



Mayers Memorial Hospital

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  
MEETING AGENDA  
December 20, 2017 5:00 pm  
Board Room (Burney)

*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	<b>CALL MEETING TO ORDER – Mike Kerns, President</b>	
2	<b>CALL FOR REQUEST FROM THE AUDIENCE: PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS:</b> Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board (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. <b>Comments should be limited to matters within the jurisdiction of the Board.</b> Pursuant to the Brown Act (Govt. Code section 54950 et seq.) <b>action or Board discussion cannot be taken</b> 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	<b>APPROVAL OF MINUTES:</b> <b>3.1 Regular Meeting – November 29, 2017 (Attachment A)</b>	<b>ACTION ITEM</b>
4	<b>Department/Operations Reports/Recognitions:</b>  <b>4.1 Resolution 2017-18 – November Employee of the Month (Attachment B) .....</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.  <b>4.2 Director of Operations Report – Ryan Harris (Attachment C)</b> <b>4.3 Director of Quality Report – Jack Hathaway</b>	<b>ACTION ITEM</b> Presentation  Report Report
5	<b>BOARD COMMITTEES:</b>  <b>5.1 Finance Committee –Chair Allen Albaugh</b> 5.1.1 October 2017 Financial review, AP, AR and acceptance of financials ..... <b>(Dispersed Separately)</b> 5.1.2 Capital Expenditure Plan Review <b>(Attachment D)</b>  <b>5.2 Strategic Planning Committee –Chair Mike Kerns</b> 5.2.1 Committee Meeting Report .....	Information  <b>ACTION ITEM</b>  <b>ACTION ITEM</b>  Information
	<b>5.3 Quality Committee –Chair Beatriz Vasquez</b> 5.3.1 Committee Meeting Report.....	Information

6	<p><b>NEW BUSINESS</b></p> <p><b>6.1 Annual Board By-law Review – Final Reading and Approval (Sent as PDF)</b></p> <p><b>6.2 Annual Organizational Meeting (Attachment E)</b></p> <p><b>6.3 Organizational Analysis (Sent as PDF)</b></p> <p><b>6.4 Election of Officers</b></p>	<p><b>ACTION ITEM</b></p> <p><b>ACTION ITEM</b></p> <p><b>ACTION ITEM</b></p> <p><b>ACTION ITEM</b></p>
7	<p><b>7.1 Administration Reports:</b> <i>* Note: 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 reports are provided in board packet – additional comments as needed verbally</i></p> <p>▶ <b>Chief’s Reports (CEO, CNO, CCO, CFO, IHF CEO) (Attachment F)</b></p>	<p>Information</p>
8	<p><b>8.1 INFORMATION/REPORTS/BOARD EDUCATION/ANNOUNCEMENTS</b></p> <ul style="list-style-type: none"> <li>• <b>Board Comments, Upcoming Events, etc.</b></li> <li>• <b>Legislative Update – Val Lakey</b></li> </ul>	<p>Information</p>
9	<p><b>ANNOUNCEMENT OF CLOSED SESSION:</b></p> <p><b>No closed session</b></p>	
10	<p><b>RECONVENE OPEN SESSION</b></p> <p><b>REPORT CLOSED SESSION ACTION</b></p>	<p>Discussion</p>
11	<p><b>ADJOURNMENT:</b> Next Regular Meeting January 24, 2018 Fall River Mills</p>	

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, 43553 Highway 299 East, Fall River Mills CA 95028. This document and other Board of Directors documents are available online at [www.mayersmemorial.com](http://www.mayersmemorial.com).

Posted/Distributed 12/15/17

Date: November 29, 2017  
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.)*

**CALL MEETING TO ORDER:** President Kerns called the regular meeting to order at 1:02 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; Theresa Overton, Marlene McArthur, Sherry Wilson, Keith Earnest, CCO

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

**2.1 Public Comment – none**

**3.1 APPROVAL OF MINUTES** – A motion/second and carried, the Board of Directors accepted the minutes of the October 25, 2017 Regular Board Meeting. **(Vasquez, Hathaway) – Approved All – As corrected**

**Department/Operations Reports/Recognitions:**

**4.1 Resolution 2017-17 – October Employee of the Month:** Vinicio Colon was recognized, as October 2017 TEAM MAYERS MVP. **(Albaugh, Hathaway) Approved All – Vinicio Colon not able to attend meeting, Beatriz will present award 11/30/17**

**\*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.

**4.2 Director of Operations Report** – Letter from fire department provided, sent to OSHPD, needed letter to help with rural exemption for fire flows, fire department will be doing extra tests on fire flows. Received renderings on signs. Wireless thermostat system, received quotes, will bring thermostats inside building, will keep maintenance off roof to adjust settings, can adjust remotely. Cost of new HVAC units was more than expected (\$4 million), looking into other options (install on ground instead of roof, less work because no seismic bracing), will have to bring all duct work and bracing up to current code when replacing. A lot of details need to be figured out regarding new construction (if old section of building is “decommissioned” it won’t have to be up to OSHPD requirements, wouldn’t need new update to HVAC). Add discussion to next agenda.

**4.3 IHF Director Report** – Annual appeal letter has been mailed out, accomplishments page has already changed. Anonymous donor wanted to give \$50k but not to new wing, talked with Louis about ideas, donor chose ultrasound machine, also had interest in uniforms for staff. New officers: Keith Earnest, President; Dr. Raffin, Vice President; Paul Kerns, Treasurer; Renee Coe, Secretary. \$4800 raised with NSGT, with incentive pool money should probably go over \$5000, will be used for equipment in new wing. Gift shop will be at 12 Days of Christmas at fairgrounds, recent sales grossed over \$4000, volunteer Ruth buys items and donates to gift shop. \$40k was awarded to district for Hospice at last IHF board meeting. California Endowment

has donated \$100k; Sierra Pacific donated \$100k, they will be here tomorrow at 11am to present check. McConnell Foundation article about donation in Enjoy magazine, picture of Marlene and Louis. Several items on Capital Expenditure Plan funded by mini grants and crossed off, list will come to board for approval.

## **5. COMMITTEE MEETINGS**

**5.1 Finance Committee** – Marketing and respiratory presented; discussed new ideas for marketing on a tight budget. New respiratory manager had ideas on how to review finances of department

**5.1.1 Oct. 2017 Financial Review – (Albaugh, Hathaway) All approved**

**5.1.2 BOD Quarterly Finance Review**

**5.1.3 Cost Report Update** - \$115k receivable; Medicare report was sent via fedex yesterday, hospice report out today (nothing reportable to be reimbursed), MediCal report will be sent out tomorrow. Inpatient rates will increase, outpatient small increase. SNF traveler lodging is reimbursable; we will be one of the lowest cost SNFs in the area;

## **5.2 Strategic Planning Committee**

**5.2.1 Committee Report – Chair Kerns** – Dialysis investigation ongoing. Merger update: MVHC seemingly not interested, MVHC board voted against merger model, we should be working on plan A and B in tandem to cover bases and look at all options, strategic plan should reflect desire to increase outpatient services, recommend small wording change. Keep trying to meet with MVHC to work together. Met with Partnership, were told there were enough patients in our area for two clinics, if we were to open our own RHC.

## **5.3 Quality Committee**

**5.3.1 Committee Meeting** – Pharmacy reported new license was received, minor corrections only; outpatient department may try to start getting patient surveys in the middle of the stay, training staff on AIDET, haven't implemented yet; ER working towards pediatric telemed program; a lot of work coming with Quality improvement plan, Jack Hathaway will report to board; modified PRIME project, focus on obesity; CEO succession plan presented for approval, not policy, needed to be turned into one or added to another; Pam Sweet reported over 2,000 policies in MCN, discussed bringing in contractor to organize and map out what needs to be kept and what can be retired, mock surveyor suggested only keeping policies specified by Title 22, some of our policies can actually just be procedures (blanket policy that sends someone to a procedure); management should take action on this item, bring to board if necessary. Update at next month's meeting (streamlining policy manual).

## **6. New Business**

### **6.1 Policies for Approval (Vasquez, Beyer) – Approved All, as corrected**

- CEO Job Description
- Chief Executive Officer Compensation

**6.2 Annual Board By-Law Review – Third Reading** – Work with Val Lakey on comments from previous meeting, final review at next meeting for approval.

**6.3 Annual Board Assessment Process (Albaugh, Beyer)** – Options were sent, toolbox option seemed easiest, work with Val Lakey on template to reduce number of questions, use list of questions to discuss internally at retreat.

**6.4 Appointment of Nominating Committee** – No need for nominating committee, will leave committees as is.

**6.5 December Meeting Date** – 5:00pm on Dec. 20, dinner meeting.

**6.6 Committee Meeting Schedule** – Can set schedules internally (SP & Quality every other month, it's important to have finance every month); possibly only have departments report to Quality once per year, combine building committee with SP.

## **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:*** Showed pictures of new ultrasound machine, new equipment has more features, takes less pressure on probe, idea to meet with doctors in Redding and let them know about our new equipment and staff so they can let patients know of our services;

USDA sign, has to show required information; second sign, not required but would have picture and thank you to community ("your measure D dollars hard at work", include info about other donors), doesn't have to list contractors; want to have up by middle of January; currently still on schedule with OSHPD.

Customer service & sensitivity training for staff; patient surveys, especially in ER, not really ever about patient care, more about staff attitude, want to remind staff that patients are probably scared to be here, worried about their coming bill, need to be supportive and understanding (putting ourselves in patients shoes), doctors included, would offer to SEMSA also.

Management orientation and ongoing training, asked managers at last meeting to come up with ideas, want to create onboarding orientation for new managers (record videos of computer functions, etc. and save in resource folder) Ops team is working on.

Expecting results from CNO search firm, should have candidates by Dec. 5, they are doing interviews on our behalf.

Holiday party on Dec. 15

**Keith Earnest, CCO – *In addition to the written:*** In July, CMS required all facilities to have a legionella plan, not implemented yet but working on, plan to test shower heads, other water sources, there are companies that will do the testing for us if necessary;

Received new license, don't need to build new clean room, but by next inspection need new lighting, floor, two more items to submit for POC, worked with pharmacy consultant for POC; needed 9 policies updated, logs & forms need to be attached; staff training issues have been corrected;

Respiratory working with HealthStream on new CPR ALS classes, currently we bring in someone to train ACLS, PALS and it is costly. With HealthStream will be able to do training in-house, have received quote, will put package together and bring more info to next meeting.

**Sherry Wilson, CNO – *In addition to the written report:*** Nothing to add.

**Theresa Overton – *In addition to the written report:*** High census, recently weren't able to take admits and had to bring in travelers for about a week.

**Travis Lakey, CFO – *In addition to the written report:*** Over 100 days COH, 6.81 current ratio, reporting issues with PRIME, may have to repay some funds (\$430k they may request back); readjusted plan and added more staff.

**8. Information/board education/announcements**

**Board comments, upcoming events, etc. –**

Will be creating new calendar invites for 2018 meetings, hopefully reduce inconsistencies or errors with invites.

Beatriz Vasquez attended Quality Conference with Theresa Overton and Marinda May conference coordinators were surprised to see board member in attendance; safety coach program, Theresa made contacts for more info.

**9. Announcement of CLOSED SESSION – 3:02pm**

**9.1 Government Code Section 54962:**

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

**AHP APPOINTMENT**

Gabe Garton, CRNA

**MEDICAL STAFF APPOINTMENT**

Tawana Nix, DO

**MEDICAL STAFF REAPPOINTMENT**

Lloyd Pena, MD

Mark Goodwin, MD

**STAFF STATUS CHANGE**

Jessica Miller, PA-C Move to Inactive

**9.2 Personnel Government Code 54957 – CEO Review/Evaluation**

**10. Reconvene Open Session**

**Kerns/Vasquez - Approve all credentials**

**12. ADJOURNMENT:** There being no further business, at the hour of 4:00 pm p.m., President Kerns declared the meeting adjourned. Next meeting Wednesday, January 24, 2018 – 1:00 pm–Fall River Mills



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

**RESOLUTION NO. 2017-18**

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

**Stefanie Hawkins**

**As November 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, Stefanie Hawkins is hereby named Mayers Memorial Hospital District Employee of the Month for November 2017; and

**DULY PASSED AND ADOPTED** this 20th day of December 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

Respectfully Submitted by Ryan Harris, Director of Operations

December 2017

### Hospital Expansion Project

1. The backcheck submittal drawings and other supporting documentation were uploaded to the OSHPD website on Monday 12/11/17. We expect this information to be triaged sometime over the next few days. If there are no concerns expressed during triage we would expect the drawings to be distributed for full review by OSHPD staff sometime in the next week or so. The projected timeframe for these backchecks to be completed by OSHPD is 50 days from the date of submission.
2. The amendment from the previously larger project to our new project was submitted and our extension to our Cal Trans encroachment permit was approved with a new extension date of December 31<sup>st</sup> 2019.
3. An application has been submitted to merge parcels 018200007, 018200030, and 018200041 into one, so the entire footprint of the hospital, including the new building, will capture on one lot. We will also be increasing the size of parcel 018200042 to 1.5 acres. (Parcel Map Attached)
4. We have met with PG&E and they are reopening the work order from the larger project. They are working on modifying the project to coincide with the new smaller project.
5. A flow test was conducted by Foothill Fire Protection on 12/6 and was witnessed by myself and General Manager Bill Johnson of FRVCSO. We received the results back (attached) and although we did not achieve the requirement of 1500 gallons per minute (GPM) at a flow of 20 PSI residual, we did see an increase from the previous test of 1065gpm to 1218gpm at 20 PSI residual with the mechanical operating valve (MOV) open. The closing of the MOV did not generate the results we expected as the GPM was actually lower at 1140 at 20 PSI residual as we lost the pressure from the tanks in Fall River. The increased GPM with the valve open is a positive, however, in the event we do not receive the rural exemption this will reduce the size of the tanks and booster that will need to be installed which will provide some cost savings.
6. I met with Bill Johnson about options that may be more cost-effective than onsite tanks and boosters that would benefit both the hospital and water districts in the event we do not receive the rural exemption. The most positive alternative may be the use of an onsite well or nearby well that will help make up the delta in the current flow.
7. I met with Jeff Oldson, the McArthur Fire department Chief, and we reviewed the civil drawings together. I answered any questions he had in regards to health care facility local fire authority approval and the California building standard code. After reviewing the code requirements and

plans with Jeff I am happy to announce that all local fire authority signatures have been obtained. I will also be meeting with Bill Johnson to review the civil drawing for water and sewer.

8. I obtained our radiation shields report that caused our two-week delay in submitting this backcheck. This was submitted with the backcheck on 12/11.
9. We approved signage for the project and Porter Consulting will be installing the signs before Christmas. There will be a USDA funding sign as well as a sign for the building. Both signs will be 4'x8' and displayed near HWY 299 and the building site.
10. We received a letter from the school district confirming out exempt status from developer fees for the project.
11. After looking into our current paging system and the new system I discovered that pages from the new building will not be going out hospital-wide. This is due to the location of our new ER and acute staying in the same spot. I submitted a change order request to Layton to tie the two systems together. The cost of this change order was \$3,495.00. All change orders will be tracked on the change order request log (attached).
12. One decision still pending is nurse call. We will be meeting over the next couple of weeks to decide on which direction we would like to proceed. The nurse call proposed by Layton that was within their budget will not work. However, we carried a good amount of money in our equipment budget for nurse call. With the budget that Layton has and our own equipment budget, we can significantly upgrade the nurse call proposed by Layton. Our goal is to eventually get the entire hospital on the same system to improve workflow and continuity for staff. We will also be looking into replacing the current system in acute as it is at end of life and with seismic upgrades coming to the wall it is installed on there is concern that we may not be able to get back online once it is taken down.

## **Plant Operations, Maintenance, Other Construction Projects**

1. We have decided to move forward with the Pelican wireless thermostat system at the Fall River Facility. Work on the system will start on 12/18 and should take about a week. This will improve employee safety, maintain a comfortable temperature for residents, patients, and staff. HVAC consumption on average accounts for 50 % of the total energy bill and this system can reduce this cost by up to 35%. We will also be able to manage all temperature remotely from a smart phone, tablet, or computer. The thermostats will also give us the ability to lock our temperature within our required range of 71 and 81 degrees while allowing staff to make adjustments within the range when necessary. It will also track historical trend data so we can look at which units are our least energy efficient.
2. Phase 2 of the SNF refresh project in room 209, our demo room, will be completed by 12/22. Once this phase is completed I will invite staff to look at the room for input. We will then order the remaining materials for the rest of the rooms and start moving forward with Phase 2.
3. Water Samples for Legionella testing were collected on 12/13 and 12/14 and sent out for testing. Results should be back within two weeks.

4. We will be bringing in Greenbough design to do a scoping study for station 3 and expanding outpatient services in this area. This will provide us with all of the OSHPD requirements and feasibility of doing additional services in this area.

## **Dietary**

1. Susan Garcia, Lani Martin RD, and I are still busy working with Val Lakey, and Jack Hathaway on our portion of the Prime 1.7.2 obesity prevention and healthier foods initiative project. This includes Nutrition Labeling, Food Marketing, Healthier Check out, increasing fruit and vegetable spending, and increasing healthier beverage spending. We have a target of completing this by the end of the year.
2. Staffing levels in this department are improving. In January we will be moving employees in the department to different titles based on what their duties are within the department.

## **Environmental Services**

1. We have sent a letter to Aramark canceling our service at the end of this contract term. With their evergreening close of a like term contract and a 90-day cancellation notice, I wanted to ensure we gave them plenty of notice of cancellation.
2. I have started to reach out to contractors and will be meeting with them to discuss the in-house laundry facility in Burney next month.

## **Purchasing**

1. We will be starting a new project in purchasing that involves contract review. I would like to obtain the start date, days of notice requirement, termination date, and evergreen status of all of our contracts. This way we can avoid evergreening contracts renewing without previous notification.

## **Information Technology**

1. The go live for Paragon 14 on 12/5/17 went extremely well with minimal complications. The IT team did a tremendous job and deserve a lot of credit on a smooth implementation.

Mayers Memorial Hospital Expansion  
Change Order Request Log

11/14/2017



Item #	LCC PCO #	Description	Document	Document Issue Date	Amount Submitted (ROM Underlined)	Date Submitted	Date Approval Req	Owner Change	CM Contingency	Allowance Used	Owner CO #	Status	Notes
001		Valcom IP Paging Unit			\$ 3,495								
002		5000 Gal tank											Only requied if we do not get EOP
003		Staff Locker Changes											
004		Pedestrian Walkway Modifications											
005													
006													
007													
008													
009													
010													
011													
012													
013													
014													

	\$ 3,495			\$ -	\$ -	
--	----------	--	--	------	------	--

Owner Changes Summary	
Original Contract	\$ 13,542,003
Approved	\$ -
Revised Contract	\$ 13,542,003
Pending	\$ 3,495
<b>Total Estimated Costs</b>	<b>\$ 13,545,498</b>

Construction Contingecny Summary	
Original Contingency	\$ 306,662
Approved	\$ -
<b>Remaining Balance</b>	<b>\$ 306,662</b>



## Hydrant Flow Test Report

Test Date: 09/6/17                      Test Time: 10:00 am

Water District: Fall River Mills Community Services

General Location: Hwy. 299 on Hospital grounds

Address: 43563 Fall River Mills

Requested by: Owner

Purpose of Test: Prove demand for new fire sprinkler system. Two tests were conducted, one with a public utility motor operated supply valve open then another test with the same valve closed.

Conducted by: Robert Munjar, Anthony Abdeen

Witnessed by: Bill Johnson – FRVCSD General Manager

Test Hydrant Locations:

#1 Test Hydrant: Hydrant directly in front of hospital lobby.

#2 Flow Hydrant: Hydrant south of hospital on Hwy. 299

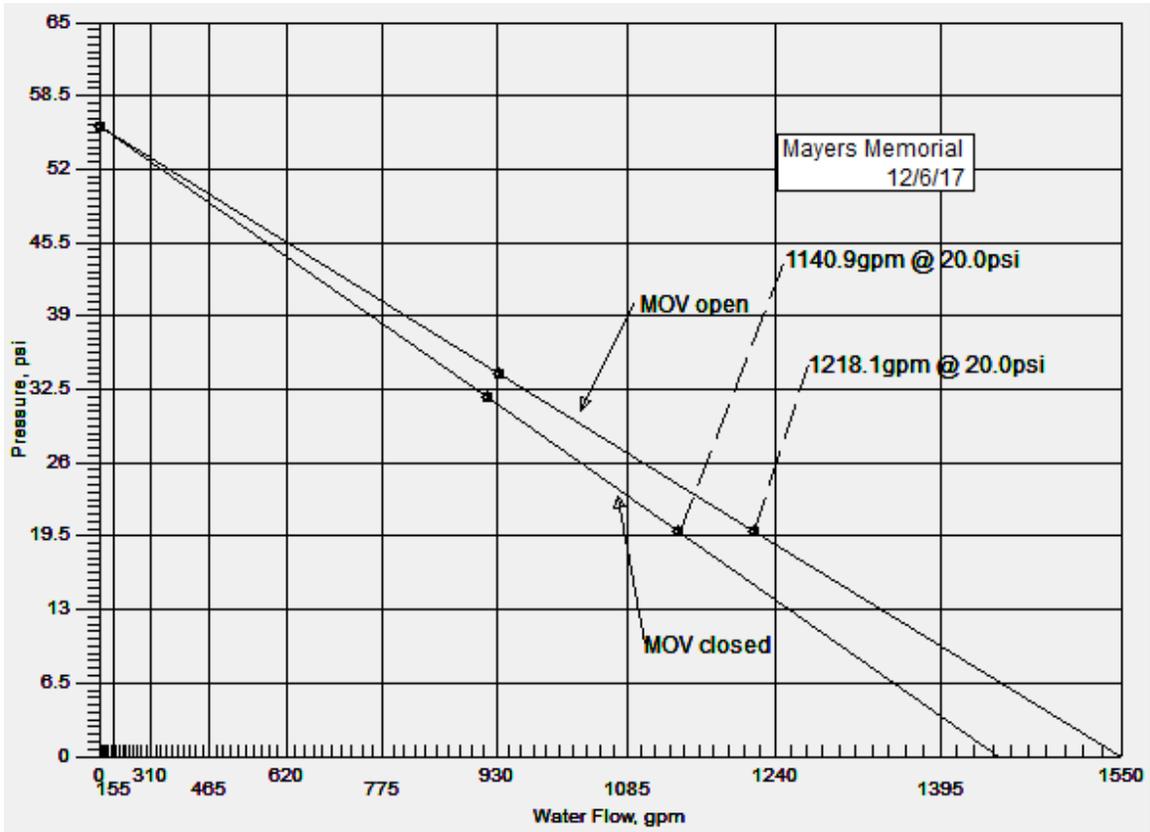
### MOV Open

Hydrant #	Outlet Size	Pitot	Static PSI	Residual PSI	Flow Observed (GPM)	Flow at 20 PSI Residual
1			56	34		
2	2.5	31			934	
				Total Flow Observed	934 gpm	1218 gpm

### MOV Closed

Hydrant #	Outlet Size	Pitot	Static PSI	Residual PSI	Flow Observed (GPM)	Flow at 20 PSI Residual
1			56	32		
2	2.5	30			919	
				Total Flow Observed	919 gpm	1140 gpm

# FOOTHILL FIRE PROTECTION, INC.



Note: This test was conducted per NFPA 291. Foothill Fire Protection (FFP) is not the controlling water district and cannot guarantee the flows above. It shall also be noted the time that the test was conducted. This test time may not reflect the available flow while the water system is at its highest demand from the existing services. FFP assumes no responsibility for loss or damages if this flow test data is used.

**Capital Expenditure Plan**  
(Tool for Grant Planning Acquisitions)

**Attachment D**

Department	Current Manager:	Item Description	Priority	Estimate	Status	Possible Funding Source	Submit Date	Board Reviewed	Notes
Acute	Theresa Overton	Bladder Scanner							
		New Call System		\$500,000.00			3/1/2016	11/30/2016	
Administration	Louis Ward	HVAC units (24 units)	High	\$1,200,000.00			2/11/2015	3/25/2015	
		Electronic Sign (Front of FR)	PLANNED	\$8,000.00			2/16/2015	3/25/2015	2 YEARS w/NHW Project
		Flooring St 3	Low	\$50,000.00			2/11/2015	3/25/2015	
		OSHPD 3 Code Compliance OP Clinic Burney	High	\$300,000.00			2/11/2015	3/25/2015	
Cardiac Rehab	Trudi Burns	NuStep Commercial Grade	High	\$3,800.00			9/7/2016	11/30/2016	People waiting in line to use the current home use model
Dietary	Susan Garcia	Base Warmer	Low	\$10,000.00			6/15/2011	6/27/2012	Need 1 for Burney and 1 for Fall River facilities.
		Dishwasher	Low	\$15,000.00			6/15/2011	6/27/2012	Needed for Burney facility.
		Plate warmer	Low	\$12,000.00			6/15/2011	6/27/2012	Needed for the Burney & Fall River facility.
		Food Tray Delivery Carts	High	Waiting On Price			10/10/2016	11/30/2016	2 in Burney, 3 in FR
		Shelving Racks	High	\$9,000.00			10/10/2016	11/30/2016	Need for both Burney and Fall River facilities
		Emergency Food Supplies (20-25 year shelf life)							
		SNF Burney: Air Conditioner Replace/Repair							
		Walk in Refrigerator	High	\$11,000.00			10/10/2016	11/30/2016	Needed for FR Facility
		Freezer	Low	\$24,000.00			10/10/2016	11/30/2016	Needed for both Burney and FR Facilities
Emergency Room	Theresa Overton	Wheelchair					3/1/2016	11/30/2016	
		Bedside Tables					3/1/2016	11/30/2016	
		Cardiac Monitors - Life Pac 15	Medium	\$36,000.00			2/11/2015	3/25/2015	Need 3/Replace 12 year old monitors
Housekeeping	Sherry Rodriguez	Scrubber for Burney Annex	Medium	\$5,000.00			9/27/2015	12/16/2015	
Imaging*	Alan Northington	R&F X-Ray (Title 22 reg)	PLANNED	\$450,000.00		New Wing Budget	10/15/2015	12/16/2015	Quote 11.24.15
		Procedure Table/Gurney		\$5,000-\$10,000			7/11/2017		
		Gurney (Mechanical)	High	\$10,000.00			6/26/2017		
		Point Click Care	High	\$25,000.00			6/27/2017		
		Paragon Interface		\$10,000.00			6/27/2017		
		C-Arm	PLANNED	\$169,000.00			New Wing Budget	10/15/2015	12/16/2015
Infection Control	Dawn Johnson	PAPR Respiratory Protection System		\$2,144.00			2/11/2015	3/25/2015	OSHA Requirements
IT	Chris Broadway	Software for Nursing CE Training		\$4,000.00			8/2/2012	2/24/2014	
		EMR Replacement Server from Dell	High	\$249,249.32	In progress		9/15/2016	11/30/2016	
		Paragon HPF Software	High	\$420,000.00			2/16/2015	3/25/2015	Implementation services/ 5 yr support
Laboratory	Chris Hall	Interface for Microscan Analyzer to Paragon	High	\$7,000.00			10/14/2016	11/30/2016	Will verify cost
		Point Click Care (+InterFace Port? - extra \$s??)		\$25,000.00					Will verify cost; (Includes McKesson+ ???)

**Capital Expenditure Plan**  
(Tool for Grant Planning Acquisitions)

**Attachment D**

Department	Current Manager:	Item Description	Priority	Estimate	Status	Possible Funding Source	Submit Date	Board Reviewed	Notes
Maintenance	Dave Burks	Flat bed trailer (16' \$2700 - 18' \$2800)	High	\$3,000.00			11/12/2015	12/16/2015	
		Keypad/Access Control Exterior Door Locks	Low	\$35,000.00			10/10/2016	11/30/2016	\$17,500 each (FRM & Burney)
		New Vacuum Pump System	High	\$10,000.00			10/10/2016	11/30/2016	
		Resurface Parking Lot in Burney	High	\$175K-\$250K			10/10/2016	11/30/2016	
		New Boilers in Burney	Low	\$5,000.00			10/10/2016	11/30/2016	
Outpatient	Michelle Peterson	Wheelchairs (2) - 24" wide	Medium	\$630.00			9/11/2015	12/16/2015	\$265 each (surgery/OB, OPM, St 3)
		Vitals Machine (2)		\$7.00			12/15/2017		
Pharmacy	Keith Earnest	Interface + PCC							
		PCA	Low-Med	\$3,000.00			11/12/2015	12/16/2015	Below capital threshold amount.
Physical Therapy	Daryl Schneider	Upright Bike for PT Patients		\$400-\$800			1/14/2013	2/24/2014	
		Argo Lift Walker	High	\$5,500.00			6/27/2017		
		Sound Proofing Gym		\$1,000.00			2/11/2015	3/25/2015	
Quality	Jack Hathaway	McKesson InterQual Quality Software & Training	High	\$85,000.00			10/10/2016	11/30/2016	
Respiratory	Gina Lobo	Philips Respironics V60 BIPAP	Medium	\$16,000.00			11/28/2017		
		Heart Code	High	\$10,000.00			11/28/2017		Price is for 3 year period
Skilled Nursing	Sherry Wilson	Geri-Chairs	Low	\$1,596.00				6/27/2012	Need 4 @ cost of \$399/ea.
		Wheelchairs	High	\$2,869.13		\$ donated from senior project		6/27/2012	Several need to be X-Large.
		Patient Lift(s)	High	\$8000 each				6/27/2012	3 @ \$4000 / 1 remaining to purchase
		Van	High	\$50,000.00				6/27/2012	
		ADA Compliant Automatic Doors/Burney	Medium					3/25/2015	
		SNF Refresh	PLANNED						Winter maintenance project
		Burney: Blinds, privacy curtains + décor						6/27/2017	
		Burney: Awning both patios						6/27/2017	
		FRM: Awning side entrance						6/27/2017	
		Vital Cart (2)		\$7,000.00				6/27/2017	\$3500 each
		iTunes \$25 Gift Cards (30)		\$750.00				6/27/2017	\$25 each
		TVs to Digital (vs analog) - Senior TV Component		\$30,000.00				6/27/2017	
i-Pad Nanos (10)		\$1,400.00				6/27/2017	\$140 each		
HR	Libby Mee	HealthStream						Discuss w/Libby	
Surgery	Theresa Overton	Flooring					6/27/2017		Ryan has quote
		(2) DPM-6 Cardiac Monitors	High	\$19,600.00			10/2/2013	3/25/2015	need one for each room - already have 2

Updated: 12/7/2017

\$3,842,538.45

Reviewed by FAC: 11/13/17

Annual Board Approval: District Board Approval 11.30.16

\*Some of the equipment to be purchased for the new expansion project are not included on this list.



# Mayers Memorial Hospital District

*Always Caring. Always Here.*

# 2018

## Board Calendar

January	February	March
8 Mon 12pm Strategic Planning Committee	<b>P&amp;P Annual Reviews</b>	12 Mon 12pm Strategic Planning
10 Wed 12pm Quality Committee	14 Wed 12pm Quality Committee	14 Wed 12pm Quality Committee
10 Wed 6pm Medical Staff Meeting (Vasquez)	28 Wed 9am Finance Committee	14 Wed 6pm Medical Staff Meeting (Beyer)
15 Mon 4pm IHF Board Meeting	28 Wed 1pm Board Meeting (Burney)	Mon 4pm IHF Board Meeting
24 Wed 9am Finance Committee	•Director of Public Relations & Legislation Report	Wed 9am Finance Committee
24 Wed 1pm Board Meeting	•BOD Q Finance Review	Wed 1pm Board Meeting
•Director of Nursing Report	•Worker's Comp/Safety 6-month Report	•Director of HR Report
24 Wed 6pm Family Council Meeting - FR		27 Tue 6pm Family Council Meeting - Burney
<b>28 Sun 4pm Chocolate Festival</b>		<b>TBA Hospice Dinner/Dance</b>
<b>Education/Conferences</b>	<b>Education/Conferences</b>	<b>Education/Conferences</b>
	Feb. 8-9 ACHD Leadership Academy	March 20-21 CHA Health Policy Leg. Day
		March 21-23 Rural Healthcare Symposium
April	May	June
11 Wed 12pm Quality Committee	9 Wed 12pm Quality Committee	13 Wed 12pm Quality Committee
25 Wed 9am Finance Committee	14 Mon 12pm Strategic Planning	27 Wed 9am Finance Committee
25 Wed 1pm Board Meeting (Burney)	9 Wed 6pm Medical Staff Meeting (Kerns)	27 Wed 1pm Board Meeting (Burney)
•Hospice Q Report	21 Mon 4pm IHF Board Meeting	•IHF Director Report
<b>TBA Board Retreat</b>	23 Wed 9am Finance Committee	•Appoint Ad Hoc Committee for CEO Evaluation
<b>TBA Health Fair</b>	23 Wed 1pm Board Meeting	
	•Adoption Budget	
	•BOD Q Finance Review	
	23 Wed 6pm Family Council Meeting - FR	
<b>Education/Conferences</b>	<b>Education/Conferences</b>	<b>Education/Conferences</b>
April 17 ACHD Leg. Day	TBA ACHD Annual Meeting	
	May 6-9 AHA Annual Membership/CA Congressional Action Program	
July	August	September
9 Mon 12pm Strategic Planning	8 Wed 12pm Quality Committee	10 Mon 12pm Strategic Planning
11 Wed 12pm Quality Committee	22 Wed 9am Finance Committee	12 Wed 12pm Quality Committee
11 Wed 6pm Medical Staff Meeting (Kerns)	22 Wed 1pm Board Meeting (Burney)	12 Wed 6pm Medical Staff Meeting (Hathaway)
16 Mon 4pm IHF Board Meeting	•Director of Nursing Report	17 Mon 4pm IHF Board Meeting
24 Tue 6pm Family Council Meeting - Burney	•Director of HR Report	26 Wed 9am Finance Committee
25 Wed 9am Finance Committee	•Worker's Comp/Safety Committee FYE Report	26 Wed 1pm Board Meeting
25 Wed 1pm Board Meeting	•BOD Q Finance Review	•Annual Board Bylaws Review
•Director of Quality Report	•CEO FYE Evaluation	•Board Assessment Process
•Director of Public Relations & Legislation Report	<b>TBA IHF Golf Tournament</b>	26 Wed 6pm Family Council Meeting - FR
•401K Annual Report	<b>TBA Employee Summer BBQ</b>	
•Hospice Annual YE Report		
<b>Education/Conferences</b>	<b>Education/Conferences</b>	<b>Education/Conferences</b>
July 26 ACHD Wellness Summit		
October	November	December
10 Wed 12pm Quality Committee	12 Mon 12pm Strategic Planning	12 Wed 12pm Quality Committee
31 Wed 9am Finance Committee	14 Wed 12pm Quality Committee	26 Wed 9am Finance Committee
31 Wed 1pm Board Meeting (Burney)	14 Wed 6pm Medical Staff Meeting (Albaugh)	26 Wed 1pm Board Meeting (Burney)
•Annual Program Evaluation	19 Mon 4pm IHF Board Meeting	•Director of Quality Report
•Hospice Q Report	28 Wed 9am Finance Committee	•Annual Organizational Meeting
<b>TBA Hospice Chair-ty</b>	28 Wed 1pm Board Meeting	•Election of Officers
	•IHF Director Report	•Independent Audit
	•Nominating Committee for Board Officers	<b>TBA Employee Holiday Party</b>
	•BOD Q Finance Review	
	•Cost Report to BOD	
	27 Tues 6pm Family Council Meeting - Burney	
	<b>27 Tues North State Giving Tuesday</b>	
<b>Education/Conferences</b>	<b>Education/Conferences</b>	<b>Education/Conferences</b>



## Operations Report December 2017

Statistics	November YTD FY18 <i>(current)</i>	November YTD FY17 <i>(prior)</i>	November Budget YTD FY18
Surgeries <i>(including C-sections)</i>	6	6	8
➤ Inpatient	1	3	2
➤ Outpatient	5	3	6
Procedures <i>(surgery suite)</i>	8	18	16
Inpatient	899	869	904
Emergency Room	1776	1685	1687
Skilled Nursing Days	11639	12104	12000
OP Visits (OP/Lab/X-ray)	6235	6296	6764
Hospice Patient Days	459	480	650
PT	1590	1153	1130

### Operations District-wide

**Prepared by: Louis Ward, MHA, Chief Executive Officer**

Throughout late November and early December, the holidays have created a short period of time between the November Board meeting and this written report thus please excuse the brief nature of this written report. Much of the Administrative report for the month of December will be reported verbally.

### **Financial Advisory Committee**

Early this month the Financial Advisory Committee (FAC) met to discuss many outstanding items pertaining to the District's finances. As reported in past board meetings the financial advisory committee was initially developed to educate managers prior to a Board Finance Presentation.

### **Evaluation Software**

A committee has been formed to review the first 6 months of our new employee evaluation software and process. The committee will be reviewing employee and Management feedback over the first 6 months in an effort to revise the current process as well as software configurations to make the evaluation process more meaningful for both the employee and the manager. More information will be reported verbally at the December Board Meeting.

### **Intermountain Preparedness Group**

We are excited to report the hospital is assisting in the development of a brand new community group called the Intermountain Preparedness Group. The group is made up of representatives from all of the emergency services in the intermountain area. The attendees of our first meeting, which was located in the Mayers Board room, were Burney Fire, Fall River Fire District, McArthur Fire District, Cal Fire,

SEMSA, Mountain Valley's Health Centers, and Mayers Memorial Hospital. We will also be reaching out to the Shasta County Sheriff's Office in hopes they too will join our group. As mentioned above this group is still in its infancy but the conversations amongst the members in our first meeting were inspiring and exciting. Administration will update the District Board regularly on the group's activities.

### **Chief Clinical Officer Report**

**Prepared by: Keith Earnest, Pharm.D., Chief Clinical Officer**

The Paragon® upgrade to version 14 was completed December 5<sup>th</sup>. The clinical division, nursing and registration did an excellent job working together using paper processes while the system was down. Many thanks to the IT staff for staying late and mopping up all the little glitches that take place with upgrades.

#### ***Laboratory***

- The upgrade to Paragon® 14 included big changes to the laboratory module. Chris Hall, lab manager, and her team have been working hard to implement the upgrades.

#### ***Physical Therapy***

- Starting in January, the department will be servicing Burney Annex residents one day a week.
- The schedule is booked out until mid-February.

#### ***Pharmacy***

- The Pyxis® anesthesia machine has arrived and was installed December 4th.
- The Paragon® 14 upgrade went smoothly except for the labels. We are working to resolve the issues as well as the ER label issue.

#### ***Imaging***

- Mayers has acquired a top of the line ultrasound machine that will allow us wider diagnostic capabilities including vascular. The machine is installed and in use.
- Alan Northington, Imaging Manager, is exploring the next steps in performing Cardiac Echoes on the new ultrasound machine.
- Alan is also exploring options for technological efficiencies in how we transmit images to providers, patients and other hospitals.

#### ***Respiratory Therapy***

- Gina Lobo, Respiratory Manager, is working with Healthstream to bring a comprehensive CPR, ACLS, and PALS education and training system to Mayers. She is working on the financial aspects and exploring grant funding.

## ***Cardiac Rehab***

- Cardiac maintenance numbers have reached goal on two out of three days each week. This has been helped in part by the launch of an advertizing campaign (in time for new years) that includes a bring a friend incentive and discounts for new clients.

## **Chief Nursing Officer Report**

**Prepared by: Sherry Wilson, Chief Nursing Officer**

- Current census is 76.
- We have hired two new CNAs who will be sharing their time at both facilities, as well as two of our own staff will be graduating LVNs this month and hopefully testing soon.
- Staff have been picking up a large amount of extra shifts to facilitate less registry usage.
- Staff will be holding Christmas parties at both facilities for residents and their families.
- See attached chart.

## **Outpatient Services Report - December 2017**

### **Updates:**

- Part time RN for OPM- We have Alexis Williams RN 2 days and “new to OPM” Ellie Haydock RN will be starting mid January for 2 days a week!
- October-112 patients seen, 177 procedures. November 96 patients seen, 112 procedures. Average patient census is approx. 100 pt a month.

### **Continuing Work:**

- IT/OPM working toward a custom build for EMR charting for OPM. Currently for Dr Zittel visits we still do paper charting. IT & OPM will meet with the contractor this week to see what he has created. Dr Zittel and other departments will join in after this has been done.
- Referrals- Continuing to send out email reminders and stop by MVHC with packets of order sets and goodies to encourage referrals. Working toward streamlining Mayers referral process.
- OPM Dr Zittel wound care lunch and learn at MVHC Monday, Dec 11th.
- OPM working with Val Lakey on OPM marketing plans and website update.
- Working with Jack Hathaway, quality on plans for CALNOC pressure ulcer prevalence study at both facilities.
- Skills fair education will be January. OPM will focus on pressure ulcer prevention for everyone, and VAD access for ER nurses.

### **Issues/Needs:**

- Expediting the custom computer build would be ideal if possible.
- Crash cart issue going back and forth to Burney for wound clinic days.

Thank you,  
Michelle Peterson RN  
Outpatient Department Lead

## **ER Board Report**

Submitted by Krissy Eades

- We treated 327 patients in the Emergency Department in the month of November.
- In November, I participated in a group call with IT, Jack Hathaway and representatives from McKesson, so we could identify why we were having difficulty capturing some of the figures we need for reporting purposes such as “Door to Doctor” time. We were able to identify the problem and have changed the steps we take when inputting the triage information to help capture that figure. We will continue to make efforts to capture more of the data needed.
- I am working with Val to ensure all of our Transfer Agreements with outside facilities are updated and current.
- I participated in the most recent Intermountain Preparedness Group meeting held December 4th in the Mayers Board Room. There was a great turn out with representatives from multiple agencies from the Intermountain area showing support of working collaboratively to improve Emergency Preparedness efforts in the area. Another meeting is planned for January.
- We received grant funding from UC Davis to designate a Pediatric Nurse Liaison at Mayers who will advocate for improving the quality care of pediatric patients served here. I am scheduled to attend the Pediatric Nurse Liaison kick-off meeting at Mercy Medical Center in Redding in late January.
- I participated in an additional meeting with Mountain Valley Health Center representatives in November to follow-up and further discussion started at the 299-Collaborative meeting in October. We have created some action steps we are working on jointly to improve continuity of care between facilities. The 299-Collaborative met again December 14th to review Transitions of Care information. Further progress was made and we have another joint meeting with Mountain Valleys scheduled for January.
- We are planning a house-wide Skills Fair for nursing staff for January 17&18, 2018.
- I am working with a nursing representative from EmCare/Envision to coordinate education classes for nurses. We have plans to do a triage class in February and a Nursing Documentation course in March.
- We have brought back an additional full-time RN who can work as ER Supervisor, Resource RN, or on acute and/or recovery when needed which has eliminated my need to seek any additional staffing for the ER at this time.

## Corporate Clinical Key Performance Indicators Dashboard

Group: CA Facility Name: (All) Line Of Business: SNF Selected Bench...: Corporate Goal Target Year: 2017 Target Month: Dec Trend: 6 Months Go To Crossstab

Clinical KPI Name Clinical KPI Score [To see more detail, please select a Clinical KPI](#)

Clinical KPI Name	Clinical KPI Score	Target	Corporate Goal
Antipsychotic Drugs	14/124 (11.29%)	30.00%	11.29%
Behaviors	28/124 (22.58%)	8.00%	22.58%
Cognition	64/124 (51.61%)	51.61%	51.61%
Decline in ADL S	9/124 (7.26%)	10.80%	7.26%
Falls	26/124 (20.97%)	10.00%	20.97%
Mood	2/124 (1.61%)	5.00%	1.61%
New diagnosis	7/124 (5.65%)	5.00%	5.65%
Nutritional	18/124 (14.52%)	15.00%	14.52%
Pain	52/124 (41.94%)	30.00%	41.94%
Physical restraints	9/124 (7.26%)	15.00%	7.26%
Restorative	54/124 (43.55%)	15.00%	43.55%
Skin	3/124 (2.42%)	2.00%	2.42%
Therapy	0/124 (0.00%)	0.00%	0.00%
Urinary incontinence	89/124 (71.77%)	73.00%	71.77%

Good Performing  Poor Performing

Selected Clinical KPI Trend

Groups by selected Clinical KPI Score

Facilities by selected Clinical KPI Score

