rate will be adjusted to maintain out flow pink to clear.
Note: Urine will be bloody following bladder/urethral surgery, gradually becoming lighter and blood tinged in 2 to 3 days.
3. In the absence of a prescribed irrigation solution, 0.9% sodium chloride is used for irrigation
4. Registered nurses will initiate and/or maintain CBI.

Setting up and infusing CBI (See Appendix A)

1. Gather supplies
 - 3 liter sodium chloride 0.9% bags
 - T-U-R-Y set
 - 3-way catheter (20 FR 22 FR 24 FR 26 FR)
 - 4 liter urinary drainage bag
 - Non sterile latex gloves
 - Mask with a face shield
2. Identify the patient using two patient identifiers.
3. Perform hand hygiene
4. Raise the bed to appropriate working height. Lower side rails on working side.
5. Ensure patient is in a supine position and expose catheter junctions
6. Do appropriate PPE
7. Hang two bags of irrigation fluid on IV pole, or pneumatic pole, if available. Close clamps (roller clamp and 2 clips) on new irrigation tubing. Insert (spike) tip of irrigation tubing into the port of the irrigation solution bag using aseptic technique.
8. Open two clips, but keep roller clamp closed. Fill the drip chamber half full by squeezing it. Open the roller clamp, allowing the solution to flow through the tubing while keeping the tip of the tubing sterile. Once the tubing is full, close the roller clamp recap the tubing with the cap provided.

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Bladder Irrigation - Continuous	POLICY #MS070
DEPARTMENT/SCOPE: Acute	Page 2 of 4
	EFFECTIVE: 6/3/2023
OWNER: M. Padilla	APPROVER: T. Overton

9. Using aseptic technique, connect the tubing securely to the irrigation port of the triple lumen catheter.
10. Perform hand hygiene.
11. The flow rate is regulated using the following guidelines:
 - a. **Bright red drainage** – infuse irrigation solution with the roller clamp wide open until drainage appears pink or clear. If drainage does not clear, leave irrigation wide open, notify the physician and monitor for hypovolemic shock.
Pink or tea colored – infuse irrigation solution at a moderate rate.
Clear drainage – infuse irrigation solution at a slow rate
 - b. Ensure drainage bag is emptied as needed to ensure proper outflow.

Note: If irrigant cannot adequately flow from bladder due to clots, tubing kinks, or sediment bladder discomfort, distention, or possible injury may occur. Report to physician if irrigant does not flow freely, patient complains of pain, or bladder distention occurs.

12. Our agency **does not** require the following:
 - a. The measurement and recording of irrigation solution intake and output unless ordered by a physician.
 - b. The irrigation solution bags to be labeled unless additives are being infused.
 - c. Calculation of the drip rate unless ordered by a physician.

Note: Patients with indwelling catheters are at risk for infections, monitor for signs and symptoms of infection (i.e., fever, cloudy urine, foul-smelling urine, abdominal pain, and/or changes to mental status)

13. Observe for outflow of fluid into drainage bag. Empty drainage bags as needed.

Discontinuation of CBI

1. Ensure there is a physician’s order
2. Supplies needed:
 - Catheter plug
 - Incontinent pad
 - Alcohol swab
3. Perform hand hygiene
4. Clamp irrigation set.
5. Cleanse connection between the catheter port and irrigation set with an alcohol swab.
6. Remove the irrigation set from the catheter and insert a sterile catheter plug into the irrigation port.
7. Perform hand hygiene
8. Document
 - a. Procedure

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Bladder Irrigation - Continuous	POLICY #MS070
DEPARTMENT/SCOPE: Acute	Page 3 of 4
	EFFECTIVE: 6/3/2023
OWNER: M. Padilla	APPROVER: T. Overton

b. Patient teaching

Note: Encourage patient to drink plenty of fluids if appropriate, to decrease risk of catheter plugging.

- c. Volume
- d. Appearance (color and presence of clots)
- e. Presence of bypassing

REFERENCES:

Perry, A., Potter, P. & Ostendorf, W. (2014 Clinical nursing skills & techniques, (8th Ed.) Philadelphia, PA: Mosby, PP 828-933

Walsh K & Schub T. (s016) Bladder irrigation: Continuous – Performing, CINAHL Nursing Guide

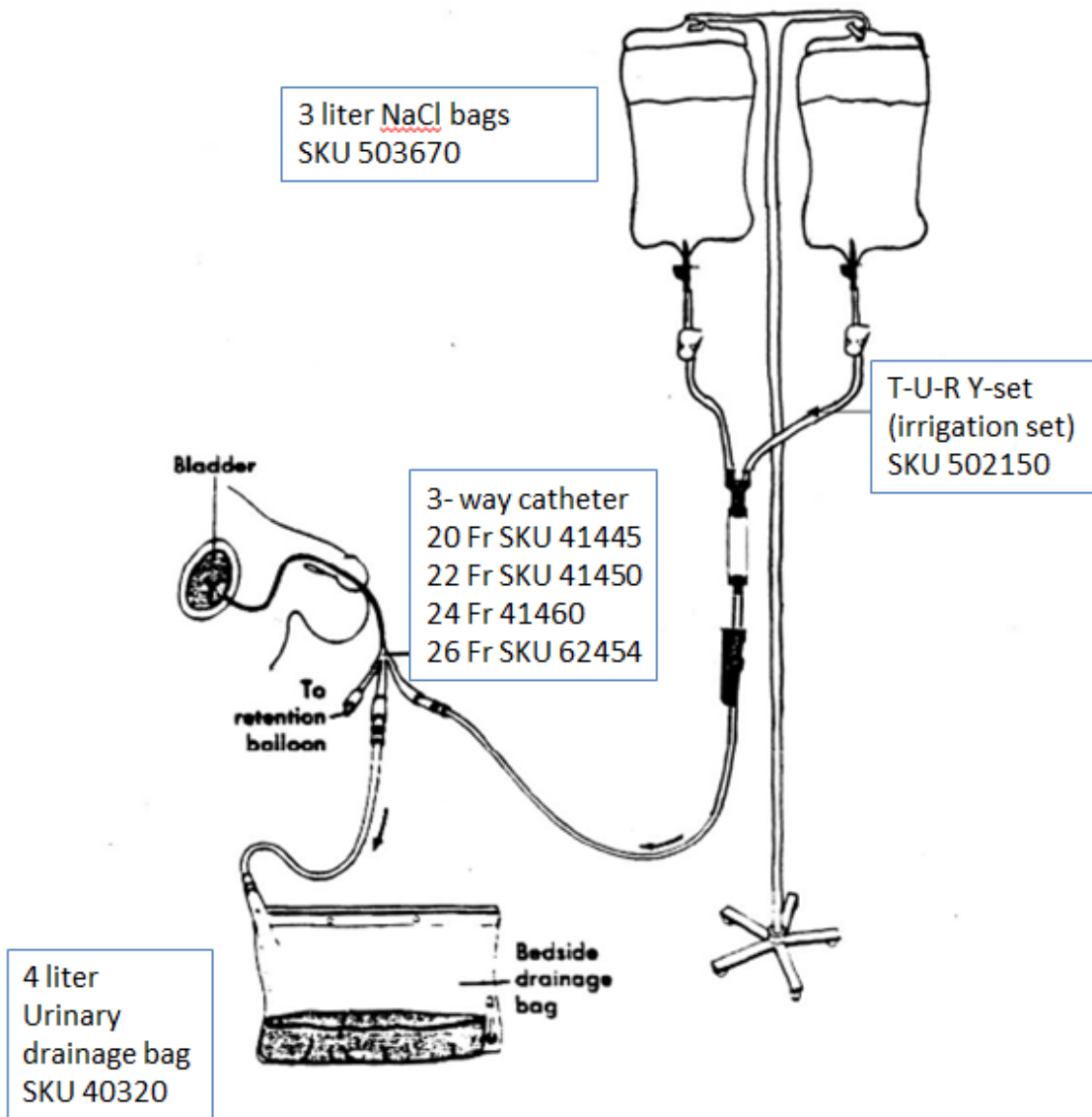
COMMITTEE APPROVALS:

M/P&T: 11/22/2023
P&P: 12/6/2023
MEC: 12/19/2023

SUBJECT/TITLE: Bladder Irrigation - Continuous	POLICY #MS070
DEPARTMENT/SCOPE: Acute	Page 4 of 4
	EFFECTIVE: 6/3/2023
OWNER: M. Padilla	APPROVER: T. Overton

Supplies and Set up for Continuous Bladder Irrigation (CBI)

SET- UP FOR CONTINUOUS BLADDER IRRIGATION



MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Financial Obligations	POLICY # SB 006
DEPARTMENT/SCOPE: Swing Bed	Page 1 of 2
	EFFECTIVE: 10/23/2023
OWNER: Moriah Padilla	APPROVER: M. Padilla

PURPOSE:

Identify the process for informing Swing Bed patients of their financial obligations.

POLICY:

Mayers Memorial Healthcare District (MMHD) informs each patient who is entitled to Medicaid benefits, in writing, at the time of admission to Swing Bed or, when the patient becomes eligible for Medicaid of:

- The items and services that are included in nursing facility services under the State plan and for which the patient may not be charged.
- Those other items and services that the facility offers and for which the patient may be charged, and the amount of charges for those services
- Inform each patient when changes are made to the items and services

MMHD informs each patient, regardless of payor source, before, or at the time of admission, and periodically during the patient’s stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or Medicaid, or by the facility’s per diem rate.

Medicare-Covered Services include:

- Semi-private room (a room you share with other patients)
- Meals
- Skilled nursing care
- Physical and occupational therapy
- Medical social services
- Medications
- Medical supplies and equipment in the facility
- Ambulance transportation (when other transportation endangers health) to the nearest supplier of needed services that are not available in the Swing Bed
- Dietary counseling

PROCEDURE:

1. Each patient is informed of financial obligations prior to or at the time of admission by Care Management. This will include examples of items and services that the facility may charge the patient as well as any copays for Medicare or other third-party payors.

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE:	Financial Obligations	POLICY # SB 006
DEPARTMENT/SCOPE:	Swing Bed	Page 2 of 2
		EFFECTIVE: 10/23/2023
OWNER:	Moriah Padilla	APPROVER: M. Padilla

2. Each patient will be informed of any changes to financial obligations when they occur by Care Management.
3. A patient who has been adjudicated incompetent or incapacitated will be advised of financial obligations to the extent the patient is able to understand them. The individual with decision-making authority for the patient will be notified of financial obligations.
4. Patients or their legal representatives who have questions may be referred to Care Management or the Business Office.
5. The Business Office is responsible for updating the Medicare co-pay annually and ensuring that patient notifications have been updated.

REFERENCES:

State Operations Manual. Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs (Rev. 200, 02-21-20) §483.10(g)(17)

COMMITTEE APPROVALS:

P&P: 12/6/2023

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: General Laboratory – Specimen Collection	POLICY # 3006
DEPARTMENT/SCOPE: Laboratory	Page 1 of 6
	EFFECTIVE: 11/06/2023
OWNER: Sophia Lou Rosal, CLS	APPROVER: Kevin Davie

PURPOSE

The Laboratory Department at Mayers Memorial Hospital (MMH) provides clinical testing 7 days a week, 24 hours per day. The following pages are intended to provide general information for laboratory employees, healthcare providers, and nursing staff on how to go about requesting laboratory services and what to expect subsequently.

***Note:** For clarification purposes when reviewing the Lab P&P Manual; Lab Tech or Tech refers to any person qualified (CLS, MLT, Laboratory Assistant (LA), Phlebotomist, qualified and trained healthcare worker) under CLIA Guidelines to collect, process, test, and result testing of Waived to Moderate Complex testing. Only a certified CLS can perform Complex testing.

MMH will refer to Mayers Memorial Hospital.

POLICY

TEST REQUISITIONS

In-house tests are requested through the Hospital Information System (HIS). All outpatients presenting to the lab for collection are submitted through either the electronic system, or pre-printed requisitions or transcription pads, and then entered into the Lab system.

MEDICAL NECESSITY

Medicare has enacted documentation rules for laboratories that bill the government for outpatient Medicare testing. Under these rules, the laboratory that performs the test is required to have documentation of the ***medical necessity*** of any tests that are billed to a Federal program. Medical necessity can be in the form of an appropriate diagnosis code or other information that explains the need for the test. Admitting at MMH takes care of checking for medical necessity, and ABN's if necessary. The HIS will be used to expedite the documentation of medical necessity.

In those cases where Medicare is likely to deny payment based on medical necessity, a signed Advanced Beneficiary Notice (ABN) is to be obtained from the patient before the specimen is collected. It must contain four (4) pieces of information: the test(s) being performed; a statement saying the patient's physician believes Medicare is likely to deny the claim for the test(s) in question; the reason the claim may be denied; and a statement that tells the beneficiary that he or she will be responsible for payment if the claim is denied, and that the patient agrees to pay. The form must be signed and dated by the patient or his/her authorized representative prior to collection of the specimen and performance of the testing.

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: General Laboratory – Specimen Collection	POLICY # 3006
DEPARTMENT/SCOPE: Laboratory	Page 2 of 6
	EFFECTIVE: 11/06/2023
OWNER: Sophia Lou Rosal, CLS	APPROVER: Kevin Davie

PROCEDURE

SPECIMEN REQUIREMENTS

Patient Preparation

1. Outpatients:
 - a. Patients are advised by the referring physician’s office on specimen collection instructions and/or patient preparation.
 - b. Outpatients are required to go to the Admitting Office for registration, insurance verification and acquire medical necessity documents before proceeding to the outpatient collection area.
 - c. The Admitting Office will send the patient to the lab for collection. The Admitting Office will print a ‘Face Sheet’ and attach the lab orders to the face sheet.
 - d. Prior to collection, the laboratory asks the patient if specimen collection instructions or preparation has been followed. The patient is also asked for two identifiers.
 - e. If a patient did not follow preparation instructions, the responsible phlebotomist notifies the referring physician’s office.
 - f. The patient is advised to follow instructions and return to the laboratory for service.
2. Inpatients: Patients who are hospitalized will be prepared for sample collection by the nursing department.

Blood Collection

To minimize large volume draws, the laboratory notifies the requesting health care provider of possible unnecessary repetition of tests and may only accept standing orders by written request from the physician. These orders must be reviewed and renewed by written order of the physician every 6 months.

Specimen requirements are listed in the Specimen Collection Manual. Before collecting a sample, you should:

- Check the Manual/Directory to ascertain specimen requirement.
- Check if the patient needs to be fasting or has some other requirement prior to undergoing phlebotomy.
- Check if all the required specimen collection materials are available.
- Check storage and special handling requirements, e.g., protected from light.

Most specimens require refrigeration unless noted in the Manual/Directory. Special care should be taken to ensure that frozen specimens are immediately stored in the freezer until testing or

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: General Laboratory – Specimen Collection	POLICY # 3006
DEPARTMENT/SCOPE: Laboratory	Page 3 of 6
	EFFECTIVE: 11/06/2023
OWNER: Sophia Lou Rosal, CLS	APPROVER: Kevin Davie

pickup. Whole blood is rarely frozen and only a few tests require whole blood, most tests require serum or plasma.

SPECIMEN IDENTIFICATION

The proper identification of specimens is very critical. The minimum patient data and other information required on the specimen label are:

- Patient Name and Location
- Patient Medical Record Number or Account Number
- Date and Time of Collection
- Collector's Initials

BLOOD SPECIMENS

Blood specimens are collected into different types of color-coded Vacutainer tubes. In multiple tube draws, the proper sequence (red > yellow > blue > green > lavender for vacutainer draws, and Lavender > blue > green > yellow > red for syringe draws) must be followed to avoid contamination which may affect the test. Blood cultures are drawn **first**, if requested together with other tests.

After collection, anti-coagulated tubes are manually mixed by gentle inversion. **Do not** centrifuge the plain tubes (no anti-coagulant) immediately, allow clotting for at least 8 minutes and centrifuging for 6 minutes at approximately 4000 RPM. For referred tests, transfer the serum/plasma to a plastic transport vial and store as required until courier pick-up. If plasma is required, it must be separated within one hour of collection unless the specimen is about to be delivered to the testing bench. If anticipated testing delay of over 1 hour, separate the plasma and store properly until testing.

Hemolysis occurs when the membrane around the red cell is damaged. This can occur when specimens are collected and/or processed improperly and may cause erroneous results. Care must be taken in collection and processing of blood samples to minimize hemolysis.

As a rule of thumb, the volume of blood drawn should be about 2 times the amount of serum or plasma required (i.e., 2 ml of serum required, then draw a 4 ml tube). Many patients suffer from anemia conditions. Draw the blood required to accommodate the smaller sample requirement.

The following is a list of the commonly ordered tests with minimum sample requirements.

- Chemistry Panels (BMP, CMP, LFT): One 3ml green top.
- Hematology Tests (CBC, H & H, Retic, ESR): One 3-4ml lavender top.
- Coagulation Tests (PT, PTT): One 1.8ml blue top (must be filled precisely).
- Therapeutic Drugs (Digoxin, Theophylline, Gentamicin, etc.): One 3ml yellow or

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: General Laboratory – Specimen Collection	POLICY # 3006
DEPARTMENT/SCOPE: Laboratory	Page 4 of 6
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green top.

REPORTS

MMH Laboratory generates the following patient reports:

1. **Final Report:** Available in the Laboratory/Hospital/Clinic Information System and contains result(s) and pending tests being performed.

URINE SPECIMENS

1. **Random Urine:** If random urine is required for testing, the specimen of choice is the first morning sample. All efforts should be made to collect the first A.M. specimen; if inconvenient a clean catch sample is acceptable.
2. **Urine for Culture:** Specimens for urine culture must be collected aseptically in a sterile container by "mid-stream" clean catch technique.
3. **24-Hour Urine:** Proper collection and preservation of 24 hour urine specimens are essential for accurate test results. Patients should be carefully instructed in the correct procedure.

Important Notes

1. For those analyses requiring the addition of 6N HCl, or any other additive, add the acid or additive at the start of collection (LabCorp should supply containers with HCL or other additives).
2. Have the patient collect each voiding in a smaller container and carefully pour the urine into the 24-hour container to avoid any possible acid burns to the patient.
3. If the **patient** is to **collect** the urine, provide the labeled container (with hazardous sticker on) and instruct patient not to touch or remove the preservative. Inform the patient **acid preservatives are hazardous chemicals.**
4. Unless instructed otherwise by the physician, advise the patient to maintain the usual fluid intake with **no** alcoholic beverages.
5. During the collection period, place the 24-hour urine container in the refrigerator to retard growth of microorganisms and decomposition of urine constituents.
6. **Collection Process:**
 - At the start of collection, have the patient empty his/her bladder (first morning sample) into the toilet. Write the date and time of voiding on the container label.
 - Collect all subsequent voiding and pour in the container including the first AM sample from the following morning. Stop collection when the first voided sample from the next morning is collected.

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: General Laboratory – Specimen Collection	POLICY # 3006
DEPARTMENT/SCOPE: Laboratory	Page 5 of 6
	EFFECTIVE: 11/06/2023
OWNER: Sophia Lou Rosal, CLS	APPROVER: Kevin Davie

FECES

Collect stool specimen for Culture and C. difficile toxin assay in a sterile container and deliver as soon as possible to the laboratory. Specimens for Ova & Parasites (O & P) must be collected in the special kits provided by the reference laboratory. Call the laboratory for specimen requirement of other stool assay.

FLUID SPECIMENS

Cerebral Spinal Fluid (CSF): Usually collected in special sterile tubes. Unless specified by requesting physician, testing is performed as follows: Tube #1- Chemistry, Tube #2- Microbiology, and Tube #3- Cell Count. Cerebrospinal fluids are tested as a STAT.

Body Fluids (Synovial, Pleural, etc.): Body fluids should be submitted in the following containers:

- Cell Count- Lavender top tube
- Chemistry- Plain red top tube
- Microbiology- Green top tube (No serum separator tube)

MICROBIOLOGY SPECIMENS

1. Obtain specimens before administration of antimicrobial therapy. Isolates requiring sensitivities will be performed automatically unless instructed otherwise by the physician.
2. CSF and Body Fluids are collected in sterile containers and labeled appropriately.
3. Multiple sets of blood cultures are usually requested at timed intervals and must be collected under strict aseptic conditions.
4. Anaerobic, Chlamydia and Viral cultures require special collection/transport media and are available from the laboratory.
5. GC cultures require a special swab available from the laboratory. Do not refrigerate.

NON-GYN CYTOLOGY

Request for cytological examination of specimens such as sputum, urines, etc., is entered on a manual request and sent to the Path Lab for testing.

PATHOLOGY AND GYN SPECIMENS (PAP SMEARS)

Submit specimens for Pathology workup in the formalin containers provided, and send to lab for

MAYERS MEMORIAL HEALTHCARE DISTRICT

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transport to the Pathology Reference Lab via FedEx. Slides are placed in slide transport containers for transport.

COLLECTING SPECIMENS FOR ETOH

Alcohol on the skin may elevate ETOH levels. Povidone-iodine (Betadine) can be used, or some other form of cleanser that does not contain ETOH.

Also see P&P: Legal Blood Draw.

REFERENCES

Center for Medicare and Medicaid Services, *CLIA Interpretive Guidelines for Laboratories* | Website: [cms.gov/medicare/quality/clinical-laboratory-improvement-amendments/guidelines/laboratories](https://www.cms.gov/medicare/quality/clinical-laboratory-improvement-amendments/guidelines/laboratories) | Retrieved on 10/21/2023

Labcorp Reference Laboratories, *Introduction to Specimen Collection* | Website: labcorp.com/resource/introduction-to-specimen-collection | Retrieved on 10/24/2023

Shasta Pathology Associates, *Specimen Collection Protocols* website: www.shastapathologyassociates.com | Retrieved on 11/06/2023

COMMITTEE APPROVALS:

P&P: 1/17/2024

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Anesthesia Privileges	POLICY#: MedStaff 002
DEPARTMENT/SCOPE: Med Staff, Surgery, Antesthesia	Page 1 of 1
	EFFECTIVE: 10/17/23
OWNER: P. Sweet	APPROVER: J. Hathaway

POLICY:

Policy: The Anesthetist providing anesthesia (Anesthesiologist, CRNA) will be granted privileges to provide such care via Mayers Memorial Credentialing process

Procedure: The Anesthetist will be granted privileges to provide anesthetic care via the following:

1. Current California CRNA/MD License
2. Graduate of Approved CRNA/MD Program
3. Current certifications in their employee file
4. All conditions met per Mayers Memorial Credentialing Process

REFERENCES:

ACHC Standard 8/1/2001

COMMITTEE APPROVALS:

MEC: 12/19/2023

MAYERS MEMORIAL HOSPITAL DISTRICT

Privileges in Hospice and Palliative Medicine

Name: _____

Qualifications

To be eligible for core privileges in Hospice and Palliative Medicine, the applicant must meet the following qualifications:

- Hospice and palliative medicine services for at least 50 patients during the past 36 months (with at least 16 in the past 12 months), reflective of the scope of privileges requested.

or

- Successful completion of an accredited palliative medicine fellowship program within the past 12 months.

Staff Status Requested *(please check one)*

- Active: must admit at least 10 inpatients per year to the Hospital
- Consulting: may not admit patients to the Hospital
- Courtesy: may not admit more than 10 inpatients per year to the Hospital

Privileges included in the Hospice and Palliative Medicine Core

- Admit, evaluate, diagnose, and provide primary care or consultative services to all patients with life-threatening illness who require, or may require, specialist-level palliative care services.
- Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding the emergency and consultative call services.
- Performance of history and physical exam.
- Administration and management of palliative sedation.
- Assessment of pertinent diagnostic studies.
- Direct treatment and formation of a treatment plan.
- Management of common comorbidities and complications and neuropsychiatric comorbidities.
- Management of palliative care emergencies (e.g., spinal cord compression and suicidal ideation).
- Management of psychological, social, and spiritual issues of palliative care patients and their families.
- Management of symptoms, including various pharmacological and nonpharmacologic modalities and pharmacodynamics of commonly used agents.
- Performance of pain-relieving procedures

Name: _____

- Provision of appropriate advanced symptom-control techniques, such as parenteral infusion techniques.
- Symptom management, including patient and family education, psychosocial and spiritual support, and appropriate referrals for other modalities, such as invasive procedures.

<input checked="" type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s):		

Additional Privileges Requested (write in below):

To be eligible for the additional privilege(s) requested, the applicant must demonstrate acceptable experience and/or provide documentation of competence in the privileges requested consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges (see attached “Supporting Documentation Form”).

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Mayers Memorial Healthcare District, and;

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Applicant
Thomas D. Watson, MD

Date

Name: _____

Recommendations

We have reviewed the requested clinical privileges and supportive documentation for the above-named applicant and recommend action on the privileges as noted above.

Credential Committee Chair

Date

Medical Executive Committee Chair or Vice Chair

Date

MAYERS MEMORIAL HOSPITAL DELINEATION OF CLINICAL PRIVILEGES

- Nurse Practitioner – Neurology

Please check each privilege you are requesting below. The exercise of all privileges may occur only in the context of prevailing bylaws, rules and regulations, and hospital policies. Request only those privileges that you intend to exercise and for which you can demonstrate qualifications. It is required that all services performed be documented in the patient medical record and countersigned as appropriate and required by law. Please note that write-in privileges are not permitted. Please contact the Medical Staff Office if you wish a privilege not listed below.

EDUCATION AND LICENSE REQUIREMENTS

- A certificate of completion from a college or university-based Nurse Practitioner program, and
- A current license to practice as a registered nurse in the State of California, and
- A current license to practice as a Nurse Practitioner in the State of California

AND

- Applicants for appointment must be able to demonstrate provision of neurological services, reflective of the scope of privileges requested, to at least 24 patients during the past 12 months or demonstrate successful completion of an accredited residency or special clinical fellowship within the past 12 months.

SCOPE OF PRACTICE

As outlined in the Nursing Practice Act (NPA), Business & Professions Code Section 2725, Nurse Practitioners are registered nurses with additional preparation and skills in health history taking, physical and psychosocial assessment, and management of patient's health/illness needs. These advanced practice nurses are skilled health professionals who work under the supervision of a licensed physician to provide a broad range of medical, diagnostic and therapeutic services in a variety of health care settings. Some of the services that NPs provide involve areas of overlapping practice between physicians and registered nurses. Activities that overlap the practice of medicine may require standardized procedures. The NP may implement appropriate standardized procedures or changes in treatment regimen after observing signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and determining that these exhibit abnormal characteristics.

Medical Privileges:

Requested

Approved

Not Approved

Telemedicine core privileges in Neurology include the ability to evaluate, diagnose, and provide consultation to patients of all ages with diseases, disorders, or impaired function of the brain; spinal cord; peripheral nerves; muscles; and autonomic nervous system, including the associated coverings, blood vessels, and other effector tissue, such as muscle.

I fully understand and agree to follow the standards as set out above in the performance of all duties and actions.

Signature of Nurse Practitioner

Date

Nurse Practitioner Supervision

1. The supervising physician shall be available in person or through direct radio, telephone or electronic communication at all times when the nurse practitioner is caring for a patient.
2. Countersignature and dating of 5% of all medical records written by the nurse practitioner within thirty (30) days that the care was given by the nurse practitioner.
3. Any medication ordered by an appropriately authorized nurse practitioner, following standardized procedures, is only done so on behalf of the supervising physician whose name must also be included with the order.
4. It is the supervising physician’s responsibility to follow the progress of his/her patient to ensure that the nurse practitioner is working within his/her approved scope of practice and not functioning autonomously in his/her role.

Supervising Physician(s):

I understand and accept full legal and ethical responsibility for the performance of all duties or acts performed by the above named nurse practitioner. I understand and agree to provide supervision as set out above. I further agree to notify the Medical Staff Office of Mayers Memorial Hospital District when I am no longer the supervising physician for the nurse practitioner listed above.

Print Physician Name

Signature of Supervising Physician

Print Physician Name

Signature of Supervising Physician

Print Physician Name

Signature of Supervising Physician

Name _____

The privileges requested above have been approved subject to the following exceptions or additional requirements:

Approval of the IDP/AHP Committee

Date

Approval of Medical Executive Committee
Chief of Staff or Vice Chief of Staff

Date

MAYERS MEMORIAL HOSPITAL DISTRICT

Privileges in General Surgery (including Gynecology)

Name: _____

General Surgery Core Privileges (including Gynecology)

Qualifications

To be eligible for core privileges in general surgery, the applicant must meet the following qualifications:

- Documentation of the performance of at least 50 general and/or gynecological surgical procedures total or 25 major general surgical procedures (see accompanying lists) during the past two years or demonstrated successful completion of a hospital-affiliated formalized residency or clinical fellowship in the past two years;
- and**
- Current certification or active participation in the examination process leading to certification in general surgery by the American Board of Surgery, or the American Osteopathic Board of Surgery; or
 - Successful completion of a postgraduate residency in general surgery accredited by the ACGME, AOA, or equivalent.

Staff Status Requested *(please check one)*

- Active: must admit at least 10 inpatients per year to the Hospital
- Consulting: may not admit patients to the Hospital
- Courtesy: may not admit more than 10 inpatients per year to the Hospital
- Telemedicine Affiliate: may not admit patients to the Hospital

Privileges included in the General Surgery Core

Privileges to evaluate, diagnose, consult, provide pre-, intra-, and postoperative surgical care, and perform surgical procedures for patients of all ages—except where specifically excluded from practice and except for those special procedure privileges listed below—to correct or treat various conditions, illnesses, and injuries of the abdomen and its contents (including hollow and solid viscera), breast, skin, soft tissue, head and neck, endocrine system, and minor extremity surgery. Privileges include, but are not limited to, those delineated in the accompanying major and minor general surgery procedure lists. Practitioner accepts responsibility to supervise CRNA administering anesthesia while exercising those privileges that are requested and approved. Practitioner accepts responsibility to supervise RN for procedural sedation.

<input type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
------------------------------------	--------------------------------------	--

Recommended with the following modification(s) and reason(s):

Privileges included in the Gynecology Core

Privileges to evaluate, diagnose, consult, and provide pre-, intra-, and post-operative care, and perform surgical procedures for patients of all ages—except where specifically excluded from practice and except for those special procedure privileges listed below—to correct or treat various conditions, illnesses, and injuries of the gynecological or genitourinary system. Privileges include, but are not limited to, those delineated in the accompanying gynecology procedure lists.

<input type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s):		

Special Procedures Privileges

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience, and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges (see attached “Supporting Documentation Form”).

Procedure (Check if requested) →	Criteria	Recommend?	
		Yes	No
Advanced Laparoscopic (Bowel, etc.)	2 in 2 years		
Sentinel Node Bx (for cancer)	2 in 2 years		
Use of fluoroscopy	*		
Assist in Surgery			

*Requires current California State Fluoroscopy Operator Certificate

Recommended/Not recommended with the following modification(s) and reason(s):

Additional Privileges Requested (write in below):

To be eligible for the additional privilege(s) requested, the applicant must demonstrate acceptable experience and/or provide documentation of competence in the privileges requested

Name _____

consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges (see attached “Supporting Documentation Form”).

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Mayers Memorial Hospital District, and;

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Applicant

Date

Recommendations

We have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Credential Committee Chair/Vice-Chair

Date

Medical Executive Committee Chair/Vice-Chair

Date

CORE PRIVILEGES GENERAL SURGERY

MAJOR

Amputation (Above Knee, Below Knee, Transmetatarsal)
 Appendectomy
 Biliary Tract Surgery, including Cholecystectomy
 Breast Surgery (Lumpectomy, Mastectomy, Operation for Gynecomastia)
 Colectomy, Colostomy, Colotomy
 Enteric Fistula, Management
 Gastrostomy/Enterostomy (Decompression, Feeding)
 I&D Abscess (Abdominal, Pelvic, Deep Tissue)
 Intestinal Incision, Excision, Resection and Enterostomy
 Intestinal Obstruction, Correction of
 Laparoscopic Procedures (Diagnostic, Appendectomy, Cholecystectomy)
 Liver Biopsy (Intraoperative)
 Lymph Node Dissection
 Management of Burns
 Management of Trauma
 Orchiectomy
 Perforated Viscus Repair (Gastric, Small Intestine, Colon)
 Skin Grafts

CORE PRIVILEGES GENERAL SURGERY

MINOR

Anorectal Exam under Anesthesia
 Anorectal Fistulotomy/Fistulectomy
 Breast Biopsy
 Circumcision (Adult/Child- Operative)
 Colonoscopy
 Debride/Repair Minor Injuries/Wounds
 Esophagogastroduodenoscopy
 Excision Anorectal Lesions (Superficial)
 Excision Cutaneous/Subcutaneous Lesions
 Excision Oral Lesions
 Excision Ingrown Nail
 Hernia Repair (Inguinal, Umbilical, Incisional/Ventral)
 Hemorrhoidectomy
 I&D Abscess (Superficial, Perianal)
 Incision/Excision Pilonidal Cyst
 Insertion/Management CVP/PA Catheter
 Liver Biopsy (Percutaneous)
 Lymph Node Biopsy
 Paracentesis/Thoracentesis
 Polypectomy (Nasal/Rectal/Vaginal)
 Rectal Biopsy

CORE PRIVILEGES GYNECOLOGY

Anterior/Posterior Repair
Bartholin Cyst (Excision/Marsupialization)
C-Section
Dilatation and Curretage
Hysterectomy (Abdominal, Vaginal, Lap-Assisted)
IUD Removal
Laparotomy/Laparoscopy
Salpingo-Oophorectomy
Tubal Ligation (Open/Laparoscopic)

ANESTHESIA

Local Anesthesia
Analgesia/Sedation - For Procedures
Regional Nerve Block (Hand/Finger, Foot/Toe, Facial)



Operations Report January 2024

Statistics	December YTD FY24 <i>(current)</i>	December YTD FY23 <i>(prior)</i>	December Budget YTD FY24
Surgeries			
➤ Inpatient	0	0	TBD
➤ Outpatient	0	0	TBD
Procedures** <i>(surgery suite)</i>	0	0	TBD
Inpatient	993	1017	800
Emergency Room	2098	2326	2169
Skilled Nursing Days	14610	14154	13804
OP Visits (OP/Lab/X-ray)	7128	8519	6724
Hospice Patient Days	282	758	770
PT	895	1186	1312

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

**Procedures: include colonoscopies

Human Resources

January 2024

Submitting by Libby Mee – Chief Human Resource Officer

Staffing and Recruitment

Provider

In addition to our standard recruitment and retention efforts, the team has applied additional attention and resources to Medical Staff positions. Positions that are currently be recruited include Emergency Department Medical Director, Emergency Department Provider and Mid-Level, Skilled Nursing and Med/Surge Mid-Level Hospitalist. The department has received interested applicants and candidates for permanent, locum and interim positions.

Members of the Administrative team are also scheduled to meet with legal counsel to review and revise current Medical Staff agreements and practical practices related to recent developments and new laws and regulations.

Surgery

We continue to provide support to the Surgery leadership team as we work toward reopening the department. We have initiated our shared staff agreement with Modoc Medical Center and will be sharing a General Surgeon and are in negotiations for a shared CRNA. Our current staff member is also continuing her work on her certification in a Scrub Tech program and is scheduled to travel to Modoc Medical Center to begin job specific training.

Fairs and Recruitment Events

Representatives from MMHD are scheduled to attend the below fairs and events in efforts to recruit local employment applicants:

- Career Day at West Valley High School – February 15th
- Job Fair at Sacramento State – March 5th
- Smart Center Job Fair in Redding - March 26th
- Oregon Institute of Technology – April 24th

Employee Health, Wellness and Benefits

Insurance

We have successfully transitioned out new employee benefit programs into the new year. The Benefit Administration team is working with staff to ensure accurate enrollment and deductions related to open enrollment as well as how to access current benefit programs. As we are now self-insured, the team recently received training on a dashboard that will allow us to see claims data giving us a greater opportunity to provide support to our employees.

Work Related injury and Illness

We ended 2023 with 14 first aid claims and 16 reportable claims, resulting in 89 days away from work. As you can see from the below chart, we did see a higher volume of reportable claims compared to the previous year.

Of the 16 reportable claims, 8 were due to work-related COVID exposures.

Of the 89 days away from work, 35 were due COVID claims.

Year	First Aide	Reportable	Days Away from Work
2023	14	16	89
2022	18	9	35
2021	18	8	11
2020	11	8	70
2019	12	5	59

I am anxious to work with our Work Comp carrier to see how the change in claims over the past year related to COVID will affect our premiums.

But, I am also happy to report that at the time of this report, we have had no work-related injury or illnesses in the new year.

Training/Events/Conferences

Labor and Employment Law Seminar

I recently attended an annual Labor and Employment Law Seminar hosted by our legal support team at Hanson & Bridgett. The Seminar focused on New Employment Laws for 2024, Labor Law Developments, Recent Developments in Class and Representative Actions, Impacts of Recent Supreme Court Decisions and Diversity Initiatives and AI in Employment Law and Consequential Decision-Making.

Trusted Edge Leadership Institute Certification

I have enrolled in a 6-week cohort certification program to become a Trust Edge Certified Partner. This program will provide tools to build a high trust, high performing culture at MMHD.

The HR team will also be attending the American Society for Healthcare Human Resource Administration (ASHHRA) annual conference in April.

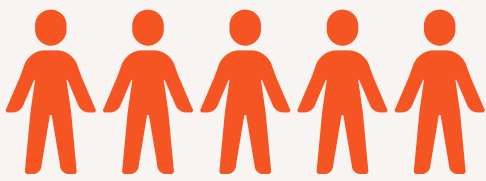
EMPLOYEE STATISTICS

For 2023

378

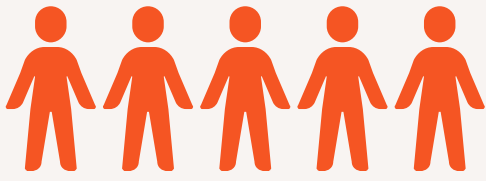
Total Employees

RETENTION VS. LOSS



94

People hired/rehired



79

people terminated their employment

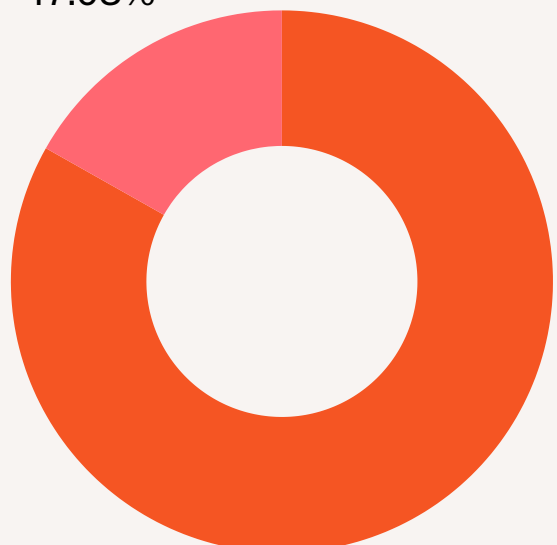
#	Term Reason
2*	Did not maintain emp status/min shifts
2	Did not pass probation
4*	Did not return from LOA
2*	Retirement
8*	Temp Employment - Assignment Ended
9	Term for cause
15	Vol Res- Alternate Employment
17	Vol Res- Personal
16	Vol Res- Relocation
4	Vol Res- School

*= no fault

ADJUSTED TURNOVER STATS FOR 2023:

Goal turnover for FY 24 is 17.52%

Adjusted Turnover 17.03%





Bolded = Actively Recruiting

*= Top Priority

Positions:

available:

***Emergency Dept Medical Director**

1

***Emergency Dept Mid Level**

PT OR FT

***Emergency Dept Physician**

PT OR FT

Emergency Room RN

PER DIEM

Food and Nutrition Aide

1

Hospice Home Health Aide

PER DIEM

***Independent Retail Pharmacist**

1

***Infection Prevention RN**

1

Med/Surg Acute RN

PER DIEM & FT

Medical Assistant (RHC)

1

***Nurse Practitioner (SNF + ACUTE)**

1



BOLDED= Actively Recruiting

*******= Top Priority

Positions:

available:

***Pharmacist**

1

Physical Therapy Assistant

1

***Radiology Tech**

1

***Skilled Nursing RN**

3

***Skilled Nursing CNA**

14: 3 PER DIEM, 1 PT, 8 FT

***Skilled Nursing LVN**

10: 1 PER DIEM, 2 PT, 7 FT

Skilled Nursing Charge
Nurse

1

**Chief Public Relations Officer – Valerie Lakey
January 2024 Board Report**

Legislation/Advocacy

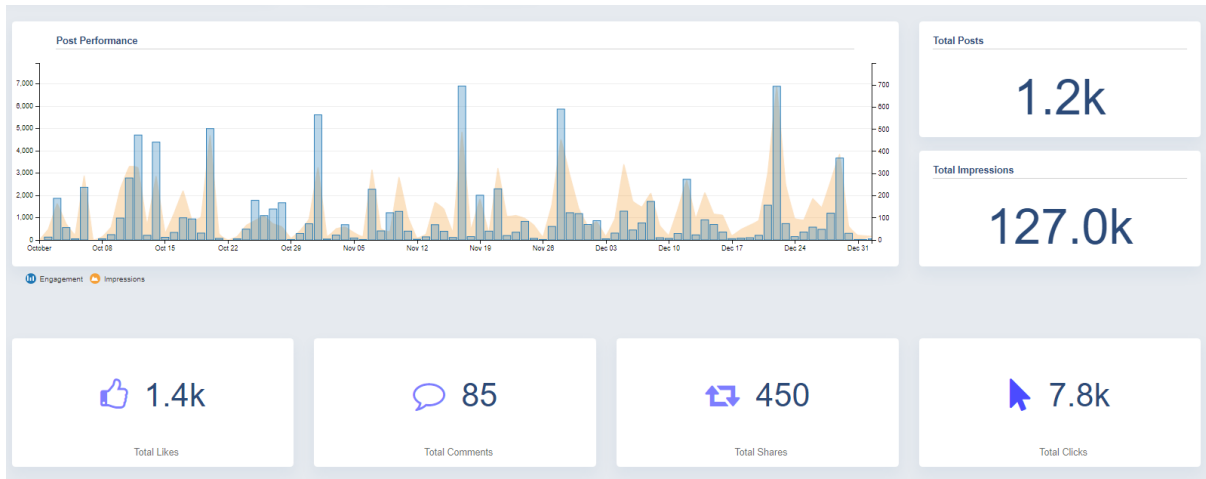
The legislative season is just getting underway with bill introduction deadlines approaching. I will provide information as it becomes available. At the end of this report, I have attached a summary of the bills from the last legislative session that we need to potentially address.

Public Relations/Marketing

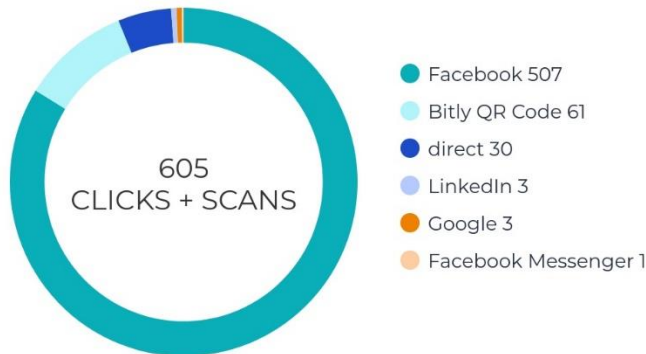
Work continues to update the website. Managers submitted changes that were due on January 15th, we can now begin to make the changes necessary.

We have placed a big focus on clinic marketing. A letter went out for the month of January to designated demographics with information regarding cervical health. We have a calendar set up through June that will target a specific health related issue and patient demographics.

We have implemented a new system for tagging our various types of marketing so that we can determine which methods are the most beneficial. Below is a summary of social media activity over the last quarter of 2023.



We use custom links and QR codes to track activity. Below are analytics on those link clicks:



Foundation

This packet is being prepared prior to the Denim & Diamonds Gala. There will be more details provided at the meeting as the event will have happened and hopefully been a success! We have sold out dinner tickets and are doing great on the Mustang Raffle tickets.

The Annual Appeal has garnered over \$20,000 in pledged donations. The document serves a variety of purposes in addition to fundraising. We view it as a way to promote what MHF does for the healthcare needs of our community and recognize the many great programs, students, staff and donors that are a vital part of what we do.

After the Gala, we will begin plans for the annual health fair. We are looking at changing a few things to reinvigorate the event and provide service to our community. We are excited about potential ideas. Stay tuned!

The Thrift Store ended 2023 with a great uptick in sales. Some goals were set in October and those goals were met and exceeded.

- 2021 4th QTR Revenue \$20,619.38
- 2022 4th QTR Revenue \$20,258.79
- 2023 4th QTR Revenue \$23,345.29

We are working on some plans to increase efficiency in the Thrift Store so that we can continue to support Hospice and other programs at MMHD.

All paperwork has been submitted by department managers and MHF will be presenting a check to MMHD for **\$80,480.99** for the 2023 Department Grant Awards.

We have received a few new volunteers. Some of the existing volunteers have been helping in a variety of areas. We have a few working on keeping inventory refreshed and stocked at the Pharmacy Gift Shop and most recently have had a couple of volunteers helping to organize and sort through items at the TCCN building.

Tri County Community Network

We received the Grant Deed for the TCCN property, and the project is full steam ahead. We have been working on getting the building ready to move our finance team over to the upstairs portion. We have remodeled an existing space downstairs to accommodate the bright futures program (which was upstairs).

IT has been planning and coordinating setting up the workstations and all the IT needs for the building. We are waiting on the materials to come in to get the IT portion of the project completed.

We will be doing a few small projects, including some painting, fixing some lighting, and replacing some ceiling panels. We will also be fixing the driveway entrance into the parking lot.

We have hired a director and have started to determine different projects and programs to be implemented. As projects progress, we will be providing a timeline for the board. The first thing we

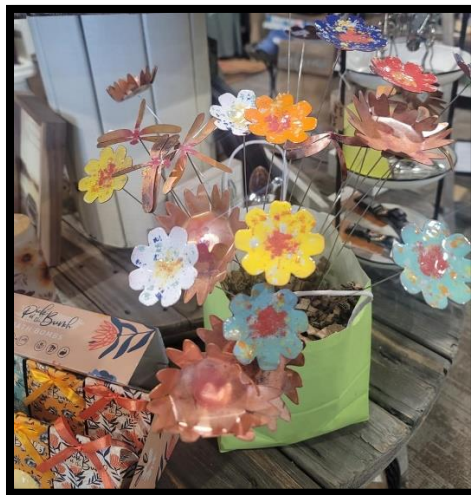
hope to do is have a community event in March to kick things off and let the public know what we are planning.

For the children's programs, the idea is to start a summer program and then kick off the other children's programs in the fall when school starts.

There is a lot of work to do to reorganize and get the building ready for the many, many programs that we have in mind. It is going to be a big asset to Burney and the Intermountain community.

Gift Shop

The Gift Shop had a great December brining in \$4566.02 gross. This was a great month. We had a lot of nice, reasonably priced items that sold very well. Since the holiday we have been working to restock and again have some nice items. Special thank you to MaryJo McDermott and Nina Martinez who have been volunteering to keep things looking nice at the Gift Shop.



2023 Legislative Summary

- 1046 bills went to the Governor's Desk
- 890 bills were signed
- 156 bills were vetoed

Labor and Employment

SB 497 - Under existing law, employers cannot discriminate, retaliate, or take adverse action against an employee or applicant who files or participates in a complaint that they are owed unpaid wages. This bill creates a REBUTTABLE PRESUMPTION in the employee's favor that any adverse action taken within 90 days of an employee filing/participating in:

- a) Any DLSE complaint
- b) Any PAGA claim

SB 616 - Existing law requires employers to provide at least 3 days of paid sick leave to eligible employees

- SB 616 requires employers to provide 5 days of paid sick leave using the same accrual method, BUT SB 616 reduces the accrual window for existing paid sick leave policies from nine months to six months and increase the leave amount

SB 848 - requires an employer to grant up to 5 days of leave due to a reproductive loss.

- Failed adoption/surrogacy
- Miscarriage or stillbirth
- Unsuccessful assisted reproduction
- Capped at 20 days within a 12-month period, and the leave must be taken within 3 months of the event.
- If there is no existing policy, reproductive loss may be unpaid or the employee may use PTO, sick leave, or other paid leave.

SB 428 - Since the beginning of the pandemic, aggression towards public-facing employees has grown exponentially in all industries.

- SB 428 (Blakespear) permits an employer or CBA representative to request a restraining order if their employee is harassed... starting January 1, 2025

SB700 - From the perspective of the Legislature, cannabis is a legal substance, just like alcohol or tobacco.

- Last year, the Legislature limited the use of pre-employment and employment drug testing for cannabis (AB 2188).
- SB 700 (Bradford): Prohibits employers from inquiring about past cannabis use, EXCEPT where the inquiry is permitted under existing state or federal law.

SB525 - SB 525 creates FOUR different minimum wages:

- 1)Hospitals/Health Systems with 10k+ FTE Employees
- 2)Independent Rural Hospitals and Hospitals with a High Governmental Payor Mix
- 3)Clinics
- 4)Everyone Else

- All four minimum wages eventually lead to \$25 per hour. SB 525 covers two categories of employees:

- 1)An employee of a health care facility who provides patient care, health care services, or services supporting the provision of health care
- 2)Contract employees where the hospital has a joint employer relationship

For rural/high governmental payor hospitals, the health care minimum wage is as follows:

- 1)June 1, 2024 to May 31, 2033: \$18 per hour, with 3.5 percent increases annually
- 2)June 1, 2033 to December 31, 2034, twenty-five (\$25) per hour
 - Starting on January 1, 2035, the minimum wage will annually increase at the lesser of 3.5% or the Consumer Price Index (CPI)
 - HCAI will determine which health systems are covered by this minimum wage
 - CHA expects that it will cover approximately 77 hospitals in California – **This should be MMHD**

Exempt employees must be paid the salary equivalent of the greater of either of the following:

- 1)200% of the state minimum wage (existing law)
 - 2)150% of the health care minimum wage
- SB 525 preempts all local initiatives or ordinances on compensation until January 1, 2030
 - SB 525 preempts all local initiatives or ordinances from creating a health care specific minimum wage until January 1, 2034

Behavioral Health

SB 34 - Changes to “gravely disabled” definition, effective January 1, 2034

- A condition in which a person, as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care.
- A condition in which a person, as a result of impairment by chronic alcoholism, is unable to provide for their basic personal needs for food, clothing, or shelter, personal safety, or necessary medical care.

Counties may delay implementation of SB 43 to 2026.

SB 326 - Modernizing the Mental Health Services Act

- Renames the law to the “Behavioral Health Services Act”
- New spending categories
- 35% for full-service partnerships
- 35% other behavioral health services
- 30% for housing interventions
- Target pop. includes moderate/severe SUD (without solely serious mental illness)

Emergency/Ambulance

AB 40 – Ambulance Patient Offload Time (APOT)

- By 7-1-24, local emergency medical services agencies (LEMSAs) must establish an APOT standard, not to exceed 30 minutes, 90% of the time.
- By 9-1-24, hospitals must submit an APOT reduction protocol to the Emergency Medical Services Authority (EMSA). Must consult with ED staff and union.
- By 12-31-24, when a hospital has exceeded the APOT standard for the preceding month, EMSA must report this to the LEMSA, which must then:
 - Alert all EMS providers in their jurisdiction
 - Direct the hospital to implement its APOT reduction protocol
 - Host bi-weekly calls with relevant hospital administrators and other stakeholders

EMSA must:

- By 12-31-24, implement an electronic signature protocol for use by ED and ambulance staff to record ambulance arrival/offload times
- By 12-31-24, implement an audit tool to improve the accuracy of transfer of care data
- No financial penalties (yet!)

Pharmacy

AB 1286 - Reporting pharmacy medication errors

- Background: Existing law requires hospitals report medication errors to CDPH only if the error leads to patient death or serious disability
- New law: report —within 14 days —other errors where the medication is incorrectly dispensed, even if there is no patient injury (no duplicate reporting required)
- BOP will identify the entity(ies) authorized to receive and analyze these reports

AB 1557 - Pharmacy: electronic prescriptions

Would delete the provision making the authorization to electronically enter a prescription inapplicable to controlled substances. The bill would also authorize a pharmacist located and licensed in the state to, on behalf of a licensed health care facility, from a location outside of the facility, verify medication chart orders for appropriateness before administration consistent with federal requirements, as established in the health care facility's policies and procedures. The bill would require a health care facility to maintain a record of a pharmacist's verification of a medication chart order pursuant to that provision, as specified. By expanding the scope of the crime of violating the Pharmacy Law, this bill would impose a state-mandated local program. other existing laws.

Finance

HCAI: Hospital Fair Pricing Policies Regulations

Charity care: billing and collections – new regs take effect 1-1-24

- Enforcement transferred to HCAI (no longer CDPH). Requirements about:
- Eligibility determination letters, taglines
- Policies and notices
- Signage, website language
- Responding to patient/HCAI complaints

- HCAI will review policies for compliance, may visit hospitals to inspect signage, etc.
- Penalties for late filing, noncompliance with legal requirements

AB 119 - managed care organization provider tax

Current law, inoperative on January 1, 2023, and to be repealed on January 1, 2024, imposed a managed care organization (MCO) provider tax, administered and assessed by the department, on licensed health care service plans and managed care plans contracted with the State Department of Health Care Services to provide full-scope Medi-Cal services. Those provisions set forth taxing tiers and corresponding per enrollee tax amounts for the 2019–20, 2020–21, and 2021–22 fiscal years, and the first 6 months of the 2022–23 fiscal year. Under those provisions, all revenues, less refunds, derived from the tax were deposited into the State Treasury to the credit of the Health Care Services Special Fund, and continuously appropriated to the department for purposes of funding the nonfederal share of Medi-Cal managed care rates, as specified. Those inoperative provisions authorized the department, subject to certain conditions, to modify or make adjustments to any methodology, tax amount, taxing tier, or other provision relating to the MCO provider tax to the extent the department deemed necessary to meet federal requirements, to obtain or maintain federal approval, or to ensure federal financial participation was available or was not otherwise jeopardized. Those provisions required the department to request approval from the federal Centers for Medicare and Medicaid Services (CMS) as was necessary to implement those provisions. This bill would repeal those inoperative provisions. The bill would restructure the MCO provider tax, with certain modifications to the above-described provisions, including changes to the taxing tiers and tax amounts, for purposes of the tax periods of April 1, 2023, through December 31, 2023, and the 2024, 2025, and 2026 calendar years. The bill would create the Managed Care Enrollment Fund to replace the Health Care Services Special Fund.

AB 1481 - Medi-Cal: presumptive eligibility

Current federal law, as a condition of receiving federal Medicaid funds, requires states to provide health care services to specified individuals. Current federal law authorizes states to provide presumptive eligibility to pregnant women or children, and existing state law requires the department to provide presumptive eligibility to pregnant women and children, as specified. This bill would expand the presumptive eligibility for pregnant women to all pregnant people, renaming the program “Presumptive Eligibility for Pregnant People” (PE4PP). For a pregnant person covered under PE4PP who applies for full-scope Medi-Cal benefits, if the application is submitted at any time from the date of their presumptive eligibility determination through the last day of the subsequent calendar month, the bill would require the department to ensure the pregnant person is covered under PE4PP until their full-scope Medi-Cal application is approved or denied, as specified. The bill would require the department to require providers participating in the PE4PP program to provide information to pregnant persons enrolled in PE4PP on how to contact the person’s county to expedite the county’s determination of a Medi-Cal application.

HR/Med Staff

AB 242 – Physician Employment

Background: AB 2024 (2016) authorized Critical Access Hospitals to employ physicians and charge for professional services rendered by them.

- Required that medical staff concur by an affirmative vote that the physician’s employment is in the best interest of the communities served by the hospital
- Hospital must not interfere with, control, or otherwise direct physician’s professional judgment in a manner prohibited by law
- Was set to expire on 1-1-24
- AB 242 eliminates the 1-1-24 expiration date, extending permanently the authority for Critical Access Hospitals to employ physicians directly
- Eliminates hospital’s annual reporting requirements to HCAI

Facilities/PR

AB 1740 – Human Trafficking Signage

Background: Existing law requires emergency departments and urgent care centers to post human trafficking informational signs at the public entrance or in another conspicuous location

- This bill adds facilities that provide “pediatric services” -- all medical services rendered by any licensed physician to persons from birth to 21 years of age, including attendance at labor and delivery
- Signs and required languages for each county are found at the Department of Justice’s website: <https://oag.ca.gov/human-trafficking/model-notice>

Clinical/Social Services/SNF

AB 665 - Minors’ Consent to Mental Health Services

For minors ≥ 12 who consent for their mental health treatment, counseling, or residential services:

- Eliminates requirement that minor either
 - Present a danger of serious physical or mental harm to themselves/others without the services OR
 - Be an alleged victim of rape or incest

- Adds requirement that treating professional must first consult with the minor before determining that involvement of minor’s parent/guardian in minor’s mental health treatment or counseling would be inappropriate
- Expands definition of “professional person” providing services to incorporate the definition in Health & Safety Code § 124260

AB 816 – Minor Consent to Buprenorphine

Background: Existing law expressly exempts “narcotic replacement” therapy from the kinds of services to which a minor may self-consent.

- Allows a minor ≥ 16 to self-consent to receiving medications for opioid use disorder from a licensed narcotic treatment program as replacement narcotic therapy, but only if/to the extent expressly permitted by federal law
- Clarifies that a minor ≥ 16 may self-consent to opioid use disorder treatment that includes buprenorphine
 - Applies to physician’s office, clinic, or health facility
 - Treatment must be by licensed physician or other health care provider acting within the scope of their practice

SB 302 - Compassionate Access to Medical Cannabis Act

Expands Ryan’s Law, which allows medical cannabis access in health facilities, to:

- Patients > 65 and
- Have a chronic disease for which patient has a physician’s assessment declaring that the patient has a serious medical condition (per Compassionate Use Act, §11362.7(h)) and that the use of medicinal cannabis is appropriate
- Notwithstanding this, a general acute care hospital “shall not permit a patient with a chronic disease to use medicinal cannabis.”

Prohibits health facilities from denying admission because of patient’s use of medicinal cannabis

- Expands/clarifies circumstances under which a health care facility may suspend compliance
- Adds an inquiry about the facility’s activities in connection with use of medicinal cannabis under Ryan’s Law by a federal regulatory agency, US DOJ, or CMS
- Specifies that “enforcement action” includes a notice to suspend funding
- Adds “guidance” to what constitutes notification to a health care facility prohibiting use of medical marijuana in health care facilities

AB 1697 - Authorization for Release of Information

Revises the Confidentiality of Medical Information Act (Civil Code) to allow for electronic signatures to authorize disclosure of medical information and genetic test results (this was already allowed by the Health and Safety Code)

- Allows an authorization form to specify an expiration “event” rather than requiring a date (now aligned with HIPAA)
- The expiration date or event must limit the duration of the authorization to one year or less, unless
 - The person signing the authorization requests a specific date beyond a year or
 - The authorization is related to a clinical trial or medical research study, in which case the authorization can extend no longer than the completion of the trial or study
- The authorization form must advise the person signing it of the right to receive a copy

AB 48 – SNF Informed Consent

Requires informed consent for psychotherapeutic drugs (drugs to control behavior or to treat thought disorder processes, excluding antidepressants)

- Right to be free from psychotherapeutic drugs used for purposes of resident discipline, convenience, or as a chemical restraint (except per 22 CCR §§72528, 73524(e))
- Must provide “material information”: the information a reasonable person in the resident’s condition and circumstances would consider material to a decision to accept or refuse the drug
 - Information specified in 22 CCR §§72528 (informed consent) and 73523 (patients’ rights) plus
 - New statutory requirements, including
 - Whether the drug has a current boxed warning label along with a summary of, and information about how to find, the contraindications, warnings, and precautions required by the FDA
 - Whether a proposed drug is being prescribed for a purpose that has or has not been approved by the United States Food and Drug Administration

Detailed requirements for obtaining and documenting informed consent

- Prescriber must personally examine the resident, disclose material information, and obtain the written informed consent (remote technology OK)

- Facility staff must verify that resident's health record contains signed consent before initiating treatment with psychotherapeutic drugs
 - If prescription was written prior to and encompasses resident's admission, facility staff must verify that informed consent was given and document that in the record
- If can't obtain signature of patient/representative, licensed nurse must sign the form and verify that they confirmed informed consent with resident/representative, providing the name of the person who provided the informed consent and date
- Facility to provide written notice every 6 months to resident/representative of any recommended dosage adjustments and resident's right to revoke consent

CDPH to develop standardized informed consent form to be available by 12-31-25

- Residents' rights P & Ps concerning informed consent must specify how facility will verify that resident provided informed consent or refused treatment/procedure pertaining to administration of psychotherapeutic drugs
- Facility not required to obtain informed consent each time a drug is administered absent change in material circumstances or risks
- Right to appeal: Established LTC resident's right to appeal an involuntary transfer or discharge through appeal process in 42 CFR § 483.204 regardless of resident's payment source or whether the facility is Medi-Cal or Medicare certified.

AB 1309 - SNF Discharges

Within 48 hours of giving required written notice of involuntary transfer or discharge, LTC must provide resident/representative:

- Evaluation of resident's discharge needs and discharge plan as required by federal law or most current discharge plan; and
- If transfer/discharge is because resident's needs cannot be met, all of the following (if not in most current discharge plan)
 - Written description of the specific resident's needs that cannot be met;
 - Facility attempts to meet the resident's needs; and,
 - Services available at the receiving facility that meet the resident's needs
- Prior to proposed transfer/discharge, facility must provide a copy of the discharge summary
- If transfer or discharge appeal hearing is requested, resident/representative must be able to examine, prior to and during the hearing, all documents and records to be used by the facility at the hearing.

- Facility has same access rights to resident's hearing evidence

AB 1417 - Elder and Dependent Adult Abuse

Abuse that is known, suspected, or alleged:

- Report immediately or as soon as practically possible by phone or confidential internet reporting tool
- If initial report is by phone, must be followed by a written or internet report within two working days
 - Abuse defined in Welf. & Inst. Code §15610.63: physical abuse as specified or physical or chemical restraint or psychotropic medication under specified conditions
- Abuse occurring in LTC facility (excluding state mental health hospital or state developmental center)
 - Abuse allegedly caused by another resident who has been diagnosed with dementia by licensed physician AND there was no serious bodily injury
 - Written report within 24 hours to LTC ombudsman and local law enforcement only

All other instances:

- Verbal report to local law enforcement agency as soon as practically possible, but no longer than two hours
- Written report within 24 hours to all the following:
 - LTC ombudsman
 - Local law enforcement agency
 - Corresponding state licensing agency

AB 979 – LTC Facilities: Family Councils

- Permits family council to meet virtually or at an offsite location (in addition to common meeting room of facility)
 - SNFs and ICFs: requires that family council approve the designated staff liaison
 - All can request alternate staff person as needed
 - Facility must provide written response to family council's written requests, concerns, recommendations
 - Within 14 calendar days (previously 10) regarding action/inaction taken in response and
 - Provide rationale for response

- Must notify family members/representatives of new residents of family council within 5 business days after admission or, if no family council exists, of their right to form one
- Requires facilities to provide names, email addresses, and other contact info for each resident's representatives, family members or other designated individuals with resident's written consent

AB 1070 - Physician assistants: physician supervision: exceptions

The Physician Assistant Practice Act authorizes physician assistants to perform medical services as set forth by regulations and the act when those services are rendered pursuant to a practice agreement and under the supervision of a licensed physician and surgeon. Current law prohibits a physician and surgeon from supervising more than 4 physician assistants at any one time. This bill would also authorize a physician and surgeon to supervise up to 8 physician assistants at one time if all of the physician assistants are focused solely on performing in home health evaluations to gather patient information and perform annual wellness visits or health evaluations that do not involve direct patient treatment or prescribing medication.

SB 699 - Contracts in restraint of trade

Current law regulates business activities in order to maintain competition. Current law voids contractual provisions by which a person is restrained from engaging in a lawful profession, trade, or business of any kind, except as otherwise provided. This bill would establish that any contract that is void under the law described above is unenforceable regardless of where and when the contract was signed. The bill would prohibit an employer or former employer from attempting to enforce a contract that is void regardless of whether the contract was signed and the employment was maintained outside of California.

[REPORT OF ALL SIGNED BILLS](#)

[REPORT OF ALL VETOED BILLS](#)

**January Board Report
Clinical Division
1/24/2024**

I attended ACHCU Academy in Orlando January 22-24. I was focused on the area of sterile compounding and learned many things in other areas such as hazardous materials handling and care planning. Most importantly, I have more resources to improve our organizations quality and patient safety.

Respiratory Therapy

- The new ABG machine from Nova-Biomedical is validated, is in use, and should be interfaced to Cerner in the next month.
- Respiratory therapy has been direct marketing to providers. Referrals for pulmonary function testing have gone up. Number will be presented next month.
- The oxygen sensors on our four Resmed ventilators are not working. Two of the ventilators are out for repair. The remaining ventilators can still be used but liter flow of oxygen has to be manually calculated. When the two ventilators are returned the remaining two will be sent for repair.

Laboratory

- Sophia Rosal, CLS, laboratory manager, has completed 70% of her policy revision with uploads to the laboratory system (MediaLab). The CLIA license renewal and accompanying documentation is ready for submission and has been sent to Dr. Morris for his signature.
- To shorten the time for laboratory results to be released to Cerner, Mayers in implementing auto-verification. Abnormal lab results will be reviewed by a CLS per the normal process. Upgrading this in Cerner could be complete by the end of February.

Imaging

- Harold Swartz, Imaging Manager, has completed review of all CT protocols and they are signed off by our Radiology Supervisor & Operator.
- Narrowed our search for a PACS vendor to eliminate waste in our workflows. The goal is for images to seamlessly be available in Cerner without a manual work around.
- To expand our search for Rad Techs the listing has been added to radiology specific websites.
- To meet radiation safety standards, we have found a third party vendor who will be able to provide us radiation safety analytics from our Seimens equipment.

Physical Therapy

- Shay Marquez is our next PT intern. She is a local graduate and past *Planting Seed, Growing Our Own*, summer intern. She starts January 31 and will complete 100 hours prior to starting PT school.
- Maintenance staff performed work on the hot water heater in the PT department and there is hot water in all the sinks.
- Daryl Schnieder, PT manager, has implemented some work arounds in Cerner to meet compliance. Patient volumes are in line with other hospital based PT departments with Cerner.

Cardiac Rehab

- The cardiac rehab gym was rearranged to allow space for use of free weights, which patients and clients are now using.
- Zeta Beihle, Cardiac Rehab coordinator, is exploring scheduling options to meet the volume of monitored patients. She can monitor two patients at the same time when Laura Sanders, PT aid, is present for non-monitored patients.

Hospital Pharmacy

- The refrigerator in the central hospital pharmacy stopped working on January 23rd. The alerts worked and the back up plan was followed with no loss of product. A repair technician is scheduled for January 25th.
- To meet medication storage standards, additional temperature monitors are in place.
- Policies and procedures are being revised to meet accreditation standards.

Retail Pharmacy

- Medication Therapy Management services are now being provided to Medicare D patients. The pharmacy is getting reimbursed now for these services.
- OTC products have been changed to a new and more affordable brand of foster and thrive products.
- We are now capturing referrals through our 340B program which will increase our captured claims rate and expand our program.
- The supply of CII narcotics continues to be unstable with many backorders. We are working with providers with available substitutions when necessary to take care of our customers.

NURSING SERVICES BOARD REPORT

January 2024

CNO Board Report

- CDPH came to investigate 2-complaints and self-report for outbreak of scabies, covid and c-diff on Dec. 6, 2023. On December 8, 2023, immediate jeopardy (k tag) to resident health and safety was identified. The immediate jeopardy to resident health and safety was removed on December 13th after training provided and meeting compliance with CDPH.
 - POC sent on Jan. 12th and notice from CDPH that POC accepted on Jan. 17th.
- Cerner build in progress for SNF with go live date Apr. 22nd
- ACHC regulations being reviewed with Quality and Acute Departments. Work in progress restructuring policies and procedures.
- Cassandra accepted FT DON position.
- OPS to reopen March 11th with Dr. Syverson performing GI scopes. More detail under OPS.

SNF

- Census- (80) Fall River- 35 Burney Annex- 26 Memory Care- 19
 - Admits on hold as of January 17th.
- We have three students in our CNA class currently.
 - Class ends February 22nd.
 - There are 6 Unit Assistants ready to enter the next CNA class.
- Two CNAs were hired this week.
 - We have 6 CNAs that will need to retest due to lack of continuing education hours.
 - 3 expired in January, 2 more will expire in February, and 1 in March. Requests to retest have been sent to CDPH. Clearance and test dates pending.
 - A review of CEU requirements will be done at our next staff meeting 1/18/24.
- Continuing to struggle with staffing in-house nurses. Medifis and NPH are meeting our needs at this time to maintain staffing ratios.
 - We have signed four new LVN contracts. We anticipate seeing a decrease in NPH LVN usage/costs through February with these changes.
 - The Shasta College VN student that precepted in Burney reached out. She has passed her NCLEX and will be applying for full-time employment.
 - An interview is scheduled with an Institute of Technology VN student Monday 1/19/24.
 - This potential new hire is an example of the importance of attending Job Fairs at our local colleges for recruitment. Ashley Nelson has been doing a great job and we appreciate her.
- SNF Cerner implementation is in full swing.

- Train the Trainer Event scheduled for 1/29/24.
- CDPH visited the Burney Campus the week on December 6, 2023, an Immediate Jeopardy tag was given on 12/9 our immediate plan for correction was accepted at 5:30 pm the same afternoon. The Immediate Jeopardy tag was removed on 12/13/23 at 1pm. The 2567 was received from CDPH on January 2, 2023, the facility received a high-level tag known as a K tag. A directed plan of correction (a plan provided by CDPH) has been accepted with the addition of:
 - Use of an ultraviolet light machine to kill germs/spores that may remain in resident's rooms following the ending of precautions.
 - Appropriate adherence monitoring of nursing and environmental staff for the enacting of the directed plan of correction going forward.
 - Individual Dispute Resolution is planned. The date for this is pending.

Acute

- December 2023 Dashboard
 - Acute ADC 2.97, ALOS 3.17
 - Swingbed ADC 2.83, ALOS 9.78
 - OBS Days 8
- December Staffing: Required 8 FTE RN/LVN's, 2 PTE RN's, 4 FTE CNA's & 2 FTE Ward Clerks
 - Utilizing 1 FTE Medifis, 1 FTE NPH RN, & 1 PTE NPH RN/LVN
 - Open positions: 1 FTE RN and 1 PTE
- Updates:
 - Collaborating with Cerner Super Users to streamline workflows and educate staff as needed.
 - Reviewing Statistical Data to identify gaps, and work with appropriate team members to rectify issues.
 - Working on Swing Bed Course, collaborating with team, and adjusting policies/workflows to better align with CMS guidelines and ACHC Standards.
 - Reviewing, updating, and reformatting policies to meet ACHC guidelines.

Emergency Services

- December 23 Dashboard
 - Total treated patients: 344
 - Inpatient Admits: 27
 - Transferred to higher level of care: 10
 - Pediatric patients: 61
 - AMA: 0
 - LWBS: 4
 - Present to ED vis EMS: 75
- December Staffing: Required 8 FTE RN, 2 PTE RN's, 2 FTE Tech's
 - Utilized 2 FTE contracted travelers.
 - ED Manager continues with the temporary role of Project Manager for Cerner and key player in workflow changes, financial revenue review, and superuser, in addition to support the SNF Cerner launch.
 - Open positions: 1 FTE Noc RN – 1 RN on orientation

- Updates:
 - Reviewing, updating, and reformatting policies to meet ACHC guidelines.
 - Monitoring department workflows, identifying gaps, and working towards building skills fair and in-service courses to promote quality of care and meet ACHC guidelines.
 - 8-hour CEU course provided to ED Techs on lethal arrhythmias, ventilation support management, and supporting the team during a code
 - 8-hour CEU course planned on the 25th for ED RN's
 - Monitoring patient charges, CPT codes, and documentation in Cerner system, identifying concerns, creating new workflows, and educating staff as needed.

Outpatient Surgery

- After re-inspection of the HVAC system, we are able to move forward with GI cases and small minor procedures.
- Dr. Syverson, MMC, and MMHD have all agreed to proceed with the shared surgeon model. In this model, MMC will compensate Dr. Syverson for his time at MMHD using their existing contract, and MMHD will reimburse MMC for his services.
- Shannon Davidson, CRNA, MMC, and MMHD have all agreed to proceed with a shared anesthesia model. In this model, MMHD will compensate S. Davidson for her time at MMC.
- March 11th and 12th are scheduled as our official re-opening. Members from MMC will join us on site to streamline our opening and provide CERNER/educational support.
- A staffing plan is being developed with shared staff from Acute, ED, and OPM. We are also posting a per diem RN opening.
- The surgical technician hired is continuing to work through her technician program.
- Evaluating gaps in department and have been streamlining process for workflows.
 - Reviewing, updating, and reformatting policies to meet ACHC guidelines.

Ambulance Services

- Ambulance Runs-- 66 ambulance runs for the month of December.
- We have had an increase in calls and ground transfers to Reno, Sacramento, and Redding due to weather.
- Paramedic interview this week and have filled our open EMT full time spot.

Outpatient Medical

- This month OPM has high acuity patients. Census is 87pt for December
- ACHC policy updates.
- Manually running statistics until we can find some good reports.
- Working toward following up on Cerner tickets/revenue issues/tracking open issues.
- Challenges are following cost capture and procedures. Continue to run reports and work with finance.
- Fully staffed

CLINICAL EDUCATION

- The completed 2024 calendar is being revised due to location changes (Cerner training). Impact to the amount (number) of trainings and dates is expected to be low.
- Certifications are scheduled in February (PALS) and August (PALS, ACLS). NRP will be scheduled as needed. BLS is scheduled twice monthly.
- Grand Rounds TBA. Several University and AHA based offerings are considered.
- Request for Education process being developed. Includes web-based request form, instructions, and resource list.

DIRECTOR OF STAFF DEVELOPMENT

- The completed 2024 calendar for CNA training (CEU's) completed and posted (no revision of location necessary at this time)
- 6 CNA staff identified at risk or needing to retest due to lack of CEU's. 3 are signed up to retest. Messages have been left for the other 3.
 - In contact with Credentia Tester, Karen Harvey who has been briefed on the situation and will include these individuals in testing as soon as approved by CDPH.
- Auditing CNA staff employed from 2022, reviewing education hours completed and hours needed.

NATP

- New class started 1/8/24--3 Participants. Ending date 2/22/24.
- Testing is ASAP after approval of CDPH of completion of course, most likely in March

Respectfully Submitted by Theresa Overton, CNO

Chief Executive Officer Report

Prepared by: Ryan Harris, CEO

ACHC Accreditation

At the time of writing this report, we have nursing, facilities, quality, and clinical representation at the ACHC Academy conference. Our team aims to gain a comprehensive understanding of the accreditation process and acquire the necessary knowledge to ensure a successful outcome. After their return, the team plans to conduct an internal survey using the new knowledge gained from the conference, and based on that, decide when to submit our application. We will also determine whether hiring a consultant is necessary. Jack and I have already spoken to a consultant, and based on our conversation, we believe that bringing someone on board with the necessary resources and experience could be beneficial for our success. During the call, they discussed various crucial aspects such as our accreditation process, personnel process, life safety drawings, policies and procedures, and building demographic reports. These aspects play a vital role in achieving a successful ACHC survey, and we may require assistance or hire an architect to complete some of them. If we do decide to enlist the support of a consultant and architect, it will increase the initial cost of becoming ACHC accredited. Nonetheless, I strongly believe that improving our processes and quality through ACHC will ultimately allow us to provide better care to our patients.

Senior Life Solutions

I recently had my introductory call with Senior Life Solutions to receive updates on our progress. While discussing possible locations, I expressed some concerns regarding certain spaces. To add this program to our licenses, we will need an OSHPD field staff to visit and approve the space and once approved, CDPH will conduct their visit. Unfortunately, it seems that the HIM space and station three hall space are not feasible options, as they either won't work or will require a change of use project and subsequent construction. Currently, I am exploring alternative spaces that would be more suitable and do not necessitate a significant construction project to be completed.

AdovahMed AI

Before Chris left, he signed the AdovahMed AI contract. However, I have decided to postpone the implementation and have been working with the vendor to reschedule it for a later date. The delay is necessary because of provider availability and some problems with our new Cerner solution that need to be resolved before we can install the AI solution. My goal is to kick off the project in March.

Provider Search Update

Currently, we are in the process of onboarding a contracted Nurse Practitioner who will be providing Skilled Nursing Hospitalist services. She will also be integrated into our inpatient hospitalist rotation. This new addition is due to recent departures and role changes within our provider group. In addition, we are conducting interviews for a permanent ER physician who will be working multiple shifts per week in our ER. The physician will be visiting our facility on February 7th and can potentially start their duties in March. We are also making arrangements to welcome back Dr. Syverson in March to reopen our surgery department. To support this, we

are collaborating with a CRNA (Certified Registered Nurse Anesthetist) as well. The surgery team is currently focused on scheduling and disseminating information to the clinics for patient referrals.

Provider contracts

In addition to onboarding new providers, I am also reviewing all of our provider contracts to ensure that they align with current laws and law changes that happened on January 1st, 2024. I am also reviewing them for alignment with current and future quality initiatives.

Dialysis

We have recently resumed our investigation into Dialysis solutions, as there have been notable advancements in technology, including the availability of self-contained units. We have already had discussions with one vendor and have scheduled meetings with another to explore our options further. In addition, we are analyzing district patient volumes for both inpatient and outpatient care, as well as considering the long-term sustainability of the program. Travis has taken on the responsibility of leading this project, and we will continue to provide updates as more information becomes available.

Skilled Nursing Update

We have news regarding our POC (Plan of Correction) for the 880 tag, as it has been accepted. This allows us to proceed with the planned initiatives and continue our progress in this area. It is worth noting that some initial work was already completed as part of the IJ (Immediate Jeopardy) requirement, but there are still some tasks ahead of us. Moving forward, we need to focus on conducting education and observations, which include real-time audits of our infection control processes on the floor. We need to integrate new technology that helps take out the human error aspect of hand hygiene through hand washing monitoring solutions. Additionally, a root cause analysis of the event is essential, and we should make the necessary corrections based on our findings from the analysis. The team is currently working on the root causes analysis and the informal dispute resolution (IDR) process to challenge the severity of the tag.

Chief Operations Officer Opening

I am continuing to work on replacing myself as Chief Operations Officer. There are various solutions I am considering and plan on posting a position next month. I am taking the opportunity to consider realigning some of our departments to improve our current structure as well.

Solar Project

We have recently received the supplemental review of our solar project from PG&E, and it has been determined that we will either need to downsize our solar field or replace the transformer servicing the hospital. The estimated cost for the transformer replacement is \$172,702.17. If the transformer only services the hospital, we will need to cover this cost. However, if it services multiple customers, PG&E will bear the expense. We will provide more updates as we gather more information from Veregy and PG&E.

Master Planning Criteria Documents

I would like to propose two possible improvements to our master plan. First, I suggest advancing our plan for a "brick and mortar" clinic in Fall River. While our mobile clinic has been well-received, some patients have expressed a preference for a more traditional healthcare setting. To address this, I recommend converting the business office in the PT building into a small rural health clinic with two exam rooms and one procedure room. Our analysis of clinic OSHPD data suggests that one provider would be sufficient to handle the projected patient volumes at this location. I would also like to propose integrating our specialty visits into our new, larger Rural Health Clinic (RHC) in Burney rather than maintaining a separate specialty clinic. This would result in improved billing reimbursement compared to a standalone clinic. Additionally, consolidating our specialty visits within the RHC would lead to cost savings in staffing. We are allowed to have up to 49% of our visits in our RHC be specialty and keep our RHC status. A possible issue with this is what to do with our current RHC. Ideas are being discussed with the team and will be presented to the board once suitable options are available.

Telemedicine Program Update as of January 4, 2024

Respectfully submitted by Samantha Weidner for Tommy Saborido, MD, Ryan Harris, CEO and Kimberly Westlund, Clinic Manager

We have completed a total of 2,704 live video consults since August 2017 (start of program).

Endocrinology:

- Dr. Bhaduri saw 13 patients in December. She continues to be our most productive, consistent provider.
- We've had 943 consults since the start of this specialty in August 2017.

Nutrition:

- Jessica saw two nutrition patients in December.
- We've had 197 consults so far since we started this specialty in November 2017.

Psychiatry:

- Dr. Granese saw seven patients in December.
- We've had 685 consults since the beginning of the program in August 2017.

Infectious Disease:

- Dr. Siddiqui saw two patients in December.
- We've had 113 consults since the start of this specialty in September 2017.

Neurology:

- There were no neurology consults in the month of December. We were in the process of credentialing an NP Neurologist and that fell through while in process. Pam has now completed the process for temporary privileges for another Neurologist, Dr. Mandeville, and we are working on getting him added to Cerner so that we can begin scheduling patients. We have 16 new referrals (both internal and external) and multiple follow-up appointments waiting for this to be completed. We now have two blocks of time secured with him in the beginning of February.
- We've had 461 consults since the start of the program in November 2018.

Rheumatology:

- Dr. Tang saw three patients in December.
- We've had 105 consults since the start of the program in May 2020.

Nephrology:

- Dr. Bassila saw three patients in December.
- We've had 21 consults since the start of the program in April 2023.

Talk Therapy:

- We began talk therapy services with Ryan McNeel, LCSW in mid-April 2023. Currently he sees three patients a week and this service has been going well.

Telemedicine Coordinator position:

- Amanda Harris will transition services over to Samantha Weidner permanently in February 2024.

