

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  
January 24, 2018 1:00 p.m.  
Board Room (Fall River Mills)

*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 – December 20, 2017 (Attachment A)</b>	<b>ACTION ITEM</b>
4	<b>Department/Operations Reports/Recognitions:</b>  <b>4.1 Resolution 2018-1 – December 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 Nursing Report – Theresa Overton</b> <b>4.4 Hospice Quarterly Report – Mary Ranquist</b> <b>4.5 No One Dies Alone Presentation – Marinda May</b>	<b>ACTION ITEM</b> Presentation  Report Report Report Presentation
5	<b>BOARD COMMITTEES:</b>  <b>5.1 Finance Committee – Chair Allen Albaugh</b> 5.1.1 Dec. 2017 Financial review, AP, AR and acceptance of financials <b>(Dispersed Separately)</b>  <b>5.2 Strategic Planning Committee – Chair Mike Kerns</b> 5.2.1 Committee Meeting Report	Information <b>ACTION ITEM</b>  Information

	<b>5.3 Quality Committee – Chair Beatriz Vasquez</b> 5.3.1 Committee Meeting Report	Information
6	<b>NEW BUSINESS</b>  <b>6.1 P&amp;P Quarterly Summary – (Attachment D)</b> <b>6.2 Org Chart Updates Approval – Jack Hathaway – (Attachment E)</b> <b>6.3 Compliance Committee – Jack Hathaway</b> <b>6.4 Meeting Agenda/Minutes Template Revisions – (Attachment F)</b>	<b>ACTION ITEM</b> <b>ACTION ITEM</b> <b>ACTION ITEM</b> Discussion
7	<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>  ▶ <b>Chief’s Reports (CEO, CNO, CCO, CFO, IHF CEO) (Attachment G)</b>	Information
8	<b>8.1 INFORMATION/REPORTS/BOARD EDUCATION/ANNOUNCEMENTS</b> • <b>Board Comments, Upcoming Events, etc.</b> • <b>Legislative Update – Val Lakey</b>	Information
9	<b>ANNOUNCEMENT OF CLOSED SESSION:</b>  <b>9.1 Government Code Section 54957:</b> Quality Assurance: Quality Improvement Issues, Medical Staff Report (Dr. Tom Watson, Chief of Staff)  <b>MEDICAL STAFF REAPPOINTMENT</b> 1. Paul Johnson, MD 2. Edward Richert, MD  <b>MEDICAL STAFF STATUS CHANGE</b> 1. Temoor Anwar, MD	<b>ACTION ITEM</b>
10	<b>RECONVENE OPEN SESSION</b>  <b>REPORT CLOSED SESSION ACTION</b>	Discussion
11	<b>ADJOURNMENT:</b> Next Regular Meeting February 28, 2018 Burney	

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).

Mayers Memorial Hospital District  
Board of Directors – Regular Board Meeting

Date: December 20, 2017  
Time: 5:00 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 5:00 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; Marlene McArthur, Sherry Wilson, Keith Earnest, CCO; Jessica Stadem

**President Kerns added closed session item to agenda, regarding personnel.**

**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 November 29, 2017 Regular Board Meeting. **(Vasquez, Hathaway) – Approved All – As corrected**

**Department/Operations Reports/Recognitions:**

**4.1 Resolution 2017-18 – November Employee of the Month:** Stefanie Hawkins was recognized, as November 2017 TEAM MAYERS MVP. **(Hathaway, Albaugh) 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.

**4.2 Director of Operations Report** – Written report sent; resurvey visit this week, no additional operation department findings.

**4.3 Director of Quality Report** – Written report provided; compliance review went well, 6 items needed for review, requested creation of compliance committee, possibly add to already formed committee (finance), or alternate months, compliance trainings required for board; star rating volumes still low; adjusted code of conduct, requesting feedback on content; beginning telemed numbers are impressive since starting in August; 1557 requirement, top 15 languages in CA (as designated by CMS) is now posted, still working on TTY for deaf

**5. COMMITTEE MEETINGS**

**5.1 Finance Committee –**

**5.1.1 Nov. 2017 Financial Review – (Albaugh/Hathaway) All approved**

**5.1.2 Capital Expenditure Plan Review - (Albaugh/Hathaway) All approved**

**5.2 Strategic Planning Committee****5.2.1 Committee Report – Chair Kerns** – No December meeting**5.3 Quality Committee****5.3.1 Committee Meeting** – Social services report-No One Dies Alone, idea started with Gina in Respiratory, will be training volunteers on program, will be giving presentation at January meeting;**6. New Business****6.1 Annual Board By-Law Review** – Final Reading – Beyer/Hathaway, All Approved**6.2 Annual Organizational Meeting** – 2018 calendar presented – Albaugh/Vasquez, All approved**6.3 Organizational Analysis** – Possibly use standard template for reports for next year's report Hathaway/Beyer, All approved**6.4 Election of Officers** – Officers remain the same, as do committee assignments – Albaugh/Vasquez, All approved**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:*** Revisit survey this week, SNF and Acute, kudos for staff for always handling surveys professionally; would like to discuss change orders (changes we request, or OSHPD) with board (finance) as they come up in new project, some may need quick answers (conference call options, ask Val about Brown Act), will ask Dave from Porter for recommendations; PRIME project million hearts reporting didn't go as planned, received final report and must repay \$375k from this year, and another \$290k, switched program objectives, added more people to the team, old project doesn't affect new project; Intermountain Preparedness Group, helpful group of connections for our area; Judy Jacoby is new CNO, extensive background, will start first week of January, looking for office space, equipment; Board Quality is scheduled for Jan 10, Louis and Mike will be out; thank you to everyone who put together the Christmas party, great feedback from staff, need to plan for bigger party next year;

**Sherry Wilson, CNO – *In addition to the written report:*** SNF and Acute revisit surveys this week, 2 in each facility, did well on both surveys; cleared on federal survey so fine will cease, informed consent tag is under Title 22 and that is under state;

**Keith Earnest, CCO – *In addition to the written:*** During survey, small changes need to be fixed, found insulin protocol, PIC line protocol needs to be updated; Paragon 14 upgrade complete, everything seems to be working well so far; met with Dr. Coronado (vascular surgeon, cardiologist) wants to expand service area, had community meeting today, interested in helping with referrals to ultrasound, also discussed possible surgery time; providers complain about Citrix filing sharing program (Imaging dept), working on problem;

**Travis Lakey, CFO – *In addition to the written report:*** larger IGT in May, may be drop as they start rolling them into one instead of multiple per year; may shop around for insurance before renews in July, currently use Beta/Alpha and Alliant;

**Marlene McArthur, IHF CEO** – NSGT check was received yesterday, just shy of \$5000; met with Hat Creek Construction, continue to meet with other donors; \$297k shy of \$3m goal; will get cabinet committee back together by Spring; finding flaws in IRS determination letter regarding specific wording (originally written in 1998), working with attorney to fix it. Received Schwab donation from Skuce, not anonymous; will have campaign numbers by February board meeting;

**8. Information/board education/announcements**  
**Board comments, upcoming events, etc. –**

**9. Announcement of CLOSED SESSION – 6:17 p.m.**

**9.1 Personnel Government Code 54957**

**10. Reconvene Open Session – 6:23pm**

**Report Closed Session Actions** - BOD members discussed giving Louis Ward, CEO a bonus; M/S/C (Vasquez/Beyer) – All approved

**12. Adjournment:** There being no further business, at the hour of 6:25 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. 2018-1**

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

**Tracy Bruce**

**As December 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, Tracy Bruce is hereby named Mayers Memorial Hospital District Employee of the Month for December 2017; and

**DULY PASSED AND ADOPTED** this 24<sup>th</sup> day of January 2018 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:

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

## **Mayers Memorial Hospital District Operations Board Report**

Respectfully Submitted by Ryan Harris, Director of Operations

January 2018

### **Hospital Expansion Project**

- Please see the attached document provided by Layton Construction which includes a project progress report and updated schedule.

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

- I have finalized the implementation of our new Pelican thermostat project. Schedules have been created for all non-patient areas of the hospital. Over the next couple of months, I will be reporting on our month over month and year over year PG&E bills to help better understand the financial impact of this project and our improvement in energy efficiency.
- I have received nothing but positive feedback on our SNF refresh demo room. Materials have been ordered to complete phase 2 of the project.
- We will be meeting with Greenbough design on January 18<sup>th</sup> to start a scoping study for station 3 and expanding outpatient services in this area. Details of the meeting will be reported at the board meeting on 1/24/18.

### **Dietary**

- Susan Garcia and Val Lakey completed all requirements of Prime 1.7.2 obesity prevention that were due by 12/31/2017.
- We have moved employees in the department to different titles based on what their duties are within the department. This has already helped with recruiting staff for the department as we were contacted by a former employee who wishes to return because of these changes.

### **Environmental Services**

- We will be starting the remodel of the Right Roads building in Burney in the next couple of months. We will not be contracting this project out to a General Contractor, but instead will do the work and manage any subcontractors in-house. This is the first step in bringing laundry and linen in-house which will provide a better product for residents, patients and provide more jobs in the community.

## **Purchasing**

- 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.

# Mayers Memorial Hospital Expansion



## Monthly Status Report December 2017

# Table of Contents

1. Executive Synopsis
  - a. Project Overview
  - b. Progress of Work
  - c. Issues / Risks and Resolutions
  
2. Construction Schedule
  - a. Schedule Summary
  
3. Action & Responsibility List
  
4. Budget & Financial Summary

# 1. Executive Synopsis

## ***Project Overview***

This project includes a 10,700 Design Build expansion of the existing hospital that will provide Emergency Department, Diagnostic Imaging, Administrative and Laboratory services. Additional parking will be added along with hardscape and landscape improvements around the hospital expansion.

In addition to the hospital expansion, this project includes power improvements/upgrades of the existing building to provide new power distribution to the existing building. After the completion of the hospital expansion, a separate OSPHD permit project will include a seismic separation between the 1952 and 1972 buildings.

## ***Issues / Risks and Resolutions***

- The project includes a CT Scan. The vendor information wasn't provided until after the first round of OSHPD comments were received. The vendor information was necessary so that the design documents for the CT Scan room could be completed before the first backcheck was submitted to OSHPD. In order to avoid potential This impacted the date of the first backcheck submittal. See additional comments in the schedule section.
- The first round of OSHPD review comments include required modifications at the locker rooms and walkway. These changes were incorporated into the backcheck design. Layton is finalizing impacts associated with these changes.
- The project approach for Sanitary Sewer holding capacity exception appears likely to be approved by OSHPD. Additional information may be required from the Hospital. Requirements will be discussed in January coordination meetings.
- The project approach for Domestic Cold Water holding tank exceptions does not appear likely to be accepted by OSHPD. (A holding tank is not currently included in the design.) Options of the size of tank have been presented by the engineer (Intech) that will need to be discussed in January coordination meetings.
- A Psychist Report from the Owner is needed to finalize shielding requirements at the imaging room.

- Changes to Nurse Call – We have an allowance of \$28,681 for a AlphaLinQ 100 Series nurse call system by Sierra Building Systems. We will work with the facility to ensure this system meets their needs or work toward an acceptable system that fits within the allowance. The system that will be used needs to be finalized.

## 2. Schedule

### *Schedule Summary*

Attached is an updated schedule based on the first OSHPD backcheck drawings submitted on December 11, 2017. The latest contract schedule showed the first backcheck drawings being submitted by November 14<sup>th</sup>. However, the CT Scan vendor drawings were not issued until November 13<sup>th</sup>. Incorporating the vendor specific CT information into the design documents pushed back the first backcheck submittal until December 11<sup>th</sup>. This pushed the project construction start date to May 23, 2018 and completion date of the new hospital to June 20, 2019

Once the second round of OSHPD review comments are received, we will review the schedule again to see if original start and completion dates can be maintained.

### *Upcoming Milestone Dates*

- Second OSHPD review comments February 15, 2018
- Submit Second backcheck drawings March 06, 2018
- Third OSHPD review comments May 09, 2018
- OSHPD approval May 21, 2018
- Construction Start May 23, 2018

## 3. Action & Responsibility List

ITEM	DESCRIPTION	RESPONSIBILITY	DUE DATE
1	Finalize costs associated with OSHPD design review comments.	Layton	01/31/17
2	Physicist report	Porter / Mayers	01/31/17

## 4. Budget Summary

### *Financial Forecast*

**Description**

Original Construction Budget:

**Value**

\$13,542,763

### *Pending Alternates for Approval*

**Description**

OHSPD Design Review comments – Lockers and Walkway

Domestic Cold Water Tank

Valcom IP Paging Unit

Nurse Call Change

**Amount**

TBD

TBD

\$3,495

TBD

Activity ID	Activity Name	Orig Dur	Start	Finish	2018												2019												2020					
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
<b>Mayers Memorial Hospital</b>																																		
<b>Project Overview &amp; Milestones</b>																																		
A3700	Proposal Due Date	0		08-Jul-16 A																														
A3710	Proposing Firms Interview	1	15-Jul-16 A	15-Jul-16 A																														
A3720	Cost Proposal Opening	1	15-Jul-16 A	15-Jul-16 A																														
A3730	Successful Proposer Announced	1	25-Jul-16 A	25-Jul-16 A																														
A3760	Design Overall Duration	203	14-Oct-16 A	10-Jul-17 A																														
A3770	Overall OSHPD Review & Approval Duration	351	17-Nov-16 A	21-May-18																														
A3740	Design Service Agreement Executed	1	22-Sep-17 A	22-Sep-17 A																														
A3780	Overall LCC Construction Duration	274	23-May-18	20-Jun-19																														
A3790	LCC to Start Construction	0	23-May-18																															
T11840	Test & Balance	5	23-May-19	30-May-19																														
T11850	Commissioning	15	31-May-19	20-Jun-19																														
A4020	Construction Final Completion Date	0		20-Jun-19																														
T11820	Staff & Stock	15	21-Jun-19	12-Jul-19																														
T11860	OSHPD Inspection / Close-Out	20	21-Jun-19	19-Jul-19																														
T11880	CDPH Review	10	21-Jun-19	05-Jul-19																														
T11870	Document Close-Out	30	22-Jul-19	30-Aug-19																														
A3750	RFP Final Completion Date	0		30-Aug-19																														
<b>OSHPD Design Build Incremental Review</b>																																		
<b>Pre-Design</b>																																		
A1480	Confirm Hospital Operational and Program	3	14-Oct-16 A	14-Oct-16 A																														
A2530	Master Planning Charette Session	5	14-Oct-16 A	14-Oct-16 A																														
A1700	Determine Utility and Off Site Requirements	30	19-Oct-16 A	17-Nov-16 A																														
A1490	Hospital Approval of Program and Master Plan	1	20-Oct-16 A	20-Oct-16 A																														
A3510	Confirm CEQA Application with Shasta County Align Design to State	10	22-Oct-16 A	07-Dec-16 A																														
<b>Schematic Design</b>																																		
A4030	Prepare SD Package	20	07-Oct-16 A	24-Oct-16 A																														
A4040	100% SD Review (Hospital)	15	25-Oct-16 A	23-Nov-16 A																														
A4050	SD USDA Review	15	17-Nov-16 A	17-Nov-16 A																														
A3420	Confirm Previous Survey and Geotechnical Applicability Against New	10	22-Nov-16 A	07-Dec-16 A																														
<b>Design Development</b>																																		
A2900	Prepare DD Package	50	18-Nov-16 A	16-Feb-17 A																														
A3290	100% DD Review (Hospital)	14	16-Feb-17 A	09-Mar-17 A																														
A2640	DD Sign Off	2	09-Mar-17 A	09-Mar-17 A																														
<b>Construction Documents</b>																																		
A3440	Prepare 50% CD Package	30	21-Mar-17 A	28-Apr-17 A																														
A3450	50% CD Review (Hospital)	15	01-May-17 A	19-May-17 A																														
A3460	Prepare 100% CD Package	30	22-May-17 A	10-Jul-17 A																														
A3470	100% CD Review (Hospital)	15	10-Jul-17 A	21-Jul-17 A																														
A3480	CD Sign Off (Hospital)	1	21-Jul-17 A	21-Jul-17 A																														
<b>OSHPD Review / Approval</b>																																		

- Test & Balance
- Commissioning
- ◆ Construction Final Completion Date
- Staff & Stock
- OSHPD Inspection / Close-Out
- CDPH Review
- Document Close-Out
- ◆ RFP Final Completion Date

■ Early Bar     ◆ Milestone  
■ Critical Bar  
■ Actual Bar  
■ Level of Effort  
■ Actual Level of Effort

Run Date: 15-Jan-18  
 Data Date: 01-Jan-18  
 Project ID: 16HC45  
 Senior Corporate Scheduler; Ron Bracken

**Layton Construction Co., Inc.**  
**15-Jan-18 Schedule**







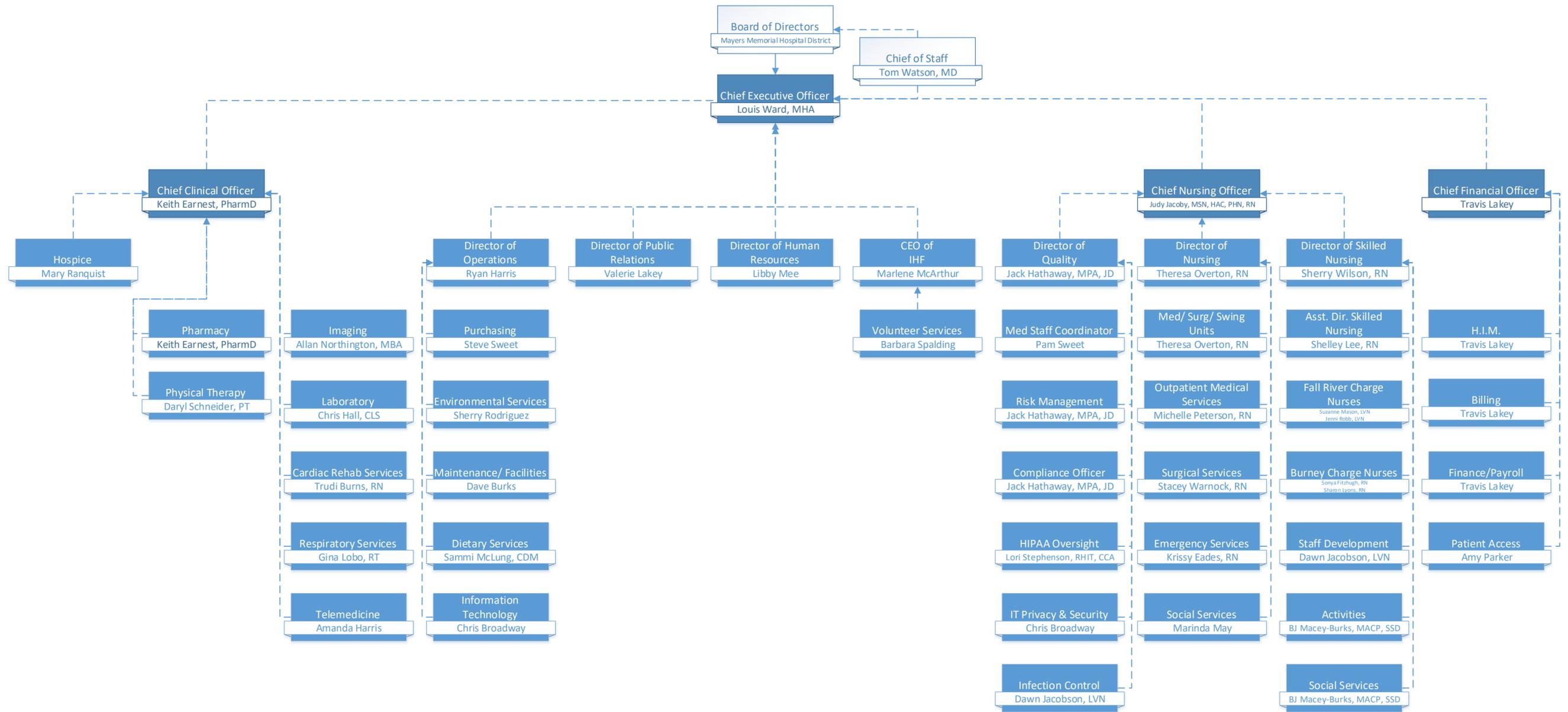
**The following are the new and revised Policies and Procedures that have been approved by the Policy and Procedure Process. These policies and procedures have been put in the appropriate hospital manuals.**

Date: January 1, 2018

For Quarter Ending December 31, 2017

<b>Manual Name</b>	<b>Document Name/Policy</b>	<b>New/Revised</b>
Activities	Resident Council Meeting Minutes Form MMH44	Revised
Acute - Med Surg	Antiembolism Stockings	Revised
Acute - Med Surg	Baths, Bed, Partial, Shower - Acute	Revised
Acute - Med Surg	Coroner, Reportable Deaths to	Revised
Acute - Med Surg	Staffing Plan (Med/Surg)	Revised
Acute - Med Surg	Acuity-Staffing Sheet MMH402	Revised
Administration	E-mail Signature	New
Board of Directors	CEO Job Description	Revised
Board of Directors	Public Forum During Board Meetings and Request to be Heard	Revised
CAH	Resident Rights, Swing Bed	Revised
Cardiac Rehab	Cardiac Rehabilitation-Phase III	Revised
Emergency Department	ER Daily Cleaning Worksheets MMH490-491	Revised
Emergency Department	Emergency Department Cleaning MMH492	Revised
Employee	Payroll Direct Deposit	Revised
Employee	Smoke and Tobacco Free Campus	Revised
Environmental Services	Bed Making	Revised
Environmental Services	Training Program, Housekeeping	Revised
Environmental Services	Walkthrough Survey	Revised
HIM	Information, Release of	Revised
HIM	Hours of Operation-Accessibility of Medical Records	Revised
HIM	Mission Statement - HIM	Revised
HIM	Newborn Automatic Number Assignment (NANA) MMH419	Revised
HIM	Records and Reports, Guidelines for Retention of	Revised
HIPAA	Access to Protected Health Information Policy	Revised
HIPAA	De-Identification of Protected Health Information Policy	Revised
HIPAA	Disclosure of Protected Health Information for Cadaveric Organ, Eye or Tissue D	Revised
HIPAA	Disclosure of Protected Health Information to Group Health Plans Policy	Revised
HIPAA	Disclosures for Law Enforcement Purposes Policy	Revised
HIPAA	Disclosures of Protected Health Information for Workers' Compensation Policy	Revised
HIPAA	Non-Routine Disclosures of Protected Health Information Policy	Revised
HIPAA	Privacy Statement Policy	Revised
HIPAA	Workforce Clearance	Revised
HIPAA	Isolating Health Care Clearinghouse Function	Revised
HIPAA	Access Establishment and Modification - IT	Revised
HIPAA	Response and Reporting	Revised
HIPAA	Implementation Specification Contingency Operations-Physical	Revised
HIPAA	Workstation Security	Revised
HIPAA	Statement of Disagreement/Request to Include Amendment Request and Denia	Revised
HIPAA	Minimum Necessary Protected Health Information Policy	Revised
Infection Control	Environmental Sampling	Revised
Infection Control	Health Care-Associated Infections (HAI) Surveillance, Acute Care-SNF	Revised
Infection Control	Gastroenteritis Outbreaks in LTC, SNF, Control of	Revised
Infection Control	PANDEMIC INFLUENZA Stop-Attention Signs	Revised
Infection Control	Pneumococcal Polysaccharide Vaccine Consent - SNF MMH548	Revised
IV-Med	Vasoactive Drips -- Intropic Nursing Administration	Revised
Medical Staff	Application for Medical Staff Appointment	Revised
Outpatient Medical	Central Venous Lines Blood Draws From	Revised

<b>Manual Name</b>	<b>Document Name/Policy</b>	<b>New/Revised</b>
Outpatient Medical	Photographic Wound Documentation MMH78	Revised
Pharmacy	Safety/Security Report Form MMH220	Revised
Pharmacy	Medication Regimen Review (Monthly Report)	Revised
Pharmacy	Barrier Isolator, Sanitizing and Cleaning and Segregated Compounding Area Clea	Revised
Pharmacy - Sterile		
Compounding - Pharmacy ONLY	addEase Binary Connectors, Use of	Revised
Physical Therapy	Clinical and Administrative Integration with Other Hospital Services PT	Revised
Physical Therapy	Clinical Practice Standards - PT	Revised
Physical Therapy	Delivering Patient Treatments PT	Revised
Physical Therapy	Equipment and Special Procedures Operation PT	Revised
Physical Therapy	Outpatient Physical Therapy Referrals	Revised
Physical Therapy	Response to Inappropriate Patient Behavior PT	Revised
Purchasing	Procurement of Supply Room Items	Revised
Quality & Performance Improvement	Medication Error Reduction Plan	Revised
Skilled Nursing	Communication, Nursing and Physician	Revised
Skilled Nursing	Admission Intake Form-SNF	Revised
Skilled Nursing	Narcotic Control Sheet for Fentanyl MMH582D	Revised
Skilled Nursing	Discontinued Controlled Substances Log MMH583	Revised
Staff Development	Student Performance Evaluation Nursing Assistant Training Program	Revised
Staff Development	Nurse Assistant Clinical Skills Competency	Revised



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Board of Directors  
**Regular Meeting  
Agenda**

December 20, 2017 5:00 p.m.  
Boardroom (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 CALL MEETING TO ORDER**

President Mike Kerns

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

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**3 APPROVAL OF MINUTES**

3.1	Regular Meeting – November 29, 2017	Attachment A	<b>Action Item</b>
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**4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

4.1	Resolution – 2017-18 November Employee of the Month Presentation	Attachment B	<b>Action Item</b>
4.3	Director of Operations Report	Ryan Harris	Attachment C
4.4	Director of Quality Report	Jack Hathaway	Report

**5 BOARD COMMITTEES**

5.1	Finance Committee	Chair Allen Albaugh	
5.1.1	Committee Meeting Report		Report
5.1.2	November 2017 Financial Review, AP, AR, and acceptance of financials	Dispersed Separately	<b>Action Item</b>
5.2	Strategic Planning Committee	Chair Mike Kerns	
5.2.1	Committee Meeting Report		Report
5.3	Quality Committee	Chair Beatriz Vasquez	
5.3.1	Committee Meeting Report		Report

<b>6 NEW BUSINESS</b>			
6.1	Policies for approval	Sent as PDF	<b>Action Item</b>
	<ul style="list-style-type: none"> <li>• List policies here</li> <li>•</li> </ul>		
6.2	Annual Board By-law Review	Sent as PDF	<b>Action Item</b>
6.3	Election of Officers		
6.4	Independent Audit		
<b>7 ADMINISTRATIVE REPORTS</b>			
7.1	Chief's Reports	Attachment E	
7.1.1	CEO	Louis Ward	Report
7.1.2	CNO	Sherry Wilson	Report
7.1.3	CCO	Keith Earnest	Report
7.1.4	CFO	Travis Lakey	Report
7.1.5	IHF CEO	Marlene McArthur	Report
<b>8 OTHER INFORMATION/ANNOUNCEMENTS</b>			
8.1	Board comments, upcoming events, etc.		Information
8.2	Legislative Update	Val Lakey	Report
<b>9 ANNOUNCEMENT OF CLOSED SESSION</b>			
10	<b>RECONVENE OPEN SESSION</b> – Report Closed Session Action		Information
11	<b>ADJOURNMENT:</b> Next Regular Meeting – January 24, 2018 (Fall River Mills)		

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

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

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

Board of Directors  
**Regular Meeting  
Minutes**

**December 20, 2017 5:00 p.m.**  
Boardroom (Burney)

*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 Mike Kerns called the regular meeting to order at XX p.m. on the above date.

**BOARD MEMBERS PRESENT:**

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

**STAFF PRESENT:**

Louis Ward, CEO  
Travis Lakey, CFO  
Ryan Harris, DOO  
Valerie Lakey, DOPR  
Theresa Overton, DON  
Marlene McArthur, IHF CEO  
Sherry Wilson, CNO  
Judy Jacoby, CNO  
Keith Earnest, CCO  
Jessica Stadem, Board Clerk

**BOARD MEMBERS ABSENT:**

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

None

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- 3 **APPROVAL OF MINUTES**

3.1 A motion/second carried; Board of Directors accepted the minutes of November 29, 2017 Vasquez/Hathaway **Approved All**

- 
- 4 **DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

4.1 Resolution – 2017-18 – A motion/second carried; Albaugh/Hathaway **Approved All**  
Vinicio Colon was recognized as November Employee of the Month.

4.2 Director of Operations Report - Letter from fire dept provided, sent to OSHPD, needed 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 maint 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" won't have to be up to OSHPD requirements, wouldn't need new update to HVAC) **Add discussion to next agenda.**

4.3 Director of Quality Report

## 5 BOARD COMMITTEES

### 5.1 Finance Committee

5.1.1 Committee Meeting Report - 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

5.1.2 A motion/second carried; acceptance of November 2017 Financial Review Albaugh/Hathaway **Approved All**

### 5.2 Strategic Planning Committee

5.2.1 Committee Meeting Report - 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 – pull from SP notes. Keep trying to meet with MVHC to work together. Met with Partnership, were told there were enough Pts in area for two clinics, if we were to open our own RHC.

### 5.3 Quality Committee

5.3.1 Committee Meeting Report - Pharmacy reported new license was received, minor corrections only; Outpatient may try to start getting pt 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 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 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)

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## 6 NEW BUSINESS

6.1 Policies for approval – A motion/second carried. Vasquez/Beyer **Approved All**  
• List policies here

6.2 Annual Board By-law Review – A motion/second carried. Albaugh/Hathaway **Approved All**

6.3 Election of Officers – Committee members will continue as is for 2018.

6.4 Independent Audit – Move to January meeting.

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## 7 ADMINISTRATIVE REPORTS

### 7.1 Chief's Reports

7.1.1 CEO

7.1.2 CNO

7.1.3 CCO

7.1.4 CFO

8 **OTHER INFORMATION/ANNOUNCEMENTS**

8.1 Board comments, upcoming events, etc.

8.2 Legislative Update

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9 **ANNOUNCEMENT OF CLOSED SESSION**

9.1 **Government Code Section 54962:**

Quality Assurance: Quality Improvement Issues, Medical Staff Report

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10 **RECONVENE OPEN SESSION** – Report Closed Session Action

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11 **ADJOURNMENT:** Next Regular Meeting – January 24, 2018 (Fall River Mills)

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

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Board Member

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Board Clerk



## Operations Report January 2018

Statistics	December YTD FY18 <i>(current)</i>	December YTD FY17 <i>(prior)</i>	December Budget YTD FY18
Surgeries <i>(including C-sections)</i>	6	7	8
➤ Inpatient	0	1	2
➤ Outpatient	6	6	6
Procedures <i>(surgery suite)</i>	6	16	16
Inpatient	1082	1071	1086
Emergency Room	2088	2010	2025
Skilled Nursing Days	13970	14388	14400
OP Visits (OP/Lab/X-ray)	7508	7647	8039
Hospice Patient Days	619	561	780
PT	1831	1405	1560

### Operations District-Wide

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

#### **Mayers Intranet**

Over the coming months Mayers Administration will begin developing and implementing a new website that will be solely for Mayers employees in our efforts to enhance communication and provide a better employment experience for our employees. The primary function of the intranet is to provide a single source to find the many resources our employees use such as: employee evaluations, time clock, policies, W2's, notifications, disaster preparedness information, and many others.

This new site will be password protected as well as employee specific, meaning each employee will have the resources needed for their specific job. We look forward to the challenge of implementing this initiative as well as the feedback from the employees once the site is live.

#### **New Hospital Project Signs**

As you may have noticed the hospital expansion, project signs are up on 299. One sign depicts the building so the community can see what the building will look like; the other is a sign detailing the responsible parties of the project. The project lender, USDA, requires the second sign. We are excited to have the project signs up, as it was a 2017 milestone for us and boost the excitement level throughout the staff and community.

#### **Sac Valley Med Share Board Meeting**

Considerable progress has been made by the Sac Valley Med Share (SVMS) over the past few months. As reported in past board meetings, the SVMS was developed to be the Health Information Exchange (HIE) used in the North State. This exchange will allow our Providers the ability to view medical history from

other hospitals and clinics while treating patients here at Mayers. This month the SVMS Board of Directors, of which I am a member of approved a pharmacy pricing structure, signed on additional members, connected Ampla Health to the HIE, and continued testing the software.

With each month that passes, the HIE continues to bring on new members and advances our mission to ensure the right patient information is available to the right provider at the right time. This is an exciting project which promises to deliver an innovative tool to caregivers throughout our region in our shared effort of healthier outcomes and a better patient experience.

### **Employee Meetings**

I will be holding four employee meetings in early February in our efforts to keep all staff up to date on hospital activities. Administration works hard to ensure we hold quarterly employee meetings, two in Fall River, and two in Burney. We feel strongly it is a great way to connect with staff and receive prompt feedback on how things are going. I look forward to the employee meetings, more information to be reported in the February Board meeting.

### **Chief Nursing Officer On-boarding**

As reported verbally at the December BOD meeting we completed our Chief Nursing Officer search when the position was accepted by Judy Jacoby, MSN. Judy officially started as the CNO on Jan 2<sup>nd</sup>. In her short time here, she has developed good communication amongst management and staff. Judy is very enthusiastic about the opportunities as well as the challenges this vital role has to offer. With her experience and positive attitude, we look forward to the impact Judy will have on Team Mayers.

### **Christmas Party**

The 3<sup>rd</sup> Annual Mayers Christmas party was a great success. We had our highest turnout of staff yet. Thanks to all of Team Mayers for showing up and a special thanks to Jessica Stadem, Val Lakey, Libby Mee, and Theresa Overton for assisting in planning the event.

### **Chief Nursing Officer Report**

**Prepared by: Sherry Wilson, Director of Nursing, Skilled**

- Currently the census is at 72.
- We are on track for our CNA Shasta College class to begin the week of January 22, 2018, there are eight students signed up and have signed contracts for future employment.
- Both Skilled Nursing sites are experiencing a respiratory outbreak and have been on isolation precautions for approximately two weeks.
- We continue to work as a team on our admission process and have seen some rewards in that effort.
- Staffing continues to be a struggle with the continued use of registry staff , we currently are awaiting the testing dates for two newly graduated LVN students and are very excited to be adding them to our team.
- PCC chart is attached.

## Acute Nursing

**Prepared by: Theresa Overton, Director of Nursing, Acute**

- Acute ADC=1.87 and Swing ADC=5.93 with ALOS=17.8
- Re-visit State Survey with only 2-POC's
  - PICC Line training for Licensed Personnel and updating policy.
  - Failure to recheck a blood glucose on a patient receiving Insulin.
  - Both resulting in training and competency of staff.
- Working with new CNO to review our policies and procedures, staffing and generalized day-to-day Acute services.
- Annual Skills Fair for Licensed Staff scheduled Jan. 17<sup>th</sup> & 18<sup>th</sup>.

## ER

**Prepared by: Krissy Eades, ER Lead**

- We treated 312 patients in the Emergency Department in the month of December, with a grand total of approx. 4134 patients seen in the entire year of 2017.
- On December 15<sup>th</sup>, we received our official acceptance to participate as an affiliate site for UC Davis in the Pediatric Readiness Quality Collaborative. For the next two years, our quality improvement efforts through this partnership will help ensure that our Emergency Department has the appropriate resources and staff to provide effective emergency care for children.
- Another joint meeting with Mayers and MVHC representatives was held in early January regarding transitions of care to continue to make progress toward improving continuity and quality of care for patients served by both facilities. Regular meetings will continue to be held by this group which I will remain an active participant in.
- I'm pleased to be working with the new CNO, Judy Jacoby, to address other quality, education, and compliance issues as they arise. She has offered to teach the ESI Triage course that we originally planned to have facilitated by staff from Envision/EmCare.
- I will be sending 4 ER nurses to attend a Mobile Intensive Care Nurse Certification course in Redding March 13<sup>th</sup> and 15<sup>th</sup> for additional experience. Holding MICN certification is no longer a requirement at Mayers but serves as a valuable learning opportunity and asset to nursing care.
- Nursing Skills Fair being held January 17<sup>th</sup> and 18<sup>th</sup>. Report to follow after completion.

## Surgery

**Prepared by: Stacie Warnock, Surgery Lead**

- Guthrie had a successful ortho day, 4 patients (had 5 however one patient was cancelled the morning of due to illness. This was an MD and CRNA decision).
- Surgery was forced to be closed for surgery/procedures on Dec 5-6 due to the inability to secure a CRNA for services.
- MMH had acquired a contract Locum CRNA service for future issues with CRNA coverage. We have not had to use this service as of yet.
- Rhett Wigger, CRNA has been able to pick up CRNA shifts as he is able.
- Issues with scheduling people with no pre op clinic day with CRNA. Questions in regards to medications continue to be an issue along with people not properly doing/starting the procedure prep. This continues to be a “work in progress”.
- Surgery housekeeper was interviewed and hired, she started her MMH Orientation 12-18-17.
- The new thermostats were installed and took several days to regulate/maintain a workable temperature in the OR during surgeries and procedures.

## Outpatient

**Prepared by: Michelle Peterson, Outpatient Lead**

### **Updates:**

- Part time RN for OPM - We have Alexis Williams, RN 2 days and “new to OPM” Ellie Haydock, RN started January 10th part time.
- December-109 patients seen, 116 procedures. Average patient census is approximately 100 patients 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. We have not made much progress on our custom build at this point. Currently waiting for “Dr Progress” notes to be completed to be able to share with physician.
- 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 conducted wound care lunch and learn at MVHC Monday, December 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.
- February OPM will be conducting a PICC education class for staff.

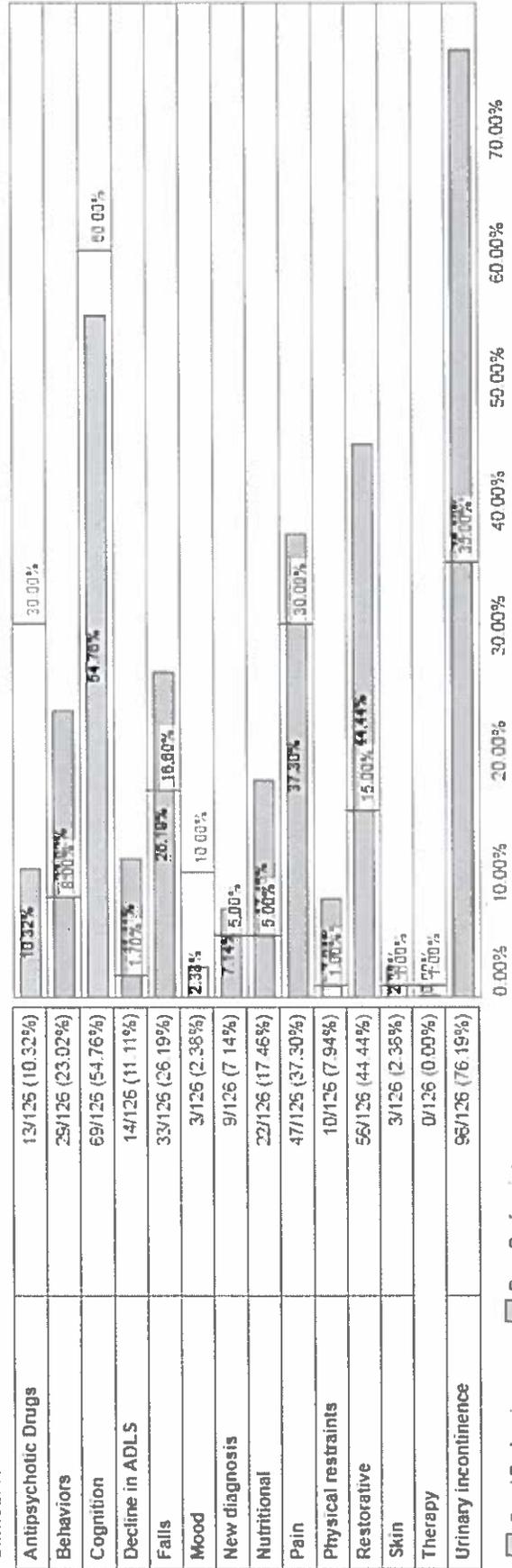
**Issues/Needs:**

- Expediting the custom computer build would be ideal if possible.
- Crash cart issue going back and forth to Burney for wound clinic days.
- Coverage for our scheduling coordinator continues to be an issue. For some reason the scheduling coordinator position isn't covered in OPM. This jeopardizes quality of patient and customer experience in OPM. Would like to have a plan for coverage of this position.

## Corporate Clinical Key Performance Indicators Dashboard

Group:  Facility Name:  Line Of Business:  Selected Bench...:  Target Year:  Target Month:  Trend:  [Go To Crosstab](#)

To see more detail, please select a Clinical KPI Score



Good Performing  Poor Performing

Selected Clinical KPI Trend

Groups by selected Clinical KPI Score

Facilities by selected Clinical KPI Score