

Chief Executive Officer  
Louis Ward, MHA



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

## Finance Committee Meeting Agenda

August 22, 2018 – 10:30am  
Boardroom: Burney

### Attendees

Allen Albaugh, Chair, Board Member  
Abe Hathaway, Board Member  
Louis Ward, CEO  
Travis Lakey, CFO

				Approx. Time Allotted
1	<b>CALL MEETING TO ORDER</b>			
2	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>			
3	<b>APPROVAL OF MINUTES</b>			
3.1	Regular Meeting – July 23, 2018	Attachment A	<b>Action Item</b>	2 min.
4	<b>DEPARTMENT REPORTS</b>			
4.1	Human Resources	Attachment B	Report	10 min.
4.2	Imaging		Report	10 min.
5	<b>FINANCIAL REVIEWS</b>			
5.1	July Financials		<b>Action Item</b>	5 min.
5.2	Accounts Payable (AP)/Accounts Receivable (AR)		<b>Action Item</b>	5 min.
5.3	BOD Q Finance Review		<b>Action Item</b>	5 min.
6	<b>WELLNESS FEASIBILITY STUDY</b>		<b>Discussion/Action Item</b>	15 min.
7	<b>ADMINISTRATIVE REPORT</b>		Report	10 min.
8	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>		Information	
9	<b>ADJOURNMENT:</b> Next Regular Meeting – September 26, 2018 (Fall River Mills)			

P.O. Box 459 – 43563 Highway 299 East, Fall River Mills, CA 96028 Tel. (530) 336-5511 Fax (530) 336-6199 <http://www.mayersmemorial.com>

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).

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  
**Finance Committee**  
**Minutes**

July 23, 2018 – 11:00am  
Boardroom (Fall River Mills)

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

- 1 **CALL MEETING TO ORDER:** Board Chair Allen Albaugh called the meeting to order at 10:59am on the above date.

**BOARD MEMBERS PRESENT:**

Allen Albaugh, Chair, Board Member  
Abe Hathaway, Board Member

**STAFF PRESENT:**

Louis Ward, CEO  
Travis Lakey, CFO  
Ryan Harris, DOO  
Theresa Overton, DON  
Jessica Stadem, Board Clerk

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

None

- 
- 3 **APPROVAL OF MINUTES**

3.1 A motion/second carried; committee members accepted the minutes of June 27, 2018. Hathaway/Albaugh **Approved All**

- 
- 4 **DEPARTMENT REPORTS**

4.1 **Surgery:** In addition to written report. Surgery recovery rooms have moved across hall, office is in old nursery space, helps prevent patients from being taken through public hallways; working on every other week schedule now, able to keep up on numbers and decrease expenses; full-time RN, splits hours with SNF and admin time; Guthrie to provide steroid back injections, should start scheduling patients by next month, simple procedure does not need CRNA, reimbursement rate higher; purchased carpal tunnel surgery attachment; looking into replacing Steris equipment, put on CEP, other equipment expenses unforeseen; lack of CRNA coverage has resulted in closure on only a few occasions, working on CRNA schedule for longer periods to determine coverage or closure; patient no shows and cancellations have increased but overall the new schedule has been successful.

- 
- 5 **FINANCIAL REVIEWS**

5.1 June Financials - A motion/second carried; committee members accepted the February Financials. Albaugh/Hathaway **Approved All**

5.2 Accounts Payable (A/P)/Accounts Receivable (A/R) - A motion/second carried; committee members accepted the (A/P)/(A/R). Albaugh/Hathaway **Approved All**

6 **Wellness Feasibility Study Presentation by Wipfli:** PowerPoint presented, will attach; major discussion was cost vs. current need.

---

7 **ADMINISTRATIVE REPORT:** Will report at regular Board meeting.

---

8 **OTHER INFORMATION/ANNOUNCEMENTS**

---

9 **ADJOURNMENT:** 1:04pm

Next Finance Committee Meeting – August 22, 2018 (Burney)

# Mayers Memorial Hospital

Physician Demand  
Analysis &  
Space Needs

RHC Financial Modeling

**WIPFLi**<sup>LLP</sup>

CPAs and Consultants

HEALTH CARE PRACTICE

**DISCUSSION DRAFT**

**July 23, 2018**



# Agenda

- Market Analysis
  - Service Area Definition
  - Population Projections and Trends
- Primary Care Provider Supply and Demand
- Space Requirements
- Estimated Capital Costs
- RHC Financial Modeling

# Scope of Work

- Wipfli was engaged to assist Mayers Memorial Hospital (MMH) in understanding the feasibility of adding a new Rural Health Clinic on their campus and the overall demand for primary care providers in the area. Our analysis will focus on a targeted service area and provide an estimate of the current and 5-year demand for providers in this market and compare that to the existing supply of providers.
- The service area definition in the following slides was determined using the patient origin zip codes as provided by Mayers Memorial Hospital

# Service Area Definition

The targeted service area includes a primary service area made up of five zip codes and a secondary service area made up of five zip codes

## Primary Service Area (PSA)

Primary Service Area		
96013 - Burney	96016 - Cassel	96028 - Fall River Mills
96040 - Hat Creek	96056 - Mcarthur	96071 - Old Station

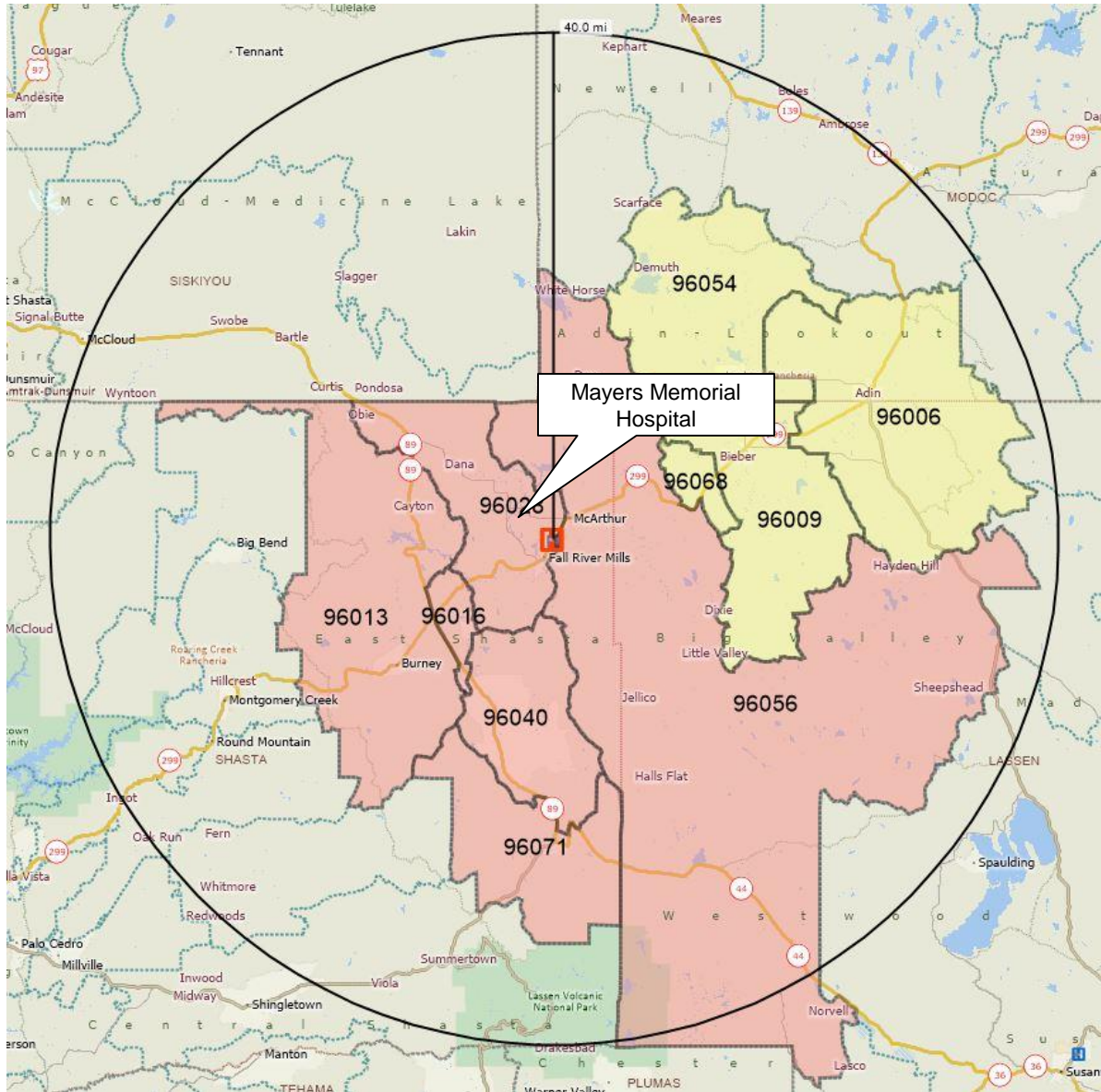
## Secondary Service Area (SSA)

Secondary Service Area		
96006 - Adin	96054 - Lookout	96068 - Nubieber
96009 - Bieber		



# Service Area Definition

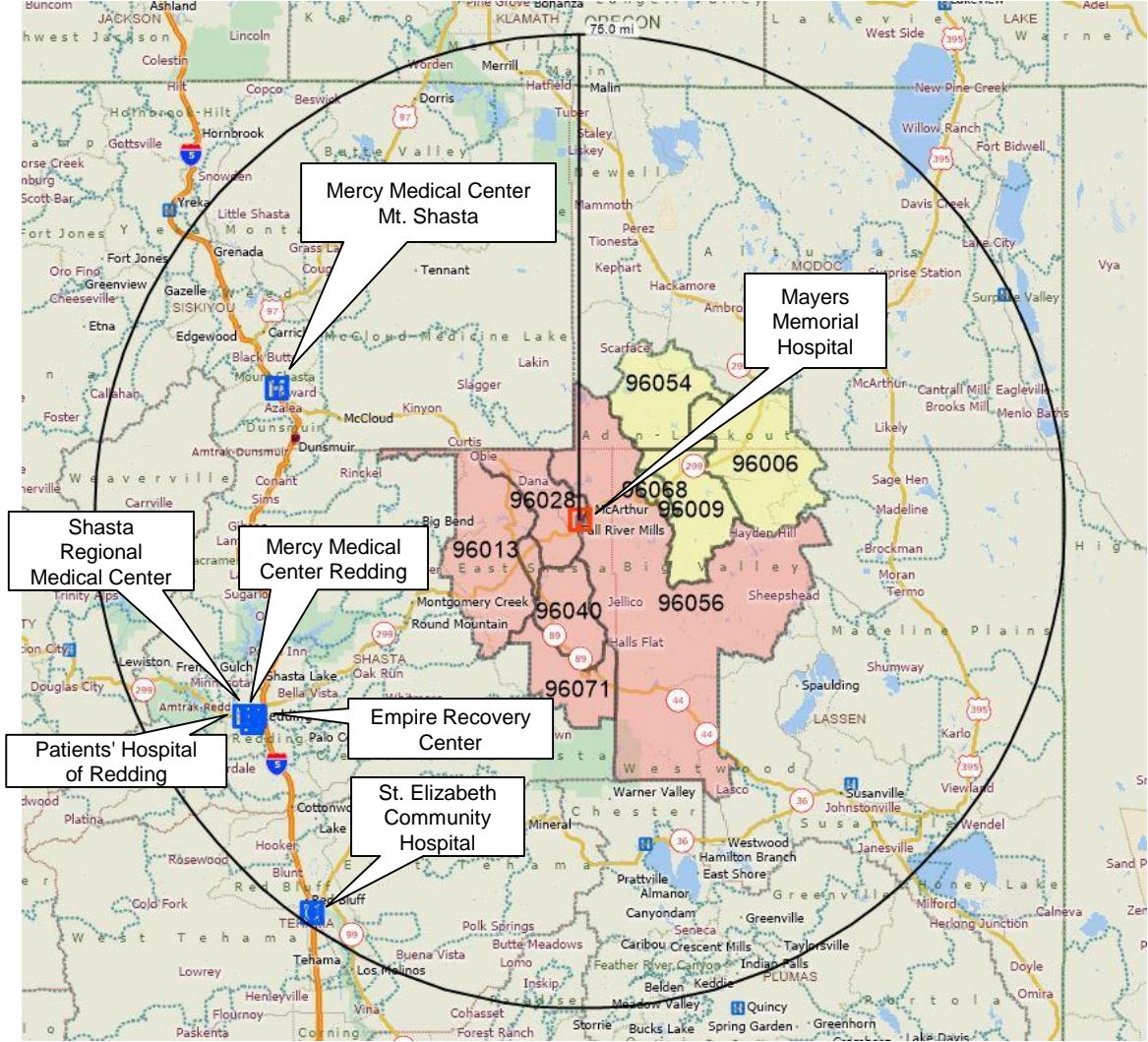
- = PSA
- = SSA





# Service Area Definition

= PSA  
 = SSA



# Population Projections

The total service area has seen a modest 3.2% growth over the past five years

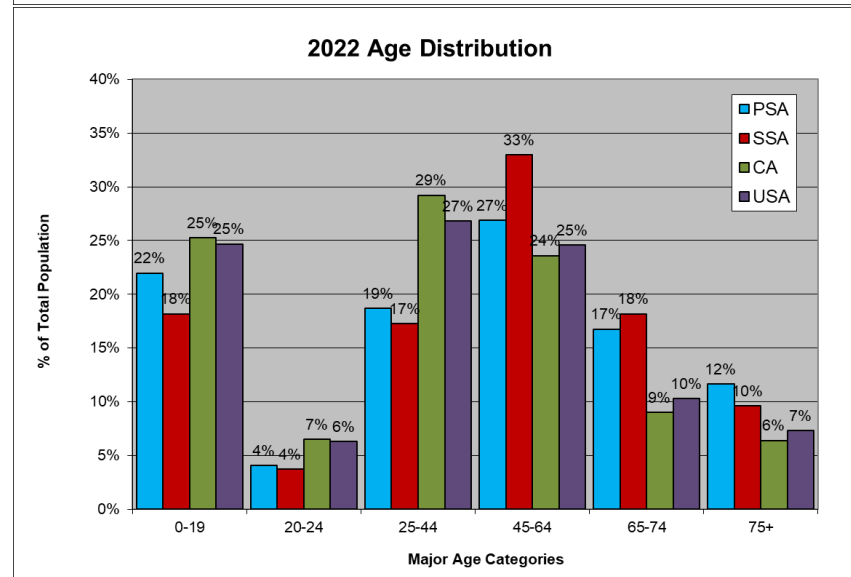
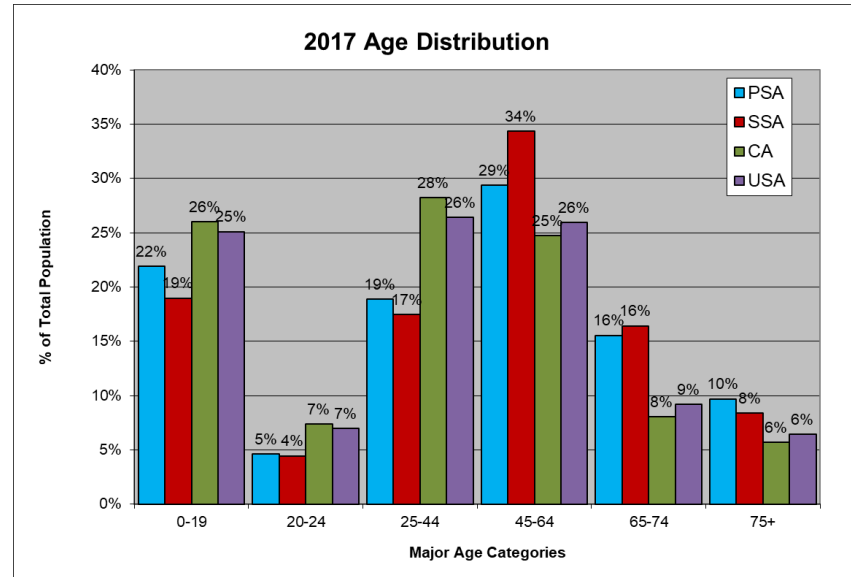
- Similar growth of 3.5% anticipated over the next five years

	2010	2017	2022	Change 2010-2017	Variance	Change 2017-2022	Variance
96013 - Burney	4,336	4,390	4,453	1.2%	54	1.4%	63
96016 - Cassel	346	389	413	12.4%	43	6.2%	24
96028 - Fall River Mills	1,575	1,696	1,776	7.7%	121	4.7%	80
96040 - Hat Creek	329	361	380	9.7%	32	5.3%	19
96056 - Mcarthur	2,499	2,670	2,695	6.8%	171	0.9%	25
96071 - Old Station	96	106	112	10.4%	10	5.7%	6
Primary Service Area (PSA)	9,181	9,612	9,829	4.7%	431	2.3%	217
96006 - Adin	498	483	464	-3.0%	-15	-3.9%	-19
96054 - Lookout	76	69	66	-9.2%	-7	-4.3%	-3
96068 - Nubieber	39	33	31	-15.4%	-6	-6.1%	-2
Secondary Service Area (SSA)	613	585	561	-4.6%	-28	-4.1%	-24
<b>Total Service Area</b>	<b>9,794</b>	<b>10,197</b>	<b>10,390</b>	<b>4.1%</b>	<b>403</b>	<b>1.9%</b>	<b>193</b>

Source: ESRI, 2018

# Age Cohort Analysis

- The PSA and SSA has a much older population base compared to CA and the nation
- PSA and SSA are expected to continue aging over the next 5 years, with 65+ proportion rising consistent with CA rates
  - The Medicare population base utilizes healthcare services at a rate 3-4 times the general population
  - This indicates demand for health care and related physician need should increase over the next 5 years



# Physician Demand Analysis

# Physician Demand Projections

Wipfli has developed a population-based, age-adjusted model to estimate current and future physician FTE requirements in a given geographical area for the selected physician specialties. The Wipfli model is one of the most comprehensive in the industry, as it has been built and refined over time to include a number of nationally recognized physician demand models and provides the ability to adjust demand based on factors such as age and acuity.

Because of variation in demand models, Wipfli utilized a “blended” approach involving six models.

Blending provides a conservative approach to estimating demand.

In order to calculate provider supply counts, Wipfli worked with the team from Mayers and accumulated data from Healthgrades.com. Using this information we were able to estimate the current supply of primary care providers in the PSA and SSA. The model on the following slide will compare estimated supply and demand for the service area.

# Physician Demand Results – Total Service Area

- The existing demand in the MMH service area zip codes indicates a primary care need of 9.3 FTE primary care providers (Physicians count as 1FTE and Extenders as .5 FTE) versus a supply of 7.7.
- Based on the below results, it appears there is an overall shortage of approximately 1.6 FTE primary care providers in the service area today. This model does not account for any provider recruitment plans or provider departures or retirements over the next five years.
- As the population continues to grow and age Wipfli expects the existing shortage of 1.6 primary care providers to grow to 2.1 by the 2022. Also, Wipfli would expect any new provider added to this service area would ramp up at a faster pace compared to an area that is over supplied with providers.
- Given this data, Wipfli recommends that MMH could support a new RHC to support between 2 to 3 primary care providers (ideally made up of a combination of physicians and mid-levels)

## Mayers Primary + Secondary Service Area Primary Care Analysis

Specialty	2017 Supply	2017 Demand	Variance	2022 Supply	2022 Demand	Variance
<b>Primary Care</b>						
Obstetrics/Gynecology	0.0	1.3	(1.3)	0.0	1.4	(1.4)
Family Practice	7.7	3.5	4.2	7.7	3.7	4.0
Internal Medicine	0.0	3.2	(3.2)	0.0	3.4	(3.4)
Pediatrics	0.0	1.3	(1.3)	0.0	1.3	(1.3)
<b>Sub-Total</b>	<b>7.7</b>	<b>9.3</b>	<b>(1.6)</b>	<b>7.7</b>	<b>9.8</b>	<b>(2.1)</b>

# Space Programming



# Space Programming Assumptions

The space program for the new Rural Health Clinic was developed based on the following assumptions:

- Scope of services: Rural Health Clinic, Physical Therapy, Occupational Therapy (new), and Retail Pharmacy (new)
- Provider count: 2 primary care physicians and 1 nurse practitioner

Cost estimates are to be considered preliminary and order of magnitude only

- Construction cost per square foot assumption higher than today to account for some escalation
- Reviewed by Greenbough Design

# Preliminary Space Program

	QTY	NSF	TOTAL	COMMENTS
<b>Clinic Lobby and Waiting</b>				
Entry Vestibule	1	50	50	
Waiting	1	324	324	18 NSF per person; 2 seats per exam room (18 seats)
Public Toilets	1	64	64	Central to waiting
<b>Subtotal</b>			<b>438</b>	
<b>Provider Clinic</b>				
<b>Primary Care Module</b>				
Reception/Registration/Check-out/Scheduling	1	90	90	1 staff; fax; copy machine; records; private check-out
Assessment Area	2	20	40	At entry to each module; privacy wall
Exam/Treatment Rooms	9	108	972	Soundproofed; 9'x12'; door width to accommodate wheelchairs
Minor Procedure Room	1	160	160	Central
Staff Work Area	3	70	210	Stand-up or sit-down work counters; 2-3 staff per area; near physician office? Fax; copy; storage
· Med Room	1	50	50	Central to exam rooms; includes sink; small refrigerator
Sample Storage Closet	1	40	40	With med room
· Wheelchair Storage	1	12	12	Two folded wheelchairs
Provider Chart Area	3	30	90	Stand-up or sit-down work counters; 2 panel x-ray viewers; near staff work station
Patient Toilets	2	64	128	Central to exam rooms
Clean Supply/Equipment Storage Room	1	120	120	
Soiled Utility Room	1	60	60	
Trash Room	1	25	25	
Janitors Closet	1	15	15	
<b>Subtotal</b>			<b>2,012</b>	

# Preliminary Space Program

	QTY	NSF	TOTAL	COMMENTS
<b>Admin and Support</b>				
Private Provider Offices	3	110	330	
Care Coordinator Office	1	110	110	
Clinic Manager Office	1	110	110	
Employee Break/Conference Room	1	260	260	
General Storage	1	140	140	
<b>Subtotal</b>			<b>950</b>	
<b>Outpatient Therapy</b>				
Entry Vestibule	1	50	50	
Waiting	1	144	144	8 Seats
Public Toilets	1	64	64	Central to waiting
Physical Therapy	1	1,470	1,470	Cardiac Rehab remains at hospital
Occupational Therapy	1	400	400	Inc. ADL kitchen and bathroom
<b>Subtotal</b>			<b>2,128</b>	
<b>Retail Pharmacy</b>				
Pharmacy (Retail)	1	1,000	1,000	
<b>Subtotal</b>			<b>1,000</b>	
<b>Subtotal Net Square Feet (NSF)</b>			<b>6,528</b>	
Net to Dept. Factor			1.35	
<b>Grand Total DGSF</b>			<b>8,813</b>	

# Preliminary Cost Estimates

Department	Key Room	# of Key Rooms
9 Exam Room Clinic	Exam Rooms	9
PT and OT		
Retail Pharmacy		
		<b>Total DGSF</b>
BGSF Factor (Public circ. & Mech. space)		12%
		<b>Total "B" Level BGSF</b>
		<b>Construction Cost per SF (B)</b>
		<b>Total "B" Level Estimated Construction Cost</b>

DGSF Required	Comments
4,590	Space for up to 3 concurrently practicing providers (3 exam rooms per provider)
2,873	
1,350	
<b>8,813</b>	
1,058	
<b>9,870</b>	
<b>\$ 400</b>	
<b>\$ 3,948,000</b>	

Land Acquisition
Site Work
Furniture, Fixtures and Equipment
Major Capital Equipment
Soft-Costs and Professional Fees
Contingency (12%)
<b>Sub-Total Other Costs</b>

<b>\$ -</b>	Land already owned
<b>\$ 197,000</b>	\$20 per SF allowance for parking, landscaping, connection to utilities (gas, water, sewer, electric)
<b>\$ 276,360</b>	Assumed at 7% of construction costs
<b>\$ 236,880</b>	Assumed at 6% of construction costs
<b>\$ 592,200</b>	Assumed at 15% of construction costs
<b>\$ 559,000</b>	Assumed at 12% of construction costs
<b>\$ 1,861,440</b>	

**Grand Total Project Cost**

**\$ 5,809,440**

# RHC Financial Modeling

# Contents

## Key Assumptions

1. Patient volumes
2. Revenue
3. Payer Mix
4. Collections
5. Staffing
6. Other operating expenses

# Approach to Financial Modeling

- Plan for full capacity operations in Year 1 based on FQHC wait times and expected production.
- Full capacity numbers based on Medicare and Medicaid productivity standards.



# Key Assumptions

## 1. Professional staffing:

- Year 1: 2.0 FTE Physicians; 1.0 FTE NP
- Year 2: 2.0 FTE Physicians; 1.0 FTE NP
- Year 3: 2.0 FTE Physicians; 1.0 FTE NP
- Year 4: 2.0 FTE Physicians; 1.0 FTE NP

## 2. Full time equivalent scheduled hours:

- At 2.0 FTE, physicians works 5 days per week, 50 weeks per year = 250 days per year.
- At 1.0 FTE, NP works 5 days per week, 50 weeks per year = 250 days per year.

# Key Assumptions (continued)

3. Clinic operates 40 hours per week.
4. Average daily patient encounters
  - NP = 2,100 encounters per year, per FTE
    - Rather than ramping up production, we based productivity for years one and going forward based on Medicare and Medicaid productivity standards.

# Key Assumptions (continued)

## 4. Average daily patient encounters (cont.)

- FP Physician = 4,200 visits per year, per FTE
  - Rather than ramping up production, we based productivity for years one and going forward based on Medicare and Medicaid productivity standards.

# Key Assumptions (continued)

## 5. Average gross professional charge per patient encounter

- FP Physician = \$180
- NP = \$140
- Increased by 3% per year

## 6. Average gross ancillary charge per patient encounter

- Laboratory of 10% of professional charge (billed through the Hospital)
  - Approximately \$17 per encounter

# Key Assumptions (continued)

## 7. Payer mix – based on ER payer mix

	<b>Family Practice (PA/NP &amp; Physician)</b>
Medicare	37%
Medicaid	36%
Uninsured	3%
Other/Comm. Ins.	24%

# Key Assumptions (continued)

## 8. Contractual Percentages

	<b>Family Practice Year 1 (assumed 6 mo RHC)</b>	<b>Family Practice Years 2 - 3 (after RHC)</b>	<b>Ancillaries Years 1 - 3</b>
Medicare	41%	20%	80%
Medicaid	35%	1%	70%
Uninsured	90%	90%	75%
Other	30%	30%	30%

# Key Assumptions (continued)

- RHC Certification is anticipated at six months
  - Average reimbursement based on approximately \$106 per visit (\$144 RHC rate; \$72 fee schedule reimbursement)
  - Once certification is gained, assumed in year two:
    - Estimated Medicare RHC cost-per-visit = approximately \$144
    - Estimated Medicaid RHC cost-per-visit = approximately \$180



# Key Assumptions (continued)

## 9. Support Staff

	<b>Est. Hourly Rate</b>	<b>Yr. 1 FTEs</b>	<b>Yr. 2 FTEs</b>	<b>Yr. 3 FTEs</b>	<b>Yr. 4 FTEs</b>
Registered Nurse	\$36	0.30	0.30	0.30	0.30
LPN	\$24	0.66	0.66	0.66	0.66
Medical Asst.	\$18	1.00	1.00	1.00	1.00
Reception/Scheduling	\$16	1.00	1.00	1.00	1.00
Billing/Medical Records	\$16	1.00	1.00	1.00	1.00
Total		3.96	3.96	3.96	3.96

# Key Assumptions (continued)

## 10. Benefits

- 30% of wages

## 11. Occupancy

- Depreciation of \$144,000 relating to RHC annually (building and moveable)
- Plant expenses allocated through the Medicare cost report \$101,000 based on square footage
- Housekeeping expenses allocated through Medicare cost report \$47,000 based on square footage

# Key Assumptions (continued)

## 12. Information Systems

- EMR of \$10,000 annual maintenance cost per provider
- \$3,300 EMR depreciation per year

## 13. Malpractice Insurance

- \$12,000 per practitioner

## 14. Medical supplies

- 3% of gross professional charges

## 15. Marketing/Other

- \$6,000 annually

# Key Assumptions (continued)

## 16. Physician Recruitment

- \$5,000 annually

## 17. Administrative & General

- Allocated cost from hospital based on Medicare cost report statistic (accumulated costs)

## 18. Provider Compensation

- \$120,000 per 1.0 FTE NP
- \$472,000 per 2.0 FTE family medicine physician

# Key Assumptions (continued)

## Other Items to Consider:

- RHC Certification will not be automatically occur and the date of opening
  - Note that location must be licensed prior to survey. Licensing, applications, survey and final approval can take a year by CMS must take place.
- Other ancillaries that would be brought to the hospital are not considered.

# Proforma (Base-Line Scenario)

Year 1	MOB Clinic	MOB PT	MOB Pharmacy	Total
Gross Patient Revenue	1,986,600	-	-	1,986,600
Contractuals	796,300	-	-	796,300
Net Patient Revenue	1,190,300	-	-	1,190,300
Net Medicare Impact		39,755		39,755
Net Retail Pharmacy Revenue			860,516	860,516
Provider Salaries/Benefits	769,900	-	180,019	949,919
Other Salaries/Benefits	194,100	-		194,100
Supplies	54,180	-	642,176	696,356
Purchased Services	9,900	-		9,900
Depreciation	144,000	90,000	42,000	276,000
Plant	101,000	-		101,000
Housekeeping	47,000	-		47,000
Admin & Other Overhead	170,600	-	100,702	271,302
Total Operating Expenses	1,490,680	90,000	964,897	2,545,577
				-
<b>Net Operating Loss</b>	<b><u>(300,380)</u></b>	<b><u>(50,245)</u></b>	<b><u>(104,381)</u></b>	<b><u>(455,006)</u></b>

# Proforma (Base-Line Scenario)

Year 2	MOB Clinic	MOB PT	MOB Pharmacy	Total
Gross Patient Revenue	1,995,000	-	-	1,995,000
Contractuals	436,800	-	-	436,800
Net Patient Revenue	1,558,200	-	-	1,558,200
Net Medicare Impact		39,755		39,755
Net Retail Pharmacy Revenue			860,516	860,516
Provider Salaries/Benefits	769,900	-	180,019	949,919
Other Salaries/Benefits	199,900	-		199,900
Supplies	54,408	-	642,176	696,584
Purchased Services	10,200	-		10,200
Depreciation	144,000	90,000	42,000	276,000
Plant	104,000	-		104,000
Housekeeping	48,400	-		48,400
Admin & Other Overhead	175,800	-	100,702	276,502
Total Operating Expenses	1,506,608	90,000	964,897	2,561,505
				-
<b>Net Operating Loss</b>	<b>51,592</b>	<b>(50,245)</b>	<b>(104,381)</b>	<b>(103,034)</b>

# Proforma (Base-Line Scenario)

Year 3	MOB Clinic	MOB PT	MOB Pharmacy	Total
Gross Patient Revenue	2,003,300	-	-	2,003,300
Contractuals	438,600	-	-	438,600
Net Patient Revenue	1,564,700	-	-	1,564,700
Net Medicare Impact		39,755		39,755
Net Retail Pharmacy Revenue			860,516	860,516
Provider Salaries/Benefits	769,900	-	180,019	949,919
Other Salaries/Benefits	206,100	-		206,100
Supplies	54,636	-	642,176	696,812
Purchased Services	10,500	-		10,500
Depreciation	144,000	90,000	42,000	276,000
Plant	107,200	-		107,200
Housekeeping	49,900	-		49,900
Admin & Other Overhead	178,300	-	100,702	279,002
Total Operating Expenses	1,520,536	90,000	964,897	2,575,433
Net Operating Loss	<u>44,164</u>	<u>(50,245)</u>	<u>(104,381)</u>	<u>(110,462)</u>



# Proforma (Base-Line Scenario)

Year 4	MOB Clinic	MOB PT	MOB Pharmacy	Total
Gross Patient Revenue	2,011,700	-	-	2,011,700
Contractuals	433,700	-	-	433,700
Net Patient Revenue	1,578,000	-	-	1,578,000
Net Medicare Impact		39,755		39,755
Net Retail Pharmacy Revenue			860,516	860,516
Provider Salaries/Benefits	769,900	-	180,019	949,919
Other Salaries/Benefits	212,000	-		212,000
Supplies	54,864	-	642,176	697,040
Purchased Services	10,800	-		10,800
Depreciation	144,000	90,000	42,000	276,000
Plant	110,400	-		110,400
Housekeeping	51,400	-		51,400
Admin & Other Overhead	180,800	-	100,702	281,502
Total Operating Expenses	1,534,164	90,000	964,897	2,589,061
<b>Net Operating Loss</b>	<b>43,836</b>	<b>(50,245)</b>	<b>(104,381)</b>	<b>(110,790)</b>

# Proforma (Base-Line Scenario)

Year 5	MOB Clinic	MOB PT	MOB Pharmacy	Total
Gross Patient Revenue	2,011,700	-	-	2,011,700
Contractuals	433,700	-	-	433,700
Net Patient Revenue	1,578,000	-	-	1,578,000
Net Medicare Impact		39,755		39,755
Net Retail Pharmacy Revenue			860,516	860,516
Provider Salaries/Benefits	769,900	-	180,019	949,919
Other Salaries/Benefits	212,000	-		212,000
Supplies	54,864	-	642,176	697,040
Purchased Services	10,800	-		10,800
Depreciation	144,000	90,000	42,000	276,000
Plant	110,400	-		110,400
Housekeeping	51,400	-		51,400
Admin & Other Overhead	180,800	-	100,702	281,502
Total Operating Expenses	1,534,164	90,000	964,897	2,589,061
				-
<b>Net Operating Loss</b>	<b>43,836</b>	<b>(50,245)</b>	<b>(104,381)</b>	<b>(110,790)</b>

# Questions?

# For Information

This presentation was prepared by:

John Dao, Partner  
952.548.3377  
[jdao@wipfli.com](mailto:jdao@wipfli.com)

Katie Jo Raebel, Partner  
509.232.2044  
[kraebel@wipfli.com](mailto:kraebel@wipfli.com)

Eric Volk, Partner  
509.232.2706  
[evolk@wipfli.com](mailto:evolk@wipfli.com)

**WIPEFLI**<sup>LLP</sup>

CPAs and Consultants

---

HEALTH CARE PRACTICE

[www.wipfli.com/healthcare](http://www.wipfli.com/healthcare)

**Board Finance Committee**

Wednesday August 22, 2018

**Presented by: Libby Mee – Director of Human Resources**

The Human Resource department major financial initiative continues to be the elimination of registry staff.

**Departments currently using Registry staff**

- Skilled Nursing Facility
  - RN, LVN and CNA
- Acute
  - RN
- Laboratory
  - Clinical Laboratory Scientist
- Radiology
  - Radiology/CT Tech
- Physical Therapy
  - Therapist

**Recruitment**

- Hunter Ambrose Recruitment
  - Previously filled CNO and SNF DON openings
  - \$10,000 per Interim searches for Infection Control RN and Dietary Registered Nutritionist.
  - \$45,000 annually for direct marketing for nursing positions as well as additional advertising for all open MMHD positions.
    - Presentation of Dashboard
- Delta Healthcare Provides
  - Previously filled PT and CLS positions
  - \$15,000 per search for the following positions
    - Clinical Laboratory Scientist – Have interviewed a candidate and she is scheduled for a site visit.
    - Radiology Technologist - Have interviewed a candidate and she is scheduled for a site visit.
    - Physical Therapist – Have interview multiple candidates, but have not found a good fit yet.

- Shasta College
  - Starting LVN Clinical rotations
  - CNA program
    - Graduated six students in May
    - Six more students started Fall semester Monday August 20<sup>th</sup>
    - Already building roster for January class
  
- Working with Candy to develop Position Control Charts for each department, so HR can more accurately track openings per department.

### **Retention**

- Evaluate nursing wage scale in effort to retain current staff but make Mayers enticing to interested applicants. Comparing current scale with State and County averages as well as other northeaster California healthcare facilities.
- Continue to market education assistance and scholarship programs.
- Continue reworking Orientation and Re-Orientation materials as well as develop Manager Orientation.