

Chief Executive Officer
Chris Bjornberg



Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tom Guyn, M.D., Secretary
Tami Humphry, Treasurer
Lester Cufaude, Director

Board of Directors
Regular Meeting Agenda
January 25th, 2023 @ 1:00 PM

Mayers Memorial Hospital FR Boardroom
43563 HWY 299 E, Fall River Mills

Microsoft Teams: [Click here to join the meeting](#)
Meeting ID: 238 663 073 838 and Passcode: rbtfyY
Phone Number: 1-279-895-6380 and Phone Conference ID: 895 556 001#

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 –December 7 th , 2022	Attachment A	Action Item 2 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:			
	4.1	Resolution 2023-01 – December Employee of the Month	Attachment B	Action Item 2 min.
	4.2	Safety Quarterly Report Val Lakey	Attachment C	Report 2 min.
	4.3	IT Report Jeff Miles	Attachment D	Report 2 min.
	4.4	Facilities & Engineering Report Alex Johnson	Attachment E	Report 2 min.
5	BOARD COMMITTEES			
	5.1 Finance Committee			
	5.1.1	Committee Meeting Report: Chair Humphry		Report 5 min.
	5.1.2	November - December 2022 Financial Review, AP, AR and Acceptance of Financials		Action Item 5 min.
	5.1.3	Archive Programs Proposals: OneContent vs. Ellkay Proposal copies will be provided at Board Meeting		Discussion/ Action Item 10 min.
	5.2 Strategic Planning Committee			
	5.2.1	No January Meeting		Information 1 min.
	5.3 Quality Committee			

5.3.1	Committee Report Attached	Attachment F	Information	5 min.
6	NEW BUSINESS			
6.1	Policy & Procedure Summary 12/31/2022	Attachment G	Action Item	2 min.
6.2	LAFCO Nominations for Special Districts Vacancy	Attachment H	Discussion/ Action Item	5 min.
7	ADMINISTRATIVE REPORTS			
7.1	Chief's Reports – Written reports provided. Questions pertaining to written report and verbal report of any new items			
7.1.1	Chief Financial Officer – Travis Lakey	Attachment I	Report	5 min.
7.1.2	Chief Human Resources Officer – Libby Mee		Report	5 min.
7.1.3	Chief Public Relations Officer – Val Lakey		Report	5 min.
7.1.4	Chief Clinical Officer – Keith Earnest		Report	5 min.
7.1.5	Chief Nursing Officer – Theresa Overton		Report	5 min.
7.1.6	Chief Operation Officer – Ryan Harris		Report	5 min.
7.1.7	Chief Executive Officer – Chris Bjornberg		Report	5 min.
8	OTHER INFORMATION/ANNOUNCEMENTS			
8.1	Board Member Message: Points to highlight in message		Discussion	2 min.
8.2	Form 700 and Ethics		Information	2 min.
9	ANNOUNCEMENT OF CLOSED SESSION			
9.1	Personnel - Government Code 54957 CEO Evaluation		Discussion/ Action Item	30 min.
10	RECONVENE OPEN SESSION			
11	ADJOURNMENT: Next Meeting February 22, 2023			

Posted 01/20/2023

Chief Executive Officer
Chris Bjornberg



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

Board of Directors
Regular Meeting
Minutes
December 7, 2022 – 1:00 pm
FR 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.

CALL MEETING TO ORDER: Jeanne Utterback called the regular meeting to order at 1:03 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
Travis Lakey, CFO
Ryan Harris, COO
Theresa Overton, CNO
Valerie Lakey, CPRO
Keith Earnest, CCO
Libby Mee, CPRO
Tracy Geisler, MHF Executive Director
Jack Hathaway, Director of Quality
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 October 26, 2022.	<i>Guyn, Vasquez</i>	<i>Approved by All</i>
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4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

4.1	A motion/second carried; Ellie Joraanstad was recognized as October Employee of the Month. Resolution 2022-14. Ellie has grown into a confident, skilled, and kind nurse. She is passionate about what she does and shares her knowledge with others. She is a fantastic patient advocate and cares deeply about the community members she cares for. Ellie is a team player, wonderful to work with and is always striving to do her best.	<i>Humphry, Vasquez</i>	<i>Approved by All</i>
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4.2	A motion/second carried; Regina Blowers was recognized as November Employee of the Month. Resolution 2022-15. Regina has been with MMHD since she was 18 years old. She is now teaching the CNA Class and setting up our team for success. Our previous students who now work for MMHD have nothing but wonderful things to say about Regina and are so thankful she is a part of our team.	<i>Humphry, Vasquez</i>	<i>Approved by All</i>
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4.3	Hospice Quarterly: written report submitted. Hospice will be implementing a new program in conjunction with Cerner.		
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4.4	Mayers Healthcare Foundation Quarterly: written report submitted. We had a phenomenal year with growing our foundation's wealth and providing for our healthcare district needs. Northstate Giving Tuesday was a great event bringing in \$24,100. Eight weeks till Denim & Diamonds Hospice Gala – January 28 th . A Summit with MHF and MMHD		
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Chiefs will be taking place to help our boards understand how we help each other. We have had some new board members that will be joining officially at the January Board Meeting. We are now located in Burney.

5	BOARD COMMITTEES		
5.1	Finance Committee		
5.1.1	Committee Report: Retail Pharmacy and Clinic is looking good. Mobile RHC is onsite in Burney.		
5.1.2	October 2022 Financials: cost reports are turned in and we have some money coming back for last years books. Debt Capacity study is going on to see what our limitations are for Master Planning. Motion moved, seconded and carried to approve financials.	Hathaway, Humphry	Approved by All
5.2	Strategic Planning Committee Chair Vasquez: No October Meeting		
5.3	Quality Committee Chair Utterback: No October Meeting		
6	OLD BUSINESS		
6.1	By-Laws Review – Second Reading: motion moved, seconded, and carried to approve the by-laws.	Vasquez, Guyn	Approved by All
6.2	BOD Assessment Survey Results: thank you to Lisa for assembling and compiling all off this data. Discussion about the survey took place. Areas of opportunity: <ul style="list-style-type: none"> - Set up a better Board Orientation program - Board vacancy publicity 		
7	NEW BUSINESS		
7.1	Policy & Procedures: <ol style="list-style-type: none"> 1. Charity Care Policy 2. HHS Poverty Guidelines – 75% MMH 388 	Guyn, Humphry	Approved by All
7.2	Organizational Analysis: needs to be combed through for grammar and spelling errors. (Hospital to Healthcare) (intermountain should be capitalized). Board would like to see this report completed and presented in August. Motion moved, seconded, and carried with the spelling and grammar changes that need to take place.	Hathaway, Guyn	Approved by All
7.3	Annual Organizational Process		
	Officers and Committees for 2023: written report provided at meeting. Motion moved, seconded, and carried to approve the report as provided. President – Abe Hathaway Vice President – Jeanne Utterback Secretary – Tom Guyn, M.D. Treasurer – Tami Humphry Director – Les Cufaude		
7.3.1	Board Quality: Tom and Les Finance: Tami and Abe Strategic Planning: Jeanne and Abe Foundation Representative: Tami	Vasquez, Humphry	Approved by All
7.3.2	2023 Board Calendar: corrected dates were provided to BOD by email. Motion moved, seconded and carried.	Guyn, Hathaway	Approved by All
7.4	Accreditation Decision: presentation provided in person. TJC (The Joint Commission) is going to be more expensive than ACHC. They both provide the same level of guidance but at different viewpoints. Staff is recommending ACHC. Motion moved, seconded and carried to move forward with the ACHC Accreditation.	Hathaway, Humphry	Yes – 4 No - 1
8	ADMINISTRATIVE REPORTS		
8.1	Chief's Reports: written reports provided in packet		
8.1.1	CFO: Financial notes provided in email. No further updates. Averages were added to the charts for us to see the averages throughout the year.		

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 Director's documents are available online at www.mayersmemorial.com.

- 8.1.2 **CHRO:** working on the wage scale to adjust to market rates. Getting creative about recruiting and retention. A CLS has been hired for the lab. We are now taking applications through Paycom. Holiday Time Off program starts off on January 1st.

- 8.1.3 **CPRO:** Active Shooter training was really great with 195 employees in attendance. Pit River Lodge promotional video is done and up on our website.

- 8.1.4 **CCO:** Novavax (non MRNA) is available for boosters. David is really pushing PFTs.

- 8.1.5 **CNO:** AFL came 202213.1 – effects covid and SNF. This makes the patient/resident who tests positive a “red” and becomes isolated. Then anyone exposed is “yellow” with restrictions for masking. This allows us to keep the unit open. We have reached out to get an Interim DON for SNF. And we are looking for a Utilization Nurse – this person would review patients accounts for the decision making that was made.

- 8.1.6 **COO:** Master Planning officially kicked off yesterday and wrapped up today. Surgery floor work is taking place. HVAC units have been repaired but continue to be an issue. Inspection at the Kitchen at the lodge occurred today and we passed with flying colors. We have installed a water chlorination system that has mitigated all legionella issues. Water Damage Claim at the RHC work is being done to get the issue resolved.

- 8.1.7 **CEO:** ELT and OMT have completed a DiSC profile that shows your leadership style and characteristics. We are structuring the employee evaluations and bonuses provided to a more structured program.

9 OTHER INFORMATION/ANNOUNCEMENTS

- Board Member Message: Employees of the Month, Foundation Report, Pit River Lodge video, thank Beatriz Vasquez for her years of service.
- 10.1 Thank you to Beatriz Vasquez for her years of services to the Mayers Memorial Healthcare District.

10 ADJOURNMENT: 4:28 pm

Next Regular Meeting: January 25, 2023

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



RESOLUTION NO. 2023-01

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

Sabrina Sardo

As December 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, Sabrina Sardo is hereby named Mayers Memorial Healthcare District Employee of the Month for December 2022; and

DULY PASSED AND ADOPTED this 25th day of January 2023 by the Board of Trustees of Mayers Memorial Healthcare District by the following vote:

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

Abe Hathaway, President
Board of Trustees, Mayers Memorial Healthcare District

ATTEST:

Jessica DeCoito
Clerk of the Board of Directors



Safety/ Emergency Preparedness Quarterly Report

January 2023 Regular Board Meeting

Presented by: Valerie Lakey

Over the last quarter, the Safety and Emergency Preparedness Department has been working on a few key projects.

Our functional Active Shooter Drill in November was a success. The collaborative effort with the Shasta County Sheriff Department was effective and provided training and education for both organizations. MMHD had 195 employees participate, which was a great turnout of our staff. Objectives for the event included:

- Ability to react quickly to dangerous stimuli in a manner that follows procedures and to react appropriately in a high stress environment.
- Review and test response of employee and of reporting procedures of emergency communications abilities through My EOP App and other methods according to MMHD procedures.
- Develop a relationship with local law enforcement in all levels of employment for response and reactions. Allow employees to witness law enforcement response in an attempt to provide an example of what an active shooter or dangerous situation may look like

We have identified areas to include in our improvement plan related to the core capability of response, knowledge, and the ability to respond to instructions in a high stress environment emergency with clear thought processes and abilities.

- Communication and Compliance and Education and Preparedness: Corrective Actions:
 - Increase MY EOP use
 - Management Education on Compliance Methods
 - Secondary Department Drills
 - Revisit the Active Shooter education one more time in 2023, or if another major occurrence happens Nationally

We are working on full review of all of our Emergency Preparedness documents and reformatting our Emergency Operations plan to have appendixes for quick reference. In doing so, this will be all digital and aligned with the survey standards of ACHC. This is a very large project, but will make access to needed emergency preparedness information much easier for staff.

We have the new visitor management kiosks ready and have the one in the lobby set-up. We are waiting for the printers (the wrong ones were sent) to be fully functional. I will demonstrate the process at the board meeting.

We are working on the training plan for the year. We will be doing fire drill and evacuation training in February or March while the weather is still wet so we can practice fire extinguisher usage. We will work with the fire department on this.



Executive Leader: *Ryan Harris, COO*

Director or Manager: *Jeff Miles*

Department: *IT*

Last Updated: 01/17/2023

Current Year	Specific Plan & Estimated Completion Date	Driver	Current Actions
Priority:			
By FYE 2023, meet all CERNER deliverables for IT.	Network Assessment Remediation - Cerner performed a network assessment in June 2022 which indicated our WIFI network needed improvements to accommodate the Cerner implementation.	Jeff Miles	We contracted with Cerner to provide us a wifi network design and reassessment. The design is due by the end of January. I anticipate implementing the changes by April so that we can schedule the reassessment long before our go live date.
	Vaiious workbooks & Training	Jeff Miles	We are currently on track with meeting the deadlines for the IT related Workbooks and IT Staff will be participating in the upcoming scheduled trainings as appropriate.
			Cerner has postponed our implentation date into September, so it will not be possible to complete this Priority by fiscal year end as originally intended.
By FYE 2023, complete the TPX implementation and rollout.	Migrate the Burney, Retail Pharmacy, and Fall River locations to the TPX network to replace the Frontier Elan product and create redundancy with 4G by 12 -31-2022	Jeff Miles, TPX, IT Consultant	All three sites have been migrated to the TPX network. The Fallriver location was done on August 29th, Retail Pharmacy went live on October 12th, Burney was done on October 20th. We also successfully tested the 4g failover solution.
Priority Ideas for Next Year			



Communication Pillar



Executive Leader: *Ryan Harris, COO*

Director or Manager: *Jeff Miles*

Department: *IT*

Last Updated:

Current Year	Specific Plan & Estimated Completion Date	Driver	Current Actions
Priority:			
By FYE 2023, replace all phone servers.	Evaluate the existing system components to determine their functions and where improvements can be made by March 2023	Ray Kamille - System Administrator	We are evaluating functionality of the existing phone system to identify where improvements can be made
	Replace physical hardware on phone servers at the Fall River and Burney facilities and implement improvements by 06-30-2023	Ray Kamille - System Administrator	We have procured the hardware for new phone servers. We will begin staging and planning deployment by March.
Priority Ideas for Next Year			



Quality / Service Pillar

Executive Leader: *Ryan Harris, COO*

Director or Manager: *Alex Johnson*

Department: *Maintenance*

Last Updated:

Current Year	Specific Plan & Estimated Completion Date	Driver	Current Actions
Priority:			
By FYE 2023, do not have an increase in workmen's compensation insurance claims, year over year, for maintenance and engineering staff.	Get information on workmen's comp from Libby		I have the information from Libby and there were 4 claims in 2019 and one claim per year for 2020, 2021 and 2022
	Build a Maintenance Safety Program for MMHD staff by January 1, 2023.		I am still working on the safety program. I am going to incorporate information from the Slips Trips and Falls program that I am
By FYE 2023, reduce service ticket average completion time by 15% year over year.	Inform and educate the crew on completing the closeout process in the ticketing system as soon as the I don't have a completion date as this is an ongoing priority.		We are doing well on the closeout process. I have also been working with staff on what is a ticket and what is a project. We
By FYE 2023, have less than 4 physical environment F906 through F926 Nursing Home Survey citations.	Perform monthly environmental rounds at both facilities with the lead maintenance worker.		We are doing our rounds monthly and noting any possible citations. We then fix them within the week of the rounding.
Priority Ideas for Next Year			

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Chris Bjornberg



Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tom Guyn, M.D., Secretary
Tami Humphry, Treasurer
Lester Cufaude, Director

Board of Directors
Quality Committee
Minutes

January 18, 2023 @ 1:00 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 1:08 pm on the above date.			
	BOARD MEMBERS PRESENT:		STAFF PRESENT:	
	Tom Guyn, MD., Secretary Les Cufaude, Director		Jack Hathaway, Director of Quality Jessica DeCoito, Board Clerk	
	Excused ABSENT: Chris Bjornberg, CEO			
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 October 19, 2022	<i>Hathaway, Guyn</i>	Guyn – Y Hathaway – Y
4	Hospital Quality Committee Report			
	Restructuring the quality report templates as we migrate to the ACHC accreditation. Pam Sweet will send out the templates before the next Quality Meeting. The plan is to help the departments with their LEAN projects. Jack will be adjusting the layout so it aligns with the ACHC Accreditation.			
5	Director of Quality Report			
	Written report submitted. Overview of the quality project last year with med errors. Worked with Pharmacist and Nursing leadership to get an education plan together. The plan and remedies that were put into place have shown significant improvement. Our reports are monthly and this is being constantly monitored. We are meeting with ACHC Life Safety Team and our MMHD Life Safety Team to go over what our requirements are. Once we sign on with ACHC, we are going to have a survey within 90 days. QIP (Quality Improvement) program has changed for us with the opening of the Rural Health Clinic. We have access to more data for our QIP program. We are preparing for our audit of the program. We are looking into a program called Bridge that would serve the patients in our area that need opioid help.			
6	OTHER INFORMATION/ANNOUNCEMENTS: February Meeting date: February 20 th at 1:00 PM			
7	ADJOURNMENT: at 2:12 pm Next Regular Meeting – February 20 th at 1:00 PM			

The following are the New, Revised and Retired Policies and Procedures that have been approved by the Policy and Procedure Process. These policies and procedures have been put in the appropriate hospital manuals.

Date:
January 3, 2023

For Quarter Ending
December 31, 2022

Department	Document	New/Revised/Retired
Activities	Resident Activities Treatment Plan (Swing Bed) MMH121	Revised
Activities	Van Procedure	Revised
Acute - Med Surg	Compresses Cold	Retired
Acute - Med Surg	Fingerstick Glucose (FSG) Record MMH160	Revised
Acute - Med Surg	Nursing Service Plan - Acute	Retired
Acute - Med Surg	Pain Management	Revised
Acute - Med Surg	Pharmacy Delivery Form MMH730	New
Acute - Med Surg	Physician Orders for Life Sustaining Treatment (POLST)	Revised
Acute - Med Surg	Physician Orders Newborn MMH12	Retired
Acute - Med Surg	Thermometers, Cleaning, Electronic	Retired
Business Office	Customer Insurance Co Refunds,	Revised
Disaster	Critical Incident Response and Debriefing	Revised
Environmental Services	Chemicals & Compounds, Mixing & Handling of - Environmental Services	Revised
Environmental Services	Lobby/Waiting Room Cleaning	Revised
Environmental Services	Resident Laundry	Revised
Human Resources	Bereavement Leave	New
Human Resources	COVID 19 VACCINATION DECLINATION FOR MEDICAL AND RELIGIOUS REASON:	New
Human Resources	Hiring Process	New
Human Resources	Light Duty or Limited Job Assignments	Revised
Human Resources	New Hire Checklist MMH717	New
Human Resources	Parking	Revised
Infection Control	Antibiotics, Judicious Use of	Revised
Infection Control	Bacterial Meningococcal Exposure Risk Assessment MMH431	Revised
Infection Control	Education, Staff, Infection Control	Revised
Infection Control	Hepatitis B Vaccine Declination FORM MMH68	Revised
Infection Control	Hepatitis B Vaccine Employee	Revised
Infection Control	Scabies in SNF Facilities	Revised
Infection Control	Tasks and Operations Requiring Respiratory Protection MMH74	Revised
Infection Control	West Nile Virus - SNF	Revised
Maintenance	Biomedical Medical Device Recall Notification	Revised
Maintenance	Maintenance, Equipment	Revised
Medical Staff	Application for AHP Appointment	Revised
Medical Staff	Application for Medical Staff Appointment	Revised
Medical Staff	Infectious Disease Core Privileges	Revised
Medical Staff	Ongoing Peer Review & Med Staff Performance Evaluation (OPPE)	Revised
Medical Staff	Proctoring Monitoring FPPE	Revised
Medical Staff	Risk Management Occurrence Screen Form - Anesthesia MMH557	Revised
Medical Staff	Risk Management Occurrence Screen Surgery MMH482	Revised
Medical Staff	Risk Management Occurrence Screen, Acute MMH565	Revised
Medical Staff	Risk Management Occurrence Screen, Emergency MMH481	Revised
Medical Staff	Risk Management Occurrence Screen, Newborn MMH37	Revised
Medical Staff	Risk Management Occurrence Screen, OB MMH38	Revised
Medical Staff	Risk Management Occurrence Screen, OP Med MMH567	Revised
Medical Staff	Teleradiology, Credentialing & Privileging of Telemedicine Services	Revised
Operations	Construction Change Orders Policy	Revised
Outpatient Medical	General Wound Debridement Guidelines	Revised
Patient Access	Consent to Photograph (Bedroom Door Photo) MMH191	Revised

Department	Document	New/Revised/Retired
Patient Access	Discount Payment Policy	Revised
Preprinted Orders	PHYSICIAN ORDERS - Monoclonal Antibodies for Covid 19 MMH703	Revised
Purchasing	Automatic Supply Distribution System Par Level	Revised
Purchasing	CREATING AN OPEN ORDER REPORT	Revised
Purchasing	CREDITS TO PURCHASING STOCK	Revised
Purchasing	Damage Claims	Revised
Purchasing	Emergency Acquisition of Supplies	Revised
Purchasing	Inventory Instructions	Revised
Purchasing	Invoice Worksheet Handling	Revised
Purchasing	Lost Purchase Orders	Revised
Purchasing	Manufactured Supplies Expiration Process	Revised
Purchasing	NON-STOCK PURCHASES	Revised
Purchasing	Packing and Labeling	Revised
Purchasing	Purchase of Electrical Equipment	Revised
Purchasing	Receiving	Revised
Purchasing	Receiving Stock and Nonstock Items	Revised
Purchasing	Returns	Revised
Purchasing	Returns and Outgoing Shipments	Revised
Purchasing	Smith and Nephew Purchase Orders	Revised
Purchasing	UPDATE ITEM PRICES	Revised
Purchasing	UPS Billing Reconciliation	Revised
Skilled Nursing	Allergies	Revised
Skilled Nursing	AM and HS Care SNF	Revised
Skilled Nursing	Bladder Evaluation MMH127	Revised
Skilled Nursing	Care Planning	Revised
Skilled Nursing	Census and Nursing Hours per Patient Day (HPPD) MMH719	New
Skilled Nursing	Contact Lens Care	Revised
Skilled Nursing	Dentures Care and Cleaning	Revised
Skilled Nursing	Fecal Impaction Removal	Revised
Skilled Nursing	Level of Care Coding- SNF	Revised
Skilled Nursing	LEVEL OF CARE FOR COLOR CODING SYSTEM mmh148	Revised
Skilled Nursing	Long Term Care/Medicare SNF Resident Discharge Summary Plan MMH379	Revised
Skilled Nursing	Medication Administration	Revised
Skilled Nursing	Medication, Burney Annex Locked Pharmacy Transportation Box	Revised
Skilled Nursing	Neuro Check Sheet MMH154	Revised
Skilled Nursing	Neurologic Checks	Revised
Skilled Nursing	Notification to Interdisciplinary Team MMH187	Revised
Skilled Nursing	Nurses weekly update MMH133	Revised
Skilled Nursing	Nursing Weekly Update	Revised
Skilled Nursing	PAS PASRR Documentation; SNF	Revised
Skilled Nursing	Perineal Care	Revised
Skilled Nursing	Unusual Incident Injury Report LIC 624 (4-99)	Revised
Skilled Nursing	Unusual Incident-Injury Reports: SNF	Revised
Skilled Nursing	Wandering Resident Protocol	Revised
Social Services	Bed Hold, Skilled Nursing Facility	Revised
Social Services	Mini Mental Status Exam	Revised
Social Services	Mini Mental Status Exam MMH241	Revised
Social Services	Physician, Family & POA, Notification of	Revised
Social Services	Resident Trust Acct Cash Request Form MMH247	Retired
Social Services	Swing Intake Worksheet Policy	Retired
Social Services	Trauma Informed Care Assessment MMH665E	Revised
Social Services	Trauma Informed Care Assessment MMH665S	New
Swing Bed	Dental Care of Patients, Swing Bed	Revised
Swing Bed	Performing Services for the Facility, Swing Bed	Revised
Telemedicine	Cancellation-No Show Policy Telemedicine	Revised
Telemedicine	Sterilization and Handling of Scopes, Telemed	Revised

Patrick Jones
County Member

Pamelyn Morgan
City Member Alternate

Stan Neutze
City Member

Michael Dacquisto
City Member

Irwin Fust
Special District Member

Mary Rickert
County Member Alternate

Vacant
Special District Member



Larry Russell
Public Member

Joe Chimenti
County Member

Fred Ryness
Special District Alternate

Katharine Ann Campbell
Public Member Alternate

George Williamson
Executive Officer

James M. Underwood
General Counsel

Kathy Bull
Manager

Date: December 9, 2022

From: George Williamson, Executive Officer & Kathy Bull, Office Manager

Subject: NOTICE OF NOMINATION PERIOD AND NOTICE OF INTENTION TO CONDUCT MAILED BALLOT ELECTION

Notice is hereby given that the Shasta Local Agency Formation Commission (LAFCO) is seeking nominations for Special District Member (Seat 2) to serve on the Shasta LAFCO Commission. The elected member will serve the remainder of the four-year term ending in January 2024, due to vacancy created by current member not being re-elected to their District Board. The current special district members are provided below.

Designation	Current Special District Members on LAFCO	Term End
Member (Seat 1)	Irwin Fust, Clear Creek Community Service District	1/2024
Member (Seat 2)	Vacant	1/2024
Alternate Member	Fred Ryness, Anderson Burney Water District	1/2024

The basic process for selecting Special District Members to LAFCO is set forth in Government Code Section 56332. This provides for a meeting to be convened among representatives from each of the 35 independent special districts in Shasta County, unless the Executive Officer determines that a meeting is not feasible. Based on Government Code Section 56332, it has been determined that a meeting of this "Independent Special District Selection Committee" for the purpose of selecting a special district member is not feasible at this time due to the likelihood that a quorum would not be achieved. As such, both the nominating process and the election itself is being conducted by mail on behalf of the Independent Special District Selection Committee by the Shasta LAFCO Executive Officer.

Your district is encouraged to participate in this election process. An election schedule is enclosed together with a list of the 35 independent districts in Shasta County that are eligible to participate. If your district wishes to nominate a Board Member to be a candidate for the Shasta LAFCO Special District Member (Seat 2), the following rules for eligibility and for submitting nominations apply:

1. Your Board may nominate only one candidate for each special district seat. Enclosed is a nomination form.
2. Nominees must be elected or appointed special district officers (members of a governing board) of an independent special district in Shasta County.
3. Selection of a nominee is to be approved by a majority of your governing board. The name of the nominee is to be submitted on the attached Nomination Form and is to be signed by either the President/Chair or the Clerk of your governing board.
4. The nominee is encouraged to provide the additional information requested on the Candidate Information Sheet. This information will be summarized on the final ballot and will be kept on file at the LAFCO office.
5. All qualified nominees will be listed on the final ballot. The candidate securing the highest votes for each seat will be elected.
6. The Nomination Form must be returned no later than **February 1, 2023**, to Shasta LAFCO, 999 Mission De Oro, Suite 106, Redding, California 96003.

999 Mission De Oro Drive, Suite 106, Redding, CA 96003
Phone: 530.242.1112
eo@shastalafco.org

Election Schedule

Action	Date of Action
Shasta LAFCO request for nominations mailed to independent Special Districts via certified mail and email.	Mailed by December 9, 2022
Nominations due to Shasta LAFCO	Received by 4:00 p.m. February 1, 2023
Ballots mailed to independent Special Districts via certified mail and email.	Mailed by February 3, 2023
Ballots due to Shasta LAFCO	Received by 4:00 p.m. March 27, 2023
Ballots opened and tallied at the Shasta LAFCO office; successful candidate notified.	By March 28, 2023
Election results mailed to independent Special Districts via U.S. mail and email.	Mailed by March 29, 2022

The successful candidate is expected to be seated on the Shasta LAFCO Commission at the next regularly scheduled Commission Meeting on April 6, 2023.

Independent Special Districts

- | | |
|---|---|
| Anderson Fire Protection District | Halcumb Cemetery District |
| Anderson-Cottonwood Irrigation District | Happy Valley Fire Protection District |
| Bella Vista Water District | Igo-Ono Community Services District |
| Buckeye Fire Protection District | Manton Joint Cemetery District |
| Burney Basin Mosquito Abatement District | Mayers Memorial Hospital District |
| Burney Cemetery District | Millville Fire Protection District |
| Burney Fire Protection District | Millville Masonic & Odd Fellows Cemetery District |
| Burney Water District | Mountain Gate Community Services District |
| Castella Fire Protection District | Pine Grove/ Fall River Mills Cemetery District |
| Centerville Community Services District | Pine Grove Mosquito Abatement District |
| Clear Creek Community Services District | Shasta Community Services District |
| Cottonwood Fire Protection District | Shasta Lake Fire Protection District |
| Cottonwood Water District | Shasta Mosquito and Vector Control District |
| Fall River Valley Community Services District | South Shasta Cemetery District |
| Fall River Valley Fire Protection District | Tucker Oaks Water District |
| Fall River Resource Conservation District | Western Shasta Resource Conservation District |

Other Information

General information about LAFCO is available at www.shastalafco.org. Should you have any questions, please contact the Shasta LAFCO office at 999 Mission De Oro Drive, Suite 106, Redding, CA 96003, by phone at (530) 242-1112, or by e-mail at manager@shastalafco.org.

Attachments: Nomination Form
Candidate Information Sheet



Operations Report January 2023

Statistics	November YTD FY23 <i>(current)</i>	November YTD FY22 <i>(prior)</i>	November Budget YTD FY23	December YTD FY23 <i>(current)</i>	December YTD FY22 <i>(prior)</i>	December Budget YTD FY23
Surgeries						
➤ Inpatient	0	0	TBD	0	0	TBD
➤ Outpatient	0	19	TBD	0	22	TBD
Procedures** (<i>surgery suite</i>)	0	43	TBD	0	56	TBD
Inpatient	894	1096	625	1017	1299	800
Emergency Room	1943	1919	1818	2326	2232	2169
Skilled Nursing Days	11768	11295	11481	14154	13516	13804
OP Visits (OP/Lab/X-ray)	7250	9366	5544	8519	10800	6724
Hospice Patient Days	691	703	696	758	949	770
PT	1012	1062	1129	1186	1268	1312

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

**Procedures: include colonoscopies

Chief Human Resource Officer
January 2023 Board Report
Submitting by Libby Mee – Chief Human Resource Officer

The Human Resource department currently supports 277 active employees

Full Time – 245 Part Time/Casual/Per Diem – 24 Leave of Absence – 8

Staffing and Recruitment

We are actively recruiting and interviewing* for the below posted positions.

Administration

Director of Clinical Services*
Director of Nursing – Skilled Nursing Facility
Public Relations Assistant/Board Clerk

Nursing

Utilization Review RN
Emergency Department RN (1)
Med/Surg Acute RN (1)
Skilled Nursing CNA (11) *
Skilled Nursing RN/LVN (9)
Rural Health Clinic LVN

Clinical

Imaging Radiology Tech
Imaging Manager*
Respiratory Therapist
Laboratory Manager*

Support Services

Food and Nutrition Services Aide/Cook (9)*
Registered Dietician*
Activities Aide/Van Driver*

Travel/Registry Staff

We continue to use registry for the following departments:

- Emergency Department RN
- Skilled Nursing Facility LVN and CNA
- Med/Surge Acute RN
- Laboratory CLS
- Imaging CT/Radiology Tech
- Respiratory Therapy Therapist

In December, we presented nursing staff with proposed ideas for recruitment and retention. With their feedback from those meetings, we have begun implementing programs and have established timelines for the remaining initiatives. Utilizing these ideas and the updated wage scale, we have already successfully hired 6 employees into registry reducing positions.

We currently have 3 students in our CNA program, and already have a roster of interested students for the Spring program.

Employee Health and Wellness

Employee COVID Exposure

Total cases – 346

Isolation/Positive – 268

Quarantine – 78

Exposure related to work – 63

Employee Immunization

The department continues to work closely with the Infection Prevention team to track and report employee immunization. We are currently shifting towards adding COVID compliance to our standard employee compliance process.

Work Related injury and Illnesses

We had 18 first aid injuries resulting in 4 days away from work last year. This is very similar to last year.

We had 9 reportable injuries resulting in 95 days away from work. This compares to 8 reportable claims last year with 11 days away from work.

Due to the type of injuries and the abundant days away from work, I expect to see our premiums increase next year.

Employee Safety and Wellness Initiatives

As we have identified that our primary injuries are related to patient/resident mobility and slip and falls, we are continuing to work with Beta Healthcare Group to build and implement our Slip Trip and Fall program and Safe Patient Handling program.

Additionally, we recently used money available to us through this program to purchase an industrial salt spreader. The maintenance team works diligently to spread salt on the sidewalks and around entrances, but we were having falls in the parking lot. The spreader will allow the team to spread salt quickly and efficiently all over.

Additional Projects

Annual Compensation and Benefit Adjustments

We have implemented our new wage scale based on our market study, added a Holiday Time Off program, updated new Personal Time Off accruals, standardized night shift differentials and standby pay. We are currently working on adding a weekend differential as well.

Paycom

Unfortunately, we have identified some errors in the implementation process with the new Paycom system. I am working closely with Paycom's leadership for resolution, but these issues are causing the Payroll and Finance team to have to do a lot of manual and auditing work. This has also contributed to frustrations from employees.

Retention Payment Program

We have successfully applied for and have submitting our reports for the Retention Payment Program. We are now just waiting on correspondence from the state about next steps a distribution of funds to be paid to employees.

2022 Employment and Turnover Statistics

For the calendar year 2022, the HR department hired on 102 employees and separated employment with 76 employees. This compares to 94 hires and 98 terminations in 2021. Of the 102 employees hired, 68 are still employed and 8 were rehired.

New Hire by Department

ACTIVITIES	8
ADMINISTRATION	1
ADMITTING	3
CARDIAC REHAB	1
COMPUTER	5
DIETARY	10
EMERGENCY ROOM	2
EMPLOYEE HOUSING	2
HOSPICE OUTPATIENT	2
HOUSEKEEPING	12
LABORATORY	2
LAUNDRY	1
MAINTENANCE	3
MEDICAL/SURGICAL	9
RADIOLOGY	1
RETAIL PHARMACY	2
RHC	3
SKILLED NURSING	13
SKILLED NURSING ANNEX	13
SURGERY	1

Termination by Department

ACTIVITIES	6
ACTIVITIES ANNEX	1
ADMINISTRATION	1
ADMITTING	3
COMPUTER	5
DIETARY	7
EMERGENCY ROOM	1
FOUNDATION	1
HOUSEKEEPING	7
LABORATORY	2
MAINTENANCE	1
MEDICAL RECORDS	1
MEDICAL/SURGICAL	10
NURSE ADMINISTRATION	1
RADIOLOGY	3
RETAIL PHARMACY	1
RHC	3
SKILLED NURSING	11
SKILLED NURSING ANNEX	10
SURGERY	1

Termination by Reason

Death	1
Retired	2
Temp	4
Temp - Intern	3
Term for cause	9
Vol Resignation - Did not return from LOA	1
Vol Resignation - Personnel	33
Vol Resignation - Relocation	16
Vol Resignation - School	7

Chief Public Relation Officer – Valerie Lakey
January 2023 Board Report

Legislation/Advocacy

Legislative activity is just getting underway again in Sacramento. A big topic is the governor's budget which does not give a lot of relief to hospitals and additionally delays some of the healthcare workforce funding.

One thing to watch will be healthcare minimum wage legislation. Unions are indicating we may see a statewide bill that would push for \$25 per hour minimum wage for healthcare. Last year, of the 10 ballot initiatives, only one passed.

There haven't been a lot of bills introduced yet, as we are just getting started. Deadline for submission (which could include spot bills) is mid-February.

I previously mentioned the Physicians Choice Workgroup which worked with CHA to develop legislation to extend AB2024 which allowed Critical Access Hospitals to employ physicians beginning in 2017. The bill will sunset at the end of 2023. CHA is working on legislation that would have kept this in place and add the same ability to DSH, rural and District hospitals. This is still in process, but we have had a new bill introduced by Dr. Wood which would keep the AB2024 provisions in place. This is AB242.

Hot off the Press: AB242 (Wood)

AB 242, as introduced, Wood. Critical access hospitals: employment. Existing law, the Medical Practice Act, authorizes the Medical Board of California to grant approval of the employment of licensees on a salary basis by licensed charitable institutions, foundations, or clinics if no charge for professional services is made, in accordance with specified requirements. Existing law provides an exception to the prohibition on charging for professional services for a federally certified critical access hospital that employs licensees and charges for professional services rendered by those licensees to patients under specified conditions, including that the medical staff concur by an affirmative vote that the licensee's employment is in the best interest of the communities served by the hospital. Existing law makes that exception operative only until January 1, 2024. This bill would delete the provision making the above-specified exception inoperative on January 1, 2024. The bill would make nonsubstantive changes by deleting inoperative reporting requirements.

Other bills of note at this time:

Assembly Bill (AB) 4 (Arambula, D-Fresno) — Follow

AB 4 would declare the intent to expand Covered California access to all Californians regardless of immigration status. This bill currently is in spot form, but the author's office has indicated that it intends to amend the bill to actually expand coverage under Covered California.

AB 40 (Rodriguez, D-Pomona) — Oppose Unless Amended

AB 40 would establish a statewide, 20-minute standard 90% of the time for ambulance patient offload times. It would also direct the Emergency Medical Services Authority to develop a public education campaign related to the use of the 911 system. Additionally, it would develop an electronic signature to track when transfer of care from EMTs to hospitals takes place. CHA is advocating for the removal of the

establishment of a statewide, 20-minute standard as patients should be treated in order of greatest need, and the manner in which people arrive at a hospital should not be artificially weighted.

AB 48 (Aguiar-Curry, D-Winters) — Follow-Hot

AB 48 would establish a new consent form that skilled-nursing facilities must complete. The form would ensure specified information has been shared with a patient prior to providing consent to administer treatments or procedures involving psychotherapeutic drugs, except in an emergency. The California Department of Public Health is charged with developing the consent form. Facilities will not be required to comply until the department has developed and disseminated the standardized consent form by Dec. 31, 2024.

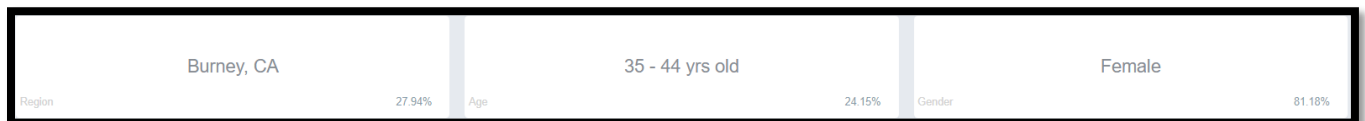
Marketing/Public Relations

The first couple of weeks of the year have been spent updating the website and employee intranet. We have been working with individual departments to identify changes and additions for department pages. We have also been building up existing pages on the site to include more content and provide additional resources and education for the community. We have updated website banners and information. At this point, we are almost completed gathering department information and corrections, additions, etc, should be completed by mid-February.

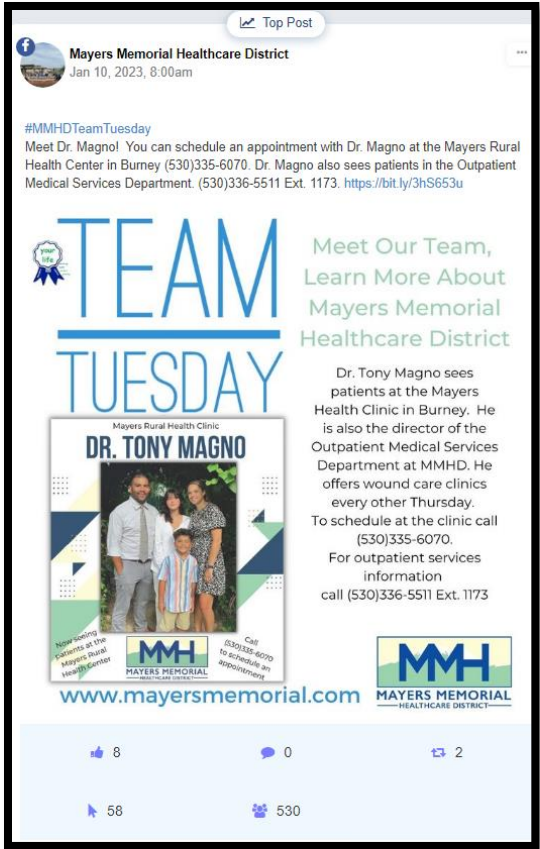
We have a large project going on with SNF to streamline the Residents Right’s packet process, materials for admissions, a family newsletter and making significant changes to the SNF page on the website. We are working with the SNF leadership team to make this all happen.

At the beginning of 2023 we began using a new marketing and PR scheduling platform. With this we have combined new healthcare content, fresh formatting and design of social media posts and re-introduced our blog. We are using custom branded links and a new scheduling and calendar feature. Healthcare observances have been scheduled and aligned to promote appropriate services within MMHD. So far this new process has worked very well and we are seeing more traction on our various marketing platforms. All marketing and PR directs back to our website.

Analytics for the first half of January show our largest audience is from Burney and are 35-44 year old females.



We have a scheduled bank of content focused on our providers and services. In the first 2 weeks of 2023, the post below about Dr. Magno was the highest performing post.



Here is a snapshot of our website traffic over the last year:

Summary by Month										
Month	Daily Avg				Monthly Totals					
	Hits	Files	Health Pages Presented	Patient Visits	Sites	KBytes	Patient Visits	Health Pages Presented	Files	Hits
Dec 2022	3580	3160	1929	358	4904	6290118	11104	59808	97990	110989
Nov 2022	5279	3620	3675	454	4522	8770566	13632	110276	108606	158399
Oct 2022	5849	3944	4262	521	4705	8559324	16157	132140	122285	181334
Sep 2022	5935	4271	4221	505	4668	8915222	15170	126641	128139	178076
Aug 2022	5807	4130	3932	526	4722	10383598	16313	121911	128051	180043
Jul 2022	19815	5985	17268	631	5381	22011953	19591	535329	185540	614271
Jun 2022	9330	5529	7353	695	5652	10892020	20858	220612	165879	279913
May 2022	5990	4227	4177	543	4851	10453685	16860	129511	131042	185695
Apr 2022	6698	4850	4787	618	5352	9479237	18553	143628	145500	200960
Mar 2022	7266	5419	4926	632	5800	10574524	19594	152732	168005	225258
Feb 2022	8511	6503	5404	693	6420	12613603	19418	151339	182097	238324
Jan 2022	8771	6647	5842	693	5938	13381594	21489	181115	206067	271924
Totals						132325444	208739	2065042	1769201	2825186

SHIP COVID Grant

We have submitted initial documentation for the SHIP COVID grant. We were able to expend all of the funds within the guidelines and provide some great resources and education for our staff and the community.

One thing to watch for that is in process as a result of the grant are employee information stations. We are placing televisions (3 in FR and 2 in Burney) that will be used for staff information. We are very excited to get this going and address some of the communication suggestions that came from staff. Additionally we will be able to provide the resources and education required of the COVID SHIP grant.

We also purchased a visitor management system with grant funds that allows us to electronically check in visitors and manage COVID screening.

Emergency Preparedness

The big project with Emergency Preparedness is aligning our program with the ACHC guidelines to ensure staff has the needed required information easily accessible. We are updating the Emergency Operation Plan and all appendixes and making them available digitally.

Lastly, we have not yet been successful in finding an employee to fill the vacant position, but are exploring some leads.

**January Board Report
Clinical Division
1/17/2023**

Hospice

- Lindsay Crum, RN, is the new Hospice Manager. She starts this position on January 28.
- Hospice quarterly report is next month.

Pharmacy

- Monoclonal antibodies for the treatment of COVID have been withdrawn as the effectiveness against the current strains is reduced.
- Extensive training on the database for the new IV pumps is complete. The company representatives were on site for additional training. The database build has started, and the review process is in place. Each IV is built in the system by a pharmacist and then reviewed by at least one nurse and a second pharmacist.
- The chart for hazardous waste disposal has been updated. The new chart is color coded with graphics to make proper disposal easier.

Retail Pharmacy

- Kristi Shultz, CPhT, has accepted the position of Retail Pharmacy Associate Manager. Her focus is the 340B program and the business aspects of the retail pharmacy.
- Opioid Safety
 - All pharmacists are certified to prescribe naloxone (Narcan®).
 - To meet national standards, starting March 1, opioid prescriptions for MME (morphine milligram equivalents) of 50 or greater per day will need to have naloxone on hand. It can be prescribed by a provider or a pharmacy.
 - Liberty, the retail software, now has CURES data integrated so pharmacists can quickly view past opioid fills and opioid fills at other pharmacies. CURES is the Controlled Substance Utilization Review and Evaluation System database.
 - Val Lakey will be helping with marketing of opioid safety.
 - We will be working with community providers on opioid safety and naloxone access.
 -

Respiratory Therapy

- David Ferrer, RT, Respiratory Manager, spent several days at Valley Children Hospital in Madera to hone his skills on CPAP and biPAP on babies and pediatrics.
- Mayers has acquired bubble CPAP for babies and pediatrics. Inservice training for respiratory therapists and nursing staff on the new equipment was done.
- David is taking the asthma education course and will be a certified asthma educator by the end of February.

Imaging

- Mayers has applicants for the Imaging Manager position and interviews have started.

Cardiac Rehab

- Volumes have been strong with some days having as many as 25 patients.

- The department is at capacity for monitored patients. Monitored patients are usually seen Monday, Wednesday, and Friday. We have started patients on Tuesdays and Thursdays until there is room to move them to three times a week.

Physical Therapy

- Daryl Schneider, PT, department manager, has returned to full time at Mayers.
- The department has patients traveling from as far as Alturas as Mayers is able to bill VA insurance.
- Far Northern Services does not currently have a physical therapist, so their clients are served at Mayers.
- Daryl is working with Shannon Gerig, MVHC CEO, to attend a provider noon meetings to promote PT services and cardiac rehab services.

Laboratory

- The chemistry analyzer conversion is installed and working. Unfortunately, it was down over the Christmas weekend and a repair technician was not available until December 27. It has worked well since.
- A position for a laboratory manager is posted. The department is being led by a lead CLS and a lead phlebotomist.
- The department has only one registry CLS with the goal of being fully staffed by Mayers employees in the very near future.

Telemedicine

See attached report

Telemedicine Program Update as of January 6, 2023

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

We have completed a total of 2028 live video consults since August 2017(start of program).

Endocrinology:

- Dr. Bhaduri saw 20 patients in November and 15 in December. She has seen two patients so far in January and has 21 on the schedule for the rest of the month
- We've had 680 consults since the start of this specialty in August 2017.

Nutrition:

- We had two nutrition appointments with Jessica in November, three in December and she has four scheduled for later in January.
- We've had 154 consults so far since we started this specialty in November 2017.

Psychiatry:

- Dr. Granese saw eight patients in November and eight in December. There are currently nine on the schedule for December.
- We've had 585 consults since the beginning of the program in August 2017.

Infectious Disease:

- We had one new Hep C patient scheduled and seen in November. Patient is currently on treatment and proceeding with on-treatment lab protocol. He will follow-up with an appointment with Dr. Siddiqui before the end of his 8 week treatment.
- We've had 94 consults since the start of this specialty in September 2017.

Neurology:

- Dr. Levyim saw 13 patients in November and 11 in December. She has 12 patients scheduled for January.
- We've had 367 consults since the start of the program in November 2018.

Rheumatology:

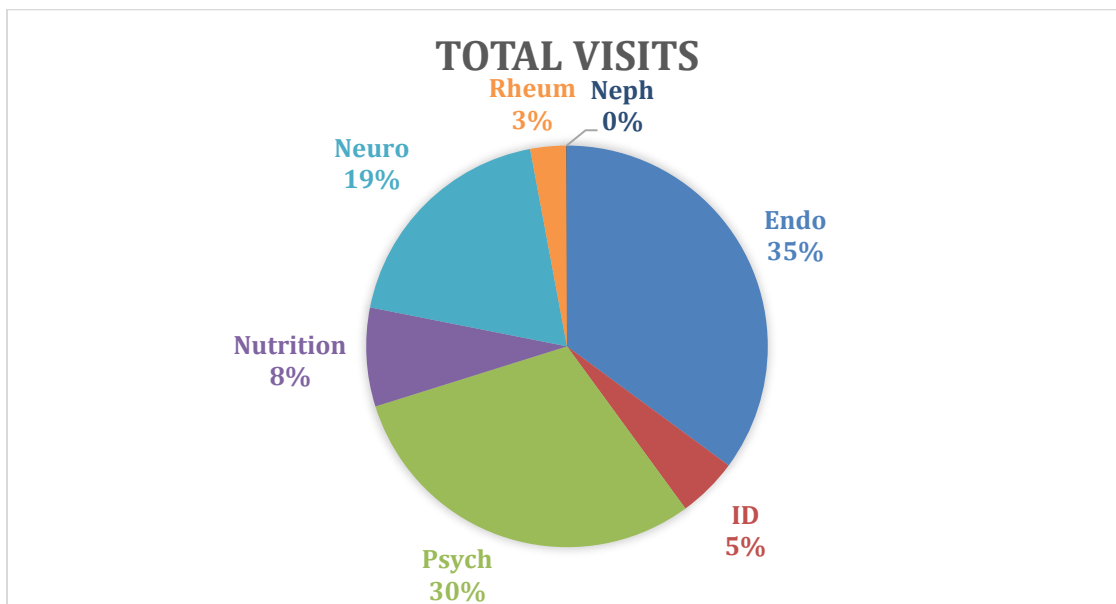
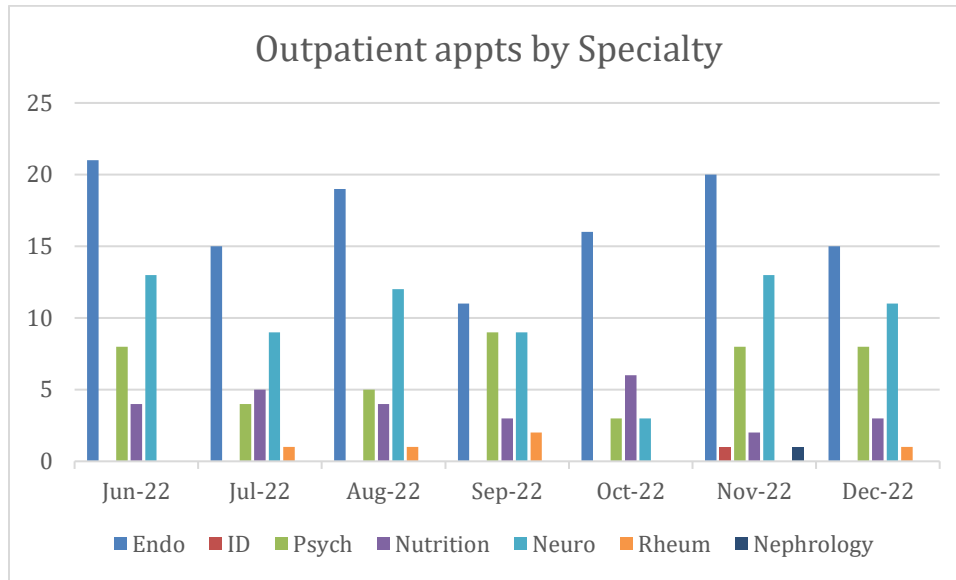
- Dr. Shibuya saw no patients in November and one in December. He has two scheduled for January however one no-showed this week. Telemed2U is working on onboarding a second Rheumatologist to assist with the tight scheduling.
- We've had 56 consults since the start of the program in May 2020.

Nephrology:

- Dr. Bassila has joined our specialist group and saw his first patient in November. He only has one shared block a month (with December canceled due to holidays) and so currently has one scheduled for January and two scheduled for February. He was very nice and well received by the patient in November.

Expansion of New Services for Outpatient:

- Credentialing is proceeding for our new LCSW and contracts are signed. We're hoping to get him started with patients as soon as possible.



NURSING SERVICES BOARD REPORT

Jan. 2023

CNO Board Report

- Both Fall River and Burney Annex are in the Green status. Infection control sent out informational letters to Resident families related to the Bivalent vaccine. The hope is that it will answer questions and that families will give permission for their loved ones to receive the vaccine.
- Interim DON-SNF has been filled by Hannah Johnson, RN BSN from NPH.
- Moriah Padilla accepted DON-Acute Services position.
- Nurse admin, CHRO and CEO developed plan for retention/recruitment strategies that was then presented to a team of RN's, LVN's and CNA's. Through this process, we have a package that will benefit new recruits and current staff.
- Clinical Staff Educator: Have developed process for posting yearly educational calendar for Nursing staff.

SNF Report

- Census- (84) Fall River- 37. Burney- 47
- Fall River & Burney are at Green Status.
- Admissions are ongoing.
- One female bed available in Fall River.
- One female bed (Annex) available and 2 male beds (Memory Care) available in Burney.
- CNA class has started and has 3 students.
- Activities department is looking to hire a Van driver.
- No deficiencies noted from last CDPH visits. Two self-reports pending review.
- Struggling to find NOC shift nurses.
- New Interim DON Hannah Johnson started 1/4/23

Outpatient Surgery

- Department continued to be closed.
- Per Maintenance, all floors scheduled to be redone.
- Working with Chris and HR in recruitment of provider and CRNA.
- Been in talks with 2-different companies for General Surgeon coverage.
- Sharing of OR Team with Modoc Medical Center in discussion.

Acute

- November 2022 Dashboard
 - Acute ADC: 2.3 LOS: 4.05
 - Swing ADC: 0.5 LOS: 3.75
 - Observation Days: 7

- December Staffing: Required 8 FTE RN/LVN's, 2 PTE RN's, 4 FTE CNA's & 2 FTE Ward Clerks
 - Currently utilizing 3 FTE travelers (2 contracted, 1 NPH)
 - Open positions: 1 FTE RN's and 2 PTE RN's
 - We currently have a new grad RN that is pending her NCLEX exam. This will eliminate the need for the NPH Traveler
 - We have offered a FTE RN position to a new grad and are pending her start date. She is expected to have an 8-week orientation process and will eliminate 1 more FTE traveler
- Theresa and I traveled to Shasta College for a career day with the 4th semester RN students. We were well received and were able to obtain a resume and job application out of the meeting (our pending new hire)! In this same meeting, we were able to recommend Jennie Robb as a preceptor for their 4th semester clinical rotations. She has formally been approved and we are waiting on confirmation to see if she will have an RN student this semester.
- In follow-up to the Safe Patient Handling project, we have finalized a laundering process and sling inspection process that is appropriate for both the Acute Services and SNF departments. Acute care will move towards a single patient use sling system, as ours become outdated. We have reviewed the inventory list and established equipment update needs.
- We met several times throughout December with members of the RN, LVN, and CNA teams to present retention/recruitment strategies that the leadership team has worked hard on over the past few months. We had a great response from the RN team with constructive ideas. Overall, they seemed to be receptive to our proposed plans and are looking forward to the positive changes being made.
- Since the approval from the board for the new IV Infusion System, we are diligently working on the implementation process for a Go-Live of March 21st, 2022. Several nurses have been identified to sit on a review committee to work collaboratively with pharmacy as medications are uploaded into the drug library to ensure that all stakeholders can review the medications to identify potential concerns with the way the database is created.

OPM

- The Outpatient Census (110 approx. a month) is currently down. October 90 patients, 105 procedures, November 91 patients seen, 101 procedures December 88 patients, 112 procedures. Referrals from MVHC are down. Pit River sending patients to Redding (MD at Pit River does not have privileges at Mayers due to out of state license.
- LTC Residents to start being seen as Medicare Part B starting September 6th. Residents will take activities van over on wound clinic days to see physician for wound clinics if needed. OPM staff to follow up if *complicated* wounds at Mayers Rural Clinic for Burney residents as an outpatient to reduce transportation and make easier on residents in Burney. Fall River residents will schedule appointment and be seen in OPM
- New part time OPM employee is returning from maternity leave January 24th two days
- Dr Magno continues to conduct wound clinics every other Thursday
- Working with Marketing on increasing providers in efforts to increase census. Val started marketing Dr. Magno for wound clinics at MMHD

- OPM to move to new space in 1/17/23

Emergency Department

December Stats

- Through the Emergency Department, we treated 383 patients
- 27 were admitted to Mayers
- 19 were transferred to a higher level of care
- 83 patients were peds (under 18)
- 2 AMA
- 8 LWBS
- 2 LPTT
- 52 patients presented to ER via EMS
- Staffing: The ER Manager stepped down and is currently FTE as NOC Sup. The DON-Acute Services is filling gap while we work on restructuring of Nursing Sup role. Hired RN to start later this month for NOC RN. We currently have 1 FT Day shift and 1 FT NOC RN positions being filled by travelers.
- RN Supervisor continues with temporary role for Clinic Project Manager for Cerner implementation.

Respectfully Submitted by Theresa Overton, CNO

Chief Operating Officer Report

Prepared by: Ryan Harris, COO

Facilities, Engineering, Other Construction Projects

- All parties involved in the Burney clinic water damage insurance claim participated in a call to come to a resolution on the claim. During the call Trent Construction, Diaz Insulation and Ray-Mac Mechanical agreed to reimburse MMHD for all remediation costs. Legal is currently reviewing the letter of release prior to MMHD signing.
- A new area compliance officer (ACO) with HCAI has been assigned and walked the site on 1/12. This is our 3rd new ACO in the last year. We are also working to get fire sprinkler bracing completed per our new inspector of records (IOR) request to finalize ceiling inspection to work toward final closeout.
- The Operating Room flooring project was completed in January. Plumbing work behind the Autoclave was also completed to bring drainage into code compliance. Maintenance is working on paint, concrete floor sealing in the Autoclave room and water purification rooms and hanging new wall racks.
- The decision has been made to move Outpatient Medical back to their original space ahead of the original February 28th deadline. This will officially close our Covid unit.
- Department meetings were held with Aspen Street Architects, Inc. for Master Planning. From here, the architects will take the needs, wants, and requirements into consideration, narrow down the field of options and we will meet again to review options.
- A kickoff meeting with the Department of Health Care Access and Information (HCAI) sub-contractors and MMHD staff was held for the med gas alarm project. We will issue the notice of construction start once subs are scheduled.
- The Burney Annex Fire Alarm Project was submitted to HCAI for approval. Project documents are still under review by HCAI currently. We are currently on back check number three in their review.
- The first phase of our access control project is completed, and new badges are being delivered to staff from HR. We are now exploring phase two of the project that will include interior door at the Fall River Campus and exterior doors at the Burney Annex.
- Maintenance is preparing the surgery suite to be reoccupied and will have all work completed in the area in the coming weeks.
- Weather turned on us sooner than expected and we were not able to restripe the parking lot. This will be done prior to the mobile clinic being opened in Fall River.
- We have engaged PG&E on their Healthcare Energy Fitness Initiative (HEFI). We have conducted our kickoff call and will be working on this project in conjunction with our master planning work
- We are working on painting the Annex Kitchen with the same pre-catalyst paint as the OR. We are looking into replacing the cabinets that are failing with a stainless-steel option.
- Facilities and Engineering is currently fully staffed including staff for employee housing.

IT

- The IT team has successfully completed the e-mail migration from our old on-premise e-mail server so that it can be decommissioned.
- We should have the WIFI network design from Cerner by the end of the month so that we can make the necessary changes to get our WIFI network up to speed for the implementation. We are on track with the other project requests so far.

- The IT team has built the servers and deployed the Ivenix client software via Citrix. We are working on an ADT interface for the pumps. We are also working on getting Starlink and a VPN setup at the education center in McArthur to facilitate training.
- IT is currently fully staffed.

Purchasing

- Work continues on finding a new GPO for purchasing and the team has meet with several vendors already.
- Continue to provide support for the Ivenix IV Pump project.
- The team continues to work on the Supply Chain workbook for the Cerner implementation.
- Purchasing has been breaking down costs of linen waste.
- Our Purchasing Manager will be going to Plumas Hospital to discuss Cerner with Purchasing Manager and IT team.
- The team has been conducting weekly inventory in the supply room. We have seen the inventory numbers becoming more accurate.

Food & Nutrition Services

- We are currently conducting interviews for our open RD position and hope to have the position filled by the end of the month. We continue to have RD coverage until our permanent position if filled.
- Food and nutritional services have several open positions and is actively working to fill them.

Environmental Services & Laundry

- EVS has been busy getting people hired and then trained. There are three people that are going through the hiring process and will be starting on the floor soon. Once they start, EVS will be fully staffed.
- Floor Maintenance is still getting things caught up that haven't been done in a while.
- Laundry Facility is transitioning well with the extra linens to wash from the Burney facility.
- In the next couple of months, EVS staff will be doing some in-services within the department. And they will also be doing a hazmat training in February for all staff.
- Staff are working really hard to get things done so that the hospital will be ready for surveys that will be coming. The new staff are being educated on the Survey process, so they are aware and ready.

Rural Health Clinic

- The Mobile clinic has arrived and is in the process of state licensing. We are waiting for the California Department of housing and community development to schedule their inspection prior to be able to do our CDPH inspection. All paperwork has been submitted and fees paid. The goal is still to be operational by end of fiscal year.
- As soon as the credentialing is complete, we will be offering mental health services at the clinic via tele-med
- Family Pact and Beacon Health applications are still be processed.
- Kim and I are working on process improvements for our clinic outgoing referrals. We have been working on this new project for the last couple of weeks and are close to being ready to

implement some of these changes. Our goal is to make our referral process more streamline for our patience and staff and ensure proper communication around referrals.

Employee Housing

- Joey is starting to replace old mattresses. Starting with the lodge then moving out to the houses. We started getting complaints from tenants that some of the mattresses and should be replaced.
- Management is looking at the length of time we are giving tenants, in long term housing, to find permanent housing options. We have created an extension letter to provide tenants and extra 30 days after their initial 90 days. These situations will be handled case by case and with the collaboration of management and HR.
- Internet connection has been an issue in the last few months with Comp-Air so we are looking into adding Starlink satellite internet for better coverage.
- Joey and I are working on the operating budget for the lodge in conjunction with Finance. The budget should be ready for the finance committee in the next month or two.

CEO Board Report January 2023

Highlights for January:

The biggest thing that happened this week was SEMSA, our ambulance service, served us with a termination letter. We have 180 days to find someone else to take over our ambulance service. I spoke with their CEO about what happened and some of it transpired from some misinformation on their end. They were not aware of some of the things we were working on, such as the cost-based reimbursement. Some of their people that work with us that we've spoken to about what we are working on, did not pass that information up. Their decision really boils down to staffing and finances. All in all, it's probably a good thing as we've had a tumultuous relationship with their organization.

We have a couple of options that to choose from. Option number one is that we take it on ourselves. Option number two is that we work with another company to take it over for us. Option number three would be a hybrid, where they are our employees, but we work with another company to help manage it. In each case for it to be profitable or at least break even we still need Burney Fire to help us out by either deciding to join with us so that we can create a district that will allow us to do cost-based reimbursement or step aside and allow us to take over.

We (Ryan and I) met with Chief Bob May to go over (again) what our proposal would be. He still seems very hesitant of doing anything with us and kept talking about how the board was against it and didn't like how the hospital was treating them with calling in reports to SSV. I explained the plan more in depth and the circumstance that we're in and he said that he would be willing to reach out to the board again and talk to them once more. We even offered to come to the next board meeting and answer questions that they might have.

We also reached out to Matt Brown who's with REMSA. He helped Plumas and Trinity set up their ambulance services both of which are different. In Plumas, REMSA is providing the ambulance service and Plumas is doing the billing and paying REMSA an agreed upon amount to cover the cost of staffing and other operation items with a built-in margin of course. At Trinity, REMSA consulted with them to set it up in house. In our conversation with Matt, he expressed that it is very doable for us and talked about the three options I mentioned above. He did also state that Burney fire was the key to making it at least break even if not profitable. I asked if he would be willing to speak to Chief May and he agreed. I reached out to Bob, and he agreed to have a conversation with Matt. They have spoken and Bob is getting more information from Matt and sending an email out to his board members. I feel him working with Matt will yield better results because he is a third party and not affiliated with the hospital.

Bob has reached out to me letting me know that he did receive the information and that they were working on a pro forma to see how that will affect them financially. I am worried about them doing it and not allowing somebody that's more familiar with it to do it and I did explain to him that REMSA has someone that can do that and is a guru in that area and would probably be faster than I'm trying to do it. All he responded was "okay". It's progress so we'll take it. I think the article in the paper helped our position as well. If you haven't had a chance to read it, I would recommend it, as they did reach out to Bob and get some quotes from him as well.

There is another option if Burney fire doesn't want to come to the table. We could still set up an ambulance service in Burney and the fact that we would be ALS and Burney Fire operates as BLS it would mean that we would get the calls before them as the calls to the highest level of care first. This would essentially force them out because they would get next to zero calls. This of course is kind of the nuclear option and even doing this we would have to absorb the loss until Burney Fire bowed out, but it would give us another way to make sure we can financially support an ambulance service in our hospital district.

This month we also finished up the personnel action forms for all of the changes for the wage scale adjustment. It has actually paid dividends for us already. We've been able to hire a couple of RNs for the ER as well as hire two rad techs. All in all, we've had 11 hires over these last couple weeks and all because of our wage scale adjustment and the other things we are doing. We will be able to eliminate several registry positions as a result. This is very exciting because we're really in the infant stages of this new process and program. We're keeping our fingers crossed that the momentum continues.

On the Cerner front, we had a phone call with them that told us that they were going to be moving us to a consulting group to do our implementation and that our go live date was going to change from July 24th. This was done because of the large number of new clients that are making the switch to Cerner and them being affected by the staff crunch like the rest of us. Originally, they moved our go-live date to Labor Day but because of the Fair and other issues with a Labor Day go live we requested that they move the date out a couple of weeks. They were able to accommodate us and have moved our date to September 18th for go-live which should make things much easier for everyone involved. This will make it so that the bulk of the work happening isn't happening during times when people want to be out on vacation. Kids will be going back to school; people will be settling back in after the summer, and it will be after our fair days. Now the real work can begin.

We also spent some time this past month working on Master Planning. We met with various departments over the space of 3 long days. It was a good conversation to find out from them things that they need in their areas or other efficiencies that we could potentially help provide to them through this process. It made for some very long days. Things are going well with it, and I think the staff are excited to see that we're moving forward with a plan and including them in it.

Jack and I have met several times and discussed starting our ACHC accreditation process sooner than later. We're looking at signing the paperwork to move forward by the end of January so that they can be out here for that initial survey by April at the latest. This gives us the opportunity to see some of those areas that they feel were deficient and start the process of fixing them before we jump into Cerner. It will also give us about 2 and 1/2 years in Cerner after that before they come back again for their regular survey which would probably be very advantageous for us. This is of course on top of all the other things that are going on but if we don't sign with them then we can still have state show up and do the survey since they are about 2 years late right now and that could be right in the middle of our Cerner implementation at a more inopportune time. This way we can control it more.

Finally, with our new programs for retention and recruitment, we finalize the details and the dates for the new programs with the help of our frontline nursing staff. The nursing team is our pilot group as they make up most of our registry staff and most of our staffing issues. Once it was finalized, we brought that same nursing team back together and shared the programs and the dates associated with them so that they could see there was no changes from what we had talked about and then asked them if it was ready to go out to the rest of the team. They agreed that it was and so we are stating the process of

getting the information out to all staff and slowly expand some of the same programs into the other departments. The nursing team that was part of the process (there were 16 of them) were very happy and appreciative that they were a part of it and they're very excited about what we're doing going forward. The time frames we have in place are between now and the end of the fiscal year.

Thank you,
Chris Bjornberg