

Chief Executive Officer  
Louis Ward, MHA



**Mayers Memorial Hospital District**

**Board of Directors**  
Beatriz Vasquez, PhD, President  
Abe Hathaway, Vice President  
Laura Beyer, Secretary  
Allen Albaugh, Treasurer  
Jeanne Utterback, Director

Board of Directors  
**Regular Meeting Agenda**  
July 29, 2020 1:00 pm

**Due to COVID-19 shelter in place orders and under the authority of the Governor’s Executive Order N-29-20, this meeting will be conducted entirely by teleconference. No physical location will be available. Members of the public can attend and provide public comment via teleconference at the following link and number:**

Zoom Meeting: [LINK](#)

Zoom Call In Number: 1 669 900 9128, Meeting ID: 917 5933 7750

**Mission Statement**

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

In observance of the Americans with Disabilities Act, please notify us at 530-336-5511, ext 1264 at least 48 hours in advance of the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations. The District will make every attempt to accommodate your request.

				<b>Approx. Time Allotted</b>
<b>1</b>	<b>CALL MEETING TO ORDER</b>			
<b>2</b>	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>			
	— 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.			
<b>3</b>	<b>APPROVAL OF MINUTES</b>			
	3.1 Regular Meeting – June 24, 2020	<i>Attachment A</i>	<b>Action Item</b>	2 min.
<b>4</b>	<b>DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS: NO DEPARTMENT REPORTS</b>			
	4.1 Resolution 2020-13 – June Employee of the Month	<i>Attachment B</i>	<b>Action Item</b>	5 min.
	4.2 Director of Human Resources	<i>Attachment C</i>	Report	2 min.
	4.3 Worker’s Compensation – 6 month Report	<i>Attachment D</i>	Report	2 min.
	4.4 Director of Nursing – SNF	<i>Attachment E</i>	Report	2 min.
	4.5 Hospice Quarterly Report	<i>Attachment F</i>	Report	2 min.
<b>5</b>	<b>BOARD COMMITTEES</b>			
	<b>5.1 Finance Committee</b>			
	5.1 Committee Meeting Report		Report	5 min.
	5.1.2 May & June 2020 Financial Review, AP, AR and Acceptance of Financials		<b>Action Item</b>	5 min.
	5.1.3 Board Quarterly Finance Review	<i>Attachment G</i>	<b>Action Item</b>	2 min.
	<b>5.2 Strategic Planning Committee</b>			
	5.2.1 No July Meeting – reschedule for August 10 <sup>th</sup> .			
	<b>5.3 Quality Committee</b>			

	5.3.1	July 8th Meeting Report – DRAFT Minutes Attached	<b>Attachment H</b>	Report	5 min.
<b>6</b>	<b>OLD BUSINESS</b>				
	6.1	Social Media & Board Messaging from Board Member		Discussion	5 min.
<b>7</b>	<b>NEW BUSINESS</b>				
		Policy & Procedure Approval:			
		1. Board Meetings -- Location, Time, Date and Quorum: Jessica			
		2. Discipline Corrective Action: Libby			
		3. Corrective Action Notice: Libby			
7.1		4. Handling Hazardous Drugs: Keith	<b>Attachment I</b>	<b>Action Item</b>	5 min.
		5. Oral Solids Decision Tree: Keith			
		6. Assessment of Risk USP 800 MMH675: Keith			
		7. HHS Poverty Guidelines - 75% MMH388: Travis			
		8. Telecommute: Libby			
<b>8</b>	<b>ADMINISTRATIVE REPORTS</b>				
	8.1	ED of Community Relations & Business Development – Val Lakey	<b>Attachment J</b>	Report	5 min.
	8.2	Chief’s Reports – <b>Written reports provided. Questions pertaining to written report and verbal report of any new items</b>	<b>Attachment K</b>	Reports	
	8.1.1	CCO – Keith Earnest – Telemedicine Report is Exhibit A		Report	10 min.
	8.1.2	CNO – Candy Vculek		Report	5 min.
	8.1.3	COO – Ryan Harris, includes Exhibit B		Report	5 min.
	8.1.4	CEO – Louis Ward – verbal report will be provided at meeting.		Report	5 min.
	8.3	Construction Change Orders – None			
<b>9</b>	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>				
	9.1	ACHD’s 68 <sup>th</sup> Annual Meeting (Virtual) September 23-25– Early Bird Registration Aug. 21st		Information	5 min.
<b>10</b>	<b>ANNOUNCEMENT OF CLOSED SESSION</b>				
	10.1	<b>Real Property Government Code 54956.8:</b> APN 028-340-025 Property Negotiations			
	10.2	<b>Personnel Government Code 54957:</b>			
	10.2.1	CEO Contract Discussion		Discussion	10 min.
	10.2.2	CEO Evaluation – Discussion of plans for evaluation		Discussion	10 min.
<b>11</b>	<b>RECONVENE OPEN SESSION – Report Closed Session Action</b>			Information	
<b>12</b>	ADJOURNMENT: Next Regular Meeting – August 26 <sup>th</sup> , 2020				

Posted 07/24/2020

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

**Board of Directors**  
Beatriz Vasquez, PhD, President  
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Laura Beyer, Secretary  
Allen Albaugh, Treasurer  
Jeanne Utterback, Director

Board of Directors  
**Regular Meeting**  
**Minutes**

June 24, 2020 – 1:00 pm  
Teleconference Call – FULLY Remote

*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:** Beatriz Vasquez called the regular meeting to order at 1:01 pm on the above date.

**BOARD MEMBERS PRESENT:**  
Beatriz Vasquez, President  
Abe Hathaway, Vice President  
Laura Beyer, Secretary  
Jeanne Utterback

**STAFF PRESENT:**  
Louis Ward, CEO  
Ryan Harris, COO  
Keith Earnest, CCO  
Candy Vculek, CNO  
Val Lakey, ED of Community Relations & Business Development  
Jessica DeCoito, Board Clerk

**ABSENT:**

Travis Lakey, CFO  
Allen Albaugh, Treasurer

**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 May 27, 2020.	<b>Utterback, Hathaway</b>	<b>Beyer – Y Hathaway – Y Utterback – Y Vasquez – Y</b>
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**4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

4.1	A motion/second carried; Jennifer Marks-Colledge was recognized as May Employee of the Month. Resolution 2020-10	<b>Hathaway/Beyer</b>	<b>Beyer – Y Hathaway – Y Utterback – Y Vasquez – Y</b>
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**5 BOARD COMMITTEES**

**5.1 Finance Committee**

5.1.1	Committee Meeting Report, June 17 <sup>th</sup> Meeting: Draft minutes attached in packet. Reviewed the budget. Conservative budget with regards to revenues and volumes. But still showing a positive bottom line.		
5.1.2	Resolution 2020-11: California Health Facilities Financing Authority (CHFFA) Authorizing Execution and Delivery of Loan and Security Agreement	<b>Hathaway/Utterback</b>	<b>Beyer – Y Hathaway – Y Utterback – Y Vasquez – Y</b>
5.1.3	Annual Budget Hearing: 2021 Budget Approval: questions were asked and discussion was led. Conservative budget with regards to revenues and volumes. But still showing a positive bottom line.	<b>Hathaway/Beyer</b>	<b>Beyer – Y Hathaway – Y Utterback – Y Vasquez – Y</b>
5.1.4	Resolution 2020-12: Recommendation of Approval of the FY21 MMHD Operating Budget: Recommendation from Finance Committee to approve budget. No further questions on budget.	<b>Hathaway/Beyer</b>	<b>Beyer – Y Hathaway – Y Utterback – Y Vasquez – Y</b>

\*\* To get back on quarterly reporting schedules, Board Quarterly Finance Review will be presented at July's Finance Committee Meeting.

5.2 **Strategic Planning Committee Chair Albaugh**

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5.2.1 **Committee Meeting Report** – No June Meeting

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5.3 **Quality Committee Chair Beyer**

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5.3.1 **Committee Meeting Report** – DRAFT Minutes attached in Packet. We saw an error on our staffing reports so our star rating will see a drop BUT we have since fixed the glitch and our star rating should go up in the next cycle.

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**6 OLD BUSINESS**

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**6.1 Social Media & Board Messaging from Board Members:** research was done with checking into what other organizations do. With the Brown Act, we are limited to what we can do. We need to be very careful with social media platforms. We can use our current website to provide a message and use Facebook to direct people to the message on our website. Val Lakey & Director Beyer to work on an example and provide at July Board Meeting.

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**7 NEW BUSINESS**

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7.1 **Policy & Procedure Approval: No Policies or Procedures requiring approval.**

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7.2 **Notice on Fall River Mills Fire Protection District & McArthur Fire Protection District Reorganization: Proposed Tax Exchange:** This will be a plus for the valley.

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7.3 **LAFCO Updates: Elections & Budget:** Just information provided to MMHD. If MMHD, we will consider Irwin Fust since a candidate letter was submitted.

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7.4 **Appoint Ad Hoc Committee for CEO Evaluation:** Chair Vasquez appointed Director Beyer. Committee will meet up and discuss plans for the CEO Evaluation.

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**8 ADMINISTRATIVE REPORTS**

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8.1 **Chief's Reports: written reports submitted.**

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8.1.1 **CCO:** Both pharmacies are working on inventory. Telemedicine nationwide has seen an increase but that has most to do with Primary Care Visits. We have not seen a huge increase since COVID. We have used some ER Telemed visits to reduce exposure to potential COVID patients.

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8.1.2 **CNO:** Staffing Acute department has just one opening. CNAs on SNF has been our biggest issue but our program will begin in August with 8 applicants at this time – we will repost for one last push for applicants. New admissions for SNF are being isolated in the Acute care unit for 14 days. Shift change has happened but no significant complaints at this time. Workflows were created for new shift change and after two weeks of working, that workflow will be reevaluated for any changes. Our Lab Manager Candidate has declined to meet with us so we are back to looking for a Lab Manager.

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8.1.3 **COO:** COVID positive result came from an onsite contractor in the NHW. One other positive result came from a contractor also on the NHW jobsite, after MMHD was notified of the first positive. All MMHD staff members who were in direct contact were tested and results were negative. MMHD Housekeeping and COO went onto jobsite in full PPE and disinfected/sanitized the site. Construction has resumed but OSHPD has cancelled until the county notifies us that the tracing has completed on this COVID positive. We are unsure of how the scheduled will be affected at this time. Burney Health Clinic project is moving along very well. Nurse Call Project has been put on hold with the COVID positive result.

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8.1.4 **CEO:** COVID cases are increasing. Working with FRJUSD on safety for our schools – a committee will be formed and we will work together to help facilitate their needs to provide the social distancing environment they need. No tours in the NHW will occur to reduce exposure at the site.

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8.2 **ED of Community Relations and Business Development:** Legislation: AB2537 PPE – there is a new bill and its SB275 – very similar. It's opposed until amended until some unrealistic points are addressed. PPE supply would be 90 day required for the facility and state - \$25,000 fine per day if you are found without that supply. Waivers negotiations for pushing out to March 2021. We should know more by this Friday because waivers expire on June 30<sup>th</sup>. AB1234 Ethics training has to be 2 hrs long, so some people have been required to take the course again. But all Chiefs need to complete their Ethics. Emergency Operations is ready to go out once testing has been completed. And our Fast Command program is ready to launch once trainings have been completed.

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8.3 **Construction Change Orders:** none

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**9 OTHER INFORMATION/ANNOUNCEMENTS:** New CEO for ACHD is Jackie Martin – formerly with CHA. Annual meeting has been cancelled but a virtual conference is in discussion. Details to follow at next meeting.

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10 ANNOUNCEMENT OF CLOSED SESSION – 2:15 pm

10.1 Real Property Government Code 54956.8: Property Negotiations APN 028-340-025

MMHD Board provided CEO to proceed forward with negotiations

Hathaway/Beyer

Beyer – Y  
Hathaway – Y  
Utterback – Y  
Vasquez – Y

10.2 Government Section Code 54962: Medical Staff Credentials

**STAFF STATUS CHANGE**

Tommy Saborido, MD – add Family Medicine/Move to Active

Karuna Sharma, MD – Move to Inactive

Steven Brown, CRNA – Move to Inactive

**AHP REAPPOINTMENT**

Ben Nuti, CRNA - Reappointment

**MEDICAL STAFF REAPPOINTMENT**

Robin Rasmussen, MD – Wound Care

Todd Guthrie, MD – Orthopedic Surgery

**MEDICAL STAFF APPOINTMENT**

Gary Belaga, MD – Neurology – Telemedicine

Andrew Lin, DO – Neurology - Telemedicine

Joseph Trudeau, MD – Radiology – Telemedicine

Frederick Jones, MD – Radiology – Telemedicine

Suzanne Aquino, MD – Radiology – Telemedicine

David Bass, MD – Radiology – Telemedicine

Dennis Burton, MD – Radiology – Telemedicine

MMHD Board approved all Medical Staff Credentials

Hathaway/Utterback

Beyer – Y  
Hathaway – Y  
Utterback – Y  
Vasquez – Y

11 RECONVENE OPEN SESSION: 2:38 pm

12 ADJOURNMENT: 3:19pm

Next Regular Meeting: July 29, 2020

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



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

**RESOLUTION NO. 2020-13**

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

**Dustin Graves**

**As June 2020 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, Dustin Graves is hereby named Mayers Memorial Hospital District Employee of the Month for June 2020; and

**DULY PASSED AND ADOPTED** this 29th day of July 2020 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:  
NOES:  
ABSENT:  
ABSTAIN:

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Beatriz Vasquez, President  
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

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Jessica DeCoito  
Clerk of the Board of Directors

## Board Meeting

Wednesday July 29, 2020

### Human Resources Report – Libby Mee, Director of Human Resources

#### Staffing/Opening/Recruitment

The primary focus of the MMHD HR staff continues to be the recruitment and retention of qualified staff in the efforts of elimination of registry use.

	Total Vacancies						
	January	February	March	April	May	June	July
RN	12	8	5	3	3	3	
LVN	9	8	9	8	5	5	
C.N.A.	14	10	11	13	14	13	
RadTec	0	0	0	0	0	0	
UltraTec	1	1	1	1	1	1	
LabCLS	1	1	1	1	1	1	
Total	35	26	25	24	22	21	

We continue to use registry for the following openings:

- Imaging - Ultrasound Tech and Radiology/CT Tech
- Emergency Department - RN
- Skilled Nursing Burney – LVN and CNA
- Skilled Nursing Fall River - LVN and CNA
- Laboratory – CLS

We are currently previewing and processing applications for CLS and Ultrasound Tech.

We also actively have companies searching for a Laboratory CLS and a CLS/Department manager.

We are building a student roster for our August and October C.N.A. classes in partnership with Shasta College. Currently we have four students ready to go for the August class.

Last week we completed the first round of interviews for the Clinic Practice Manager position. We are now working with the top applicants to set up on site secondary interviews.

The HR/Payroll department is tracking eight employees out of Leave of Absences.

### **Additional HR projects**

Effective June 21, 2020 we started using the new time and attendance software, JBDev. New system will be able to better meet our needs with processing shift differentials, standby and call back hours, staff tracking for PBJ reporting and backend processing time. We are now working on implantation of the Scheduling software that is included with our JBDev package.

We also recently completed a Manger Orientation and Re-Orientation program.

### **Future Projects**

Working with Administration to build Provider based employment models, contracts and related policies and procedures. I have been working with my HR counterparts to gather resources and compare practices.

Looking forward to supporting the new Clinic Practice Manager in all staffing aspects of the new Clinic.



## Board Meeting

Wednesday July 29, 2020

### Work Comp Report

Presented by Libby Mee – Director of Human Resources

#### 2020 Injuries

- (8) First Aid injuries
  - All employees have returned to work
  - (1) day away from work
- (2) Reportable injuries
  - All employees have cleared to return to work
- (1) Employee off from a reopened 2019 claim
- (1) Employee still off from 2019 injury

#### 2021 Renewal

07/01/2020 Effective Mod Analysis Report attached

Monthly premiums will go from \$29,233 (2020) to \$33,677 (2021)

<u>Fiscal Year</u>	<u>Total Payroll</u>	<u>Total Contribution</u>	<u>Ex Mod</u>	<u>Net Rate</u>
2019-2020	\$9,591,780	\$350,782	1.15	3.66%
2020-2021	\$10,865,074	\$404,129	1.23	1.23%

Injuries Compared to previous years:

	<u>2019</u>	<u>2018</u>	<u>2020</u>
First Aid –	12	13	19
Reportable –	5	4	7



# Mod Analysis

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**Mayers Memorial Hospital District**

Effective Date - 7/1/2020

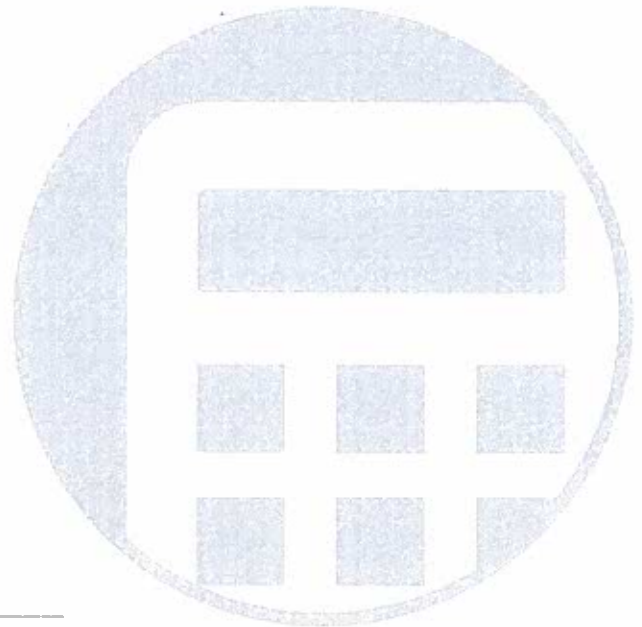
**Prepared by BETA Healthcare Group Risk Management Authority**

Shelly Osman

PO Box 619084

Roseville, CA 95661

rochelle.osman@betahg.com



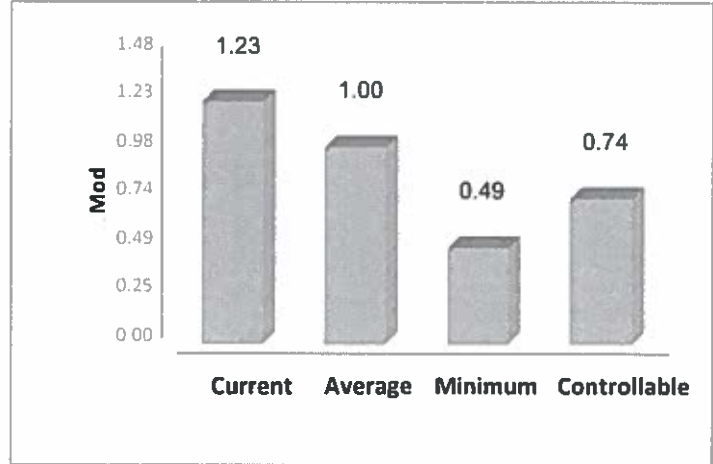
# Mod Snapshot

Effective date: 7/1/2020

## The Key Numbers

Total expected losses	\$172,912
Total expected primary losses	\$88,877
Total expected excess losses	\$84,035
Total unlimited losses	\$204,003
Total limited/adjusted losses	\$204,003
Total actual primary losses	\$129,280
<b>Modification factor</b>	<b>1.23</b>

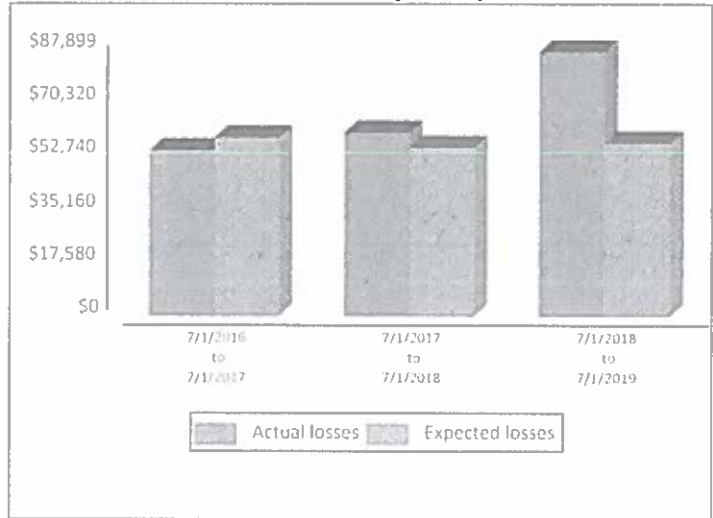
## Mod Breakdown



## Impact of Top Itemized Losses

State	Injury Date	Incurred Loss	Impact on Mod	Mod w/o Loss
CA	4/29/2019	\$73,744	0.1605	1.0731
CA	8/23/2017	\$48,918	0.1605	1.0731
CA	2/24/2017	\$32,077	0.1605	1.0731
CA	8/2/2016	\$11,325	0.0640	1.1696
CA	7/8/2018	\$7,301	0.0408	1.1928
CA	3/24/2019	\$6,473	0.0360	1.1976
CA	5/29/2017	\$6,006	0.0333	1.2003
CA	4/15/2018	\$5,879	0.0325	1.2011
CA	1/4/2018	\$3,432	0.0184	1.2152
CA	12/20/2016	\$2,458	0.0128	1.2208

## Actual vs. Expected Losses by Policy Period



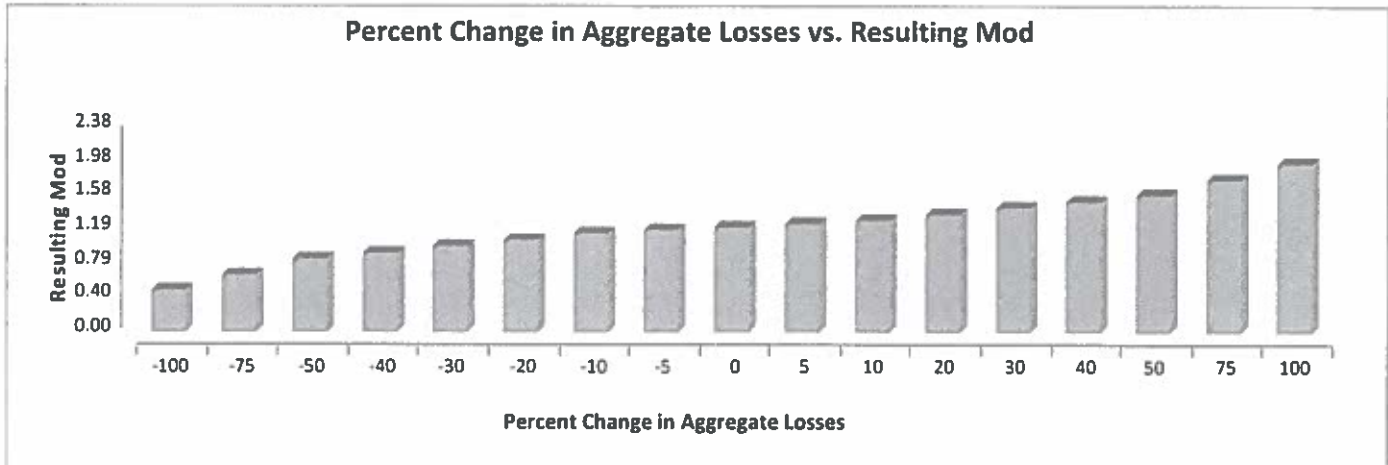
## The Mod Formula

$$\left[ \frac{\text{Actual primary losses} + \text{Expected excess losses}}{\text{Expected Losses}} \right] = \text{Current mod}$$

$$\left[ \frac{\$129,280 + \$84,035}{\$172,912} \right] = 1.23$$

# Aggregate Loss Sensitivity

This what-if analysis shows how your mod would increase or decrease with aggregate changes in losses. It will allow you to set goals for loss reduction and estimate your savings if the goal is reached.



Percent Change in Aggregate Losses	Resulting Aggregate Losses	Resulting Mod	Mod Change
100% increase	\$408,006	1.98	0.75
75% increase	\$357,005	1.79	0.56
50% increase	\$306,005	1.61	0.38
40% increase	\$285,604	1.53	0.30
30% increase	\$265,204	1.46	0.23
20% increase	\$244,804	1.38	0.15
10% increase	\$224,403	1.31	0.08
5% increase	\$214,203	1.27	0.04
Current loss level	\$204,003	1.23	0.00
5% decrease	\$193,803	1.20	(0.03)
10% decrease	\$183,603	1.16	(0.07)
20% decrease	\$163,202	1.08	(0.15)
30% decrease	\$142,802	1.01	(0.22)
40% decrease	\$122,402	0.93	(0.30)
50% decrease	\$102,002	0.86	(0.37)
75% decrease	\$51,001	0.67	(0.56)
100% decrease	\$0	0.49	(0.74)

From this table we can estimate the cost benefits that could be incrementally achieved through gradual improvements in your losses over time. For example, a 20 percent decrease in losses would decrease the mod by 0.15 points.

# CA Bureau Type Report

Mayers Memorial Hospital District

Bureau number:

Page 1 of 1

P.O. Box 459,  
Fall River Mills, CA, 96028

Effective date: **7/1/2020**

Experience modification: **123 %**

Experience period: **10/1/2015 to 10/1/2018**

## Summary of Payroll and Expected Losses

## Summary of Claims and Actual Losses Primary Threshold: 28,000

Class Code	Payroll	Expected Loss Rate per \$100 Payroll	Expected Losses	D - Ratio	Expected Primary Losses	Expected Excess Losses
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Claim Number	Injury Type	Open/Closed	Actual Losses	Actual Primary Losses
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### Policy Period: 7/1/2018 to 7/1/2019

9043	9,443,947	0.61	57,608	0.514	29,611	27,997
<b>Totals</b>	<b>9,443,947</b>		<b>57,608</b>		<b>29,611</b>	<b>27,997</b>

18001279		Open	7,301	7,051
19000172		Closed	381	131
19000555		Closed	6,473	6,223
19000756		Open	73,744	27,750
<b>Totals</b>	<b>4</b>		<b>87,899</b>	<b>41,155</b>

### Policy Period: 7/1/2017 to 7/1/2018

9043	9,179,418	0.61	55,994	0.514	28,781	27,213
<b>Totals</b>	<b>9,179,418</b>		<b>55,994</b>		<b>28,781</b>	<b>27,213</b>

17008677		Closed	234	0
17008776		Open	48,918	27,750
17008937		Closed	1,664	1,414
18000186		Closed	3,432	3,182
18000755		Open	5,879	5,629
18000860		Closed	902	652
<b>Totals</b>	<b>6</b>		<b>61,029</b>	<b>38,627</b>

### Policy Period: 7/1/2016 to 7/1/2017

9043	9,722,976	0.61	59,310	0.514	30,485	28,825
<b>Totals</b>	<b>9,722,976</b>		<b>59,310</b>		<b>30,485</b>	<b>28,825</b>

16001187		Closed	11,325	11,075
16001714		Closed	876	626
16001757		Closed	2,458	2,208
17000117		Closed	2,331	2,081
17000296		Open	32,077	27,750
17000658		Closed	6,006	5,756
<b>Totals</b>	<b>6</b>		<b>55,073</b>	<b>49,496</b>

Experience Period Totals	Actual Primary Losses (A)	Expected Excess Losses (B)	Expected Losses (C)	# of Claims	Actual Losses
	129,278	84,035	172,912	16	204,001

Loss-Free Rating: 49 %

$$\left[ \left( \frac{\text{Total Actual Primary Losses (A)} + \text{Total Expected Excess Losses (B)}}{\text{Total Expected Losses (C)}} \right) \right] = \text{Experience Modification } 123 \%$$

Due to a WCIRB update, each loss has a \$250 deduction applied.

(S) Subrogation

Proprietary and Confidential. ModMaster software provides for an ESTIMATE of an experience modification factor. Your official experience modification factor is issued solely by the applicable workers' compensation rating bureau.

# SNF BOARD REPORT

7/21/2020

1. Census = 80 Residents (Burney Annex = 45; Station 2 Fall River = 35); one female bed available in the Burney Annex Front and three male beds (this includes the 2 male bed Isolation Room. One of the male beds is set to be filled by a new Admission already approved). Memory Care Unit is at capacity. At Station 2: two female beds are open (as of 7/21/20).
2. SNF has hired for Station 2: 1 RN Noc Shift, 1 LVN Dayshift, 1 CNA. For Burney Annex: 1 Day Shift LVN. (We now have our own RN coverage for every weekend--raising our Star Rating) 2 LVN's are precepting from IOT in Redding (one in Fall River Station 2 and one in Burney).
3. We remain vigilant-- following all CDC Guidelines and State mandates for Covid-19 prevention/protection. Baseline testing was completed for Residents and Staff at the end of June. We are now testing all Staff again monthly.
4. Any Staff entering the SNF's are screened upon entering. All Staff continue to wear N95 masks.
5. Residents continue to be screened morning and evening for fever and/or any changes in condition.
6. CDPH visited MMHD regarding SNF "Focused Survey Part 3" on 7/8/20. They are ensuring we are following the 'Mitigation Plan' we submitted. They took copies of the Staff Screening Log Sheets for the last 30 days and the '802' or Matrix (information regarding all Residents and their

conditions). Everything that was needed was provided. We are awaiting the final '2567' results.

7. "Covid-19" SNF Survey Report is filled out and sent daily (before noon) to CDPH to keep them informed.
8. Standard Work has been created on our 'Lab Process'. We held an 'Emergency' Mandatory Meeting for Burney Nurses on 7/9/20. We 'in-serviced' and reviewed the Standard Work on our Lab Process. The Standard Work has also been uploaded to Relias for all Nurses to review/read again and sign off.
9. SNF is very grateful for the 2 new 'Sit to Stand' Sabina 2 Lifts we have been awarded for Station 2 and Burney Annex.
10. Burney Annex is also honored to receive funding from Mayers Health Care Foundation and Burney Regional Community Fund of Shasta Regional Community Foundation for 2 HEPA-CARE Air Purification Systems. They have been ordered. We're told they will be delivered in October.

Respectfully Submitted,

DIANA GROENDYKE, RN, DON SNF

STATE OF VERMONT CENSUS REPORT  
 For 04/01/20 Thru 06/30/20  
 Program: Hospice Care  
 Team: <MAYERS>

	EOM Census	EOM Pending	EOM NH Census	EOM Non Cancer Census	Avg Daily Census	Current Month Avg LOS	12 Month Avg LOS	Admits	Discharges	Deaths
Hospice Team	4	20	0	4	1.47	21.00	27.22	8	1	5
Totals	4	20	0	4	1.47	21.00	27.22	8	1	5



Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

**Board of Directors**  
Beatriz Vasquez, PhD, President  
Abe Hathaway, Vice President  
Laura Beyer, Secretary  
Allen Albaugh, Treasurer  
Jeanne Utterback, Director

Board of Directors  
**Quality Committee**  
**Minutes**

Full Remote Teleconference  
July 8, 2020 @ 12:00 PM  
Fully Remote Zoom 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	<b>CALL MEETING TO ORDER:</b> Board Chair Laura Beyer called the meeting to order at 12:00 pm on the above date.		
	<b>BOARD MEMBERS PRESENT:</b>		<b>STAFF PRESENT:</b>
	Laura Beyer, Secretary Jeanne Utterback, Director		Louis Ward, CEO Candy Vculek, CNO Travis Lakey, CFO Keith Earnest, CCO Jack Hathaway, DOQ Dawn Jacobson, Infection Control Jessica DeCoito, Board Clerk Amy Parker, Patient Access Danielle Olson, Business Office Chris Hall, Laboratory Lori Stephenson, HIM Sondra Camacho, Activities
	<b>ABSENT:</b>		
2	<b>CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>		
	None		
3	<b>APPROVAL OF MINUTES</b>		
	3.1	A motion/second carried; committee members accepted the minutes of June 10, 2020	<b>Utterback, Hathaway</b> <b>Beyer – Y</b> <b>Utterback – Y</b>
4	<b>Environmental Sampling of Barrier Isolator Update:</b> consulting with a microbiologist, she recommended a thorough cleaning and retest. Particulates from old filter could have been a factor. As of June 25 <sup>th</sup> , we have passed after a retesting. Back in business in our sterile compound. And a retest will take place in 6 months.		
5	<b>Quality Facilities Reports: No reports submitted</b>		
6	<b>Quality Staff Reports: Written Reports submitted</b>		
	<b>6.1 Director of Human Resources:</b> written report submitted. Manager training: is there a certificate for this that would be transferrable to another organization? – at this time there is not but will look into this further.		
	<b>6.2 Workers Comp Quarterly:</b> written report submitted.		
	<b>6.3 Lab:</b> written report submitted. Redraws are happening at Burney and we are working on trying to fix this. Meetings will need to take place for staff. Maybe the help of the Hospitalists will help. Meetings to be scheduled and resolutions will be found. Lab to report back in two months to Quality for update on project. CNO to provide short update in August if available.		
7	<b>Quality Patient Reports: Written reports submitted</b>		

7.1	<b>HIM:</b> One Content is a huge success for the department. ROI is super quick turnaround for the offices. Documentation flow is more automated and less hands-on. Minor issues with documentation in ER, but we are addressing those as they come along.		
7.2	<b>Activities:</b> Activity aide's starting an in room plant project for multiple plants. We have been able to work with Maintenance on a garden for those plants. 4 <sup>th</sup> of July parade of residents went really well. Working on a mock fair set up for residents. Technology has been added to things for residents to utilize – online shopping, games, Facetime calls, etc. Alzheimer Awareness activities being researched. Zoom Meetings have been utilized for residents in addition to window visits. Kudos to Activities for all that they do for our residents.		
7.3	<b>Chief Nursing Officer Report:</b> Discussion on organization for the goals to the Clinical Team. We cascade the goals so everyone is aligned. SNF has had some major updates and we have been successful with these changes and processes are moving efficiently. CNA workflows have been changed to help meet the needs of our residents, and after these two weeks of the new shifts, we will gather feedback to make adjustments as necessary. Assistant Lead on Acute: analyzing labor and delivery. And created educational handouts for the swing patients. LEAN facilitators are being trained so that multiple folks in our team can run these LEAN events facility wide.		
7.4	<b>SNF Events/Survey:</b> CDPH surveyor every 5 to 6 weeks with the focus to review how we are handling all the COVID-19 procedures we have in place. Every survey and visit has been great. And we can expect to see this happening through the COVID-19 timeline.		
7.5	<b>Infection Control:</b> employee and resident testing has been conducted. Residents are completed and results are received. Employee testing is going well and we have started to receive tests and should be completed by the end of the week.		
8	<b>Quality Finances Reports: No Department Reports</b>		
	<b>8.1 Patient Access:</b> written report submitted. No additional questions or comments.		
	<b>8.2 Business Office:</b> written report submitted. Offsite employees come in one day a week but work from home. And process is working well.		
	<b>8.3 Chief Financial Officer – Finance Report:</b> new time clock system was launched this last pay period and the process went smoothly. A much more automated process than previous process. The new controller is working out well thanks to a lot of training she had with the previous controller. But Travis has been able to step in and answer questions when needed. Tracking a lot of CARES Acts Payment.		
9	<b>Quality Education:</b> No information to be reported		
10	<b>Quality Program Reporting and Initiatives</b>		
10.1	<b>Quality/Performance Improvement:</b> tracking LEAN projects. Maintaining plan of correction audits.		
10.2	<b>PRIME:</b> we received on PRIME payment after last meeting. PRIME moving forward is a big question mark. PRIME is focused on primary care so we should see a benefit once our clinic is open.		
11	<b>NEW BUSINESS:</b>		
	<b>11.1 Policies &amp; Procedures:</b> 1. Board Meetings – Location, Time, Date and Quorum 2. Discipline Corrective Action 3. Corrective Action Notice 4. HHS Poverty Guidelines – 75% MMH388	<i>Utterback, Ward</i>	<i>Beyer – Y Utterback - Y</i>
	<b>11.2 New Report Template format:</b> Infection Control, PRIME, Quality/Performance Improvement to have standing report format created. Current template needs some revisions to help managers provide comprehensive reports. Candy to take current template to some Directors for feedback and to share with Director Beyer and Director Utterback. Then we will come together for a template to create.		
12	<b>ADMINISTRATIVE REPORT:</b>  COVID-19 cases in Shasta Co. are steadily climbing. And we continue to monitor those numbers. We have changed masking to N95's with staff members who have contact with patients. Some negative feedback but we are taking a very cautious approach to keep our patients and our staff safe. Because we are a small rural hospital in a small community, we have to take extra precautions to make sure we are protected. We continue to test, at this point we have had 3 positive tests resulted through Mayers lab.  New Hospital Wing is coming along and we are getting close to completion. Once the Fire Alarm testing has been completed and signed off, we will begin to move equipment over and get ready. Lots of details inside are being set up and finalized right now. Our schedule has been pushed back slightly. Clinic is on schedule and on track. Dr. Saborido and his family have moved up here and ready to begin work on July 11 <sup>th</sup> .		
13	<b>OTHER INFORMATION/ANNOUNCEMENTS:</b> None		

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).

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# MAYERS MEMORIAL HOSPITAL DISTRICT

## POLICY

### BOARD MEETINGS - LOCATION, TIME, DATE, AND QUORUM

Page 1 of 2

#### **POLICY:**

**Regular Meetings:** Meetings of the Board of Directors, Whether regular, special or adjourned, shall be open to the public, except as otherwise permitted by law. All District Board meetings will be held in accordance with the Brown Act (Government Code Section 54950 *et seq.*), Health and Safety Code Section 32106, and Health and Safety Code Section 32155.

The regular meetings of the district Board shall be held on the fourth Wednesday of each calendar month at 1:00 p.m. at the District's offices, located at 43563 State Hwy 299 E Fall River Mills, California or 20647 Commerce Way Burney, California. The Board of Directors may, from time to time, change the time or day of the month of such regular meetings as required by holiday schedules or changing circumstances.

**Special Meetings:** Special meetings of the Board of Directors may be called as provided by law by the President of the Board, or by three members of the District Board, as the occasion demands. Notice of the holding of any special meeting shall be delivered to each member of the Board of Directors not less than twenty-four hours before the meeting.

The call and notice of a special meeting shall specify the time and place of the special meeting, and the business to be transacted. No other business shall be considered at such meetings by the District Board. Written notice may be dispensed to any member who at or prior to the time the meeting convenes files a written waiver of notice, with the Secretary of the Board.

**Quorum:** A majority of the members of the Board of Directors shall constitute a quorum for the transaction of business.

**Adjournment:** The Board may adjourn any regular, adjourned regular, special, or adjourned special meeting to a time and place specified in the order of adjournment. Less than a quorum may so adjourn from time to time. If all members are absent from any regular or adjourned regular meeting, the Executive Director may declare the meeting adjourned to a stated time and place and he or she shall cause a written notice of the adjournment to be given in the same manner as provided in these policies for special meetings, unless such notice, is waived as provided for special meetings. A copy of the order or notice of adjournment shall be conspicuously posted on or near the door of the place where the regular, adjourned regular, special or adjourned special meeting was held within twenty-four hours after the time of adjournment.

When a regular or adjourned regular meeting is adjourned as provided in this section, the resulting adjourned meeting is a regular meeting for all purposes. When an order of adjournment of any meeting fails to state the hour at which the adjourned meeting is to be held, it shall be held at the hour specified by these policies for regular meetings.

**REFERENCES:**

Brown Act (Government Code Section 54950 *et seq.*)  
Health and Safety Code Section 32106  
Health and Safety Code Section 32155.

**COMMITTEE APPROVALS:**

**MAYERS MEMORIAL HOSPITAL DISTRICT**

**POLICY & PROCEDURE**

**DISCIPLINE/CORRECTIVE ACTION**

Page 1 of 2, plus Attachments  
(*Step-by-Step Employee Warning Report*, and Corrective Action Notice)

**POLICY:**

Mayers Memorial Hospital District (MMHD) supports the concept of progressive discipline, and encourages employees and their supervisors to resolve problems before they become the foundation for disciplinary action. Mayers Memorial Hospital District is an **at will** employer and, as such, either the employee or the employer may terminate the employment relationship without cause by providing notice to the other. Mayers Memorial Hospital District does support progressive corrective action as outlined in the procedure portion of this policy. However, depending on the specifics of the given situation, steps may be skipped. Employees have the right to grieve a corrective action on the basis of the facts, the severity of action or the overall reasonableness of the action.

**PROCEDURE:**

Prior to entering the progressive disciplinary process it is recommended that department managers have open discussions (Coaching/Counseling) with an employee regarding standards of performance or behaviors at the point in time when the issue first surfaces. If casual coaching and counseling appear to not be effective, department managers need to engage the Human Resource Department for support in moving to the next steps of the disciplinary process.

**STEPS THAT MAY BE USED IN THE PROGRESSIVE PROCESS:**

**I. First Disciplinary Report:**

This is the formal notice that a behavior or skill deficiency is evident and reiterates the standards of performance expected.

**II. Second Disciplinary Report:**

This action is taken when it is believed that time off will assist in resolving the identified problem. A standard suspension covers three scheduled workdays and PTO time may not be used to cover this time off. In serious cases a suspension may also be done as necessary while an investigation is conducted. If an employee is found not in violation of standards of performance, any suspension may be reversed and become paid time.

**III. Third Disciplinary Report:**

This final action is the result of failing to meet standards of performance or behavior.

Multiple disciplinary actions (related or unrelated) are sufficient to warrant further progression in the discipline process.

All steps of corrective action must be documented on a Corrective Action Notice form. This is done to assure employee awareness of a problem and to make sure appropriate documentation is maintained in the personnel file.

All corrective action notices will be maintained in the personnel file in Human Resources.

#### **IV. General Rules of Conduct**

A signed and completed copy of the *General Rules of Conduct* form (see attached) must accompany **EACH** disciplinary report (First, Second and/or Third Disciplinary Reports) when it is forwarded to Human Resources, for a maximum total of three (3) forms.

#### **COMMITTEE APPROVALS:**

Chiefs: 6/25/2020

# CORRECTIVE ACTION NOTICE

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

<i>Type of Action:</i>	Verbal Warning	Written Warning
	Suspension	Discharge

*Prior Coaching/Counseling/Disciplinary Action*

Action: \_\_\_\_\_ Date: \_\_\_\_\_  
Action: \_\_\_\_\_ Date: \_\_\_\_\_  
Action: \_\_\_\_\_ Date: \_\_\_\_\_  
Action: \_\_\_\_\_ Date: \_\_\_\_\_

*Description of Incident or Performance Problem:*

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*Standards of Performance or Behavior Expectations:*

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*Employee Comments:*

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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## GENERAL RULES OF CONDUCT

Mayers Memorial Hospital District (MMHD) supports the concept of progressive discipline, and encourages employees and their supervisors to resolve problems before they become the foundation for disciplinary action. Mayers Memorial Hospital District is an at will employer and, as such, either the employee or the employer may terminate the employment relationship without cause by providing notice to the other. Mayers Memorial Hospital District does support progressive corrective action as outlined in the procedure portion of this policy. However, depending on the specifics of the given situation, steps may be skipped. Employees have the right to grieve a corrective action on the basis of the facts, the severity of action or the overall reasonableness of the action.

### Violation Key

- A Attendance
- L Lateness/Early Quit
- UA Unauthorized Absence From Work Area
- WQ Substandard Work Quality
- DD Drinking/Drugs While at Work
- C Carelessness
- PV Violation of Company Policies or Procedures
- WD Willful Damage to Materials/Equipment
- V Threatening or Engaging in Violence
- UD Unfit for Duty
- I Insubordination
- SV Violation of Safety Rules
- PM Working on Personal Matters
- UB Unsatisfactory Behavior Towards Others
- O Other

# MAYERS MEMORIAL HOSPITAL DISTRICT

## POLICY AND PROCEDURE

### HANDLING HAZARDOUS DRUGS

### <USP800> COMPLIANCE

Page 1 of 3 with the following attachments

Hazardous Drugs and Handling Guidelines MMH681

Appendix A: Flow sheet for Administering HD Crushed or via Tube Feed.

#### ACRONYMS AND DEFINITIONS:

*Chemo Glove*: A glove that healthcare workers don when handling HDs that meets the American Society for Testing Materials (ATSM) standard D6978. These are powder free and not “exam gloves.”

CSTD: Closed System Transfer Device

HD: Hazardous Drug

MSHG: Manufacturers Safe-Handling Guidance

NIOSH: National Institute of Occupational Safety and Health

RCRA: Resource Conservation and Recovery Act

USP: United States Pharmacopeia

#### POLICY:

Mayers establishes procedures for handling of hazardous drugs (HDs) by following guidelines set forth by USP Chapter <800>. This chapter describes practice and quality standards for handling hazardous drugs in health care settings and help promote patient safety, worker safety, and environmental protection. Chapter <800> was written to protect all workers, patients and the general public who may be accessing facilities where hazardous drugs (HDs) are prepared.

Mayers does not have a Hazard Hood so medications requiring manipulation in a Hazard Hood, “Category C” HD are not administered here. The medications may be stocked if they are manufactured in the final dosage form or have a closed system transfer device which makes them a “Category H” HD.

"Category C" HDs shall be handled by nursing as cytotoxic chemotherapy with double gloves, gown, and eye protection as appropriate. They shall be hand-delivered in chemo bag and nursing shall protect from urine and excrement for 48h.

"Category H" HDs shall be handled with caution, full PPE is optional. "Category H" drugs include cytotoxic chemotherapy in final dosage form or with a closed system transfer device,

non-cytotoxic drugs that meet NIOSH criteria for an HD, and/or drugs that pose a reproductive risk to people trying to conceive.

## **PROCEDURE:**

### **General Principles**

Follow *Hazardous Drugs and Handling Guidelines* MMH681 for drug specific information.

### **Handling in the Pharmacy**

1. Whenever available HD oral solids are purchased in unit dose packaging.
2. Bins are labeled or individual containers are labeled with Hazardous Drug stickers.
3. Bottles or containers arriving from the wholesaler in HD overwraps are placed into inventory without removing the HD overwrap.
4. Chemo Gloves are worn when handling non-unit dose Hazardous Drug.
5. Pharmacy personnel do not split hazardous Medication tablets.
6. Hazardous Medications are disposed of per Hazardous Medication Chart MMH681.
7. Sterile Compounding with Hazardous Medications is not conducted at Mayers.
8. Mayers does not have a tube system and guidelines for tube delivery on chart are not applicable.

### **Handling in Critical Access Hospital**

1. The EMR has a Hazardous Drug warning on applicable medications.
2. The automated medication cabinet has a Hazardous Drug alert when accessing an applicable medication.
3. The medication pocket in the automated medication cabinet has a sticker indicating a Hazardous Drug.
4. Medications that are not stocked in the automated medication cabinet have a HD sticker attached to the container or bag prior to delivery to the patient care area.
5. Splitting tablets should be avoided. Whenever possible orders should be clarified to commercially available strengths so splitting is not needed. If tablets must be split, wear gloves and eye protection. Follow Policy and Procedure: Splitting Tablets.
6. Follow Hazardous Medication Chart MMH675 for specific handling.
  - a. General guidelines
    - Wear *chemo* gloves
    - Dispose of any unused/refused medications in the black RCRA waste container or the yellow Chemo waste container.

### **Handling in Skilled Nursing:**

1. Hazardous medications have a HD sticker on the prescription vial.
2. Hazardous medication are delivered to skilled inside a plastic bag with a HD sticker.
3. Splitting tablets should be avoided. Whenever possible orders should be clarified to commercially available strengths so splitting is not needed. If tablets must be split, wear gloves and eye protection. Follow Policy and Procedure: Splitting Tablets.

4. Follow Hazardous Medication Chart MMH675 for specific handling.
  - a. General guidelines
    - Wear *chemo* gloves
    - Dispose of any unused/refused medications in the black RCRA waste container or the yellow Chemo waste container.

### **SPECIAL CONSIDERATIONS**

For Hazardous Medications that need to be crushed or administered via tube: follow Appendix A: Flow sheet for Administering HD Crushed or via Tube Feed.

### **REFERENCES:**

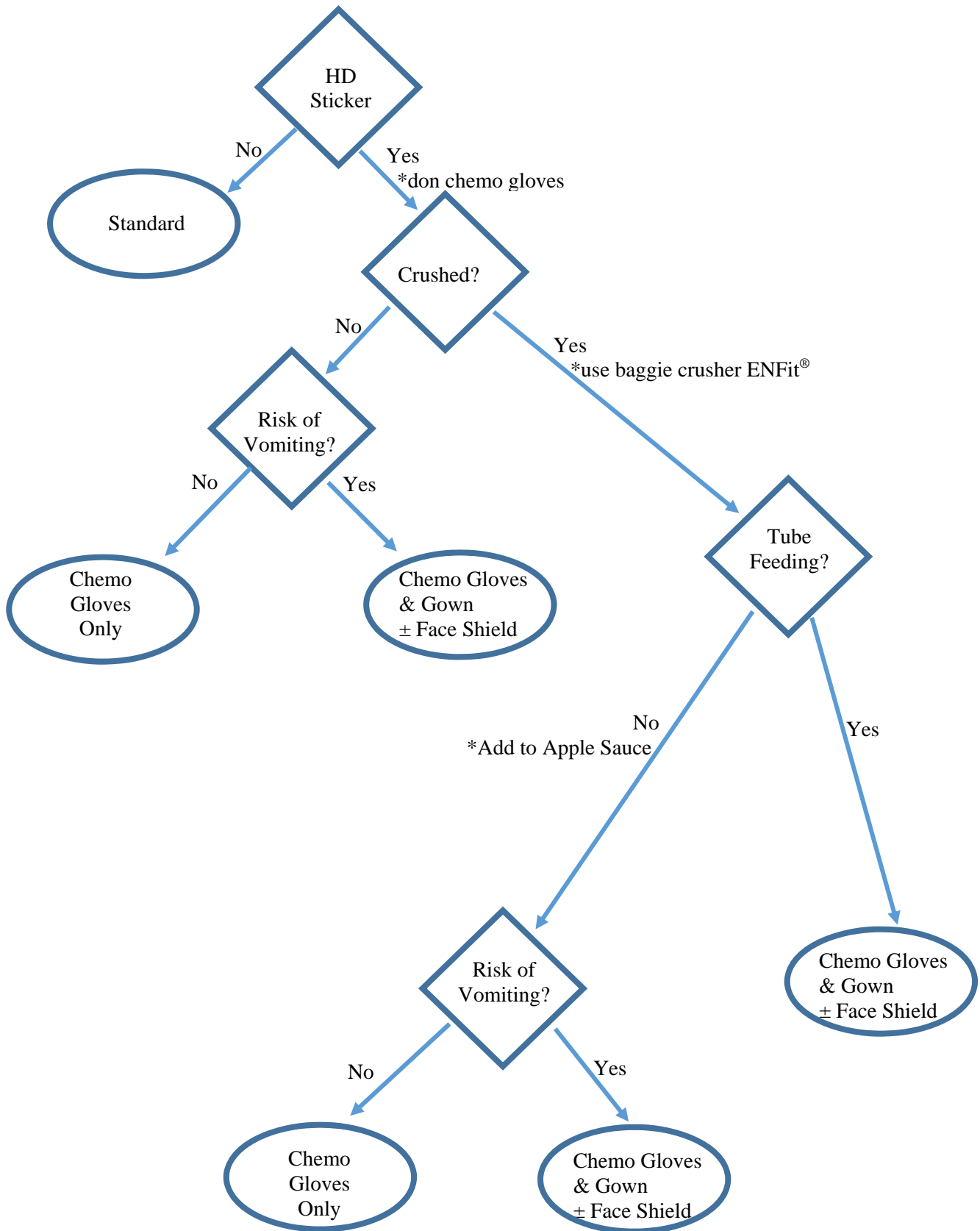
- United States Pharmacopeial Convention. General chapter <800> hazardous drugs—handling in healthcare settings. *USP 40–NF 35*; 2017.
- NIOSH List 2016: [https://www.cdc.gov/niosh/topics/antineoplastic/pdf/hazardous-drugs-list\\_2016-161.pdf](https://www.cdc.gov/niosh/topics/antineoplastic/pdf/hazardous-drugs-list_2016-161.pdf)
- ASHP Chapter <800> Answer Book: <https://www.ashp.org/products-and-meetings-aliases/chapter-800-book>

### **COMMITTEE APPROVALS:**

P&P Comm.: 7/16/2020

# MAYERS MEMORIAL HOSPITAL DISTRICT

## ORAL SOLIDS



- Do not open any forms of drugs on this list on a nursing unit or anywhere outside of a hazardous pharmacy hood. Follow flow sheet for crushing/tubefeeding administration.
- **Any drug on this list that is red** (marked with an asterisk) and requires manipulation by pharmacy such as mixing, crushing tablets, opening capsules, etc., must be handled as a "Category C" HD. The drug may not be tubed or stored in Pyxis and administering personnel must wear PPE as described for a "Category C" HD.
- The information in this list can be found on the MAR and Pyxis stations.
- "Category C" HDs shall be handled by nursing as cytotoxic chemotherapy with double gloves, gown, and eye protection as appropriate. They shall be hand-delivered in chemo bag and nursing shall protect from urine and excrement for 48h.
- "Category H" HDs shall be handled with caution, full PPE is optional. "Category H" drugs include cytotoxic chemotherapy in final dosage form, non-cytotoxic drugs that meet NIOSH criteria for an HD, and/or drugs that pose a reproductive risk to people trying to conceive.

Drug Information			Pharmacy Handling						Nursing Unit Handling						Additional Information				
Generic Name (Brand Name)	Usual Route	Formulation	Pharmacy Handling Category (see above for detail)	Pharmacy Storage	Pharmacy protection (PPE) for Manipulation	What type of Hood to Prepare (Manipulate)	Dispense from Pharmacy	Disposal	Nursing Handling Category (see above for detail)	Delivery	Nursing Garb (PPE)	Storage in Pyxis?	Excrement/ Urine	Disposal	Supplemental information	Pregnancy Category	NIOSH Group	MSHG	AHFS classification
anastrozole* (Arimidex)	Oral	Tablet	H	Pyxis or Standard	Haz garb	Haz Hood	Standard Hand Delivery,	Black bucket	H	Standard Hand Delivery,	One pair of gloves	Pyxis or Standard	Protect from urine/excre	Black bucket		X	Antineoplastic Group 1		10:00 antineoplastic agents
goserelin* (Zoladex)	IM or SubQ	Injection	H	Pyxis or Standard	Haz garb and use CSTD	Haz Hood	Standard Hand Delivery,	Black bucket	H	Standard Hand Delivery,	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket		X	Antineoplastic Group 1	yes	10:00 antineoplastic agents
leuprolide* (Lupron)	IM or SubQ	Injection	H	Pyxis or Standard	Haz garb and use CSTD	Haz Hood	Standard Hand Delivery,	Black bucket	H	Standard Hand Delivery,	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket		X	Antineoplastic Group 1	yes	10:00 antineoplastic agents
megestrol* (Megace)	Oral	solution	H	Haz Room	Haz garb	Haz Hood	Standard Hand Delivery, but do not tube	Black bucket	H	Standard Hand Delivery, but do not tube	One pair of gloves	Pyxis or Standard	Protect from urine/excrement for 48h	Black bucket	Breast feeding should be discontinued if megestrol is required; women at risk of pregnancy should avoid exposure	X	Antineoplastic Group 1	yes	10:00 antineoplastic agents
methotrexate* (Trexall)	IV or IM	Injection	C	Haz Room	Haz garb and use CSTD	Haz Hood	Hand Deliver in Chemo bag	Yellow Chemo	C	Hand Deliver in Chemo bag	Double glove, gown and	Hand Delivery in Chemo bag	Protect from urine/excre	Yellow Chemo		X	Antineoplastic Group 1	yes	10:00 antineoplastic agents
methotrexate* (Trexall)	Oral	Tablet	H	Pyxis or Standard	Haz garb	Haz Hood	Standard Hand Delivery,	Yellow Chemo	H	Standard Hand Delivery,	One pair of gloves	Pyxis or Standard	Protect from urine/excre	Yellow Chemo		X	Antineoplastic Group 1	yes	10:00 antineoplastic agents
tamoxifen* (Soltamox)	Oral	Tablet	H	Pyxis or Standard	Haz garb	Haz Hood	Standard Hand Delivery,	Black bucket	H	Standard Hand Delivery,	One pair of gloves	Pyxis or Standard	Protect from urine/excre	Black bucket	IARC Group 1 carcinogen; NTP**	D	Antineoplastic Group 1		10:00 antineoplastic agents
carbamazepine (Tegretol)	Oral	Solution	H	Pyxis or Standard	Haz garb	Non-Haz Hood	Standard Hand Delivery, but do not tube	Black bucket	H	Standard Hand Delivery, but do not tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Black Box warning for aplastic anemia; congenital malformations in offspring of mothers who took drug; rapid transplacental passage	D	Non-Antineoplastic Group 2		28:12:92, anticonvulsants, miscellaneous

Drug Information			Pharmacy Handling						Nursing Unit Handling						Additional Information				
Generic Name (Brand Name)	Usual Route	Formulation	Pharmacy Handling Category (see above for detail)	Pharmacy Storage	Pharmacy protection (PPE) for Manipulation	What type of Hood to Prepare (Manipulate)	Dispense from Pharmacy	Disposal	Nursing Handling Category (see above for detail)	Delivery	Nursing Garb (PPE)	Storage in Pyxis?	Excrement/ Urine	Disposal	Supplemental information	Pregnancy Category	NIOSH Group	MSHG	AHFS classification
carbamazepine (Tegretol)	Oral	Tablet	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK To Tube	Black bucket	H	OK To Tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Black Box warning for aplastic anemia; congenital malformations in offspring of mothers who took drug; rapid transplacental passage	D	Non-Antineoplastic Group 2		28:12:92, anticonvulsants, miscellaneous
divalproex (Depakote)	IV	Injection	H	Pyxis or Standard	Non-haz garb and no CSTD	Non-Haz Hood	Standard Hand Delivery, but do not tube	Black bucket	H	Standard Hand Delivery, but do not tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Black Box warning for teratogenicity; tumors seen in laboratory studies at doses below MRHD	D	Non-Antineoplastic Group 2		28:12:92 anticonvulsants, miscellaneous
divalproex (Depakote)	Oral	Capsule	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK To Tube	Black bucket	H	OK To Tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Black Box warning for teratogenicity; tumors seen in laboratory studies at doses below MRHD	D	Non-Antineoplastic Group 2		28:12:92 anticonvulsants, miscellaneous
divalproex (Depakote)	Oral	Tablet	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK To Tube	Black bucket	H	OK To Tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Black Box warning for teratogenicity; tumors seen in laboratory studies at doses below MRHD	D	Non-Antineoplastic Group 2		28:12:92 anticonvulsants, miscellaneous
divalproex (Depakote)	Oral	solution	H	Pyxis or Standard	Haz garb	Non-Haz Hood	Standard Hand Delivery, but do not tube	Black bucket	H	Standard Hand Delivery, but do not tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Black Box warning for teratogenicity; tumors seen in laboratory studies at doses below MRHD	D	Non-Antineoplastic Group 2		28:12:92 anticonvulsants, miscellaneous
estradiol (Estring, Femring, etc)	Oral	Tablet	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK To Tube	Black bucket	H	OK To Tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Black Box warning for malignant neoplasms; increased risk of endometrial cancer, breast cancer, and ovarian cancer; in laboratory studies, increased frequency of carcinomas of the breast, uterus, cervix, vagina, testis, and liver; present in breast milk	X	Non-Antineoplastic Group 2		68:16:04 estrogens

Drug Information			Pharmacy Handling						Nursing Unit Handling						Additional Information				
Generic Name (Brand Name)	Usual Route	Formulation	Pharmacy Handling Category (see above for detail)	Pharmacy Storage	Pharmacy protection (PPE) for Manipulation	What type of Hood to Prepare (Manipulate)	Dispense from Pharmacy	Disposal	Nursing Handling Category (see above for detail)	Delivery	Nursing Garb (PPE)	Storage in Pyxis?	Excrement/ Urine	Disposal	Supplemental information	Pregnancy Category	NIOSH Group	MSHG	AHFS classification
estrogen/ progesterone combinations	Oral	Tablet	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK To Tube	Black bucket	H	OK To Tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	IARC Group 1 carcinogen; NTP**	X	Non-Antineoplastic Group 2		68:12 contraceptives
estrogens, conjugated (Premarin)	Oral	Tablet	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK To Tube	Black bucket	H	OK To Tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Black Box warning for endometrial cancer and cardiovascular risks; long-term use in women and laboratory studies increases frequency of several cancers; NTP**	X	Non-Antineoplastic Group 2		68:16:04 estrogens
estrogens, conjugated (Premarin)	Topical	Topical	H	Pyxis or Standard	Haz garb	Non-Haz Hood	Standard Hand Delivery, but do not tube	Black bucket	H	Standard Hand Delivery, but do not tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Black Box warning for endometrial cancer and cardiovascular risks; long-term use in women and laboratory studies increases frequency of several cancers; NTP**	X	Non-Antineoplastic Group 2		68:16:04 estrogens
estrogens, esterified	Oral	Tablet	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK To Tube	Black bucket	H	OK To Tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Black Box warning for endometrial cancer and cardiovascular risks; NTP**	X	Non-Antineoplastic Group 2		68:16:04 estrogens
estropipate (various names)	Oral	Tablet	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK To Tube	Black bucket	H	OK To Tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Black Box warning for endometrial carcinoma in post-menopausal women and use during pregnancy	X	Non-Antineoplastic Group 2		68:16:04 estrogens
fosphenytoin (Cerebyx)	IV	Injection	H	Pyxis or Standard	Non-haz garb and no CSTD	Non-Haz Hood	Standard Hand Delivery,	Black bucket	H	Standard Hand Delivery,	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Metabolized to phenytoin	D	Non-Antineoplastic Group 2		28:12.12 hydantoin
medroxyprogesterone acetate (Depo-Provera)	IV	Injection	H	Pyxis or Standard	Non-haz garb and no CSTD	Non-Haz Hood	Standard Hand Delivery,	Black bucket	H	Standard Hand Delivery,	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	IARC Group 2B	X	Non-Antineoplastic Group 2	yes	68:32 progestins
medroxyprogesterone acetate (Depo-Provera)	Oral	Tablet	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK To Tube	Black bucket	H	OK To Tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	IARC Group 2B	X	Non-Antineoplastic Group 2	yes	68:32 progestins
phenytoin (Dilantin)	IV	Injection	H	Pyxis or Standard	Non-haz garb and no CSTD	Non-Haz Hood	Standard Hand Delivery,	Black bucket	H	Standard Hand Delivery,	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	IARC Group 2B; NTP***	D	Non-Antineoplastic Group 2		28:12.12 hydantoin



Drug Information			Pharmacy Handling						Nursing Unit Handling						Additional Information				
Generic Name (Brand Name)	Usual Route	Formulation	Pharmacy Handling Category (see above for detail)	Pharmacy Storage	Pharmacy protection (PPE) for Manipulation	What type of Hood to Prepare (Manipulate)	Dispense from Pharmacy	Disposal	Nursing Handling Category (see above for detail)	Delivery	Nursing Garb (PPE)	Storage in Pyxis?	Excrement/ Urine	Disposal	Supplemental information	Pregnancy Category	NIOSH Group	MSHG	AHFS classification
phenytoin (Dilantin)	Oral	Tablet	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK To Tube	Black bucket	H	OK To Tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	IARC Group 2B; NTP***	D	Non-Antineoplastic Group 2		28:12.12 hydantoins
phenytoin (Dilantin)	Oral	Capsule	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK To Tube	Black bucket	H	OK To Tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	IARC Group 2B; NTP***	D	Non-Antineoplastic Group 2		28:12.12 hydantoins
phenytoin (Dilantin)	Oral	Solution	H	Pyxis or Standard	Haz garb	Non-Haz Hood	Standard Hand Delivery,	Black bucket	H	Standard Hand Delivery,	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	IARC Group 2B; NTP***	D	Non-Antineoplastic Group 2		28:12.12 hydantoins
propylthiouracil (PTU)	Oral	Tablet	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK To Tube	Black bucket	H	OK To Tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	IARC Group 2B; NTP***	D	Non-Antineoplastic Group 2		68:36.08 antithyroid agents
risperidone (Risperdal)	IM	Injection	H	Pyxis or Standard	Non-haz garb and no CSTD	Non-Haz Hood	Standard Hand Delivery, but do not	Black bucket	H	Standard Hand Delivery, but do not	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Evidence of tumors at low doses in laboratory studies; may be prolactin-mediated	C	Non-Antineoplastic Group 2		28:16:08:04 atypical antipsychotics
risperidone (Risperdal)	Oral	Tablet	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK To Tube	Black bucket	H	OK To Tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Evidence of tumors at low doses in laboratory studies; may be prolactin-mediated	C	Non-Antineoplastic Group 2		28:16:08:04 atypical antipsychotics
risperidone (Risperdal)	Oral	Solution	H	Pyxis or Standard	Haz garb	Non-Haz Hood	Standard Hand Delivery, but do not tube	Black bucket	H	Standard Hand Delivery, but do not tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Evidence of tumors at low doses in laboratory studies; may be prolactin-mediated	C	Non-Antineoplastic Group 2		28:16:08:04 atypical antipsychotics
spironolactone (Aldactone)	Oral	Tablet	H	Pyxis or Standard	Haz garb	Non-Haz Hood	Standard Hand Delivery, but do not tube	Black bucket	H	Standard Hand Delivery, but do not tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Black Box warning for tumorigenicity in laboratory studies	C	Non-Antineoplastic Group 2		24:32.20 mineralocorticoid receptor antagonists
clonazepam (Klonopin)	Oral	Tablet	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Increased risk of congenital abnormalities when taken in first trimester	D	Non-Antineoplastic Group 3		28:12:08 benzodiazepines

Drug Information			Pharmacy Handling						Nursing Unit Handling						Additional Information				
Generic Name (Brand Name)	Usual Route	Formulation	Pharmacy Handling Category (see above for detail)	Pharmacy Storage	Pharmacy protection (PPE) for Manipulation	What type of Hood to Prepare (Manipulate)	Dispense from Pharmacy	Disposal	Nursing Handling Category (see above for detail)	Delivery	Nursing Garb (PPE)	Storage in Pyxis?	Excrement/ Urine	Disposal	Supplemental information	Pregnancy Category	NIOSH Group	MSHG	AHFS classification
colchicine (Colcris)	Oral	Tablet	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Published animal reproduction and development studies indicate it causes embryofetal toxicity, teratogenicity, and altered postnatal development at exposures within or above the clinical therapeutic range	C	Non-Antineoplastic Group 3		92:16 antigout agents
dutasteride (Avodart)	Oral	Capsule	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Women warned not to handle	X	Non-Antineoplastic Group 3		92:08 5-alpha reductase inhibitors
finasteride (Proscar, Propecia)	Oral	Tablet	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Women should not handle crushed or broken finasteride tablets when they are pregnant or may potentially be pregnant, due to potential risk to a male fetus	X	Non-Antineoplastic Group 3		92:08 5-alpha reductase inhibitors
fluconazole (Diflucan)	IV	Injection	H	Pyxis or Standard	Non-haz garb and no equashiled	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Case reports describe congenital anomalies in infants exposed in utero to maternal fluconazole (400–800 mg/ day) during most or all of the first trimester, similar to those seen in animal studies	C	Non-Antineoplastic Group 3		8:14.08 azoles
fluconazole (Diflucan)	Oral	Tablet	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Case reports describe congenital anomalies in infants exposed in utero to maternal fluconazole (400–800 mg/ day) during most or all of the first trimester, similar to those seen in animal studies	C	Non-Antineoplastic Group 3		8:14.08 azoles

Drug Information			Pharmacy Handling						Nursing Unit Handling						Additional Information				
Generic Name (Brand Name)	Usual Route	Formulation	Pharmacy Handling Category (see above for detail)	Pharmacy Storage	Pharmacy protection (PPE) for Manipulation	What type of Hood to Prepare (Manipulate)	Dispense from Pharmacy	Disposal	Nursing Handling Category (see above for detail)	Delivery	Nursing Garb (PPE)	Storage in Pyxis?	Excrement/ Urine	Disposal	Supplemental information	Pregnancy Category	NIOSH Group	MSHG	AHFS classification
fluconazole (Diflucan)	Oral	Solution	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Case reports describe congenital anomalies in infants exposed in utero to maternal fluconazole (400–800 mg/ day) during most or all of the first trimester, similar to those seen in animal studies	C	Non-Antineoplastic Group 3		8:14.08 azoles
misoprostol (Cytotec)	Oral	Tablet	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket		X	Non-Antineoplastic Group 3		56:28.28 prostaglandins
pamidronate (Aredia)	IV	Injection	H	Pyxis or Standard	Non-haz garb and no equashiled	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Embryo-fetal toxicities at doses below the recommended human dose	D	Non-Antineoplastic Group 3		92:24 bone resorption inhibitors
paroxetine (Paxil)	Oral	Tablet	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Increased risk of congenital abnormalities when taken in first trimester; complications in pregnancy when taken in third trimester	D	Non-Antineoplastic Group 3		28:16:04:20 selective serotonin uptake inhibitors
paroxetine (Paxil)	Oral	Capsule	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Increased risk of congenital abnormalities when taken in first trimester; complications in pregnancy when taken in third trimester	D	Non-Antineoplastic Group 3		28:16:04:20 selective serotonin uptake inhibitors
paroxetine (Paxil)	Oral	Solution	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Increased risk of congenital abnormalities when taken in first trimester; complications in pregnancy when taken in third trimester	D	Non-Antineoplastic Group 3		28:16:04:20 selective serotonin uptake inhibitors
temazepam (Restoril)	Oral	Capsule	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Increased risk of congenital malformations associated with treatment during the first trimester of pregnancy	X	Non-Antineoplastic Group 3		28:24:08 benzodiazepines

Drug Information			Pharmacy Handling						Nursing Unit Handling						Additional Information				
Generic Name (Brand Name)	Usual Route	Formulation	Pharmacy Handling Category (see above for detail)	Pharmacy Storage	Pharmacy protection (PPE) for Manipulation	What type of Hood to Prepare (Manipulate)	Dispense from Pharmacy	Disposal	Nursing Handling Category (see above for detail)	Delivery	Nursing Garb (PPE)	Storage in Pyxis?	Excrement/ Urine	Disposal	Supplemental information	Pregnancy Category	NIOSH Group	MSHG	AHFS classification
testosterone (Depo-Testosteron)	IM	Injection	H	Pyxis or Standard	Non-haz garb and no equashiled	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Children should avoid contact with unwashed or unclothed application sites on skin	X	Non-Antineoplastic Group 3		68:08 androgens
topiramate (Topamax)	Oral	Capsule	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket		D	Non-Antineoplastic Group 3		28:12.92 anticonvulsants, miscellaneous
valproate/valproic acid/divalproex (Depakote, Depakene)	IV	Injection	H	Pyxis or Standard	Non-haz garb and no equashiled	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Black Box warning for terato-genicity; congenital malformations, including neural tube defects; teratogenic in multiple species	D	Non-Antineoplastic Group 3		28:12:92 anticonvulsants, miscellaneous
valproate/valproic acid/divalproex (Depakote, Depakene)	Oral	Tablet	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Black Box warning for terato-genicity; congenital malformations, including neural tube defects; teratogenic in multiple species	D	Non-Antineoplastic Group 3		28:12:92 anticonvulsants, miscellaneous
valproate/valproic acid/divalproex (Depakote, Depakene)	Oral	Capsule	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Black Box warning for terato-genicity; congenital malformations, including neural tube defects; teratogenic in multiple species	D	Non-Antineoplastic Group 3		28:12:92 anticonvulsants, miscellaneous
valproate/valproic acid/divalproex (Depakote, Depakene)	Oral	Solution	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Black Box warning for terato-genicity; congenital malformations, including neural tube defects; teratogenic in multiple species	D	Non-Antineoplastic Group 3		28:12:92 anticonvulsants, miscellaneous

Drug Information			Pharmacy Handling						Nursing Unit Handling						Additional Information				
Generic Name (Brand Name)	Usual Route	Formulation	Pharmacy Handling Category (see above for detail)	Pharmacy Storage	Pharmacy protection (PPE) for Manipulation	What type of Hood to Prepare (Manipulate)	Dispense from Pharmacy	Disposal	Nursing Handling Category (see above for detail)	Delivery	Nursing Garb (PPE)	Storage in Pyxis?	Excrement/ Urine	Disposal	Supplemental information	Pregnancy Category	NIOSH Group	MSHG	AHFS classification
ziprasidone (Geodon)	IM	Injection	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Developmental toxicity, including possible teratogenic effects at doses similar to human therapeutic doses; an increase in the number of pups born dead and a decrease in postnatal survival at less than MRHD	C	Non-Antineoplastic Group 3		28:16:08:04 atypical antipsychotics
ziprasidone (Geodon)	Oral	Capsule	H	Pyxis or Standard	Haz garb	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Developmental toxicity, including possible teratogenic effects at doses similar to human therapeutic doses; an increase in the number of pups born dead and a decrease in postnatal survival at less than MRHD	C	Non-Antineoplastic Group 3		28:16:08:04 atypical antipsychotics
zoledronic acid (Reclast)	IV	Injection	H	Pyxis or Standard	Non-haz garb and no equashed	Non-Haz Hood	OK to tube	Black bucket	H	OK to tube	One pair of gloves	Pyxis or Standard	No Special Precautions	Black bucket	Number of stillbirths increased and survival of neonates decreased in laboratory studies at low doses	D	Non-Antineoplastic Group 3		92:24 bone resorption inhibitors

MAYERS MEMORIAL HOSPITAL DISTRICT

2020 HHS POVERTY GUIDELINES

Persons in Family or Household	75% US Poverty Level
1	\$ 9,570
2	\$ 12,930
3	\$ 16,290
4	\$ 19,650
5	\$ 23,010
6	\$ 26,370
7	\$ 29,730
8	\$ 33,090
For each add'l person, add	\$ 3,360

**To determine charity eligibility according to income level:**

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

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

**To determine charity eligibility according to total monetary assets:**

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

# **MAYERS MEMORIAL HOSPITAL DISTRICT**

## **POLICY AND PROCEDURE**

### **TELECOMMUTE**

#### **POLICY:**

It is the policy of the Mayers Memorial Hospital District (“MMHD” or “Mayers”) to occasionally grant employees the privilege of working remotely when appropriate.

MMHD considers telecommuting to be a viable alternative work arrangement in cases where individual, job and supervisor characteristics are best suited to such an arrangement. Telecommuting allows employees to work at home, on the road or in a satellite location for all or part of their regular workweek. Telecommuting is a voluntary work alternative that may be appropriate for some employees and some jobs. It is not an entitlement, it is not a hospital-wide benefit, and it in no way changes the terms and conditions of employment with MMHD.

#### **PROCEDURE:**

1. Either an employee or a supervisor can suggest telecommuting as a possible work arrangement. Telecommuting is a privilege and employees are only permitted to work from home with prior permission from their immediate supervisor. Any attempt to work at home without prior permission, with or without reporting such time, will result in disciplinary action in accordance with the Mayers discipline policy.
2. Telecommuting is an occasional work alternative, such as working from home for a short-term project or on the road during business travel. Other informal, short-term arrangements may be made for employees on family or medical leave, to the extent practical for the employee and the organization and with the consent of the employee’s health care provider, if appropriate. All informal telecommuting arrangements are made on a case-by-case basis, focusing first on the business needs of the organization. Such informal arrangements are not the focus of this policy.
3. Individuals requesting telecommuting arrangements must have continuous, regular employment and must have exhibited above-average performance, in accordance with the Mayers performance appraisal process.
4. Before granting permission for short-term, work-at-home arrangements, supervisors should know the specific work to be performed and the projected amount of time expected. If the work at home will cause a nonexempt employee to work enough hours per day or week to become eligible for overtime under federal and state law, then the supervisor should consult the overtime policy before granting permission.
5. Equipment supplied by the organization is to be used for business purposes only. The telecommuter should sign an inventory of all office property and agrees to take appropriate action to protect the items from damage or theft. Upon termination of

employment all hospital property will be returned to the hospital, unless other arrangements have been made.

6. Consistent with the organization's expectations of information security for employees working at the office, telecommuting employees will be expected to ensure the protection of proprietary MMHD and customer information accessible from their home office. Steps include use of locked file cabinets and desks, regular password maintenance, and any other steps appropriate for the job and the environment.
7. The employee will establish an appropriate work environment, that is safe and secure, within his or her home for work purposes. The employee will report work related injuries to their manager as soon as possible.
8. MMHD will not be responsible for costs associated with initial setup of the employee's home office such as remodeling, furniture or lighting, nor for repairs or modifications to the home office space. The employee is responsible for ongoing operating costs, such as telephone service fees, Internet fees, utility costs, homeowner's or renter's insurance and furniture or equipment rental fees that they were responsible for paying for prior to telecommuting.
9. MMHD IT will be available to the employee to consult about equipment need and education as well as remote support to trouble shoot any issues that may arise. IT will not be responsible to install or configure at home infrastructures.
10. The employee and manager will agree on the number of days or hours telecommuting is allowed each week, the work schedule the employee will customarily maintain, and the manner and frequency of communication. The employee agrees to be accessible by phone or modem within a reasonable time period during the agreed-on work schedule.
11. Telecommuting employees who are not exempt from the overtime requirements of the Fair Labor Standards Act will be required to record all hours worked in a manner designated by the organization. Telecommuting employees will be held to a higher standard of compliance than office-based employees due to the nature of the work arrangement. Hours worked in excess of those specified per day and per workweek, in accordance with state and federal requirements, will require the advance approval of the supervisor. Failure to comply with this requirement can result in the immediate cessation of the telecommuting agreement.
12. Before entering into any telecommuting agreement, the employee and manager, with the assistance of the human resource department, will evaluate the suitability of such an arrangement paying particular attention to the following areas:
  - a. Employee suitability. The employee and manager will assess the needs and work habits of the employee, compared to traits customarily recognized as appropriate for successful telecommuters.
  - b. Job responsibilities. The employee and manager will discuss the job responsibilities and determine if the job is appropriate for a telecommuting arrangement.
  - c. Equipment needs, workspace design considerations and scheduling issues.



- d. Tax and other legal implications for the business use of the employee's home based on Internal Revenue Service (IRS) and state and local government restrictions. Responsibility for fulfilling all obligations in this area rests solely with the employee.

**COMMITTEE APPROVALS:**

Chiefs: 5/20/2020



**Executive Director of Community Relations & Business Development – Valerie Lakey  
July 2020 Board Report**

**Legislation/Advocacy**

We are following two different PPE bills – AB2537 and SB275. Both impose requirements to sustain a given supply of PPE and allow fines to be imposed if a hospital does not meet the requirements.

**AB2537** passed the Assembly and is now in Senate committee. **SB275** passed the Senate and is now in Assembly committee. Both are opposed by CHA unless amended, recognizing the need for PPE to protect staff, but needing to make the requirement manageable. The strong argument is that it is difficult to impose these requirements in the middle of a pandemic. This is being followed closely.

**SB758** This bill will extend the 2030 hospital seismic deadline to 2037 and create an advisory committee to examine how California’s health care delivery system prepares and responds to disasters of all kinds. We have submitted our letter and I am working with the CHA Legislative Strategy Group (LSG) on this bill.

**Background:** CHA-sponsored SB 758 would require the California Department of Public Health to convene a Health Care Delivery System Preparedness Advisory Committee to make recommendations on how to provide care during and after the next disaster. This requirement is coupled with immediate seismic mandate relief for hospitals that would extend the requirement from 2030 to 2037, so hospitals are able to keep their doors open to care for all Californians in all ways, whatever disaster may come.

**AB890** – the Nurse Practitioner bill is still a priority. Additionally, **SB977** (AG approval and enforcement of health care system consolidation) and **AB1611** (surprise billing) are bills that are being followed.

I am still a part of the LSG which meets by phone twice a week to work through all of these bills and priorities.

**Marketing/Public Relations/Recruiting**

The Hospice Department is working on a Hospice website and we are helping to facilitate this process and design. It will be a separate web address, but will be linked to the MMHD site.

We have been working to complete a “Virtual” Open House. We are scheduled to have a crew onsite on August 13<sup>th</sup> to work on the project.

We have been working on ideas for the re-design of the website. Timing to promote the new hospital wing and Burney clinic will be considered. Marketing for departments will be aligned and consistent with the new designs.

### **Disaster/Emergency Preparedness**

We are excited to announce the Emergency Preparedness App, “My EOP”, is ready for use!

The app mirrors the Flip Charts for the CODE processes. This app includes almost everything you would find in the EP Binder, but you can get it instantly on your phone.

Additionally, you will find resources including:

- Weather Alerts
- Instant Reporting for Code Silver/Bomb Threat
- Infection Control resources
- HICS forms
- Access to RL6 Safety reporting
- Survey Readiness
- Acronyms
- Patient Tracking
- Links to many outside resources

Please take some time to familiarize yourself with the app. If you have any questions, see anything that needs to be changed or added or want to learn more, contact me and I will assist you. You should have received an email with download and login instructions on July 15<sup>th</sup>.

The Shasta County EOC is still operating. The Hospital Surge Planning meetings have resumed weekly so that we can be prepared as a county.



## Operations Report July 2020

Statistics	June YTD FY20 <i>(current)</i>	June YTD FY19 <i>(prior)</i>	June Budget YTD FY20
Surgeries <i>(including C-sections)</i>	42	56	96
➤ Inpatient	5	2	24
➤ Outpatient	37	54	72
Procedures <i>(surgery suite)</i>	157	135	192
Inpatient	1375	1880	2026
Emergency Room	2913	2767	4020
Skilled Nursing Days	28,233	27,520	24,740
OP Visits (OP/Lab/X-ray)	12,608	15,003	16,045
Hospice Patient Days	984	1,213	1,404
PT	2,595	2,992	3,000

### Chief Clinical Officer Report

**Prepared by: Keith Earnest, CCO**

#### ***Physical Therapy***

- Daryl Schneider, DPT, PT manager is working with Heidi at the retail pharmacy and the foundation to stock more requested PT supplies and equipment. PT supplies cannot be sold from the department and the goal is to send patients to the retail pharmacy to obtain needed supplies locally.
- The Lite Gait machine has been ordered! To make this happen, Mayers was awarded at \$7000 grant from Redding Rancheria but had to come up with the balance. Mayers Healthcare Foundation awarded \$6,406 towards the project and a community donor plans to cover the remaining \$4500. Look for publicity as soon as the equipment arrives.
- Taylor Sloat, DPT candidate, is completing his 13-week rotation at Mayers PT department and is being very well received by patients and the community.

#### ***Pharmacy***

- The barrier isolator is certified, as the last round of biological testing was negative. Complete report made to board quality committee.
- The Board of Pharmacy Inspector will be on site for annual Sterile Compounding inspection on August 3<sup>rd</sup>. Due to COVID restrictions all documents were provided to the inspector already to minimize the onsite time.
- The pharmacy portion of order sets requested by the medical staff have been built.
- Inventory was completed and submitted to finance.
- I have been working with staff development on a learning module regarding Hazardous Waste disposal.

### ***Retail Pharmacy***

- The State Board of Pharmacy is scheduled to perform an inspection on August 3<sup>rd</sup>.
- Inventory was completed and submitted.
- Statistical and financial report was made to Board Finance Committee.

### ***Telemedicine***

- See attached Exhibit A

### ***Respiratory Therapy***

- David Farrer, RT, has researched devices to measure carboxyhemoglobin levels. One was ordered the week of July 20<sup>th</sup>. This test is important for carbon monoxide poisoning or smoke inhalation.
- High flow oxygen is available for infants, pediatric and adult patients.
- I-STAT for arterial blood gasses software has been updated.
- Staff is ready to stock respiratory supplies in the new Emergency Department.

### ***Cardiac Rehab***

- The Cardiac Maintenance Program resumed June 22<sup>nd</sup>. Numbers are lower than before COVID due to patients not wanting to be in a public space or wear masks while exercising. Patients that are participating have complained about wearing masks to exercise but are complying.
- Dana Hauge joined Mayers in June as a cardiac tech and is facilitating the non-monitored patients as Trudi Burns, RN, needed to reduce her hours. Dana has been very well received by our patients.
- We currently have two monitored patients with two new referrals.
- The gym is open to employees at the moment but we are very low on the wipes that are used to sanitize equipment.

## **Chief Nursing Officer Report**

**Prepared by: Candy Vculek, CNO**

MMHD is preparing for the move into the new wing. CDPH will be the next approving agency. Once that has occurred, the facility will be able to open. In the interim, staff will be stocking the various areas and preparing to occupy the building.

LTC Staffing continues to have a number of vacancies, particularly C.N.A.'s. C.N.A wages have been reviewed and MMHD will be increasing the entry level pay in order to encourage recruitment. There will be two C.N.A. classes held this fall in the area. Both will be only 8 weeks long and will keep the students from having to drive to Redding.

The first round of employee COVID-19 testing has been completed and MMHD has now moved into the 25% per week testing process as required by CDPH. To date, all tests have been negative. The testing has created a huge backlog at the laboratories who do the tests. Results are taking as long as 10 days to get results. MMHD is looking to buy our own machine but there are significant delays in delivery times.

### ***SNF Report***

- Census = 80 Residents (Burney Annex = 45; Station 2 Fall River = 35); one female bed available in the Burney Annex Front and three male beds (one of the male beds is set to be filled by a new Admission already approved). Memory Care Unit is at capacity. At Station 2: two female beds are open (as of 7/21/20).
- SNF has hired for Station 2: 1 RN night Shift, 1 LVN Dayshift, 1 CNA. For Burney Annex: 1 Day Shift LVN. (We now have our own RN coverage for every weekend--raising our Star Rating and reducing registry usage) 2 LVN Students are precepting from IOT in Redding (one in Fall River and one in Burney).
- We remain vigilant-- following all CDC Guidelines and State mandates for Covid-19 prevention/protection. Baseline testing was completed for Residents and Staff at the end of June. We are now testing all Staff again monthly.
- Any Staff entering the SNF's are screened upon entering. All Staff continue to wear N95 masks.
- Residents continue to be screened morning and evening for fever and/or any changes in condition.
- CDPH visited MMHD regarding SNF "Focused Survey Part 3" on 7/8/20. They are ensuring we are following the 'Mitigation Plan' we submitted. They took copies of the Staff Screening Log Sheets for the last 30 days and the '802' or Matrix (information regarding all Residents and their conditions). Everything that was needed was provided. The results of the survey showed no deficiencies
- "Covid-19" SNF Survey Report is filled out and sent daily (before noon) to CDPH to keep them informed.
- Standard Work has been created on our 'Lab Process'. We held an 'Emergency' Mandatory Meeting for Burney Nurses on 7/9/20. We 'in-serviced' and reviewed the Standard Work on our Lab Process. The Standard Work has also been uploaded to Relias for all Nurses to review/read again and sign off. This was in response to concerns from the lab manager related to receiving multiple requests for the same tests.
- SNF is very grateful for the 2 new 'Sit to Stand' Sabina 2 Lifts we have been awarded for Station 2 and Burney Annex.
- Burney Annex is also honored to receive funding from Mayers Health Care Foundation and Burney Regional Community Fund of Shasta Regional Community Foundation for 2 HEPA-CARE Air Purification Systems. They have been ordered. We're told they will be delivered in October.

### ***Acute Care Report***

- Census has been down related to COVID.
- Received award from MHF for a new bladder scanner. Will purchase, develop policy and do in-service to staff.
- Transitioned all direct-care staff on Acute side to N95's.
- The last of our contract registry has accepted a full time position.
- OPM and Acute completed scorecard summary goals.

### ***OPS***

- Surgery resumed May 19-20.
- Have had a shift with CRNA's. Been working with a locum company to attain coverage.

### ***Emergency Department***

- The Emergency Department treated 278 patients in the month of June. Daily reports are showing recent increase in daily visits. 6/15-6/30 showed 176 vs 5/15-5/30 showed 137. This is still significantly lower than last year's 418 during the month of June.
- Staffing – We remain at one traveler for the ED. Two total open positions but one currently being filled by per diem staff.
- Alexis is working with IT and Pharmacy to revise the IV Pump library for all pumps house-wide. Update – Only thing remaining is verification against master list that all have been completed
- ED Audits – The goals of vitals within 60 minutes of discharge and every 2 hours during the stay have been completed and removed from ongoing data review – will continue with spot checks to assure we don't have major slippage. EMTALA documentation, "use of other", and "unassigned" have all met 3-month compliance. The only remaining audit will be ESI triage scoring accuracy. This will likely require several months of reinforcement to complete.
- Significant progress has been made in the ability to create "order sets" for Paragon. This streamlines the ordering process for specific disease processes (i.e. stroke, MI, sepsis, etc). Knowledge being shared shortly with other leadership.
- Starting training/competency for ultrasound guided peripheral IV's with the staff.
- Gnosis training will start this month and go on for months as modules are assigned each month

### ***Laboratory***

- Point Click Care interface –The Radiology interface is further along than the Lab and is beginning testing. Lab interface – compendium has been provided to contracted company (OpenText). They immediately came back with requesting additional formatting. I am exploring this possibility and we have a Paragon person onsite next week who may be able to help.
- Mountain Valley interface – Required information has been sent to the contracted company.
- Microbiology Allscripts – Now that Covid restrictions have lessened this is back underway for development. Allscripts person has been onsite performing build. This continues and will for several more months until all new wing micro equipment is completed
- New wing equipment – Many equipment issues have been resolved but several still remain. There are still significant issues with the hood. We are trying to resolve those and move forward with installation but have agreed that if needed we can remove the hood from the plans and certify without it. Micro is currently handled with a manual process (no hood) and can continue that way if need be until hood issues are resolved. This week/last week the three new analyzers are being delivered and installed. This begins the lengthy 3-week process. As learned from Ryan none of the equipment issues have prevented occupancy. CDPH is next barrier.

### ***Radiology Board Report***

- Staffing: We have identified our ultrasound traveler to replace Sarah at the end of her contract and she will start 8/17.
- The contract with MDI to replace the radiologist group has been signed. VRAD is the backup service to MDI. After hour reads have historically been done by a company that provided temporary reads with "over reads" done after the fact. MDI does not provide after hour reads but simply defers to VRAD for a final product on after hour studies. The interface has been completed for MDI and is now underway for VRAD. Pam will need to complete credentialing for VRAD staff as well. This will be faster than usual as they are a nation-wide company with

Joint Commission accreditation. This will cause some billing challenges which were discussed with Travis. The formulary for “pro fees” still exists but hasn’t been used in quite some time. He is reviewing what that process will look like.

- New wing construction coming along well. New CT and RF rooms completed and certified including lead shielding testing.
- CT injector – issue has been resolved and the new injector is set for installation later this week. No significant challenges to that installation exist.
- CT – Protocol programming – Process for building protocols in the system occurs just prior to “go live” as you have to have patients in order to run those protocols. Alan advised the timing of this is after “staff and stock” and before “go live” (narrow window).
- PCC interface for Radiology is progressing. Current interface build project timeline is targeted for end of August completion.

### **Chief Operating Officer Report**

**Prepared by: Ryan Harris, COO**

#### ***Hospital Expansion Project***

- Great news on the New Hospital Wing! We were able to get our OSHPD Conditional Certificate of Occupancy (CO) approved on 7/16/2020. Over a two-week period of time the project team worked closely with OSHPD field staff to get this accomplished. OSHPD is done with the project until all conditional items listed on the certificate of occupancy are completed, at which time we will have one final inspection and be awarded our construction final. Getting our certificate of occupancy now instead of waiting for construction final, we are allowed to start the licensing process with CDPH. I’ve attached the CO for your review.

#### ***Facilities, Engineering, Other Construction Projects***

- Construction on the Burney Clinic is still progressing well and is on schedule. Now that we have demoed most of the building we are getting some minor change orders for issues not discovered during design. This was expected and why we carried contingency on the project.
- Construction on the Administration Building remodel is in the finishing stages. Most of administration has moved into the space. Over the next couple of weeks there will be a lot of movement of offices to clear out the old building scheduled to be demoed and moving into the new wing. There is still some minor work to be done on the interior and some exterior work to be completed on the entry’s. This work will not delay personnel moving into the building.
- The 1953 Building Demolition project is still progressing as planned. The milestones that we must meet are as follows: Completion of the new hospital wing by 9/25/20, start partial demolition of the existing hospital by 4/15/21, completion of the demolition project by 12/15/21. We are working through HVAC issues as one of our HVAC units sits on two rooflines and after the building is demolished it will sit too close to the outside edge of the building per code. We have decided to remove the two older HVAC units that are close to what will now be the edge of the building. We will install a new unit to replace these two units on the other side of the building once installed and tested we can complete the cut over to ensure minimal issues with heating and cooling in the building. This project is still on schedule. An RFB will be sent out upon approval of the contract documents by OSHPD.
- The Riverview House is in the final stages of completion. Engineering is currently working on the final punch list items to complete the project. The house will not be available until after the NHW



project is completed and the sewer line can be reconnected. This work is still on hold until after the temp power poles that are feeding Layton's trailer can be removed. Layton is planning on having the temp power, power poles and trailer removed by the end of the month.

- The Nurse call project was put on hold due to the Covid exposure. I am working with Nursing Leadership to reschedule.
- SNF Refresh project will include the updating of all sinks to be ADA compliant. This project has also been put on hold because of the facility COVID-19 restrictions. No changes to this project.
- We have decided to bring the helistop project in-house. We have received the drawings and are waiting until Layton's temporary power is out of the way to begin. We are now anticipating starting this in August.
- Facilities and Engineering crews have been working closely with nursing leadership to ensure that our facilities can meet the demands of COVID-19 including rooms for a patient surge, isolation rooms, negative air pressure, monitoring, and HEPA filtration. To date, these measures are working appropriately.
- Facilities personnel are also staying on top of their normal daily tasks while moving 20 offices and several departments into the new building. I cannot appreciate Alex and his staff enough for all of the hard work they are doing right now.
- We are awaiting permits from the county for the Laundry facility project. A decision was made to proceed with Belfor doing the project. Once permits are received, restoration will begin. The estimated damage to the facilities, inventory, and equipment is \$200,000-\$300,000. The insurance company is sending an investigator to determine the cause of the fire. We are still waiting on permits for this project.
- The church has applied for a use permit for the daycare in Fall River and the application for licensure went in on 7/22/2020.
- No work was done on the Fall River HVAC project this past month due to several other projects starting and current workloads for staff.

## *IT*

### *Day To Day*

- IT has 3 FTEs
- IT received 445 new tickets
- Of 528 available hours, IT spent 178.26 Hours of their time on those tickets
- In that time, IT was able to resolve 458 of those tickets with:
  - Average of 7 tickets resolved per day per FTE
  - Average overall response time of 4H03M
  - Average resolution time of 2H15M
  - 83.4% resolved upon first contact
- Of those received, 2 had an impact on Patient Care, Business Continuity, Regulatory Compliance, or Security Posture
- Of those received, 99.3% were resolved within the SLA
- We received a total of 73 Satisfaction Surveys
  - 67 Replied 5/5 Stars
  - 5 Replied 4/5 Stars
  - 1 Replied 3/5 Stars
  - 0 Replied 2/5 Stars
  - 0 Replied 1/5 Stars

## *One-Offs Projects*

- Backup and Disaster Recovery Revamp
  - What's been done this month
    - Finished first draft of P&P for Backup and Recovery
    - Fully installed hardware and software
    - Retired old Veeam server
    - Selected Tape and Cloud vendor options
  - What's coming
    - P&P for updating our air-gapped password and critical documentation vault regularly (DR)
    - Pricing out Tape and Cloud options
- SAFR EMS Project
  - Currently facilitating between SacValley MedShare
- Internet speed upgrades
  - What's been done this month
    - Burney upgrade to Gigabit Internet expected to be completely finished on 8/11
    - Retail Pharmacy 20 Megabit Internet upgrade delayed, we need to cut out part of the parking lot to repair the conduit before Frontier can finish
- Clinic
  - What's been done this month
    - Still re-quoting Paragon Ambulatory
  - What's coming
    - Server room install
    - Assisting in the selection of a Clinic EMR
- Ticketing System
  - What's been done this month
  - What's coming
    - Change Management process to help reduce the impact IT Changes have on daily business functions
- Patch Management
  - What's been done this month
    - Almost to 80% compliant, had to turn off some test servers to maintain hardware stability
  - What's coming
    - Once we iron out the bugs, patch compliance reports will be provided
    - Expanded patching policies to include other devices, including network hardware and hypervisors
- Network Infrastructure Refresh
  - What's been done this month
    - Completed Fall River WiFi and switch upgrades, minus a couple small issues we need to take care of

- What's coming
  - 7/27 DGI will be surveying Burney and tying up the loose ends in Fall River
- Security Initiatives
  - What's been done this month
    - Bancsec has completed their external assessment. Reviewed this with Jack and IT. The vast majority of findings on this report were related to FastHealth's hosting of the MMHD and Mayers Foundation websites. There no critical findings.
  - What's coming
    - End-User cybersecurity education via Knowbe4/Relias
    - Intrusion Detection and Prevention Tools
    - SIEM Tool Implementation
    - Revamp of all security roles in Paragon and Active Directory to align ourselves with the concept of Least Privilege Access
- Paragon 15 Upgrade
  - What's been done this month
    - Completed live migration, ran into a lot of snags with the backup process. Cohesity should resolve them.
    - Audit server in production now
  - What's coming
    - Should be starting Paragon 15 in June
    - Estimated Go-Live for Version 15 is September right now
- MVHC Lab Interface
  - What's been done this month
    - All documents delivered
    - Changes to VPN
  - What's coming
    - Working with Change Healthcare to finish the interface
- NHW
  - Ryan Nicholls is finding myself spending most of my time on the new wing. IT has been his primary focus and the IT department still has a lot of work to do in the building.

### ***Purchasing***

- Purchasing is now down to two people in the department. We have hired a 3<sup>rd</sup> who will start on 8/3/2020. Steve and I will be working on improving the department to obtain retention of good employees.
- Purchasing completed its annual inventory. Numbers are still being finalized and Travis is reviewing some unusual final number in the supply room.
- Jessica continues diligently in getting us daily inventory counts of PPE and other high demand items. They input this data into a burn rate calculator that the CDC provided. This shows us based on our

usage of how many days' supply we have and which items we should be focusing on procuring. This has been a great tool for us to identify and prioritize PPE we are getting low on. There are still items such as procedural masks, gloves and toilet paper that are difficult to procure.

- We are constantly searching for PPE availability through various vendors. Shortages are again becoming an issue and Steve is focusing on increasing our emergency supply inventory.
- Purchasing has done a wonderful job of ensuring we do not run out of PPE and I am pleased to announce that we have not run out of any PPE to date.
- Purchasing will soon be supplying the new hospital wing and have developed new workflows with nurse leadership.

### ***Food & Nutrition Services***

- The new point of sale system continues to work great. It has given us a way to provide meals to our staff daily without them going into the SNF.

### ***Environmental Services & Laundry***

- The arrangement with AlSCO to Launder our own linens is still going well. We have had some issues with linen shortages but Sherry Rodriguez was able to correct them right away. This continues to work out well.
- Sherry and I have been reviewing workflows for housekeeping and floor maintenance in the new building. We are looking at staffing and best practices for the new materials in the new building.
- Sherry and her staff have been working very hard with all of the department moves as well as waxing all the new floors before we move into the new hospital wing.

### **Operations District-Wide**

**Prepared by: Louis Ward, CEO**

**Verbal Report will be provided in Board Meeting**

Telemedicine Update as of July 22, 2020

Respectfully submitted by Amanda Harris for Keith Earnest, CCO and Dr. Aaron Babb, Medical Director

We have completed a total of 808 live video consults via Telemedicine since August 2017.

Endocrinology:

- We had 12 Endo consults in June. Dr. Bhaduri has clinic scheduled on 7/27, 7/28 and 7/30 with 12 patients scheduled total. She also saw 4 on 7/9.
- Endo is now the lead specialty in total ancillary revenue. Dr. Bhaduri has two clinic blocks per month.
- We've had 268 consults since the start of this specialty in August 2017.

Nutrition:

- Nutrition interest is returning! We had one consult in June and we have two more this month and potentially a couple more next month.
- I've now switched Jessica to a PRN schedule, meaning I'll request time when I need it for Nutrition instead of regular blocks.
- We've had 75 consults so far since we started this specialty in November 2017.

Psychiatry:

- We had 11 patients seen in June for Psychiatry. Clinic was scheduled for July 21 however Dr. Granese was unable to attend at the last minute. This has never happened before. All the patients on the schedule were skilled nursing residents and so they just returned to their daily activities. This block will be rescheduled.
- We've had 254 consults since the beginning of the program in August 2017.

Infectious Disease:

- Dr. Siddiqui had three consults in June and four in July.
- We've had 78 consults since the start of this specialty in September 2017.

Neurology:

- We are still highly utilizing Neuro time. Dr. Belaga is currently booked out until late August. He saw 8 patients in June.
- The patients very much enjoy his bedside manner and he and Vinni work very well together in clinic.
- We've had 91 consults since the start of the program in November 2018.

Rheumatology:

- There has been some renewed interest in Rheumatology lately and we're looking at booking a couple new patients in August. This specialty has been slower to take off than our others and I'm hoping it's just due to COVID.

ER UCD Cart:

- This cart hasn't been used regularly. I checked with JD (ER Director) and he would still like to keep the cart and Neuro service as it is now a part of our stroke protocol. We will continue to monitor its use.

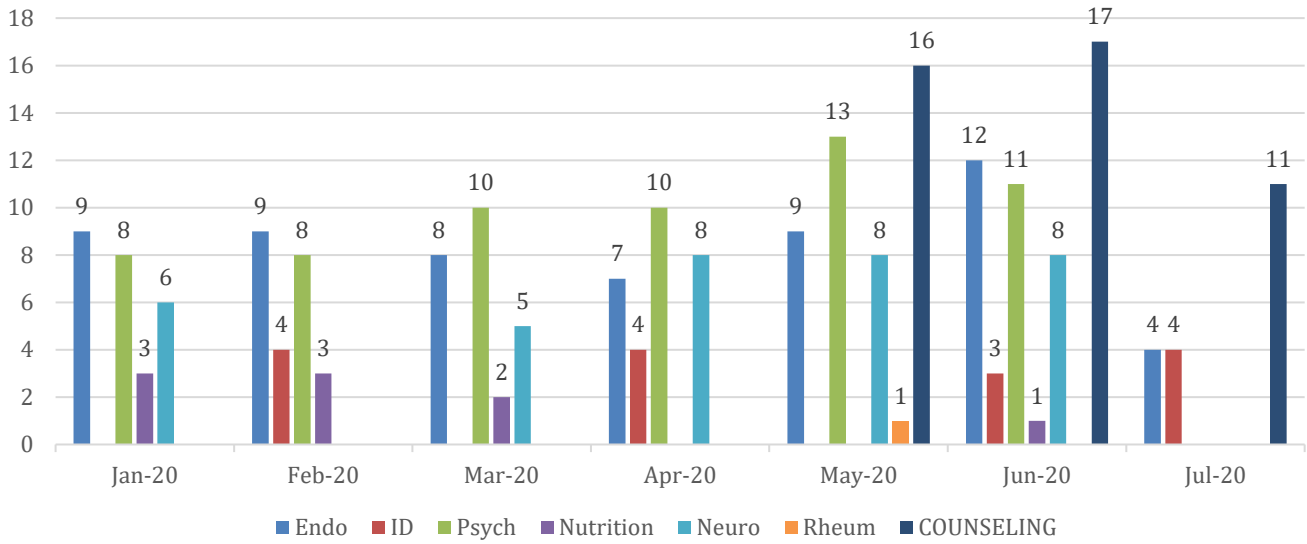
COVID-19:

- Outpatient Telemed services are now taking place out of exam room D in the Physical Therapy building. This is extremely helpful as far as patient reassurance (they don't want to come into the hospital). PT staff have been extremely helpful and accommodating and I greatly appreciate it!
- Sheba submitted the FCC funds request on May 1. This request was for reimbursement of funds spent on ipads and connection needed to limit in person interaction with suspected COVID patients saving PPE and physician exposure. We still have no word on the outcome of this application.

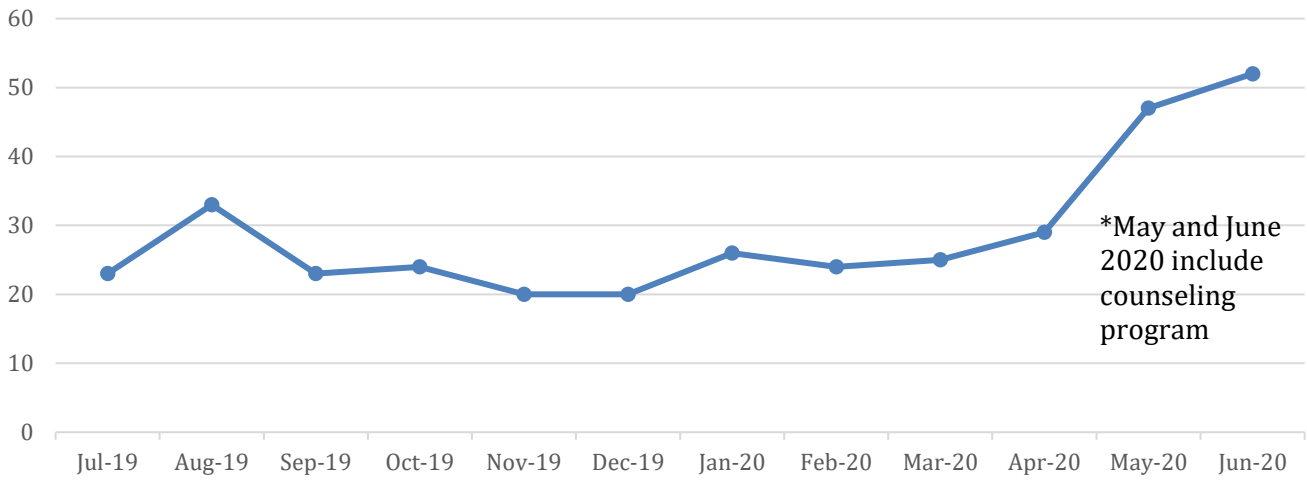
FRJUSD/Mayers/MVHC Grant:

- To date, about 363 consults have taken place with this program. The last day services were offered at the school was March 12. We resumed services being offered at Mayers on May 1.
- Dr. Masters conducted 17 consults in June and 11 so far this month. Jill at MVHC is completing 2-4 consults a month (reminder: she is only seeing students from BHS).
- Sheri Crane has begun to run the counseling program for the most part with myself as back up and support. She is part time and fully funded by the grant.
- I'm working on nailing down a date with the Superintendent for Dr. Masters to provide a webinar for staff and teachers at the schools. He already agreed that it would be a worthwhile educational resource for staff and requested that it happen in August.
- Sheba and I have our Year One Data Dashboard due this month as well as another quarterly cash report. We will also be submitting a Year One financial report and funds carryover request in the coming months.

### Outpatient Consults by Specialty

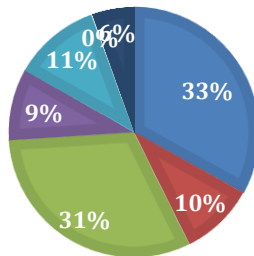


### Total Telemed consults

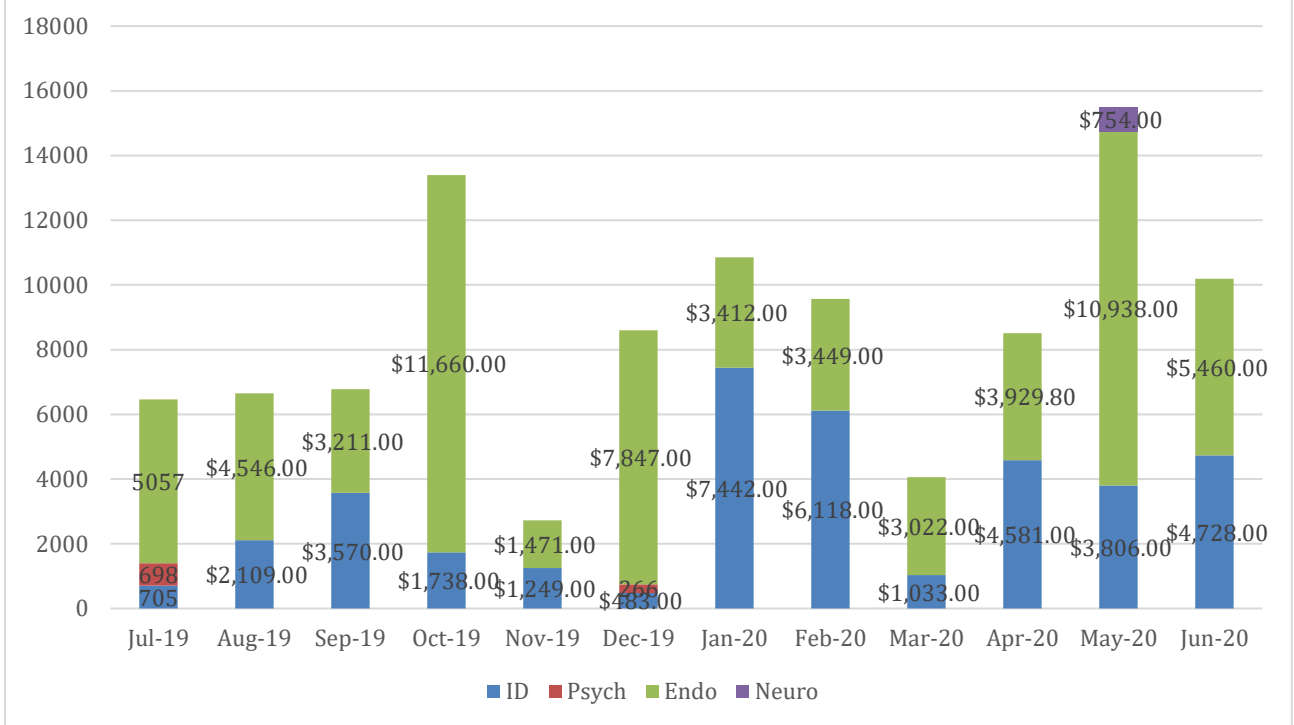


### TOTAL VISITS

■ Endo ■ ID ■ Psych ■ Nutrition ■ Neuro ■ Rheum ■ COUNSELING



### Telemed Ancillary Billing by Specialty



### Ancillary Revenue by Specialty/Provider

