

Chief Executive Officer  
Louis Ward, MHA



**Mayers Memorial Hospital District**

**Board of Directors**  
Michael D. Kerns, President  
Beatriz Vasquez, PhD, Vice President  
Abe Hathaway, Secretary  
Allen Albaugh, Treasurer  
Laura Beyer, Director

**Board of Directors  
Regular Meeting  
Minutes**

August 22, 2018 1:00pm  
Boardroom (Burney)

*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:** Mike Kerns called the regular meeting to order at 1:00pm on the above date.

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**BOARD MEMBERS PRESENT:**

Mike Kerns, President  
Beatriz Vasquez, Vice President  
Abe Hathaway, Secretary  
Allen Albaugh, Treasurer  
Laura Beyer, Director

**ABSENT:**

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**STAFF PRESENT:**

Louis Ward, CEO  
Travis Lakey, CFO  
Ryan Harris, COO  
Candy Vculek, CNO  
Keith Earnest, CCO  
Diana Groendyke, DON  
Libby Mee  
Val Lakey  
Erik Brown  
Mary Ranquist  
Jessica Stadem, Board Clerk

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**2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**

None

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**3 APPROVAL OF MINUTES**

3.1 A motion/second carried; Board of Directors accepted the minutes of July 23, 2018 – Kerns & Vasquez abstain due to absence Albaugh/Beyer **Approved All**

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**4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

4.1 A motion/second carried; Erik Brown was recognized as July Employee of the Month. Vasquez/Albaugh **Approved All**

4.2 **Director of Nursing – SNF:** In addition to written report. Current census is 71, goal is 80 at least 80% of the time; admission program is being streamlined; implemented wound care program, overseen by Michelle Peterson, sees patients in both facilities, checks doctor's orders, treatment plans, checks on nurse procedures and equipment to ensure quick patient healing, weekly skin and weights care meeting, make adjustments weekly as needed; antibiotic stewardship has new requirements, follows McGreer's criteria to determine necessity of antibiotics; complimented on above average influenza program, have received all consents from residents/families; received 5 new isolation carts; August 5 & 6 mock survey conducted, thoroughly went through workbook, audited high risk resident charts, no indication of falling back on previous issues; received 11 residents from Fall River during fire situation, process went well; added staffing coordinator position; no recent reports to state, last one was fall with injury in June but all procedures and care were followed appropriately.

- 4.3 **Director of Nursing – Acute:** Written report provided. Looking at having paragon consultant come out to help with optimization of product; 3 current vacancies in Acute, 2 RNs with 13-week contracts starting soon.
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- 4.4 **Director of Human Resources:** In addition to written report. Based on staff that have been termed since hired for 2018, seeing areas that need to be addressed in regards to department specific orientations; stale employees are gone through quarterly, mostly casual, if haven't worked in 3-4 months will term; termed for cause most of the time have multiple warnings before term; annual goal to use McKesson for HR tracking of employee certs, annuals; met with Eastern Plumas counterpart regarding doctor recruitment, clinic staffing models.
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- 4.5 **Worker's Comp FYE Report:** In addition to written report. Beta loss prevention specialist wants to come onsite in September to go over employee safety topics and programs.
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- 4.6 **Safety Committee FYE Report:** In addition to written report. Meeting attendance has improved; combined safety and emergency preparedness, restructuring programs; IPG met yesterday in Adin, meets every other month, as part of CMS requirements must be a part of collaborative group; will be having training soon on set up of decon tent for Environmental Services and Maintenance; have had several incident commands over the past year, have learned that we need to have more procedures in place, checklists, and staff training; will work on making trainings available at more times for all staff; identified areas of improvement during Hat Fire incident, have timeline for projects to be completed; have included church groups, school districts, water district to group information sharing.
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- 4.7 **IHF Director – Quarterly Report:** Written report provided. Will report verbally next month.
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- 4.8 **Hospice FYE Report:** Presented PowerPoint. Census can vary but staying around 5-7 patients, which is very busy; meet often with clinics and doctors to inform them about program, all have been supportive; good working relationship with Lincare, we own a lot of own equipment, a lot comes from donations, only expenses are oxygen and hospital beds; gave info on No One Dies Alone program, volunteer run.

## 5 BOARD COMMITTEES

### 5.1 Finance Committee

- 5.1.1 Committee Meeting Report – Human Resources presented. Talked about the Wellness Feasibility study, voted on during Strategic Planning session.
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- 5.1.2 A motion/second carried; acceptance of July 2018 Financial Review, Albaugh/Beyer **Approved All**  
A/P, A/R.
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- 5.1.3 A motion/second carried; approved BOD Q Finance Review Albaugh/Beyer **Approved All**

### 5.2 Strategic Planning Committee

- 5.2.1 Committee Meeting Report – Discussed progress of new building and Wellness Center; made changes to Strategic Plan.
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- 5.2.2 A motion/second carried; approval of updated Strategic Plan – Albaugh/Vasquez **Approved All**  
need to work on risk factors for Objective 2 at next committee meeting.

### 5.3 Quality Committee

- 5.3.1 Committee Meeting Report – Cardiac Rehab, Purchasing, and Med-Surg/Swing presented;

6 NEW BUSINESS

7 ADMINISTRATIVE REPORTS

7.1 Chief's Reports

7.1.1 CEO: Take Hat fire notes from SP/Quality; filling out application for retail pharmacy, met with potential retail pharmacist interested in working, will use her input when putting building together as consultant, etc.; employee meetings went well, positive feedback on new security features in Burney; working on FY19 goals.

7.1.2 CCO: Portable x-ray is being disposed of for free; new machine in lab to get results faster so patients can get on proper medications sooner; respiratory manager has left, have one RT in department and looking for one more; departments worked hard during power outage.

7.1.3 CFO: Nothing additional to report.

7.1.4 CNO: Working on annual goals, each manager and lead has 2 significant goals, all in line with each other, competency based orientation program is main goal that each person has a specific responsibility in, also implementing Studer principles; started committee to review nurse wage scale, comparison to hospitals in different areas, looking at different companies for potential out of country nurses; visited Eastern Plumas, information sharing, took away a lot of good ideas for admission process, financial counseling, ambience of common areas was pleasant and gave ideas, discussed process for reporting to the state, will look for more opportunities to learn and visit again.

7.1.5 COO: In addition to written report. Provided handout with timeline, explained all steps and issues with testing and certifications, hopefully have stop order lifted and work will start next Tuesday or Wednesday, subcontractors very committed to project and will be ready to start working day after certified; could come across an extra expense if not on track to have building winterized in time.

7.2 Construction Change Orders – Reviewed nurse call system quote, budget was for new ER only, that option was not as good of a system, call system needs to be OSHPD approved; take scope out of current Layton budget, add to new, separate budget to include acute, SNF. Hathaway/Beyer Approved All

A motion/second carried – committee approved change in budget.

8 OTHER INFORMATION/ANNOUNCEMENTS

None

9 ANNOUNCEMENT OF CLOSED SESSION – 4:07pm

9.1 Government Code Section 54962:  
Quality Assurance: Quality Improvement Issues, Medical Staff Report

9.2 Personnel Government Code 54957

9.3 Real Property Government Code 54956.8


9.4 Pending Litigation Government Code 54956.9


10 RECONVENE OPEN SESSION – No action taken. Move September Board meeting date to September 24.

11 ADJOURNMENT – 4:33pm

Next Regular Meeting – September 24, 2018 (Fall River Mills)

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

  
Board Member

  
Board Clerk

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](http://www.mayersmemorial.com).