

Chief Executive Officer  
Louis Ward, MHA



**Mayers Memorial Hospital District**

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

**Board of Directors**  
**Regular Meeting Agenda**  
February 24, 2021 at 1:00 pm

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

Zoom Meeting: [LINK](#)

Zoom Call In Number: 1 669 900 9128, Meeting ID: 958 6110 1835

**Mission Statement**

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

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

				<b>Approx. Time Allotted</b>
<b>1</b>	<b>CALL MEETING TO ORDER</b>			
<b>2</b>	<b>2.1 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>			
	Persons wishing to address the Board are requested to fill out a “Request Form” prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.			
<b>3</b>	<b>SPECIAL PRESENTATION: WIPFLI ANNUAL AUDIT REVIEW: DAVID IMUS AND ERIC VOLK</b>	Information		30 min.
<b>4</b>	<b>APPROVAL OF MINUTES</b>			
	4.1 Regular Meeting – January 27, 2021	<b>Attachment A</b>	<b>Action Item</b>	2 min.
<b>5</b>	<b>DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:</b>			
	5.1 Resolution 2021-04 – January Employee of the Month	<b>Attachment B</b>	<b>Action Item</b>	2 min.
	5.2 Mayers Healthcare Foundation Quarterly Report – Marlene McArthur	<b>Attachment C</b>	Report	2 min.
	5.3 Safety Quarterly Report – Val Lakey	<b>Attachment D</b>	Report	2 min.
<b>6</b>	<b>BOARD COMMITTEES</b>			
	<b>6.1 Finance Committee</b>			
	6.1.1 Committee Meeting Report: Chair Hathaway		Report	5 min.
	6.1.2 January 2021 Financial Review, AP, AR and Acceptance of Financials		<b>Action Item</b>	5 min.
	6.1.3 Cornerstone Bank Account: Recommendation to open new account to separate Debt Service from Debt Reserve from Finance to Full Board for Approval. Resolution 2021-05	<b>Attachment E</b>	<b>Action Item</b>	5 min.
	6.1.4 Annual Audit Review Acceptance: Recommendation from Finance Committee to accept audit	<b>Attachment F</b>	<b>Action Item</b>	5 min.
	<b>6.2 Strategic Planning Committee</b>			

6.2.1	No February Meeting. Next Meeting March 8 <sup>th</sup> at 1:00 pm			
6.3	<b>Quality Committee</b>			
6.3.1	February 10 <sup>th</sup> Meeting Report – DRAFT Minutes Attached	<b>Attachment G</b>	Report	5 min.
7	<b>OLD BUSINESS</b>			
7.1	Community Member Invitation to Committees		Discussion	5 min.
8	<b>NEW BUSINESS</b>			
8.1	Board Member Education and Information		Discussion	10 min.
9	<b>ADMINISTRATIVE REPORTS</b>			
9.1	ED of Community Relations & Business Development – Val Lakey	<b>Attachment H</b>	Report	5 min.
9.2	Chief's Reports – <b>Written reports provided. Questions pertaining to written report and verbal report of any new items</b>	<b>Attachment I</b>	Reports	
9.2.1	Chief Financial Officer – Travis Lakey		Report	5 min.
9.2.2	Chief Clinical Officer – Keith Earnest		Report	5 min.
9.2.3	Chief Nursing Officer – Candy Vculek		Report	5 min.
9.2.4	Chief Operation Officer – Ryan Harris		Report	5 min.
9.2.5	Chief Executive Officer – Louis Ward		Report	5 min.
10	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>			
10.1	Board Member Message: Points to highlight in message		Discussion	5 min.
10.2	Rural Health Leadership Conference Attendee Summary		Discussion	5 min.
11	<b>ANNOUNCEMENT OF CLOSED SESSION</b>			
11.1	<b>Pending Litigation Government Code 54596.9</b> Upcoming mediation		Discussion	10 min.
12	<b>RECONVENE OPEN SESSION – REPORT CLOSED SESSION ACTION</b>			
13	<b>ADJOURNMENT:</b> Next Regular Meeting – March 31, 2021			

Posted 2/19/2021

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors  
Regular Meeting  
Minutes

January 27, 2021 – 1:00 pm  
Teleconference Only

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

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

**1 CALL MEETING TO ORDER:** Beatriz Vasquez called the regular meeting to order at 1:00 pm on the above date.

**BOARD MEMBERS PRESENT:**

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

**ABSENT:**

**Special Presenters:**

Kevin Robertson, NMR

**STAFF PRESENT:**

Louis Ward, CEO  
Ryan Harris, COO  
Keith Earnest, CCO  
Travis Lakey, CFO  
Candy Vculek, CNO  
Val Lakey, ED of CR & BD  
Libby Mee  
Diana Groendyke  
Mary Ranquist  
Jessica DeCoito, Board Clerk

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

- 2.1 Introduction of New Board Members:** Dr. Tom Guyn was raised in both Burney and Fall River Mills. He graduated from Fall River High School. After attending CSU Chico, where he earned two degrees in Biological and Chemical Sciences, he attended UC Santa Barbara for graduate work in Biochemistry. He earned his MD at the University of Rome Medical School, Italy. Following his Internship and Residency on the East Coast, Tom returned to Fall River to open a private Internal Medicine practice at Mayers Memorial Hospital. He founded and was Director of the Intermountain Pulmonary Lab and was a primary consultant for the planning and organizing of Mayers' ICU/CCU. For part of his career Tom worked overseas. He spent a year in the Internal Medicine services of a multi-disciplinary clinic at Saudi Aramco (Arabian American Oil Company). This was followed by six years at the US Army 546th General Dispensary in Mannheim, Germany taking care of the army family members and retirees. On returning to the States Tom settled in Minnesota and worked in primary care clinics, including organizing and setting up a new primary care clinic with his brother. He then worked for six years as a hospitalist at North Memorial Hospital. While in Minnesota he completed an MA in Values and Environment (environmental philosophy). In 2009 he moved back to California to Santa Rosa and worked for four years as a hospitalist and then in an Internal Medicine group practice. In July 2019 Tom retired and moved back to Burney. He looks forward to working on the MMHD Board of Directors and on the Quality Committee, drawing on his medical experiences, to help provide the best medical care for the Intermountain area.

Tami Vestal Humphry is a lifetime resident of the Mayers Memorial Hospital District. She graduated from Fall River High School in 1984 where she was active in FFA and High School Rodeo. Tami obtained a Bachelor's of Science degree from Cal Poly San Luis Obispo in Ag Business with a minor in Marketing. Tami is proud to own and manage Vestal Ranch, a 5<sup>th</sup> generation farming and working cattle ranch located on the eastern side of the Fall River Valley. She is the Bookkeeper for the Fall River Veterinary Hospital, Administrative Executive for the North Eastern California Water Association, is the Transportation Coordinator at Four Seasons Lumber and manages Brian Humphry Trucking. Tami's desire to serve on the hospital board grew from her belief that "having a modern, well-staffed, fiscally sound hospital is vital for the sustainability of our community".

### 3 APPROVAL OF MINUTES

3.1	A motion/second carried; Board of Directors accepted the minutes of December 2, 2020.	<i>Hathway, Vasquez</i>	<i>Guyn-Y Hathaway-Y Humphry-Y Utterback-Y Vasquez-Y</i>
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**4 Special Presentation from Nichols, Melburg & Rossetto’s Principal Architect Kevin Robertson on the 2030 Requirements for Medical Facilities:** Two options were presented to the Board and Administration to consider. First option would take current buildings and bring them up to date. Could take anywhere from 6 to 8 years to accomplish option 1. Would also cause disruptions to patient care, staff responsibilities, dust and noise. Option 2 would look at building a new Acute Care space, Pharmacy, Dining Rooms & Kitchen, as well as Med/Surge flex space for offices, breakrooms, storage, etc. Option 2 would take anywhere from 4 to 5 years to complete with little to no disruption to patient care and staff responsibilities. Both options would be in the 10’s of millions to accomplish. The Board will consider options, continue conversation with NM&R Architects and Engineers, and MMHD Administration to arrive at a decision.

### 5 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

5.1	A motion/second carried; Logan Young was recognized as December Employee of the Month. Resolution 2021-01. Works in Dietary in Burney. When the hazard pay checks went out, he was very appreciative for this. He was able to purchase a car with this hazard pay.	<i>Guyn, Hathaway</i>	<i>Guyn-Y Hathaway-Y Humphry-Y Utterback-Y Vasquez-Y</i>
5.2	A motion/second carried; Dr. Zittel was recognized for his 12 years of service to the Intermountain Community. Resolution 2021-02. We are very grateful for the 12 years of service he has provided to our community. He will be greatly missed and will have some big shoes to fill.	<i>Hathaway, Guyn</i>	<i>Guyn-Y Hathaway-Y Humphry-Y Utterback-Y Vasquez-Y</i>
5.3	A motion/second carried; Dr. Rasmussen was recognized for his 2 years of service to the Intermountain Community. Resolution 2021-03. We are very grateful to Dr. Rasmussen for his service to our community. We wish him the best and thank him for his service.	<i>Vasquez, Guyn</i>	<i>Guyn-Y Hathaway-Y Humphry-Y Utterback-Y Vasquez-Y</i>
5.4	Director of Human Resources – Libby Mee: Last year we were using 3 staffing dashboards to help recruit and as of yesterday we are using 9 – COVID made us up our game. Our turnover rate and our onboarding rate was very good considering the pandemic. We are excited to be working on the clinic onboarding and it seems to be that our community is excited too. Louis Ward has put in a request to the state for those employees who have received the vaccination but have had an exposure or a positive test, to formalize a decision to lessen the isolation or quarantine timeframes.		
5.5	Workers Comp 6 Month Report - Libby Mee: 2021 Regulations Webinar related to Workers Comp – most of it was related to COVID. The claims made were not major medical claims but resulted in more time off. So a rate increase may be seen. Mornings and afternoons are spent updating and managing the COVID employee spreadsheets. As of today we have had 89 employees that have been exposed and 24 of those were work related exposure.		
5.6	Director of Nursing SNF – Diana Groendyke: Census today is 71. We are experiencing a small outbreak of COVID on St 2. We have beds open and will hopefully be able to admit residents into the open spaces with the decline of COVID. Testing of residents continues. The second COVID vaccine clinic will be February 3 <sup>rd</sup> . Those SNF residents in the isolation ward have been both vaccinated and not vaccinated. Some changes in vaccination declarations are changing from “No” to “Yes”, after some SNF residents have turned up positive with COVID.		
5.7	Hospice Quarterly Report – Mary Ranquist: Webpage link was shared with BOD. <a href="https://www.mayershospice.com/">https://www.mayershospice.com/</a>		

### 6 BOARD COMMITTEES

#### 6.1 Finance Committee

6.1.1 **Committee Meeting Report:** Med Staff and Outpatient Services Report. Dr. Zittel and Dr. Rasmussen will be missed but we have interim plans to

6.1.2 **Nov. & Dec. 2020:** We are going to hire an expert to come in and provide support on our 340B Contract to help us understand and

*Hathaway, Guyn* *Guyn-Y  
Hathaway-Y*

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	tighten up the processes in the Retail Pharmacy. CARES Act funding requirement to spend the funds might extend out from June 30 <sup>th</sup> . Audit should be ready for presentation by February's Meeting. Motion moved, seconded, and carried.		<i>Humphry-Y Utterback-Y Vasquez-Y</i>
6.1.3	<b>Board of Director Signers: Recommendation from Finance Committee:</b> Recommendation from committee to remove Allen Albaugh and replace with Jeanne Utterback. Motion moved, seconded and carried.	<i>Hathaway, Guyn</i>	<i>Guyn-Y Hathaway-Y Humphry-Y Utterback-Y Vasquez-Y</i>
6.1.4	<b>Capital Expenditure Plan: Recommendation to review and accept:</b> motion moved, seconded and carried to accept CEP.	<i>Hathaway, Guyn</i>	<i>Guyn-Y Hathaway-Y Humphry-Y Utterback-Y Vasquez-Y</i>
6.2	<b>Strategic Planning Committee Chair Vasquez</b>		
6.2.1	<b>Committee Meeting Report</b> – need to schedule an in person SP meeting for full Board to review the plan. Start looking at dates for April.		
6.3	<b>Quality Committee Chair Utterback</b>		
6.3.1	<b>Committee Meeting Report</b> – More discussion to take place regarding the EMR Interface.		
6.3.2	<b>Recommendation from Committee to include Laura Beyer as a Community member on Quality Committee.</b> MMHD Staff to research the requirements to community members on certain committees. And MMHD Staff to open invitation to community.  A motion was moved, seconded and carried to invite Laura Beyer as a community member on Quality Committee.	<i>Guyn, Humphry</i>	<i>Guyn-Y Hathaway- Abstain Humphry- Abstain Utterback-Y Vasquez-Y</i>
7	<b>NEW BUSINESS</b>		
7.1	<b>Policy &amp; Procedure Summary 12-31-2020</b> A motion was moved, seconded and carried to approve the Summary.	<i>Vasquez, Guyn</i>	<i>Guyn-Y Hathaway-Y Humphry-Y Utterback-Y Vasquez-Y</i>
7.2	<b>Policy &amp; Procedure:</b> Employee Physical MMH395: Procedure for annual Employee Physical. A motion was moved, seconded and carried to approve the Procedure.	<i>Guyn, Hathaway</i>	<i>Guyn-Y Hathaway-Y Humphry-Y Utterback-Y Vasquez-Y</i>
8	<b>ADMINISTRATIVE REPORTS</b>		
8.1	<b>ED of Community Relations &amp; Business Development:</b> AB2537 PPE Bill: workgroup to establish the normal consumption will be to determine 90-day stockpile of PPE. COVID Vaccine: over 650 forms received, 183 of those are at 75 years old or older, 150 of those are scheduled for this week and 180 doses have been allocated for a clinic next week. Part of a workgroup to have a mass vaccination clinic, and hoping to get one in Burney. Demolition Project communication plans were discussed. Plans for a power point presentation with the help of community organizations, include community member's memories, and coincide messaging with the opening of our new clinic. Potential for creating our own historical book on Mayers and create plaque and memorabilia.		
8.2	<b>Chief's Reports</b>		
8.2.1	<b>CFO:</b> Travelers were down \$500,000 compared to last year but salaries are up with less Travelers meaning we have hired on employees to team Mayers. OPM was down due to COVID but we are seeing a trend up.		
8.2.2	<b>CCO:</b> No further questions. Busy with COVID vaccinations. Great job Keith on the vaccination program.		

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- 8.2.3 **CNO:** #1 issue for Nursing is COVID. Staff is working extra shifts and management team is picking up shifts, just to help with the census in both COVID and Acute.
- 
- 8.2.4 **COO:** Clinic Change Orders: Transfer switch and power tie in was completed Jan. 26<sup>th</sup>. PG&E tie in will be delayed to next week due to weather. No delay to end date. The new fire line tie in will potentially cause a delay with the requirements to make the necessary updates – but not projected at a large delay. All other Clinic tasks are moving along very well. Aging infrastructure in the kitchen and hopefully we can address these in future projects because of downtime effects our kitchen’s operations. Laundry Facility – continue to have issues getting the permit but trying to make it work with engineer and contractor.
- 
- 8.2.5 **CEO:** Welcome new Board Members. We appreciate you joining us and are excited for the years to come. COVID #s: 12/2 – 5187, 1/26 -10,144. Deaths: 12/2 -50, 1/26-132. Numbers are trending down. Thank you to Val and Keith for taking the lead on the vaccines and vaccinations. And Thank You to Candy and her team for all the coordinating with the vaccinations. Clinic: working on licensing, onboarding of physicians and their contracts, EMR, payer contracts and getting rates established, schedules are being set up. Still on track for construction completion. The first Employee Council meeting did occur and some great discussions took place. Employee of the Year Award will be presented tomorrow, January 28<sup>th</sup>. All Staff lunch will be provided by Anna’s Country Kitchen tomorrow as well.
- 
- 8.3 **Construction Change Orders:** None
- 
- 9 **OTHER INFORMATION/ANNOUNCEMENTS**
- 
- 9.1 Board Member Message: Working on the 2030 Facility Master Plan to meet the SPC and NPC requirements, Vaccination program progress, Clinic update and how things are progressing,
- 
- 9.2 Board Member Orientation: ready to be dispersed and a virtual meet n greet will be set up.
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- 9.3 All Board Members and CEO Louis Ward will be attending the Rural Health Leadership Conference in February! Can we divide and conquer on the sessions and come back at a meeting and share what was learned? Doodle Poll or Survey Monkey to decide who goes to what sessions.
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- 9.4 Required items: Form 700, Ethics Training and Harassment Training – information will be sent out in an email shortly.
- 
- 9.5 Thank you to Abe Hathaway for the communication shared with the community regarding COVID.
- 
- 10 **ANNOUNCEMENT OF CLOSED SESSION – 3:50pm**
- 
- 10.1 **Personnel Government Code 54957 – AHP Reappointment**  
Erica Haedrich, PA – Family Medicine
- Medical Staff Reappointment**  
Jeremy Austin, MD – Emergency Medicine  
Paul Davainis, MD – Emergency Medicine  
Javeed Siddigui, MD – Infectious Disease  
Richard Granese, MD – Psychiatry
- Medical Staff Appointment**  
Danford Bickmore, MD – Radiology  
Gregory Shaw, MD - Radiology
- 
- 11 **RECONVENE OPEN SESSION: 4:27 pm**  
**ALL MEDICAL STAFF CREDENTIALS WERE APPROVED UNANIMOUSLY.**
- 
- 12 **ADJOURNMENT: 4:27 pm**  
Next Regular Meeting: February 24, 2021

I, \_\_\_\_\_, Board of Directors \_\_\_\_\_, certify that the above is a true and correct transcript from the minutes of the regular meeting of the Board of Directors of Mayers Memorial Hospital District

\_\_\_\_\_  
Board Member

\_\_\_\_\_  
Board Clerk

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

**RESOLUTION NO. 2021-04**

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

**Shaylene Herndon**

**As January 2021 EMPLOYEE OF THE MONTH**

**WHEREAS**, the Board of Trustees has adopted the MMHD Employee Recognition Program to identify exceptional employees who deserve to be recognized and honored for their contribution to MMHD; and

**WHEREAS**, such recognition is given to the employee meeting the criteria of the program, namely exceptional customer service, professionalism, high ethical standards, initiative, innovation, teamwork, productivity, and service as a role model for other employees; and

**WHEREAS**, the MMHD Employee Recognition Committee has considered all nominations for the MMHD Employee Recognition Program;

**NOW, THEREFORE, BE IT RESOLVED** that, Shaylene Herndon is hereby named Mayers Memorial Hospital District Employee of the Month for January 2021; and

**DULY PASSED AND ADOPTED** this 24th day of February 2021 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

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

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

ATTEST:

\_\_\_\_\_  
Jessica DeCoito  
Clerk of the Board of Directors

## Foundation Update (dated 2/17/21):

Find below recent board meeting business and foundation activities.

The **MHF board of directors met for business on January 18, 2021:**

- Financial Reports
  - P&L and Balance Sheet reviewed and accepted for FYE 12/31/2020.
  - Gift by Date (11/1/20-12/31/20) including solicitation source and gift designation
  - Grants Report (see attachment)
- Fundraising/Community Impact:
  - **Mayers Healthcare Foundation** participated in the **North State Giving Tuesday** held 12/1/20 and raised \$9,161.55. The 14-hour online fundraising platform raised \$1.1 million amid the global pandemic that has caused so much hardship. There were 2,981 kindhearted community members that rallied behind 186 local nonprofits that make our region healthier, stronger and more vibrant. This is such a collaborative and inspiring fundraising event to have participated. MHF had 55 generous donors – several were District board members. Thank you very much!
  - Health Fair (discounted lab tests only) using voucher method for the community starting April 10<sup>th</sup> is being planned.
- MMHD District Report by CEO Louis Ward; and new district director Tami Humphry was introduced and present during the meeting. They are both ex-officio non-voting foundation directors and are a great asset in facilitating collaboration as well as keeping the foundation board attuned to the operational and financial issues of the supported organization, MMHD.
- Board Action Items:
  - Scholarship policies, including awarding as well as application forms, for community and for hospital employees were presented and approved. (More to follow below...)
  - Pittville Road, McArthur, gifted property from George and Chris McArthur, sold December 4, 2020, with proceeds restricted for the New Hospital Wing campaign. Note: The \$100,000 gift was awarded to Mayers Memorial Hospital December 22<sup>nd</sup>.
  - Appointment of Board Committees: Finance/Investment, Scholarship, Board Development, Policy and the Gift Acceptance.

Other recent foundation business/activities:

- Volunteers: Three talented **hospital volunteers** constructed 76 beautiful **Valentine cards** for SNF residents at both Fall River and Burney facilities. They were darling and sweet!
- **Lucky Finds Thrift & Gift AND Mayers Pharmacy & Gifts:** Business is doing well, and is currently our only source of fundraising due to the cancellations of events. Our community, the Mayers family and friends are supporting us very well! Thank YOU all!  
**Year-end 2020 Stores Overview:** In 2020, the stores grossed \$112,000 -- \$73,000 thrift store and \$39,000 gift store despite being closed two months (March 20-May 22). The stores' 2020 gross revenue was only \$3,000 less than 2019's gross revenue (\$115,000). The stores' net proceeds for 2020 was \$73,000. Not a bad year for being closed two months and COVID. One of our goals in 2021 is to increase sales revenue in store revenues 10% (\$123,000 gross).

We invite you to shop one of the MHFs stores. The **Lucky Finds Thrift & Gift** store offers gently used quality items from furniture to jewelry. Proceeds benefit Intermountain Hospice and the MHF Awards program. One of the favorite gift items offered at the **Mayers**



**Pharmacy & Gifts** is the **See's** chocolates! We can't seem to keep enough in stock, particularly for holiday occasions. See's is a great marketing tool to get folks in the store to see all the other many gift items available. The majority of proceeds benefit the MHF Scholarship Program offered to community high school graduates and Mayers' employees. Again, I can't say enough about our wonderful volunteers that are so talented and devoted to Mayers' programs – there is no way that we could provide such great benefits to the hospital and hospice if it were not for these amazing volunteers! Such a giving spirit! We extend a deep gratitude to the shoppers and donors supporting the stores.

This gives me opportunity to publically thank staff members Kandie Dekker and Barbara Spalding for their hard work and creativity keeping out stores filled with great inventory, staged beautifully, and operating smoothly. Special thanks for Mayers Pharmacy staff for assisting the gift shop sales on our behalf. Awesome work team ... and greatly appreciated!

- Community scholarship information and applications have been submitted to the three local high schools for disbursement to 2021 high school seniors majoring in health- or medical-related studies. Due date: May 1, 2021. Form available on website.
- Mayers employee scholarship information and applications have been dispersed to “MMH Everyone” by email. Cycle open now until August 1, 2021. Form available on website.
- News & Announcements
  - \$556,000 awarded to MMHD in 2020 through the following foundation programs:
    - New Hospital Wing campaign from our generous donors and golf tournament fundraising event proceeds
    - Burney Regional Community Fund (grant)
    - Redding Rancheria Community Fund (grant)
    - Donor-advised gifts for medical equipment from generous donors
    - Mayers Employee Giving (MEG 2020) award funded by generous employees
    - Intermountain Hospice restricted award funded through generous donors and Lucky Finds Thrift store proceeds (and volunteers)
    - MHF Awards to seven hospital departments for equipment funded by generous donors and Lucky Finds Thrift store proceeds
  - New consultant providing grant writing services, Laura Beyer. We are currently in the midst of writing three grant proposals.
  - Please, please check us out: [www.supportmayersfoundation.org](http://www.supportmayersfoundation.org) and like us on FB...it really helps us market and promote our stores!
  - Last but not least, recognition to our outstanding board members: Keith Earnest, President; Dr. Steven B. Raffin, Vice President; Renee Coe, Secretary; Paul Kerns, Treasurer; Linda Adams, Mona Carr, James Hamlin, Randall L. Harr, Martin Johnson, Elsie Matthews, Gail McClung; and exofficio directors: Louis Ward, Tami Humphry.

It's been fun. Stay safe. Be well.

*Marlene McArthur, Chief Executive Officer*

Mayers Healthcare Foundation

## 2020-2021 Grants - District Wide (MMHD & MHF)

Agency/Company Name	Grant Title	Purpose	\$\$ Amount Applied For	Status	Written By	Entity	Awarded Amount*
Department of Healthcare Services * xxxxxx	SHIP xxxxx	3M ED Charting/Coding (Weekends) xxx	\$48,000.00	Approved 6/30/2020	J.Hathaway J.Hathaway	D D	\$48,000.00
Department of Healthcare Services *	SHIP	COVID (IC Salaries)	\$98,000.00	Approved 9/2020	J.Hathaway	D	\$98,000.00
Community Foundation of the North State	Burney Regional Fund	HePA air filtration system	\$4,774.00	Approved 7/2020	S.Sawyer	F	\$7,500.00
Community Foundation of the North State	Redding Rancheria Fund	LiteGait I 400 Deluxe	\$7,000.00	Approved 7/2020	S.Sawyer	F	\$7,000.00
Partnership Healthplan of California	Telehealth Program Coordination Grant	Telehealth Services	\$34,250.00	Approved 1/1/2020		D	\$34,250.00
Federal Communications Commission	COVID-19 Telehealth Fund	WiFi Refresh	\$51,510.32	Denied	S.Sawyer	D	\$0.00
U.S. Department of Health and Human Services*	Small Health Care Provider Quality Improvement Program/ HRSA Take 4 Grant	Teletherapy at FRJUSD	\$471,000.00	Approved	S.Sawyer	D	\$471,000.00
<b>AMOUNT APPLIED FOR</b>			<b>\$714,534.32</b>	<b>TOTAL AWARDED</b>			<b>\$665,750.00</b>

\*Awarded funds/all monies not yet received.



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

**Safety/ Emergency Preparedness Quarterly Report**

February 24, 2021 Regular Board Meeting

Presented by: Valerie Lakey

The Safety and Emergency Preparedness Department has seen great improvements over the last few years. In highlighting the most significant things that are going well:

- Participation from all departments in Safety Meetings and a general knowledge amongst staff about safety and EP procedures. Communication has improved greatly.
- Additional staff to develop and implement Injury and Illness Prevention Plan (IIPP) and Ergonomics program
- A well-developed Workplace Violence Prevention Program that meets CalOsha standards.

The IIPP and Ergonomics Programs are in process and should be completed and fully implemented by April 2021. These programs will ensure staff and patient safety and outline processes, education and training. The IIPP and Ergonomics programs will impact patients in a positive way. Training for safe patient handling and proper work place safety is essential to maintain a capable and safe workforce.

Through these programs staff will have more access to resources, education and training. The programs maintain a goal of providing safe work environments. Routine evaluations of workstations, processes and equipment will help identify any issues before they become a challenge. Wellness Coordinator, Dana Hauge has been instrumental in these programs. Dana is completing Ergonomic training and is working with BETA on safety programs.

The committee meets monthly and has representation from departments. Standard items for discussion include, Safety Policies, Trainings, Accidents, Safety Reports and Trends. New standing topics will include Ergonomics, Workplace Violence and Injury and Illness Prevention.

Safety and Emergency Preparedness has had a focus on COVID related items, but we have now started to work on new projects. Some of these projects include Emergency notifications and processes, accessible information for all staff, digitizing documents and files and planning for training as COVID allows.

We are closely watching the CalOsha decision on what the definition of “normal consumption” of PPE is related to the AB2537 requirements. Once this is decided, we will know our requirements for the April 1 PPE stockpile deadline.



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**RESOLUTION NO. 2021-05**

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

**Opening a new Bank Account with Cornerstone Bank**

**WHEREAS**, the Board of Trustees has received a recommendation to separate the Debt Service and Debt Reserve accounts from Wipfli, who performs the annual audit; and

**WHEREAS**, a new bank account is recommended and requested to be opened at Cornerstone Bank where the current Debt account is housed;

**NOW, THEREFORE, BE IT RESOLVED** that, the Board of Trustees approves the opening of a new account at Cornerstone Bank, to separate the Debt Service and Debt Reserve accounts.

**DULY PASSED AND ADOPTED** this 24th day of February 2021 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

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

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

ATTEST:

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Jessica DeCoito  
Clerk of the Board of Directors

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

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

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

February 10, 2021 @ 1:00 PM  
Fully Remote Zoom Meeting

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

1	<b>CALL MEETING TO ORDER:</b> Board Chair Jeanne Utterback called the meeting to order at 1:07 pm on the above date.			
	<b>BOARD MEMBERS PRESENT:</b>		<b>STAFF PRESENT:</b>	
	Jeanne Utterback, President Tom Guyn, MD., Secretary		Louis Ward, CEO Ryan Harris, COO Jack Hathaway, Director of Quality Val Lakey, Exec Director of Community Relations and Business Development	
	<b>ABSENT:</b>		Alex Johnson, Facilities & Engineering Sherry Yochum, Environmental Services Amy Parker, Patient Access	
	<b>Community Members Present:</b>		Ryan Nicholls, Information Technology Susan Garcia, Food & Nutrition Services Delaney Harr, Purchasing Dawn Jacobson, Infection Control Lisa Zaech	
2	<b>CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>			
	None			
3	<b>APPROVAL OF MINUTES</b>			
	3.1	A motion/second carried; committee members accepted the minutes of January 13, 2021.	<b>Guyn, Hathaway</b>	<b>Guyn – Y Utterback – Y Ward – Y Hathaway – Y</b>
4	<b>REPORTS: QUALITY FACILITIES: NO DEPARTMENT REPORTS</b>			
	5.1	<b>Facilities &amp; Engineering:</b> Staff is maintaining a positive attitude throughout all of the changes due to COVID. There are several projects in flight. Reference written report for full details.		
5	<b>REPORTS: QUALITY STAFF</b>			
	5.1	<b>Safety – Quarterly Report:</b> Highlighted the most significant programs that are in place and going well: department participation in Safety meetings with an improvement in communication, Injury and Illness Prevention Plan and Ergonomics Program, and a well-developed Workplace Violence Prevention Program that meets Cal Osha standards. Reference written report for full details.		
	5.2	<b>Environmental Services:</b> Laundry Facility plans are at the County and once approved it will take approximately 3 months for completion once construction begins. Targeting June/July to be up and operational. A 2-year contract with an outside vendor had to be put in place for laundry services which will be reviewed for what can be brought back in house until the contract can be		

		termed. There are 3 new employees trained and 2 more were hired today for cleaning the outbuildings. Reference written report for full details.
6	<b>REPORTS: QUALITY PATIENT SERVICES</b>	
6.1	<b>Patient Access:</b>	The department was commended on utilizing a staff member that worked at the Burney Annex lab, until it was closed, to support Admitting and cross train with the hospital lab and HIM to fill staffing gaps. Reference written report for full details.
6.2	<b>Information Technology:</b>	Discussed the annual security assessment and the assessment recommendation for a steering committee. Louis, Ryan H and Ryan N will discuss further and bring back to this committee when there is concrete information to share. Reference written report for full details.
6.3	<b>Food &amp; Nutrition Services:</b>	Staff levels are improving and moral is positive during this challenging time. Communicating with staff closely regarding concerns/issues work-related or personal to ensure we are safe and will work together to get through this event as a team. Work in progress to complete an employee information binder for new employees as well as a refresher for existing employees. Goal is to provide staff a guide, accessible at all times, and aide in the production of great quality food. Reference written report for full details.
6.4	<b>Purchasing:</b>	The team is comprised of three out of four total that have been in the department for less than a year and are very focused on training and supporting clinical departments. The department remodel is exciting and provides a much more efficient use of space. Ryan Harris shared that during this pandemic Purchasing did a great job of ensuring MMHD did not run out of PPE by finding additional vendor sourcing options. Reference written report for full details.
6.5	<b>SNF EVENTS/SURVEY:</b>	Overall, it is much better, including moral. There was an extensive federal survey last week with a minor policy deficiency that was corrected same day. When the surveyors left, they said no deficiencies will be sited for the survey. It was noted that 2016-2018 was a heavy citation period and from 2019 to now, there have been three citations reported. This speaks directly to the quality improvement work by our staff. There is one Burney Annex COVID + resident in the COVID unit. All residents have been retested earlier this week and no positive results; vaccination appears to be working. Majority of the residents have received the vaccination and there are 4 direct declinations. Visitation discussions are starting again and plans will be in place when the State lifts restrictions and the County downgrades from the purple tier to red. Masking and distancing will likely have to remain in place during visitations.
6.6	<b>INFECTION CONTROL:</b>	Currently there is only one COVID+ Burney Annex resident and no positive cases at the FRM SNF or any employees. FRM SNF is green with no exposures since Jan 26 and negative test results for the last two weeks. Burney Annex residents are testing again tomorrow and once more on Feb 18. If there are no positive results, that facility will return to green. Potential to admit new residents if the facilities can remain in green status with no new employee or resident positive cases. COVID vaccinations administered through the hospital for community members aged 65+ and staff is going well. Next week opening eligibility to K-12 educators. Reaching out to the Burney principals to determine if there is enough interest to have a clinic in Burney for their educators. There was a discussion about the potential to service our homebound population. Keith and Dawn have looked into it and found that the Pfizer vaccine is not supposed to be taken from the facility due to stability issues. Currently Pfizer is the only vaccination being allocated to the hospital. Will revisit this again if the opportunity arises to receive a more stable vaccine that could be transported well. It was noted that the County Public Health Dept should be the driver of this need. Lindsey Crum is working part-time with Dawn providing significant assistance and to meet the criteria of 40 hours in LTC; she also works part-time in Hospice. Weekly employee testing is still in place and working with department managers for compliancy.
7	<b>REPORTS: QUALITY FINANCES: No Department Reports</b>	
8	<b>DIRECTOR OF QUALITY</b>	
8.1		Discussed eCQM (electronic Clinical Quality Measures) that are part of the PI (Promoting Interoperability) program. The program is based on reporting measures generated through the EHR and submitted to CMS through the Hospital Quality Reporting (HQR) platform online. The hospital can select measures of most success/most meaningful each quarter. These measures are used to assist with building the hospital's star rating. A recent development is that hospitals will be grouped with others reporting on the same number of measurements. MMHD's goal is to report on 9 measures. Currently successfully reporting on 6 measures and the other 3 measures have been identified. Report included in minutes.
9	<b>New Business</b>	
9.1	<b>Policies:</b>	None
9.2	<b>Community Member Invitation to Quality Committee</b>	

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43563 Highway 299 East, Fall River Mills CA 96028. This document and other Board of Directors documents are available online at [www.mayersmemorial.com](http://www.mayersmemorial.com).

	Discussion on creating a job description for community member involvement. There is a CMS quality measure that MMHD could be eligible to receive credit.
10	<b>ADMINISTRATIVE REPORT:</b> Louis is proud of this staff for achieving a 4 star SNF rating. Jack has done an outstanding job. He believes the right staff is in place and once we move past COVID the focus can move back to Patient & Family Engagement Best Practices. One year ago this month MMHD had its first COVID meeting with a large discussion around supplies to get out in front successfully. March 6, 2020 the decision was made to close down SNF visitation. There is a lot of optimism around the state. Louis has had multiple discussions with other administrations and the general feeling is that we are reaching the other side. The hospital vaccination clinic has administered 504 shots to community members as of Feb 8. The state has a website, myturn, for centralized sign ups. MMHD is having success with our own localized website sign up which Val pulls a daily time-stamped report that is the used for scheduling appointments. There is rural hospital pushback to the TPA (Blue Shield) and state model that seems to be tailored to larger systems. Stay tuned as more information becomes available. There is legislative movement with the passing of AB685 around COVID+ exposures notification to workers. MMHD is sending emails to the department who has an isolated employee. Legislation for Cal Osha PPE supplies goes into effect April 1. There will be continued conversation at the regular board meeting on seismic legislation. Burney Clinic is on target for an April 19 opening. Construction completion within the next two weeks and movement to licensing, certificate of occupancy and fire line certification. For licensure, CDPH will schedule an onsite visit. Work on provider contracts, scheduling, EMR (EPIC) and building job descriptions and wage scales. Job opportunities will be posted by the end of Feb/early Mar.
11	<b>OTHER INFORMATION/ANNOUNCEMENTS:</b> The Board Chair recognized SNF 4 Star Rating...this is a great accomplishment of work by the staff!
15	Adjournment: Next Regular Meeting – March 10, 2021

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43563 Highway 299 East, Fall River Mills CA 96028. This document and other Board of Directors documents are available online at [www.mayersmemorial.com](http://www.mayersmemorial.com).





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

**Legislation/Advocacy**

The legislative season is getting busy. We are in the time of reviewing bills, evaluating how they will affect healthcare and taking position. MMHD stays involved through CHA and ACHD and I continue to serve on state committees for advocacy. Keeping in contact with legislators is a priority and we are diligent in making contact on issues that can have an effect of hospitals and rural healthcare.

MMHD responded to a CHA Alert urging Congress to include pressing hospital priorities in the current COVID-19 legislation. We contacted Senators Feinstein, Padilla and Congressman LaMalfa to urge them to take action to support providers by passing a much-needed COVID-19 relief bill and ensuring front-line providers are not left out as hospitals recover from the recent surges.

**Legislative Highlights:**

**The No Surprises Act**, which was signed into law on Dec. 27, 2020, as part of the Consolidated Appropriations Act of 2021 which addresses surprise medical billing at the federal level, with most sections of the legislation effective Jan. 1, 2022. The Departments of Health and Human Services, Treasury, and Labor will issue regulations and guidance to implement numerous provisions. There is a detailed summary available, which provides a section-by-section outline of the legislation's key provisions, includes information about:

- *Limiting patient out-of-pocket costs to the in-network amount for emergency medical care provided by out-of-network facilities and providers*
- *Limiting patient out-of-pocket costs to the in-network amount in certain situations where care is delivered at an in-network facility by an out-of-network provider*

- *Establishing an independent dispute resolution process to determine the amount plans will pay non-contracted facilities and providers in covered situations*
- *Placing requirements on plans, facilities, and providers to provide patients with an advanced explanation of benefits for scheduled services*

**California has a Surprise Billing** piece of legislation that was introduced by Assemblyman Wood, [AB510](#). This bill would authorize a non-contracting individual health professional, excluding specified professionals, to bill or collect the out-of-network cost-sharing amount directly from the enrollee or insured receiving services under a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, if the enrollee consents in writing or electronically at least 72 hours in advance of care. The bill would require the consent to include a list of contracted providers at the facility who are able to provide the services and to be provided in the 15 most commonly used languages in the facility's geographic region. CHA is currently evaluating the bill.

[SB213](#): Similar to many unsuccessful efforts over the past decade, SB 213 would create a rebuttable presumption in the workers' compensation system that an infectious disease, musculoskeletal injury, or respiratory disease arose out of work for any hospital direct patient care worker. Aside from recent COVID-19-specific and time-limited workers' compensation presumptions that cover all industries, presumptions have been limited to the public sector.

Because it is virtually impossible to overcome a workers' compensation presumption, hospitals would be required to accept more claims with little to no evidence that they are work-related. Such claims can reach hundreds of thousands of dollars in temporary and permanent disability payments and medical costs for a single case.

MMHD is contacting members about this bill asking for OPPOSITION.

### **CalOsha Advisory Committee on AB2537**

As previously reported, Assembly Bill 2537 requires hospitals to maintain a stockpile equivalent to three months of normal consumption for specified personal protective equipment (PPE) as of April 1. I have been a member of CHA's PPE workgroup and there **has not** been a lot of progress made with CalOsha. Based on the plain language of the statute and legislative history,

CHA advocated that the stockpile amount should be based on 2019 data. Unfortunately, at this point, Cal/OSHA has not agreed to that plain language reading and instead believes emergency rulemaking is necessary to define normal consumption.

As part of the pre-rulemaking discussions, Cal/OSHA has shared its concept that “normal consumption” for the purposes of determining the amount of the PPE stockpile is a rolling number based on the previous 24 months of PPE consumption. CHA strongly disagrees with this concept and has submitted written comments further explaining why the stockpile amount should be based on 2019 PPE consumption.

Cal/OSHA has scheduled an Advisory Committee meeting for Feb. 19 to get stakeholder input on this issue but has not yet posted any documents. It is CHA’s understanding that Cal/OSHA intends to initiate emergency rulemaking shortly after Feb. 19, given that the stockpile requirement goes into effect on April 1.

In our effort to demonstrate that a three month stockpile based on 2019 “consumption” is a meaningful amount, we provided the following data to CHA to compile with other hospital data to present to CalOsha:

1. During 2019, what was the hospital’s target for days on hand inventory?
2. What would your stockpile consist of if based on 2019 data (highest seven consecutive daily average consumption or a proxy)?

CalOsha has proposed the following proxies for use if a hospital does not have consumption data. The employer may determine consumption by any of the following methods:

1. *The total quantity received in the facility from all sources,*
2. *The total quantity ordered by the facility from all sources,*
3. *The average monthly inventory,*
4. *The quantity distributed to units in which employees provide patient care and to units providing services that directly support patient care, through all distribution methods, including separately chargeable and non-separately chargeable*

**SEISMIC Legislation:** As mentioned in last month's report, CHA has drafted legislation pertaining to seismic. There is an author for the bill on the Assembly side, the bill is looking to start there. We have a meeting regarding this after submittal of this report, so I can give an update at the regular meeting.

I have a meeting with our Assembly and Senate members to discuss priorities next week.

### **Marketing/Public Relations/Recruiting**

The Mayers website redesign is in full swing and should be complete to coincide with the opening of the Clinic. We are working on service information and I am working with the manager's to ensure department information is correct. We are trying to do a department photo shoot in March to have fresh pictures for the new site. The site will include build out pages for the clinic, pharmacy and SNF. Additionally, I have met with Amanda Ponti regarding Clinic Public Relations and Marketing. We will begin a campaign 6 weeks prior to opening.

Public relations for the DEMO project are underway. You will be seeing items on social media, local newspaper, website and a bulk mailing.

We are working on PR for CNA class, daycare employment and will begin on clinic employment soon.

### **COVID Messaging**

The COVID newsletter update is sent every Wednesday. We now have 165 people on the newsletter email list. Text Message updates are received by 235 community members. We have also utilized the test system to schedule reminders to patients for the COVID vaccine.

The website and social media have been valuable tools for scheduling COVID vaccines. We have forms accessible and use submitted forms to schedule Phase appropriate vaccine appointments.

### **Disaster/Emergency Preparedness/Safety**

Then Injury and Illness Prevention Plan is nearly complete. This combined with the Workplace Violence Plan and the Ergonomics Plan will help MMHD to meet requirements of specific BETA programs.

We continue to do 7-day a week COVID reporting for state and federal requirements. Data for this report changes often. We now are reporting data on vaccines. This is a requirement of our facility.

I participate in the weekly COVID calls with the County and continue to assist with the Vaccine Program.

There will be several changes and additions for EP and Safety on the Employee Intranet. I would encourage you to access the [INTRANET](#) to review. If you have any issues logging on, please contact me. I am working on digitizing all files and making them more accessible. We have the [MyEOP App](#) (which I encourage you to download). [CLICK HERE](#) for instructions. This App provides EP and safety information right on your device. We are currently making some additions to this App, which will function well in an emergent situation.

You have any questions or concerns, please contact me anytime.



## Operations Report February 2021

Statistics	January YTD FY21 <i>(current)</i>	January YTD FY20 <i>(prior)</i>	January Budget YTD FY21
Surgeries ( <i>incl. C-sections</i> )	17	28	56
➤ Inpatient	1	24	14
➤ Outpatient	16	4	42
Procedures ( <i>surgery suite</i> )	59	101	112
Inpatient	1,232	969	1,182
Emergency Room	2,231	2525	2,345
Skilled Nursing Days	16,661	16,205	16,182
OP Visits (OP/Lab/X-ray)	12,294	8,298	9,322
Hospice Patient Days	387	672	819
PT	1,369	1,472	1,750

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

\*Surgery CLOSED for December 2020 and January 2021 due to COVID

### Chief Clinical Officer Report

**Prepared by: Keith Earnest, CCO**

#### *Pharmacy*

- Initial drug data base has been created and submitted to the company building the EMR for the new clinic.
- The barrier isolator is out of service due to a motor failure on one of the fans. A service order to have it repaired has been issued but the manufacturer is having supply chain issues with the parts.
- Most of my activity has surrounded acquiring and administering COVID vaccines.
  - As of February 16, Mayers has given 895 first doses and 301 second doses (1196 total doses given)
  - In mid-March, the vaccine clinic will move to the Seventh Day Adventist Church as the old lobby will begin tear down.
  - Mayers has been following the vaccination tiers as established by the state and the CDC, moving through the tiers at the county's direction. We have vaccinated healthcare professionals, and persons over age 65. Those working in K12 education will have their first doses by February 19<sup>th</sup>. The next stage is agricultural workers. We are taking sign-ups and working with larger employers so we are prepared to start as soon as the county give the go ahead.
  - The state and county are moving to the MyTurn platform for scheduling and charting COVID vaccines. The MyTurn platform is administered by BlueCross and vaccine allocations for the state will also be done through BlueCross. Mayers will be enrolled in MyTurn and will be working through our concerns with the county.
  - Mayers is enrolled in COVID vaccine finder where our daily inventories are shared with the CDC and the public.

- The ultracold freezer was installed in the pharmacy and is holding temperature. Temp is monitored electronically and text alerts are sent if it is out of range. When Pfizer begins to ship vaccine in smaller allotments, we are ready to receive.
- Reporting of vaccinations to the California Immunization Registry (CAIR) is done electronically through Paragon.
- The county allocated vaccine doses for SNF residents to the COVID partnership program. The last round of second doses administered by Walgreens will be February 24<sup>th</sup>. After that Mayers will be vaccinating residents with vaccine provided by the county.
- Val Lakey and Keith Earnest are on the Shasta County Task Force for Mass Vaccination Clinics.

### ***Physical Therapy***

- Mayers PT department has two Physical Therapy Assistant interns from Institute of Technology in Redding. They will be at Mayers for 8 weeks.
- The department was awarded \$5500 from a community member through the foundation for a treadmill. The manufacturer had not been accepting new orders due to supply chain issues. We anticipate this item to be ordered by the end of February.
- In January outpatient referrals and visits began to rebound and appear even better in February. Inpatient volumes were also stronger in January.

### ***Retail Pharmacy***

- We are bringing in a 340B consultant to primarily focus on our 340B contract and inventory control. Volumes are good but financial performance is not meeting expectations. The consultant has decades of experience with an independent pharmacy that has successfully leveraged the 340B program.

### ***Telemedicine***

- An extensive report was submitted last month.
- Telemedicine services will remain in Fall River and will not be part of the Burney Clinic at time of opening due to space constraints and OSPD limitations.

### ***Respiratory Therapy***

- Mayers was awarded four ventilators from the Federal Office of Rural Health Policy (FORHP). The ventilators are ready to use. We are returning rented ventilators.
- David Ferrer, RT, respiratory lead, is working with the foundation in applying for a grant for neonatal high flow nasal cannula equipment. Mayers currently has high flow oxygen capabilities for other populations but not neonatal and infants. High flow oxygen provides non-invasive respiratory support and is better tolerated than continuous positive airway pressure (CPAP).

### ***Cardiac Rehab***

- The foundation awarded funds for the purchase of new holter monitors. The new monitors have been ordered.



- The foundation awarded cardiac rehab monies for new weight equipment. The equipment is appropriate for the cardiac rehab population and is in place.
- Numbers are up slightly as patients are more comfortable coming to cardiac rehab. The number of people is still limited.

### **Chief Nursing Officer Report**

**Prepared by: Candy Vculek, CNO**

- SNF Covid-19 Numbers: A total of 24 SNF Residents contracted Covid-19 (8 from Fall River Mills and 16 from Burney Annex). There were two deaths. Nationwide the average death rate for SNF residents is 12.8%. The Death rate for MMHD is 8%. Many of the residents are now fully immunized and there are no positive cases at present.
- The Star Rating has risen to 4 Stars! This is truly an achievement in light of the type of year the SNF has faced.
- On 2/3/21, CDPH surveyors conducted a new federal survey. It was extensive and focused specifically on Infection Control and Prevention. MMHD was deficiency free.
- Plans for the new clinic are moving forward. The EMR build through EPIC is moving along well. The team is looking at staff hiring dates and just starting to develop provider and staff workflows.

#### ***SNF Report***

- Census = 69 Residents (Burney Annex = 38; Station 2 Fall River Mills = 31); Current regulations prevent admission to the SNF if it is in the 'yellow' zone. This means any time a resident or employee tests positive, the SNF is unable to admit until specific criteria has been met. This is usually a two-week process. Burney is currently in the yellow zone and FRM is green. Three admissions are scheduled for next week and the staff will continue to screen and work diligently to get the census back up to the pre-COVID levels.
- STAFFING: A new Charge Nurse for Station 2 has been hired. She was already one of the staff and will be a strong addition to the management team. Two CNA's have completed LVN training and will be transitioning to LVN positions once they complete the licensing process. Five people are in the current CNA program
- Resident – Family Visitation plans are being reviewed and revised to meet the rapidly changing guidelines
- Covid-19 Vaccine Program for SNF Residents: A total of 40 residents have been fully vaccinated in SNF. Another 13 residents have received their first dose. Their second dose will be on 2/24. We are working on a process for being sure our new residents are vaccinated.

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

- Dec 2020 Acute ADC 1/81, Swing ADC 7.84; LOS 9.35, OBS days: 7.60.
- Acute continues to operate from Station 3 with the plan to move back to Station 1 mid-March.
- Currently there are no COVID positive patients in the COVID unit.
- One per-diem RN and one full time RN gave notice in January. Acute care is currently utilizing three registry staff.

#### ***OPS***

- Surgery was closed for the month of December due to the COVID surge.

### ***Emergency Department***

- Through the Emergency Department, we treated 284 patients in the month of Jan.
- Staffing – The ED is experiencing some turnover and reduction in staff availability. One per diem RN had been covering a fulltime position. Circumstances have changed and she is no longer able to fill the department’s needs. In addition, another full time RN is relocating due to family problems. The department will need to cover with registry staff until full time employees can be hired.

### ***Laboratory***

- Staffing – Interim lab manager completed his rotation with us. The desired state was that he would extend to complete the job. He declined to do this. The interim manager had identified a number of regulatory concerns. Although he had corrected many of these gaps, there is still a lot to be accomplished. We have moved up our attempts to identify a permanent manager and interviews are being conducted next week.
- Microbiology – New fridge has been ordered. With it we will be in OSPHD compliance for ADA clearance. We placed Paragon rep on hold until after the micro equipment is fully up and running.
- PCC/EPIC interface with Lab – We have contracted with 3M to perform “LOINC mapping”. This will tie the proper LOINC code for each test performed by Mayers. This was the missing data that had stopped the interface process in the past. It was hoped that we would be able to do it in other ways but the skillset was not going to be found in-house. Expect to have the updated compendium back in 2-3 weeks at which point we can start working on getting the data back into Paragon
- Covid testing – We seem to have survived the storm. The lab is fully adapted to the “new norm” as well as the amount of testing appears to be declining. The “additional help” provided by non-lab staff is no longer NEEDED.

### ***Radiology***

- Staffing: The new permanent hire for radiology is slated to start 3/1. Currently there are two travelers in place. One will be released shortly after the new employee’s arrival.
- Purchasing a radiology CD burner – this will ease with sending to facilities that are outside of our usual referral pattern
- Purchasing a second receiver plate, which will prevent down time if one is damaged.

### **Chief Operating Officer Report**

**Prepared by: Ryan Harris, COO**

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

- The Mayers Burney Rural Health Clinic continues to make good progress with the project 95% complete as of February 17<sup>th</sup>, 2021. The General Contractor has submitted pay applications through January 31<sup>st</sup>, 2021 in the amount of \$2,131,821.44 with \$106,591.07 in retainage and change orders in

the amount of \$226,746.57. The project's balance to completion is \$234,516.17. The project is scheduled to be completed on March 5<sup>th</sup>, 2021. At this time, we are tracking one issue that has caused a delay in the project. This is the new fire line. On February 11<sup>th</sup> the fire district approved the drawings with conditions. The one condition was to have an ASSE 1060 heated enclosure around the above-ground exposed pipe. The change order was approved on February 17<sup>th</sup>, 2021. The cost of this change order was \$65,795.32. As the change order was above \$50,000 the Finance Committee Chair was notified. This change order did not include the ASSE 1060 enclosure. I am meeting with the operations departments to ensure we have new workflows and the staff we need to support this new business.

- The Demo project is moving along with the RFB sent out to three contractors, who also bid on the Burney Rural Health Clinic. The milestones that we must meet are as follows: Completion of the new hospital wing by September 25<sup>th</sup>, 2020 (completed), start partial demolition of the existing hospital by April 5<sup>th</sup>, 2021, completion of the demolition project by December 15<sup>th</sup>, 2021. This project is still on schedule. We had several meetings to discuss office space and we concluded that we would not have enough space to keep the 20 bed Covid unit and lose 8500 sq. ft. For this reason, we will be moving acute back to station 1, keeping the 4-6 bed Covid unit, and moving offices back to station 3.
- The new riser room and separation of our domestic and fire lines have been approved by OSHPD with the demolition project. This work will be done at the same time as the demo project and will be included in the same bid documents. The temporary system is currently functional with no issues. No changes to this project
- The Acute Nurse Call project is scheduled to restart on February 22<sup>nd</sup> and will be completed that week. During this time when Station 1 is vacated, we are doing some cosmetic improvements to the space as well.
- SNF Refresh project will include the updating of all sinks to be ADA compliant. This project has also been put on hold because of the facility's COVID-19 restrictions. No changes to this project.
- Laundry facility drawings have been resubmitted to the county and we are expecting approval any day. My goal is to have the laundry facility operational again by July of 2021.
- Alex Johnson and the Maintenance team have begun working on the minor updates in the church for the Daycare. Once complete, the fire inspection can occur, and then the license can be approved.
- I am looking forward to the upcoming Strategic planning retreat to finalize our facilities master plan and have a path forward. We have some difficult and exciting decisions coming up on how we want our facilities to look over the next 5-10 years.
- Facilities and IT are currently working on and tracking 75 other projects both large and small. We have been doing this process to set priorities and to get jobs completed in a timely fashion. This also allows us to give better lead times to new project requests.
- Facilities and IT are also working on a ticketing system for maintenance requests. This will help streamline our processes and give better visibility to the amount of the requests coming in, appropriate staffing levels, department workloads, and improve communication to staff.

## *IT*

- Since January 21<sup>st</sup>, we have seen a 25% increase in received tickets with a 23% increase in resolved tickets. Our Backlog has gone down a further 2%, so we are faring better with the increased workload compared to last month.
- Projects remained stable, with a current active of 11. We have rolled out all of our printers this month besides the Burney facility, which we plan to do during the network upgrade next week. This introduced the badging requirements for all staff, which is a great step for us on the security side of things. We are also working towards adding cloud faxing to these printers in the next couple months to reduce the time it takes to procure fax numbers for staff. We have less than 10 Windows 7

machines remaining after upgrading all of Burney, and with the near-completion of the printer refresh we will be able to decommission one of our 2008 R2 servers.

### ***Purchasing***

- 50% of the purchasing department has been renovated. We put a 2-month hold on the other 50% so our new management and staff can get better acclimated to their positions.
- The new Purchasing team continues to work on workflows and processes so that each person is cross-trained within the department.
- The new purchasing manager and I are eager to modernize and rework our purchasing department. We are currently discussing several projects to accomplish this and more will be reported in future board meetings.

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

- I am pleased to announce that the dietary department is fully staff for the first time in years. This is a major accomplishment with the historical turnover in the department. The was great work done by Susan Garcia the department Manager and Libby Mee the HR director.
- I am looking forward to getting direction on if we are going to pursue remodeling our current kitchen or building a new kitchen as maintaining our current one is very challenging. The heat has been out in the kitchen for months and we were finally able to locate the parts needed to fix it. Supplemental heat was brought into condition space. We also had a fire in one of the refrigerators in the department that required the fire department to respond. Faulty wiring was the cause. No one was injured and no damage was done to the department. We are also proceeding with rebuilding our walk-in refrigerator as it continues to fail and food exceeds appropriate storage temperatures. This includes replacing the condenser unit and evaporator coil.

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

- Sherry Yochum the department manager and I have been meeting to discuss staffing and workflows once the Laundry Facility. We are looking at continuing to do the Annex Laundry through AlSCO for the remainder of the two-year contract and doing all Fall River laundry and all resident laundry at our Laundry Facility once it is reopened.
- Housekeeping has taken ownership of the older Activities van to help staff with outbuilding housekeeping.
- I am also pleased to announce that EVS is fully staffed as well. The is going to help tremendously with the new clinic and getting more regular cleaning of the outbuildings.

### ***Security***

- We have had a couple of security incidents over the last month that has made us revisit putting access control at our Fall River Campus. We are currently looking into vendors and costs.

**Operations District-Wide**  
**Prepared by: Louis Ward, CEO**

***Mayers Skilled Nursing Has Achieved 4 Stars through the CMS Program!***

I am so pleased to report Mayers SNF has achieved 4 stars through the Centers of Medicare and Medicaid Services! This is a huge accomplishment as it is truly a TEAM accomplishment. There is no pathway to achieving this type of success without working as a team considering the magnitude of what is asked of us to achieve 4 stars. To achieve the 4-star status. A SNF must have excellent scores in 4 areas, staffing, RN Staffing, recent surveys, and multiple quality measures. This will surely be discussed more at the BOD meeting however I want to take a moment and Thank all of the Staff of our SNF, the Leadership of the SNF, our EVS team, our Dietary team, Quality Team, Maintenance team, and our Providers who have worked diligently towards this goal. Per the 2020 Board Approved Strategic Plan, this was a goal we were expected to meet by 2025. I am elated we have done it sooner.

- 1. Outstanding Patient Services: By 2025, we will be a four-star long-term care facility and meet all Hospital Consumer Assessment of Healthcare Providers (HCAHP) requirements. By 2025, we will be operating two rural health clinics.***



**Care Compare Five-Star Ratings of Nursing Homes**

**Provider Rating Report for January 2021**

Ratings for Mayers Memorial Hospital (056416) Fall River Mills, California				
Overall Quality	Health Inspection	Quality Measures	Staffing	RN Staffing
★★★★	★★★	★★★★	★★★★	★★★

***COVID – 19***

At the District’s last meeting of the Board of Directors on January 25<sup>th</sup> I reported Shasta County has had a total of 10,054 positive Covid-19 cases and 129 deaths. At the time of this written report, Shasta County reports 10,780 positive Covid-19 cases and 171 deaths since the beginning of the pandemic. Unfortunately, we have had more than a death a day related to Covid-19 in Shasta County since our last meeting. The positive news related to Covid-19 is hospitalizations in Shasta County remain steady and generally manageable.

We are working very closely with Shasta County while we work through the Tiers for the vaccine rollout. At the time of this report, we are continuing to work on vaccinating healthcare workers, law enforcement, In-Home-Health-Workers, fire fighters, 75 year olds, K-12 educators and 65 above. Our next tier we will be moving to is agriculture workers, which we are expecting to be a large group considering our community. We expect by the middle of March that we will move to the next tier.

We are working with the State to better understand the new CDC guidance, which permits fully vaccinated individuals to not quarantine even if they were exposed to COVID-19. This of course assists greatly with our workforce challenges, as there will be less need to quarantine in the coming months. This also brings into question our current SNF visitation policies. At this point, we are still required by the state to not allow visitation in the SNF while in the purple tier the county is in. With the new CDC guidance and over 70% of the residents in the SNF fully vaccinated at this point, we are looking for additional guidance opening visitation considering the residents are not required to quarantine after exposure. I was able to speak directly to Governor. Gavin Newsome on this matter, we look forward to guidance around the issue shortly.

### ***Rural Health Clinic***

Our Rural Health Clinic is progressing nicely and still on track for an April opening. The construction phase of the project is nearing an end in the coming months; all work per the scope of work documents is expected to be completed. We are now moving to the licensing phase of the project; we do however need to receive an occupancy certificate, which is expected in the coming weeks prior to applying with the California Department of Public Health licensing branch. WIPFLI is working with Travis to submit all necessary paperwork once we have all approved documents.

We are also making great progress on implementing our clinic electronic medical record; this project is still on schedule for the opening of the clinic. The administrative team met again this month with the executive team from OCHIN (EMR company) where we discussed project milestones. At this point all milestones necessary to be completed by this point in the project have been completed appropriately. We do have one risk, which is called a Lab Compendium project however; we have hired a third party firm, 3M to assist with this project.