

Chief Executive Officer
Chris Bjornberg



Mayers Memorial Hospital District

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

Board of Directors
Regular Meeting Agenda
June 29th, 2022 at 1:00 pm
Fall River Boardroom
43563 HWY 299 E, Fall River Mills

MICROSOFT TEAMS MEETING

[Click Here to Join](#)

Call In Number: 1-279-895-6380

Phone Conference ID: 256 339 071#

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.

				Approx. Time Allotted
1	CALL MEETING TO ORDER			
2	2.1 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS	Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.		
3	APPROVAL OF MINUTES			
	3.1 Regular Meeting – May 25, 2022	<i>Attachment A</i>	Action Item	2 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:			
	4.1 Resolution 2022- 08– May Employee of the Month	<i>Attachment B</i>	Action Item	2 min.
5	BOARD COMMITTEES			
	5.1 Finance Committee			
	5.1.1 Committee Meeting Report: Chair Hathaway		Report	5 min.
	5.1.2 May 2022 Financial Review, AP, AR and Acceptance of Financials		Action Item	5 min.
	5.1.3 Board Quarterly Finance Review		Action Item	10 min.
	5.1.4 Annual Budget Hearing: 2023 Budget Approval (Resolution 2022-09 FY23 Budget)	<i>Attachment C</i>	Discussion/ Action Item	10 min.
	5.2 Strategic Planning Committee			
	5.2.1 No June Meeting			
	5.3 Quality Committee			
	5.3.1 June 8 th Meeting Report – DRAFT Minutes Attached Next Meeting – July 20 th	<i>Attachment D</i>	Report	5 min.

6	NEW BUSINESS			
6.1	Organizational Chart Approval	<i>Attachment E</i>	Action Item	5 min.
6.2	DRAFT Reporting Frequency for Departments	<i>Attachment F</i>	Discussion/ Action Item	5 min.
6.3	Lodge Name Change	<i>Attachment G</i>	Discussion/ Action Item	5 min.
7	OLD BUSINESS			
7.1	District Name & Logo Change		Discussion/ Action Item	5 min.
8	ADMINISTRATIVE REPORTS			
8.1	ED of Community Relations & Business Development – Val Lakey	<i>Attachment H</i>	Report	5 min.
8.2	Chief’s Reports – <i>Written reports provided. Questions pertaining to written report and verbal report of any new items</i>		Reports	
8.2.1	Chief Financial Officer – Travis Lakey		Report	5 min.
8.2.2	Chief Clinical Officer – Keith Earnest	<i>Attachment I</i>	Report	5 min.
8.2.3	Interim Chief Nursing Officer – Theresa Overton		Report	5 min.
8.2.4	Chief Operation Officer – Ryan Harris		Report	5 min.
8.2.5	Chief Executive Officer – Chris Bjornberg		Report	5 min.
9	OTHER INFORMATION/ANNOUNCEMENTS			
9.1	Board Member Message: Points to highlight in message		Discussion	5 min.
10	ANNOUNCEMENT OF CLOSED SESSION – PUBLIC WILL BE ASKED TO LEAVE			
11	CLOSED SESSION			
	Med Staff Credentials – Govt Code 54962			
	MEDICAL STAFF APPOINTMENT			
	Matthew Moore, DO – Emergency Medicine			
11.1	MEDICAL STAFF REAPPOINTMENT		Action Item	
	Ivy Nguyen, MD - Neurology (UC Davis)			
	David Bissig, MD – Neurology (UC Davis)			
	Tom Watson, MD – Family and Emergency Medicine			
12	ANNOUNCEMENT OF OPEN SESSION			
13	ADJOURNMENT: Next Meeting July 27, 2022			

Posted 6/24/2022

Board of Directors
Regular Meeting
Minutes
 May 25, 2022 – 1:00 pm
 FR Boardroom & Microsoft Teams

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 1:00 PM on the above date.

BOARD MEMBERS PRESENT:

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

ABSENT:

STAFF PRESENT:

Chris Bjornberg, CEO
 Ryan Harris, COO
 Travis Lakey, CFO
 Keith Earnest, CCO
 Candy Detchon, CNO
 Libby Mee, Director of Human Resources
 Tracy Geisler, Executive Director MHF
 Jessica DeCoito, Board Clerk

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

3 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

- 3.1 A motion/second carried; Board of Directors accepted the minutes of April 27, 2022 *Humphry, Guyn* **Approved by All**

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

- 4.1 A motion/second carried; Sara Fenn was recognized as April Employee of the Month. Resolution 2022-06. Sara has been a true team player for Mayers. She has been a part of multiple teams but currently serving as Per Diem with Hospice. During a COVID exposure, Sara was the only team member who could step up and take care of our Hospice patients. It is such an honor for Mayers to present this to Sara. Thank you for all you have done for Mayers and the community. *Hathaway, Guyn* **Approved by All**
- 4.2 Executive Director of Mayers Rural Healthcare Foundation: written report submitted. Awarded \$22,500 in scholarships and continued education to local individuals. The Foundation would like to focus on contributions to the Memory Care Unit this year. The Memory Care Unit hits globally with Alzheimer's affecting millions of individuals and their families. We will be hosting Denim & Diamonds for our Hospice contributions. Golf Tournament is August 13th. Tent sale went great – made around \$5000.

5 BOARD COMMITTEES

5.1 Finance Committee

- 5.1.1 **Committee Report:** RHC revenue has an error – we are working with Epic in trying to figure this issue out. There will be an adjustment applied when we get the clarification from Epic. We will pay the remediation company for the water damage, but it will be adjusted for when the insurance adjustment comes through.

- 5.1.2 **April 2022 Financials:** a motion was moved, seconded and carried to approve the financials. *Hathaway, Humphry* **Approved by All**

- 5.1.3 **Human Resources Information System Proposal:** Director of HR provided a report and her staff's recommendation. We will have a program that will manage all that 9 programs are currently being used for. Paycom is being used by our surrounding counterparts and is compatible with Cerner. The *Humphry, Hathaway* **Approved by All**

recommendation from the Finance Committee to move forward with Paycom. Motion moved, seconded and carried to enter into contract with Paycom.

5.1.4	Daycare Operational Budget: the current model shows a loss. And considering the benefits that are applied to employees is great but that only applies to a handful of those employees. No action is being taken. Direction to staff is to keep researching partnerships with childcare organizations.	No Action Taken
5.1.5	Mobile Rural Health Clinic: basic model/proposal has been provided. The RHC and a provider, provided their inputs to come up with a new unit cost of ~\$423,132. We did not include licensing, fuel cost, insurance, staff, etc. Direction to staff is to provide a more thorough budget and information. No formal action taken. Staff directed to report back with more information.	No Action Taken
5.2	Strategic Planning Committee Chair Vasquez: no meeting	
5.3	Quality Committee Chair Utterback	
5.3.1	Committee Meeting Report – DRAFT minutes attached. Excited to move into JCHAO and the new Quality format for our internal committee.	

6 NEW BUSINESS

6.1	Policy & Procedure Approval: motion moved, seconded and carried to approve the below P&Ps	Guyn, Hathaway	Approved by All
	<ol style="list-style-type: none"> 1. Medical Staff Bylaws and Rules Changes 2. Application for Inspection of Public Records MMH585 3. Blood Gas and Lactate i-STAT 4. Blood Glucose Monitoring – Nova Statstrip Glucose Monitoring System 5. Crisis Communications Plan 6. Mayers Rural Healthcare Clinic Cleaning 7. Sedation and Analgesia in the OR; Non-Anesthesia Provider 8. Terminal Cleaning for Mayers Rural Healthcare Clinic Procedure Room 		
6.2	Board Member Elections: Resolution Calling for Election & Specification of the Election Order – Resolution 2022-07. Motion moved, seconded and carried to approve the resolution.	Guyn, Humphry	Approved by All

7 ADMINISTRATIVE REPORTS

7.1	ED of Community Relations & Business Development: written report submitted. Discussion about current seismic bill issues with the state. We continue to work with ACHD and CHA on advocating for ourselves and all CAH hospitals.		
7.2	Chief's Reports		
7.2.1	CFO: Our state nurse invoices have been reviewed and we will see a large expense run in the next months financials. Filed for loan forgiveness programs for our providers. 340B program is set to go. On the CHA CFO Advisory group. Working with Wipfli to see if we can qualify for the Employee Retention Tax Credit.		
7.2.2	CCO: 340B will go live July 1 st . Express Scripts contract meeting is taking place next week. Dr. Grant with FRJUSD will continue the Take 4 Mental Health Program – kudos to Amanda Harris for helping FRJUSD get set up with this great program. Finalizing the 2 nd Boosters for Covid in our SNF units.		
7.2.3	CNO: without a CRNA in place, we need to use contra sedation using our own RN's. We are monitoring this process and will adjust if we can't find a CRNA. Policies, procedures, and quality measures are in place, so we have all necessary items constantly monitored. Our provider approves of this process and the team seems to be managing this process very well.		
7.2.4	COO: DRAFT RFP is ready for us to review. Once final edits are made, we will send out to interested companies for the Master Planning. Lani Martin has announced her retirement effective September – during which she will be helping us find her replacement. Ryan Nicholls, IT Manager, has announced his departure from MMHD – he and his family will be moving to Tennessee. Jeff Miles will be Interim Manager in the meantime. We will be		

posting job openings for Purchasing Manager, IT Manager, Dietary Manager FR, Registered Dietician, and Housing Manager. Clearwater Lodge will close on July 15th – just waiting on escrow to close.

7.2.5 **CEO:** Emergency Department contract is being worked on with Dr. Watson and we are coming to a close. A review of the new org chart was provided.

8 OTHER INFORMATION/ANNOUNCEMENTS

8.1 Board Member Message: Employee of the Month, Foundation summary, CNA class update, High School Interns.

ACHD Annual Event is scheduled for September in southern California.

9 ANNOUNCEMENT OF CLOSED SESSION: 3:32 pm

10 CLOSED SESSION

10.1 Personnel Govt Code 54957: CEO Evaluation Process Discussion

11 ANNOUNCEMENT OF OPEN SESSION: 4:50 pm

12 ADJOURNMENT: 4:50 pm

Next Regular Meeting: June 29, 2022

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
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RESOLUTION NO. 2022-08

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

Nichole Strahorn

As May 2022 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, Nichole Strahorn is hereby named Mayers Memorial Hospital District Employee of the Month for May 2022; and

DULY PASSED AND ADOPTED this 29th day of June 2022 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

- AYES:
- NOES:
- ABSENT:
- ABSTAIN:

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

ATTEST:

Jessica DeCoito
Clerk of the Board of Directors



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MAYERS MEMORIAL HOSPITAL DISTRICT
BOARD OF DIRECTORS

RESOLUTION 2022-09

WHEREAS, the Governing Board of Directors is responsible for the preparation and adoption of a final budget, which provides a financial plan, including estimated revenues, expenditures and reserves, for operation during the fiscal year July 1 through June 30.

WHEREAS, the budget submitted is required by law to be a balanced operating budget for year July 1, 2022 through June 30, 2023; Total Net Patient Revenue \$38,847,675.27 with a bottom line of \$2,210,595.25.

NOW, THEREFORE, the undersigned certifies and attests that the above resolution was approved at a regular meeting of the Board of Directors, Fall River, California, the 29th day of June 2022.

PASSED AND ADOPTED on June 29, 2022, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Date

Jeanne Utterback, President
Board of Directors
Mayers Memorial Hospital District

Date

Beatriz Vasquez, Ph.D., Secretary
Board of Directors
Mayers Memorial Hospital District

FISCAL YEAR July 1, 2022- June 30, 2023
BUDGET

APPROVED AND ADOPTED AT THE BOARD OF DIRECTORS' REGULAR MEETING
THIS 29th DAY JUNE 2022.

Jeanne Utterback, President
BOARD OF DIRECTORS
MAYERS MEMORIAL HOSPITAL DISTRICT

Beatriz Vasquez, Ph.D., Secretary
BOARD OF DIRECTORS
MAYERS MEMORIAL HOSPITAL DISTRICT

Budget Prepared By:

MAYERS MEMORIAL HOSPITAL DISTRICT

(Attachment: FY2023 Operating Budget)

MAYERS MEMORIAL HOSPITAL

OPERATING BUDGET

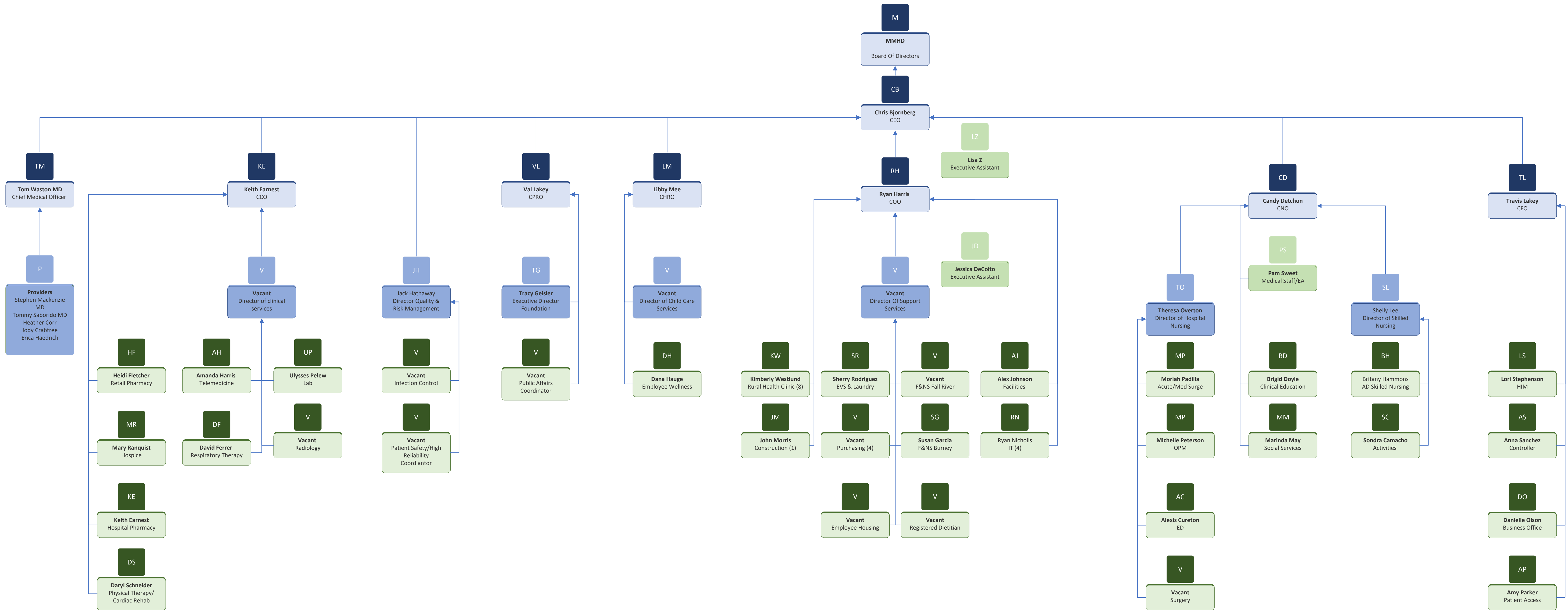
	ACTUAL YTD APRIL '22	PROJ ACTUAL FYE '22	BUDGET FYE 2023	DIFF	DIFF %	Notes
REVENUE:						
IP Nursing Service						
Medical/Surgical	7,418,861.24	8,902,633.49	6,231,345.24	(2,671,288.24)	-30.01%	Had an abnormal amount of Swing days due to Covid so I expect this to be down around historical levels
Skilled Nursing	10,380,879.67	12,457,055.60	13,137,409.08	680,353.47	5.46%	Our rates went up slightly and our census should go up as well
Ancillary Services						
Inpatient	2,675,120.10	3,210,144.12	2,586,405.06	(623,739.06)	-19.43%	Combination of the two lines above
Outpatient - SNF Ancillary	2,915.00	3,498.00	3,632.57	134.57	3.85%	
OP Services	23,367,759.08	28,041,310.90	29,227,234.07	1,185,923.17	4.23%	I expect a Covid rebound plus increased referrals from our clinic
Total Patient Revenue	43,845,535.09	52,614,642.11	51,186,026.02	(1,428,616.08)	-2.72%	Down due to decreased Swing Days
DEDUCTIONS FROM REVENUE:						
Contractual - Medicare/Medi-Cal	(7,115,868.02)	(10,498,666.12)	(6,287,935.65)	4,210,730.47	-40.11%	Down due to receiving a full year of Rate Range vs the half we got this year
Contractual - PPO	(2,449,571.60)	(2,939,485.92)	(3,221,807.17)	(282,321.25)	9.60%	Up due to increased Outpatient volumes
Charity and Other Allowances	(42,502.79)	(51,003.35)	(54,573.58)	(3,570.23)	7.00%	Forecasting an increased use of tax vouchers
Admin Adjmts/Employee Discounts	(1,552,296.59)	(1,862,755.91)	(1,942,362.81)	(79,606.90)	4.27%	Up due to higher overall revenue
Provision For Bad Debts	(721,937.11)	(866,324.53)	(831,671.55)	34,652.98	-4.00%	Down due to a lower Accounts Receivable
Total Deductions	(11,882,176.11)	(16,218,235.83)	(12,338,350.75)	3,879,885.08	-23.92%	Down mostly due to a reduction in Medicare/Medi-Cal Contractuals
Net Patient Revenues	31,963,358.98	36,396,406.28	38,847,675.27	2,451,268.99	6.73%	Up due to lower contractuals due to Rate Range
OTHER OPERATING REVENUE:	876,922.49	1,052,306.99	990,837.80	(61,469.19)	-5.84%	Down slightly due to less interest income as we have less cash in LAIF
Net Revenue	32,840,281.47	37,448,713.26	39,838,513.06	2,389,799.80	6.38%	Up due to lower contractuals
OPERATING EXPENSES:						
Productive Salaries	(11,400,779.68)	(13,738,937.30)	(15,318,450.09)	(1,579,512.79)	11.50%	Up due to market increases, less travelers due to C.N.A. classes and ER doctors being employed
Non-Productive Salaries	(1,585,351.84)	(1,836,201.95)	(2,003,908.36)	(167,706.41)	9.13%	Moves with Productive Salaries. Up slightly more as we are making changes to our PTO policy
Employee Benefits	(3,290,870.98)	(3,956,299.17)	(4,255,161.60)	(298,862.43)	7.55%	Due to annual health insurance increases
Supplies	(3,592,254.40)	(4,124,815.32)	(4,623,369.58)	(498,554.26)	12.09%	Projecting a smaller increase more in line with Pre-Covid years. Also less inpatient days so we should need less supplies there.
Professional Fees	(1,330,524.38)	(1,711,942.30)	(1,147,290.33)	564,651.97	-32.98%	Down due to some of our ER doctors being employed
Acute/Swing Purch Serv	(535,626.82)	(676,167.28)	(578,476.97)	97,690.32	-14.45%	Down due to the Covid Unit being closed
SNF Purch Serv	(1,551,825.60)	(1,826,136.11)	(1,731,837.37)	94,298.74	-5.16%	Down due to C.N.A. Program
Ancillary Purch Serv	(1,304,112.83)	(1,533,297.82)	(1,591,975.55)	(58,677.73)	3.83%	Radiology and Lab Staffing remains difficult
Other Purch Serv	(2,281,138.11)	(3,432,128.31)	(2,594,926.77)	837,201.55	-24.39%	Down due to not using State Travelers
Repairs	(305,202.81)	(480,472.00)	(382,754.83)	97,717.17	-20.34%	FY 22 was an outlier year so I'm going with historical averages
Utilities	(529,142.86)	(588,153.83)	(650,438.79)	(62,284.97)	10.59%	Up due to factoring in the lodge
Insurance	(352,727.01)	(421,426.35)	(527,804.12)	(106,377.77)	25.24%	Property Insurance Rates went up significantly and we are adding the lodge
Other	(701,840.10)	(764,757.08)	(928,323.02)	(163,565.94)	21.39%	Up due to outside travel and training
Depreciation	(1,182,968.76)	(1,412,189.51)	(1,498,779.07)	(86,589.56)	6.13%	Increased due to the new wing and clinic
Bond Repayment Insurance	0.00	0.00	0.00	0.00	0.00%	
Bond Repayment Interest	(420,426.16)	(458,646.72)	(787,584.79)	(328,938.07)	71.72%	Used actual debt service numbers
Interest	(55,121.06)	(66,479.27)	(68,811.91)	(2,332.64)	3.51%	Based off historical averages
Rental & Leases	(80,200.50)	(96,022.09)	(100,435.84)	(4,413.75)	4.60%	Based off historical averages
Total Operating Expenses	(30,500,113.90)	(37,124,072.41)	(38,790,328.98)	(1,666,256.57)	4.49%	Total
Net Operating Revenue or (Loss)	2,340,167.57	324,640.85	1,048,184.08	723,543.23	222.87%	Net Revenue minus Total Operating Expenses
NONOPERATING REVENUES AND EXPENSE:						
District and County taxes	960,802.70	1,152,963.24	1,176,022.50	23,059.26	2.00%	Will go up due to the USDA loan being fully drawn and the county collecting more
Interest Income	60,256.86	72,308.23	65,077.41	(7,230.82)	-10.00%	Reduced due less funds in LAIF
Other Non-operating expense/rev	489,563.14	587,475.77	(78,688.74)	(666,164.51)	-113.39%	Lower as we won't be receiving Provider Relief Funds
Total Nonoperating Revenue	1,510,622.70	1,812,747.24	1,162,411.17	(650,336.07)	-35.88%	Down due to not having Provider Relief Funds
PROFIT or (LOSS)	3,850,790.27	2,137,388.09	2,210,595.25	73,207.16	3.43%	Projecting a positive bottom line

Board of Directors
Quality Committee
Minutes
 June 8, 2022 @ 12:00 PM
 Fully Remote Teams 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: Board Chair Jeanne Utterback called the meeting to order at 12:08 pm on the above date.			
BOARD MEMBERS PRESENT:		STAFF PRESENT:		
Jeanne Utterback, President Tom Guyn, MD., Director		Chris Bjornberg, CEO Keith Earnest, CCO Dr. Watson, CMO		
Excused ABSENT:		Theresa Overton, Interim CNO Jack Hathaway, Director of Quality		
COMMUNITY MEMBERS PRESENT:		Jessica DeCoito, Board Clerk		
Laura Beyer		Alexis Cureton, Emergency Department Jennifer Levings, Data Analyst		
2	CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS			
	None			
3	APPROVAL OF MINUTES			
3.1	A motion/second carried; committee members accepted the minutes of May 11, 2022	Hathaway, Guyn	Approved by All	
4	REPORTS: QUALITY STAFF			
4.1	Skilled Nursing Facility: written report submitted. Very exciting for our CNA class numbers and the success the students have been experiencing.			
5	REPORTS: QUALITY PATIENT SERVICES			
5.1	Emergency Department: written report submitted. Transport of patients has been better – thoughts are COVID numbers have decreased and more resources available to other patients.			
5.2	Blood Transfusion: written report submitted. Our report has changed. Blood transfusion documents are with the lab supplies so we can make sure our documents are completed. This has made our process more efficient.			
5.3	Imaging: PACS – picture archiving communication system.			
5.4	SNF Events/Survey: we have had more than a dozen surveys this year that have brought up tags but mostly minor. We continue to be prepared for additional surveys.			
6	DIRECTOR OF QUALITY			
6.1	Director of Quality: written report submitted. Will be adding a Patient Safety/High Reliability Coordinator. This person will help us focus our efforts with JCHAO, Cerner implementation, risk, etc.			
6.2	Compliance Quarterly: written report submitted. Star rating is new as of March – still 4 stars. Trying to understand why our RN star rating is still at 2. Dashboard review – last 90 days of information without May's numbers. The medication errors and blood pressure errors are both educational opportunities to correct, and charting issues. We are working on our solutions all the time. We continue to improve and continue to find opportunities to work on.			
7	OTHER INFORMATION/ANNOUNCEMENTS: Working with surrounding facilities and their Quality programs. Lots of great networking and information shared. Next month's reporting will have the new format – data summarized, trends, etc. July meeting will be pushed			

	out to the 20 th of July at 1:00 pm. Tomorrow we will be partnering with Shasta Co. to vaccinate Driscoll's employees at Driscolls. Congratulations to Theresa Overton on the Interim Chief Nursing Officer role.	
8	ANNOUNCEMENT OF CLOSED SESSION: 12:59 pm	
	8.1	MEDICAL STAFF CREDENTIALS – GOVERNMENT CODE 54962
		ACTION ITEM
	STAFF STATUS CHANGE MELISSA BUTTS, DO TO INACTIVE MEDICAL STAFF APPOINTMENT MATTHEW MOORE, DO – EMERGENCY MEDICINE MEDICAL STAFF REAPPOINTMENT IVY NGUYEN, MD – NEUROLOGY (UC DAVIS) DAVID BISSIG, MD – NEUROLOGY (UC DAVIS) TOM WATSON, MD – FAMILY AND EMERGENCY MEDICINE	
	MED STAFF CREDENTIALS UNANIMOUSLY APPROVED.	
9	RECONVENE OPEN SESSION: 1:00 pm	
10	ADJOURNMENT: at 1:01 pm Next Regular Meeting – July 13 th , 2022	



FY23 Regular Board Reporting

ELT Proposed Number of Times Departments Report During the Year

CEO Division – Chris requests the BOD’s input with their expectation of Quality Committee

- ?x Per Year
 - Quality & Risk Mgmt - Jack

Clinical Division – recommended by Keith

- 1x Per Year
 - Lab
 - Radiology
 - Respiratory Therapy
 - Telemedicine
 - Hospital Pharmacy
 - Physical Therapy/Cardiac Rehab
 - Retail Pharmacy
- Quarterly
 - Hospice

Nursing Division – recommended by Theresa

- 1x Per Year
 - Acute
 - Emergency Department
 - Outpatient Medical
 - Surgery
- 2x Per Year
 - SNF

Finance Division – recommended by Travis

- 1x Per Year
 - Business Office
 - HIM
 - Patient Access
- Quarterly
 - Finance

Operations Division – recommended by Ryan

- 1x Per Year
 - Facilities & Engineering Services
 - IT
 - Rural Health Clinic
 - Environmental Services
 - Food & Nutrition Services
 - Purchasing
 - Employee Housing
 - Construction

Public Relations Division – recommended by Val

- Quarterly
 - Safety
 - Foundation

Human Resources Division – recommended by Libby; she will have additional input during the June meeting

- 2x Per Year
 - Worker’s Comp

Lodge Names for Board to narrow down to 3 or 4 to put out to employee vote.

- Pit River Lodge
- Mountain Lodge
- River Inn
- Two Rivers Lodge
- Canyon Lodge
- Rushing River Lodge
- Pit River Canyon Lodge
- Volcanic Valley Lodge



Mayers Memorial Hospital District

Always Caring. Always Here.

Executive Director of Community Relations & Business Development – Valerie Lakey June 2022 Board Report

Legislation/Advocacy

It has been very busy on the legislative front as deadlines are approaching. Here are a few items of note:

AB2080 which would create the Health Care Consolidation and Contracting Fairness Act of 2022, pertaining to contracts issued, amended, or renewed on or after Jan. 1, 2023, between a health plan or insurer and a health care provider or facility. It would prohibit these contracts from containing terms that — among other things — restrict the payer from steering patients to other providers or facilities, or that require the payer to contract with other affiliated providers or facilities. AB 2080 would also create additional attorney general oversight for transactions undertaken by investor-owned hospitals, county and district hospitals, skilled-nursing facilities, medical groups, payers, and pharmacy benefit managers. Additionally, it would expand the Department of Managed Health Care’s authority over health plan mergers and acquisitions.

UPDATE: Bill was pulled from Senate Health June 22 giving it slim odds that it will move this year. The bill still has next week for things to potentially change and while we find that unlikely, it’s still a possibility, so we’ll be holding our breath until July 1.

SB213 would create a rebuttable presumption in the workers’ compensation system that an infectious disease, respiratory disease, cancer, PTSD, musculoskeletal injury, or respiratory disease arose out of work for any hospital direct patient care worker.

UPDATE: I was asked to be the lead witness in opposition in Sacramento on June 22. It went very well. The bill failed to even garner a motion in Assembly Insurance Committee and was never taken up for a vote.

SB958 would prevent health plans from refusing to cover infused and injected medications that the health care provider has in stock, if required for patient safety or medication integrity. This is a CHA sponsored bill.

SB 1339 would require hospitals with structural performance category 2 buildings to provide the location of each service in that building. In addition, hospitals would need to provide a cost estimate for meeting the 2030 requirement to the Department of Health Care Access and Information. The department would then provide the Legislature with an assessment of the total projected costs for hospitals to meet the 2030 seismic requirements.

Policy committees are busy as bills must pass their policy committees by July 1 before the month-long summer recess begins. Senate and Assembly leadership have reached a budget agreement, starting the negotiations between the governor and the Legislature. A budget bill reflecting that agreement, SB 154,

was passed and sent to the governor on June 13 in order to meet the June 15 constitutionally mandated deadline. However, given that the agreement reflects a two-way deal between the Assembly and Senate, rather than a three-way deal that includes the governor, negotiations on the final budget package agreed to by all parties remain ongoing.

As a part of the budget package is the healthcare worker retention pay. This trailer bill would disburse up to \$1,500 to full-time and part-time health care workers through hospitals and skilled-nursing facilities; \$933 million has been budgeted for the retention payments. Currently, the trailer bill is either silent or vague on several critical administrative and wage and hour issues, which CHA is discussing with the administration, Legislature, and stakeholders. It has been determined that the bill is “prospective” in payment; meaning that employees on the payroll 90 days after the bill is signed would be eligible for payment. Matching funds would apply to bonuses paid by facilities after December 1, 2021.

Marketing/Public Relations

We are restructuring the Marketing Plan to increase brand awareness and engagement, website engagement, patient awareness, enhance internal communications and increase customer value. This will be detailed out in a strategic goal.

CHA will be on site to do some filming of our employee wellness program as a part of a hospital feature they are doing statewide. This will highlight the program we have implemented to support staff in all areas of wellness.

Planting Seeds...Growing Our Own

Our summer interns have started and we are very excited to have them on board.

Emergency Preparedness

[June is Safety Month](#) and we have been providing staff with resources and education. We are also working on the implementation of the Orange Dot program which will provide staff resources to help identify potential aggressive patient behavior.

We have also been working on various components related to surveys to make sure all of the policies and other documents are up to date.

We met with the Shasta County Sheriff Lt. MacGregor to discuss an upcoming Active Shooter training. We will be working with the Sheriff Department in all stages of this training. It takes some time to put together an effective training, so it will likely be in the fall. In the meantime, we will be doing education and training modules virtually and in department staff meetings.

We have updated access cards for local Sheriff deputies to be able to have access to our facility in the case of an emergency.

The [MyEOP](#) system is now available on the desktop as well as the mobile APP. (MayersEOP Password: MMHD)

Statistics	May YTD FY22 (current)	May YTD FY21 (prior)	May Budget YTD FY22
Surgeries			
➤ Inpatient	2	1	22
➤ Outpatient	32	29	66
Procedures** (<i>surgery suite</i>)	121	106	176
Inpatient	2139	1655	1623
Emergency Room	3880	3462	3881
Skilled Nursing Days	24675	25534	25192
OP Visits (OP/Lab/X-ray)	18368	19736	13324
Hospice Patient Days	1458	1297	1103
PT	2300	2327	2314

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

**Procedures: include colonoscopies

May Board Report
Clinical Division
6/22/2022

Pharmacy

- COVID Vaccines
 - Mayers has reserved Pfizer COVID vaccine for those under age 5. We will publicize when they have arrived. Vaccination will take place at Mayers Burney Clinic.
 - Mayers partnered with Shasta County Public Health to vaccinate employees at Driscoll's. Mayers staff will be returning in July for second doses.
 - Mayers Skilled Nursing Residents have received second booster shots. Two residents are still pending and should be immunized by the end of the month.
 - Second booster shots are available to adults aged 50 and over who have received their first booster at least 4 months ago at Mayers Rural Health Clinic. Employees who qualify are receiving their booster at the Rural Health Clinic.
- Pharmacy is navigating shortages; the most significant currently is oral glucose.
- Partnership Health issued new standards for emergency medications and vaccine storage at the Burney Clinic. Updates have been made and policies drafted.
- Summer interns will be assisting with annual inventory at both the hospital pharmacy and the retail pharmacy.

Retail Pharmacy

- Mayers Rural Health Clinic and Mayers Retail Pharmacy are set to go live with 340B on July 1. There may be a slight delay due to some upload issues with the wholesaler.
- The CFO and CCO are working together to complete required documentation to the state concerning 340B and Medicaid.
- We are excited that one of the pharmacy techs on maternity leave will be returning in July.
- Dispensing of oral anti-COVID therapeutics has increased.

Physical Therapy

- Daryl Schneider, PT, Manager, is working on data transfer from WebPT, which will be a legacy system, so no information is lost when Mayers converts to Cerner.
- The PT patient bathroom remodel is complete.
- There has been a change in the insurances accepted at Burney Physical Therapy. Mayers outpatient physical therapy is accepting Medicare Advantage plans for patients with a secondary insurance.
- Stefanie Hawkins, PT scheduler, will be attending partnership training.
- We are using a local vendor to reupholster one of the PT treatment tables and the materials are expected to arrive at the vendor's this week.

Respiratory Therapy

- David Ferrer, RT, respiratory manager, is performing pulmonary screenings at Modoc Medical Center on June 22nd.
- Pulmonary screening tests performed at the health fair, cardiac rehab, and Mayers pharmacy, have driven referrals for full pulmonary function tests. David plans on scheduling more screenings.

Telemedicine

- See attached report.

Telemedicine Program Update as of June 22, 2022

Respectfully submitted by Amanda Harris for Keith Earnest, CCO and Tommy Saborido, MD

We have completed a total of 1781 live video consults since August 2017(start of program).

Endocrinology:

- Dr. Bhaduri saw 18 patients in May and 12 so far this month. She has 10 more patients scheduled for the rest of June.
- We've had 573 consults since the start of this specialty in August 2017.

Nutrition:

- We had four nutrition appointments with Jessica in May and there are seven scheduled for later this month.
- We've had 127 consults so far since we started this specialty in November 2017.

Psychiatry:

- Dr. Granese saw 12 patients in May and eight in June. The number of residents requiring psychiatry appointments has decreased which has made more room for outpatient appointments. Should that number rise again we will be sure to accommodate the residents.
- We've had 548 consults since the beginning of the program in August 2017.

Infectious Disease:

- We've had a couple new referrals for Hep C treatment in the last couple months but no referrals have come to fruition yet. Patients are often unresponsive or unsure if they want treatment.
- We've had 93 consults since the start of this specialty in September 2017.

Neurology:

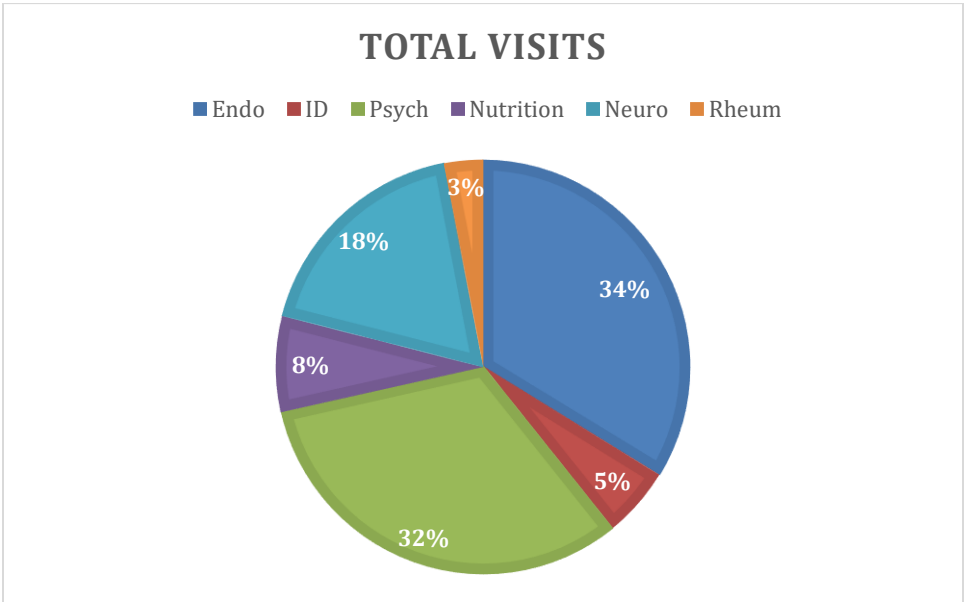
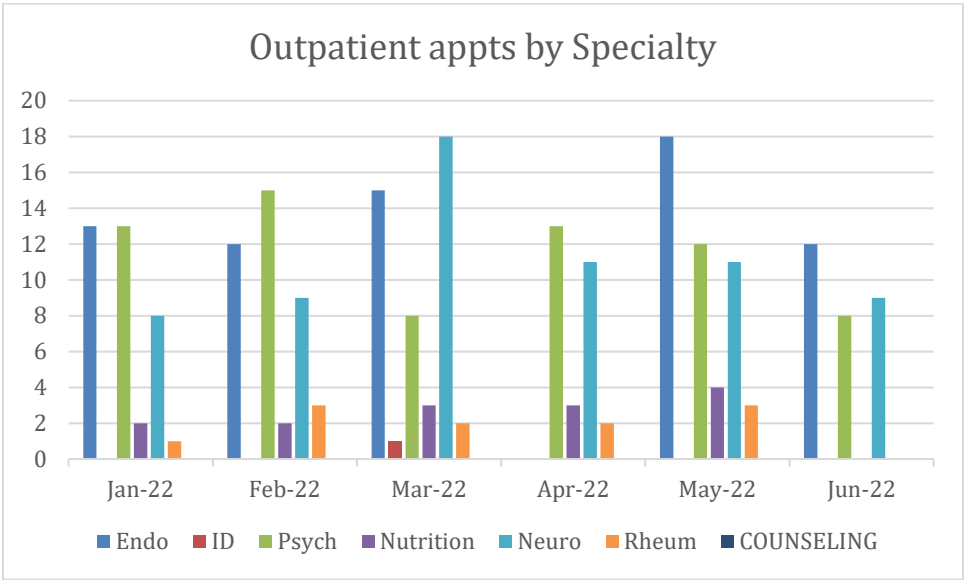
- Dr. Levyim saw 11 patients in May and nine so far in June. She still has four more patients scheduled for the rest of the month.
- We've had 306 consults since the start of the program in November 2018.

Rheumatology:

- Dr. Shibuya saw three patients in May and has one scheduled for June. He cut his hours severely due to repeated patient no-shows at other clinics. It's unfortunate and makes scheduling more difficult. Telemed2U is working on credentialing a new rheumatologist to fix the issue.
- We've had 51 consults since the start of the program in May 2020.

FRJUSD/Mayers/MVHC Take Four Counseling Grant:

- Dr. Beyer and I have met to discuss the workflows of the Take Four program and how the district may modify them to keep the program going.
- I'm currently working on the reporting due toward the end of the grant year as well as grant closeout. This is a large process.



NURSING SERVICES BOARD REPORT

JUNE 2022

CNO Board Report

- COVID – Patient admitted for non-Covid issue and found to be Covid +. Room 107 was prepared for Covid patient. Cases remain minimal.
- A third class of CNA's started June 20th and will complete in August. There are currently 9 students.

SNF Report

- Current Census: Burney 48 Fall River 28.
- Fall River is ready for 1 admit, pending medical approval.
- Burney remains in the green status.
- Fall River remains in the green status.
- New CNA hired and new UA hired that will go into the next CNA course.
- 13-week Medefis contract put out for LVN's x2 (one for each facility).

SNF Activity Report

- Activities is working with nursing and quality to help document activities involvement with ADL'S and the involvement in reducing negative behaviors.
- Activities department starting a program that involves residents from both facilities for a social hour. The first social event will start with FR residents traveling to the Annex to visit with each other.
- The residents will be involved in the Burney Basin Day's Parade with an Activities driving them.

Outpatient Surgery

- GI procedures are being conducted in OR2 with use of RN Moderate Sedation. MMHD remains unable to find an experienced and qualified RN to perform moderate sedation on a regular basis. The OR has been utilizing an ER RN to perform the sedation. This remains unchanged and we continued to work together to fill our needs.
- As mentioned, MMHD continues to search for a CRNA to perform the surgical cases in the OR.
- See OPS stats for May and June sent to J. DeCoito.

Acute

- April 2022 Dashboard
 - Acute: ADC 1.80, LOS 4.15
 - Swing: ADC 3.07, LOS 10.22
 - OBS days: 11.80
- May Staffing: Required 9 FTE RN/LVN's, 4 FTE CNA's & 2 FTE Ward Clerks
 - MMH RN's: 3 FTE, 1 PTE (alternates OPS), 1 PTE (alternates LTC & OPS), 2 per diem, & 1 Asst. Manager
 - MMH CNA's: 4 FTE, 1 per diem
 - MMH Ward Clerks: 2 FTE & our per diem CNA can cover this position as well
 - NPH Traveling: 1 RN
 - 4 Contract Travel RN's – guaranteed 48 hour minimum/week
- Mindray Cardiac units have been ordered, delivered, and are ready for installation. Awaiting occupancy of nursing station for installation.
 - Approval from SHIP grant also allowed ordering 6 additional mobile units. 4 units fill the need in OPS and the other 2 remain with Acute. These units are the plan for cardiac monitoring in the Covid unit if that unit must open again.
- Upcoming Events
 - June 6th – educational event – recognizing the patient in distress
 - Postponed due to staffing and will reschedule hopefully in August

Covid

- Unit remains closed.
- Covid admission plan: Utilize room 107 on Station 1 – maintenance has anti-room built and ready to execute. Nsg supervisor to call and initiate plan.
 - Will utilize room 102 once occupancy approval occurs

Emergency Department

- Through the Emergency Department, we treated 361 patients
- 22 were admitted to Mayers
- 21 were transferred to a higher level of care
- 81 patients were peds (under 18)
- 3 AMA
- 1 LWBS
- 1 LPTT
- 15 patients presented to ER via EMS

- Staffing: We currently have 2 FULL time NOC RN and 1 FULL time NOC SUP positions being filled by travelers.
- ED Audits -The ESI is coming along nicely. (We had 1 with no ESI) this is improving 99%. I have been working with Jack to develop guidelines and the presses to audit for Stroke, Sepsis, and STEMI as the “big 3” and start them, with being on nights I have been unable to finish this audit.
- ED transfers- We have seen a huge difficulty in getting patients transferred to a higher level of care, the Redding Hospitals are declining due to “NO BEDS” this puts strain on the ER staff with multiple hours looking for placement for sick patients. Added NOTE: Acute patients are even harder to transfer. Burney Fire EMS has been staffed on/off, SEMSA is covering the entire area some days, this makes arranging **transfers** even more difficult.

Quality

Quality is continuing to look at different things in relation to the Joint Commission. We had a productive meeting with SRMC last week and learned a lot – I believe that they will have some very good information that we can hopefully use as a base for building from.

Lab

The lab is humming along; staffing is solid for the time being, unfortunately we are losing one of our employees to Modoc – they are stealing them away with an unmatched rate of pay. So, we are looking to fill that place to find a full staffing model again.

Radiology

Rad is doing well also, we are finding some options for solving the staffing issues that have come up with the holidays and contracts ending there is more vacation being requested in July. The department is running with 3 techs, which can work just fine, however, 4 is considered full staffing for the department with a working manager preferably. To that end we are working with a few leads on potential leads for filling those staffing gaps. Other than that staffing issue, the department is in a very good place looking at opportunities in the future for positive change and additional growth.

Chief Operating Officer Report

Prepared by: Ryan Harris, COO

Facilities, Engineering, Other Construction Projects

- HCAI is currently reviewing closeout documents to grant occupancy of the nurse's station. Final verified reports from the contractor and all design professionals are the only remaining closeout documentation necessary.
- HCAI is now proposing that we remove the med gas and oxygen alarm replacement from the demo project and open a separate project for this work. This was MMHD's recommendation in January, but we did not receive concurrence from HCAI at the time. This will speed up the closeout of the demo project.
- The electrical work has been completed on the new CT door actuator. The door hardware installer is still waiting on the door hardware. Once received the hardware will be installed and the project completed.
- The contractor for the Burney fire alarm project has begun the design schedule.
- Work continues the new landscaping where the old hospital used to be. This will be completed in the next couple of weeks.
- Facilities and Engineering is currently fully staffed including staff for employee housing.
- The master planning request for qualifications and request for proposals has been advertised and we have several interested firms. Site walks will be conducted the week of July 11th with potential architects.
- Beta has completed their workplace violence evaluation of our properties. Facilities and engineering are working on their recommended corrections. This work will be completed over the next couple of weeks.
- Phase one of access control including several exterior doors at the Fall River Campus will be completed by the end of the month contingent on parts arriving in the next couple of weeks.
- There are several upcoming projects that facilities and engineering will be working on in July and August. These projects include repainting the helipad, a deck for thrift and gift, Clearwater lodge repairs, exterior stonework on the fall river campus as well as chlorinating our Fall River Campus water supply.

IT

- Ryan Nicholls has departed the IT department with Jeff Miles stepping in as Interim Manager.
- A Helpdesk Support employee has been hired to help throughout the summer before he returns for his college semester in the fall.
- Currently working on interface projects with Tahoe Carson for Radiology, and Mountain Valleys Health Clinic for the Lab. We are close to being in production with both interfaces and show be live within the next 30 days.
- We are implementing a new Pyxis supply center in the ED this week.

- Cerner is onsite this week completing the wireless and wired network evaluations in preparation.
- We are looking to complete the email migration to O365 next month.
- We are working on the TPX Network upgrade for Burney, Fall River, and Retail Pharmacy.
- We will be looking at storage solutions to house our historical medical records after our conversion to Cerner.
- IT is currently fully staffed.

Purchasing

- Pyxis is being installed the week of June 21st with BD onsite to train the Purchasing and Nursing staff.
- We are communicating with Surgery, Acute, Outpatient Medical, and Emergency Department to prepare for end of year inventory.
- We will be conducting our end of the year inventory on June 29th and 30th.
- Purchasing is currently fully staffed except for the management position. I am interviewing purchasing management candidates currently.

Food & Nutrition Services

- We are working with the Activities department to provide our SNF Residents with a BBQ in July.
- We have posted for a new full time Certified Dietary Manager and Registered Dietitian. Our current Dietary Manager will cover one location and the new manager will cover the other.
- The Cross Training program with Housekeeping has two current employees being trained. Sherry and Susan are extremely excited to see where this program will take their departments.
- F&NS is down three employees due to assorted reasons.

Environmental Services & Laundry

- The Laundry Facility is open and running great.
- First two employees are being cross trained in the Dietary and Housekeeping program. We are excited to see how this helps our departments.
- EVS is down in staffing: two on dayshift, 1 night shift and one outbuilding for Fall River. A Floor Maintenance employee was hired, and they can jump into positions to help during shortage.

Rural Health Clinic

- We had our first Partnership chart review survey on June 13th. Kim and her staff did very well during the survey and Kim is currently working on our plan of corrections.
- CDPH approved our Vaccine for Children (VFC) application, and we are moving forward with our Family Pact application.
- Employee Physicals are taking place at the clinic with Heather Corr, every other Wednesday.
- Chris and I are in talks with another clinic provider that will also perform other duties for the district. If this provider agrees to come on board, we will need an additional MA and are already 1 MA short.
- Lead times are longer for a mobile clinic than expected. Current lead times are 16 months. I am collaborating with other vendors to see if any can get one done sooner.
- Expenses were up in May due to payments being issued for the water damage at the clinic. This cost will eventually be recovered from the General Contractor.
- Our outpatient visits were up from 499 to 542 patients being seen in May. Revenue was also up year over year for May with 2021 revenue being \$74,462 and 2022 revenue being \$157,466. Our no-show appointment remained consistent at 11.1% month over month. Our average new patient appointment lead time was up to 5.12 days and our schedule utilization was also up to 67.5% for the month.

Employee Housing

- Everyone is extremely excited to start our employee housing program. Alex and I have been developing a repairs timeline once the district take ownership on July 15. Interviews for the housing manager position will also take place Thursday, June 23rd. Once the new manager is on board, we will start looking into property management software to help manage the lodge and reservations for staff. Two events have already been booked for the lodge in August. We will go live with employees staying at the facility September 1st.

CEO Board Report June 2020

We spent a lot of time this month discussing and working out the details for the transition to running the ER on our own. The contracts were finalized and sent out. Next month's schedule had a few hiccups because of the 4th of July but Dr. Watson was able to get it taken care of and we are good to go.

so spoke about Tommy being able to cover the clinic on his weeks as a hospitalist and formulated our plan there as well.

I had the opportunity to meet with Todd Smith, the CEO of Mercy Redding. We had a very good conversation and spoke about issues that we both have as well as opportunities to collaborate further as far as services that might be able to be provided in our area. I told him about our Master planning, and he's very interested in meeting after we have that completed to see if either him or one of his other sister facilities may be able to help provide some of the services that we're looking for in our area.

I also had the opportunity to meet with Casey Fatch the CEO at Shasta Regional. I went down with Jack and Theresa to discuss Joint Commission with him and his team. This was a very productive meeting and we walked away with a better understanding and more tools that they agreed to share with us. We also talked met with the Director of Case Management and shared with them the thing that we can do up here through our outpatient clinic. They were excited about this information since they were not aware that we provided these services. I also spoke to Casey about their Psych unit. It is a 20-bed unit that just takes Adults (18-64) and they average between 12-18 patients a day.

Sacramento has already approved the next budget which still has issues and not what the governor wanted. One of the pieces we were hoping would make it in the budget was the ask for \$1billion for district hospitals. We had some good support for the bill but did not make the cut. We believe this is partially because the ask was a bit late to the party. However, it is not dead, and we are looking at other was to get that in this year.

Travis and I have been reviewing budget numbers and making tweaks with the budget all month. Travis has done a great job putting this all together and forecasting as best he can. We were conservative with the numbers and feel that we have a solid budget ready for next year.

Val and I finalized the Employee Leadership Program. This is the program that goes over what Mayers will do for our leadership team to continue to do to help them develop their leadership skills and have them share this education with the rest of the team. We introduced this to the leadership team, and it was very well received.

Ryan & I met and finalized a plan to make space for Dr. Magno in the clinic and then met with him to discuss that plan. Dr. Magno liked the plan and the soft pitch we gave him about where he would be working and what days those would be. He has told me it is between us and Colorado.

I attended the District Hospital Leadership Forum (DLHF) Board of Directors meeting in Olympic Valley. This was very informative as well as has been great for networking. There was more talk about state and federal legislation including the 2030 seismic challenges, as well as a new Direct Payment supplemental payment program that could possible bring another \$2 million in revenue to our bottom line.

We kicked off another CNA class which has 9 people in it. Of this 9 we have 3 of our own team from other departments (lab, dietary and housekeeping) and 3 recent graduates from the local area. Our next class will be August 22nd and we already have 4 signed up for that class.

We had our exit interview for our Partnership survey for the clinic. We scored an 86 (out of 100) on the survey and they told us that was a very good score in general but even more so for our first survey with them. There are a few areas where we need to do a better job dotting our l's and crossing our t's. Most importantly, no care issues so over all a good survey.

Ryan, Theresa, Kim, Dr. Saborido and I met to discuss the transition moving Dr. Saborido back to doing clinic on his Hospitalist week. We had a great conversation and worked out the details as far as when morning and evening rounds will take place and when to call him when he is at the clinic. We feel positive that this process will work well, and it established a schedule for the rest of the hospitalist as well so that we can have a consistent schedule for rounding every day of the week regardless of who is on as hospitalist.

We also had our next to the last Huron training. It was about emotional intelligence and meetings (are we having to many, proper structure and so forth). I think it was received well by the team as we heard many good comments. It was also very timely with what we are doing currently.

I met with Shannon Gerig again. We had a good conversation about Cerner, and they are very interested in Cerner and want to learn more. If it all works out and they decide to go with Cerner as well, they would like to go live at the same time we do and have our trainings together where appropriate. She also mentioned that things are going better, and she hasn't heard of any issues her staff have had with our team.

Overall, we have had a very busy but effective month. The team is doing phenomenal work and we keep pushing ahead on our current projects and we continue to add more to our list. There is an increasingly positive vibe that we are feeling around the campuses, and we are working to keep that going as well.

Thank you,

Chris Bjornberg