

Date: November 20, 2013
 Time: 1:00 P.M.
 Location: Mayers Memorial Hospital
 Fall River Mills, California

(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: President Albaugh called the regular meeting to order at 1:00 p.m. on the above date with the following present:

Allen Albaugh, President
 Brenda Brubaker, Vice President
 Mike Kerns, Secretary
 Abe Hathaway, Treasurer

Board Members Absent:; Art Whitney, Director

Staff Present: Matt Rees, CEO; Sherry Wilson, CNO; Keith Earnest, CCO; Marlene McArthur, Board Clerk; Travis Lakey, Director of Finance; and Erik Nielsen, Facilities Manager.

2. CALL FOR REQUEST FROM AUDIENCE TO SPEAK TO ISSUES OR AGENDA ITEMS:

No public comments.

3. APPROVAL OF MINUTES – A motion/second (Brubaker/Kerns), and unanimously carried, the Board of Directors accepted the minutes for the regular meeting held October 23, 2013.

4. Presentations/Staff Reports:

- ▶ Lean Process Improvement Presentation: Dr. David Belson, Adjunct Professor, Industrial & Systems Engineering, University of Southern California, provided the board of directors an overview how lean transforms companies, moving from an old way of thinking to lean thinking. Simply, lean can maximize customer value while minimizing waste—more value with fewer resources. Lean can be applied to every business and every process—but his focus is with healthcare. It is not a tactic or a cost reduction program, but a way of thinking and the way the entire organization operates. Dr. Belson worked with Mayers' staff during the week to identify problems to apply lean techniques and tools. He emphasized the key is support by the CEO that cares about culture change. The upcoming work for management would be to assess and define the top 10 problems and goals to improve processes including those discussed pertaining to the revenue cycle team, ED, and HIM. He encouraged the board to ask management follow-up questions in weeks ahead: What issues are being worked on? How staff is quantifying? How it will be accomplished and when? The issues to address need to be realistic and measurable for tracking. The Lean process never stops and becomes continuous because there are always improvements to be made within an organization. The training was offered through a grant between USC and the California Hospital Association; therefore, he was able to provide the training without charge to Mayers. It's a possibility that USC students will return to follow-up with more lean training and help carry out changes for Mayers.
- ▶ EMR Meaningful Use Phase 2 update was provided by Louis Ward, Project Manager. Currently, the Phase 2 process is in the IT testing week using false patients and looking for functionality that was built the last 4 weeks, and logging errors. Consultations with McKesson IT staff via phone during various hours of the day to correct issues while moving through the logged errors. The critical errors will be corrected by McKesson reps. Next week, the same process will continue in ED. Scripts are being developed during these processes for end-user training. He discussed planning phase for attestation including objectives and movement toward reaching goals. The most significant accomplishment was go-live lab last Tuesday (11/19/13). During the next couple of months work will continue with MDs, particularly the acute side, before attestation starts April 1st. MDs are placing radiology orders almost 100% but not as eager to utilize the CPOE medication orders (e.g. med orders reconciliation with action list). He concluded that the McKesson meetings include five other facilities and usually the same issues are occurring in all five. (See **Exhibit A** for EMR MU Phase 2 Utilization Report).
- ▶ Hospice Quarterly Report to the Board: Due to high census in hospice, Manager Pat Baremore

was not available to provide an oral report to the board but submitted a written report (**Exhibit B**). Statistics were included in the report for the past 7 months. In the month of October 2013, there were 318 patient days with 5 admits and 4 deaths and 0 discharges. Currently, there are 10 families enrolled in hospice. The board of directors were invited to attend Community Candlelight Services December 6th at the Glenburn Church and December 9th at the Presbyterian Church in Burney at 6 p.m.

5. OPERATIONS REPORT: In addition to the written operations report included in the board packet, the following verbal reports and discussions are summarized below:

- Matt Rees, CEO: Working with 299 Collaborative to obtain HIE to have the capabilities to electronically exchange healthcare information across the organizations within the collaborative group. The system provided by Orion Health is being considered, which Rees is very familiar with and pleased it is being considered. Other administrative activities currently being worked on include:

- Planning and working with Mayers Intermountain Healthcare Foundation to move forward on the capital campaign
- Lab interface go-live (details discussed above)
- Lean training for front-line staff and managers, including revenue cycle that Rees participates
- Management team building skills being offered
- Business office and in-house billing update was deferred to Paul Eves, Business Office Manager, who was present at the board meeting.

Mr. Eves reported 3 billers were hired with a much better computer and software system compared to past in-house billing with 9 billers. He provided statistics pertaining to claims not worked by HRG as well as examples of dropped claims including the numbers of accepted and rejected claims. Overall, there are issues being identified and fixed to consistently make improvements. Mayers' staff began working rejects while HRG was still in effect to get paid sooner once in-house. Mayers inherited claims that had not been worked by HRG so Mayers' staff was backlogged with obstacles that are being dealt with but he remains very optimistic due to the improvements made moving forward. Albaugh expressed concern for the hiring of only 3 staff members when there is no room for error with in-house billing—including the intense focus that is on the front end of the billing process for clean claims. Rees responded that is the reason for outsourcing the claims over 90 days so that Mayers' billing staff could focus on new billings. Lakey reported issues also with Relay Health that included delayed responses—and the reason for the change to DSG (Data Systems Group)—an intermediary (software system) between the hospital system to all the payers. The board members concurred the billing must be done right this time with customer service exemplary. Kerns added the billing system is the most major issue with community patient satisfaction—and the community needs to know what we are doing, that we are working through the transition and challenges so that they are assured Mayers is going to make it right. The board extended appreciation for the efforts by the billing staff but reminded management that previously all the billing was outsourced by two different companies with both ending up unsuccessful, and now we have one last chance to make it right to the community and not off to a good start concluded Albaugh. On behalf of the board, Albaugh directed management to hire additional billing staff if necessary to be successful. Eves accepted the concerns from the board and assured them that the trainer on site is working with staff on ways to deal with complaint issues that are called in. Staff members are taking thorough messages and then turfing to the appropriate staff member to research and respond to caller. In response to question regarding unpaid bills,

Lakey reported the consultants will be assisting with the >90 day accounts as well as assist with written criteria for any write-offs to be signed off by Eves or Lakey. To conclude the billing update, it was reported the SNF billing is going well and a credit balance report will be presented to BFC as requested.

- USDA Community Facilities Loan and Grant Program: Mayers' application is still held up due to finalization of the independent financial audit that will make the application more favorable for approval. The audit's bottom line improved after re-categorizing an additional \$177,000 in additional reimbursement, thus, the reason for the bottom line improvement to almost \$1 million (vs. \$800k). The outcome of the USDA application is not expected until mid-spring.
- ▶ Sherry Wilson, CNO:
 - SNF: 6 new admits during the month with 5 departures the last two weeks—and currently working on 4 intakes. Current census is 71. Staffing is stretched and down to only one charge nurse due to several staff attending college.
 - Acute: activity has slowed this week but was busy until then. Staffing: Orientation is complete for the new nursing staff—rotating new hires through ED and outpatient medical services. Overall, the acute service is going well.
 - OB: three nurses taking class in Sacramento and putting in their clinical time. The training will take several months before able to take call shifts.
- ▶ Keith Earnest, Chief Clinical Officer: Addressed the go-live lab event that was extensive and complex with some fix-its to do but overall working well. The new RT manager is working with local employers for pulmonary testing programs. Trial testing is being done on refrigerators in various locations throughout hospital that now have a system with sensors for monitoring temps. When out of range, a text goes to a specific person so the issue can be addressed quickly.
- ▶ Facilities Report/Construction Project: Erik Nielsen, Facilities Manager, reported on projects completed: outside garage, interior MHVC, interior outpatient surgery, and ceiling tiles replaced. Projects underway: interior work on patient rooms, flat screen TV installation project, construction of office (IT) over maintenance shop, and records storage. He reported the replacement facility construction plans are at OSHPD for review/comment period that can take 90 days. The tank for fire system is still pending clearance due to inadequate fire flows. The OSHPD is receptive to the rural exemption code being applied but other options are also being considered. Hathaway suggested staff contacting Wilgus Fire Control, in Redding, to possibly assist in resolving the fire flow issue.

6. BOARD COMMITTEES:

6.1 Finance Committee – Chair Allen Albaugh

6.1.1 Committee Meeting Report: Albaugh reported the board finance committee met prior to the board meeting today and provided the full board with agenda topics pertaining to the following:

- Capital expenditure plan: will be presented to the board at a later date
- Quarterly finance review: workers compensation, unemployment liabilities, payroll taxes, state sales tax, and CEO expenditures
- Financial audit: to be presented to full board in January 2014
- Line of credit (LOC) through Tri Counties Bank is pending due to clearance by both OSHPD Cal-Mortgage Loan Division and Tri Counties Bank. The main reasons for the \$500K LOC is to participate in the IGT program to net more than \$200K and for cyclical cash flow reasons.
- Review and discussions of the October 2013 financial reports
- SHIP Grant Agreement (3-year) authorization to bind district

6.1.2 Financial Overview: Travis Lakey, Director of Finance, reported the acute revenue for October was understated in the October 2013 financial reports (see **Exhibit C**) and is to be corrected for the month and YTD. ***A motion/second (Kerns/Hathaway), and unanimously carried, the Board of Directors did not accept the October 2013 financial reports presented due to understated revenues.***

6.1.3 Authorization to Bind SHIP Grant Agreement FYs 2013-16: ***A motion/second (Kerns/Hathaway), and unanimously carried, the Board of Directors authorized binding of the federal SHIP Grant for FYs 13-16 (approximately \$9,000 for each of the 3 years) that is to be used for quality software and training of staff.***

6.1.4 Capital Expenditure Plan FY14: Tabled.

6.1.5 Board Quarterly Finance Review: The receipts and documents were available to verify payment made to ALPHA Fund (workers comp), CAHHS (unemployment liabilities), EDD (annual premiums; IRS (FICA, Medicare, withholdings), State Board of Equalization (sales tax), and CEO expenditures/reimbursement. ***A motion/second (Kerns/Hathaway), and unanimously carried, the Board of Directors accepted the review conducted by Albaugh verifying the payments as appropriate.***

6.2 Strategic Planning Committee – Chair Abe Hathaway

Committee Chair Hathaway reported no meeting held in November.

6.3 Quality Committee – Chair Brenda Brubaker

Committee Chair Brubaker highlighted the meeting topics and reports resented to the committee on November 13, 2013. Keynotes listed below:

- ▶ Departmental quality reports were heard from HIM, Patient Access and Cardiac Rehab. MVHC has access to records now saving HIM staff time—and a spreadsheet has been developed to collect data on coding issues for follow-up and training to help eliminate errors on the front end to receive payments better. Cardiac Rehab reported customer service surveys to make improvements in quality of care; and noted her goal to break even financially in the department.
- ▶ Standing quality reports were heard from:
 - The Director of Clinical Excellence provided ED throughput times for the first 6 months of 2013 noting Mayers being in the top 10th percentile for median time from arrival to departure. Current work in the department pertains to HCAHPS performance surveys.
 - Infection Preventionist Director reported only 2 non-reportable surgical site infections for FY13 and 5 hospital acquired infections for FY13. Employee flu vaccination rate is 92%.
- ▶ Other Quality agenda items: Employee Survey to be addressed by Rees, and CAH Annual Evaluation to be presented to board today.

6.3.1 Employee Survey Results: CEO Rees reported the recent employee survey results (**Exhibit D**) compared to the survey conducted in 2011. There were 82 surveys collected and overall a 60% shift into the “positive” categories vs. dissatisfied categories. The written comments were collected and Rees offered to share them with the board. It was noted by Rees that the only category that decreased to a lesser score was “authority and responsibility” possibly due to new EMR conversion. Kerns commented his observation is that employees may not feel comfortable yet with authority with recent culture change and pushing stuff down to staff. Eighty percent of the employees surveyed would recommend Mayers to friends for employment concluded Rees.

6.3.2 CAH Annual Evaluation & Organizational Analysis Report: CEO Rees presented board members copies of the report to read and make notes of assessment. The board will participate in the evaluation process during discussions and assessment at the next board meeting. A work plan will be developed by the quality management team, medical staff and governing board.

7. OTHER GOVERNANCE BUSINESS:

- ▶ Ad Hoc Committee Appointment: Due to no change in officers for 2014, the board concurred that an ad hoc committee for nomination of officers would not be necessary.
- ▶ Resolution 2013-4: “2014 Year of the Family Physician” recognizing the value of the family physician and the outstanding efforts in preparing Shasta, Lassen and Modoc county residents for a healthy life was presented and discussed by Rees. He conveyed the resolution was authored through the SHARC for adoption by its healthcare organization members. ***A motion/second (Kerns/Hathaway), and unanimously carried, the Board of Directors adopted Resolution 2013-4, "Recognizing 2014 the Year of the Family Physician."***

8. INFORMATION/BOARD EDUCATION/ANNOUNCEMENTS

- ▶ Board Education – QHR Webinar 2nd Tuesday each month, 10 a.m. PST
- ▶ Reminder: December board meeting is Thursday, December 19th

9. ANNOUNCEMENT CLOSED SESSION (RECESSED @ 3:39 P.M.): President Albaugh announced **closed session at 3:50** p.m. for the purpose of CEO annual performance (Government Code Section 54957); and Quality Assurance/Credentials.

10. RECONVENE OPEN SESSION: At the hour 4:35 p.m., President Albaugh reconvened the meeting to open session and reported action taken as follows by unanimous vote: 1) approval of closed session minutes from the meetings held October 23, 2013; 2) approval of medical staff credentials for the following Medical Staff Reappointments:

Medical Staff Appointment

- Michael Maloney, MD, Radiology (Consulting)

Medical Staff Reappointment

- Paul Schwartz, MD, Orthopedic Surgery (Courtesy)
- J. Weinhold, MD, Family Medicine (Active)
- Gregory Taylor, MD, Emergency Medicine (Courtesy)
- Tikoos Blankenberg, MD, Pathology (Consulting)

AHP Reappointment

- Rhett Wigen, CRNA

Medical Staff Status Changes – Move to Inactive

- J. David Schillen, MD, Orthopedic Surgery
- John Lange, MD, Orthopedic Surgery

C/S agenda item 9.3 Personnel, Public Employment: The CEO Annual Performance Evaluation was finalized and process complete. No actions to report

11. ADJOURNMENT: There being no further business, at the hour of 4:36 p.m., President Albaugh declared the meeting adjourned.



**Operations Report
December 2013**

Mayers Memorial Hospital

Statistics	November YTD FY14 <i>(current)</i>	November YTD FY13 <i>(prior)</i>	November Budget YTD FY14
Surgeries <i>(including C-sections)</i>	28	61	37
→ Inpatient	11		8
→ Outpatient	17		29
Procedures <i>(surgery suite)</i>	20	73	12
Inpatient Days <i>(Acute/OB/Swing)</i>	761	915	665
Emergency Room	1576	1657	1658
Skilled Nursing Days	11053	11618	11165
OP Visits <i>(OP/Lab/X-ray)</i>	6534	6414	6789
Hospice Patient Days	1276	559	462
Physical Therapy	4157	3119	2746
Ambulance Runs	172	147	146



Operations District-Wide
Matthew Rees, Chief Executive Officer

Administration/CEO activities during the past month:

- Attended the Shasta County Health Summit collaborative meetings to improve health of population we serve (8 counties represented). Mike Kerns attended as well.
- Working with Amanda on Capital Campaign—started community training phase.
- Working with Amanda and HR to replace Amanda. Position posted on Mayers’ website.
- Meeting with Dr. Owens to discuss Mayers’ services and EMR MU2—utilizing his down time while he waits for his CA license.



Prepared by Keith Earnest, Pharm.D.--Chief Clinical Officer

Laboratory

- Staff is busy fine tuning McKesson’s Paragon® system (live on 11/12/13). The interface to Mountain Valley’s Success EHS® system still has some bugs to work out concerning new patients that don’t already exist in Mayers system.
- Phlebotomy externs will resume training starting January 2014. In exchange for precepting externs two Mayers employees attend the phlebotomy training program at no cost.

- Nursing staff will be trained this week to order lab tests electronically.
- A new CLS, Michael Klauer, is scheduled to start orientation on December 12th.
- Ann Wright, CLS, will be travelling to Chicago for advanced training on the hematology analyzer.
- Chris Hall, CLS—Lab manager, is in the process of replacing the urinalysis machine as the current machine is not supported by the manufacturer anymore and cannot interface with McKesson's Paragon® system.

Respiratory Therapy

- Our first pulmonary rehab patient will start soon.
- Jackie Harris, RT, has reached out to Dicalite®, Modoc Forest Service and Lassen Forest Service and will be performing pulmonary function testing for their employees this winter and spring.
- Mayers Respiratory Therapists have recently started tracheotomy care teaching for outpatients.

Imaging

- Dr Freeman, Radiologist, will be retiring at the end of December and so the department is working with the Mt Shasta radiology group on a plan to continue performing fluoroscopy at Mayers.
- The radiology group in Mt Shasta City is returning diagnostic interpretation of radiologic exams very quickly. Sometimes for ER patients the CT is read before the patient is returned to the ER from the CT trailer.
- There will be a change in the imaging manager starting January 1st.

Physical Therapy

- Patient volumes have been steady with 21 referrals waiting for evaluations.
- Current staff is working extended hours to meet current patient volumes as the PT manager is out on maternity leave.
- The department is in the process of hiring a PT Aide.



**MAYERS MEMORIAL
CONSENT ACTION OF THE DIRECTORS**

The following actions are hereby taken by the unanimous written consent of the directors of Mayers Memorial (the "Company") in lieu of a meeting of the directors.

With respect to the amendment of the Mayers Memorial Section 125 Cafeteria Plan (the "Plan"), the following resolutions are hereby adopted:

Carryover Amount

Effective November 20, 2013 the Plan is adopting a FSA Health Care Carryover Amount. The Plan shall provide for a carryover of \$500 of any amount remaining unused in a Health FSA as of the end of the plan year. Such carryover amount may be used to pay or reimburse medical expenses under the health FSA incurred during the entire Plan Year to which it is carried over.

Effective Date shall include the 2013 Plan Year.

RESOLVED: That the Plan be amended in the form attached hereto, which amendment is hereby adopted and approved;

RESOLVED FURTHER: That the appropriate officers of the Company be, and they hereby are, authorized and directed to execute said amendment on behalf of the Company;

RESOLVED FURTHER: That the officers of the Company be, and they hereby are, authorized and directed to take any and all actions and execute and deliver such documents as they may deem necessary, appropriate or convenient to effect the foregoing resolutions including, without limitation, causing to be prepared and filed such reports documents or other information as may be required under applicable law.

Dated this _____ day of _____, 2013.

**MAYERS MEMORIAL
SECTION 125 CAFETERIA PLAN**

SUMMARY OF MATERIAL MODIFICATIONS

The purpose of this Summary of Material Modifications is to inform you of a change that has been made to the Mayers Memorial Section 125 Cafeteria Plan. This change has affected the information previously provided to you in the Plan's Summary Plan Description. The Summary Plan Description is modified as described below.

The Plan shall include the following plan provision effective November 20, 2013 and applies to the Plan Year beginning 2013.

Carryover Amount

Effective November 20, 2013 the Plan is adopting a FSA Health Care Carryover Amount. The Plan shall provide for a carryover of \$500 of any amount remaining unused in a Health FSA as of the end of the plan year. Such carryover amount may be used to pay or reimburse medical expenses under the health FSA incurred during the entire Plan Year to which it is carried over.

Effective Date shall include the 2013 Plan Year.

**MAYERS MEMORIAL
SECTION 125 CAFETERIA PLAN**

AMENDMENT

WHEREAS, Mayers Memorial (the "Company") maintains the Mayers Memorial Section 125 Cafeteria Plan (the "Plan") for the benefit of certain of its employees; and

WHEREAS, Pursuant to Section 7.1 of the Plan, the Company desires to amend the Plan;

NOW, THEREFORE, the Plan is hereby amended as follows, effective as provided therein:

Carryover Amount

Effective November 20, 2013 the Plan is adopting a FSA Health Care Carryover Amount. The Plan shall provide for a carryover of \$500 of any amount remaining unused in a Health FSA as of the end of the plan year. Such carryover amount may be used to pay or reimburse medical expenses under the health FSA incurred during the entire Plan Year to which it is carried over.

Effective Date shall include the 2013 Plan Year.

PLAN YEAR END: 12/31

IN WITNESS WHEREOF, the Company has caused this Amendment to be executed this ____ day of _____, 2013.

MAYERS MEMORIAL:

Signature: _____

Print Name: _____

Title/Position: _____

V3.00-3.00

Strategic Plan Reporting Updates – November 18, 2013

*A Department Goal update is given at each Management Meeting
Two River updates are presented at each Operations Meeting.*

*The following notes are taken directly from the minutes:
(Beginning in September for Management and October for Operations)*

See Attached schedule

Department Goals

Jolene Platko – Physical Therapy Department Presentation

Physical Therapy has gone from 4000 visits in FY2012 to 8000 visits in FY2013.

Jolene went over the Department goals and said they met most of the department goals. They have been implementing a pre and post partum exercise program. Having enough space has allowed for this additional service. The department has been conducting patient surveys monthly and monthly department meetings. The one goal that hasn't been met yet it that 90% of evaluations would be seen 2 weeks. At this time, there is still about 50 people waiting list. Jolene said they are looking for a traveler to cover while she is out on maternity leave. Overall, everything is going well and patient visits are up.

Jolene reported that they are working on G codes and have new script pads.

Val Lakey - Marketing/PR Department Presentation

Strategic Plan Marketing/PR report is as follows:

- In relation to department goals, the marketing efforts continue to plan for specific plans for various department, services and providers.
- A marketing calendar/schedule has been established and MMHD has a media presence weekly.
- FB activity has grown 50% and we have increased "likes and shares". The largest demographic is females between the ages of 35-50. Efforts to keep the page personalized have increased views by 200%.
- Developed a budget based on past expenditures and continue to evaluate what methods of PR and advertising are effective.
- Have continued community involvement via sponsorships, participation in community activities and organizations.

Kay Shannon- Outpatient and Wound Care Services Department Presentation

- Have a third room available for IV infusions by August 1, 2013. (Physical and Information Infrastructure) **Complete**
- Obtain WCCN Wound Care Certification.(Staffing, Professional Development and Team Performance)

- Sponsor hospital wide trainings for CVL and Wound care (Staffing, Professional Development and Team Performance) **Ongoing**
 - Develop a pressure ulcer education/prevention plan. (Staffing, Professional Development and Team Performance) **Ongoing**
 - Attend community health fairs to promote OPM Services and continue to promote Dr. Zittel's Wound care clinic to local care providers (Community Outreach and Advocacy) **Attended Health Fair and Pit River Health Fair**
 - Develop patient satisfaction survey/follow up phone call system. (Community Outreach and Advocacy) **By January 1st**
 - Break down percentages of procedures and reimbursement rates to determine which specific services are worth offering. (Financial Performance Overall and by Clinical Services Offered) **Capturing 80-85% of charges, Inventories Complete - Ongoing**
-

Summary of OP Department:

- It was reported that the census numbers are about the same. There was a peek in August at 143.
- The Policy & Procedure binder is in the works and is working in conjunction with the new MCN Software.
- The department is still hoping for new paint in the outpatient rooms. They are also in need of hooks for patients to hang their coats and other belongings.
- The addition of the third room has been a success. There is one dedicated IV room.
- The department had trainings in April and May. There was an in-service for home IV infusions. There was a wound vac webinar in August.
- OP currently still needs more staffing.
- OP participated in Health Fair and Pit River Health Fair. They have also received some referrals for Surprise Valley.
- The department is working on a patient satisfaction survey and hopes to have it complete by the first of the year.
- The department is doing a great job of capturing charges – they are at about 80-85%. Inventory is complete. Kay thanked Anita Bottoroff for catching a missed charges glitch with reoccurring patients.

Amy Parker/Michele King Front/Back Office Department Presentation

Amy and Michele provided an update. Amy wanted to recognize Front Office staff members for asking questions and working together as a team to ensure that things are done correctly. Her staff members request trainings and are very engaged in learning about correct billing processes so that when billing is brought back in house, the staff is better prepared. Amy also noted that morale is

high, people really work as a team, and are always striving to do better. She also said that relationships with other departments are much improved and processes between departments are more effective and provide better patient flow.

Michele said that scheduling coordination and verifying coverage before services are rendered have been some of the projects she and the Back Office have been working on. Mayers has saved money by implementing some of these processes. Radiology and Physical Therapy are also becoming more involved with this new scheduling process. Michele said that customer service has been a top priority in working with outpatient services. Regular calls to patients resulted in Dr. Zittel seeing 16 patients last week with zero cancellations. Outpatient and surgery registration is now at Station 3 and Michele has noted that there has been a lot of positive feedback from employees and patients alike. Financial counseling has also been highly successful. Patients are making educated decisions about their financial options before receiving medical care.

Susan Garcia – Dietray Department Presentation

Susan gave an overview of the dietary department. There are 17-24 employees. The kitchen is open from 4am- 8pm and serves about 85 daily. They are planning a BBQ for the residents on the 16th in Fall River and on the 22nd in Burney. Employees are welcome, but will be served out of the cafeteria. The residents will be served on the patio. Susan said they have inspections every 3-4 months. They have weekly projects inside kitchen, do Candlelight every other month, and prepare food for special events and meetings. She said they appreciate being asked ahead of time. Emergency water – each facility has 300 gallons of emergency water on hand. There needs to be 1 gallon per person – 100 gallons per day and enough for 3 days. Expired water is stored in Riverview basement – not drinking water. Drinkable water is stored at Station 3 in Fall River and in Burney in Purchasing and Hot Water Heater. Potable hoses are located in dietary. Lisa noted that the staff does an excellent job with food and presentation.

RIVER UPDATES:

Department Financial Accountability – Travis Lakey – Spreadsheets will go out. Keith has asked for it to be as easy as possible for managers. Managers just need to type comments. Also need statistical data. Travis will see what the options are for reporting. Travis thinks year-to-date data will be more beneficial – monthly data is an average. Keith said we can experiment with what works the best. Some departments can be reported using average daily census numbers.

District Expansion and Services – Travis Lakey – On Long Term Hold

Communication Infrastructure – Libby Mee

Met with Rob & Ryan and worked on plan. It was determined that a lot of the employees don't have same means of communicating. We have mapped out a plan and will implement Bulletin Boards in each department. Libby will facilitate the information and placement of information on the boards. Libby will be meeting with Val to plan implementation and logistics. Aiming for January.

Continued Quality Improvement– Sherry Wilson

Main focus to identify areas in need of improvement. Set goals for three areas:

- Implemented ER questionnaire. Reports at end of month.
- 5-10 questions for acute patients with Theresa's contact information.
- Competencies for the nurses.

Access to Specialists - Matt Rees

River has been rearranged – Because of work with the 299 Collaborative, we will merge some of the specialist recruitment tab with the 299 Collaborative tab. Put surgeons before the remodel of the clinic. Dr. Stone should be back after the first of the year. Ortho Surgery – looking at one or two of Shasta Ortho physicians for spinal injections, etc. Clinic remodel – working on it, bids on some things. We have done texturing, need to work out details between MVHC and us. (Erik) MVHC has some money. We can do flooring on Measure D – Possibly have MVHC do painting.

Capital Campaign Planning – Amanda Hutchings

Amanda reported on items "In the Van:" Community Charity Coordination on backburner, conducting community briefings within next few months. Have determined 2 of 3 co-chairs, gift phase, appointing cabinet members. "In the River:" Currently developing Case Study Statement, Collecting testimony from patients (Need a couple patients for testimonials), working on the Physician campaign. Completed – study – fundraising council – half time personnel, pledge, employee, board campaign.

A black and white photograph of a conference table. In the foreground, a pair of glasses with dark frames and clear lenses rests on a document. To the left, a glass of water is partially filled. In the background, several people are seated around the table, their faces blurred. The overall scene suggests a professional meeting or a formal assessment process.

SUMMARY RESULTS

Mayers Memorial Hospital District
2013 Governance Self-Assessment

Provided as a Member Service By



SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

Self-Assessment Overview

In August 2013 the Mayers Memorial Hospital District Board of Directors assessed the board's overall leadership performance. The board also identified issues and priorities for the future.

Board members assessed the board's overall performance in ten leadership areas, including:

- Mission, values and vision;
- Strategic direction;
- Leadership structure and processes;
- Quality and patient safety;
- Community relationships;
- Relationship with the CEO;
- Relationships with the medical staff;
- Financial leadership;
- Community health; and
- Organizational ethics.

Board members rated 167 total criteria in these ten areas.

How the Self-Assessment Was Conducted

The governance self-assessment was conducted using an online survey. All five Mayers Memorial Hospital District board members completed the self-assessment.

Respondents rated a variety of statements in the ten areas above, using a scale ranging from "Level 5 (Strongly Agree)" to "Level 1 (Completely Disagree)." "Not Sure" and "Not Applicable" choices were also available for each statement.

Mean scores for each statement were calculated using a five point scale (Level 5 - Level 1). No points were assigned to "Not Sure" and "Not Applicable" ratings.

Finally, board members provided insights about their priorities for the board in the next year; defined the board's strengths and weaknesses; identified key issues that should occupy the board's time and attention in the next year; provided insights about the most significant trends the board must be able to understand and deal with in the next year; and identified critical factors that must be addressed for the organization to successfully achieve its goals.

Rating Methodology

The following rating scale was used to evaluate overall board performance:

- **Level 5:** I *strongly agree* with this statement. We always practice this as a part of our governance. Our performance in this area is *outstanding*.
- **Level 4:** I *generally agree* with this statement. We usually practice this as a part of our governance, but not always. We perform *well* in this area.
- **Level 3:** I *somewhat agree* with this statement. We often practice this in our governance, but we are not consistent. We perform *fairly well* in this area.
- **Level 2:** I *somewhat disagree* with this statement. We inconsistently practice this as a part of our governance. We *do not perform well* in this area.
- **Level 1:** I *disagree* with this statement. We never practice this as a part of our governance. We perform *very poorly* in this area.
- **N/S:** Not sure. I do not have enough information to make a determination about our performance in this area.
- **N/A:** Not applicable.

Reviewing This Report

Board member ratings of board self-assessment criteria are depicted throughout this report in graphs.

The criteria in each graph are displayed in order from highest to lowest mean score. The mean score for each individual rating criterion appears to the right of the graph.

To facilitate the identification of areas that may require governance and/or management attention, each graph includes the number of Level 5 - Level 1 responses to each statement in the color-coded bars. Responses are grouped and color coded, with "Level 5" appearing in dark green, "Level 4" in light green, "Level 3" in yellow, "Level 2" in orange, and "Level 1" in red. "Not Sure" responses appear in gray, and "Not Applicable" responses appear in white.

Longer lists of criteria have been separated into higher and lower rated sections for ease of display and analysis.

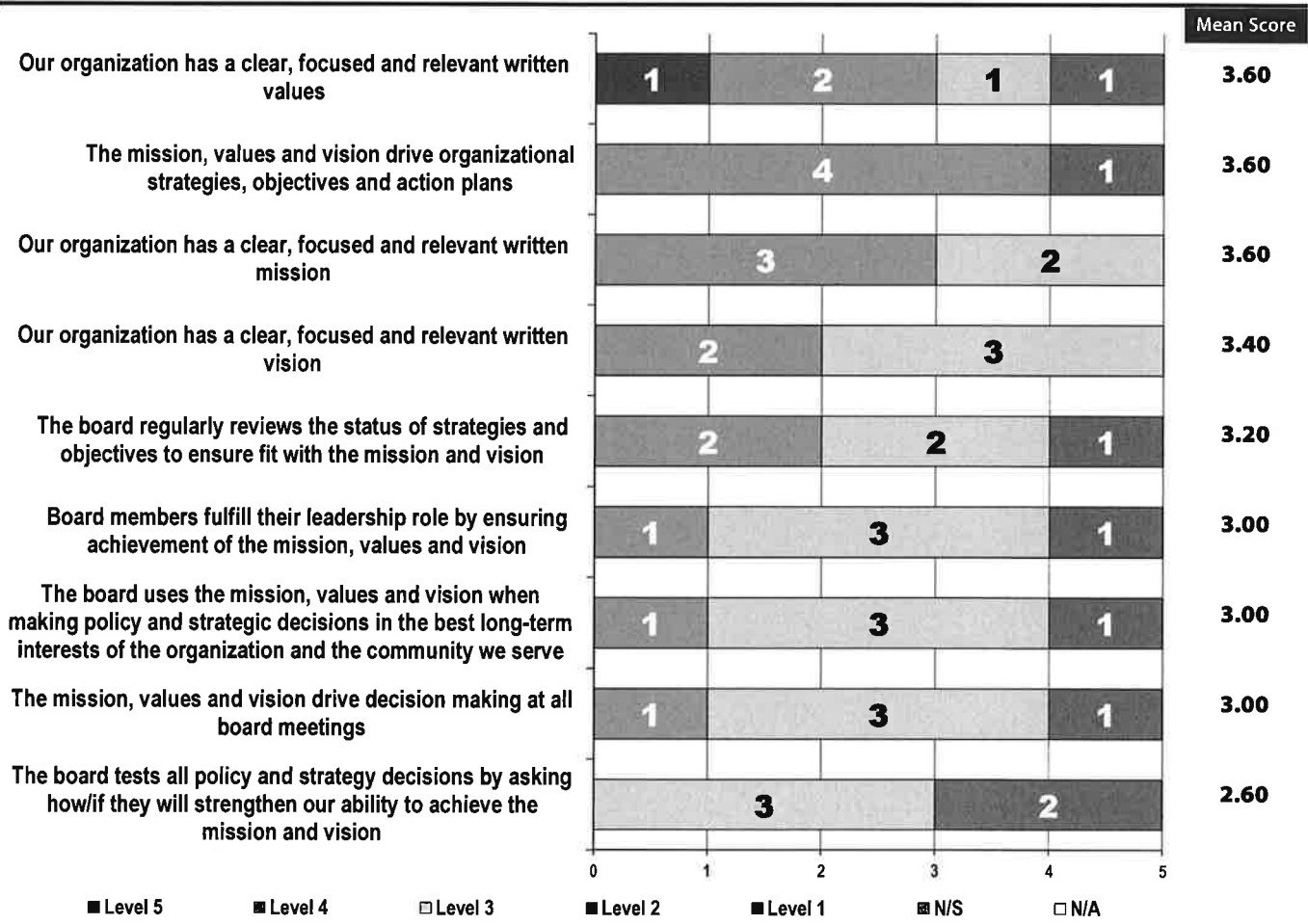
Board member responses to all open-ended questions appear throughout the report, where applicable, and on pages 27-28.

SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

Mission, Values and Vision

Mission, Values and Vision
(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- Review mission and vision at each board meeting - at least quarterly.
- We have to look beyond the dollars and sometimes only focus on where we are heading.
- Policy and strategic decision making may be driven by the mission, vision, values, but it is not specifically stated or verbalized.

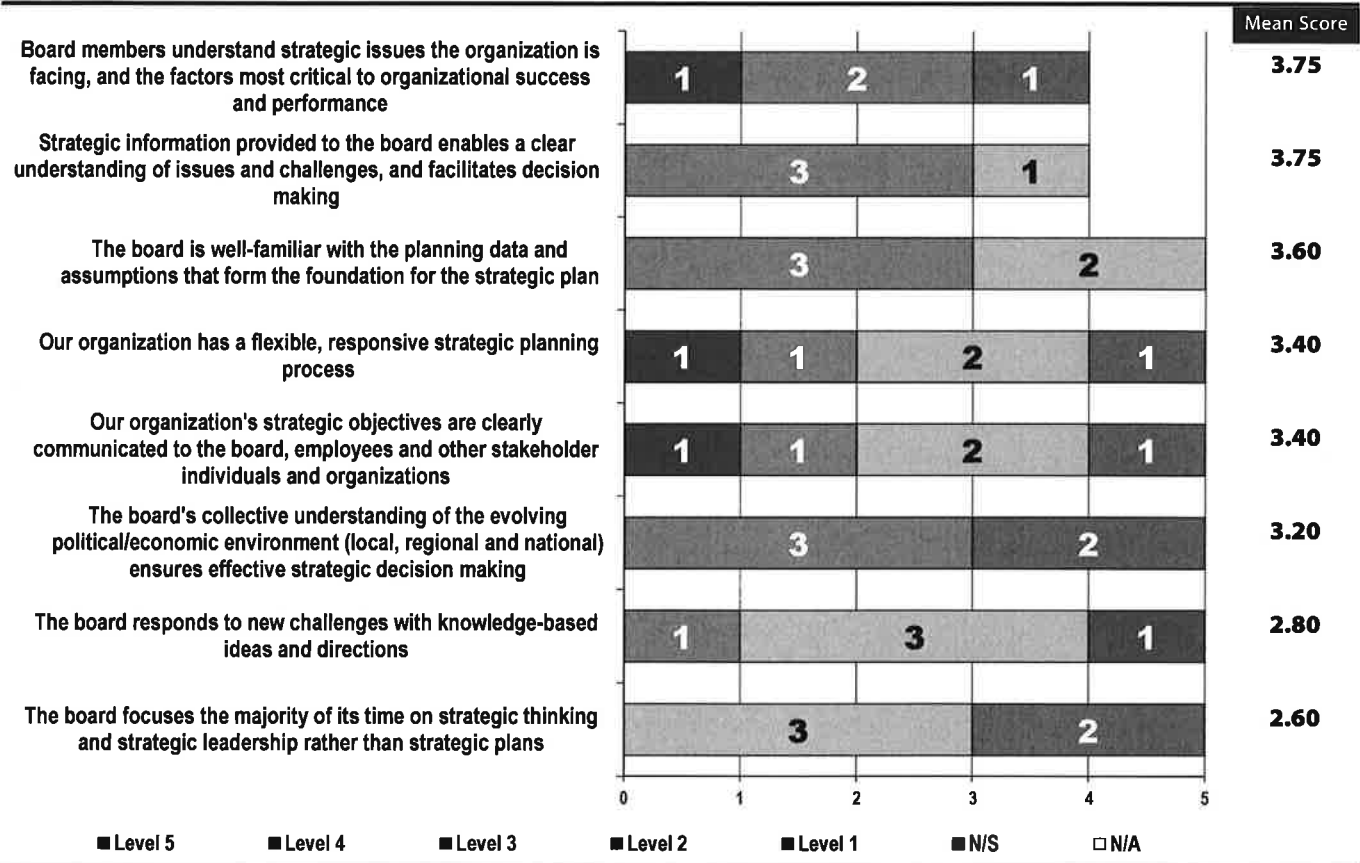
SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

Strategic Direction

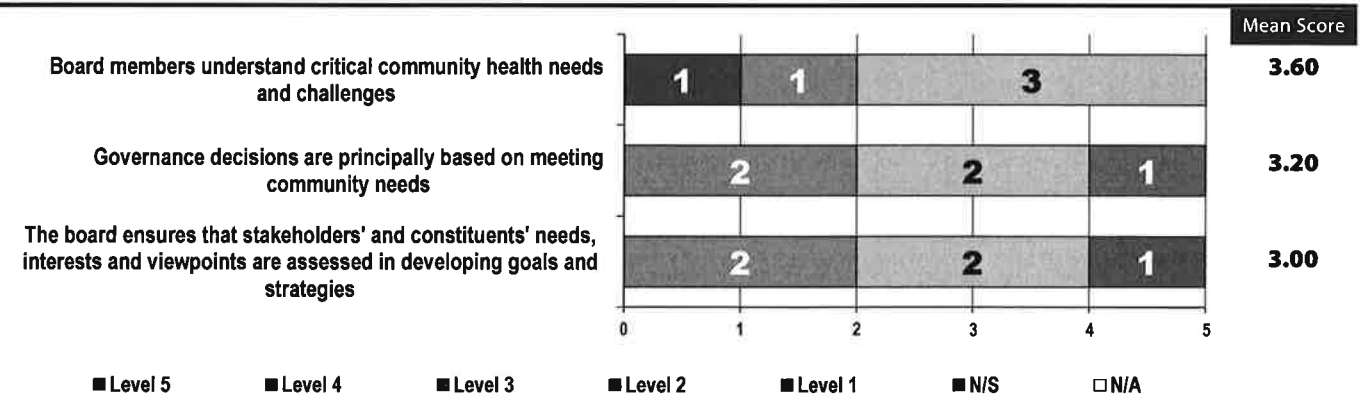
The Strategic Planning Process

(sorted by highest to lowest mean score)



Community and Stakeholder Perspectives

(sorted by highest to lowest mean score)

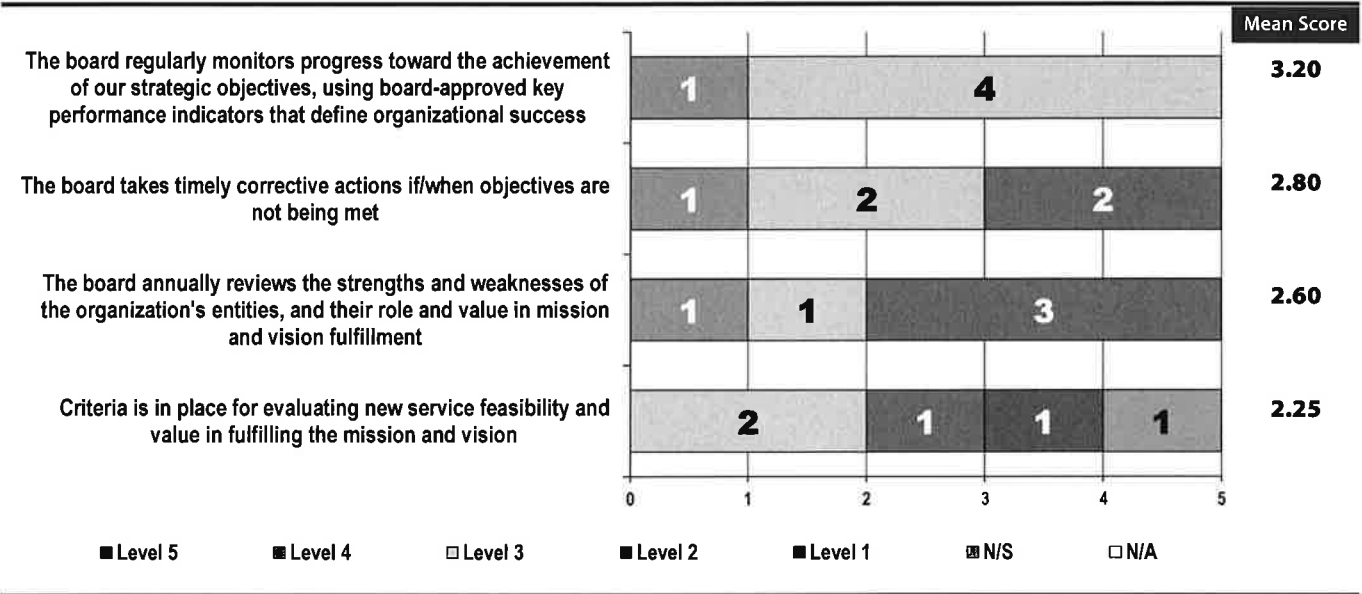


SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

Monitoring Progress

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

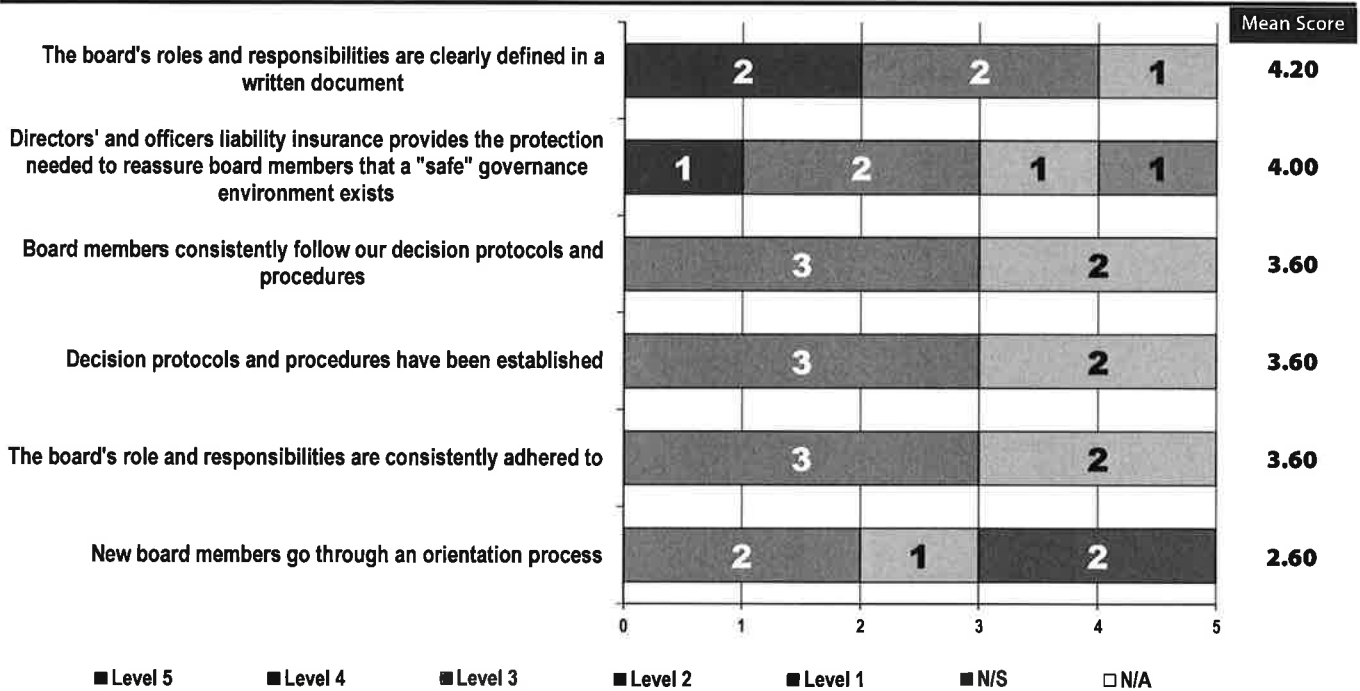
- Not clear on the difference between strategic thinking and leadership vs. planning? I would like to see changes/updates to the strategic plan be reported, rather than new pages inserted in the binder. Changes should be pointed out and explained. I feel governance decisions are based more on reactions to mandated changes, new regulations and/or compliance mandates (rather than truly on community needs, although we are trying to work on that through the 299 Collaborative). In the past, we have not aggressively reviewed the role/value of our entities due to limitations in our business software. With the recent EMR implementation, that will change moving forward.

SUMMARY RESULTS

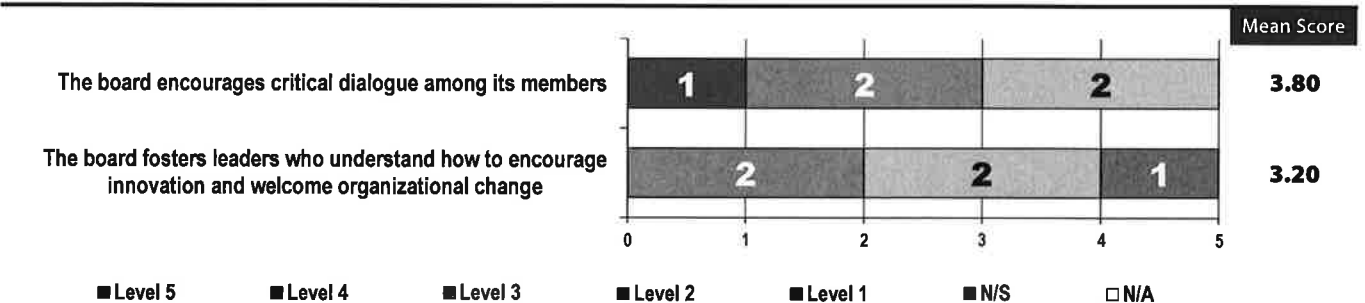
2013 Mayers Memorial Hospital District Governance Self-Assessment

Leadership Structure and Processes

Board Roles and Responsibilities (sorted by highest to lowest mean score)



Board Structure and Composition (sorted by highest to lowest mean score)

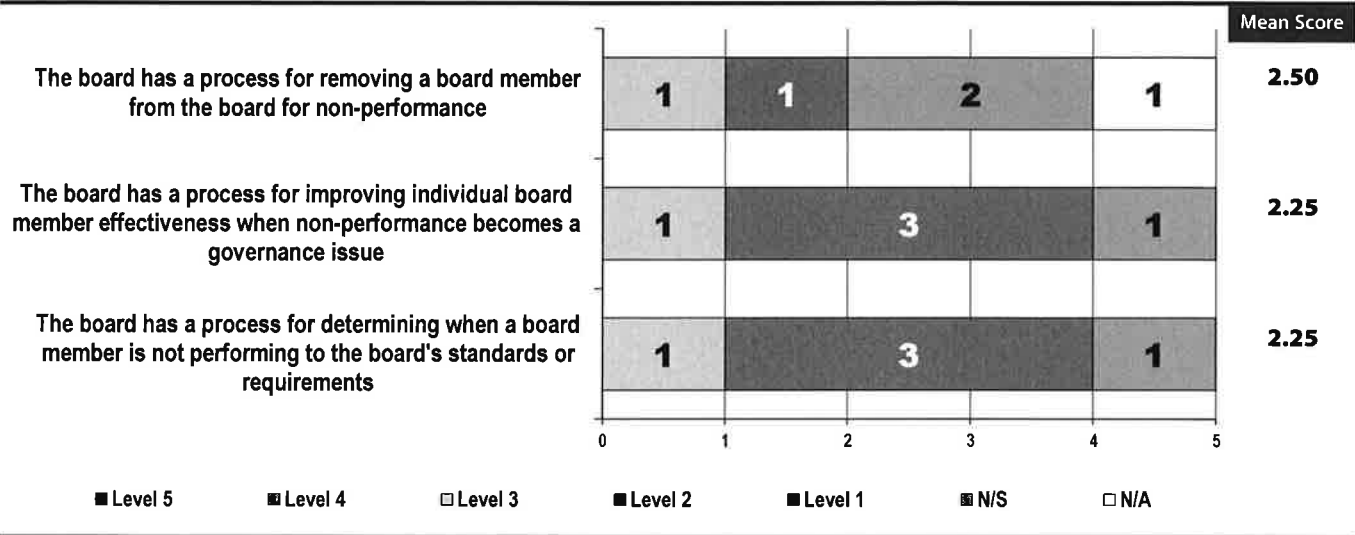


SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

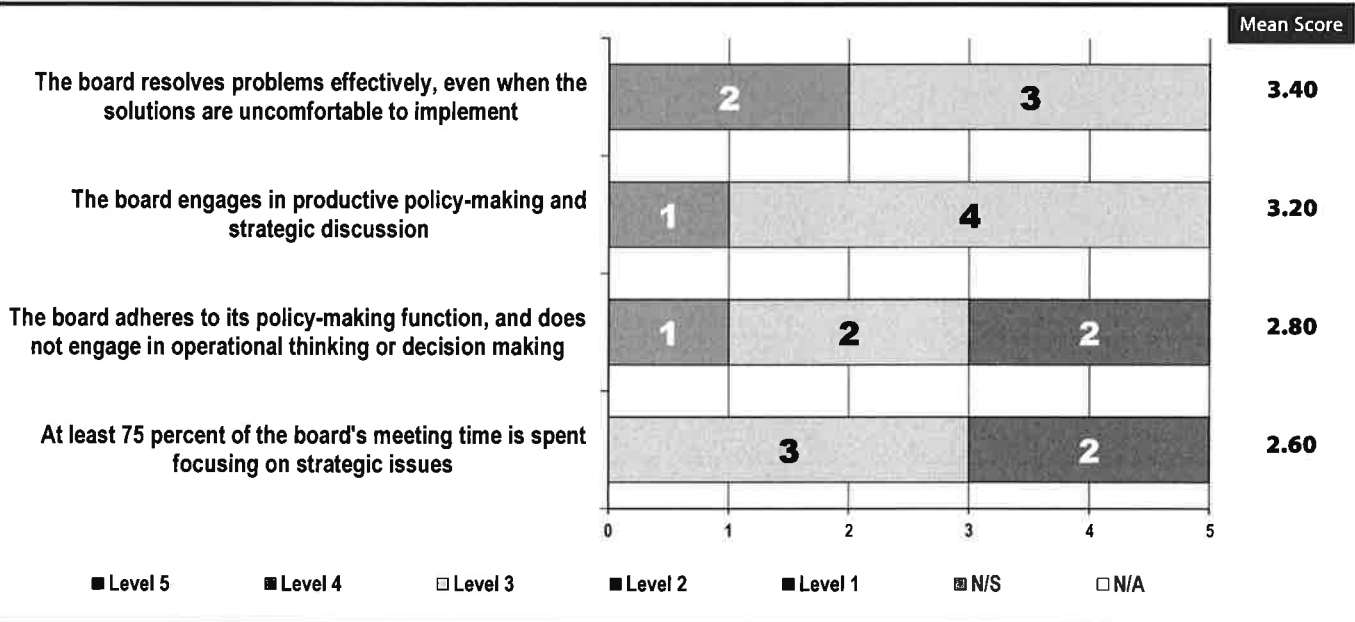
Board Member Performance

(sorted by highest to lowest mean score)



Strategic Focus

(sorted by highest to lowest mean score)

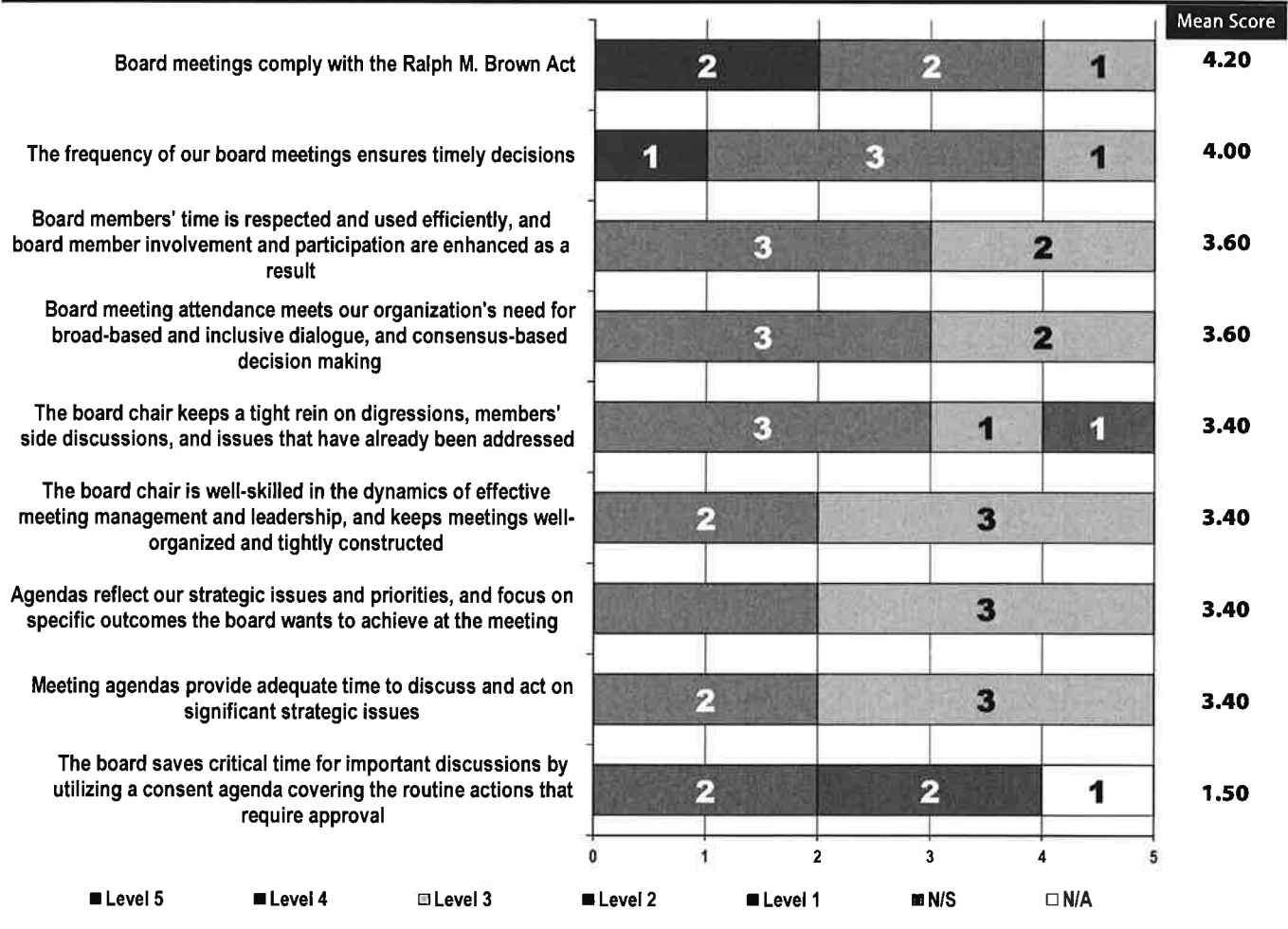


SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

Board Meetings

(sorted by highest to lowest mean score)

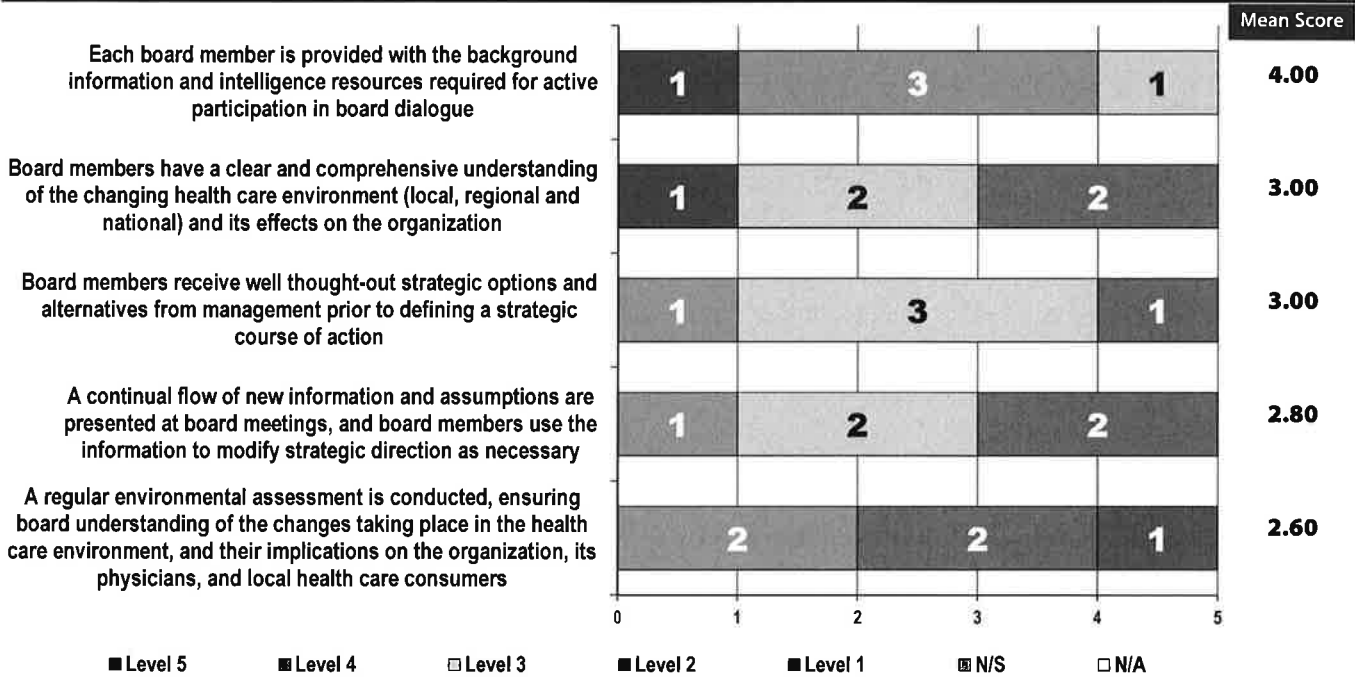


SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

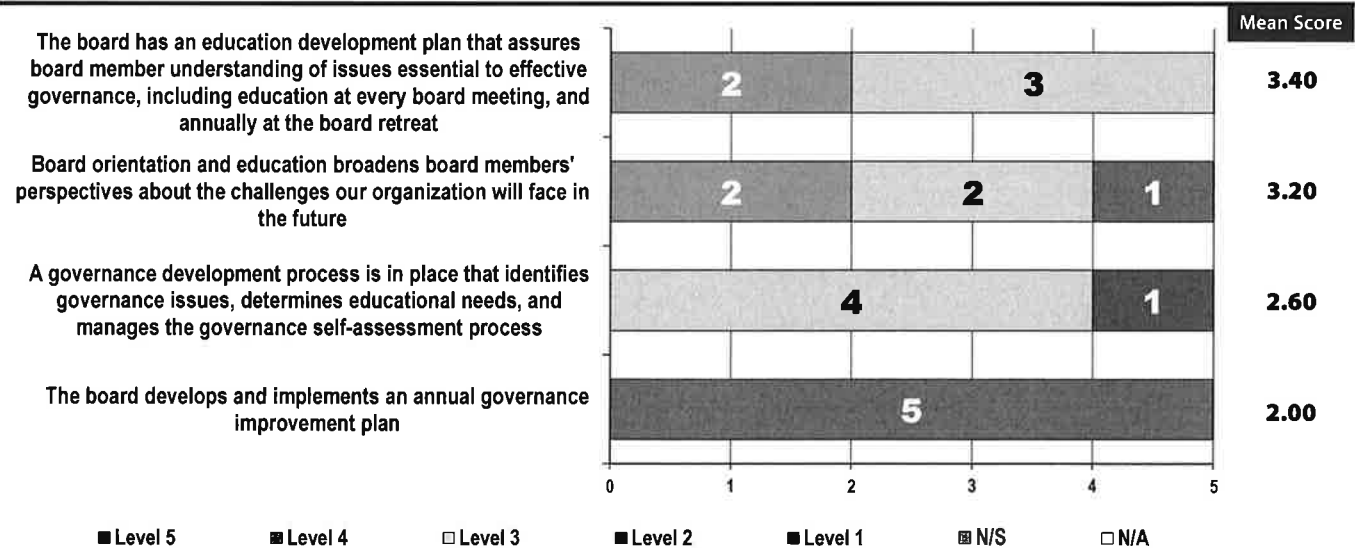
Board Member Knowledge

(sorted by highest to lowest mean score)



Governance Development

(sorted by highest to lowest mean score)

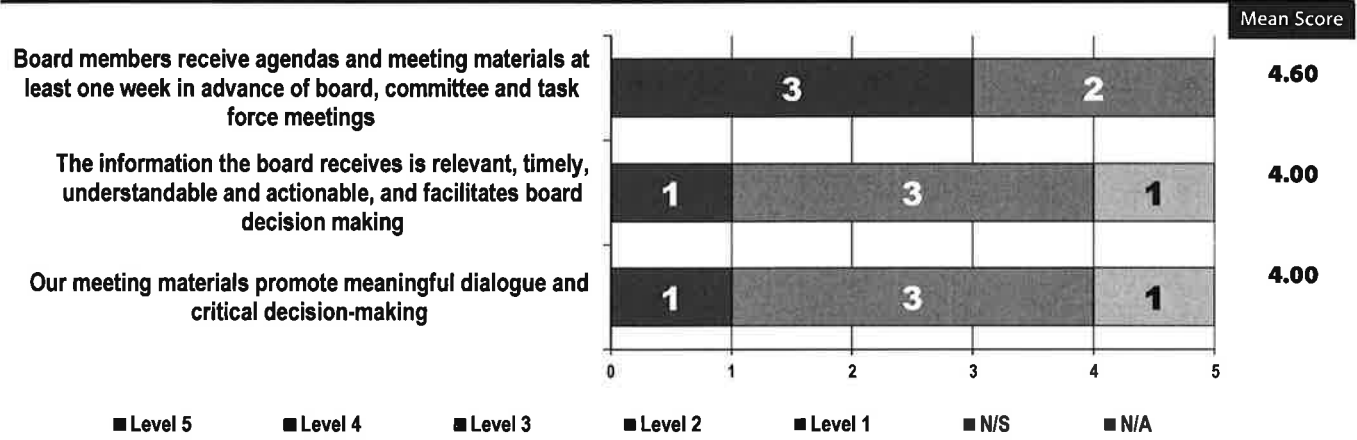


SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

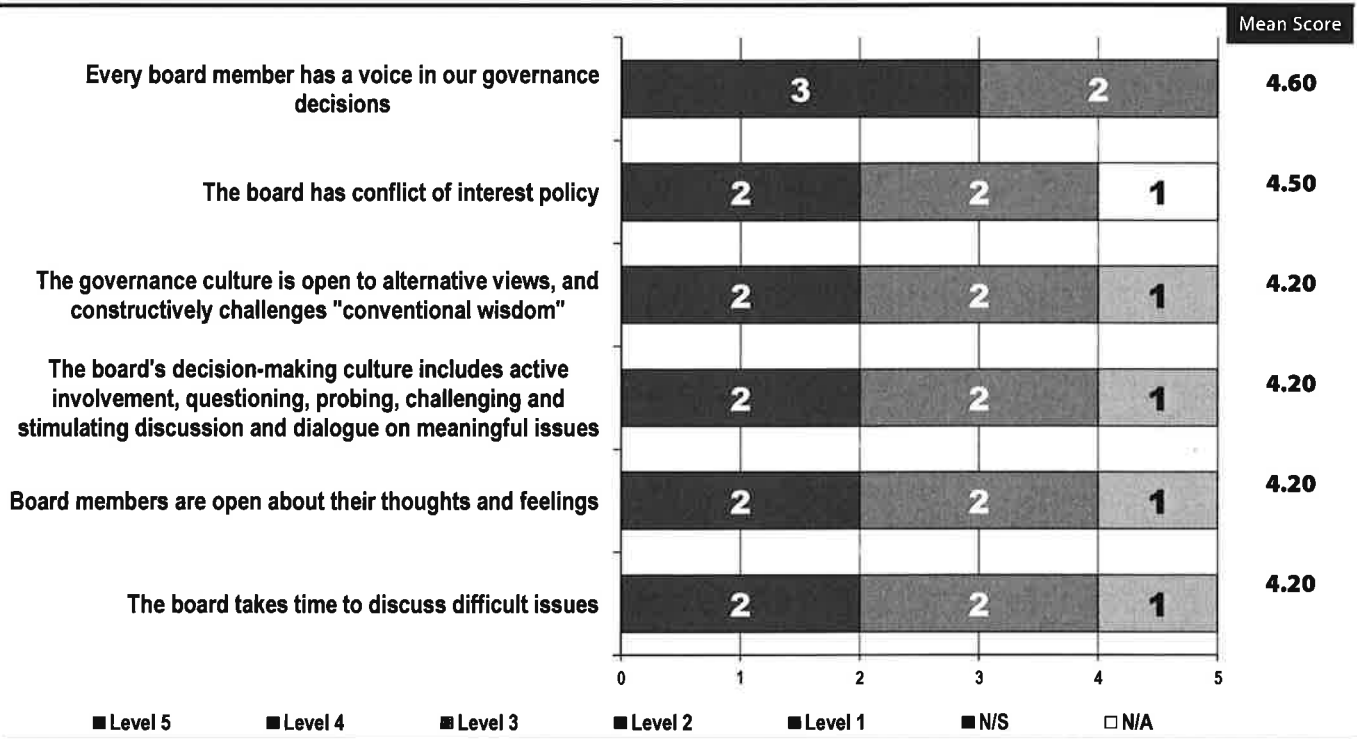
Meeting Materials

(sorted by highest to lowest mean score)



Board Relationships and Communication: Higher-Rated

(sorted by highest to lowest mean score)

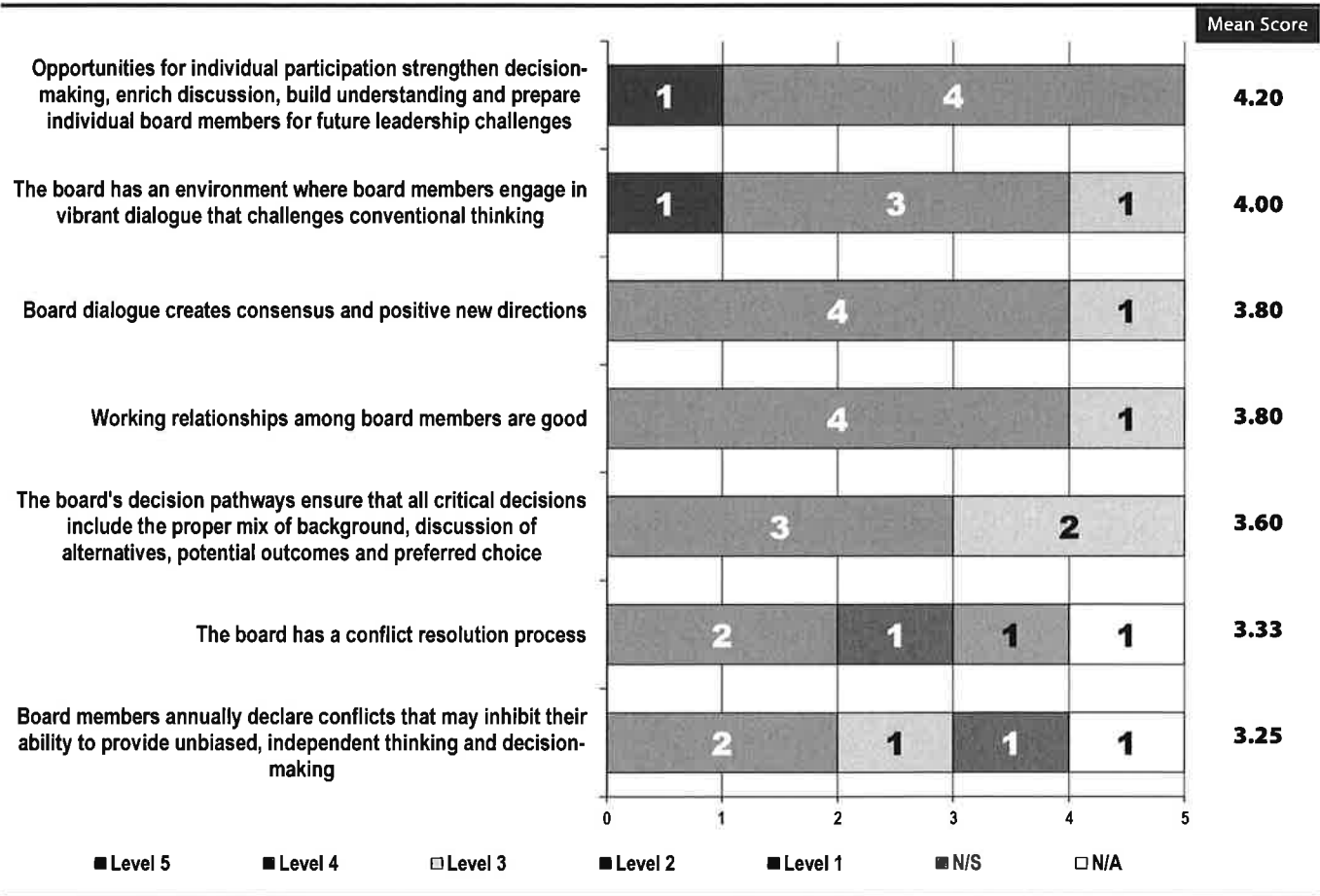


SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

Board Relationships and Communication: Lower Rated

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

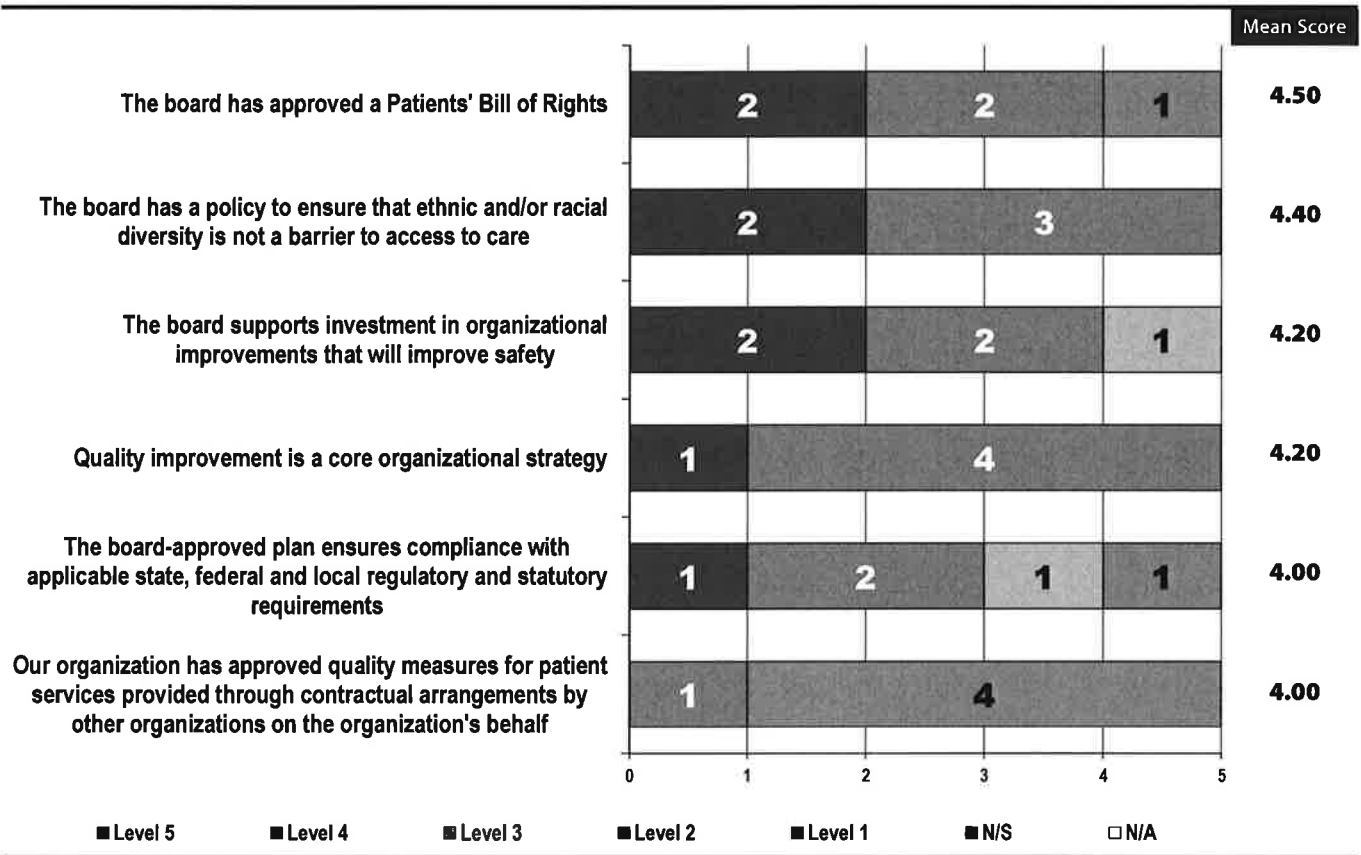
No comments or suggestions for governance improvement were provided in this section.

SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

Quality and Patient Safety

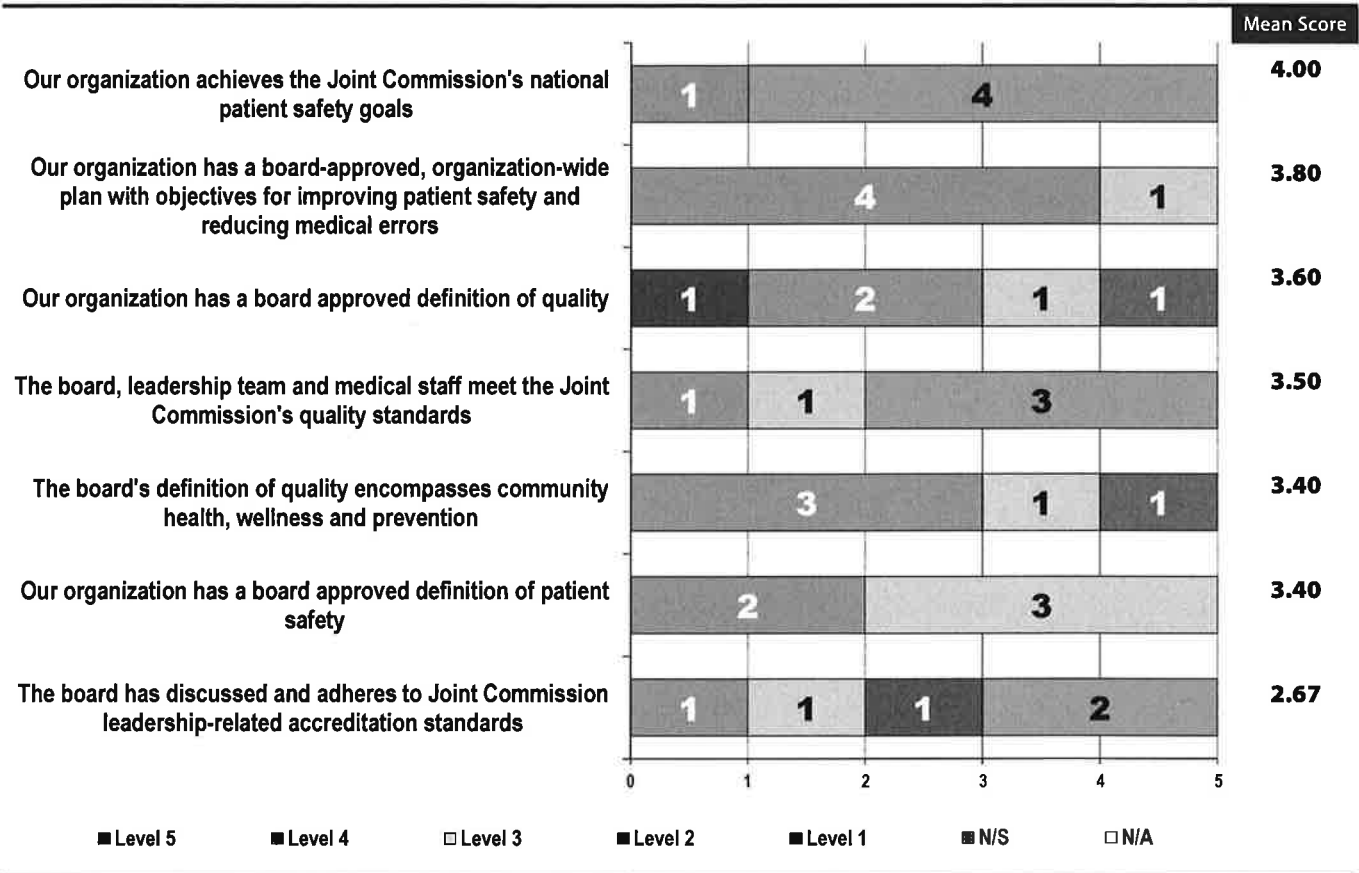
Defining and Understanding Quality and Patient Safety Issues: Higher-Rated
(sorted by highest to lowest mean score)



SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

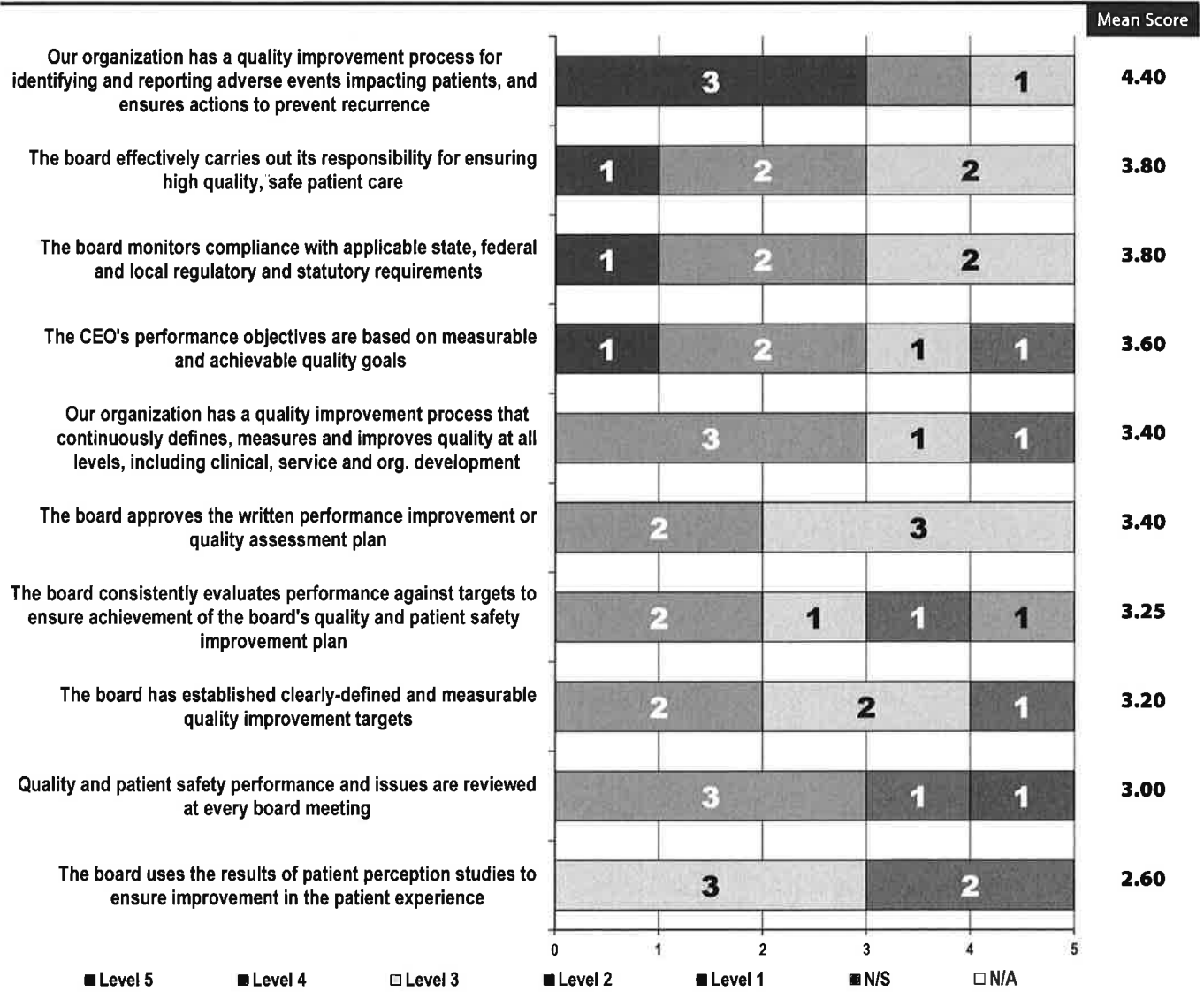
Defining and Understanding Quality and Patient Safety Issues: Lower-Rated (sorted by highest to lowest mean score)



SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

Monitoring Quality and Patient Safety (sorted by highest to lowest mean score)

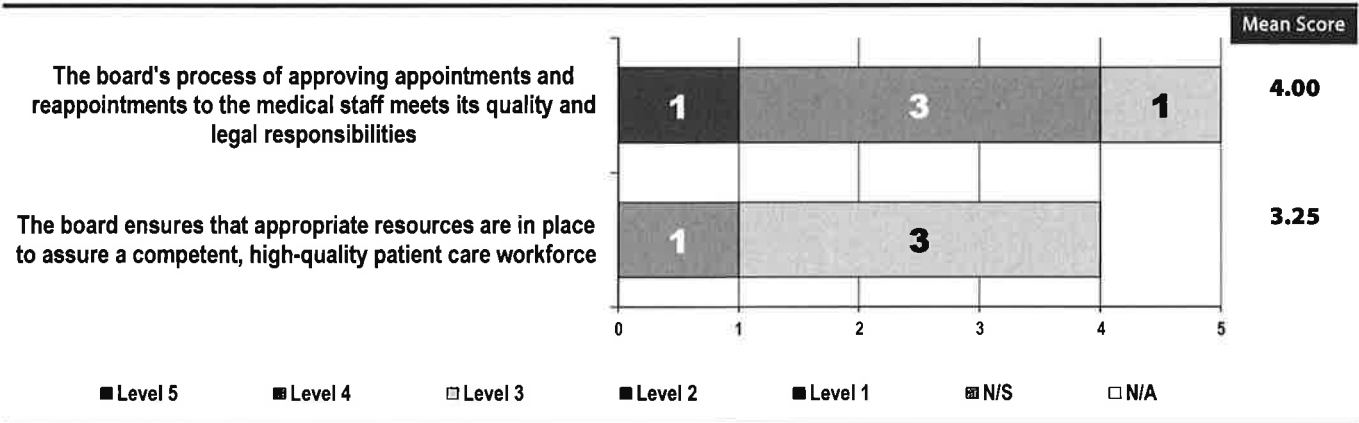


SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

Ensuring a Workforce that Provides High Quality and Safe Care

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

No comments or suggestions for governance improvement were provided in this section.

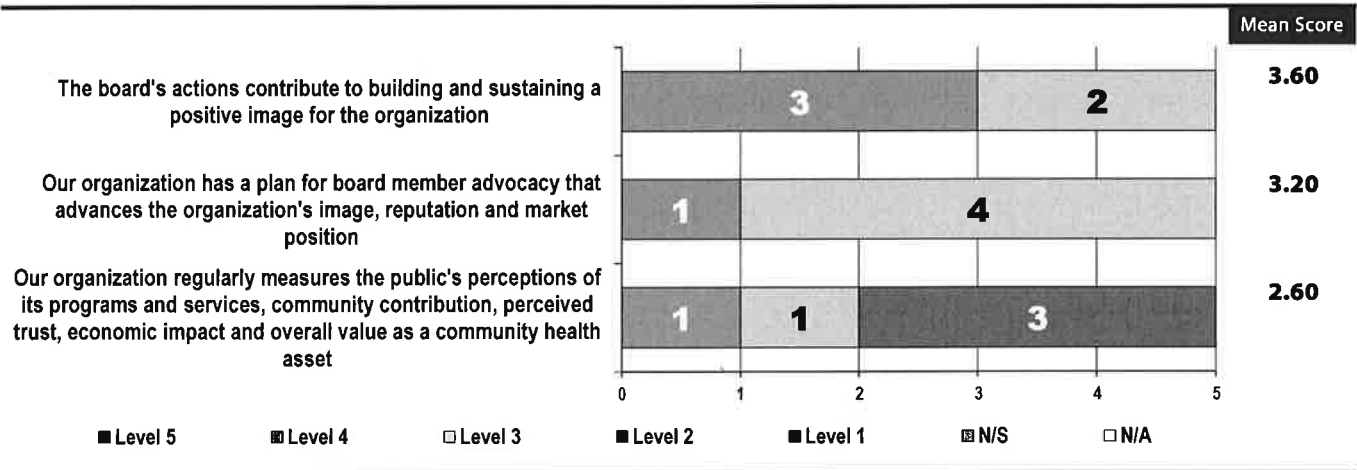
SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

Community Relationships

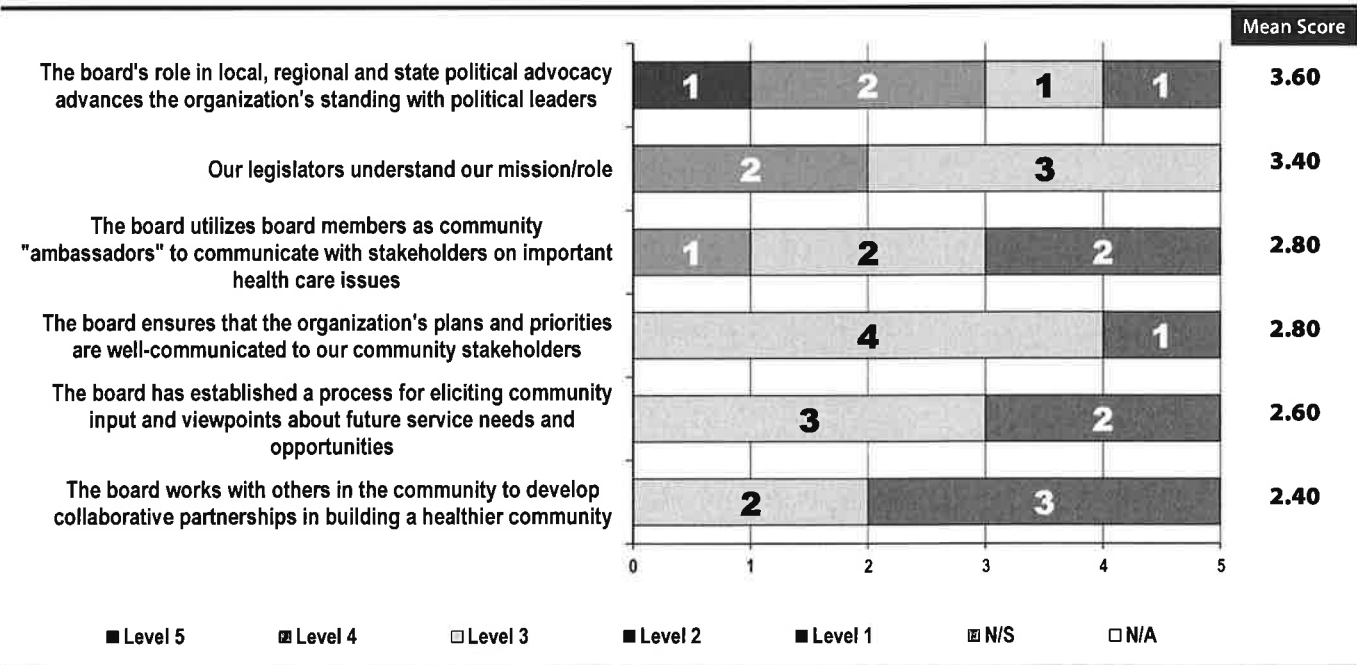
Ensuring Public Trust and Confidence

(sorted by highest to lowest mean score)



Ensuring Community Communication and Feedback

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

No comments or suggestions for governance improvement were provided in this section.

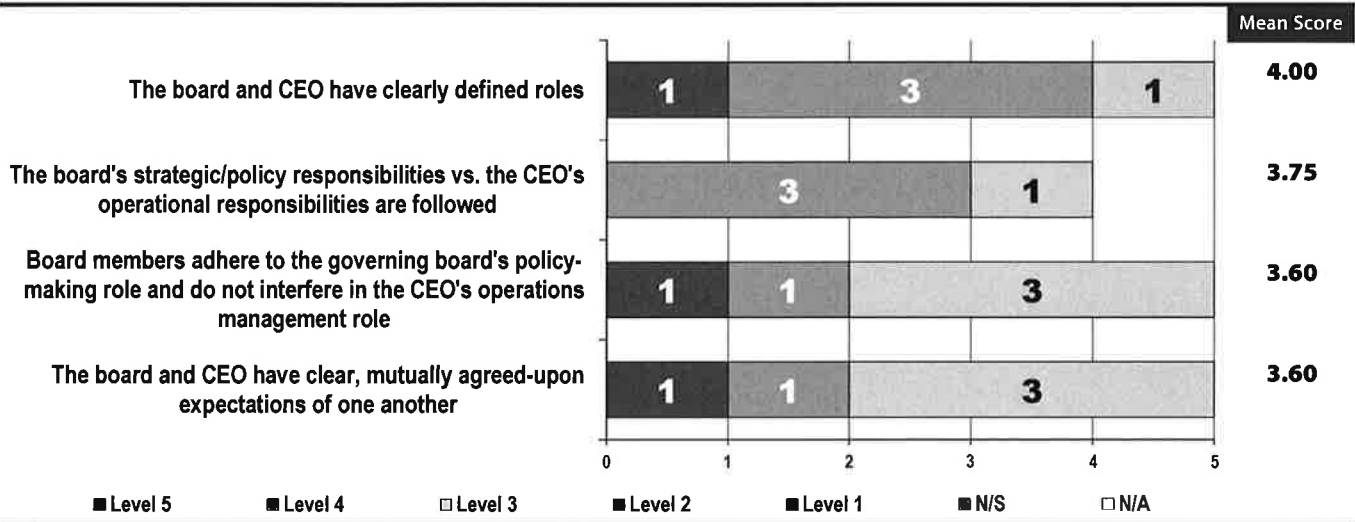
SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

Relationship with the CEO

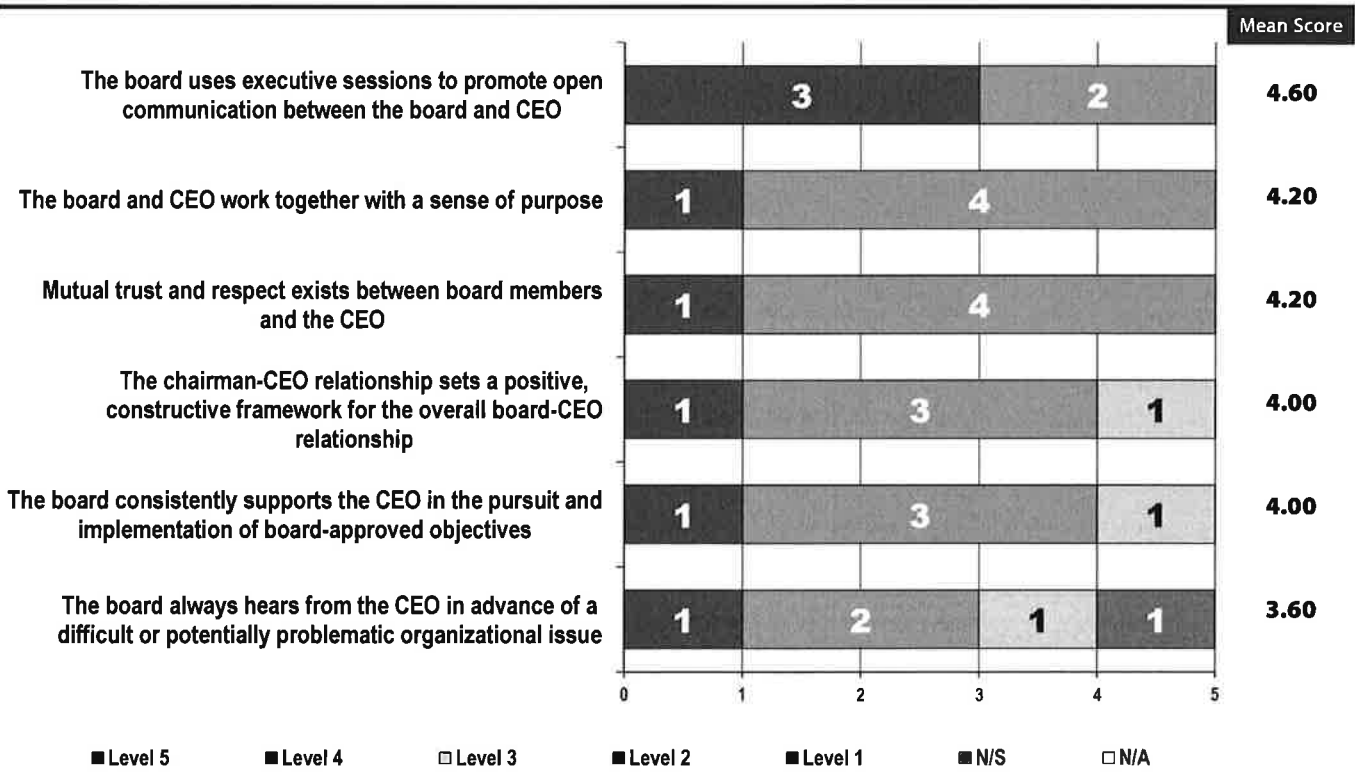
Board and CEO Roles

(sorted by highest to lowest mean score)



Communication, Support and Shared Goals

(sorted by highest to lowest mean score)

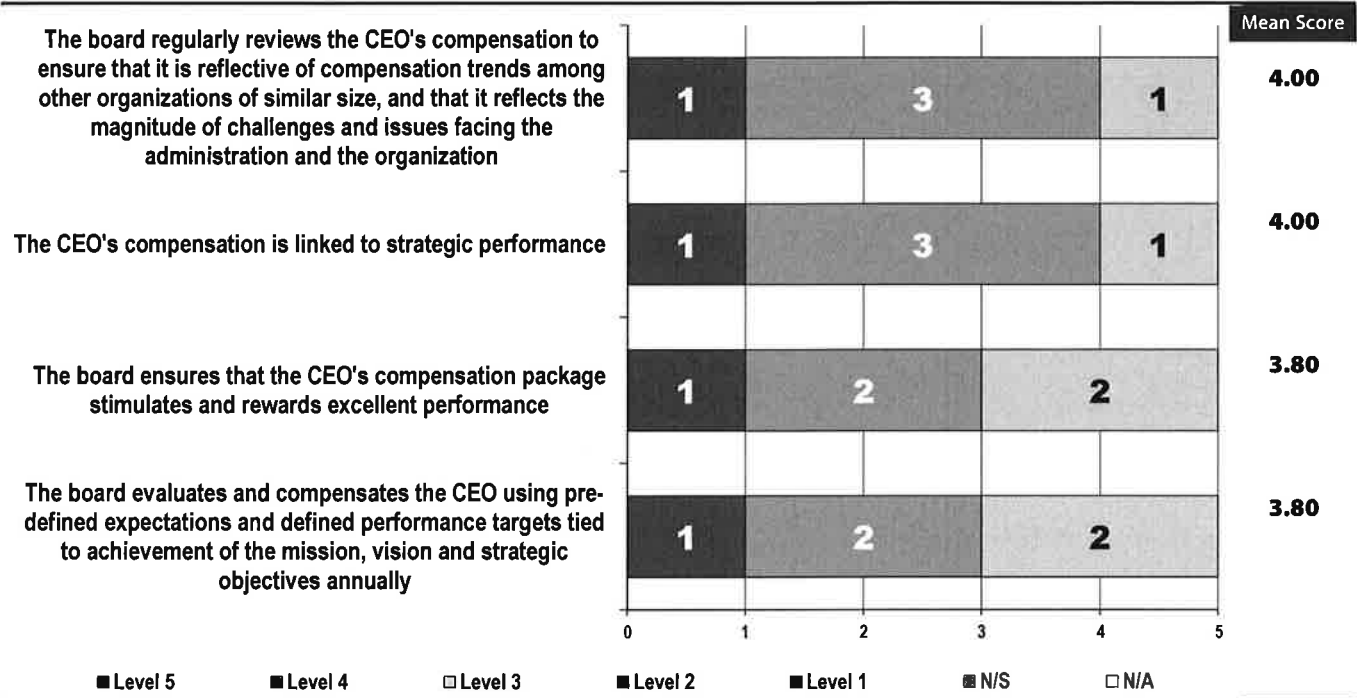


SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

CEO Evaluation

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

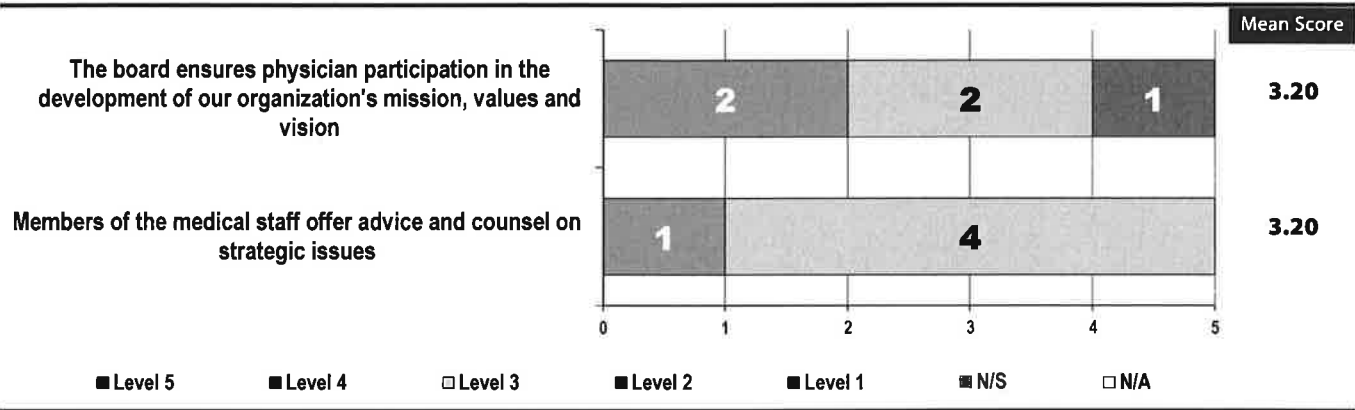
No comments or suggestions for governance improvement were provided in this section.

SUMMARY RESULTS

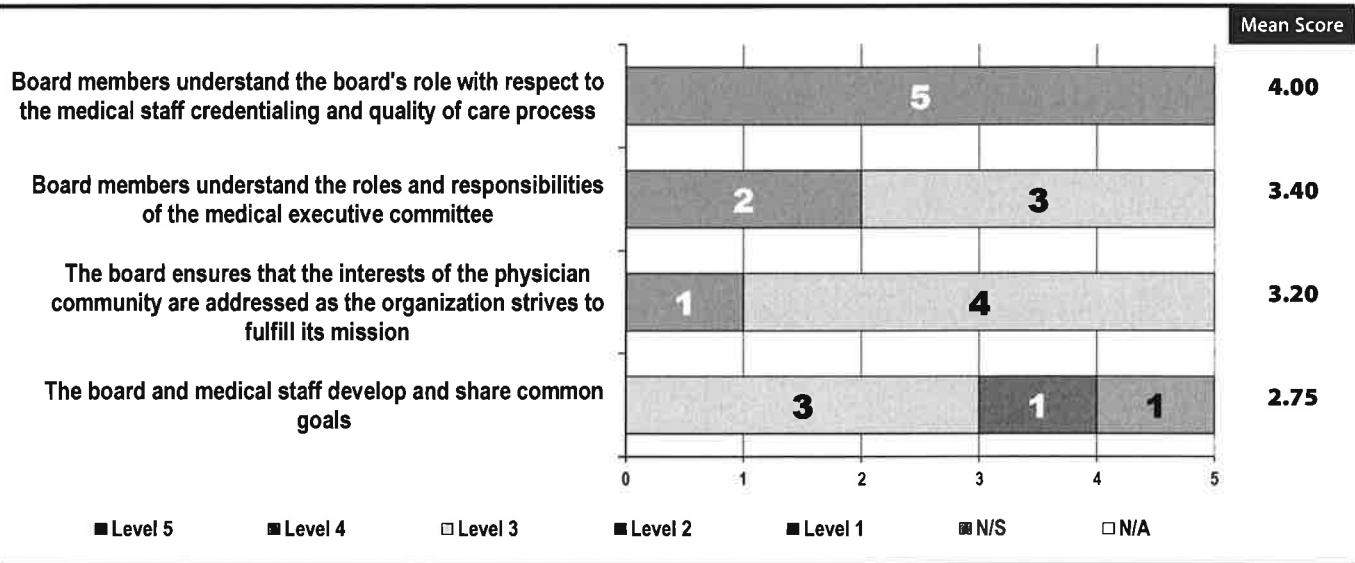
2013 Mayers Memorial Hospital District Governance Self-Assessment

Relationships with the Medical Staff

Physician Involvement in Decision Making (sorted by highest to lowest mean score)



Shared Understanding (sorted by highest to lowest mean score)

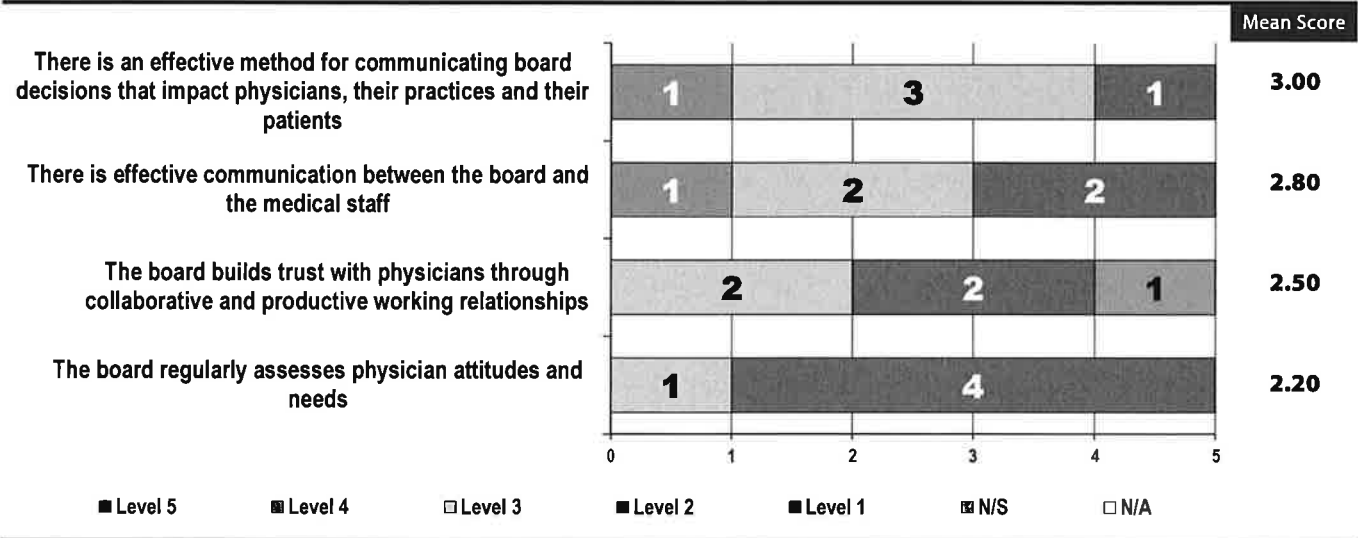


SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

Communication and Interaction

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

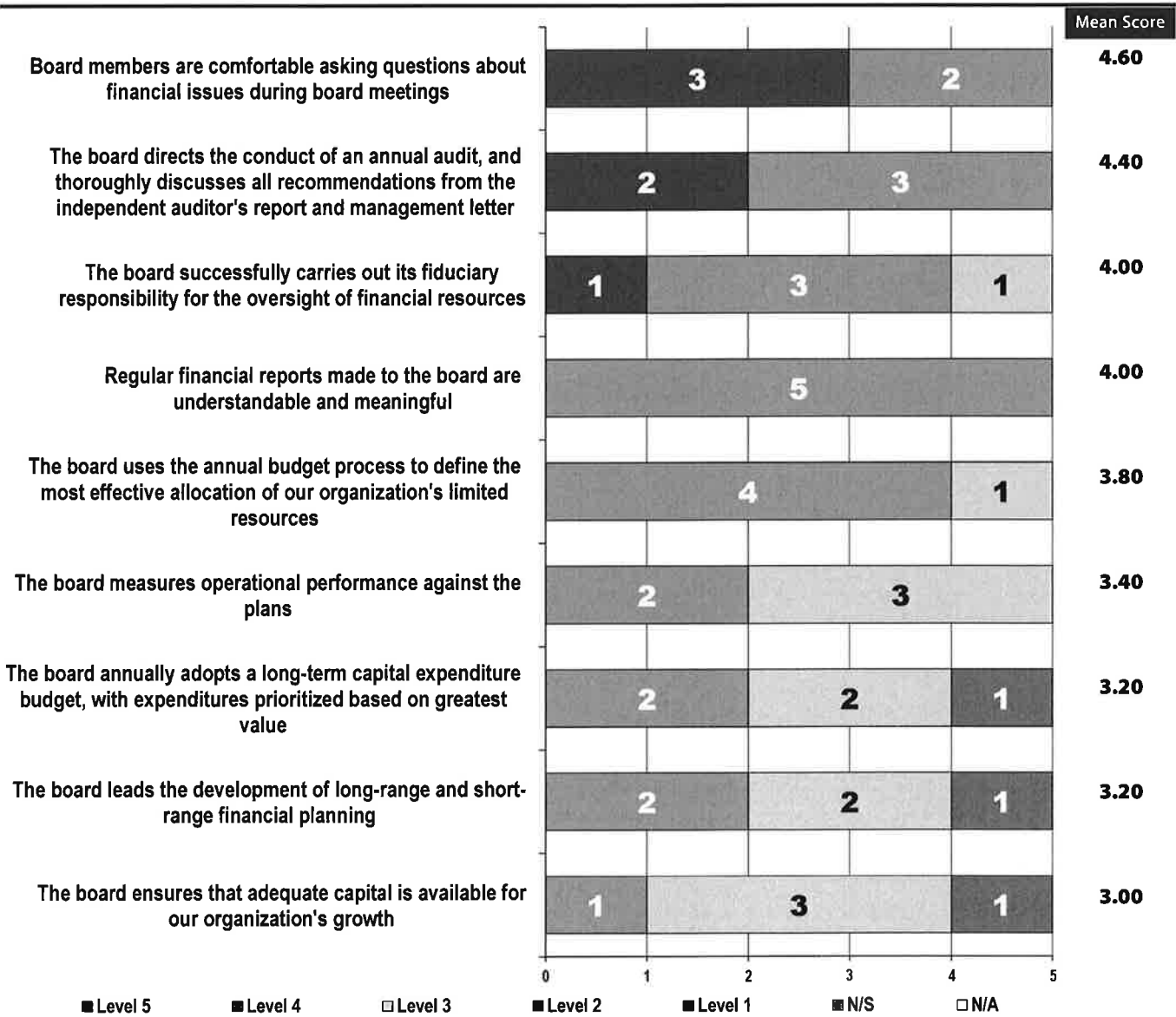
No comments or suggestions for governance improvement were provided in this section.

SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

Financial Leadership

The Fiduciary Responsibility
(sorted by highest to lowest mean score)

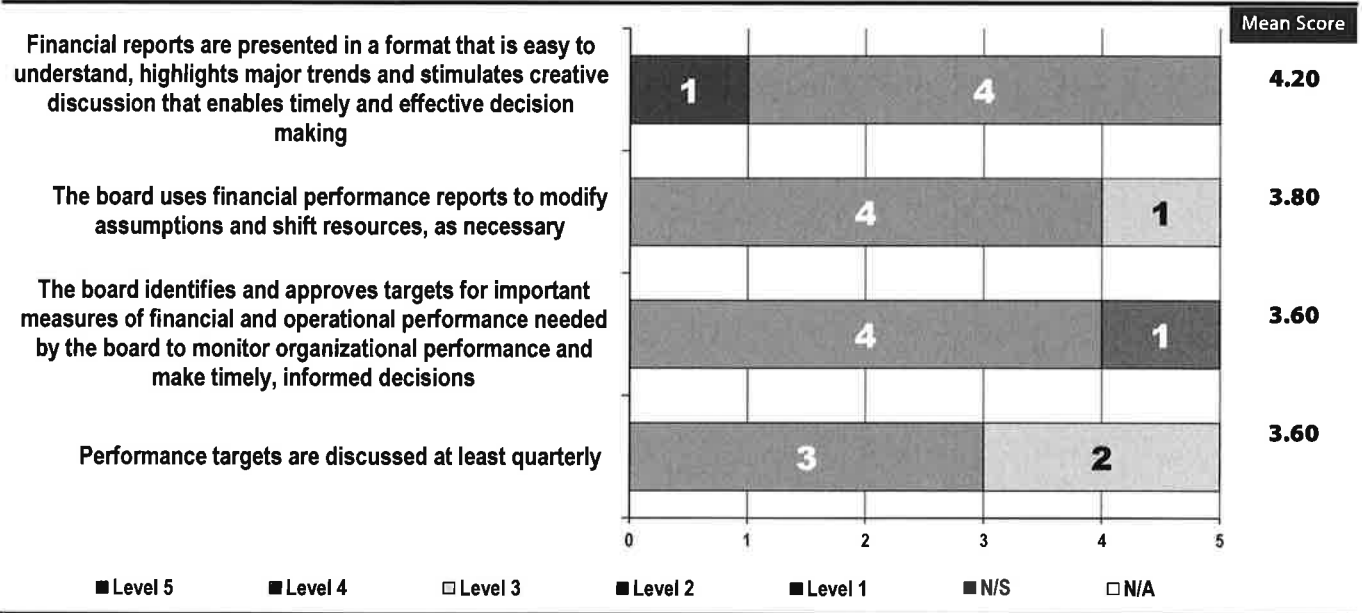


SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

Monitoring Progress

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

No comments or suggestions for governance improvement were provided in this section.

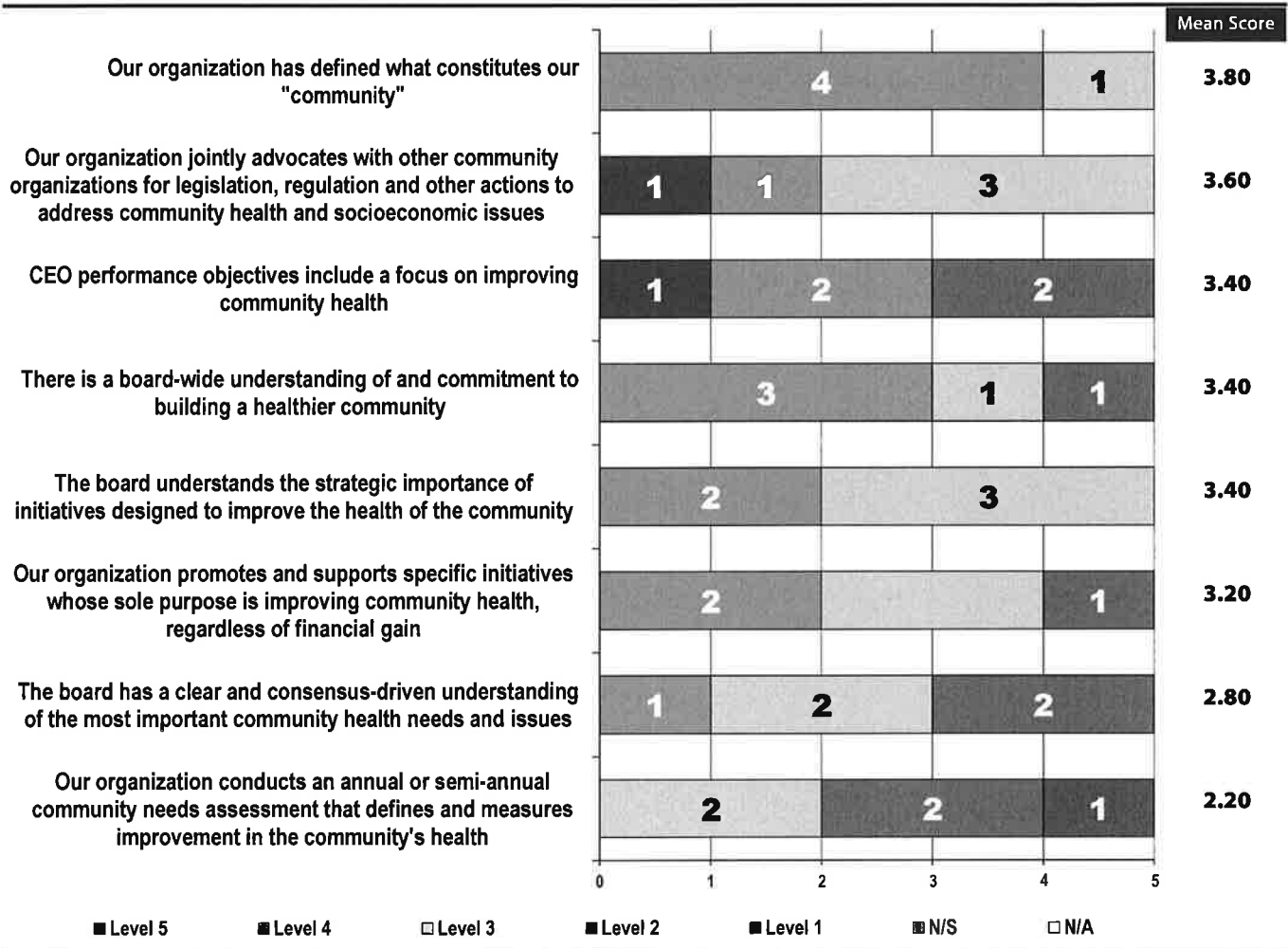
SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

Community Health

Development and Support of Community Health Initiatives

(sorted by highest to lowest mean score)

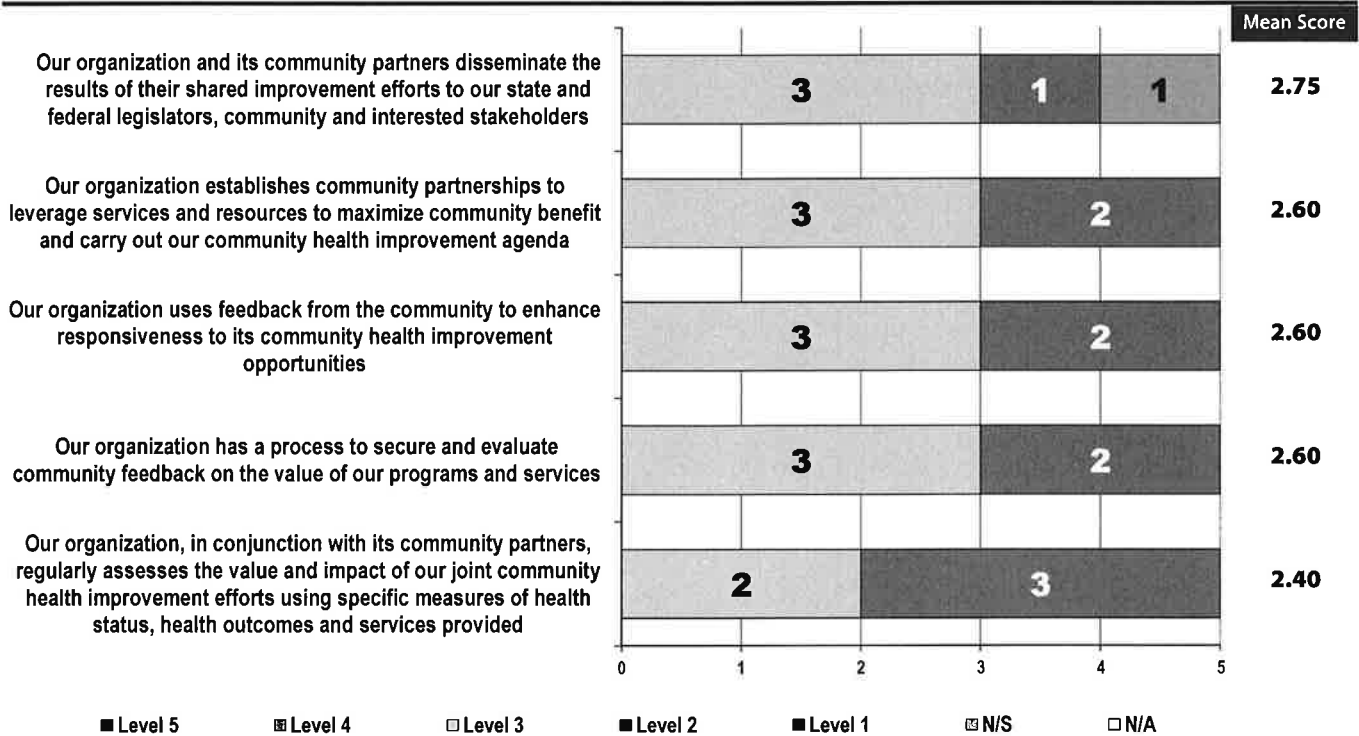


SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

Community Involvement and Communication

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

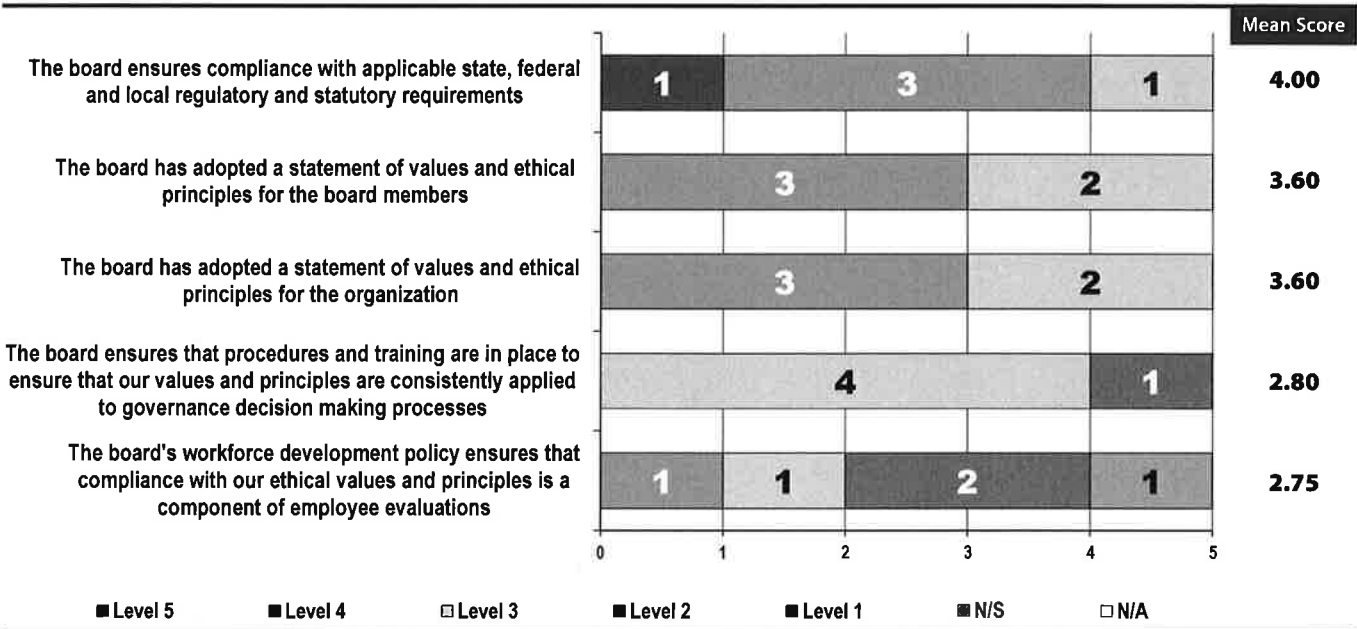
No comments or suggestions for governance improvement were provided in this section.

SUMMARY RESULTS

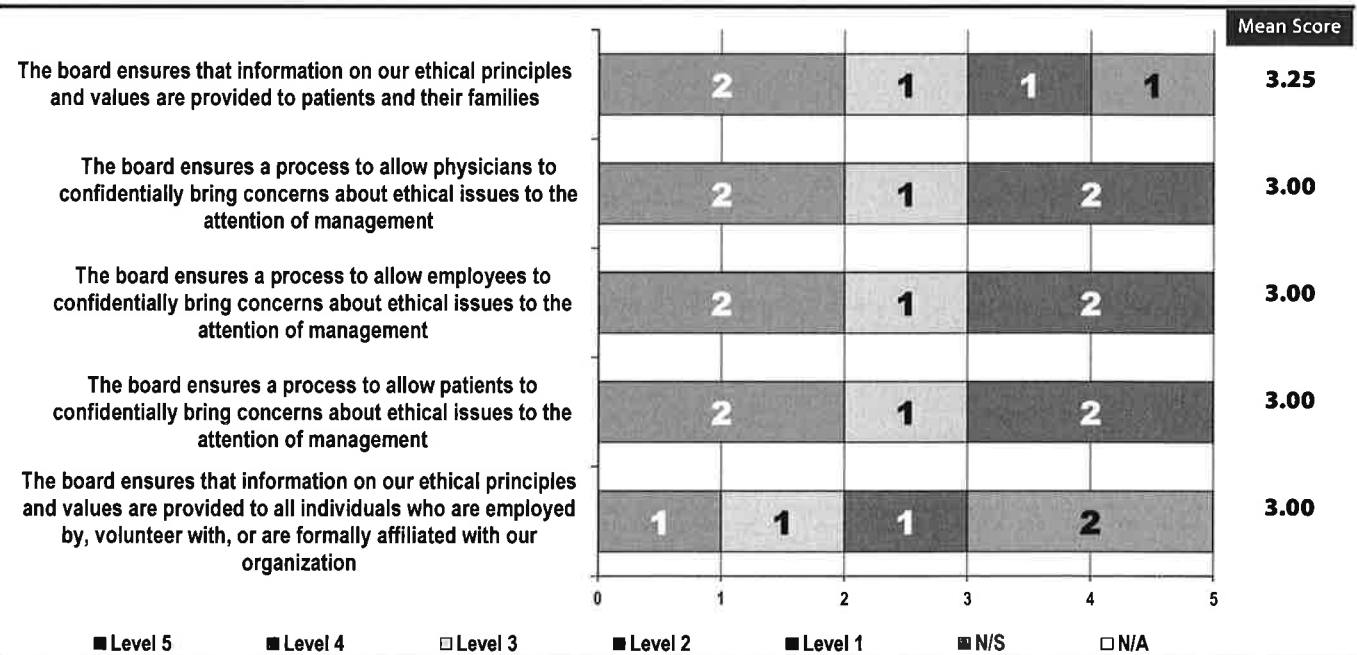
2013 Mayers Memorial Hospital District Governance Self-Assessment

Organizational Ethics

Ensuring Development and Implementation of Organizational Ethics (sorted by highest to lowest mean score)



Awareness of Ethical Issues (sorted by highest to lowest mean score)



SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- Review relevant processes and procedures.

Issues and Priorities

Highest Priority for the Board in the Next Year

Question: What is your single highest priority for the board in the next year?

- Ensuring initiation of construction of new facility.
- To obtain funding for the new hospital, while maintaining our quality of service.
- Approval of the USDA loan, and reaching the \$6 million dollar capital campaign goal so we can break ground in 2014. Each year's delay increases the cost by \$1 million.

Most Significant Strengths

Question: What are the board's most significant strengths?

- Diversity of background, knowledge and willingness to listen to alternative viewpoints and compromise for best solutions.
- Understanding the citizens they represent.
- The diversity of our individual life and business experiences and knowledge, and each member's unquestionable commitment to what is in the best interest of the community served by the MMHD.

Most Significant Weaknesses

Question: What are the board's most significant weaknesses?

- Over focus on financial issues (most pressing but push other strategic issues to the side).
- Looking at the total picture of health care not just the dollars necessary.
- Vastly different perspectives on the capital campaign.

Key Issues for Board Focus in the Next Year

Question: What key issues should occupy the board's time and attention in the next year?

- Quality, community, environmental change.
- Affordable Care Act.
- Hospital construction.
- Maintaining and improving quality of service.
- Focus on quality; meeting core measures and ensuring the highest patient safety and satisfaction of service as we move to pay for performance.

SUMMARY RESULTS

2013 Mayers Memorial Hospital District Governance Self-Assessment

Significant Trends the Board Must Understand and Deal with in the Next Year

Question: What do you see as the most significant trends that the board must be able to understand and deal with in the next year?

- Accountable Care Act - financial impact/stability.
- Affordable Care Act.
- The impact of the ACA; the importance of the physician relationship with MMH; the ability for MMH to negotiate payments with health insurance providers.

Critical Factors to Address to Successfully Achieve Goals

Question: What factors are most critical to be addressed if the hospital is to successfully achieve its goals?

- Organizational structure (relationship with clinics/specialists), quality of administrative processes (focus on billing timeliness-accuracy), and leadership development.
- Staying ahead of the cost reimbursements for the ACA.
- Lock down the financing of the new hospital. Proper collection of quality data (in progress with the new EMR system) to improve and maintain the highest quality care. Accountability of the billing department, which had previously been outsourced and just brought back "in-house."

Mayers Memorial Hospital District

CAH Annual Program Evaluation

Review Period: July 1, 2012 to June 30, 2013

AGENDA

- I. Utilization of CAH Services Review
- II. Clinical Care Review
- III. Medical Record Review
- IV. Patient Care Policies Review
- V. CAH *current year* Work plan Development

I. Volume Indicators:

Measure	Facility FYE13	Comparison FYE12	Variance	Assessment
Total CAH admits	453	414	38	
Acute inpatient admissions	284	302	-6	
Acute Patient Days	827	665	162	
Acute inpatient average daily census	2.27	1.82	.45	
Acute inpatient average length of stay	2.79	2.20	.59	Meets CAH >2, <4
Total observation admits	48	82	-34	ER holds now...
Total observation hours	871	1710	-839	...or to acute
Average # hours/patient	18.14	20.85	-2.71	
Swing Bed (SB) admissions	108	53	55	Impressive
Swing Bed Patient Days	1097	563	534	
Swing Bed average daily census	3.01	1.54	1.47	
Swing bed average length of stay, days	10.25	10.62	-.37	
OB Admits	61	77	-16	
OB Patient Days	103	95	8	
OB average daily census	.28	.28	0	
OB average length of stay	1.39	1.23	.16	
Newborn deliveries	60	62	-2	
Total # Surgery cases	120	61	59	
- Total inpatient cases	27	19	8	
- Total outpatient cases	93	42	51	
Endoscope Suite Procedures	168	136	32	
Total # Emergency Room visits	3744	3873	-129	
Average # ER visits per month	312	322.75	-10.75	
# CAH admits from ER	252	298	-46	
- % of total inpatient admits to CAH from ED	6.7%	7.7%	-1.0%	
# ER visits transferred to tertiary facilities	145	128	17	
Ambulance encounters	365	345	20	
Outpatient Clinic Visits	1,440	1,637	-197	
Total # Laboratory procedures	10,022	10,141	-119	
- Total inpatient procedures	1435	1233	202	
- Total outpatient procedures	6640	6962	-322	
- Total ER outpatient procedures	1947	1946	1	
Total # Radiology Patients	3675	3755	-16	
- Total inpatients	155	154	1	
- Total outpatients	2075	2106	-31	
- Total ER patients	1445	1495	-50	
Total # Radiology Procedures	4653	4675	-22	
- Total X-ray	3149	3241	-92	
- Total Fluoro	60	54	6	
- Total CT	760	806	-46	
- Total Ultrasound	582	485	97	
- Total Other	102	89	13	
Total # Physical Therapy Procedures (in&out)	8,098	4,050	4048	Amazing...before added space.

Assessment and Recommendations:

II. Clinical Care Review:

Measure	# Cases	# Cases reviewed	% Cases reviewed	Meets Standard
CAH Inpatient	453			
Hospital-acquired infections	5	5	100%	Yes—10% standard
Readmissions within 30 days	22(5%*)	22	100%	Yes—10% standard. *20% national average
Mortality rate (acute/swing)	7(1.5%)	5	71%	No—100% for mortality.
Surgery & Procedures	288	--	--	--
IP surgical site infections	0	N/A	N/A	No surgical site infections.
OP surgical site infections	0	N/A	N/A	No surgical site infections.
Pathology tissue reviews	94	71	66.8	Yes—10% standard.
Acute MIs	0	0	0	Patients Sent Out
Heart Failure	4	4	100%	Yes—10% standard.
Adult Immunizations	N/A	N/A	N/A	Data not collected.
Community-Acquired Pneumonia	24	24	100%	Yes—10% standard.
Emergency Room	3744			
Mortality, ER	17(.5%)	3	18%	No surgical site infections.
AMA/LWBS and/or Triage	18/11	10/0	56%/0%	LWBS needs tracked*.
Lab				
Blood transfusions, units	129 (units)	76 (events)	100% (events)	Dr. Mooney reviews 100% of events; 12 reviews were done with more detail.
Therapies PT	8,098	0	0	N/A-but to institute case reviews.
Total CAH cases reviewed		220		
6/30/13-Open		0		
6/30/13-Closed		220		

Assessment and Recommendations:

*LWBS (left without being seen): May need to change work flows to collect data at either registration or ER. Possibly collect tracking times from waiting room time to triage, and detail from patient if possible (i.e., state reason for leaving—major complaint/reason for ED services, or simply left ED without reason).

III. Medical Record Review:

	# Cases	# Cases reviewed	% Cases reviewed	Meets Standard
Area				
Acute Inpatient	453	21	4.6%	No; random charts need tagged for MDs.
Emergency Department	3744	101	2.7%	
Obstetrics (MDs)	61	6	9.8%	
Nursery (1 set of twins) (Nursing/MDs)	60	0	0%	
Medical Staff Peer Review				
Internal review	4318	9	.21%	--
External review	4318	0	0	--
Nursing Documentation Review				
Acute inpatient	Not	Available	Process in place and tracking FY14.	
Emergency room	Not	Available		
Obstetrics	64	58	91%	Yes
Nursery (1 set of twins)	65	58	89%	Yes

Assessment and Recommendations: Nursing assessments were not available FY13 but is being tracked going forward. The new Paragon system has functionality to utilize nursing documentation tracking system (flagging component and alerts)—which merely needs turned on once it's decided to implement program within the system simultaneously with paper documents.

ER and Acute managers need to tag additional charts for reviews at random to total the 10% criteria in each service area. Monthly targets for the number of medical case reviews necessary for each service area will be determined to reach standard by year end.

IV. Patient Care Policies Review

The CAH reviews its patient care policies on a quarterly basis by the Policies and Procedures Committee. Standing members of the committee include a physician, the acute care director of nursing, the performance improvement director/coordinator, and a volunteer from the community. See the "Policies and Procedures" policy for more information. The CAH has made the following policy changes in response to needs identified throughout the year:

[See supplemental pages for a listing of patient care policies...]

Mayers Memorial Hospital District
Date of the Annual Evaluation: December 19, 2013

CAH Program Work Plan

FY 2013-2014

Who	Will Do What	By When	Follow up	Completed

Reviewed and Approved:

Quality Management Team _____ Date _____

Medical Staff _____ Date _____

Governing Board _____ Date _____