

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  
Agenda**

September 24, 2018 – 1:00pm  
Boardroom: Fall River Mills

**Mission Statement**

Mayers Memorial Hospital District serves the Intermountain area, providing outstanding patient-centered healthcare to improve quality of life through dedicated, compassionate staff, and innovative technology.

**1 CALL MEETING TO ORDER**

**2 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.

**Approx.  
Time  
Allotted**

**3 APPROVAL OF MINUTES**

3.1	Regular Meeting – August 22, 2018	Attachment A	<b>Action Item</b>	2 min.
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**4 DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS**

4.1	Resolution 2018-11 – August Employee of the Month	Attachment B	<b>Action Item</b>	5 min.
4.2	401k Annual Report		Report	15 min.
4.3	Addition of Service Line: Occupational Therapy		<b>Action Item</b>	15 min.
4.3	IHF Quarterly Report		Report	10 min.

**5 BOARD COMMITTEES**

5.1	Finance Committee			
5.1.1	Committee Meeting Report		Report	10 min.
5.1.2	August 2018 Financial Review, AP, AR, and acceptance of financials		<b>Action Item</b>	5 min.
5.2	Strategic Planning Committee			
5.2.1	Committee Meeting Report		Report	10 min.
5.3	Quality Committee			
5.3.1	Committee Meeting Report		Report	10 min.

**6 NEW BUSINESS**

6.1	JPIA		<b>Discussion</b>	15 min.
6.2	Employee Health Benefits		<b>Discussion</b>	15 min.

6.3	Policies for Approval	Sent as PDF	<b>Action Item</b>	5 min.
	<ul style="list-style-type: none"> <li>• Employee Referral Bonus Program</li> <li>• Ergonomics Program</li> <li>• Organizational Code of Conduct</li> <li>• Patient Right to Access, Inspect and Copy Medical Records</li> <li>• Patient Right to Request Restrictions</li> <li>• Policy Documentation</li> <li>• Protection from Malicious Software</li> <li>• Psychotherapy Notes</li> <li>• Right to Amend</li> <li>• Sanctions Policy</li> <li>• Social Media</li> <li>• Workplace Violence Prevention Plan</li> </ul>			

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**7 ADMINISTRATIVE REPORTS**

7.1	Chief's Reports	Attachment C		
7.1.1	CEO – Louis Ward		Report	10 min.
7.1.2	CCO – Keith Earnest		Report	10 min.
7.1.3	CFO – Travis Lakey		Report	10 min.
7.1.4	CNO – Candy Vculek		Report	10 min.
7.1.5	COO – Ryan Harris		Report	10 min.
7.2	Construction Change Orders <ul style="list-style-type: none"> <li>• MRI</li> </ul>		<b>Action Item</b>	5 min.
7.3	Job Site Tour		Information	30 min.

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**8 OTHER INFORMATION/ANNOUNCEMENTS**

Information

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**9 ANNOUNCEMENT OF CLOSED SESSION**

- 9.1 **Government Code Section 54962:**
- Quality Assurance: Quality Improvement Issues, Medical Staff Report
- Medical Staff New Appointments:**  
Robin Rasmussen, MD – Wound Care
- Medical Staff Reappointments:**  
Todd Guthrie, MD – Orthopedic Surgery  
Thomas Watson – Emergency and Family Medicine
- Allied Health Professional Reappointments:**  
Darla Schmunk, FNP  
Ben Nuti, CRNA

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9.2 **Personnel Government Code 54957**

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9.3 **Real Property Government Code 54956.8**

- Property Purchase

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9.4 **Pending Litigation Government Code 54956.9**

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**10 RECONVENE OPEN SESSION – Report Closed Session Action**

Information

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**11 ADJOURNMENT: Next Regular Meeting – October 24, 2018 (Burney)**

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

**BOARD MEMBERS PRESENT:**

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

**ABSENT:**

**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

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

- 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.

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.

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.

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.

4.7 **IHF Director – Quarterly Report:** Written report provided. Will report verbally next month.

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.

5.1.2 A motion/second carried; acceptance of July 2018 Financial Review, Albaugh/Beyer **Approved All**  
A/P, A/R.

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.

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**

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7 **ADMINISTRATIVE REPORTS**

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7.1 **Chief's Reports**

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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.

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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.

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7.1.3 **CFO:** Nothing additional to report.

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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.

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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.

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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.

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8 **OTHER INFORMATION/ANNOUNCEMENTS**

None

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9 **ANNOUNCEMENT OF CLOSED SESSION** – 4:07pm

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

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9.2 **Personnel Government Code 54957**

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9.3 **Real Property Government Code 54956.8**

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9.4 **Pending Litigation Government Code 54956.9**

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

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11 **ADJOURNMENT** – 4:33pm

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

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

\_\_\_\_\_  
Board Member

\_\_\_\_\_  
Board Clerk

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**Mayers Memorial Hospital District**  
*Always Caring. Always Here.*

**RESOLUTION NO. 2018-11**

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

**Moriah Padilla**

**As August 2018 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, Moriah Padilla is hereby named Mayers Memorial Hospital District Employee of the Month for August 2018; and

**DULY PASSED AND ADOPTED** this 24<sup>nd</sup> day of September 2018 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:  
NOES:  
ABSENT:  
ABSTAIN:

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Mike Kerns, CHAIRMAN  
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

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Jessica Stadem  
Clerk of the Board of Directors



## Operations Report September 2018

Statistics	August YTD FY19 <i>(current)</i>	August YTD FY18 <i>(prior)</i>	August Budget YTD FY19
Surgeries <i>(including C-sections)</i>	6	1	2
➤ Inpatient	0	4	6
➤ Outpatient	6	5	8
Procedures <i>(surgery suite)</i>	21	15	16
Inpatient	188	282	268
Emergency Room	725	733	735
Skilled Nursing Days	4330	4611	4528
OP Visits (OP/Lab/X-ray)	2676	2442	2618
Hospice Patient Days	407	125	208
PT	431	681	550

### Operations District-Wide

Louis Ward, MHA, CEO

#### **Retail Pharmacy**

Considerable progress has been made this month in the District's efforts to own and operate a retail pharmacy in the Fall River area. At the moment we are targeting an opening date in early spring 2019. Throughout the months of August and September District staff has met with a prospective retail pharmacist, reviewed consulting contracts, met with retail pharmacy experts, toured Modoc Medical Center's new retail pharmacy, and entered into negotiations on physical space needed for the retail pharmacy. There is still considerable work to be done in the areas of a board of pharmacy application, point of sale and inventory technology vendor selection, and staffing considerations.

#### **SEMSA Airbase**

District Management is working closely with the leadership of the Sierra Emergency Medical Services Alliance (SEMSA) to better understand the community impact in the case we are to move the SEMSA Airbase from its current location in Adin to an onsite location at Mayers. Meetings are scheduled for early October to continue discussing this possibility.

#### **Employee Benefits**

District management worked diligently with our health benefits broker over the past month to determine a fair and valued benefit package for our employees. Staff will confirm the final offering in late September. At the moment, not much is expected to change with our health offering, we will continue to stay with the California State Association of Counties (CSAC) for employee health coverage. The cost of health coverage will increase by roughly 4% for calendar year 2019, which the hospital will cover the majority of the increase. Employees will see about a \$12/ month increase in their total



contribution. Management is also reviewing our current Dental offering to employees, particularly self-funded models. More information on Employee benefits will be provided verbally at the Board meeting.

### **ACHD Annual Conference**

This month the Director of Nursing, Theresa Overton, Board of Directors Vice President, Beatriz Vasquez, and myself attended the Association of California Healthcare Districts annual conference. Many topics were covered throughout the annual conference including: Seismic readiness, legislative updates, access and transportation in rural communities, patient care in the emergency room, and the state of mental health in California. District staff spent a great deal of time speaking with the Office of Statewide Health and Planning Development (OSHPD) Director Robert David about our building project.

### **Wipfli Cost Report Conference**

Late this month the Chief Financial Officer, Travis Lakey, Board Secretary, Abe Hathaway, and I attended the annual Wipfli Cost Report Conference. Many topics were discussed throughout the conference including, Rural Health Clinic (RHC) services, RHC billing, RHC legislative updates, Emergency Preparedness, Critical Access Hospital (CAH) Medicare cost report, CAH billing, IRS audit readiness, and revenue cycle management.

#### **Chief Nursing Officer Report**

**Prepared by: Candy Vculek, CNO**

Will report verbally.

#### **Outpatient Services**

**Prepared by: Michelle Peterson**

#### **Updates:**

- RN for OPM- Ellie Haydock RN is now working in OPM and then Surgery 2 days every other week. Alexis Williams continues to help 1 day a month for Dr Zittel wound clinic days.
- The Outpatient Census has an average monthly patient visits at (100 approx. a month). May 116 patients seen with 135 procedures. June 132 patients seen with 143 procedures. July patients seen 128 with 164 procedures, August patients seen 147 with 217 procedures.
- We have posted a part-time position on our website through HR.

#### **Continuing Work:**

- Ellie Haydock started the WTA Wound care Treatment Associate Program through Enloe Wound and Ostomy Clinic.
- OPM was awarded a grant from the Intermountain Healthcare Foundation for an IV cart and a bariatric wheelchair. OPM has received the bariatric wheelchair and the IV cart.
- IT/OPM working toward a custom build for EMR charting for OPM. Currently for Dr Zittel visits we still do paper charting. We are working with our consultant to customize the physician document. We recently hired a new consultant that can finish the work that is needed. The new consultant has started and we are looking at new physician documentation and testing.

- Referrals- We continue to send out email reminders and stop by MVHC with packets of order sets. We have placed OPM order sets and referral forms on our website and send out a password/link for: Provider Resources on the MMHD website  
<http://www.mayersmemorial.com/getpage.php?name=providerresources> password:MMHD.
- OPM working with Val Lakey on OPM marketing plans and website update. Went over intranet with Val as a department.
- OPM has been doing education and seeing residents in LTC in Burney and FR. Residents are no longer being seen as OPM but in the resident's rooms in LTC, except when Dr Zittel wound care specialist comes. Treatment carts have been set up in Burney and FR LTC. We are conducting one on one training of various kinds of dressings in the cart and when they are used during the healing spectrum.
- Interns Renee, and Fabiola did a wonderful job in our department this summer. We hope they continue this program. It was a positive experience for all of us.
- Shasta College LVN students are coming to OPM, to learn and help starting September 10<sup>th</sup>.

**Issues/Needs:**

- Increased census means we need to accommodate with increased staffing.
- Continue to trouble shoot the computer system custom build. Test and evaluate.

**Emergency Department**

**Prepared by: Krissy Eades**

- Through the Emergency Department, we treated 369 patients in the month of June, 413 patients in the month of July, and 323 patients in the month of August.
- Two RN's from the ED went to UC Davis for a Pediatric Emergency Simulation Training at the end of May. They returned and shared the knowledge they had acquired with the staff, and we have made a couple adaptations to care based on their input.
- Participation in the Pediatric Readiness Quality Collaborative was continued by Linda Sawyer, RN in my absence during the summer months. She attended several virtual training sessions that focused on the learning topics and intervention bundles that will help us define quality measures and indicators for the project.
- A new pediatric telemedicine cart has been provided to us by UC Davis for use in the ED. It gives us access to direct video consultation with UC Davis Pediatricians when we are treating critically ill pediatric patients or are in need of a second opinion for them. This replaced the old cart that had not been functioning properly for the past two years.
- New crash carts have been purchased for all clinical departments that require them. We are in the process of reconfiguring and standardizing them for use. They will be put into service as soon as the remaining accessories arrive through purchasing and proper orientation has been provided to staff.
- New Department Goals for FY 2018/19: 1) Develop and implement a Stroke Program to improve outcomes for patients presenting with symptoms of CVA. 2) Develop and implement standardized competencies and orientation process for ED staff.

### Surgery

**Prepared by: Stacie Warnock**

- Surgery department was closed August 1 due to no CRNA coverage.
- Surgery department was closed August 27 and 28 due to no patients to schedule and CRNA short notice; however, we were able to do an endoscopy on the August 29.
- We are currently working with HR and Administration to widen our CRNA “pool” so we have more people to draw from. We have attempted to get CRNA coverage through locum agencies; however, they were either unable to fill our spots or declined the position, mostly due to the short span of offered work days (2 or 3 surgery days, every other week).
- We were able to contract with another CRNA from Bishop, CA and hopefully he will be able to pick up some of the needed coverage for the rest of the year.
- Despite the loss of surgery days, we have good numbers at the close of the month: six outpatient surgeries and 21 outpatient procedures.

### Chief Operating Officer Report

**Prepared: Ryan Harris, COO**

#### **Hospital Expansion Project**

- Construction resumed on the Hospital Expansion Project on Wednesday, September 5<sup>th</sup>, 2018. Muse construction has been getting the footings ready for our first concrete pour on the 26<sup>th</sup> of September. The slab on grade (SOG) work will begin on October 9<sup>th</sup>, 2018. Structural steel work will begin on October 26<sup>th</sup> after the SOG has had a week to cure. Layton has been working on a plan to winterize the building so they can continue to work through the winter. Board members have also started to receive reports from me in their email via Plan Grid. They also have been given access to Plan Grid so that they can view reports and site progress pictures notated in the drawings. This program will give us progress pictures and notes on the drawings for future reference.

#### **Plant Operations, Maintenance, Other Construction Projects**

- Work is currently underway at the Burney Laundry facility. The new roof is currently being installed as well as plumbing, electrical and HVAC upgrades.
- Alex Johnson and his team are currently undertaking the task of improving our shop layout and workflow to increase production of our maintenance department.
- The Burney Annex access control project is underway. This is a major security upgrade to the facility. Access control gives us a variety of ways to improve security while maintaining the feel of an open and inviting environment for the staff, residents, and their families.
- The maintenance department has also started working upgrading the color scheme at the Burney Annex.
- Alex Johnson is also working on receiving a bid to upgrade the fire alarm panel at the Burney Annex.
- An RFP is being finalized for an architect on retainer. As the district continues to grow and the complexity of building in healthcare gets more complicated, having an architect on retainer will greatly help reduce the time to make decisions on future building projects.

This architect will assist the district in all general construction, OSHPD 1, 2, and 3 building requirements. They will assist the district in projects such as a Wellness Center, Clinics, Physical Therapy buildings, Retail Pharmacy buildings, remodel projects, and infrastructure improvements as well as maintenance projects requiring permits.

#### **IT**

- The IT department has nearly completed the server room switch upgrade.
- The IT department will finish the network switch upgrade for the finance building this week.
- We are waiting for approval to start work on the FR campus backbone upgrade to 10Gig and the Burney phone system upgrade.

#### **Purchasing**

- Steve Sweet and I are currently working on and preparing a plan for ordering all of the equipment for the New Hospital Wing. A plan will be formalized in October and November of 2018 with ordering commencing the early part of next year.

#### **Dietary**

- I am pleased to announce that I have hired Amber Bulcher as the Interim Director of Dietary Services. Amber is a registered dietitian (RD) and has worked both in the healthcare and education industries as an RD. Amber's focus will be on improving leadership within the department, staffing process and workflow improvements, modernizing our kitchens, improving menus for our patients and residents, bridging the clinical and dietary gap to improve our patient and staff experience.

#### **Security**

- There have been no major security incidences reported in the last month. The new fence has greatly improved the foot traffic through the Burney Annex parking lot which has improved the security of the Burney Facility.

#### **Environmental Services**

- Sherry Rodriguez (EVS manager) and I are expecting to start purchasing equipment, linens, and a transport vehicle in the month of October for the new Laundry Facility. We will also be hiring staff so they can get used to the facilities before starting at the Laundry Facility.

### **Chief Clinical Officer Report**

**Prepared by: Keith Earnest, Pharm.D., CCO**

#### **Pharmacy**

- A retrospective audit of urinary tract infections in SNF over the past year has been completed to establish Mayers baseline compliance rate to nationwide standards. Education has been conducted to SNF staff and physicians. We will be monitoring for compliance for UTIs and other infections starting October 1 as part of the mandated Antibiotic Stewardship Program.
- The medication drawers in the crash carts have been reconfigured and are ready to be transferred into the new crash carts when nursing is ready to implement.

- We are very close to implementing compliant labels for ER emergency-use dispensing.
- A new binary connector system for nurse immediate use compounding is being in-serviced and will be implemented shortly.

### ***Laboratory***

- Valarie Vaughn, CLS, has been hired as a Mayers employee and will be moving to our area. Her start date is pending. We are excited to welcome her to the team.
- Damaged/not working Finger Stick Glucose machines have been replaced and a system in place for back up machines if there is an issue. Our goal is to have machine that interface with our EHR systems and preliminary discussions have begun.
- We are getting a quote to interface microbiology to Paragon. Currently microbiology is listed under chemistry making reports difficult to read, find and trend.

### ***Imaging***

- We are a month in to the digitizing process (conversion of x-ray films to electronic versions). The process is going smoothly and is anticipated to be close to a year-long endeavor.
- Alan has also initiated the beginning steps to upgrade/replace the PACS to make it easier for physicians and patients to view images. A detailed presentation will be made to the Quality Committee in October. The donations to the foundation from North State Giving Tuesday will go towards this project.

### ***Telemedicine***

- Dr. Granese's first psychiatric clinic was August 21. He has taken over for Dr. Chang. We anticipate that once the new MVHC clinic in Fall River opens that our tele-psych program will be mainly used for SNF residents.
- Amanda Harris, Telemedicine Manager, is working with a neurologist and our Medical Staff department to credential a neurologist. Referrals for tele-neurology have already been received.
- The infectious disease clinic continues to grow and these patients also receive laboratory testing at Mayers.

### ***Respiratory Therapy***

- Mayers is staffed with one employed respiratory therapist and a registry therapist will be starting September 24. There was a lag in pulmonary function testing being performed but we are now caught up.
- Once we are staffed, marketing the programs and services to providers will resume.

### ***Physical Therapy***

- Daryl Schneider, PT manager, and Diana Groendyke, Director of Nursing for Skilled, are working together to refine the referral process to ensure that skill residents are served.