

Chief Executive Officer  
Louis Ward, MHA



**Mayers Memorial Hospital District**

**Board of Directors**  
Jeanne Utterback, President  
Beatriz Vasquez, PhD, Vice President  
Tom Guyn, MD, Secretary  
Abe Hathaway, Treasurer  
Tami Vestal-Humphry, Director

Board of Directors  
**Regular Meeting Agenda**  
September 29, 2021 at 1:00 pm  
Mayers Memorial Hospital District

Boardroom  
43563 HWY 299 E  
Fall River Mills, CA 96028  
Zoom Meeting Information

[CLICK HERE TO ENTER](#)

Call In Number: 1-253-215-8782 Meeting ID: 878 8337 4433

**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>2.1 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 – August 25, 2021	<b>Attachment A</b>	<b>Action Item</b>	2 min.
	3.2 Special Meeting – September 8, 2021	<b>Attachment B</b>	<b>Action Item</b>	2 min.
<b>4</b>	<b>DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:</b>			
	4.1 Resolution 2021-17 – August Employee of the Month	<b>Attachment C</b>	<b>Action Item</b>	2 min.
	4.2 Mayers Rural Health Clinic Update – Ryan Harris		Report	2 min.
	4.3 Director of - Acute – Theresa Overton	<b>Attachment D</b>	Report	2 min.
	4.4 Director of Quality – Jack Hathaway	<b>Attachment E</b>	Report	2 min.
<b>5</b>	<b>BOARD COMMITTEES</b>			
	<b>5.1 Finance Committee</b>			
	5.1.1 Committee Meeting Report: Chair Hathaway		Report	5 min.
	5.1.2 August 2021 Financial Review, AP, AR and Acceptance of Financials		<b>Action Item</b>	5 min.
	5.1.4 401K Updated program	<b>Attachment F</b>		
	<b>5.2 Strategic Planning Committee</b>			
	5.2.1 September 13 DRAFT Meeting Notes	<b>Attachment G</b>	Report	2 min.

5.2.2	Strategic Plan Update	<b>Attachment H</b>	<b>Action Item</b>	10 min.
5.3	<b>Quality Committee</b>			
5.3.1	August 11 <sup>th</sup> Meeting Report – DRAFT Minutes Attached	<b>Attachment I</b>	Report	5 min.
6	<b>NEW BUSINESS</b>			
6.1	Policy & Procedure Approval	<b>Attachment J</b>	<b>Action Item</b>	5 min.
6.2	Housing		Discussion	10 min.
7	<b>ADMINISTRATIVE REPORTS</b>			
7.1	ED of Community Relations & Business Development – Val Lakey	<b>Attachment K</b>	Report	5 min.
7.2	Chief's Reports – <b>Written reports provided. Questions pertaining to written report and verbal report of any new items</b>		Reports	
7.2.1	Chief Financial Officer – Travis Lakey		Report	5 min.
7.2.2	Chief Clinical Officer – Keith Earnest	<b>Attachment L</b>	Report	5 min.
7.2.3	Chief Nursing Officer – Candy Vculek		Report	5 min.
7.2.4	Chief Operation Officer – Ryan Harris		Report	5 min.
7.2.5	Chief Executive Officer – Louis Ward		Report	5 min.
8	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>			
8.1	Board Member Message: Points to highlight in message		Discussion	5 min.
9	<b>ANNOUNCEMENT OF CLOSED SESSION - none</b>			
10	<b>ADJOURNMENT: Next Meeting October 27 , 2021 in Burney</b>			

Posted 9/24/2021

Notes: per the board calendar, topics needed for Board Bylaws Review and Assessment Process. Updates I made are in orange and if there is going to be a Zoom meeting option the information is up to date. LZ

Chief Executive Officer  
Louis Ward, MHA



**Mayers Memorial Hospital District**

**Board of Directors**  
Jeanne Utterback, President  
Beatriz Vasquez, PhD, Vice President  
Tom Guyn, MD, Secretary  
Abe Hathaway, Treasurer  
Tami Vestal-Humphry, Director

**Board of Directors  
Regular Meeting  
Minutes**

August 25, 2021 – 11:30 am  
MMHD Burney Boardroom

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

**1 CALL MEETING TO ORDER:** Jeanne Utterback called the regular meeting to order at 10:35 AM on the above date.

**BOARD MEMBERS PRESENT:**

Jeanne Utterback, President  
Beatriz Vasquez, PhD, Vice President  
Tom Guyn, MD, Secretary  
Abe Hathaway, Treasurer  
Tami Vestal-Humphry, Director

**STAFF PRESENT:**

Louis Ward, CEO  
Ryan Harris, COO  
Travis Lakey, CFO  
Keith Earnest, CCO  
Candy Detchon, CNO  
Val Lakey, ED of CR & BD  
Tracy Geisler, MHF Executive Director

**ABSENT:**

**2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS:** PUBLIC COMMENT TAKEN BY BOARD MEMBER THAT OUR PHONE SYSTEM IS CUMBERSOME. PLEASE NOTE THAT ALL EMERGENCIES SHOULD GO TO 911 AND NOT THROUGH OUR PHONE SYSTEM.

**3 APPROVAL OF MINUTES**

- |     |  |                         |                        |
|-----|--|-------------------------|------------------------|
| 3.1 | A motion/second carried; Board of Directors accepted the minutes of July 28, 2021.                   | <b>Vasquez/Hathaway</b> | <b>Approved by All</b> |
| 3.2 | A motion/second carried; Board of Directors accepted the minutes of August 11, 2021 Special meeting. | <b>Vasquez/Hathaway</b> | <b>Approved by All</b> |

**4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

- |     |   |                       |                        |
|-----|---|-----------------------|------------------------|
| 4.1 | A motion/second carried; Samantha Clark was recognized as July Employee of the Month. Resolution 2021-16. Burney Annex – such a great asset to our team.  | <b>Guyn, Hathaway</b> | <b>Approved by All</b> |
| 4.2 | Mayers Rural Health Clinic Update: Written report submitted. Questions were directed to Ryan Harris. Clinic Manager's last day will be September 17, 2021. Interviews are being conducted for a new manager. Questions regarding the financials were addressed.   |                       |                        |
| 4.3 | Director of Skilled Nursing, Shelley Lee - written report submitted. The CNO was available to address any questions. For the CNA class, there is a need to clarify a few things on the application. Paperwork to list Shelley Lee as DON was submitted. This resulted in a small delay and we are waiting on approval. There are currently four students in the Shasta College class that just began. When we are approved – we will use our staff to teach the class.<br><br>There are beds available in Fall River, but we cannot admit at this time. |                       |                        |
| 4.4 | Hospice Quarterly Report, Mary Ranquist: Written report submitted – The CCO was available to answer questions. Humphry asked about finding a new car – The insurance payment should be coming soon. They will be going to look soon.  |                       |                        |

Car Show was a very nice event. There will be a donation coming from the Nor-Cal Road Gypsies.

Hospice manager has done some work with Pit River Health to provide education about Hospice.

4.5 Safety 6 Month Update, Val Lakey: Written report was submitted

## 5 BOARD COMMITTEES

### 5.1 Finance Committee

5.1.1 **Committee Report:** See finance notes. Discussion of 401K. Guyn asked about the retail pharmacy. Identified some inventory and software issues. 340 B contract is ready to sign. We will be seeing more from that. On-site audit visit overview was provided by the CFO

5.1.2 **July 2021 Financials** *Hathaway, Humphry* *Approved by All*

5.1.3 **401K Annual Report:** \$8.1 Million in the MMHD employee investment. New information for adjusting the plan will be brought to the September board meeting.

5.1.4 **Managed Security Services (IT) Agreement/Proposal** *Hathaway/Humphry* *Approved All*  
It was approved to move forward with the IT Security agreement at \$119,000/year

### 5.2 Strategic Planning Committee Chair Vasquez

5.2.1 **SP Planning Session:** July 28 Presentation Review/Discussion

5.2.2 **DRAFT Strategic Plan Update** – There is a meeting on September 13, the SP will be reviewed and brought forth to the full board.

### 5.3 Quality Committee Chair Utterback

5.3.1 **Committee Meeting Report** – Met on August 11. Minutes are attached.

## 6 NEW BUSINESS - none

## 7 ADMINISTRATIVE REPORTS

7.1 **ED of Community Relations & Business Development:** Written report was submitted.

### 7.2 Chief's Reports

7.2.1 **CFO:** A written report was submitted. We are being asked to reimburse the 2012 claw back money in the amount of \$778,000

7.2.2 **CCO:** There was no written report submitted. Earnest has been involved in doing a Pyxis conversion – this has been a 3-week process. They are now doing the interface testing and the physical conversion. Will be done the end of this week.  
We now have meds for COVID ED patients. There will be J & J Vaccine available in the ED.  
Staffing is currently ok. Vaccine at clinic. 3<sup>rd</sup> dose is for immune compromised is now available. All sign ups through MyTurn. We will be getting vaccines from the county.

7.2.3 **CNO** In addition to her written report: ED is very busy. Working short staffed in departments. Fully staffed in acute care. Have 3 travelers. Staff out with COVID. There are 20 CNA vacancies. 40 +/- in division that are not vaccinated. Discussed reasons why people are not being vaccinated.

7.2.4 **COO:** Daycare – planning approved, but not on the building side. Waiting on drawings to be approved. Looking at isolating and balancing air in the facility related to COVID. Looking at options in ED. Replacing HEPA Filters. COO further explained lab interface with MVHC and potentially looking to hire a construction manager.

7.2.5 **CEO:** New doctor starting today (Hospitalist). Another provider will be coming to visit in October Gideon Baum from CHA joined the call to address some of the new COVID mandates. 72% of the 249 employees are vaccinated. Working on declination forms.  
Two health orders – both “came out of the blue” Delta numbers are not encouraging. Testing and masking mandate. Then the vaccine mandate. Two exemptions. Religious exemptions are not clear. Guyn asked about enforcement guidelines: Accommodations – PPE, testing; move outside of patient areas; send home without pay. Testing – who pays? Hospitals can bill group health insurers for cost. There is no clear answers. Is it possible to look at employer contribution – dependent on vaccination status? We are working on the process that follows state guidelines for those with no exemptions and no vaccine as of Oct. 1<sup>st</sup>

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).

Reviewed facility plans for COVID – ED, SNF

Special Meeting to establish COVID policy will be on September 8<sup>th</sup>.

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**8 OTHER INFORMATION/ANNOUNCEMENTS**

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8.1 Board Member Message: Update from CHA, Vaccine

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**9 ANNOUNCEMENT OF CLOSED SESSION: 3:10 PM**

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9.2 **Personnel Government Code 54957: CEO Evaluation:** Reviewed 3 phases of CEO Evaluation. CEO has met or exceeded on all three levels. M/S/P for CEO to receive 10% bonus. ACTION

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**10 ADJOURNMENT: 3:30 pm**

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Next Regular Meeting: September 29, 2021 – Fall River Boardroom

*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

Chief Executive Officer  
Louis Ward, MHA



**Mayers Memorial Hospital District**

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Jeanne Utterback, President  
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Tom Guyn, MD, Secretary  
Abe Hathaway, Treasurer  
Tami Vestal-Humphry, Director

Board of Directors  
**Special Meeting**  
**Minutes**

September 8, 2021 – 11:00 am  
Teleconference Only

*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:** Jeanne Utterback called the special meeting to order at 11:00 AM on the above date.

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**BOARD MEMBERS PRESENT:**

Jeanne Utterback, President  
Beatriz Vasquez, PhD, Vice President  
Tom Guyn, MD, Secretary  
Abe Hathaway, Treasurer  
Tami Vestal-Humphry, Director

**STAFF PRESENT:**

Travis Lakey, CFO  
Valerie Lakey

Multiple staff members

**ABSENT:**

**OTHER:**

T Abraham, Hospital Council  
Gideon Baum, CHA

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**2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: NONE**

**3 Employee vaccine mandate**

Information, discussion and update from Calif. Hospital Association (CHA) related to the California State Healthcare vaccine mandate. Ward gave an overview of exemption process for medical and religious exemptions. (See attached information that will be sent to staff). This is a state mandate and forms have been provided to MMHD to use for exemption process. All processes will be documented, as we are liable and may be reviewed by state agencies.

**Hathaway, Guyn**

Hathaway – Y  
Guyn – Y  
Humphry – Y  
Utterback – Y  
Vasquez - Y

It was moved, seconded and passed to comply with the California Healthcare vaccine mandate.

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**4 OTHER INFORMATION/ANNOUNCEMENTS**

**6 ADJOURNMENT: 12:21 pm**

Next Regular Meeting: September 29, 2021

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. 2021-17**

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

**Theresa Overton**

**As August 2021 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, Theresa Overton is hereby named Mayers Memorial Hospital District Employee of the Month for August 2021; and

**DULY PASSED AND ADOPTED** this 29th day of September 2021 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:  
NOES:  
ABSENT:  
ABSTAIN:

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Jeanne Utterback, President  
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

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Valerie Lakey  
Acting Clerk of the Board of Directors

## Director of Nursing Board Report—Sept. 29, 2021

### Acute

- July 2021 Acute ADC 1.23, Swing ADC 4.65; LOS 14.4, OBS days: 7.71.
- Full-time staffing on Acute requires 9 FTE RN/LVN's, and 4 FTE CNA's. We float 1 of our FT RN's and the Acute Assistant Manager to Outpatient surgery every other week which requires additional staff on the surgery weeks. Currently Acute staffing is as follows; 7 FTE RN's (1 RN out on MLOA), 1-FTE LVN (continues to work towards his RN upgrade), 1 PTE RN, 2 per diem RN's, 1- RN Acute Assistant Mgr, 4-FTE CNA's, 1 per diem CNA, 2-Ward Clerks. We currently are fully staffed. Acute has been staffing up to 3 RN/LVN due to Covid, utilizing Registry.
- The Covid surge has become such a significant part of this department over the course of the last 18 months. We reopened the Covid unit the middle of August in the OPM wing. The OPM dept was moved once again down St.3. We made significant efforts to take what we learned last year and apply it to ensure that this opening went much smoother. I believe we accomplished that.
- A Covid surge plan was once again developed and will be initiated in the event that the census increases past 4 patients in the current Covid unit. We have been staying steady with 4-patients and holding onto them for 6-7 days. These patients have consisted mostly of community members that have been much sicker than the first time around. Shasta Co. has seen an influx and therefore we have been unable to transfer.
- Staffing for the Covid unit was staffed mostly through Acute with staffing up to 3-licensed staff per shift when able. The Covid on-call schedule was initiated again using licensed nursing from SNF, Acute, ER and Nursing Admin. This helped to fill the gap depending on census in the Covid unit.
- The adaptation to change over the course of these several months has been wonderful. There have been many changes effecting this department and the staff within it. As the demolition of the old building and remodeling of Acute Care have continued, along with the continued stress of the Covid unit; staff has been faced with many obstacles. Everyone has taken accountability to work together or through changes and ensure an easier transition and process.
- Our staff's teamwork throughout the Acute Department continues to amaze us. The staff has done a great job of working together. They are working tirelessly to help cover shifts and respond to the increased demands without complaint.
- One of the biggest focuses on the department in the past several months was education. June's staff meeting was dedicated to this. Each member of the team was assigned a topic which was chosen from areas of weakness established by nursing management. They each presented a 3-5 min brief on the topic during this staff meeting. Additionally, a 2 day extensive In-service occurred in July. All full time staff were able to attend where different disciplines of the hospital presented. It was a wonderful turn out with lots of good information shared.

### OPS:

- At the time of this report, we closed OPS due to the Covid surge. If there is a Covid surge once again requiring more than the 4-bed Covid unit, we will utilize this area for Acute patients (St. 1).
- On a normal basis, the every other week model continues with Dr. Guthrie once a month and Dr. Syverson twice a month. with the cross training of staff from Acute to OPS.
- There have been staffing changes in the OPS department. The DON is now circulating until we are able to get staff trained. An agreement has been established with the OR manager at Modoc Medical Center for assistance and training of staff. 1-PTE RN is training for OR circulator and filling in shifts on Acute as needed.



- Plan to have an interim working manager start in October with the idea of working on restructuring of the surgery department including staffing and operations. This manager has stated they are willing to fill in where necessary if Covid surge plan initiated.

**OPM-See Attached Report**

Respectfully submitted by:  
Theresa Overton, RN, BSN  
Director of Nursing-Acute Services

## **Quality Board Report September 2021**

### **Lab –**

Lab is working along – there have been some equipment issues that we are working through, I believe that they are standard issues, however, it is being remedied as quickly as possible as they come up. On the staffing front we expect to be fully staffed in October! This will allow our Lab Manager to work away from the bench and get some of those administrative duties taken care of – things like policies and LEAN work for optimization of workflow in the lab. Both the Lab Manager and I are looking forward to the LEAN work and the establishment of some standard work in the lab.

### **Rad –**

Rad is working along as well – currently we have three techs and we are actively looking for a fourth. This will allow for a good set up for the hospital going into the winter months – there is a traveler that is supposed to be headed our way in October – so all things being equal we will be fully staffed in Rad as well! I know that this will be a fantastic change of pace for the whole department as they have been very short so often in the past. There have been some minor equipment issues, standard breaks and bumps – again those are managed as they come up. Currently, Rad is working on 2 interface projects – one with EPIC and one with PCC (Point Click Care – the SNF EHR), our IT staff on the projects have been excellent and we are trying to wrap those projects up with in the next 8 to 12 weeks.

### **Quality –**

Currently I am building reports for the HQR (hospital quality reporting) program for inpatient and outpatient programs. The population and sampling on some of the measures have been completed for 2 of the 3 outpatient measure groups and one of the inpatient groups. Building reports for these by hand is something that the department is looking forward to getting away from with the new EHR. The current populations for the measures have come together as follows (this is for the Q2 2021 measure populations – meaning that the individual encounters fell into a specific qualifying category – they are not overall populations for encounters for the hospital)

SEP1 (Sepsis) – 3

STK Set (Stroke) – 10

AMI/Chest Pain (Cardiac) - 12

ED (General population for numerous measures) – 314\*

\*This is one of the most fascinating reports because I get to enter in all of the CPT codes for the ED population by hand in our med records reporting module. This means that I get to read all of the codes as I enter them into the reporting filter – some of my most intriguing CPT codes in the ED measure set are as follows: Fear of Thunderstorms – F40220; Fear of other medical care (a terrible one for being in the ED) – F40232; Unhappiness – R452; Worries – R4582. I highlight this for 3 reasons. First, to show that the ICD-10/CPT codes that we use for classification and diagnosis are very thorough and diverse, one could argue – as they should be. Second – that we can literally treat any issue in the ED and all of them are measured in some way. Lastly, because I just think that this part of the medical world (classification and diagnosing) is so interesting.

These numbers will then be used in a myriad of reporting for CMS – I hope to be able to find some good data for imaging in the STK population (albeit limited because of sample size) as well as some good throughput times for the ED dealing with various kinds of patients (as the CPT codes above help to highlight). It is my hope that with the data populations that we have I can report all applicable measures, and with such manageable population sizes I will only have to sample the larger ED population and that should make reporting straight forward to be completed by Nov 1. Then we will start over for Q3 2021 to be ready for the next deadline after the New Year.

### **Internal QAPI (Quality Assurance and Performance Improvement) goals and measures –**

The department is currently working with Lab as a test subject for the goals and measures that will be needed to be set, explored, and met moving towards TJC. After Lab is set then Rad will be the next test subject. Being that these departments are specific and contained in TJC materials they will be excellent test subjects for expanding that work out. The department will work with nursing to expand the test into nursing after we have established a standardized methodology to assessing and tracking in our current EHR.

### **QIP (Quality Improvement Program) –**

I was able to attend a meeting with DHCS (Department of Health Care Services) where I was allowed to speak and advocate for pay for reporting for this initial year. That would mean that we would be paid on whatever it is that we reported, rather than only being paid based on our performance in those measures. With the impact of COVID still taking center role in our community the idea that we have sufficient capacity to implement a new program and actually meet a 20% improvement over baseline data that we would be collecting and reporting on simultaneously, seems a little out of hand – and that was the point of the call – put on by DHLF

(district Hospital Leadership Forum) to allow for hospitals to advocate to the state that we do not have capacity for a measurement and performance year in our current flow of things.

However, reports will be run on Oct 1 to see where we currently stand as far as the measures that we are attempting to manage in the new program.

### **PRIME –**

Is done! Bring back the soda machines! (J/K) However, it is nice to have PRIME finished up and be moving on to QIP, however, it ends up being managed.

### **MIPS/PI (Merit-Based Incentive Payment System/Promoting Interoperability)**

With the addition of the clinic there will almost certainly be MIPS implications – there are time frames that CMS has dedicated to determining if an organization is qualifying to participate in MIPS and the last of the time frames for 2021 ends in October – so a determination of MIPS participation should be made then.

Being that we have been open for almost 6 months we should start to see data trends in the EHR that will start to give us a picture of what MIPS will look like for us. This is the first year that we have had clinic metrics available in MIPS so it should be interesting to see how it really works compared to how it is described in the white papers.

PI (Promoting Interoperability) has also been working – the department attempted to front load a lot of the necessary measures in the first quarter of 2021 expecting that this year would be hectic so the plan is that Q1 2021 should be our PI compliance period – all things being the same it will work well. There are new measures that were meant to go into effect and the department is still waiting on final work on those new measures and their impact on the PI program as a whole.

### **Special Projects –**

Currently we are working on a few special projects that have come up around the hospital.

### **CNA program launch –**

Quality is currently working on assisting with the launch of the CNA program by pulling all of the required documentation for registration and working with HR and nursing leadership to be sure that our registration process is simple and easy for those that want to enter the program and begin a potentially very rewarding career path.

## **Consulting the new Trinity Quality coordinator –**

I have had the opportunity to talk with the new quality coordinator for Mountain Communities Health Care District Kyle Gregg – he seems very eager and our conversations have been a good chance to reflect on what I would like to be doing here, as I talk to Kyle about what quality means for rural hospitals in general. It also reminds me of some of the goals that I have and that I need to reinvigorate those goals and get back to them.

If you have any other questions, please reach out [jhathaway@mayersmemorial.com](mailto:jhathaway@mayersmemorial.com) or (530)510-1574,

Thank you,

JH

**SUMMARY PLAN DESCRIPTION  
FOR**

**Mayers Memorial Hospital District 401(k)  
Profit Sharing Plan**

**July 01, 2021**

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# Mayers Memorial Hospital District 401(k) Profit Sharing Plan SUMMARY PLAN DESCRIPTION

## ARTICLE 1 INTRODUCTION

Mayers Memorial Hospital District has adopted the Mayers Memorial Hospital District 401(k) Profit Sharing Plan (the "Plan") to help its employees save for retirement. If you are an employee of Mayers Memorial Hospital District, you may be entitled to participate in the Plan, provided you satisfy the conditions for participation as described in this Summary Plan Description.

This Summary Plan Description ("SPD") is designed to help you understand the retirement benefits provided under the Plan and your rights and obligations with respect to the Plan. This Summary Plan Description contains a summary of the major features of the Plan, including the conditions you must satisfy to participate under the Plan, the amount of benefits you are entitled to as a Plan participant, when you may receive distributions from the Plan, and other valuable information you should know to understand your Plan benefits. We encourage you to read this SPD and contact the Plan Administrator if you have any questions regarding your rights and obligations under the Plan. (See Article 2 below for the name and address of the Plan Administrator.)

This SPD does not replace the formal Plan document, which contains all of the legal and technical requirements applicable to the Plan. However, this SPD does attempt to explain the Plan language in a non-technical manner that will help you understand your retirement benefits. If the non-technical language under this SPD and the technical, legal language under the Plan document conflict, the Plan document always governs. If you have any questions regarding the provisions contained in this SPD or if you wish to receive a copy of the legal Plan document, please contact the Plan Administrator.

The Plan document may be amended or modified due to changes in law, to comply with pronouncements by the Internal Revenue Service (IRS) or due to other circumstances. If the Plan is amended or modified in a way that changes the provisions under this SPD, you will be notified of such changes.

This SPD does not create any contractual rights to employment nor does it guarantee the right to receive benefits under the Plan. Benefits are payable under the Plan only to individuals who have satisfied all of the conditions under the Plan document for receiving benefits.

## ARTICLE 2 GENERAL PLAN INFORMATION AND KEY DEFINITIONS

This Article 2 contains information regarding the day-to-day administration of the Plan as well as the definition of key terms used throughout this Summary Plan Description.

**Plan Name:** Mayers Memorial Hospital District 401(k) Profit Sharing Plan

**Plan Number:** 001

**Employer:**

**Name:** Mayers Memorial Hospital District

**Address:** PO Box 459

**City, State, Zip Code:** Fall River Mills, CA 96028

**Telephone number:** (530) 889-4075

**Employer Identification Number (EIN):** 94-1634940



**Plan Administrator:**

The Plan Administrator is responsible for the day-to-day administration and operation of the Plan. For example, the Plan Administrator maintains the Plan records, provides you with forms necessary to request a distribution from the Plan, and directs the payment of your vested benefits when required under the Plan. The Plan Administrator may designate another person or persons to perform the duties of the Plan Administrator. The Plan Administrator or its delegate, as the case may be, has full discretionary authority to interpret the Plan, including the authority to resolve ambiguities in the Plan document and to interpret the Plan's terms, including who is eligible to participate under the Plan and the benefit rights of participants and beneficiaries. All interpretations, constructions and determinations of the Plan Administrator or its delegate shall be final and binding on all persons, unless found by a court of competent jurisdiction to be arbitrary and capricious. The Plan Administrator also will allow you to review the formal Plan document and other materials related to the Plan.

The Employer listed above is acting as Plan Administrator. The Plan Administrator may designate other persons to carry on the day-to-day operations of the Plan. If you have any questions about the Plan or your benefits under the Plan, you should contact the Plan Administrator or other Plan representative.

**Trustee:**

All amounts contributed to the Plan are held by the Plan Trustee in a qualified Trust. The Trustee is responsible for the safekeeping of the trust funds and must fulfill all Trustee duties in a prudent manner and in the best interest of you and your beneficiaries. The trust established on behalf of the Plan will be the funding medium used for the accumulation of assets from which Plan benefits will be distributed.

The following is the name and address of the Plan Trustee(s):

- **Name:** Anna Sanchez  
**Address:** PO Box 459  
**City, State, Zip Code:** Fall River Mills, CA 96028
- **Name:** Travis Lakey  
**Address:** PO Box 459  
**City, State, Zip Code:** Fall River Mills, CA 96028
- **Name:** Elizabeth Mee  
**Address:** PO Box 459  
**City, State, Zip Code:** Fall River Mills, CA 96028

**Service of Legal Process:**

Service of legal process may be made upon the Employer. In addition, service of legal process may be made upon the Plan Trustee or Plan Administrator.

**Effective Date of Plan:**

This Plan is a restatement of an existing Plan to comply with current law. This Plan was originally effective 1-1-1985. However, unless designated otherwise, the provisions of the Plan as set forth in this Summary Plan Description are effective as of 7-1-2021.

**Plan Year:**

Many of the provisions of the Plan are applied on the basis of the Plan Year. For this purpose, the Plan Year is the calendar year running from January 1 – December 31.

### **Plan Compensation:**

In applying the contribution formulas under the Plan (as described in Section 5 below), your contributions may be determined based on Plan Compensation earned during the Plan Year. However, in determining Plan Compensation, no amount will be taken into account to the extent such compensation exceeds the compensation dollar limit set forth under IRS rules. For 2021, the compensation dollar limit is \$290,000. Thus, for Plan Years beginning in 2021, no contribution may be made under the Plan with respect to Plan Compensation above \$290,000. For subsequent plan years, the compensation dollar limit may be adjusted for cost-of-living increases. Note that the compensation dollar limit described above does not apply to Salary Deferrals contributed to the Plan.

For purposes of determining Plan Compensation, your total taxable wages or salary is taken into account, including any Salary Deferrals you make to this 401(k) plan and any pre-tax salary reduction contributions you may make under any other plans we may maintain, which may include any pre-tax contributions you make under a medical reimbursement plan or "cafeteria" plan. However, Plan Compensation does not include payments for unused leave, such as unused sick leave, vacation, or other leave and certain payments from an unfunded deferred compensation plan that is paid after severance of employment.

For purposes of determining Plan Compensation, only compensation you earn while you are a participant in the Plan will be taken into account. Thus, any compensation you earn while you are not eligible to participate in the Plan will not be considered in determining Plan Compensation.

### **Normal Retirement Age:**

You will reach Normal Retirement Age under the Plan when you turn age 65.

### **Disabled:**

You generally will be considered Disabled for purposes of applying certain Plan rules, such as those that may apply to Plan distributions, vesting allocations, if you are unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. The Plan Administrator may establish reasonable procedures for determining whether you are disabled for purposes of applying the provisions of the Plan.

## **ARTICLE 3 DESCRIPTION OF PLAN**

**Type of Plan.** This Plan is a special type of retirement plan commonly referred to as a 401(k) plan. Under the Plan, you may elect to have a portion of your salary deposited directly into a 401(k) account on your behalf. This pre-tax contribution is called a "Salary Deferral." As a pre-tax contribution, you do not have to pay any income tax while your Salary Deferrals are held in the Plan, and any earnings on your Salary Deferrals are not taxed while they stay in the Plan.

You also may choose to make contributions to the Plan on an after-tax basis, by designating your Salary Deferrals as Roth Deferrals. While you are taxed on a Roth Deferral in the year you contribute to the Plan, you will not be taxed on the contribution or earnings attributable to Roth Deferrals under the Plan when you elect to withdraw your Roth amounts from the Plan, as long as your withdrawal is a qualified distribution. See the discussion of Roth Deferrals under Article 5 below.

In addition to your own Salary Deferrals, if you satisfy the eligibility conditions described in Article 4 below, you may be eligible to receive an additional Employer Contribution under the Plan. If you are eligible to receive an Employer Contribution, we will deposit such contribution directly into the Plan on your behalf. Like the pre-tax Salary Deferrals discussed above, any Employer Contribution we make to the Plan on your behalf and any earnings on such amounts will not be subject to income tax as long as those amounts stay in the Plan. You

will not be taxed on your Employer Contributions generally until you withdraw such amounts from the Plan. Article 5 below describes the Employer Contributions authorized under the Plan.

## ARTICLE 4 ELIGIBILITY REQUIREMENTS

This Article sets forth the requirements you must satisfy to participate under the Plan. To qualify as a participant under the Plan, you must:

- be an Eligible Employee
- satisfy the Plan's minimum age and service conditions and
- satisfy any allocation conditions required under the Plan.

Employees who are residents of Puerto Rico may not participate in the Plan unless otherwise specifically included below.

If you do not wish to participate in the Plan, you may make a one-time irrevocable election not to participate under the Plan at any time prior to the time you first become eligible for the Plan under the Minimum Age and Service Requirements described below. You may contact the Plan Administrator for more information regarding your ability to make a one-time irrevocable election not to participate in the Plan.

### Eligible Employee

To participate under the Plan, you must be an Eligible Employee. For this purpose, you are considered an Eligible Employee if you are an employee of Mayers Memorial Hospital District, provided you are not otherwise excluded from the Plan.

**Excluded Employees.** For purposes of determining whether you are an Eligible Employee, the Plan excludes from participation certain designated employees. If you fall under any of the excluded employee categories, you will not be eligible to participate under the Plan (until such time as you no longer fall into an excluded employee category). [See below for a discussion of your rights upon changing to or from an excluded employee classification.]

The following categories of employees are not eligible to participate in the Plan:

- Non-resident aliens who do not receive any compensation from U.S. sources
- Any Collectively Bargained Employee who is covered by a collective bargaining agreement that does not specifically provide for coverage under the Plan.

### Minimum Age and Service Requirements

In order to participate in the Plan, you must satisfy certain age and service conditions under the Plan.

- **Minimum age requirement.** In order to participate in the Plan you must be at least age 21.
- **Minimum service requirement.** In order to participate in the Plan, you must work for us for at least a 3 month period. For this purpose, you may receive credit for service earned during a period of severance if you are subsequently reemployed. If you have questions regarding your eligibility to participate, please contact the Plan Administrator.

You will be eligible to participate in the Plan as of the first Entry Date based on when you satisfy the minimum age and service requirements.

**Entry Date.** Once you have satisfied the eligibility conditions described above, you will be eligible to participate under the Plan on your Entry Date. For this purpose, your Entry Date is the first day of the month coinciding with or next following the date you satisfy the eligibility conditions described above. For example, if you satisfy the Plan's eligibility conditions on April 12, you will be eligible to enter the Plan on the following May 1. If on

the other hand, you satisfy the eligibility conditions on November 12, you will be eligible to enter the Plan on the following December 1.

**Crediting eligibility service.** In determining whether you satisfy any minimum age or service conditions under the Plan, all service you perform during the year is counted. In addition, if you go on a maternity or paternity leave of absence (including a leave of absence under the Family Medical Leave Act) or a military leave of absence, you may receive credit for service during your period of absence for certain purposes under the Plan. You should contact the Plan Administrator to determine the effect of a maternity/paternity or military leave of absence on your eligibility to participate under the Plan.

**Eligibility upon rehire or change in employment status.** If you terminate employment after satisfying the minimum age and service requirements under the Plan and you are subsequently rehired as an Eligible Employee, you will enter the Plan on the later of your rehire date or your Entry Date. If you terminate employment prior to satisfying the minimum age and service requirements, and you are subsequently rehired, you will have to meet the eligibility requirements as if you are a new Employee in order to participate under the Plan. However, if you are rehired within 12 months of your date of termination, you will be credited with service as if you never terminated employment.

If you are not an Eligible Employee on your Entry Date, but you subsequently change status to an eligible class of Employee, you will be eligible to enter the Plan immediately (provided you have already satisfied the minimum age and service requirements). If you are an Eligible Employee and subsequently become ineligible to participate in the Plan, all contributions under the Plan will cease as of the date you become ineligible to participate. However, all service earned while you are employed, including service earned while you are ineligible, will be counted when calculating your vested percentage in your account balance.

#### **Allocation Conditions**

If you are an Eligible Employee and have satisfied the minimum age and service requirements described above, you are entitled to share in the contributions described in Article 5, provided you satisfy the allocation conditions described below.

**Salary Deferrals.** You do not need to satisfy any additional allocation conditions to make Salary Deferrals under the Plan. If you satisfy the eligibility conditions described above, you will be eligible to make Salary Deferrals, regardless of how many hours you work during the year or whether you terminate employment during the year. However, you may not continue to make Salary Deferrals after you terminate employment.

**Matching Contributions.** You will be entitled to share in any Matching Contributions we make to the Plan if you satisfy the eligibility conditions described above. You do not need to satisfy any additional allocation conditions to receive a Matching Contribution. You will receive your share of the Matching Contributions regardless of how many hours you work during the year or whether you terminate during the year.

**Employer Contributions.** You will be entitled to share in any Employer Contributions we make to the Plan only if you satisfy the following allocation conditions. Thus, even if you satisfy the eligibility conditions described above, you will not receive any Employer Contributions if you do not satisfy the following allocation conditions.

- You must be employed on the last day of the Plan Year to receive an Employer Contribution for such Plan Year AND
- You must work at least 1000 hours during the Plan Year.

If you are not employed on the last day of the Plan Year or if you do not work at least 1000 hours during the Plan Year, you will not be entitled to an Employer Contribution, even if you have satisfied all other conditions for receiving the Employer Contribution.

## ARTICLE 5 PLAN CONTRIBUTIONS

The Plan provides for the contributions listed below. Article 4 discusses the requirements you must satisfy to receive the contributions described in this Article 5. Article 7 describes the vesting rules applicable to your plan benefits. Special rules also may apply if you leave employment to enter qualified military service. See your Plan Administrator if you have questions regarding the rules that apply if you are on military leave.

### Salary Deferrals

If you have satisfied the conditions for participating under the Plan (as described in Article 4) you are eligible to make Salary Deferrals to the Plan. To begin making Salary Deferrals, you must complete a Salary Deferral election requesting that a portion of your compensation be contributed to the Plan instead of being paid to you as wages. Any Salary Deferrals you make to the Plan will be invested in accordance with the Plan's investment policies.

**Pre-Tax Salary Deferrals.** If you make Salary Deferrals to the Plan, you will not have to pay income taxes on such amounts or on any earnings until you withdraw those amounts from the Plan.

Consider the following examples:

- If you earn \$30,000 a year, are in the 12% tax bracket, are eligible to participate in the Plan and you elect to save 3% (or \$900) of your salary under the 401(k) Plan this year, you would save \$108 in Federal income taxes (12% of \$900 = \$108).
- If you earn \$30,000 a year, are in the 12% tax bracket, are eligible to participate in the Plan, and you elect to save 5% (or \$1,500) of your salary under the 401(k) Plan this year, you would save \$180 in Federal income taxes (12% of \$1,500 = \$180).
- If you earn \$42,000 a year, are in the 2% tax bracket, are eligible to participate in the Plan and you elect to save 5% (or \$2,100) of your salary under the 401(k) Plan this year, you would save \$462 in Federal income taxes (22% of \$2,100 = \$462).

As you can see, the more you are able to put away in the Plan and the higher your tax bracket, the greater your tax savings will be. In addition, if the amount of your Salary Deferrals grows due to investment earnings, you will not have to pay any Federal income taxes on those earnings until such time as you withdraw those amounts from the Plan.

**Roth Deferrals.** You also may be able to avoid taxation on earnings under the Plan by designating your Salary Deferrals as Roth Deferrals. Roth Deferrals are a form of Salary Deferral but, instead of being contributed on a pre-tax basis, you must pay income tax currently on such deferrals. However, provided you satisfy the distribution requirements applicable to Roth Deferrals (as discussed in Article 9 below), you will not have to pay any income taxes at the time you withdraw your Roth Deferrals from the Plan, including amounts attributable to earnings. Thus, if you take a qualified distribution (as described in Article 9) your entire distribution may be withdrawn tax-free. You should discuss the relative advantages of pre-tax Salary Deferrals and Roth Deferrals with a financial professional before deciding how much to designate as pre-tax Salary Deferrals and Roth Deferrals.

**Salary Deferral election.** You may not begin making Salary Deferrals under the Plan until you enter into a Salary Deferral election designating how much you wish to defer under the Plan.

**Change of election.** You can increase or decrease the amount of your Salary Deferrals as of a designated election date. For this purpose, the designated election date(s) for changing or modifying your Salary Deferral election will be set forth under the Salary Deferral election or other written procedures describing the time period for changing Salary Deferral elections. If the available election date(s) change, you will be notified in writing of any such change. You always will be able to change or modify your Salary Deferral election at least

once per year. Generally, you may revoke an existing Salary Deferral election and stop making Salary Deferrals at any time. Any change you make to a Salary Deferral election will become effective as of the next designated election date and will remain in effect until modified or canceled during a subsequent election period.

**Minimum Salary Deferral limit.** If you elect to make Salary Deferrals under the Plan, your election must be for at least 1% of Plan Compensation for each payroll period.

### **Matching Contributions**

We are authorized under the Plan to make a Matching Contribution on behalf of eligible Plan participants. A Matching Contribution is an Employer Contribution that is made to participants who make Salary Deferrals to the Plan. If you satisfy all of the eligibility requirements described in Article 4 for Matching Contributions and you make Salary Deferrals to the Plan, you will receive an allocation of any Matching Contributions we make to the Plan, in accordance with the matching formula described below. If you do not satisfy all of the eligibility requirements for receiving a Matching Contribution, you will not share in an allocation of such Matching Contributions for the period for which you do not satisfy the eligibility requirements.

Matching Contributions will be contributed to your Matching Contribution account under the Plan at such time as we deem appropriate. Matching Contributions may be contributed during the Plan Year or after the Plan Year ends. Any Matching Contributions we make will be made in accordance with the following Matching Contribution formula.

- **Discretionary Matching Contribution formula.** Under this formula, we have discretion whether to make a Matching Contribution to the Plan. We will decide each year how much, if any, we wish to make as a Matching Contribution. Since this Matching Contribution is discretionary, we may decide not to make a Matching Contribution. Any Matching Contribution we decide to make will be determined as a percentage of any Salary Deferrals you make during each payroll period or as a uniform dollar amount.

**Limit on Matching Contributions.** In addition to the overall limit on total contributions described in Article 6 below, the Plan imposes special limits on the amount a participant may receive as a Matching Contribution under the Plan for each payroll period.

- **Limit on Eligible Contributions.** In determining the amount of Matching Contributions we will make on your behalf, we may decide not to match all of your contributions. For example, we may decide in our discretion not to match contributions you make above a specified percentage of compensation or above a specified dollar amount. We will inform you if we intend to limit the contributions that will be eligible for a Matching Contribution.

### **Employer Contributions**

We are authorized under the Plan to make Employer Contributions on behalf of our employees. In order to receive an Employer Contribution, you must satisfy all of the eligibility requirements described in Article 4 for Employer Contributions. If you do not satisfy all of the conditions for receiving an Employer Contribution, you will not share in an allocation of such Employer Contributions for the period for which you do not satisfy the eligibility requirements.

**Employer Contribution Formula.** Employer Contributions will be contributed to your Employer Contribution account under the Plan at such time as we deem appropriate. Generally, Employer Contributions may be contributed during the Plan Year or after the Plan Year ends. Any Employer Contributions we make will be made in accordance with the following Employer Contribution formula.

- **Discretionary pro-rata Employer Contribution formula.** We will decide each year how much, if any, we will contribute to the Plan. Since this Employer Contribution is discretionary, we may decide not to make an Employer Contribution for a given year. If we decide to make an Employer Contribution to the Plan, such contribution will be determined as a uniform percentage of compensation for all eligible participants. We will inform you of the amount of your Employer Contribution once we determine how much we will be contributing to the Plan.

## Rollover Contributions

If you have an account balance in another qualified retirement plan or an IRA, you may move those amounts into this Plan, without incurring any tax liability, by means of a “rollover” contribution. You are always 100% vested in any amounts you contribute to the Plan as a rollover from another qualified plan or IRA. This means that you will always be entitled to all amounts in your rollover account. Rollover contributions will be affected by any investment gains or losses under the Plan.

You may accomplish a rollover in one of two ways. You may ask your prior plan administrator or trustee to directly rollover to this Plan all or a portion of any amount which you are entitled to receive as a distribution from your prior plan. Alternatively, if you receive a distribution from your prior plan, you may elect to deposit into this plan any amount eligible for rollover within 60 days of your receipt of the distribution. Any rollover to the Plan will be credited to your Rollover Contribution Account. See Article 9 below for a description of the distribution provisions applicable to rollover contributions.

Generally, the Plan will accept a rollover contribution from another qualified retirement plan or IRA. The Plan Administrator may adopt separate procedures limiting the type of rollover contributions it will accept. For example, the Plan Administrator may impose restrictions on the acceptance of After-Tax Contributions or Salary Deferrals (including Roth Deferrals) or may restrict rollovers from particular types of plans. In addition, the Plan Administrator may, in its discretion, accept rollover contributions from Employees who are not currently participants in the Plan. You also must be a current Employee to make a Rollover Contribution to the Plan. Any procedures affecting the ability to make Rollover Contributions to the Plan will not be applied in a discriminatory manner.

If you have questions about whether you can rollover a prior plan distribution, please contact the Plan Administrator or other designated Plan representative.

## ARTICLE 6 LIMIT ON CONTRIBUTIONS

The IRS imposes limits on the amount of contributions you may receive under this Plan, as described below.

**IRS limits on Salary Deferrals.** The IRS imposes limits on the amount you can contribute as Salary Deferrals during a calendar year. For 2021, the maximum deferral limit is \$19,500. For years after 2021, the maximum deferral limit may be adjusted for cost-of-living each year. The Plan Administrator will provide you with information regarding the adjusted deferral limits beginning after 2021. In addition, if you are at least age 50 by December 31 of the calendar year, you also may make a special catch-up contribution in addition to the maximum deferral limit described above. For 2021, the catch-up contribution limit is \$6,500. For years after 2021, the catch-up contribution limit may be adjusted for cost-of living each year. The Plan Administrator will provide you with information concerning the catch-up contribution limit for years after 2021.

**Example.** If you are at least age 50 by December 31, 2021, the maximum Salary Deferral you may make for the 2021 calendar year would be \$26,000 [i.e., \$19,500 maximum deferral limit plus \$6,500 catch-up contribution limit].

The IRS deferral limit applies to all Salary Deferrals you make in a given calendar year to this Plan or any other cash or deferred arrangement (including a cash or deferred arrangement maintained by an unrelated employer). For this purpose, cash or deferred arrangements include 401(k) plans, 403(b) plans, simplified employee pension (SEP) plans or SIMPLE plans. (Note: If you participate in both this Plan and a 457 eligible deferred compensation plan, special limits may apply under the 457 plan. You should contact the Plan Administrator of the 457 plan to find out how participation in this Plan may affect your limits under the 457 plan.)

If you make Salary Deferrals for a given year in excess of the deferral limit described above under this Plan or another plan maintained by the Employer (or any other employer maintaining this Plan), the Plan Administrator

will automatically return the excess amount and associated earnings to you by April 15. If you make Salary Deferrals for a given year in excess of the deferral limit described above because you made Salary Deferrals under this Plan and a plan of an unrelated employer not maintaining this Plan, you must ask one of the plans to refund the excess amount to you. If you wish to take a refund from this Plan, you must notify the Plan Administrator, in writing, by March 1 of the next calendar year so the excess amount and related earnings may be refunded by April 15. The excess amount is taxable for the year in which you made the excess deferral. If you fail to request a refund, you will be subject to taxation in two separate years: once in the year of deferral and again in the year the excess amount is actually paid to you.

**IRS limit on total contributions under the Plan.** The IRS imposes a maximum limit on the total amount of contributions you may receive under this Plan. This limit applies to all contributions we make on your behalf, all contributions you contribute to the Plan, and any forfeitures allocated to any of your accounts during the year. Under this limit, the total of all contributions under the Plan cannot exceed a specific dollar amount or 100% of your annual compensation, whichever is less. For 2021, the dollar limit is \$58,000. (For years after 2021, this amount may be increased for inflation.) For purposes of applying the 100% of compensation limit, your annual compensation includes all taxable compensation, increased for any Salary Deferrals you may make under a 401(k) plan and any pre-tax contributions you may make to any other plan we may maintain, such as a cafeteria health plan.

**Example:** Suppose in 2021 you earn compensation of \$45,000 (after reduction for pre-tax 401(k) plan contributions of \$5,000). Your compensation for purposes of the overall contribution limit is \$50,000 (\$45,000 + \$5,000 of pre-tax deferrals). The maximum amount of contributions you may receive under the Plan for 2021 is \$50,000 (the lesser of \$58,000 or 100% of \$50,000).

**ARTICLE 7  
DETERMINATION OF VESTED BENEFIT**

**Vested account balance.** When you take a distribution of your benefits under the Plan, you are only entitled to withdraw your *vested* account balance. For this purpose, your *vested* account balance is the amount held under the Plan on your behalf for which you have earned an ownership interest. You earn an ownership interest in your Plan benefits if you have earned enough service with us to become *vested* based on the Plan's vesting schedule. If you terminate employment before you become fully vested in any of your Plan benefits, those non-vested amounts may be forfeited. (See below for a discussion of the forfeiture rules that apply if you terminate with a non-vested benefit under the Plan.)

The following describes the vesting schedule applicable to contributions under the Plan.

- **Salary Deferrals.** You are always 100% vested in your Salary Deferrals. In other words, you have complete ownership rights to your Salary Deferrals under the Plan.
- **Matching Contributions and Employer Contributions.** You become *vested* in your Matching Contribution and Employer Contribution accounts in accordance with the "vesting schedule" set forth in the Plan. Under this vesting schedule, you will have an ownership interest in your Matching Contributions and Employer Contributions based on the number of Years of Vesting Service you complete. Based on the number of years you work for us, your vested percentage is as follows:

Years of Vesting Service	Vested percentage
Immediately on Plan participation	0%
1	25%
2	50%
3	75%
4	100%
5	100%



6	100%
7	100%
8	100%
9	100%
10+	100%

- **Rollover Contributions.** If you rollover amounts from an IRA or another qualified plan to this Plan, you will be 100% vested in such amounts. Thus, you will never lose your rollover contributions once they are rolled over to this Plan. If your rollover contribution account decreases because of investment losses, you will only be entitled to the amount in your rollover contribution account at the time of distribution.

**Protection of vested benefit.** Once you are vested in your benefits under the Plan, you have an ownership right to those amounts. While you may not be able to immediately withdraw your vested benefits from the Plan due to the distribution restrictions described under Article 9 below, you generally will never lose your right to those vested amounts. However, it is possible that your benefits under the Plan will decrease as a result of investment losses. If your benefits decrease because of investment losses, you will only be entitled to the vested amount in your account at the time of distribution.

**Exception to vesting schedule.** The above vesting schedule no longer applies once you reach Normal Retirement Age under the Plan. Thus, if you are still employed with us at Normal Retirement Age, you will automatically become 100% vested in all contributions under the Plan. You also will be fully vested in your entire account balance (regardless of the Plan's vesting schedule) if the plan is terminated. In addition, if you:

- die
- become disabled

while you are still employed with us, you will automatically become 100% vested.

**Years of Vesting Service.** To calculate your vested benefit under the Plan, your Years of Vesting Service are used to determine where you are on the vesting schedule. You will be credited with a Year of Vesting Service for each year in which you work at least 1,000 hours. In determining whether you have satisfied the Plan's service requirements, we will count the actual hours of service you work for us, unless you are not paid on an hourly basis, in which case we will credit you with a specific number of hours of service based on the number of months you have worked with us. The Plan Administrator will track your service and will calculate your years of service in accordance with the Plan requirements.

In calculating your Years of Vesting Service, all of your service with us is taken into account, including service you may have earned before the Plan was adopted.

**Forfeiture of nonvested benefits.** If you terminate employment before you become fully vested in your Plan benefits, you will be entitled to receive a distribution of your *vested* benefits under the Plan. Your non-vested benefits will be *forfeited* as described below. You are not entitled to receive a distribution of your non-vested benefits.

If you terminate employment at a time when you are only partially-vested (or totally non-vested) in any of your Plan benefits, how the Plan treats your non-vested balance will depend on whether you take a distribution when you terminate employment.

- ❖ **Forfeiture upon distribution.** If you take a distribution of your entire vested benefit when you terminate employment, your non-vested benefit will be forfeited in accordance with the terms of the Plan. If you are totally non-vested in any contributions we made on your behalf, you will be deemed to receive a distribution for purposes of applying these forfeiture rules.
- ❖ **Forfeiture upon five consecutive Breaks in Service.** Depending on the value of your vested benefits, you may be able to keep your benefits in the Plan when you terminate employment. If you do not take a distribution of your entire vested benefit when you terminate employment, your non-vested benefit will remain in your account until you have incurred five consecutive Breaks in Service, at which

time your non-vested benefit will be forfeited in accordance with the terms of the Plan. For this purpose, you will have a Break in Service for each year in which you work less than 501 hours. Your vested benefits will not be forfeited under this forfeiture rule. If you have any questions regarding the application of these rules, you should contact the Plan Administrator.

**Treatment of forfeited benefits.** If any of your benefits are forfeited, those forfeited amounts may first be used to pay any Plan expenses. If any forfeitures remain after paying Plan expenses, such forfeited amounts will be used to offset other Employer Contributions under the Plan for the Plan Year in which the forfeiture occurs.

**Special forfeiture rules.** The following special rules apply for purposes of determining forfeitures under the Plan: A Participant who is rehired is entitled to a restoration of previously forfeited benefits if such Participant repays the full amount of the employer contribution portion of the Cash-Out Distribution within the earlier of: (i) five years following the Participant's rehire date or (ii) the date the Participant incurs a Five-Year Forfeiture Break in Service.

## ARTICLE 8 PARTICIPANT LOANS

The Plan permits Participants to take a loan from the Plan. Thus, you may take a loan from your vested benefits under the Plan. The following procedures generally apply for purposes of administering Participant loans. The Plan Administrator may modify these procedures in a separate, written loan policy. For more information regarding the procedures for receiving a Participant loan, please contact the Plan Administrator.

- **Availability of Participant loans.** Participant loans are available to Participants and Beneficiaries who are parties in interest under the Plan. To receive a Participant loan, you must sign a promissory note and pledge your Account Balance as security for the loan. You will have to enter into a written loan agreement that specifies the amount and term of the loan, and the repayment schedule.
- **Loan limitations.** The total amount you may take as a loan from the Plan may not exceed one-half ( $\frac{1}{2}$ ) of your vested Account Balance. In addition, the total amount you may have outstanding as a loan during any 12-month period may not exceed \$50,000. If you have any questions regarding the amount that is available as a Participant loan under the Plan, please contact the Plan Administrator.
- **Number of outstanding loans and minimum loan amounts.** The Plan may limit the minimum amount available for a loan and the number of loans you may take under the Plan. In determining the availability of a Plan loan, you may only have 2 loans outstanding at any time. The minimum amount you may take as a loan is \$1,000. The Plan Administrator may refuse to make a loan if it is decided that you are not creditworthy to receive a Participant loan.
- **Reasonable rate of interest and periodic repayment requirement.** If you take a loan from the Plan, you will be charged a reasonable rate of interest. The Plan Administrator will disclose the applicable interest rate at the time you request the loan. The Plan Administrator will provide you with an amortization schedule providing for level periodic payments. The loan repayment period generally may not extend beyond five years. However, if you take a loan for the purchase of your primary residence, the loan period may extend beyond five years (but in no case more than 30 years). Loan repayments must be made through payroll withholding, except to the extent the Plan Administrator determines payroll withholding is not practical given the level of your wages, the frequency with which you are paid, or other circumstances. Please contact the Plan Administrator if you have any questions regarding the rate of interest or repayment period applicable to a Participant loan.
- **Adequate Security.** All Participant loans must be adequately secured. If you take a loan from the Plan, your vested Account Balance will be used as security for the loan. The Plan Administrator may require you to provide additional collateral if the Plan Administrator determines such additional collateral is required to protect the interests of Plan participants.
- **Loan repayment and default procedures.** If you take a loan from the Plan, you must make periodic loan payments, at least quarterly, throughout the loan period. The loan period generally cannot exceed 5 years from the date of the loan. You may be able to enter into a longer loan period if the loan is for the purchase

of your principal residence. You will receive an amortization schedule setting forth the required payments under the terms of the loan. If you fail to make a required loan payment by the end of the calendar quarter following the calendar quarter in which the loan payment is due, you will be taxed on the entire amount of the outstanding loan (plus accrued interest) through the date of the default.

If you take a loan from the Plan, the loan will become due and payable in full upon your termination of employment. Upon your termination of employment, you may repay the entire outstanding balance of the loan (including any accrued interest) within a reasonable period following your termination of employment. If you do not repay the entire outstanding loan balance, your vested Account Balance will be reduced by the remaining outstanding balance of the loan and you will be taxed on the entire amount of the outstanding loan (plus accrued interest).

- **Special rules.** In addition, the following special rules apply: Notwithstanding any other provision in the Plan, a Participant may not use his or her Account Balance as security for a Participant loan unless the Participant's spouse, if any, consents to the use of such Account Balance as security for the loan. The spousal consent must be made within the 180-day period ending on the date the Participant's Account Balance is to be used as security for the loan. Spousal consent is not required, however, if the value of the Participant's total vested Account Balance does not exceed \$5,000. Any spousal consent required under this Section must be in writing, must acknowledge the effect of the loan, and must be witnessed by a plan representative or notary public. Any such consent to use the Participant's Account Balance as security for a Participant loan is binding with respect to the consenting spouse and with respect to any subsequent spouse as it applies to such loan. A new spousal consent will be required if the Account Balance is subsequently used as security for a renegotiation, extension, renewal, or other revision of the loan. A new spousal consent also will be required only if any portion of the Participant's Account Balance will be used as security for a subsequent Participant loan.

## ARTICLE 9 PLAN DISTRIBUTIONS

The Plan contains detailed rules regarding when you can receive a distribution of your benefits from the Plan. As discussed in Article 7 above, if you qualify for a Plan distribution, you will only receive your vested benefits. This Article 9 describes when you may request a distribution and the tax effects of such a distribution.

**Distribution upon termination of employment.** When you terminate employment, you may be entitled to a distribution from the Plan. The availability of a distribution will depend on the amount of your vested account balance.

- **Vested account balance in excess of \$5,000.** If your total vested account balance exceeds \$5,000 as of the distribution date, you may receive a distribution from the Plan within a reasonable period following your termination of employment. If you do not consent to a distribution of your vested account balance, your balance will remain in the Plan. If you receive a distribution of your vested benefits when you are only partially-vested in your Plan benefits, your non-vested benefits will be forfeited.

You may elect to take your distribution in any of the following forms. Prior to receiving a distribution from the Plan, you will receive a distribution package that will describe the distribution options that are available to you. If you have any questions regarding your distribution options under the Plan, please contact the Plan Administrator.

- **Lump sum.** You may elect to take a distribution of your entire vested account balance in a lump sum. If you take a lump sum distribution, you may elect to rollover all (or any portion) of your distribution to an IRA or to another qualified plan. See the *Special Tax Notice*, which you may obtain from the Plan Administrator, for more information regarding your ability to rollover your plan distribution.
- **Partial lump sum.** You may elect to take a lump sum distribution of a portion of your vested account balance in a lump sum. If you take a partial lump sum distribution, you may elect to rollover all (or any portion) of your distribution to an IRA or to another qualified plan. See the

*Special Tax Notice*, which you may obtain from the Plan Administrator, for more information regarding your ability to rollover your plan distribution.

- **Vested account balance of \$5,000 or less.** If your total vested account balance under the Plan is \$5,000 or less as of the distribution date, you will be eligible to receive a distribution of your entire vested account balance in a lump sum within a reasonable period following your termination of employment. If you receive a distribution of your vested benefits when you are partially-vested in your Plan benefits, your non-vested benefits will be forfeited.

You may elect to receive your distribution in cash or you may elect to rollover your distribution to an IRA or to another qualified plan.

If your total vested benefit under the Plan is between \$1,000 and \$5,000 as of the distribution date and you do not consent to a distribution of your vested account balance, your vested benefit automatically will be rolled over to an IRA selected by the Plan Administrator. If your total vested benefit exceeds \$5,000, no distribution will be made from the Plan without your consent. If your total vested benefit is \$1,000 or less as of the distribution date, your entire vested benefit will be distributed to you in a lump sum, even if you do not consent to a distribution.

If your benefit is automatically rolled over to an IRA selected by the Plan Administrator, such amounts will be invested in a manner designed to preserve principal and provide a reasonable rate of return. Common types of investment vehicles that may be used include money market accounts, certificates of deposit or stable value funds. Reasonable expenses may be charged against the IRA account for expenses associated with the establishment and maintenance of the IRA. Any such expenses will be no greater than similar fees charged for other IRAs maintained by the IRA provider. For further information regarding the automatic rollover requirements, including further information regarding the IRA provider and the applicable fees and expenses associated with the automatic rollover IRA, please contact the Plan Administrator or other designated Plan representative.

**In-service distributions.** You may withdraw vested amounts from the Plan while you are still employed with us, but only if you satisfy the Plan's requirements for in-service distributions. Different in-service distribution options apply depending on the type of contribution being withdrawn from the Plan.

- **Salary Deferrals.** You may withdraw amounts attributable to Salary Deferrals while you are still employed upon any of the following events:
  - You are at least age 59½ at the time of the distribution.
  - You have reached the Plan's Normal Retirement Age at the time of the distribution.
  - You become disabled (as defined in the Plan).
  - You enter certain military service.

No in-service distribution of Salary Deferrals may be made prior to age 59½ (other than a distribution on account of disability). Thus, regardless of any in-service distribution provisions under the Plan, you may not request an in-service distribution of amounts attributable to your Salary Deferrals under the Plan prior to attaining age 59½ (other than a distribution on account of disability).

- **Matching Contributions.** You may withdraw amounts attributable to Matching Contributions while you are still employed upon any of the following events:
  - You are at least age 59½ at the time of the distribution.
  - You have reached the Plan's Normal Retirement Age at the time of the distribution.
  - You have been a participant in the Plan for at least 60 months.
  - You become disabled (as defined in the Plan).
- **Employer Contributions.** You may withdraw amounts attributable to Employer Contributions while you are still employed upon any of the following events:
  - You are at least age 59½ at the time of the distribution.
  - You have reached the Plan's Normal Retirement Age at the time of the distribution.
  - You have been a participant in the Plan for at least 60 months.

- You become disabled (as defined in the Plan).
- **Rollover Contributions.** If you have rolled money into this Plan from another qualified plan or IRA, you may take an in-service distribution of your Rollover Contribution account at any time.

**Required distributions.** If you have not begun taking distributions before you attain your Required Beginning Date, the Plan generally must commence distributions to you as of such date. For this purpose, your Required Beginning Date is April 1 following the end of the calendar year in which you attain age 70½ (age 72, if you were born after June 30, 1949), or terminate employment, whichever is later.

Once you attain your Required Beginning Date, the Plan Administrator will commence distributions to you as required under the Plan. The Plan Administrator will inform you of the amount you are required to receive once you attain your Required Beginning Date.

**Distribution upon disability.** If you should terminate employment because you are disabled, you will be eligible to receive a distribution of your vested account balance under the Plan's normal distribution rules.

**Distributions upon death.** If you should die before taking a distribution of your entire vested account balance, your remaining benefit will be distributed to your beneficiary or beneficiaries, as designated on the appropriate designated beneficiary election form. You may request a designated beneficiary election form from the Plan Administrator.

If you are married, your spouse generally is treated as your beneficiary, unless you properly designate an alternative beneficiary to receive your benefits under the Plan. The Plan Administrator will provide you with information concerning the availability of death benefits under the Plan and your rights (and your spouse's rights) to designate an alternative beneficiary for such death benefits. For purposes of determining your beneficiary to receive death distributions under the Plan, any designation of your spouse as beneficiary is automatically revoked upon a formal divorce decree unless you re-execute a new beneficiary designation form or enter into a valid Qualified Domestic Relations Order (QDRO).

**Default beneficiaries.** If you do not designate a beneficiary to receive your benefits upon death, your benefits will be distributed first to your spouse. If you have no spouse at the time of death, your benefits will be distributed equally to your surviving children. If you have no children at the time of your death, your benefits will be distributed to your estate.

**Taxation of distributions.** Generally, you must include any Plan distribution in your taxable income in the year you receive the distribution. More detailed information on tax treatment of Plan distributions is contained in the "Special Tax Notice" which you may obtain from the Plan Administrator.

- **Roth Deferrals.** If you make Roth Deferrals under the Plan, you will not be taxed on the amount of the Roth Deferrals taken as a distribution (because you pay taxes on such amounts when you contribute them to the Plan). In addition, you will not pay taxes on any earnings associated with the Roth Deferrals, provided you take the Roth Deferrals and earnings in a qualified distribution. For this purpose, a qualified distribution occurs only if you have had your Roth Deferral account in place for at least 5 years and you take the distribution on account of death, disability, or attainment of age 59½. If you have made both pre-tax Salary Deferrals and Roth Deferrals under the Plan, you may designate the extent to which a distribution of Salary Deferrals is taken from your pre-tax Salary Deferral Account or your Roth Deferral Account. Any distribution of Salary Deferrals (including Roth Deferrals) must be authorized under the Plan distribution provisions.

If you take a distribution that does not qualify as a qualified distribution, you will be taxed on the earnings associated with the Roth contributions. (You will never be taxed on the Roth contributions distributed since those amounts are taxed at the time you make the Roth contributions or Roth conversion.)

**Distributions before age 59½.** If you receive a distribution before age 59½, you generally will be subject to a 10% penalty tax in addition to regular income taxation on the amount of the distribution that is subject to taxation. You may avoid the 10% penalty tax by rolling your distribution into another plan or IRA. Certain

exceptions to the penalty tax may apply. For more information, please review the “Special Tax Notice,” which may be obtained from the Plan Administrator.

**Rollovers and withholding.** You may “roll over” most Plan distributions to an IRA or another qualified plan and avoid current taxation. You may accomplish a rollover either directly or indirectly. In a direct rollover, you instruct the Plan Administrator that you wish to have your distribution deposited directly into another plan or an IRA. In an indirect rollover, the Plan Administrator actually makes the distribution to you and you may rollover that distribution to an IRA or another qualified plan within 60 days after you receive the Plan distribution.

If you are eligible to directly rollover a distribution but choose not to, the Plan Administrator must withhold 20% of the taxable distribution for federal income tax withholding purposes. The Plan Administrator will provide you with the appropriate forms for choosing a direct rollover. For more information, see the “Special Tax Notice,” which may be obtained from the Plan Administrator.

Certain benefit payments are not eligible for rollover and therefore will not be subject to 20% mandatory withholding. The types of benefit payments that are not “eligible rollover distributions” include:

- annuities paid over your lifetime,
- installments payments for a period of at least ten (10) years,
- minimum required distributions at age 70½ (age 72, if you were born after June 30, 1949),
- hardship withdrawals, and
- Certain “corrective” distributions.

*[Note: All of the above distribution options may not be available under this Plan.]*

**Non-assignment of benefits and Qualified Domestic Relations Orders (QDROs)** Your benefits cannot be sold, used as collateral for a loan, given away, or otherwise transferred, garnished, or attached by creditors, except as provided by law. However, if required by applicable state domestic relations law, certain court orders could require that part of your benefit be paid to someone else—your spouse or children, for example. This type of court order is known as a Qualified Domestic Relations Order (QDRO). As soon as you become aware of any court proceedings that might affect your Plan benefits, please contact the Plan Administrator. You may request a copy of the procedures concerning QDROs, including those procedures governing the qualification of a domestic relations order, without charge, from the Plan Administrator.

## ARTICLE 10 PLAN ADMINISTRATION AND INVESTMENTS

**Investment of Plan assets.** You have the right to direct the investment of Plan assets held under the Plan on your behalf. The Plan Administrator will provide you with information on the amounts available for direction, the investment choices available to you, the frequency with which you can change your investment choices and other investment information. Periodically, you will receive a benefit statement that provides information on your account balance and your investment returns. If you have any questions about the investment of your Plan accounts, please contact the Plan Administrator or other Plan representative.

Although you have the opportunity to direct the investment of your benefits under the Plan, the Plan Administrator may decline to implement investment directives where it deems it is appropriate in fulfilling its role as a fiduciary under the Plan. The Plan Administrator may adopt rules and procedures to govern Participant investment elections and directions under the Plan.

**Valuation Date.** To determine your share of any gains or losses incurred as a result of the investment of Plan assets, the Plan is valued on a regular basis. For this purpose, the Plan is valued on a daily basis. Thus, you will receive an allocation of gains or losses under the Plan at the end of each business day during which the New York Stock Exchange is open.

**Plan fees.** There may be fees or expenses related to the administration of the Plan or associated with the investment of Plan assets that will affect the amount of your Plan benefits. Any fees related to the administration of the Plan or associated with the investment of Plan assets may be paid by the Plan or by the Employer. If the Employer does not pay Plan-related expenses, such fees or expenses will generally be allocated to the accounts of Participants either proportionally based on the value of account balances or as an equal dollar amount based on the number of participants in the Plan. If you direct the investment of your benefits under the Plan, you will be responsible for any investment-related fees incurred as a result of your investment decisions. Prior to making any investment, you should obtain and read all available information concerning that particular investment, including financial statements, prospectuses, and other available information.

In addition to general administration and investment fees that are charged to the Plan, you may be assessed fees directly associated with the administration of your account. For example, if you terminate employment, your account may be charged directly for the pro rata share of the Plan's administration expenses, regardless of whether the Employer pays some of these expenses for current Employees. Other fees that may be charged directly against your account include:

- Fees related to the processing of distributions upon termination of employment.
- Fees related to the processing of in-service distributions (including hardship distributions).
- Fees related to the processing of required minimum distributions at age 70½ (age 72, if you were born after June 30, 1949), or termination of employment, if later.
- Participant loan origination fees and annual maintenance fees.
- Charges related to processing of a Qualified Domestic Relation Order (QDRO) where a court requires that a portion of your benefits is payable to your ex-spouse or children as a result of a divorce decree.

If you are permitted to direct the investment of your benefits under the Plan, each year you will receive a separate notice describing the fees that may be charged under the Plan. In addition, you will also receive a separate notice describing any actual fees charged against your account. Please contact the Plan Administrator if you have any questions regarding the fees that may be charged against your account under the Plan.

## ARTICLE 11 PLAN AMENDMENTS AND TERMINATION

**Plan amendments.** We have the authority to amend this Plan at any time. Any amendment, including the restatement of an existing Plan, may not decrease your vested benefit under the Plan, except to the extent permitted under the Internal Revenue Code, and may not reduce or eliminate any "protected benefits" (except as provided under the Internal Revenue Code or any regulation issued thereunder) determined immediately prior to the adoption or effective date of the amendment (whichever is later). However, we may amend the Plan to increase, decrease or eliminate benefits on a prospective basis.

**Plan termination.** Although we expect to maintain this Plan indefinitely, we have the ability to terminate the Plan at any time. For this purpose, termination includes a complete discontinuance of contributions under the Plan or a partial termination. If the Plan is terminated, all amounts credited to your account shall become 100% vested, regardless of the Plan's current vesting schedule. In the event of the termination of the Plan, you are entitled to a distribution of your entire vested benefit. Such distribution shall be made directly to you or, at your direction, may be transferred directly to another qualified retirement plan or IRA. If you do not consent to a distribution of your benefit upon termination of the Plan, the Plan Administrator will transfer your vested benefit directly to an IRA that we will establish for your benefit. Except as permitted by Internal Revenue Service regulations, the termination of the Plan shall not result in any reduction of protected benefits.

A partial termination may occur if either a Plan amendment or severance from service excludes a group of employees who were previously covered by this Plan. Whether a partial termination has occurred will depend on the facts and circumstances of each case. If a partial termination occurs, only those Participants who cease

participation due to the partial termination will become 100% vested. The Plan Administrator will advise you if a partial termination occurs and how such partial termination affects you as a Participant.



**ACTION BY THE GOVERNING BOARD  
RESTATEMENT OF QUALIFIED RETIREMENT PLAN**

The undersigned, being all of the members of the Governing Board of Mayers Memorial Hospital District (“Employer”), hereby consent to the following resolutions:

WHEREAS, the Employer has maintained the Mayers Memorial Hospital District 401(k) Profit Sharing Plan (“Plan”) since 1-1-1985 for the benefit of eligible employees;

WHEREAS, the Employer is restating the above-referenced Plan to comply with the requirements of the 2017 IRS Cumulative List (IRS Notice 2017-37), the American Taxpayer Relief Act of 2012, the Tax Cuts and Jobs Act of 2017 and other applicable guidance (collectively referred to herein as the Cycle 3 restatement); and

WHEREAS, the Employer wishes to affirm the appointment of Anna Sanchez, Travis Lakey, Elizabeth Mee as Trustee(s) of the Plan.

NOW, THEREFORE, BE IT RESOLVED that the Employer hereby adopts the Mayers Memorial Hospital District 401(k) Profit Sharing Plan as the complete Cycle 3 restatement of the prior Plan, to be effective on 7-1-2021;

RESOLVED FURTHER that the undersigned members of the Governing Board authorize the execution of the restated Plan document and authorize the performance of any other actions necessary to implement the adoption of the Cycle 3 Plan restatement. The members of the Governing Board may designate any members of the Governing Board (or other authorized person) to execute the restated Plan document and perform the necessary actions to adopt the restated Plan. The Employer will maintain a copy of the restated Plan, as approved by the members of the Governing Board, along with a copy of the prior Plan, in its files;

RESOLVED FURTHER that the Employer will act as administrator of the Plan and will be responsible for performing all actions necessary to carry out the administration of the Plan. The Employer may designate any other person or persons to perform the actions necessary to administer the Plan; and

RESOLVED FURTHER that Plan participants shall be provided with a summary of the Plan provisions within a reasonable period of time following the adoption of the restated Plan.

**Members of the Governing Board:**

_____	_____	_____
[Name]	[Signature]	[Date]
_____	_____	_____
[Name]	[Signature]	[Date]
_____	_____	_____
[Name]	[Signature]	[Date]
_____	_____	_____
[Name]	[Signature]	[Date]

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors  
Jeanne Utterback, President  
Beatriz Vasquez, PhD, Vice President  
Tom Guyn, M.D., Secretary  
Abe Hathaway, Treasurer  
Tami Vestal-Humphry, Director

Board of Directors  
**Strategic Planning Committee**  
**Minutes**  
September 13, 2021 at 1:00 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 CALL MEETING TO ORDER:** The meeting was called to order at 1:12 pm on the above date.

**BOARD MEMBERS PRESENT:**

Beatriz Vasquez, PhD, Chair  
Abe Hathaway, Treasurer

**STAFF PRESENT:**

Louis Ward, CEO  
Ryan Harris, COO  
Travis Lakey, CFO  
Lisa Zaech, Scribe

**Community Members Present**

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

None

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- 3 APPROVAL OF MINUTES**

3.1	A motion/second carried; committee members accepted the workshop minutes of June 23, 2021	Hathaway, Ward	<b>Hathaway – Y Vasquez – Y</b>
3.2	A motion/second carried; committee members accepted the workshop minutes of July 28, 2021	Hathaway, Ward	<b>Hathaway – Y Vasquez – Y</b>

- 
- 4 Full Board Strategic Planning Meeting:**

4.1 Review Draft Strategic Plan 2022-2027: Committee reviewed and Lisa will make the recommended updates for inclusion at the next full board meeting for approval.

- 
- 5 Construction Update:** Demo Project: Currently the biggest risk is COVID & the COVID unit; if there is a surge, we could need more space in Acute and this could impact the construction schedule. Ryan is working on trying to escalate the project schedule and the contractor is focusing on interior work. Nurse Call Project: wrapped up and came in approximately \$30k under budget. Laundry Facility: On schedule to open end of October. Day Care: going back and forth with the county regarding ADA requirement for bathrooms in the church; expecting response from the county within the next week. The small rural church does not want to put forth any financial support.

- 
- 6 Administrative Report:** COVID: currently 83% of district staff is vaccinated; 7 employees on isolation and 5 on quarantine. Louis is in contact with the school superintendent on status of the school and determining if the hospital will be involved with testing of school staff. Over the weekend worked with nursing staff and met with Dr. Watson to discuss plans with 5 patients in the COVID unit. Plan A - Working with state requirements and putting plans in place to allow isolation of Burney SNF residents in the annex; standing up COVID space today. Plan B – Increase the hospital COVID unit space that will be determined by community spread. Dixie Fire: spent time on transportation evacuation plans; there is no eminent danger at this time.

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- 7 OTHER INFORMATION/ANNOUNCEMENTS: None**

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- 10 ADJOURNMENT – 2:03 PM**
-



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

# Mayers Memorial Hospital District

## Strategic Plan

# Draft

2022 – 2027

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Approved TBD

## Message from the Board of Directors

The original 2016-21 Strategic Plan for Mayers Memorial Hospital District was written as a living document and is regularly reviewed and updated. Great progress has been made during that time including the new hospital wing, a retail pharmacy, a rural health clinic and strong financial indicators. This, the latest version (2022-2027) of the Strategic Plan is a result of a number of new challenges our district faces, from aging facilities to a world-wide pandemic. The Plan focuses on continuing to enhance healthcare and resources for our community and serves as a guide the District board and administration for the next five years.

Jeanne Utterback, Board President

## Introduction

The purpose of this Strategic Plan is to outline the key strategic objectives that the Board of Directors intends to accomplish by 2027. The Strategic Plan helps provide a link between the Vision and Mission of Mayers Memorial Hospital District to the everyday operational duties of the very hard-working and dedicated staff.

### Vision

To become the provider of first choice for our community by being a leader in rural healthcare.

### Mission Statement

To provide outstanding patient-centered healthcare to improve the quality of life of our patients through dedicated, compassionate staff and innovative technology.

This Plan will outline the strategic objectives, the milestones needed to be achieved to ensure success toward those objectives (success indicators), the risks to the objectives, implementation, monitoring and evaluation. Reporting templates are also attached.

## Strategic Objectives

To progress toward the achievement of our Vision and Mission over the next five years, we will work toward the following four strategic objectives:

1. Outstanding Patient Services: By 2027, we will be an active facility with The Joint Commission (TJC) and achieve the joint commission's requirements. We will increase our outpatient service line within the District by increasing access to local specialty services including increased imaging and surgical services. Develop and implement an innovative local healthcare discount voucher program.
2. Outstanding Facilities: By 2027, we will open a new rural wellness center incorporating a Rural Health Clinic, PT and Cardiac space in the Intermountain area, update the skilled nursing facility living space at the Fall River campus and implement the District's plan to replace the FR kitchen, and Acute facility.

3. Outstanding Staff: By 2027, we will be seen as an employer of choice in the area by providing and maintaining staff growth opportunities, flexible and safe working arrangements, and reducing the use of registry staff.
4. Outstanding Finances: By 2027, we will have in place and utilize financial tools to actively develop and forecast long-term expenditures. We will establish, implement and operate an innovative local healthcare discount voucher program.

## Success Indicators

To ensure we achieve our strategic objectives by 2027, the following are milestones that will indicate we are on a pathway to successfully achieving the objectives:

### *Objective 1. Outstanding Patient Services*

- a. There will be no findings above a D on annual surveys
- b. We will have a 3-star rating by 2023
- c. We will have a 4-star rating by 2025
- d. Increase our imaging services to include MRI by 2023
- e. Implement The Joint Commission (TJC) Project

### *Objective 2. Outstanding Facilities*

<b>Project Name</b>	<b>Estimated Project Valuation</b>	<b>Design Start</b>	<b>Design/Bid Completion</b>	<b>Construction Start</b>	<b>Construction Completion</b>
MMHD Phase III Hospital Renovation (Dietary/HVAC/HW Heaters, Change of Use)	\$7,000,000	Jan 2022	Jun 2023	Jul 2023	Dec 2024
Wellness center (FR Clinic, Cardiac Rehab, PT)	\$5,000,000	Jul 2023	Jul 2024	Aug 2024	Dec 2025
MMHD Phase IV Renovation (New Acute, Expanded Radiology, Pharmacy, Courtyard)	\$13,000,000	Aug 2024	Aug 2026	Sep 2026	Sep 2028
Burney Annex Kitchen Remodel	\$2,500,000	Sep 2026	Dec 2027	Jan 2028	Jun 2029

### *Objective 3. Outstanding Staff*

- a. Hospital-supported day care to open by 2022
- b. Reduce EOFY 2019 registry staff use rate by another 20% by EOFY 2023
- c. Reduce EOFY 2019 registry staff use rate by another 30% by EOFY 2025
- d. Employ sufficient number of providers to fully staff the hospital and clinics by 2025

*Objective 4. Outstanding Finances*

- a. Have a long term expenditure list by department by 2023
- b. Continue to meet benchmarks against top 100 CAH flex report
- c. Explore community campaign for new Acute building in 2024

## Risk Management

All goals come with risks. Few risks can be completely eliminated but most can be managed in a way that minimizes the likelihood of it occurring and/or the level of impact on the success of the relevant goal.

Each key risk outlined in the table below was given likelihood, consequence, and overall risk ratings based on the consensus of the Board Members. In addition, the Board Members determined whether the current risk was acceptable relative to the objective. It is important to note that the risk rating alone does not determine acceptability. See the Responsibility and Monitoring sections of this Plan for information on the management of these risks.

<b>Objective 1:</b> By 2027, we will be an active facility with The Joint Commission (TJC) and achieve the joint commission’s requirements. We will increase our outpatient service line within the District by increasing access to local specialty services and innovative local healthcare discount voucher program.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Inability to implement new Electronic Medical Record due to costs resulting in poor reporting capability necessary to meet TJC metrics.	High	Low	Medium	Yes
Inability to attract qualified personnel due to location, pay, benefits, etc. leads to less services offered.	Medium	High	High	No
Unable to attain The Joint Commission (TJC) accreditation due to not having qualifying metrics leads no/low rating and/or loss of potential funds/program participation.	Medium	High	Medium	No
<b>Objective 2:</b> By 2027, we will open FR rural health clinic with space for PT and Cardiac Rehab, update the skilled nursing facility living space at the Fall River campus, design and construct new FR dietary space, Design and start construction of new OSHPD 1 Acute space, and Design a new Burney dietary space.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Loss of/diminished support by community of new/renovated infrastructure due to expenditure of projects leads to negative media/commentary.	Medium	Low	Low	Yes
<b>Objective 3:</b> By 2027, we will be seen as an employer of choice in the area by providing and maintaining staff growth opportunities, flexible and safe working arrangements, and reducing the use of registry staff.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Poor working environment due to executive leadership/Board overly focusing on operational issues leads to qualified staff leaving at a high rate.	Medium	Medium	Medium	Yes
Inability to keep up with market pay and benefits due to increasing costs but stable local population leads to high turnover in staff.	High	Medium	High	Yes

<b>Objective 4:</b> By 2027, we will have in place and utilize financial tools to actively develop and forecast long-term expenditures. We will establish, implement and operate an innovative local healthcare discount voucher program.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Poor understanding of tool(s) due to turnover of staff and/or board leads to low utilization and inability to accurately forecast.	Medium	Medium	Medium	Yes

The following basic risk-rating matrix was used in the rating of the risks. The value of each rating was subjective to the individual raters.

Likelihood	Consequence		
	Low	Medium	High
High	Medium	High	High
Medium	Low	Medium	High
Low	Low	Low	Medium

## Responsibility and Accountability

The Strategic Plan is the five-year plan set forth by the Board of Directors. As a Board elected by the public in the Hospital District, the Board Members are accountable to their constituents. One mechanism by which the public can measure the success of their elected Board Members is the success of the Strategic Plan. As such, the first layer of accountability in this Plan is the Board of Directors to the public.

The second layer of accountability is the Chief Executive Officer (CEO) to the Board of Directors. The Board has developed this Plan with the expectation that the CEO will implement it successfully. As such, the CEO has the ultimate responsibility for each of the objectives outlined in this Plan and for the management of the risks to those objectives. It is the responsibility of the CEO to assign management of specific aspects of the Plan to other managers/teams and for the reporting of the progress of the Plan to the Board on a regular basis. Although the CEO can assign management further down the line, the CEO remains the single accountable position to the Board regarding the implementation of this Plan.

## Implementation

A Strategic Plan can only be successful if all layers of management and staff are aware of the Plan and working to ensure the objectives will be met. Successful implementation of this Plan requires the following:

- Departmental annual business plans that have operational objectives that aligns to the strategic objectives.
- Management/Departmental meetings regularly remind staff of their valuable and essential contribution to the success of the strategic objectives.
- Regular review of operational plans and leadership scorecard goals.
- Regular review of risk management plans and a culture of reporting risks.
- Open levels of communication throughout the management ladder to ensure effective top-down and bottom-up communication.
- Regular communication from the Board and/or CEO to all staff regarding the progress of the Plan.
- Effective monitoring system (outlined in the next section).

## Monitoring

To ensure this Plan is being implemented successfully, it is necessary to have monitoring mechanisms in place. At the Board level, monitoring consists of reporting. At the operational level, more detailed monitoring mechanisms will need to be developed/utilized as relevant to the specific work being undertaken. These mechanisms are the responsibility of the CEO and/or other management and staff as designated by the CEO.

The monitoring of this Plan will be done in two layers: first, to the Strategic Planning Committee and second, to the Board of Directors. The reporting requirements of each layer are described in more detail below.

### *Reporting to the Strategic Planning Committee*

The CEO will report to the Strategic Planning Committee at least every six months. The Committee may request reporting more often as deemed necessary.

The CEO will provide the Committee with a report on the progress of each Strategic Objective utilizing the reporting template at Attachment A of this Plan or a verbal report to the Strategic Plan Committee. The report will include:

- Tracking on current success indicator.
- Risk management, including the mitigation strategies for unacceptable risks, any changes in risk and reporting of any emerging risks.
- Issues encountered.
- Relevant documentation.

The Committee will determine whether any specific issues in the report from the CEO need to be reported to the Board of Directors.

### *Reporting to the Board of Directors*

In conjunction with the Strategic Planning Committee Board Members, the CEO will provide an overall report annually to the Board following reporting to the Committee regarding the progress of the Plan utilizing the template at Attachment B of this Plan or a verbal report to the Board of Directors. The report will include:

- Overall progress.
- Changes in risk.
- Issues of note as determined by the Committee.

The Board will determine whether any changes in risk level and/or new risks are acceptable or not.

The Board may request additional reporting on any aspect of the Plan as deemed necessary.

## Evaluation

It is the responsibility of the Board of Directors to evaluate the overall success of the Plan. This Plan is not static and as such, the Board must evaluate whether any changes are required. At a minimum, the Board will evaluate this Plan as its midway point (mid-2024) to determine whether it still meets the needs of the Board.

At the end of the Plan, in 2027, the Board will conduct a thorough evaluation of the success of this Plan. This evaluation will be included in the next iteration of the Strategic Plan as part of the statement from the President of the Board of Directors. The evaluation will include:



- Statement of successes.
- Statement of unanticipated/poorly managed risks.
- Lessons learned.

In addition to the other elements of this Plan described above, a thorough evaluation will lead to even stronger and more successful Strategic Plans in the future, which will ultimately lead to better services for those in the Mayers Memorial Hospital District.

<b>Strategic Planning Committee</b> <i>Report on Strategic Plan Implementation</i>	
Strategic Objective:	
Current Success Indicator(s):	
Progress on Success Indicator(s) <input type="checkbox"/> Behind Schedule <input type="checkbox"/> On Track <input type="checkbox"/> Ahead of Schedule	
<u>Report on Progress</u>	
Provide a report on relevant activities that have been undertaken since the last report that have contributed to the progress of the success indicator/strategic objective. Be sure to include the relevant work area for each activity. If behind schedule, be sure to include a detailed explanation why.	
Risk:	
<input type="checkbox"/> Decrease in Risk	<input type="checkbox"/> No Change in Risk
Risk:	
<input type="checkbox"/> Decrease in Risk	<input type="checkbox"/> No Change in Risk
New Risk:	
Likelihood: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Consequence: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
<u>Risk Management</u>	
Provide a report on any change in risk level and/or new risk(s). If the risk has changed, explain what has changed (likelihood and/or consequence) and why. If the risk increased, list the mitigation strategies that will be put in to place to reduce it back to an acceptable level. For any risks deemed unacceptable by the Board, provide a list of the mitigation strategies in place. For new risks, provide a list of mitigation strategies in place. The Board will determine whether it is acceptable or not.	
<u>Issues Encountered</u>	
Provide a report on any significant issues encountered since the last reporting cycle.	
<u>Attachments</u>	
Provide a list of any attachments to be included with this report.	
<b>Prepared By:</b>	<b>Date:</b>

<b>Board of Directors</b> <i>Report on Strategic Plan Implementation</i>	
<b>Strategic Objective 1:</b> By 2020, we will open new square footage meeting all state and federal requirements that will house Emergency, Laboratory and Imaging Services.	
<b>On Track?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Risks:</b> <input type="checkbox"/> No Change <input type="checkbox"/> Change <input type="checkbox"/> New Risk
<b>Strategic Objective 2:</b> By 2021, we will be seen as the employer of choice in the area by providing staff growth opportunities, flexible working arrangements and maintaining a turnover rate commensurate with similar hospitals.	
<b>On Track?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Risks:</b> <input type="checkbox"/> No Change <input type="checkbox"/> Change <input type="checkbox"/> New Risk
<b>Strategic Objective 3:</b> By 2021, we will be a five-star hospital and meet all HCAHP requirements.	
<b>On Track?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Risks:</b> <input type="checkbox"/> No Change <input type="checkbox"/> Change <input type="checkbox"/> New Risk
<b>Strategic Objective 4:</b> By 2021, we will maintain an average of 90 days cash on hand.	
<b>On Track?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Risks:</b> <input type="checkbox"/> No Change <input type="checkbox"/> Change <input type="checkbox"/> New Risk
<u>Risk Management</u> If any risks have changed or there are new risks, list them here noting which strategic objective it aligns to. Provide a statement of what has changed and proposed mitigation strategies (if it has increased).	
<u>Issues Encountered</u> Provide a report on any significant issues encountered since the last reporting cycle that the Strategic Planning Committee deemed necessary to raise with the Board.	
<u>Attachments</u> Provide a list of any attachments to be included with this report.	
<b>Prepared By:</b>	<b>Date:</b>

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

**Board of Directors**  
Jeanne Utterback, President  
Beatriz Vasquez, Ph.D., Vice President  
Tom Guyn, MD, Secretary  
Abe Hathaway, Treasurer  
Tami Vestal-Humphry, Director

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

September 8, 2021 @ 1:00 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 Jeanne Utterback called the meeting to order at 1:00 pm on the above date.			
<b>BOARD MEMBERS PRESENT:</b>		<b>STAFF PRESENT:</b>		
Jeanne Utterback, President Tom Guyn, MD., Secretary Louis Ward, CEO Dawn Jacobson, Infection Preventionist		Candy Detchon, CNO Jack Hathaway, Director of Quality Theresa Overton, DON, Acute Moriah Padilla, Asst. Manager, Acute Pamela Sweet, Substitute Board Clerk		
<b>ABSENT:</b> Laura Beyer				
<b>Community Members Present:</b> N/A				
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 August 11, 2021.	<b>Guyn, Hathaway</b>	<b>Guyn – Y Hathaway – Y</b>
4	<b>NO REPORTS: QUALITY FACILITIES, FINANCES, STAFF</b>			
5	<b>REPORTS: QUALITY PATIENT SERVICES</b>			
	5.1	<b>Surgery/Anesthesia</b> Submitted written report Look to bring in an interim OR manager to guide our team. Have interview set up later this week. Doing best can with short staff		
	5.2	<b>Med-Surg/Swing</b> Submitted written report Focus on Covid and staffing issues Utterback commended the team on identifying areas for further education and applying themselves to accomplishing it. Waiting for construction to be completed to get upgraded cardiac monitors. We have not been put in the position yet where we didn't have enough monitors. If it happens, we will pull the monitors out of OP Surgery		
	5.3	<b>Outpatient Services</b> Submitted written report		
	5.4	<b>Blood Transfusion Quarterly</b>		

		Still working with the Lab and Jack to mainstream the flow. Not getting reports from the lab. Attempting to make the transfusion form electronic so that it doesn't vanish as it moves between departments. Look for update at next meeting.
5.5	<b>Infection Control</b>	Submitted written report Covid cases are increasing, but both facilities are "green" now. Have influenza outbreak in Burney. Good success in getting staff vaccine for Covid as they ask for it. Supply of J&J vaccine: we have 15 doses and have ordered more to vaccine remainder of staff. Discussed concern about community Covid after Fair. Louis will work with Dr. Watson to talk with school board ED is seeing spike in para-influenza as well as Covid
5.6	<b>SNF Events/Survey</b>	Finally have the CNA program approved. Meet next week to lay out the next steps. Need to involve HR to determine how much staff we need and sort out the admission process. Expect new CNA's will become our employees. Number one concern is the 30 <sup>th</sup> of September and reducing beds to match staff. We don't have the ability to abruptly drop the SNF population. Looking at registry, but there will be a smaller pool of registry to choose from. New admissions are on hold until we see where we are on the 30 <sup>th</sup> . Working on a program to reduce psychotropic use. Had hoped to be ready to kick it off the end of October, but Covid keeps getting in the way.
5.7	<b>Med Staff</b>	Submitted written report Working on increasing the number doctors. Have just added Dr. Magno, who is getting glowing reviews from staff. Also have Dr. Barr as hospitalist as well as working in the ED. Will change credentialing packet to electronic format with fillable PDF's.
6	<b>DIRECTOR OF QUALITY</b>	
6.1	<b>Director of Quality Update:</b>	Reported on SacValley Med Share State came in to Burney re Covid protocols today. Will do walk through in FR tomorrow. On Friday, will have another meet with state regarding a recent resident elopement. Submitted data for hospital star rating, including sepsis and Stroke & AMI . We are hopeful that as of November 1 <sup>st</sup> we should have everything submitted for a new base line report come out in April
6.2	<b>Compliance Quarterly</b>	Currently undergoing State mitigation survey for covid. It is going well. These are the 1 <sup>st</sup> 3 state visits this quarter. New reporting system for complaints and compliance is ready. Will work with Val to get on intranet so people can start reporting. We had 6 complaints, but none dealing with quality of care. They were mostly about billing. All ended more positively than they began Currently doing a HIPAA investigation, but the complainant isn't being very helpful. Will have to do HIPAA training with staff again. ZenDesk, our electronic complaint filing system is complete. Will work with Val to put it on social media and the web site.
7	<b>OTHER INFORMATION/ANNOUNCEMENTS:</b> None	
8	<b>ADJOURNMENT: at 2:37 pm</b> Next Regular Meeting – October 13, 2021	

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).

**MAYERS MEMORIAL HOSPITAL DISTRICT  
POLICY**

**CHIEF EXECUTIVE OFFICER COMPENSATION**

Page 1 of 2

**POLICY:**

Mayers Memorial Hospital District wants to ensure that the Chief Executive Officers compensation decisions are competitive, fair and equitable as well as compliant with appropriate regulatory guidelines and representative of best market practices. Compensation philosophy for all executives will tie to an overall organizational philosophy.

**Guiding Principles**

The Board of Directors of Mayers Memorial Hospital District recognizes that if we are to achieve our goal to be the best community health care system in the country that we must attract and retain exceptional leaders. As elected trustees we also have the duty to appropriately care for the resources of the Mayers Memorial Hospital District on behalf of the community. It is the responsibility of the Board to review executive compensation and to manage the Chief Executive Officer contract renewal process. In accordance with the California Brown Act, debate and decisions on executive compensation will be held in open and public meetings.

**Total Compensation**

Total compensation for the Chief Executive Officer position with MMHD may include:

1. Paid time off
2. Incentive bonus plan
3. \$20,000 life insurance benefit
4. Severance agreement

**Markets**

1. The Committee will review survey data from various sources including, but not limited to, the California Hospital Association Executive Compensation Survey and other targeted data. Reviews will take place one year prior to the contract expiration date of standing Chief Executive Officer and as needed for recruitment.
2. Survey comparisons will be to like size healthcare systems. Review of stand alone facilities and healthcare systems will include the size of the organization, scope of services offered, gross/net revenue, operating expenses, number of FTE's, number of beds and scope of responsibility (e.g. Bi-state organizations, Multi-specialty Clinic services) and other applicable information.

**Target**

1. The 50th percentile of current pay practices will be targeted to establish base compensation. "At Risk" compensation and other rewards will be targeted at above

industry standards to off-set base pay at the 50th percentile. It is our intention to provide total compensation comparable to industry standards with a focus on mountain community healthcare systems

2. The Board maintains the discretion to pay base compensation in excess of the 50th percentile based on other factors such as experience and results and to pay total compensation up to the 100th percentile based on extraordinary results.

**Other factors**

1. Other factors such as competitive market forces, each individual's job responsibilities are also considered in MMHD compensation and benefit decisions. These include:
2. Organizational complexity (the number and variety of services and/or organizational units).
3. Current and future management challenges (such as bankruptcies, major financing, construction projects, consolidations, increased competition, etc.).
4. The availability or lack of availability of staff experts.
5. The depth and breadth of the executive's knowledge and experience.
6. The rate of organizational growth.
7. The executive's value in the labor market as reflected, in part, by his/her salary history elsewhere.
8. The hospital's prior success in recruiting and retaining competent executive personnel.

COMMITTEE APPROVALS:

BOD: 11/29/17

**MAYERS MEMORIAL HOSPITAL DISTRICT  
POLICY AND PROCEDURE  
CHARITY CARE POLICY**

Page 1 of 4, plus the following attachments

*HHS Poverty Guidelines – 75% MMH388*

*HHS Poverty Guidelines – 350% MMH389*

**POLICY:**

Mayers Memorial Hospital District realizes the need to provide service to patients who cannot otherwise afford health care. This policy is to provide financial assistance to patients who have health care needs and are uninsured, under-insured, ineligible for a government program, and are otherwise unable to pay for medically necessary care based on their individual needs. A graduated schedule based on the annual HHS Poverty Guidelines, as well as assessment of the patient's monetary assets will be used to determine the qualifying income and asset levels of applicants. Guidelines are subject to change yearly based on the HHS Poverty Guidelines. Understanding this need, the hospital has chosen to fulfill their responsibility to the community by adopting the following Charity Care Policy.

**PROCEDURE:**

**1. Standard Eligibility Criteria for Participation in the Charity Care Program:**

- a. A patient qualifies for Charity Care if all of the following conditions are met:
  - i. The patient does not have private health insurance (including coverage offered through the California Health Benefit Exchange), Medicare, or Medi-Cal as determined and documented by the hospital;
  - ii. The patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital;
  - iii. The patient's household income does not exceed 75% of the Federal Poverty Level; **and**
  - iv. The patient's allowable monetary assets do not exceed \$5,000;
    1. In determining a patient's monetary assets, the hospital **shall not** consider: retirement or deferred compensation plans qualified under the Internal Revenue Code; non-qualified deferred compensation plans; the first ten thousand dollars (\$10,000) of monetary assets, and fifty percent (50%) of the patient's monetary assets over the first ten thousand dollars (\$10,000).

**2. Special Eligibility and Enrollment Exceptions:**

- a. High Medical Costs/Medically Indigent:
  - i. A patient whose family income does not exceed 350% of the federal poverty level and their annual out-of-pocket medical expenses for non-elective/medically



necessary services with Mayers Memorial Hospital District and other health care providers exceed 10% of the patient's family gross income in the prior 12 months, would then be considered as "Medically Indigent" as defined by AB774.

1. For those who have been informally determined to be Medically Indigent, or have incurred high medical costs will be offered to complete a Charity Care application by the Financial Counselor.
  2. Supporting documentation to show what medical expenses have been paid in the prior 12 months is required to determine eligibility.
- b. Homeless/Indigent Patients:
- i. Patients who are determined to be indigent/homeless by either clinical documentation or are unable to provide sufficient demographic information such as a mailing address, phone number, or residential address will/can be considered for Charity Care.
    1. No application will be required by a patient who has been determined to be indigent/homeless.
    2. Only emergent/medically necessary services will be considered. Should a patient who presents for outpatient services, financial counseling will be done at the time of service.
- c. Deceased - No Estate:
- i. Upon receipt of confirmation that a patient is deceased and who has no estate, third party coverage, or spouse, will be automatically eligible for Charity Care upon receipt of the following items.
    1. Notification from county in which patient expired in.
    2. Received copy of death certificate from patient family notifying MMHD of death and no estate exists.
    3. Confirmation that patient does not have a living spouse who would be liable for outstanding/unpaid debt.
    4. Confirmation from another facility of patients' expiration and that no estate or pending probate exist.
    5. Upon notification from collections agency that collections accounts are being cancelled due to deceased/no estate.
    6. Knowledge that patient has expired based on clinical documentation for services provided by MMHD.
- d. Administrative Charity Care:
- i. In cases where medically necessary services are provided to a patient who has been screened by the Financial Counselor, and it has been determined that the patient is unable to complete the standard application process due to medical, social, or other documented circumstances, charges may be considered for Charity Care on a case by case basis.
    1. Account(s) should be written up for Charity Care adjustment with all supporting documentation attached and be presented to the Financial Director and Chief Executive Office for approval.

### **3. Standard Enrollment Process:**

- a. An informal determination of Charity Care eligibility will be determined by the Patient Financial Counselor, and the applicant may choose to fill out an application based on the recommendation of the Patient Financial Counselor; however, the recommendation of the Patient Financial Counselor is not required in choosing to fill out the Charity Care Application.

- b. Upon being submitted for consideration by the Patient Financial Counselor, all properly submitted applications will be reviewed and considered for implementation within 10 business days.
- c. All application packets must be filled out completely and accurately with each of the following required documentation attached to be considered:
  - i. Documentation of non-coverage from Medi-Cal for the service on the date performed;
  - ii. Documentation of household income, as provided by:
    - 1. Current W-2 withholding form or Income Tax statement form from the previous year, **or**
    - 2. Pay stubs from the previous three months
  - iii. Documentation of monetary assets, to include:
    - 1. Most current bank statement, and any additional information or statements on all monetary assets
      - a. Statements on retirement or deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans **shall not** be included
    - 2. Signed waiver or release from the patient or the patient's family, authorizing the hospital to obtain account information from financial and/or commercial institutions, or other entities that hold or maintain monetary assets, to verify their value
  - iv. Completed Medicare Secondary Payer (MSP) Questionnaire indicating the patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance
- d. Any additional accounts with outstanding balances at time of application will be screened for Charity Care eligibility using the same information collected above.
- e. Verification of accuracy of application information, including contacting employers for verification of employment, will be made.
- f. A letter of either approval or denial will be submitted to each applicant:
  - i. The approval letter will include a demand statement for the service in question with adjustments and a balance of zero dollars (\$0), and contact information for any questions that may arise;
  - ii. The denial letter will include: reason for denial; indication of potential eligibility under the Discount Payment Program, Payment Plan Program, or other self-pay policy; and information and request to contact the Patient Financial Counselor as soon as possible.
- g. Any additional services rendered up to a year after the submission date of an approved Charity Care Application will additionally require: updated documentation of non-coverage for the service on the date performed; and a completed MSP Questionnaire indicating the patient's injury is not a compensable injury.
- h. Any disputes regarding a patient's eligibility to participate in the Charity Care Program shall be directed to the Business Office Manager and will be resolved within 10 business days:
  - i. If it is determined that the patient is ineligible to participate, the number of days spent on dispute resolution shall not be counted toward the minimum 150 days prior to reporting any amount to a credit reporting bureau.

**4. Participant Accounts Maintenance:**

- a. A folder for each Charity Care applicant will be created, and will include the following items:
  - i. Patient information and application
  - ii. A copy of every correspondence between Mayers Memorial Hospital and the participant
  - iii. Detailed bills on all accounts to be included in the application
  - iv. Adjustment form with adjustments taken on accounts
  - v. Any additional notations and pertinent information

**5. Availability of the Charity Care Policy:**

- a. Notice of the Charity Care Policy shall be posted in the following locations:
  - i. Emergency department
  - ii. Billing office
  - iii. Admissions office
  - iv. Laboratory
  - v. Imaging
  - vi. Station III
- b. In the event of the hospital providing service to a patient who has not provided proof of coverage by a third party at the time the care is provided or upon discharge, the hospital shall provide a notice to the patient that includes, but is not limited to:
  - i. A statement of charges for services rendered by Mayers Memorial Hospital District; and
  - ii. A request that the patient inform Mayers Memorial Hospital District if the patient has health insurance coverage, Medicare, Medi-Cal or other coverage, and if the patient does not, that the patient may be eligible for such coverage, and can obtain an application for such coverage from Mayers Memorial Hospital District; and
  - iii. A statement that indicates the patient may qualify for Charity Care if they meet the eligibility criteria set forth in this policy; and
  - iv. The name and telephone number of the Patient Financial Counselor from whom the patient may obtain information about the Charity Care policy and other assistance policies, and about how to apply for that assistance.

**REFERENCES:**

The processes and procedures described above are designed to comply with CA SB 1276 (Chapter 758, Statutes of 2014), CA AB 774 (Statutes of 2006) and SB 350 (Chapter 347, Statutes of 2007). Questions regarding SB 1276, AB 774 and SB 350 can be addressed by the Patient Financial Counselor or by California's Office of Statewide Health Planning and Development's website, at <http://www.oshpd.ca.gov/hid/products/hospitals/fairpricing/index.html>.  
<http://aspe.hhs.gov/poverty/14poverty.shtml>

**COMMITTEE APPROVALS:**

Chiefs: 9/16/2021  
BOD:

**MAYERS MEMORIAL HOSPITAL DISTRICT**

**2021 HHS POVERTY GUIDELINES**

<b>Persons in Family or Household</b>	<b>200% US Poverty Level  80% Discount</b>	<b>250% of US Poverty Level  60% Discount</b>	<b>300% of US Poverty Level  40% Discount</b>
1	\$25,760	\$32,200	\$38,640
2	\$34,840	\$43,550	\$52,260
3	\$43,920	\$54,900	\$65,880
4	\$53,000	\$66,250	\$79,500
5	\$62,080	\$77,600	\$93,120
6	\$71,160	\$88,950	\$106,740
7	\$80,240	\$100,300	\$120,630
8	\$89,320	\$111,650	\$133,980
For each additional person, add	\$4,540		

**To determine discount eligibility:**

1. Count the number of persons in your family/household
  - a. For persons 18 years of age and older, 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, parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative
2. Calculate the household income
3. Sliding across the row corresponding to the number of persons in your family/household above, stop in the first bucket that has an amount greater than the household income
4. At the top of that column, the % discount is displayed

Approvals: Chiefs: 9/16/21; BOD:

**HHS POVERTY GUIDELINES** MMH389

Attached to policy Discount Payment Policy Page 1 of 2

**MAYERS MEMORIAL HOSPITAL DISTRICT**

**REPAYMENT SCHEDULE**

<b>TOTAL PT LIABILITIES</b>	<b>MAX REPAYMENT TERM</b>	<b>MIN MONTHLY PAYMENT</b>
\$50.00 OR LESS	IN FULL	IN FULL
\$ 51 - 100	2 months	\$40
\$ 101 - 300	3	\$55
\$ 301 - 600	6	\$75
\$ 601 - 1,000	9	\$100
\$ 1,001 - 3,000	12	\$150
\$ 3,001 - 6,000	15	\$250
\$ 6,000 AND OVER	18	\$350

**To determine repayment schedule parameters:**

1. Determine which row applies to your "TOTAL PT LIABILITIES" amount by putting the amount in the appropriate range above.
2. Sliding to the right, the repayment of the discounted Total Patient Liabilities must be performed within the corresponding parameters.
3. In the event the patient does not agree with the parameters set forth above, the Patient Financial Counselor will use the formula for a "Reasonable Payment Plan" described in subdivision (i) of Section 127400 of the California Health and Safety Code, and iterated below:
  - a. "Reasonable Payment Plan" means monthly payments shall not exceed 10 percent of the patient's family income for a month, excluding deductions for essential living expenses. "Essential living expenses" means, for purposes of this formula, expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.
  - b. In order to establish the monthly payment based on the "Reasonable Payment Plan," the patient shall provide an itemization and proof of essential living expenses and attach them to the Discount Payment/Charity Application.

Approvals: Chiefs: 9/16/21; BOD:

**HHS POVERTY GUIDELINES** MMH389

Attached to policy Discount Payment Policy Page 2 of 2

# MAYERS MEMORIAL HOSPITAL DISTRICT

## 2021 HHS POVERTY GUIDELINES

Persons in Family or Household	75% US Poverty Level
1	\$ 9,660
2	\$ 13,065
3	\$ 16,470
4	\$ 19,875
5	\$ 23,280
6	\$ 26,685
7	\$ 30,090
8	\$ 33,495
For each add'l person, add	\$ 3,405

### 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.



**Executive Director of Community Relations & Business Development – Valerie Lakey**  
**September 2021 Board Report**

**Legislation/Advocacy**

Session at the State Capitol has ended for the fall. During the interim, we have several items we will continue to advocate for and against. These are some of the items that I am working on with CHA's Legislative Strategy Group:

- In-district advocacy on top legislative priorities: CEO/Legislator lunches and/or meetings.
- Seismic Strategy: Policy/Political next steps.
- Review of Governor signatures/vetoes
- 2022 Legislative Priorities: Concepts
- Review of CHA Board of Trustees discussion on advocacy priorities
- Two-year Bills Strategy
- 2022 Legislative Priorities: Refinement of concepts
- 2022 Legislative Priorities: Communication and coalition building strategy
- 2022 Legislative Agenda: Refinement of priorities

**Disaster Preparedness/Hospital Seismic Mandate**

The disaster preparedness proposal would refocus and extend the 2030 hospital seismic mandate. The administration moved this issue forward as part of budget conversations. This discussion will restart next year.

**Office of Health Care Affordability**

The Office of Health Care Affordability would establish a state-determined growth target for health care providers. AB 1130 has become a two-year bill. The issue was also part of the budget discussion but did not progress this year. CHA will provide an update should language be released. This discussion will restart early next year.

On the federal level we are contacting our representative and both senators to support the bipartisan Provider Relief Fund Deadline Extension Act, which would allow providers additional time to use their unspent funds.

**Marketing/Public Relations/Recruiting**

Marketing for employment and very competitive base pay on entry level positions has been a priority. We have a social media campaign, newspaper ads and AudioGo ads currently running.



Dana Hague and I presented at the ACHD Annual Meeting. The topic was about resources for our staff during a time when they are “Running on Empty.”

Our CEO, Louis Ward was nominated for CEO of the Year through the Annual ACHD Awards Program.

We are happy to have our Job Shadow Program going again. We have Fall River High School junior, Piper Lakey shadowing in the Physical Therapy Department during 4<sup>th</sup> period each school day.

We are working on our District Taxpayer Voucher program and will have more details next month. Vouchers will be available to district tax payers in early December for use in 2022.

We continue to market and educate about COVID and the COVID vaccine.

**Fair Booth**

We had great feedback on the fair booth. Thank you to all that assisted. We gave out the discount lab vouchers. They are still available at the Pharmacy, Clinic and Admitting desk. Vouchers are valid until December 31, 2021.





**Disaster/Emergency Preparedness/Safety**

We are working closely with our county MHOAC to solve various challenges, including finding transfer beds. We have been successful in educating the staff to the processes and are developing a great working relationship with our colleagues in Shasta County.

We continue to work on CODE education each month and have had good response to training and drills.



## Operations Report September 2021

Statistics	August YTD FY22 <i>(current)</i>	August YTD FY21 <i>(prior)</i>	August Budget YTD FY21
Surgeries <i>(incl. C-sections)</i> ➤ Inpatient ➤ Outpatient			
Procedures <i>(surgery suite)</i>			
Inpatient	442	188	203
Emergency Room	789	693	800
Skilled Nursing Days	3815	4974	4652
OP Visits (OP/Lab/X-ray)	3433	2103	2247
Hospice Patient Days	293	133	322
PT	439	502	459

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

### Chief Clinical Officer Report

Prepared by: Keith Earnest, CCO

#### *Physical Therapy*

- Piper Lakey is interning in the PT department four days a week through Fall River High School.
- Daryl Schneider, PT manager, is now a site supervisor for San Jose State University's kinesiology undergraduate classes (KIN 198, KIN 280). Johnny Iniguez, a Fall River High School graduate, is completing his school internship under her guidance.
- Award winning photography by Linda Corr is now on display in the PT waiting room.
- The NuStep for the Burney Facility is being used by residents and supervised by the RNAs and/or physical therapists.

#### *Pharmacy*

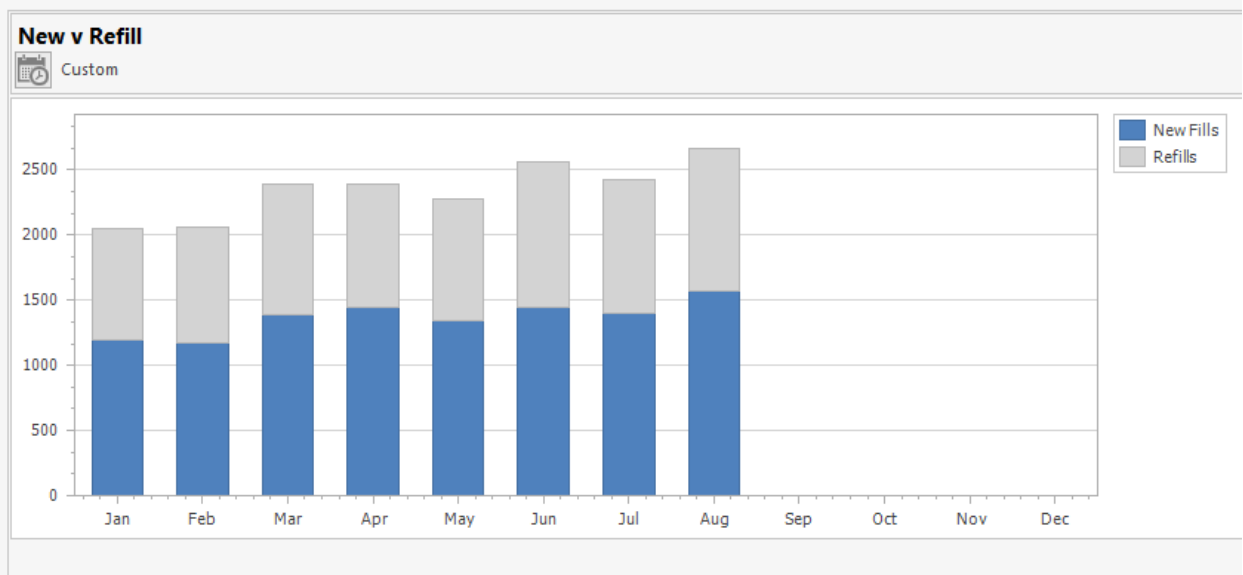
- In collaboration with Outpatient Medical, Mayers is administering monoclonal antibodies for the treatment of COVID-19 in high-risk patients. Patients with risk factors for advancement to severe disease are candidates to receive monoclonal antibody therapy. Giving this therapy as an outpatient should keep the patient out of the ER and hopefully out of the hospital. We have worked with Mountain Valleys Health Centers and Mayers Rural Health Clinic to inform providers of this option. The distribution of monoclonal antibodies has shifted from wholesalers to the county causing a disruption in the supply chain. We are working closely with the county to get our allocation.

- Signups for COVID vaccinations increased starting the end of August, possibly prompted by vaccine mandates and an increase in COVID cases countywide.
- Mayers initiated 3<sup>rd</sup> doses of the Pfizer vaccine in immunocompromised patients in August.
- We anticipate starting 3<sup>rd</sup> doses in patients 65 and above, healthcare workers, and other high-risk individuals as soon as it is approved by the FDA. The FDA committee is meeting September 22<sup>nd</sup> and 23<sup>rd</sup>. After it is approved we will need the green light from the county. We have stocked vaccine in anticipation of the approval. We are also ready to vaccinate SNF residents once approval is given.
- The process for ordering COVID vaccine is changing again and we are working with the county on the details. The new system should allow us to order smaller quantities and have them directly shipped. Previously a minimum quantity of 1170 doses could be shipped directly.
- In August, Mayers changed out the now obsolete Pyxis 3500 machines for Pyxis ES machines. This was an extensive project and the install went faster than planned. The Pyxis ES interface is working well except for the functions not supported by Allscripts Paragon. Some of the major advances of the new Pyxis system are:
  - Single sign-on. Staff uses the same username/password in Pyxis that they use to log into Mayers computers.
  - Remote access. The pharmacist can access the server remotely to monitor inventories and assign privileges and locations to users.
  - Reports. Reports needed to meet regulations on controlled substance reconciliation are now available. Reports on nursing access and performance are available to nurse managers.

### ***Retail Pharmacy***

- An update 340B contract between Mountain Valleys Health Centers and Mayers Retail Pharmacy has been signed.
- Retail is preparing to start administering flu shots in October.
- Heidi Fletcher, retail manager, is exploring initiating a drug take back program where community members can safely dispose of expired or no longer needed prescriptions.
- A record was hit on September 13<sup>th</sup> of the most scripts filled in a day. The very busy staff processed 225 prescriptions.
- Overall volumes continue to increase. June and August both crossed the 2500 scripts mark and September is on track to be comparable.

1/1/2021 - 8/31/2021



### ***Cardiac Rehab***

- Trudi Burns, RN, Cardiac Rehab manager, is exploring home blood pressure monitoring. The physician would send the patient to cardiac rehab and the patient would be hooked up to the blood pressure monitor to wear at home for a specified period of time. The results would guide the physician in initiating treatment for hypertension.
- Holter monitors referrals have picked up as the department now has a new machine. Trudi is getting more chips so the turnaround time between patients can be reduced.
- Overall maintenance numbers remain down compared to pre-COVID due to patient safety and personal comfort as some patients remain hesitant to return to the program.
- One monitored patient just graduated, two are current, and one is pending authorization to start.

### ***Telemedicine***

- See attached report.

### ***Respiratory Therapy***

- We ordered a second V60 BiPAP/high flow nasal cannula (HFNC) unit as the number of COVID patients warranted it. David Ferrer, RT, Respiratory Manager, negotiated with Phillips Respironics, to lend us a unit until ours arrives. It has already been used. The advantage of this unit's technology is that it does both BiPAP and high flow, so as the patient's condition changes the same machine is used.

- Were able to treat an infant in the ER with our new HFNC purchased through grant monies. If not for this new equipment, the infant would have had to be transferred via helicopter.
- On the weekend of September 18 we received an urgent call from Shasta County MHOAC requesting urgently needed respiratory supplies for Banner Lassen Hospital. Odessa Mosley, RT, came in and was able to meet some of requests.

**Chief Nursing Officer Report**  
**Prepared by: Candy Vculek, CNO**

COVID remains a significant issue in both the community and the SNF

***COVID Unit***

- The COVID unit has been open and has had a number of very ill patients. We have attempted to get extra staff with little success. The COVID unit is being primarily staffed with a mandatory on-call schedule. Everyone is working overtime!
- SNF is running a second COVID unit at Burney with 11 residents currently sick.

**Staffing**

- Station 1 is fully staffed. The Emergency Department continues to have 3 vacancies. Travelers are filling this position so the department is staffed.
- SNF has 20 vacant C.N.A positions which is the same as the prior month. Nursing positions on the SNF are much better. At present there are five vacant LVN positions and one vacant RN spot.
- Several extra registry continue to be utilized in addition to the regular staff in order to cover the need for nurses to work the COVID unit.
- MMHD has received approval to run a CNA class. HR and nursing are working together to put the final pieces in place. Once this happens the class will be advertised out to the community.

***SNF Report***

- Current Census: Fall River, 30 & Burney Annex, 45.
- Admits currently on hold until after September 30<sup>th</sup>, waiting to see what staffing will be with the immunization mandate
- Burney Annex currently has Parainfluenza with 3 residents affected. Symptoms began on 9/7. Activities and communal dining are suspended, residents are isolated to their rooms and staff are not floated to other areas.
- The memory care unit currently has eleven positive COVID cases. Symptoms began 9/11 after a positive employee had been working on the floor. All residents had been swabbed on 9/6 and the results were not received until the 11<sup>th</sup>. At that time, two rooms were sealed off by maintenance and residents affected were isolated. Summary of positive residents: On 9/11, 2 tested positive, on the 12<sup>th</sup>, 1- 14<sup>th</sup>, 3 – 15<sup>th</sup>, 2 – 16<sup>th</sup>, 2 – 18<sup>th</sup>, 1 & the 22<sup>nd</sup>, 2 thus far.
- Of all the residents positive for COVID, all were previously vaccinated except 2.

- Both halls in the Memory Care Unit have been affected, however as the numbers grew maintenance sealed off rooms until eventually one whole hall was sealed and made into the COVID unit. This required more staff for the night shift, as now there are three separate units at the Annex.
- Staff have been consumed with moving residents, planning COVID barriers & increasing staffing. And yet, they still manage to come to work and have good morale ☺
- Fall River has had two COVID positive employees this month. One vaccinated and one unvaccinated. Through their quarantine, all staff and residents tested per protocol with no COVID positive results.

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

- The Acute Care Director is reporting this month so her report will be filed separately

### ***Outpatient Medical Unit***

- The Outpatient Census is up 9% (110 approx. a month). June patients 106, and 117 procedures, July 125 patients seen, 157 procedures, August 115 patients, 147 procedures. (These counts do not include seeing LTC residents with wounds in Burney and FR).
- OPM has started providing Regeneron antibody infusions to patients of privileged providers that qualify in our COVID unit setting as an Outpatient. *Receiving REGEN-COV may benefit certain people with COVID-19 and may help prevent certain people who have been exposed to someone who is infected with SARS-CoV-2 from getting SARS-CoV-2 infection, or may prevent certain people who are at high risk of exposure to someone who is infected with SARS-CoV-2 from getting SARS-CoV-2 infection.*
- Wound care nurse continues to be a part of weekly weights and wounds meeting in LTC to have a team approach to keep everyone updated on significant changes with patient care.

### ***Emergency Department***

- The Emergency Department treated 392 patients in August.
- It continues to be very difficult to transfer out patients who need a higher level of care. MMHD is utilizing the new service provided by OES where they help to find placements for our patients needing another facility. Some patients have been transferred as far as Oregon and Nevada. Most patients wait many hours prior to being transferred. This puts a significant strain on the ER staff as they have to manage the very ill patient as well as work to find an accepting facility.
- The ED continues to have three vacant RN positions that are being filled by travel nurses. Volumes have been up significantly.

## ***Laboratory***

PCC Interface –

- The project is waiting All scripts to complete their part of the project. They anticipate another 12 weeks to complete the work.
- Microbiology
  - The hood installation is complete and is awaiting the final testing and approval, which will happen in October.
- Staffing
  - Offers have been made and the lab is expected to be fully staffed in October.

## ***Radiology***

- Radiology staffing has improved markedly in the last month and expect to be fully staffed by the end of October. This will be a mix of MMHD staff and travelers.
- The department is transitioning its work hours to 12-hour shifts and this has made it much easier to attract people to the department.

## ***Quality***

The Director of Quality is reporting directly to the board this month and has sent an independent report.

### **Chief Operating Officer Report**

**Prepared by: Ryan Harris, COO**

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

- The Demo project is continuing to make steady progress. Over the next couple of weeks work will continue on roof and exterior framing, site improvements, fire sprinklers, interior electrical and duct work. A new project schedule was submitted to MMHD and OSHPD on 9/24 and the project is still on schedule and on budget.
- Final payment for the New Hospital Wing project has been sent to Layton as of 9/21/2021. NMR is working on closing out the water tank pump project. The lab hood duct was installed on 9/22/2021 and is awaiting inspection. Closeout paperwork for that NHW project is being submitted by Greenbough Design as soon as the lab hood installation passes inspection.
- Work continues on the laundry facility project. The contractor is targeting a completion date of October 15<sup>th</sup> 2021. Washers and Dryers are here and being stored in the Annex until the flooring is installed. Flooring and cove base have arrived. It is basically the same color scheme as before. Interior trim and doors will be done and painted this week. Attic insulation should be done this week as well.

- The daycare plans have been submitted to the county for approval. Planning has approved the drawings but the building division has issues with the number of restrooms in the entire building. The County is going to make us do further upgrades to the restrooms in the church for the daycare. They are not going to require us to upgrade the church restrooms but to meet 2019 building codes we are going to have to remove the existing shower, demo the existing wall that separates the shower from the restroom, and start the restroom from the hallway to add the additional toilet stall. This is all work that will happen in the daycare area of the building in ADA restroom # 1. This of course will add additional cost to the project. Alex has reached out to local contractors for bids but we have not had any interested parties yet. Once we have approved drawings we will submit the bids on behalf of the church to interested contractors.
- The facilities team is wrapping up the exterior paint of the shop. With this completed all of the out buildings have been painted in the new color scheme and we will move onto the main facility next spring.
- Legionella issues were brought up during the Acute Mock Survey. Current plans are Phase 1: separate the domestic and fire lines in the demolition project and chlorinate the system. This is in the current OSHPD demo project. We received approval on an ACD to reroute all of our domestic water lines into the new riser room. This will give us three zones in our facility. Each zone will have its injection point of entry. This will help us as we will only have to shut down a zone at a time to do work on or chlorinate the system. As approved by the board at the last strategic planning session, we will be replacing our water heaters now instead of during phase 3 which will also help remediate any future legionella issues we have. If these remediation efforts do not work we will do a facility wide project to remove all of the lead legs throughout the facility.
- Hospital renovation project phase III was approved by the board in the last strategic planning session and preliminary work has started on the project. I am currently working with two architectural firms to see who can take on the project. The project includes a new kitchen in Fall River, new public and staff dining, new HVAC and water heaters for the entire facility excluding the new hospital wing, a change of use of our current dietary space to materials management and SNF storage. Staff is currently determining which building methodology - whether it be design build, design-bid-build or a hybrid of the two. Work on the project will start once a Construction Project manager is hired.
- Over the last month we have received 4 applications for the in house construction project manager. We have an offer out to one of the applicants and are waiting his acceptance. Once accepted this position will start work on the following projects.
  - Strategic Plan Projects
    - MMHD Renovation Project Phase I (NHW closeout)
    - MMHD Renovation Project Phase II (Demo Project)
    - MMHD Renovation Project Phase III (Kitchen/HVAC/Water Heater)
    - Skilled Nursing Refresh Project Phase III (Fall River)
  - Facilities projects



- Burney Fire Alarm Panel Project
  - IT Room AC upgrade project
  - CT and RF room Backup power project
  - Laundry Facility project closeout
  - Daycare Project
  - Burney Water heater replacement project
  - Supply Pyxis project
  - Legionella remediation project
  - Access control project
  - Security camera project
- We passed our final inspection on the Acute nurse call project and our Acute staff are currently using it and I have had positive feedback on the system.

## *IT*

### Helpdesk

- In the last 30 days, we have seen a 9% decrease in received tickets and a 6% decrease in resolved tickets. This month we resolved more tickets than we received. Our backlog increased by 2% to 51.
- Average Response Time has increased by 5% putting us at 2H52M, and Average Resolution Time has decreased by 68% putting us at 7H21M.
- We received a survey response on 22 of our tickets. 96% of our responses were 5/5, and 4% 2/5. We received no 4/5, 3/5, 2/5, or 1/5.
- The 2/5 ticket has been reviewed and addressed appropriately.

### Projects

- Pyxis MedStations complete
- PCC Lab Interface awaiting Allscripts resources
- MVHC Lab Interface is in progress
- EMR Selection is in progress
- All known Company iPads have been enrolled in our device manager

## Security

- Camera Coverage pending some construction updates
- SOC Implementation Underway
- Working with vendor to add MFA on Citrix for Outside Users
- We had 2 security incidents this month, both involving malicious emails. Neither resulted in compromise of our security posture.

## *Purchasing*

- I am currently the acting purchasing manager. This will stay in place until further notice. The department is doing well with the department made up of a buyer, stock clerk, and receiving clerk.
- Starting in October the purchasing department will start quarterly inventories to help identify inventory loss issues earlier than our annual inventory.

## *Food & Nutrition Services*

- Staffing continues to be an area of concern in Dietary. Most of the staff are working 6<sup>th</sup> and 7<sup>th</sup> shifts, extra hours, or doubles. There are times that we only have one person in the department to cook, diet aid and dishwasher. This has put a significant strain on the staff. With the new entry level base wage I am hoping this will encourage more potential employees to apply. We have received two in the last week.
- Susan and Sherry are starting to work together on a cross training program for the F&NS and EVS staff. With both staffs being so short I discovered that it is difficult to just put anyone in these departments on a moment's notice unless they have had some prior training. My hope by doing this is we can float staff between departments when one or the other is facing a significant staffing shortage.

### **Operations District-Wide**

**Prepared by: Louis Ward, CEO**

## **COVID – 19**

Throughout the month of August and into September Covid-19 continues to be a challenge the community and the hospital faces. The positivity rate in the community has been anywhere between 7% and 12% since the end of August. We are experiencing high numbers comparable to the early summer months when the positivity rate in the community was less than 1%. The most challenging time throughout the entire pandemic was the period of September 10<sup>th</sup>-16<sup>th</sup> as seen in the charts below. Not unexpectedly, the same period the community was seeing its highest Covid positivity rate, the hospital was also experiencing its highest volume of Covid inpatients. We were planning for a bump in positivity about 7 days after the fair, and looking at the graph it is clearly shown (highlighted). The good news, it does seem the positivity numbers are coming down in the community, which should result in fewer hospitalizations in the coming weeks.

Total COVID Tests Performed (7 day trailing)	8/29/21	8/30/21	8/31/21	9/1/21	9/2/21	9/3/21	9/4/21
PCR- BIOFIRE	0	1	4	2	0	0	2
LABCORP	4	96	58	29	18	20	0
RAPID	3	26	16	13	8	10	5
Total COVID Positives (BIOFIRE)	0	0	0	0	0	0	0
Total COVID Positives (LABCORP)	0	3	0	0	0	1	0
Total COVID Positives (RAPID)	1	7	3	3	2	2	0
Total COVID Positive	1	10	3	3	2	2	0
Positivity Rate (7 day trailing)	7.62%	9.54%	9.17%	9.20%	8.05%	7.67%	6.67%
Total COVID Tests Performed (7 day trailing)	9/5/21	9/6/21	9/7/21	9/8/21	9/9/21	9/10/21	9/11/21
PCR- BIOFIRE	2	6	0	2	0	2	2
LABCORP	2	8	88	47	22	21	3
RAPID	11	5	4	19	17	16	9
Total COVID Positives (BIOFIRE)	1	2	0	1	0	0	1
Total COVID Positives (LABCORP)	0	1	6	1	3	4	0
Total COVID Positives (RAPID)	4	0	0	0	5	5	1
Total COVID Positive	5	3	6	2	8	9	2
Positivity Rate (7 day trailing)	7.74%	8.22%	9.01%	7.78%	9.63%	11.83%	12.24%
Total COVID Tests Performed (7 day trailing)	9/12/21	9/13/21	9/14/21	9/15/21	9/16/21	9/17/21	9/18/21
PCR- BIOFIRE	5	4	1	0	0	0	0
LABCORP	34	89	36	22	14	24	1
RAPID	7	27	7	7	11	20	1
Total COVID Positives (BIOFIRE)	3	3	0	0	0	0	0
Total COVID Positives (LABCORP)	1	0	2	1	2	1	0
Total COVID Positives (RAPID)	2	5	0	1	3	6	0
Total COVID Positive	6	8	2	2	5	7	0
Positivity Rate (7 day trailing)	11.36%	9.81%	10.00%	11.18%	10.73%	9.94%	9.68%

### California State Healthcare Vaccine Orders

A State Public Health Officer Order was published on August 5<sup>th</sup> requiring all Healthcare Personnel in the state of CA to be fully Vaccinated with some limited medical or religious exemptions by September 30<sup>th</sup>. This information has been shared with all MMHD staff. We are working with staff individually on accommodations based on their submittal of a religious or medical exemption. I will be sharing updated information at the full board meeting as it will be just days before the September 30<sup>th</sup> deadline.

### 2022-2027 Strategic Plan

With the assistance and contribution from the board and management, we have updated our 2016-2021 strategic plan to reflect what the district seeks to achieve in the years to come. We will be presenting the final copy of our 2022-2027 strategic plan for the Board's approval at the September meeting. This plan incorporates the addition of new service lines, increased quality of care with the addition of the Joint Commission Accreditation program, new construction projects bring the facility up to today's codes and standards, and of course this is all centered around our employees and patients. I am excited to have a road map for the next 5 years and look forward to the success the team will strive for.

### A new starting wage at Mayers Memorial Hospital District

The Administration has spent time over the last month exploring salary studies at like size hospitals, the Redding hospitals, and local non-healthcare businesses. We have determined our salary scales as they currently are in large part very much in line with others and remain competitive. With that said however, I foresee challenges in our future considering how the minimum wage in CA has changed (\$15/hr. beginning in 2022) and thus effective October 1 there will be changes in our salary structure that will have an effect on all position salary scales.

With that said, beginning October 1 the starting wage for any position at Mayers will be \$16.50/hr. We are hopeful by taking this action we can not only convey to all of our current employees their value to the organization and the patients we serve by increasing our compensation scales but also to assist in attracting new employees into our entry level jobs and assisting to remove pressure that short staffing can bring.

Respectfully Submitted by,  
Louis Ward, MHA  
Chief Executive Officer

## Telemedicine Program Update as of September 21, 2021

Respectfully submitted by Amanda Harris for Keith Earnest, CCO and Louis Ward, CEO (included quarterly)

We have completed a total of 1418 live video consults via Telemedicine since August 2017.

### Endocrinology:

- We've had seven Endo consults so far this month with eight more still to come before September is over. In addition to our regularly scheduled blocks with Dr. Bhaduri, we've now been given access to her "open schedule" time as well. This is the same system that we use for Rheumatology and Neurology. This allows for sooner follow-up appointments and less time from referral to initial appointment.
- We've had 452 consults since the start of this specialty in August 2017.

### Nutrition:

- We had two Nutrition patients seen in August and three scheduled for next week. This specialty unfortunately has a lot of cancellations and no shows. When patients do come they find the service extremely helpful, but I think it's hard for people to prioritize it like they would a Neurology appt.
- We've had 103 consults so far since we started this specialty in November 2017.

### Psychiatry:

- Dr. Granese saw 19 patients last month and today (9/21) was his clinic block for September. Unfortunately, due to COVID and some residents just not being up to coming to their appointments, all of his resident patients canceled the day before clinic. Luckily he still had some outpatients to see.
- Outpatient numbers have been improving as of late. **Talk therapy would be an excellent addition to clinic services offered as it is often used in tandem with Psychiatry services.**
- Hospitalist Jody Crabtree again provided a summary of each patient's status at the time of the appointments and her input was greatly appreciated.
- We've had 440 consults since the beginning of the program in August 2017.

### Infectious Disease:

- Dr. Siddiqui didn't have clinic in August due to lack of interest/referral/need.
- We've had 91 consults since the start of this specialty in September 2017.

### Neurology:

- Dr. Levym has returned from maternity leave and we're so glad to have her back! She's seen 10 patients so far this month and has 7 more scheduled for 9/27.
- We've had 211 consults since the start of the program in November 2018.

### Rheumatology:

- Dr. Butts saw two patients in August and Dr. Shibuya saw his first patient in September.

- We're pleased to now be able to offer Rheumatology to all patients as of September 1, 2021. Previously, this service was only available for Partnership patients.
- We've had 32 consults since the start of the program in May 2020.

**FRJUSD/Mayers/MVHC Take Four Counseling Grant:**

- To date, about 871 consults have taken place with this program.
- This week we resumed offering services at the school sites. It's a little slow getting back up and running. This is attributed to the high rate of COVID and school administration and staff being overrun with contact tracing and notifications. But we're doing the best we can!

**Inpatient Telemed Services:**

- Inpatient services have taken a bit of a backseat but we will resume work on this side in the coming months.

**PHC/UCD Pediatric services:**

- We had no referrals for Peds GI services for our block in August so we canceled it. Our next block will be available in December and we hope to be able to use it.

