

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
March 29th, 2023 @ 1:00 PM
Mayers Memorial Burney Annex Boardroom
20647 Commerce Way, Burney, CA

Microsoft Teams: [Click here to join the meeting](#) Meeting ID: 218 001 369 172 and Passcode: cP27eK
Phone Number: 1-279-895-6380 and Phone Conference ID: 370 278 903#

Mission Statement

Mayers Memorial Healthcare 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 | SPECIAL PRESENTATION | | | |
| | 3.1 Wipfli Annual Audit Summary | | | 30 min. |
| 4 | APPROVAL OF MINUTES | | | |
| | 4.1 Regular Meeting –February 22, 2023 | Attachment A | Action Item | 2 min. |
| | 4.2 Special Meeting – March 3 rd , 2023 | Attachment B | Action Item | 2 min. |
| 5 | DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS: | | | |
| | 5.1 Resolution 2023-04 – February Employee of the Month | Attachment C | Action Item | 2 min. |
| | 5.2 Business Office | Danielle Olson | Attachment D | Report 2 min. |
| | 5.3 Purchasing | Rachel Morris | Attachment E | Report 2 min. |
| | 5.4 Mayers Rural Health Clinic | Kimberly Westlund | Attachment F | Report 2 min. |
| 6 | BOARD COMMITTEES | | | |
| | 6.1 Finance Committee | | | |
| | 6.1.1 Committee Meeting Report: Chair Humphry | | Report | 5 min. |
| | 6.1.2 February 2023 Financial Review, AP, AR and Acceptance of Financials | | Action Item | 5 min. |
| | 6.1.3 Annual Audit Summary Acceptance | | Action Item | 5 min. |
| | 6.2 Strategic Planning Committee | | | |

| | | | | |
|-------|--|---------------------|-------------|---------|
| 6.2.1 | No March Meeting | | Information | 1 min. |
| 6.3 | Quality Committee | | | |
| 6.3.1 | Committee Report – DRAFT Minutes Attached | Attachment G | Information | 5 min. |
| 7 | NEW BUSINESS | | | |
| 7.1 | Ambulance Services | | Discussion | 10 min. |
| 8 | ADMINISTRATIVE REPORTS | | | |
| 8.1 | Chief's Reports – <i>Written reports provided. Questions pertaining to written report and verbal report of any new items</i> | | | |
| 8.1.1 | Chief Financial Officer – Travis Lakey | | Report | 5 min. |
| 8.1.2 | Chief Human Resources Officer – Libby Mee | | Report | 5 min. |
| 8.1.3 | Chief Public Relations Officer – Val Lakey | Attachment H | Report | 5 min. |
| 8.1.4 | Chief Clinical Officer – Keith Earnest | | Report | 5 min. |
| 8.1.5 | Chief Nursing Officer – Theresa Overton | | Report | 5 min. |
| 8.1.6 | Chief Operation Officer – Ryan Harris | | Report | 5 min. |
| 8.1.7 | Chief Executive Officer – Chris Bjornberg | | Report | 5 min. |
| 9 | OTHER INFORMATION/ANNOUNCEMENTS | | | |
| 9.1 | Board Member Message: Points to highlight in message | | Discussion | 2 min. |
| 10 | ANNOUNCEMENT OF CLOSED SESSION | | | |

Med Staff Credentials Government Code 54962

AHP APPOINTMENT

1. Shannon Davidson, CRNA
2. Ryan McNeely, LCSW – Telemed2U
3. Thelma Wadsworth, PA - MVHC

AHP REAPPOINTMENT

4. Brenna Oakes, NP – UC Davis
5. Erica Bauer, PA - MMHD

MEDICAL STAFF APPOINTMENT

6. Palak Parikh, MD – UC Davis
7. Nigel Pedersen, MD – UC Davis
8. Mona Rezael Mirghaed, MD – UC Davis
9. Doris Chen, MD – UC Davis
10. Shubhi Agrawal, MD – UC Davis
11. Kiranm Kanth, MD – UC Davis
12. Jack Lin, MD – UC Davis
13. Reena Nanjireddy, MD – UC Davis
14. Jonathan Snider, MD – UC Davis
15. Chen Zhao, MD – UC Davis
16. Kelsey Sloat, MD – MVHC
17. Daniel Kirkham, MD – TCR
18. Jean Claude Bassila, MD – Telemed2U

MEDICAL STAFF REAPPOINTMENT

- | | | | |
|------|--|--------------------|--------|
| 10.1 | <ol style="list-style-type: none">19. Charles DeCarli, MD – UC Davis20. Sunpreet Kaur, MD – UC Davis21. Trinh Thi Nhat Truong, MD – UC Davis22. Arthur De Lorimer, MD – UC Davis23. Kelly Beth Haas, MD – UC Davis24. Daphne Say, MD – UC Davis25. Maheen Hassan, MD – UC Davis26. Beatrice Akers, DO – UC Davis27. Sindhura Batchu, MD – UC Davis28. Orwa Aboud, MD – UC Davis29. Marc Lenaerts, MD – UC Davis30. Ryan Martin, MD – UC Davis31. Lara Zimmerman, MD – UC Davis32. Michelle Apperson, MD – UC Davis33. Norika Malhado-Chang, MD – UC Davis34. Jeffrey Kennedy, MD – UC Davis35. Ricardo Maselli, MD – UC Davis36. Kwan Ng, MD – UC Davis37. John Olichney, MD – UC Davis38. David Richman, MD – UC Davis39. Ajay Sampat, MD – UC Davis40. Masud Seyan, MD – UC Davis41. Vicki Wheelock, MD – UC Davis42. Ge Xiong, MD – UC Davis43. Lin Zhang, MD – UC Davis44. Alan Yee, DO – UC Davis45. Alexandra Duffy, DO – UC Davis46. Javeed Siddiqui, MD – Telemed2U47. Allen Morris, MD – Redding Path48. Tommy Saborido, MD – MMHD | Action Item | 2 min. |
|------|--|--------------------|--------|

49. Aditi Bhaduri, MD – Telemed2U

10.2 **Personnel Government Code 54957**
Department Personnel

Discussion

10 min.

11 **RECONVENE OPEN SESSION**

12 **ADJOURNMENT: Next Meeting April 26, 2023**

Posted 03/24/2023

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
Minutes
February 22, 2023 – 11:00 am
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: Abe Hathaway called the regular meeting to order at 11:00 AM on the above date.

BOARD MEMBERS PRESENT:

Abe Hathaway, President
Jeanne Utterback, Vice President
Tom Guyn, M.D., Secretary
Tami Humphry, Treasurer
Lester Cufaude, 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
Lindsey Crum, Hospice Manager
Britany Hammons, ADON SNF
Hannah Johnson, Interim DON SNF
Jessica DeCoito, Board Clerk

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

RONNEAN LUND – BOARD MEMBER OF THE ANDERSON IRRIGATION DISTRICT. A CANDIDATE FOR THE SHASTA LAFCO BOARD VACANCY.

3 SPECIAL PRESENTATION

- 3.1 Debt Capacity Study: Jason Sieg and Abby Schmuacher, Wipfli.
Review of the Debt Capacity Study that Wipfli performed was provided via presentation. Wipfli presented the findings of the Debt Capacity Study to coordinate the district's Strategic Plan and Master Planning Process.

4 APPROVAL OF MINUTES

- 4.1 A motion/second carried; Board of Directors accepted the minutes of January 25, 2023. **Utterback, Guyn** **Approved by All**

5 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

- 5.1 A motion/second carried; Mallory Marks was recognized as January Employee of the Month. Resolution 2023-02. Mallory became a part of our CNA program and has become a permanent employee of ours. She has been a great addition to our team and we are very lucky to have her. **Utterback, Cufaude** **Approved by All**
- 5.2 Hospice Quarterly Report: written report submitted. Orange is the national average and the blue is where MMHD is at on the graphs. Meeting with Pit River Health was really good and admitting into Hospice criteria was shared.
- 5.3 Mayers Healthcare Foundation Quarterly Report: written report submitted. Events section "Diamonds and Denim Gala" should be in 2024 and not 2023. More volunteers are starting to join our team and taking part in our services at the Thrift & Gift and Long Term Care.

| | | | |
|----------|---|-------------------------------|----------------------------|
| 5.4 | Quality & Risk: written report submitted. Kudos to Jack and all of his hard work paying off. After March we will have a list of measures to meet by May to receive our accreditation for ACHC. This will also help us meet our QAPI on the hospital side. | | |
| 5.5 | Skilled Nursing Facility: written report submitted. Next week our admits will bring our FR up to 85. Our admit process has been updated and become more efficient, so we can bring more into the facility. Strengthening our RNA (Restorative Nursing Aide) program to bring our residents more therapies. | | |
| 6 | BOARD COMMITTEES | | |
| 6.1 | Finance Committee | | |
| 6.1.1 | Committee Report: Cash on Hand dipped a bit but will go back up in May with Rate Range. Veregy Solar Services will be providing an assessment of our spaces and energy. | | |
| 6.1.2 | January 2023 Financials: RHC was down with patient volume and that relates to revenue being down. Motion moved, seconded and carried to approve the financials. | <i>Humphry, Utterback</i> | <i>Approved by All</i> |
| 6.1.3 | Board Quarterly Finance Review: motion moved, seconded and carried to approve. | <i>Humphry, Utterback</i> | <i>Approved by All</i> |
| 6.2 | Strategic Planning Committee Chair Utterback: No January Meeting | | |
| 6.3 | Quality Committee Chair Guyn: | | |
| 6.3.1 | Report provided by Jack previously about the ACHC. Deficiency talked about that has already been submitted for plan of correction. Missed the deadline on the Bridge program but working on this for next year. | | |
| 6.3.2 | QAPI Report: recommended to the full board by the Quality Committee for approval. Motion moved, seconded and carried for approval. | <i>Guyn, Humphry</i> | <i>Approved by All</i> |
| 7 | OLD BUSINESS | | |
| 7.1 | Shasta LAFCO Ballot: submitted nominations for LAFCO board in the packet. Motion moved to table this item to the next meeting, seconded and carried to table this motion. | <i>Utterback, Guyn</i> | <i>Motion tabled</i> |
| 8 | ADMINISTRATIVE REPORTS | | |
| 8.1 | Chief's Reports: written reports provided in packet | | |
| 8.1.1 | CFO: we will go over the audit in the next meeting. | | |
| 8.1.2 | CHRO: amping up the efforts on the recruitment program that includes high schools and colleges. Job posting has been posted for the HR Recruiter. | | |
| 8.1.3 | CPRO: at the March Board Meeting, our Job Shadow students will come and present to you about their experience working in our hospital. SB525 is the minimum wage bill, sponsored by SCIU. Would require minimum wage for healthcare workers \$25/hr. and a 3.5% increase in wage annually. This does apply only to healthcare but crosses over into other industries that would be in opposition of this. Seismic bill sponsored by Wood came forward. There are lot of stopping points and some funding available. | | |
| 8.1.4 | CCO: chemistry analyzer came back online on Monday. Telemedicine offerings were talked about. | | |
| 8.1.5 | CNO: Green in both facilities. SNF Census will go up with new admits. | | |
| 8.1.6 | COO: Veregy Solar Services is a sub-contractor with PG&E. We have been able to determine that we can move forward with this project before Master Planning Services because we will utilize the bluff location for these panels. This company will come onsite and provide an assessment of our facilities and provide options for our Board to decide. Master Planning Services have been meeting on a weekly basis to go over all the information collected from each department. We can schedule a Strategic Planning meeting to look at what the options provided in Master Planning can be. | | |
| 8.1.7 | CEO: MMHD staff met with Burney Fire District to provide public comment about the EMS Services. We will include this as an agenda item on our March Board Meeting agenda. | | |
| 9 | OTHER INFORMATION/ANNOUNCEMENTS | | |

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.

9.1 Board Member Message: Employee of the Month, Hospice highlight, RHC provider highlights, Planting our Seeds and Growing Our Own,

9.2 Reminder get your Form 700 and Ethics DONE by March 1st.

10 ANNOUNCEMENT OF CLOSED SESSION: 1:47 pm

10.1 Personnel – Govt Code 54957
CEO Evaluation

No Action
taken

11 RECONVENE OPEN SESSION: 2:45 PM

12 ADJOURNMENT: 2:45 PM

Next Meeting February 22, 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

DRAFT

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
Special Meeting
Minutes
March 3, 2023 – 10:00 am
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: Abe Hathaway called the regular meeting to order at 10:00 AM on the above date.

BOARD MEMBERS PRESENT:

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

ABSENT:

STAFF PRESENT:

Chris Bjornberg, CEO
Travis Lakey, CFO

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

3 RESOLUTION FOR SALE OF PROPERTY

3.1 Resolution 2023-03: Authorizing Subject Transaction: required piece of documentation to sell the property. Requested by Placer Title Company.
Motion moved, seconded and carried to be approved.

Utterback, Cufaude *Approved by All*

4 OTHER INFORMATION/ANNOUNCEMENTS

5 ADJOURNMENT: 10:10 am

Next Meeting February 22, 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. 2023-04

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

John Bridgeman

As February 2023 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, John Bridgeman is hereby named Mayers Memorial Healthcare District Employee of the Month for February 2023; and

DULY PASSED AND ADOPTED this 29th day of March 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



Growth Pillar



Executive Leader/Director

/Manager: *Travis Lakey/Danielle Olson*

Department: *Business Office*

Last Updated: 03/21/23

| Current Year | Specific Plan & Estimated Completion Date | Driver | Current Actions |
|-------------------------------------|---|----------|--|
| Priority: | Cross Training/FYE 2023 | Danielle | Begin rotating Billing Reps to each others job duties. |
| | AR Days (Hospital) | Danielle | Using CAH Flex data |
| | | | Hospital AR Days are 58.32. Over the last year we have worked on the UR process to get more of our high dollar accounts Authorized |
| | | | |
| Priority Ideas for Next Year | | | |
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Communication Pillar

Executive Leader/Director

/Manager: *Travis Lakey/Danielle Olson*

Department: *Business Office*

Last Updated: 03/21/2023

| Current Year | Specific Plan & Estimated Completion Date | Driver | Current Actions |
|-------------------------------------|--|----------|--|
| Priority: | Translate billing forms to Spanish/ FYE 2022 | Danielle | Have all current billing forms translated to spanish. |
| | | | I have the Financial Counselor actively working on this. All the forms that we give to patients are in the same file and the ones that are |
| | | | |
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| Priority Ideas for Next Year | | | |
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Executive Leader/Director

/Manager: *Travis Lakey/Danielle Olson*

Department: *Business Office*

Last Updated: 03/21/2023

| FY23 (Jul 1, 2022 - Jun 30, 2023) | Specific Plan & Estimated Completion Date | Driver | Current Actions |
|--------------------------------------|---|----------|---|
| Priority: | Cross Training/FYE 2023 | Danielle | Begin rotating Billing Reps to each others job duties. I have people cross trained in Commercial, Blue Cross/Blue Shield, I have trained someone how to do charge entry. Posting and the deposit process has been trained to more than one person. I have learn a lot of the Financial Counselor funtions. The next will be Medicare and Long Term Care billing. Clinic posting and billing are known by myself and the Clinic biller. |
| | | | |
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| Priority Ideas for Next Year | | | |
| Cerner | Billing | | This is coming fast. I have worked on all of the charges. I am also starting on Hospice billing (will not be through Cerner). |
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Quality / Service Pillar

Executive Leader: *Ryan Harris, COO*

Director or Manager: *Rachel Morris*

Department: *Purchasing*

Last Updated:

| Current Year | Specific Plan & Estimated Completion Date | Driver | Current Actions |
|---|---|-----------------------|--|
| Priority: | | | |
| By FYE 2023, the CERNER deliverables will be completed for the Purchasing Department. | completed and submitted to Cerner on February 1st 2023 | Rachel, Jesse, Nathan | Currently attending meetings and online trainings for SME and Super User training |
| | Vendor Master/Item Master Completed February 2023 | Rachel | Keeping log of new items and new vendors up to date during implementaion |
| | Completed 1st online training March 7th | Rachel | Intergration Testing |
| | Observed Cerner processes at Plumas Hospital, January 2023 | | Accessing the Project Portal |
| By FYE 2023, reduce inventory loss from Pyxis by 20% year over year. | Tracking inventory and pricing on supplies - contiunous | Rachel/Jesse | Daily reports on inventory, charges and credits and communication |
| | Updating Par levels due to increase of patient care - continuous | Rachel/Jesse | Utilizing new charging system with the yellow chargable stickers |
| | | | Communication with Department Head and staff of knowledge of Pyxis and training as needed. Being support on the Admin side of Pyxis, reports, setting up user profiles |
| By FYE 2023, reduce inventory loss in Acute, Outpatient Medical and Surgery by 10% year over year. | Re-establish inventory procedures - continuous | Rachel | Order from vendors, Receive and inspect products, sort and stock products, par/issue products to departments |
| | Re-organize stocking closets - June 2023 | Rachel | Understanding supplies that are needed, changing par levels to each closet. Organizing by department to locate items easily |
| | Establish new PAR levels - Continuous due to increase of patients | Rachel | Meeting with Acute, OPM and ED to set new PAR levels due to increase of patients and cost savings on supplies |
| Priority Ideas for Next Year | | | |
| By FYE 2024 - Cerner Implementation Completed | Complete all trainings and hit all benchmarks for Go live, September 2024 | | |
| By FYE 2024 - ACHC Accreditation | Establish and follow Policy and Procedures to help with the accediation process | | |
| | | | |



Growth Pillar



Executive Leader: *Ryan Harris*

Director or Manager: *Kim Westlund*

Department: *Rural Health Clinic*

Last Updated:

| Current Year | Specific Plan & Estimated Completion Date | Driver | Current Actions |
|--|--|----------|---|
| Priority: | | | |
| By FYE 2023, increase patients under 18 to 400. | Complete and submit CHDP & Family Pact applications by Oct. 31st, 2022 | Kimberly | CHDP application submitted 09/27/2022-Approved 10/19/22 Family Pact application submitted 11/22/22-application pending |
| | Beginning # 326/goal is to increase by 74 new patients by FYE | | Nov 2022-343/Dec 2022 363/Jan 2023-374/Feb 2023-377/March 2023-385 |
| | Complete and submit Carelon(formerly Beacon) application for behavior health | | Application submitted 11/22/22-still in process pending approval |
| By FYE 2023, increase Partnership assign lives by 50% year over year. | Monthly check-ins with Partnership rep. | Kimberly | Increase the number of lives assigned to us by making sure our provider list and available schedule is up to date. |
| | Beginning # of lives assigned to us at start of fiscal year-169 | | Aug 2022-186/Sept 2022-209/Oct 2022-191/Nov 2022-223/Dec 2022-230/Jan 2023-234/Feb 2023-240/March 2023-253 |
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Quality / Service Pillar

Executive Leader: *Ryan Harris, COO*

Director or Manager: *Kim Westlund*

Department: *RHC*

Last Updated:

| Current Year | Specific Plan & Estimated Completion Date | Driver | Current Actions |
|--|---|----------|--|
| Priority: | | | |
| By FYE 2023, meet all deliverables for CERNER implementation for the Rural Health Clinic. | Monitor and stay on track with assigned trainings | Kimberly | Completing any assigned trainings and attending all meetings around Cerner |
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| Priority Ideas for Next Year | | | |
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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
Quality Committee
Minutes

March 22, 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 Tom Guyn, M.D. called the meeting to order at 1:02 pm on the above date. | | |
| | BOARD MEMBERS PRESENT: | STAFF PRESENT: | |
| | Tom Guyn, MD., Secretary Les Cufaude, Director | Chris Bjornberg, CEO Jack Hathaway, Director of Quality Jessica DeCoito, Board Clerk | |
| | Excused ABSENT: | | |
| 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 February 20, 2022 | Cufaude, Hathaway Guyn – Y Cufaude- Y |
| 4 | Hospital Quality Committee Report: changes were applied to the Hospital Quality Meeting this month. Chris and Jack are meeting with all of the Executive Leadership Team members and their managers. These meetings are to help each department understand metrics/measures, expectations for quality and etc. We will then have a list of all metrics from all departments to provide to the Board. | | |
| 5 | Director of Quality Report | | |
| | 5.1 | Written Report submitted. ACHD Gap Analysis Summary: the official report has yet to be shared with us. High level summary is that we have a lot of areas of opportunity to work on. Some of this is paperwork and workflows, but also include physical environment updates. Policies & Procedures will be updated or created. Once our official report comes out, our team will meet up internally, create a plan of action and make this a working and living document that everyone has access to. We anticipate this to take our team up to 9 months to get everything set up and ready for us to have the survey to receive accreditation. It's going to be a big process but our team can handle this. | |
| 6 | OTHER INFORMATION/ANNOUNCEMENTS: April 19, 2023 | | |
| 7 | CLOSED SESSION Med Staff Credentials Government Code 54962 | | All approved |
| 8 | RECONVENE OPEN SESSION | | |
| 9 | ADJOURNMENT: at 1:39 pm | | |



Operations Report March 2023

| Statistics | February YTD FY23 <i>(current)</i> | February YTD FY22 <i>(prior)</i> | February Budget YTD FY23 |
|-------------------------------------|--|--|--------------------------------|
| Surgeries | | | |
| ➤ Inpatient | 0 | 0 | TBD |
| ➤ Outpatient | 0 | 0 | TBD |
| Procedures** <i>(surgery suite)</i> | 0 | 0 | TBD |
| Inpatient | 1263 | 1706 | 1149 |
| Emergency Room | 2902 | 2807 | 2812 |
| Skilled Nursing Days | 19027 | 17710 | 18245 |
| OP Visits (OP/Lab/X-ray) | 10699 | 14485 | 9180 |
| Hospice Patient Days | 789 | 1266 | 895 |
| PT | 1627 | 1650 | 1671 |

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

**Procedures: include colonoscopies

Human Resource
March 2023 Board Report

Submitting by Libby Mee – Chief Human Resource Officer

The Human Resource department currently supports 281 active employees

Full Time – 245 Part Time/Casual/Per Diem – 24 Leave of Absence –12

Staffing and Recruitment

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

Administration

Director of Ancillary Services*
Skilled Nursing Facility Director of Nursing*

Nursing

Utilization Review RN*
Emergency Department RN*
Med/Surg Acute RN
Med/Surg Acute CNA
Skilled Nursing Facility CNA
Skilled Nursing Facility RN/LVN
Surgery Manager
Surgery Scrub Tech

Clinical

Imaging Manager
Imaging Radiology Tech
Respiratory Therapist*
Laboratory Manager
Laboratory CLS

Support Services

Food and Nutrition Services Aide/Cook*

Travel/Registry Staff

We continue to use registry for the following departments:

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

We have recently signed a new recruitment agreement with a company that will target our nursing specific positions.

We are very excited to be adding a recruiter to our team. This staff member will work closely with department leadership to fill all vacant positions, as well as maintain a constant presence at local schools, universities, and career fairs.

The Mayers team attended the SMART business resources center's spring career fair at Simpson College. We interacted with many potential employees as well as established relationships with some new community partners.

We are scheduled to attend additional fairs at Shasta College and the Tri Counties Community Network later this spring.

Employee Health and Wellness

Employee COVID Exposure

Total cases – 353

Isolation/Positive – 275

Quarantine – 78

Exposure related to work – 63

Work Related injury and Illnesses

For the first quarter of the year, we have had 1 reportable claim resulting in 3 days away from work.

There have been 4 first aid injuries resulting in 1 day away from work.

Employee Safety and Wellness Initiatives

Slip Trip and Fall Prevention Program – On April 18th, our representative from Beta will be back on site to validate our newly implemented program. We expect this visit to go very well and look forward to reporting back with results.

Safe Patient Handling Program – As the program is very large, we will be re-opting into the program with BETA for the next year's validation period, but the committee continues progress of implementation.

Ergonomics – Dana continues to work closely with the team with some recent office moves, to be sure that workspaces and equipment are set up appropriately to avoid injuries. Additionally, Dana recently represented MMHD at a Burney Rotary Club meeting. On the heels of this meeting, Dana was asked to attend a Burney Water District meeting to speak on workplace ergonomics.

Additional Projects

Retention Payment Program

We recently received a notice that the Department of Healthcare Services will begin issuing payments to covered entities starting March 28th, March 30th and April 5th related to the State Retention Payment Program. Once payment is received, the district will have 60 days to issues payment to applicable employees.

SB1334 – Meal and Rest Breaks

On February 26 we activated the CA Meal and Rest break regulations related to SB 1334 in the Paycom system. These premiums added over \$22,000 to payroll. I am hopeful this number will decrease as we continue our understanding and management of the new regulations.

2023 Allied for Health Compensation Practice Committee

On March 1, I attend my first committee meeting. Many of the topics were related to struggles and other facilities were having with Unions. Though these issues do not directly affect Mayers, I found it valuable to see best practices and initiatives that we are doing in efforts to maintain employee satisfaction.

Shasta Health Assessment and Redesign Collaborative (SHARC)

The SHARC meeting was cancelled this last month due to lake of meeting topics

Accreditation Commission for Health Care (ACHC)

The HR department enjoyed our time with our ACHC representative. We were able to ask questions and clarifications about our current employee compliance process as well as gain insight on some potential changes we are looking to make. We feel very confident that we will have no issues maintaining the ACHC standards for employee files and compliance.

Trainings

The HR team have registered and will be attending the below virtual trainings this Spring:

- Leaves of Absence – Making Sense of it All

Chief Public Relations Officer – Valerie Lakey
March 2023 Board Report

Legislation/Advocacy

Things are in full swing with first committee deadlines this month. There are many bills I have referenced previously, which we continue to follow. Some of our rural counterparts have provided committee testimony on AB869 which is Assemblyman Wood’s Seismic bill. This bill provides some extensions of the 2030 requirements, but does not address the funding issues.

I traveled to Sacramento for the annual in-person Legislative Strategy Group meeting where we discussed priority bills for CHA including:

- Managed Care AB1091
- Seismic AB869
- Behavioral Health AB1001, SB43
- Minimum Wage SB525
- Workforce
- Budget Request

This is a very busy and fast moving time in the legislature and we work to stay up on bills, positions, make contacts, write letters, and advocate for rural healthcare. I will likely be testifying for CHA on the Workers Comp presumption bill that resurfaced from last year.

Marketing/Public Relations

We have completed the set-up of the employee messaging boards (Televisions throughout employee areas). These are employee facing and feature communications for staff. They will be updated weekly, monthly, and as needed for important messaging.

We are working with Hospice, Retail Pharmacy, Clinic and SNF on department marketing and projects. Some of the projects include new signage, promoting a prescription refill app, hospice education materials, and patient information.

We developed several pieces to be used for job fairs and recruiting. Packets and information were provided for a job fair at Simpson University last week.

Applications have been provided to the three local high schools for this year’s summer intern program. We have also set dates for the Elementary School assemblies and are currently working on the programs.

New inventory has arrived at the gift shop and things are looking really great! We were able to set up another workstation in the back to take care of receiving and inventory. We are very excited to be featuring some local products and have already received great feedback. We will be conducting a survey to gain insight on what kinds of products are desired, what occasions customers shop for, and what price ranges customers would like to see.

We have had a great initial sign up for the 5K which will be a part of the Health Fair on April 15th. Additionally we are encouraging departments to participate and will help to provide resources and marketing materials as needed.

Foundation

The Foundation Director has resigned. We have been working together to determine steps moving forward to ensure the success of the foundation. There will be more to report at the board meeting.

Emergency Preparedness

We will be offering ICS 100 and ICS 200 the first part of April. It is a requirement for MMHD staff to complete these important courses.

**January Board Report
Clinical Division
3/21/2023**

Retail Pharmacy

- A consultant from Liberty, the retail pharmacy software provider, will be on site March 24 to assist with workflow. We want to minimize rework and use the software to its full capacity.
- RefillQuick is an app available for customers to order refills from their smart phone. When the app is updated for android, we will be launching it for the public.
- Kristi Shultz, CPhT, Retail Pharmacy Associate Manager, and Keith Earnest, CCO, traveled to San Diego to see Asteres prescription lockers in operation. We are working with the company on a quote for a unit at Mayers Burney Clinic.

Laboratory

- Lab is preparing for Mayers Health and Wellness Fair on April 15th. Labs will be performed at Mayers and not outsources.
- An area of quality focus identified in the ACHC GAP analysis is blood utilization review reporting. All the documents are in place and lab personnel is working to format the data into a quality report.

Pharmacy

- The new IV pumps have arrived and are live. There were several quick fixes to make to the drug database. The software is easy to navigate, and changes are deployed to the pumps wirelessly.
- Pharmacy staff in collaboration with retail pharmacy staff will be focusing on opioid safety and naloxone at our table at Mayers Health and Wellness Fair.
- A new policy on procedural sedation that includes provisions for Propofol use has been approved.
- There is a nationwide shortage of nebulized breathing treatments. Mayers has been able to obtain what we need by using more than one wholesaler.

Respiratory Therapy

- David Farrer, RT, respiratory manager, is working with staff development to development to create staff competencies for new equipment.
- Extending an offer to a respiratory therapist for a permanent position.

Imaging

- The CT machine and the portable x-ray machine experienced some down time in the last month. The CT machine came back online quickly but the portable x-ray machine was down for more than a week awaiting parts.
- Imaging is working with marketing to update and brand the oral contrast distributed to outpatients.

Physical Therapy

- Maintenance has refreshed the department with new paint.
- February outpatient visits were stronger compared to last year.

- Another physical therapy provider in the intermountain area is no longer accepting Medicare Advantage. Mayers Physical Therapy is the only provider, and we had some initial denials with Medicare Advantage as secondary insurance did not pick up coverage. Stefanie Hawkins, PT scheduler, has learned to navigate Medicare Advantage's processes where each PT visit must be separately authorized in 24 hours.

Telemedicine

See attached report

Telemedicine Program Update as of March 21, 2023

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

We have completed a total of 2157 live video consults since August 2017 (start of program).

Endocrinology:

- Dr. Bhaduri saw 22 patients in February and has seen nine so far this month. She has seven more on the schedule for the rest of the month
- We've had 731 consults since the start of this specialty in August 2017.

Nutrition:

- Jessica saw five nutrition patients in February, two so far in March and has six more on the schedule for the rest of the month.
- We've had 164 consults so far since we started this specialty in November 2017.

Psychiatry:

- Dr. Granese saw nine patients in February. He saw 13 patients so far this month and may still see one more resident in Fall River later this month.
- We've had 615 consults since the beginning of the program in August 2017.

Infectious Disease:

- Dr. Siddiqui didn't see any patients in February but has two on his schedule in March.
- We've had 96 consults since the start of this specialty in September 2017.

Neurology:

- Dr. Levyim saw seven patients in February and 11 so far this month. She has three more patients scheduled to be seen in the remainder of March.
- We've had 395 consults since the start of the program in November 2018.

Rheumatology:

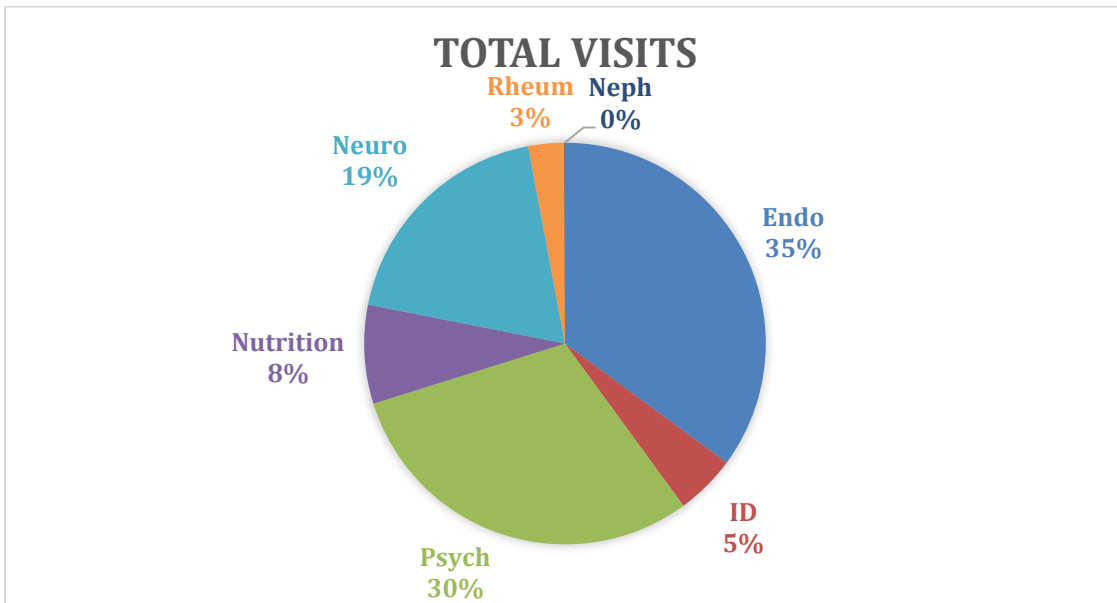
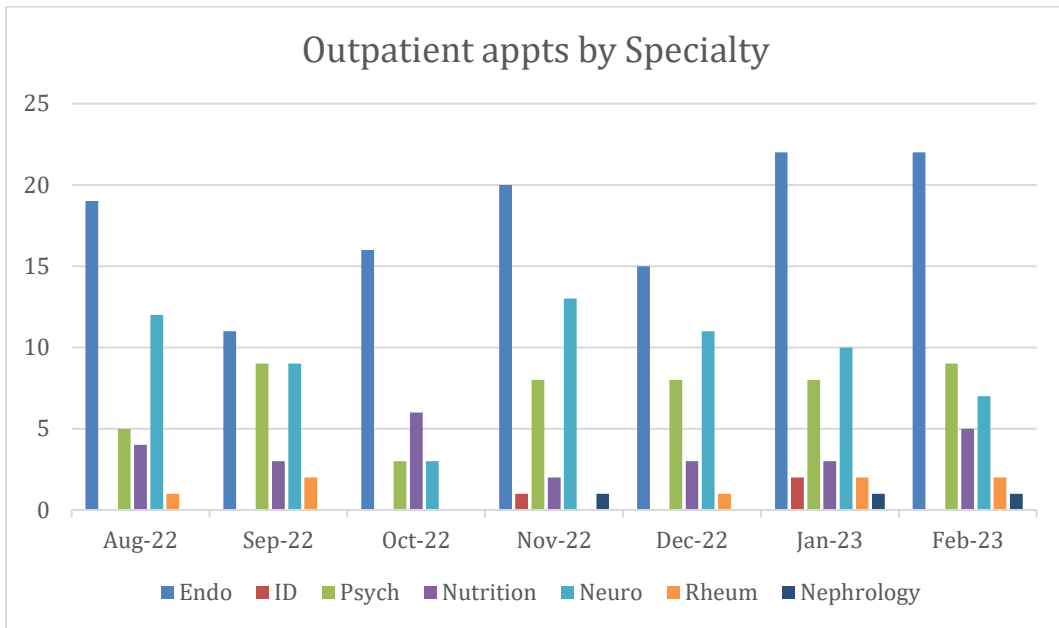
- Dr. Shibuya saw two patients in February and two patients in March. We now have regular time blocks with Dr. Shibuya every other month.
- We've had 62 consults since the start of the program in May 2020.

Nephrology:

- Dr. Bassila saw one skilled nursing resident in February and has two patients on his schedule for March.
- We've had 3 consults since the start of the program in November 2022.

Expansion of New Services for Outpatient:

- Credentialing is completed for our new LCSW. We are currently waiting on credentialing of our clinic with Beacon/Carelon so that we can start seeing patients.



NURSING SERVICES BOARD REPORT

Mar. 2023

CNO Board Report

- Both Fall River and Burney Annex are in green status.
- Interim DON-SNF has extended contract through April and is willing to stay on until a new DON is found. FT position offered but declined offer.
- ACHC on-site to do a gap analysis on the Acute side. Was a positive experience with some work to be done in all areas. They provided great feedback and a “roadmap” for each department.
- Cerner implementation continuing with our Nurse leadership and SME’s.
- Went live with the new Ivinex IV pumps. The entire process went well and the team was responsive with good questions.

SNF Report

- Census- (81) Fall River- 35 Burney- 46
- Fall River & Burney are at Green Status.
- Admission reviews are ongoing.
- Three female beds available in Fall River.
- One private room (Male or Female) and 2 male beds available in Burney Memory Care.
- Two students passed the CNA class. Program continues with 100% pass rate.
- The Activities department is fully staffed.
- Two self-reports pending review by CDPH.
- Struggling to find NOC shift nurses at both sites. Needs sent to Medefis with several offers pending acceptance.
- Interim DON Hannah Johnson extended through April.

Acute

- February 2023 Dashboard
 - Acute ADC: 2.21, LOS: 4.13
 - Swingbed ADC: 1.46, LOS: 10.25
 - Observation: 6.51
- Feb Staffing: Required 8 FTE RN/LVN’s, 2 PTE RN’s, 4 FTE CNA’s & 2 FTE Ward Clerks
 - Utilizing 2 FTE contracted travelers and 1 PTE NPH traveler
 - Open positions: 1 FTE RN’s
 - We currently have a new grad RN that has passed her NCLEX and has started orientation
- RN Staff attended a pediatric respiratory training aimed at recognition and stabilization
- Collaboratively working on revision of admitting packet for Acute/ Swingbed

Emergency Services

- February 23 Dashboard
 - Total treated patients: 283
 - Inpatient Admits: 20
 - Transferred to higher level of care: 20
 - Pediatric patients: 48
 - AMA: 0
 - LWBS: 0
 - LPTT: 2
 - Present to ED vis EMS: 31
- February Staffing: Required 8 FTE RN, 2 PTE RN's, 2 FTE Tech's
 - Utilized 3 FTE contracted travelers
 - Per Diem employees cover the PTE need
 - RN Supervisor continues with temporary role of Clinic Project Manager for Cerner implementation – Utilizing (1) contracted traveler to fill this open FTE position temporarily
 - Open positions: 0 – New RN tentative start date 5/1/23
 - Acute DON remains acting manager of unit until position is filled
- RN Staff attended a pediatric respiratory training aimed at recognition and stabilization
- Collaborated with PT to review current stock items of splints/slings to ensure we were meeting standard of care.
- Initiated a Shift Huddle within the unit in hopes of enhancing communication strategies with staff

Outpatient Surgery

- Department remains closed
- Collaborating with Modoc Medical Center OR Manager and team to reorganize the OPS department. Have been in contact with two providers who are interested in joining our team.

OPM

- The Outpatient Census (*110 approx. a month*) is currently down. December 88 patients, 112 procedures, January 90 patients seen, 121 procedures. February 96 patients seen, 126 patients (Referrals from MVHC are down) (Pit River sending patients to Redding) Weather has made a lot of cancellations this winter
- LTC Residents started 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
- Part time OPM employee returned to OPM 2 days a week
- 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 moved to new space 1/17/23. Things are running better. Working towards a process of getting patients access to the OPM door when the timing is right for multiple Outpatient departments.
- Preparing for Health Fair in April

Respectfully Submitted by Theresa Overton, CNO

Chief Operating Officer Report

Prepared by: Ryan Harris, COO

Facilities, Engineering, Other Construction Projects

- The Burney Clinic water damage claim is in the final stages and should be completed by the end of March with claim payments received.
- Facilities have returned all of our space to its configuration before the Covid 19 pandemic per the HCAI requirement.
- We continue to have weekly meetings with Aspen Street Architects, Inc. We are working on narrowing down the options to one or two to present to the staff for feedback. We have a solid plan and are looking forward to completing the phasing and preliminary budget for the project.
- Our focus has been on closing out our three open HCAI projects, including the water tank pump project, the nurse call project and the demo project. The water tank pump project received its construction final and is complete, the nurse call project has no further inspections and only requires HCAI to finish their document review. However, nurse call is currently being used with HCAI sign-off except in room 102. The demo project is waiting on the results of one final inspection. Once signed off we will receive our construction final and be able to use room 102 again. PM Morris has re-engaged in our fire alarm and med gas projects.
- There is a growing need to expand our access control and security cameras in our facilities to improve the overall security need of our organization.
- 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. After our initial call with Veregy, it was decided that we can use the bluff location for a solar project. As this will have no impact on master planning, we have decided to proceed with exploring solar now instead of waiting. After reviewing multiple bids, the scope of work contract with Veregy has been signed and our NEME 2 application is being submitted. Once the scope of work is completed a contract will be presented to the board for review and approval.
- Facilities will need to continue to work on both kitchens and make improvements to their casework and cabinets to meet ACHC standards. We are done with painting the Annex Kitchen. It takes a lot of time and coordination to work around the cooking schedule and clean the wall before painting. New stainless-steel shelving has been ordered to replace some shelves that were particle board and falling apart. Alex is still working on finding a suitable stainless cabinetry system for the space.
- There is an opportunity to improve our facilities through the ACHC standards as identified in the gap analysis. One area of opportunity is education. Alex is taking advantage of our education program and attending an American Society for Health Care Engineering (ASHE) workshop for facility managers that includes sessions such as physical environment Survey Readiness for life safety, emergency management, and the environment of care as well as door inspections and maintenance and a certified healthcare facilities manager exam review.

IT

- Cerner Wi-Fi updates are taking place so that our infrastructure is ready for project implementation.
- The Cerner IT Technical Kickoff meeting took place on Thursday, March 23rd. IT is excited for the project to get going.
- IT successfully helped deploy the new IV pumps on the Ivenix pump project.

Purchasing

- The purchasing department helped deploy the Ivenix IV Pump Project this past week with supplies being set up in the supply room.
- Rachel is taking time to work on her Cerner Learning Journeys to help prepare for the implementation project.
- Travis and Rachel have selected a new GPO.

Food & Nutrition Services

- Susan and Jen, along with Lani Martin have updated the Diet Menus. They continue to work on providing our residents and patients with options for meals.
- Food and Nutritional Services still have several open positions and is working actively to fill them.
- Susan and Jen will be working to update policies and procedures and workflows to help meet ACHC Gap Analysis opportunities.
- ACHC identified several opportunities for improvement in the food and nutrition services department. The team will be working on implementing those improvements over the next several months.

Environmental Services & Laundry

- EVS and Laundry Facility staff are entertaining a Linen Helper program that helps manage inventory, PAR levels, and tracking of linens throughout the hospital. This program also provides data on how much linen has to be discarded and purchased to fill in the stock.
- ACHC identified several opportunities for improvement for the EVS and Laundry departments. The team will be working on implementing those improvements over the next several months.

Rural Health Clinic

- All training for Family Pact has been completed. Dr. Watson will attend an in-person training/provider orientation in Sacramento on April 13th. Once that is completed, we should receive our welcome letter.
- DOT Drug Testing certification and mock collections have been rescheduled for the first week in April.
- The clinic plans on hiring a clinical care coordinator instead of a medical assistant to improve the patient experience post-visit. The care coordinator will help manage the patient's condition and oversee the patient's treatment plan and expedites the referral process. They will also monitor patient compliance, encouraging them to follow their doctor's recommendations, and documenting improvement or setbacks.
- We have received the application from the California Department of housing and community development to schedule their inspection of the mobile clinic. John is in the process of scheduling this visit. Once completed CDPH will schedule their survey. The goal is still to be operational by end of the fiscal year.
- As soon as the credentialing with Beacon is complete, we will be offering mental health services at the clinic via tele-med. The LCSW is credentialed with MMHD and is ready to start right away.
- The team continues to work on the referral process for the clinic and how we can better improve it for our patients.
- MMHD is in talks with another MD that may join the team and provide care in the mobile clinic as well as other departments.

Employee Housing

- Joey continues to bridge gaps in communication with NPH scheduling and the travelers to help meet the needs of our tenants coming and going.
- Joey received his Survey results back and we are at 4.1 Stars of a 5 Star facility.

CEO Board Report March 2023

Highlights for March:

- Let's start with the ambulance service again. We had a call with CHA about the CMS rule on the 35 Mile requirement. We did find updated language from 2019 that does state that the 35 mi must be from the hospital and can't be from another site such as the ambulance barn. This means that we need Burney fire to make it work or we're going to need Surprise Valley to make it work.

We are waiting on a quote from REMSA which I'm hoping to have before the board meeting. This will give us a good baseline of where we stand as far as money is concerned. There is the idea of potentially going to the board of supervisors with the county and letting them know that we're taking it over and that we would like to ask for money from them because we can't get the cost-based reimbursement because of our neighbors. They may surprise us and chip in a little bit to cover our losses, but I think that's probably not the case.

Travis and I Met with Frances Hannah, the CEO from Surprise Valley. The meeting went well, and they are open to being part of the "program" so that we can all get cost-based reimbursement for the EMS services. We are now working on the first meeting of the group, and it looks like it will happen on 3/30/23.

- This month we had a zoom meeting with Senator Dahle. He wanted to ask us how things were going and what kind of things we needed. There's a lot of movement right now in the legislature surrounding hospitals. There's concern because of the hospitals that have closed and because they know that others will follow. We had discussions about the minimum wage proposition, the lack of appropriate funding and the seismic mandate. I do think that because of the publicity that California is receiving right now that there will be some movement this year that hopefully will help us out. There is a proposal on the table right now to add another \$1.5Billion to the medical reimbursement to help hospitals at this time. This is the short-term solution, but the big ask is for a long-term solution.
- There is quite a bit of movement with our master planning. We met with Aspen Street Architects and drilled things down even further. We are trying to finalize square footage and current space utilization so that we can present a plan to you as a board. We were hoping to have something to put in front of you at this board meeting, but it will most likely be in April. I think it's coming along quite nicely but just like everything else it's going to be expensive, so we'll have some decisions to make.
- We received news from CDPH that they are doing away with the mask mandate for all of healthcare on April 4th. This would also include long-term care. This was a bit of a surprise as we had heard rumors that masking in long-term care look like it would be ongoing and have no end. Many of the staff have already heard about this and have stated how happy they are about this. We're working on our policies and procedures for what we will do if we have an outbreak after the mask mandate is lifted.

- We met with Dr. Moza who is a surgeon via zoom this week. He was supposed to come out and visit but weather did not cooperate with us, so we met with him Via Zoom. He is excited about the prospect of working with us and understands where we are at in the process. Dr Schepp's is also still in the mix, and I spoke with him this week as well to give him an update about where we were at. I'm estimating were 60 to 90 days out before we'll have our first surgery patient after fixing everything up. This area in particular will need further discussion as we plan for the master planning.
- We had our ACHC gap analysis this month as well. We had three people from ACHC on campus Monday, Tuesday, and Wednesday. This is essentially a mock survey just to see where we stand. There were several things that they had quite a few concerns about. Policies being at the top of that list. Many of our policies are written more as procedures and so there's a lot of work that we're going to have to do there. There are also a few things on the facility side that were not in order as well. Overall, they showed us that there is a lot of work that we still need to do to become accredited, but They kept talking about how great our team is and how excited they are to see us make the changes. So overall even though there is a lot of work that needs to be done, it was very positive, and we all walked away knowing that we're more than capable of doing the work.

Now, if we wanted to remain with the state doing our surveys then we are fine for the most part but going with the ACHC is a much higher bar for us then the state. We are expecting the report back any time now. Hopefully, in time to be able to bring and share with you at the board meeting. The likelihood of us having things in order before the end of this fiscal year like we were hoping is very unlikely. With the Cerner implementation and master planning already on our plates, we will probably look at making this part of our priorities for next year because of the sizable amount of work that will need to be done.

- Finally, we had a call with Cerner this week and they are pushing back the roll out for the LTC. They currently don't have anyone to take us through the process and since we are coming up on some training dates, they are electing to hold it out and have it go-live at another time once we are able to get someone to help us with that. It is still possible that it can go live at or near the same time but right now that seems unlikely. Everything else is still on schedule and going well.

Thank you,
Chris Bjornberg