



Mayers Memorial Hospital District

Chief Executive Officer,
Louis Ward, MHA

Board of Directors
Michael D. Kerns, President
Beatriz Vasquez, PhD, Vice President
Abe Hathaway, Secretary
Allen Albaugh, Treasurer
Laura Beyer, Director

BOARD of DIRECTORS
WORKSHOP AGENDA
July 26, 2017 11:00 a.m.
Board Room (Fall River)

1	CALL WORKSHOP MEETING TO ORDER – Mike Kerns, President	
2	CALL FOR REQUEST FROM THE AUDIENCE: PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). 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 will be limited solely to matters on the agenda Pursuant to the Brown Act (Govt. Code section 54956 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.	
3	Board Planning Workshop <ul style="list-style-type: none">• Expansion of Outpatient Services	
4	ADJOURNMENT	

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.

Posted/Distributed: 07/20/17



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BOARD of DIRECTORS
MEETING AGENDA
July 26, 2017 1:00 pm
Board Room (Fall River)

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.

1	CALL MEETING TO ORDER – Mike Kerns, President	
2	CALL FOR REQUEST FROM THE AUDIENCE: PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.	
3	APPROVAL OF MINUTES: 3.1 Regular Meeting – June 28, 2017 (Attachment A)	ACTION ITEM
4	Department/Operations Reports/Recognitions: 4.1 Resolution 2017-12–July Employee of the Month (Attachment B) <i>*Please Note:</i> Chief reports will now be at the end of the agenda in order to expand on discussion or answer questions regarding items that were addressed on the full agenda. 4.2 ACHD Certified Healthcare District Presentation – Ken Cohen, ACHD CEO 4.3 Hospice Quarterly Report 4.4 Scheduled Director Report – Theresa Overton, Director of Nursing 4.5 Director of Operations Report – Ryan Harris (Attachment C)	ACTION ITEM Presentation Presentation Report Report Report
5	BOARD COMMITTEES: 5.1 Finance Committee –Chair Allen Albaugh 5.1.1 Committee Meeting Report 5.1.2 June 2017 Financial review, AP, AR and acceptance of financials (Dispersed Separately) 5.1.3 Resolution 2017-13 USDA Restricted Bond Debt Service Bank Account (Attachment D) 5.1.4 Funded Depreciation	Information ACTION ITEM ACTION ITEMS Discussion

	<p>5.2 Strategic Planning Committee –Chair Mike Kerns 5.2.1 Committee Meeting Report</p> <p>5.3 Quality Committee –Chair Beatriz Vasquez 5.3.1 Committee Meeting Report..... 5.3.2 Smoking Policy Clarification by board (Attachment E).....</p>	<p>Report</p> <p>Report Discussion/ ACTION ITEM</p>
<p>6</p>	<p>NEW BUSINESS</p> <p>6.1 Policies for Approval (Sent as PDF)</p> <ul style="list-style-type: none"> • Chief Executive Officer Compensation • Disbursement of Funds • Hand Sanitizing and Garbing Sequence - Clean Room • Imaging Competency Assessment • Discontinued Medications and Controlled Substance Disposal: SNF • Controlled Substance Disposal Record Form MMH584 • Discontinued Medication Log MMH574 • Narcotic Control Sheet for 1/2 Tablets MMH582B • Narcotic Control Sheet for Fentanyl MMH582D • Narcotic Control Sheet for Liquids MMH582C • Narcotic Control Sheet for Whole Pills and Tablets MMH582A • Ultrasound Transducer (Probe) Cleaning 	<p>ACTION ITEM</p>
<p>7</p>	<p>7.1 Administration Reports: * <i>Note:</i> Chief reports will now be at the end of the meeting in order to expand on discussion or answer questions regarding items that were addressed on the full agenda. Written report are provided in board packet – additional comments as need verbally</p> <p>▶ Chief’s Reports (CEO, CNO, CCO, CFO, IHF CEO) (Attachment F)</p>	<p>Information</p>
<p>8</p>	<p>8.1 INFORMATION/REPORTS/BOARD EDUCATION/ANNOUNCEMENTS</p> <ul style="list-style-type: none"> • Board Comments, Upcoming Events, etc. • Legislative Update – Val Lakey 	
<p>9</p>	<p>ANNOUNCEMENT OF CLOSED SESSION:</p> <p>9.1 Government Code Section 54962:</p>	

	<p>Quality Assurance: Quality Improvement Issues, Medical Staff Report (Dr. Tom Watson, Chief of Staff)</p> <p>AHP APPOINTMENT Physician Reappointment: Rebecca Dyson, MD</p> <p>AHP Appointment: Heather Corr, NP</p> <p>Medical Staff Appointment Latisha Smith-Chase, MD</p> <p>Medical Staff Status Change to Inactive 1. Ana J. Weinhold, MD – Move to Inactive 2. Jesse Arnold, NP – Move to Inactive</p> <p>9.2 Personnel Government Code 54957 – CEO Review/Evaluation</p>	<p><i>ACTION ITEM</i></p> <p>Discussion/ <i>ACTION</i></p>
10	<p>RECONVENE OPEN SESSION REPORT CLOSED SESSION ACTION</p>	<p>Discussion</p>
11	<p>ADJOURNMENT: Next Regular Meeting August 23, 2017 Burney</p>	

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Posted/Distributed 07/20/17

Date: June 28, 2017
Time: 1:00 P.M.
Location: Mayers Memorial Hospital
Burney, 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.)

CALL MEETING TO ORDER: President Kerns called the regular meeting to order at 1:00 p.m. on the above date with the following present:

Mike Kerns, President
Beatriz Vasquez, Vice President
Abe Hathaway, Secretary
Allen Albaugh, Treasurer
Laura Beyer

Board Members Absent:

Staff Present: Louis Ward, CEO; Travis Lakey, CFO; Ryan Harris, Director of Operations Valerie Lakey, DOPR/Clerk of the Board, Sherry Wilson, CNO, Keith Earnest, CCO; Jack Hathaway, DOQ

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

2.1 Public Comment – none

APPROVAL OF MINUTES – A motion/second and carried, the Board of Directors accepted the minutes of the May 24, 2017 Regular Board Meeting. *(Vasquez, Albaugh)* – **Approved All**

Department/Operations Reports/Recognitions:

Resolution 2017-7–May Employee of the Month: Sondra Camacho was recognized, as May 2017 TEAM MAYERS MVP. Presented by Mike Kerns (Hathaway, Beyer) **Approved All**

***Please Note:** Chief reports will now be at the end of the agenda in order to expand on discussion or answer questions regarding items that were addressed on the full agenda.

Scheduled Director Report – Jack Hathaway, Director of Quality – (Written report provided in packet) Hathaway reported that we have qualified for PRIME, He also noted that goals for FY18 are quality related. SHIP Grant items are submitted. Reviewed graphs that were sent in the packet. Working on transitions, communications, discharge processes. One of the goals is to bring HCAPS process in-house. Our in-house calling is getting better results than our third party company (Health Stream). Vasquez asked about follow-up from ER. Earnest said that he doesn't believe calls are being made for ER follow-up. Hathaway will follow-up on calls and what is happening. Albaugh asked about a second physician being able to step into the ER if needed. Discussion on the recent large amount of patients in the ER. (This will be discussed at Quality)

Director of Operations report – Ryan Harris (Written report provided in packet) June was a very busy month. OSHPD meeting in Sacramento last week. Very productive meeting. Worked on a delay in start on the seismic separation. We were granted a delay. We will not be required to get a new permit. Delay will be until the end of the building project. Talked about the permit process and need for permit completion by March so we can begin in April 2018. Our new project manager with Porter has a lot of experience. He has a meeting with PG&E on Monday. Grading permit is still open.

Staff met to review RFP's and has a recommendation for an Imaging equipment vendor – It is an agenda item for approval. The choice was for Siemens. (Item 5.1.4) The rankings were unanimous.

There is a meeting with McArthur Fire Department on Thursday. CSD will be there as well. We need approval saying they are okay with us starting construction with flow not being at level needed. We need to determine in CSD will be able to meet requirements by the time we open.

Parking lot quotes. We will scale down the scope and get more quotes.

HVAC units are in need of replacement. We have a 1974 unit that we are no longer able to get parts for. Harris will be pursuing scope of project and replacement cost.

Nutritional analysis and menu system have been implemented.

5. BOARD COMMITTEES:

5.1 Finance Committee –Chair Allen Albaugh

5.1.1 Committee Meeting – There was a report from the dietary department. Finding and retaining employees is a large challenge. Talked about a funded depreciation allowance that can be used for equipment replacement. Lakey will bring information to the July Finance meeting.

5.1.2 May Financials – (Hathaway, Beyer) – Approved All

5.1.3 USDA Resolutions – Roll Call Vote to approve Resolutions (2017-8, 2017-9, 2017-10) (Albaugh, Hathaway) Approved All (5-0).

5.1.4 Siemens RFP – (Albaugh, Hathaway) contingent on OSHPD approval – Approved All

5.1.5 FY18 Operating Budget Resolution 2017-11 Lakey said the budget is very conservative. SNF rate will be going down. (Beyer, Hathaway) Approved All

5.1.6 Physician Recruitment Resolution 2017-12 – tabled – still a work in process

5.2 Strategic Planning Committee – Chair Mike Kerns

5.2.1 Committee meeting – On-going discussion on collaboration with the clinics. Discussed the surgery department. Need to evaluate the department. A lot of the challenges are based on the lack of referrals. There are several clinic models and ideas for collaboration or merger that would work. Kerns wants some recommendations on how to proceed for next month as an actionable item. Pre-meeting workshop on the 26th of July.

5.2.2 Health Needs Assessment Report – Ward reviewed the 299 Collaborative survey. Concern over low number of respondents. Cost and distance were concerns. Access to providers – consistency. Specialties were a concern.

5.3 Quality Committee – Chair Vasquez

5.3.1 Committee Meeting Report – Department reports. Infection Control talked about a grant they received for equipment for the department. Volunteer Services reported on volunteer hours, recognition. There was also discussion about a transportation program. Social Services Acute and SNF both reported. Report from surgery. Reported on "Quality Time Out". Handwashing reporting has been an issue that is being addressed.

6. NEW BUSINESS

6.1 Policies for Approval – *All approved (Albaugh, Vasquez)*

- Board Compensation & Reimbursement
- Cardiology Privileges
- Dermatology Telemedicine Privileges
- Discount and Charity Care Application MMH457
- False Claims Checklist – Remove – not approved***
- Whistleblower Appendix A MMH255A
- Pain Management Telemedicine Privileges
- Physician Assistant Core Privileges
- Psychiatry Telemedicine Privileges
- Radiology Core Privileges, Vascular and Interventional
- Service Recovery Form (Complaint Non-Employee) MMH55

7. ADMINISTRATION REPORTS:

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

Louis Ward, CEO – *In addition to the written report* – Ward noted that there is a meeting with CDPH on July 11th. Ward, Theresa Overton, Jack Hathaway and Sherry Wilson will be attending. Questions have been submitted prior.

Employee Evaluation Software will begin on July 1, 2017. Looking at using objective metrics. The evaluations is tied to the wage scale

Employee meetings are scheduled in July – We have challenged employees to come up with ideas to improve patient and employee experience. Winner will receive \$250 value gift.

Telemedicine – Amanda Harris met with MVHC regarding new services. Hoping to see patients in July. Dr. Babb is the medical director. Will expand services as we get the service going. (Staggered approach)

There was a Press Conference in Redding regarding the Healthcare Senate Bill. Val Lakey spoke on behalf of Mayers

Management goals are nearly complete.

Ward will present goals and results to SP in August.

Ward spoke with Art Whitney about SNF intake. Working on process of intake and streamlining process. Also talked to him about Pharmacy. Regulations USP800 and 797 – regulations for compounding to be completed by July 2018. We have a designed project. \$300,000 for about 50 sq. ft. There are several other options that can be explored. The standards have changed. There will be a plan next month.

Travis Lakey, CFO - Charge master increase will be coming

Keith Earnest, CCO – *In addition to the written:* Pyxis install was the last 2 weeks. We received one defective machine. Waiting for the new machine. Everything went pretty smoothly.

Sherry Wilson, CNO – *In addition to the written report:* The team leader from the survey was here last week and wanted to compliment staff. Census is at 75. Registry is up. Will be doing a bonus program for staff if they recruit new staff. Shasta College will allow registration to stay open to get more students in the CNA class. Working on a program to help compensate hours. Also working on recruiting LVN's
Music and Memory program has begun.

8. Information/board education/announcements

Board comments, upcoming events, etc. –

Future agenda items:

Val Lakey reported on the little hoover commission roundtable in Sacramento on June 22nd. The report should be final towards the end of the summer and includes recommendations specifically pertaining to healthcare districts.

9. Announcement of CLOSED SESSION – 3:50 pm – Approved All

9.1 Government Code Section 54957: (Vasquez, Beyer) - Approved

Quality Assurance: Quality Improvement Issues, Medical Staff Report (Dr. Tom Watson, Chief of Staff)

AHP APPOINTMENT

Sara Marchessault, NP

9.3 Personnel Government Code 54957 – CEO Evaluation

Proposed guidelines for CEO evaluations

Discussed putting evaluation tools in the software.

FY evaluation – review in August

10. Reconvene Open Session - (Albaugh/Hathaway) All Privileges Approved

12. ADJOURNMENT: There being no further business, at the hour of

4:25 p.m., President Kerns declared the meeting adjourned. Next meeting July 26, 2017 – 1:00 pm– Fall River



Mayers Memorial Hospital District
Always Caring. Always Here.

RESOLUTION NO. 2017-12

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

Linda Eastman

As June 2017 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, Linda Eastman is hereby named Mayers Memorial Hospital District Employee of the Month for June 2017; and

DULY PASSED AND ADOPTED this 26th day of July 2017 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

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

Mike Kerns, CHAIRMAN
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

Valerie L. Lakey
Clerk of the Board of Directors

Mayers Memorial Hospital District Operations Board Report

Submitted by Ryan Harris, Director of Operations

June 2017

Hospital Expansion Project

1. As of July 17th 2017 the Hospital Expansion Project has a 100% complete set of construction documents. Those documents will be sent out to subcontractors and Layton Construction will use those bids to get us a guaranteed maximum price (GMP) in August.
2. Another milestone for the building project will be met the week of July 17th with our submission of 100% completed construction documents to OSHPD.
3. Dave Lupton of Porter Consulting and I met with Bill Johnson of the FRVCSD to discuss our water flow issues. We are collaborating with the water district and McArthur Fire department to come up with this solution. We are currently exploring a rural exemption from the 1500 GPM requirement as well as assisting the water district any way possible to help move the improvement project along.

Plant Operations, Maintenance, Other Construction Projects

1. I've requested a follow-up site visit with Hat Creek Construction to discuss the reduction of the size of the parking lot at the Burney Annex. If the meeting has taken place by the July board meeting date more will be reported then. If not, more will be reported at the August board meeting.
2. Door skins arrived at the facility for the skilled nursing project on July 18th. The maintenance staff will start working installation the week of July 24th. Window install is still a couple of weeks out.
3. Two of the new fire doors arrived damaged to the contractor. We are waiting for the replacement doors before scheduling this project.
4. Porter Consulting and I meet with RA mechanical to discuss our HVAC project. RA mechanical will work on a scope study and procure an estimate to replace our aging heating and air units.

Dietary

1. Susan Garcia and I are working on employee retention and recruitment as we have had significant turnover in our dietary department this month.

Environmental Services

1. Sherry Rodriguez and I are currently working on a project plan for our new in-house laundry program that will start in January 2019. There will be more to report on this over the next couple of months.

Purchasing

1. The amazing staff of the Mayers Memorial Hospital District Purchasing department has done a wonderful job for inventory control this year. Beginning Inventory \$80,579.01 Ending Balance \$80,594.30. I would like to recognize Steve Sweet, his entire staff, and the volunteers who helped with inventory this year.

Information Technology

1. Chris Broadway and I are currently working on developing a plan to ensure IT coverage and support for our new Telemed program. This program is heavily dependent on our IT department to make sure the technology is working properly and issues are resolved quickly for it to have success.

**MAYERS MEMORIAL HOSPITAL DISTRICT
BOARD OF DIRECTORS**

**RESOLUTION REGARDING
Restricted Bond Debt Service Account**

RESOLUTION 2017-13

WHEREAS, the board has given approval for the MMHD building project, USDA loan and other financial aspects of the project, the board recognizes the need to open a Restricted Bond Debt Service account as related to the MMHD construction project.

NOW, THEREFORE, the undersigned certifies and attests that the above resolution was approved with a unanimous vote at a regular meeting of the Board of Directors, Fall River Mills, California, on the 26th day of July 2017.

PASSED AND ADOPTED on July 26, 2017, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Date: July 26, 2017

Signed _____
Mike Kerns, President
Board of Directors
Mayers Memorial Hospital District

Date: July 26, 2017

Attest _____
Abe Hathaway, Secretary
Board of Directors
Mayers Memorial Hospital District

**MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE**

SMOKE AND TOBACCO FREE CAMPUS

DEFINITION:

For all intents and purposes, the word “patient(s)” refers to all customers receiving health care services in our facilities, including inpatients, outpatients, residents and clients.

POLICY PURPOSE:

The United States Environmental Protection Agency (EPA) has found secondhand tobacco smoke to be a risk to public health, and has classified secondhand smoke as a group A carcinogen, the most dangerous class of carcinogen; the California Air Resources Board has categorized secondhand smoke as a toxic air contaminant, and the Surgeon General of the United States has concluded that there is no risk-free level of exposure to secondhand tobacco smoke. Tobacco-related diseases kill more Americans each year than alcohol, car accidents, suicide, AIDS, homicide, and illegal drugs combined. People sensitive to secondhand smoke, such as those with certain chronic illnesses, will experience immediate exacerbation of their symptoms when exposed to secondhand smoke, even outdoors. Mayers Memorial Hospital District (MMHD) will promote a healthy environment by maintaining a smoke and tobacco free campus.

POLICY:

This policy applies to everyone who enters any property owned or licensed by Mayers Memorial Hospital District. The use of tobacco or marijuana products (cigarettes, cigars, pipes and smokeless tobacco/vaping) is not permitted in the hospital or in any other facility that is a part of MMHD's operations. This policy applies to parking lots, roofs, hospital grounds, off-site employee work areas, and privately-owned vehicles when they are being used by employees during paid working hours. This policy is effective January 1, 2017 – there will be a sixty (60) day grace period before the enforcement of this policy goes in to effect to allow for adjustment on the part of those that will be directly affected - March 1, 2017 will be the effective date for enforcement of this policy.

PROCEDURE:

MMHD will provide information to all individuals concerning its smoke and tobacco free campus through the use of signage and public notices. Appropriate signage will be maintained at all MMHD work sites at building exteriors, entryways, and other areas. The hospital's website and other appropriate publications will provide similar information and notice about this policy. Information cards about this policy and available tobacco cessation resources also will be made available to employees, patients and visitors.

Employees:

Employees are prohibited from using smoke or tobacco products on MMHD property. All employees will uphold the fragrance-free policy by remaining free of odor from tobacco products during working hours.

Employees are expected to be respectful of neighbors of MMHD during all paid breaks, and may not loiter around homes or other buildings or discard tobacco products at these locations.

Employees may not smoke or use any tobacco products in any MMHD-owned vehicle, or any personally-owned vehicle while the vehicle is parked on MMHD property or in use for MMHD business purposes.

Effective **January 1, 2017** MMHD added complimentary **smoking cessation support for employees.**

Corrective actions for violations of this policy will be handled by the manager:

Effective March 1, 2017

First offense: verbal reminder of the policy including re-education of the policy, its enforcement, and available smoking cessation options

Second offense: verbal warning (documented)

Third offense: written warning

Fourth offense: final written warning with two-day unpaid suspension

Fifth offense: Termination for cause

Physicians, contracted healthcare professional (HCPs) and independent contractors:

Physicians, contracted HCPs and independent contractors are prohibited from using smoke or tobacco products on hospital campus.

Physicians, contracted HCPs and independent contractors will uphold the fragrance-free policy by remaining free of odor from tobacco products during working hours. These individuals are expected to be respectful of neighbors of MMHD during all breaks, and may not loiter around homes or other buildings or discard tobacco products at these locations.

Physicians, contracted HCPs and independent contractors may not smoke or use any tobacco products in any MMHD-owned vehicle, or any personally-owned vehicle while the vehicle is parked on PDH property or in use for PDH business purposes.

Contracted HCP assignments may be cancelled for violation of MMHD policies including this smoke and tobacco free campus policy.

Independent contractors, physicians and recognized medical affiliates who violate this policy may be subject to collegial intervention or corrective action, as determined by the Medical Staff or Administration, as appropriate.

Expectations of employees and physicians:

An employee or physician who observes anyone smoking or using tobacco in prohibited areas is encouraged to inform the individual of this policy and ask the individual to cease using tobacco products. The employee or physician may also provide a patient or visitor with an information card explaining the policy, or remind a co-worker of the policy if the person they observe is a co-worker.

Applicants for employment:

MMHD will not base employment decisions on whether an applicant smokes or uses tobacco products. Applicants will be informed of the smoke and tobacco free policy before MMHD makes an offer an employment

Patients:

To the extent reasonably possible, patients will be notified of this policy upon scheduling appointments and upon admission to MMHD.

Inpatients:

Inpatients will not be allowed to smoke on campus. Every effort will be made to support the patients during their tobacco cessation while admitted, which may include:

1. Patients requesting the nursing staff to contact the patient's admitting physician to request appropriate tobacco replacement therapy or cessation resources.
2. The nursing staff obtaining an order for a nicotine patch based on the admission assessment and patient goals.
3. The provider choosing to order replacement therapy.

If an inpatient brings tobacco products to the hospital, the staff will have those products sent home with the patient's family.

When there is good reason to believe a patient has smoked or used other tobacco products at the hospital, the patient will be advised of this policy and will be asked not to use tobacco products in the future. If a second tobacco use occurs during the stay the tobacco product will be removed from the room and held until discharge.

Residents:

The residents of the Skilled Nursing Facility will be exempt from this policy.

Visitors, students, volunteers, Board members, contract workers, vendors, job shadows and others:

All individuals will be notified of this policy via proper signage and during any orientation they may have to the facility. All individuals on MMHD property will be asked to comply with the policy.

REFERENCES:

U.S. Environmental Protection Agency. (2010). *Health Effects of Exposure to Secondhand Smoke*. Retrieved from <http://www.epa.gov/smokefree/healtheffects.html>.

California Air Resources Board. (2009). *Environmental Tobacco Smoke*. Retrieved from <http://www.arb.ca.gov/Itoxic/ets/ets.htm>.

U.S. Department of Health and Human Services. (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

American Cancer Society. (2009). *Cigarette Smoking*. Retrieved from http://www.cancer.org/docroot/ped/content/ped_10_2x_cigarette_smoking.asp.

Klepesis, N. E., Ott, W. R., Switzer, P. (2007). Real-Time Measurements of Outdoor Tobacco Smoke Particles. *Journal of the Air and Waste Management Association*, 57, 1-13.

APPROVALS:

Chiefs: 1/17/2017

BOD: 1/24/2017



Mayers Memorial Hospital

Operations Report July 2017

Statistics	June YTD FY17 <i>(current)</i>	June YTD FY16 <i>(prior)</i>	June Budget YTD FY17
Surgeries <i>(including C-sections)</i>	91	101	90
> Inpatient	24	38	16
> Outpatient	67	63	74
Procedures <i>(surgery suite)</i>	183	210	229
Inpatient	2151	2182	2120
Emergency Room	4056	4085	3600
Skilled Nursing Days	27375	27444	28800
OP Visits (OP/Lab/X-ray)	15155	16675	17416
Hospice Patient Days	816	1972	1824
PT	3405	3003	
Ambulance Runs	415	473	446

Operations District-Wide

Prepared by: Louis Ward, MHA, Chief Executive Officer

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH)

As reported in the June Board Meeting the hospitals governed by the CDPH Chico office scheduled a meeting with the leadership of the CDPH Chico office. This meeting occurred earlier this month. The meeting attendance was great, consisting of representation from all of the regions hospitals, representatives from the California Hospital Association, leadership from the CDPH Chico office, and finally leadership from the CDPH headquarters in Sacramento.

Hospital leaders watched a presentation from CDPH, which outlined the mission of CDPH and the role they carry out. The reason many of the hospitals attended was to participate in a question and answer session, a rare opportunity for the hospitals. After the event leadership from Mayers left feeling our concerns were heard and our questions were answered. CDPH also agreed to bi-annual meetings with the hospitals, which MMHD is excited to participate in.

SHASTA COUNTY HEALTH & HUMAN SERVICES

This month Dean True, Director of Shasta County HHS visited the hospital. He met with Dr. Watson, Theresa Overton, Director of Nursing and myself. The topic of our discussion, 5150 mental health patients in the Emergency Room and how Physicians can receive further training in our efforts to serve them. The County is prepared to provide the onsite training to three of our ER physicians in the very near future. Dr. Watson is working with the County to schedule the training.

BURNEY COMMUNITY MEETING REGARDING HOMELESSNESS AND CRIME

This month I attended a community meeting in Burney regarding homelessness and crime. The meeting was very well attended by the community. Tom Bosenko, Shasta County Sheriff spent a great deal of the evening answering questions posed by the community. It was very evident crime and homelessness are on the rise in

Burney which staff at the Burney annex has also noticed. Staff has reported many homeless individuals loitering around the facility as well as entering the facility to use the restrooms. This has created the need for the district to invest in infrastructure to ensure we are providing a safe place for the patients. We have recently added numerous cameras throughout the facility; we are now considering investing in a locking solution that will require badge entry to the facility.

NEW TECHNOLOGY IN THE SKILLED NURSING FACILITY

As reported in past Board meetings the hospital has invested in a new electronic health information system for the Skilled Nursing Facility. I am happy to report the new system is operational and is in use by all SNF staff while they deliver care to our residents. Along with the new electronic health information system the district is planning to upgrade the television and communication systems in the skilled nursing facility. We are currently working with vendors to develop the software and necessary equipment for the television project in an effort to develop a quote that meets the budget for the project. More to come on this in future months.

EMPLOYEE MEETINGS

This month administration prepared for our quarterly meetings with employees. The meetings took place on June 12th and 13th, 2 meetings in Burney and 2 in Fall River. The format of the meetings are rather informal, generally a 20-minute presentation on the current activities within the hospital district and then 40 minutes of questions and answers. The employee meetings were well attended as well as staff came prepared with great questions that spurred insightful conversations. More information to be reported to the board verbally.

Chief Clinical Officer Report

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

Physical Therapy

- The department has expanded hours to be open 7 am to 5 pm Monday through Friday. Therapists have also shifted their lunch times so patients can have a therapy session during their lunch break.
- The Physical Therapy department is now integrated into Point Click Care so notes are loaded electronically instead of printed, scanned and shredded.
- Anatomical models purchased through a foundation award are being used for improved patient education. The remaining equipment secured through grant funding is expected to arrive in the next two weeks.
- Daryl Schneider, PT manager, is working with several local high school graduates/college students who are interested in a career as a physical therapist.

Cardiac Rehab

- The number of maintenance patients using the service is down as is typical in the summer but the number of monitored patients remains steady.
- Dr. Dahle will be starting test patients on the Cardiac Stress Treadmill soon.
- The department is putting the new vital signs machine purchased through a foundation award to good use.

Pharmacy

- The pharmacy department is working to fully integrate with Point Click Care over the next year.
- The new Pyxis® machines have been installed everywhere but anesthesia. The next portion of the upgrade will include bar code scanning upon loading and label printing.
- Annual inventory was completed.

- Several training sessions in preparation for the upgrade to Paragon 14 have been completed.

Imaging

- A new CT table has been installed in the CT trailer.
- The new portable x-ray machine could arrive as soon as the week of the 24th.

Laboratory

- Vitamin D hydroxy levels are the most common send out (over 800 tests annually). Chris Hall, CLS, Lab manager, is working with Seimans to bring this test and other send outs in house.
- Laboratory personnel have been attending work sessions in preparation for the upgrade to Paragon 14.

Skilled Nursing Facility – Burney & FRM
Submitted by: Sherry Wilson, RN, CNO

Current census is at 75

Skilled nursing staff have been working closely with other members of the team to improve our intake process to ensure better quality outcomes and a smooth timely transition into LTC.

The Music and Memory program has been introduced to the residents and we have seen nothing but positive encouraging results the residents love it.

Point Click Care is moving right along , still a lot of areas that are needing extra attention that were identified by our mock survey that was completed the week of 7/10-7/14.

Critical Access Hospital
Submitted by: Sherry Wilson CNO/Acute

SURGERY

Referrals received for the month of June: (As of 1100 on June 29, 2017)

16 Referrals

3	Guthrie	
11	Syverson	(7 scopes & 4 Surgeries)
2	MVHC providers	(2 Scopes)

1 – Guthrie – Patient decided to have surgery done in Mt. Shasta so it could be done sooner.

1 – Guthrie – Scheduled

1 – Guthrie – Not Scheduled (Pending insurance authorization)

11 – Scheduled (Syverson/MVHC providers)

1 – Syverson – Pending insurance authorization

1 – Syverson – Still unable to get a hold of patient

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- Dr. Guthrie cancelled his Ortho Day in June
 - Dr. Syverson and Ben Nuti CRNA were on vacation 6/12-6/16
 - Ben Nuti, CRNA will be on vacation 7/11-7/13, Rhett Wiggen, CRNA will be filling in during this time
 - There was no available Admitting/Discharge RN, so I was scheduled to Admit/Circulate/Recover/Discharge for 6/6, 6/20 (Patient was a No Show/No Call) and 6/27
 - Humidifier has been placed in OR 1 and this will enable the humidity in the OR to be controlled within the regulated ranges. The dehumidifier has been located at Station 3 for easy access for the OR/Maintenance Staff in the case scenario being that the humidity is too high and needs to be brought down to regulated ranges. This was an Acute Survey Plan of Correction Action

Submitted by: Stacie Warnock, Surgery Lead

Telemedicine Update as of July 18, 2017

Prepared by Amanda Harris for Board Members of Mayers Memorial Hospital District

Logistics:

- Our General Exam camera has arrived and training began on Monday, July 17. It's a much nicer, newer version than ones I've previously encountered. Please contact me for a demonstration.
- The next "Lunch and Learn" will be on July 25 and I will be there to present and walk the group down to the Telemed room to show them what clinic will be like. We will be connected to Javeed (CEO, Telemed2You) so that together we can answer any questions the group may have.
- Our first Endocrinology clinic will be on August 1, from 10:00am-12:00nn. Following this date, our regularly scheduled Endo clinic times will be the 4th Monday of every month from 10am-12nn.

RUS/USDA Distance Learning/Telemed Grant opportunity:

- We have decided to forgo this opportunity for now in order to focus on the start-up of the clinic and our new equipment both in the outpatient clinics and coming in the ER.

Referral Workflow:

- I've met with referral coordinators from the Big Valley and Burney clinics, as well as the Mountain Valley Operations Officer and Director of Nursing. I've circulated a draft and revised referral form based on their input. I also received input from our own outpatient services coordinator, as we will be entering the patients into our own EMR for billing purposes. I'm still attempting to meet with the referral coordinator at the Fall River clinic due to scheduling issues and illnesses.
- While overall they are enthusiastic, a recurring theme from all clinics and providers I've met with is disappointment that we are only serving Medicare and PHC/Beacon patients right now. This is definitely something we need to address in the future.
- Clinics have also expressed disappointment that we are only able to serve patients over 21 years of age. This is another item that we should examine once clinic is up and running smoothly. We will need to consider another specialist group in order to address Peds.

Annex Telemed Room

- The Annex cart was correctly configured and I successfully tested with Telemed2You on Friday, July 14. I formally requested our meet and greets for Dr. Babb and Dr. Watson with the specialists. Shilpa (scheduling coordinator, Telemed2You) anticipated our Psychiatry start date may be delayed due to high demand for Dr. Chang and Nutrition clinic blocks may come later than Endocrinology due to referral volume from the Endocrinologist.
- All of the old furniture from the clinic room at the Annex has been cleaned out and I'm going to be looking through storage for some furniture to use instead. In the beginning, with only Psychiatry there, we really only need a couple of chairs. When we decide to begin Endo/Nutrition at that site we'll need to measure space for an exam table if needed. I'll know more specifics after my meet and greet with Dr. Bhaduri.
- I attempted to meet with nurses at the Annex on Friday regarding protocol for Dr. Watson's referrals but they were in a meeting regarding the last survey. I will follow up this week.

