

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**  
**Agenda**

May 23, 2018 1:00pm  
Boardroom: Fall River Mills  
Teleconference: 6927 Burgess Street, Houston, TX 77021

**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.

	Approx. Time Allotted
<b>1 CALL MEETING TO ORDER</b> <span style="float: right;">President Mike Kerns</span>	
<b>2 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.	
<b>3 APPROVAL OF MINUTES</b>	
3.1 Regular Meeting – April 20, 2018 <span style="float: right;">Attachment A <b>Action Item</b></span>	2 min.
<b>4 DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS</b>	
4.1 Resolution 2018-6 – April Employee of the Month <span style="float: right;">Attachment B <b>Action Item</b></span>	5 min.
4.2 IHF Quarterly Report <span style="float: right;">Marlene McArthur Attachment C Report</span>	10 min.
<b>5 BOARD COMMITTEES</b>	
5.1 Finance Committee <span style="float: right;">Chair Allen Albaugh</span>	
5.1.1 Committee Meeting Report <span style="float: right;">Report</span>	10 min.
5.1.2 BOD Quarterly Finance Review <span style="float: right;"><b>Action Item</b></span>	5 min.
5.1.3 March 2018 Financial Review, AP, AR, and acceptance of financials <span style="float: right;">Dispersed Separately <b>Action Item</b></span>	5 min.
5.1.4 April 2018 Financial Review, AP, AR, and acceptance of financials <span style="float: right;">Dispersed Separately <b>Action Item</b></span>	5 min.
5.1.5 Construction Change Order Policy <span style="float: right;">Attachment D <b>Action Item</b></span>	5 min.
5.2 Strategic Planning Committee <span style="float: right;">Chair Mike Kerns</span>	
5.2.1 Committee Meeting Report <span style="float: right;">Report</span>	10 min.
5.2.2 Adopt Amended Strategic Plan <span style="float: right;">Attachment E <b>Action Item</b></span>	5 min.
5.3 Quality Committee <span style="float: right;">Chair Beatriz Vasquez</span>	
5.3.1 Committee Meeting Report <span style="float: right;">Report</span>	10 min.

6 NEW BUSINESS

6.1	Policies for approval:	Sent at PDF	Action Item	5 min.
	<ul style="list-style-type: none"> <li>• Bylaws, Medical Staff</li> <li>• Rules, Medical Staff</li> <li>• Chief Executive Officer Compensation</li> <li>• Donated Medical Goods: Esperance</li> <li>• ER Culture Follow Up Form MMH603</li> <li>• ER Culture Follow Up Letter MMH604</li> </ul>			
7	<b>ADMINISTRATIVE REPORTS</b>			
7.1	Chief's Reports	Attachment F		
7.1.1	CEO	Louis Ward	Report	10 min.
7.1.2	CCO	Keith Earnest	Report	10 min.
7.1.3	CFO	Travis Lakey	Report	10 min.
7.1.4	COO	Ryan Harris	Report	10 min.
8	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>		Information	5 min.
9	<b>ANNOUNCEMENT OF CLOSED SESSION</b>			
9.1	<p><b>Government Code Section 54962:</b> Quality Assurance: Quality Improvement Issues, Medical Staff Report</p> <p><b>STAFF STATUS CHANGE</b></p> <ol style="list-style-type: none"> <li>1. Mark Goodwin, MD</li> <li>2. Henry Patterson, OD</li> </ol> <p><b>MEDICAL STAFF REAPPOINTMENT</b></p> <ol style="list-style-type: none"> <li>1. Gregory Taylor, MD – Emergency Medicine</li> <li>2. Tikoos Blankenberg, MD – Pathology</li> <li>3. Dale Syverson, MD – General Surgery</li> <li>4. William Dykes, MD – Emergency Medicine</li> <li>5. Michael Maloney, MD – Radiology</li> </ol> <p><b>MEDICAL STAFF APPOINTMENT</b></p> <ol style="list-style-type: none"> <li>1. Jeffrey McGillicuddy, MD – Orthopedic Surgery</li> <li>2. Beverly Chang, MD – Psychiatry</li> </ol>			
9.2	<b>Personnel Government Code 54957</b>			
9.3	<b>Real Property Government Code 54956.8</b>			
9.4	<b>Pending Litigation Government Code 54956.9</b>			
10	<b>RECONVENE OPEN SESSION</b> – Report Closed Session Action		Information	
11	<b>ADJOURNMENT:</b> Next Regular Meeting – June 27, 2018 (Burney)			

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Board of Directors  
**Regular Meeting  
Minutes**

April 20, 2018 9:00am  
Boardroom (Fall River Mills)

*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 9:02am 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, COO  
Libby Mee  
Val Lakey  
Lisa Zaech  
Marlene McArthur  
Sheba Sawyer  
Theresa Overton  
Jack Hathaway  
Keith Earnest, CCO  
Jessica Stadem, Board Clerk

**ABSENT:**

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

None

- 3 **STRATEGIC PLANNING WORKSHOP**

**Welcome / Strategic Plan 2021 "Where Are We Now?"**

Introductions; review of current SP; reviewed success indicators for each section.

**Modernizing Employee Orientation**

In contact with labor attorney to review policies, tasks, etc. Looking into having auditor come onsite to review everything. Legislative training/update to staff? Val puts out healthcare info but there aren't many changes to employment legislation that requires training to staff but as items to come up staff are notified. Minimum wage increases are very competitive compared to other facilities.

**MMHD Training Calendar**

Able to include trainings/webinars from outside agencies as well. Training tab on intranet allows us to put videos, PowerPoints, etc. Trainings allow staff to move up wage scale. Possibly coordinate with fire departments, schools, etc. to use education center for trainings.

**Marketing / Image**

Working with Hwy 299 Collaborative for recruiting; hoping to get more interest from Redding to come to Burney facility for jobs; holding off on advertising SNF facility until all renovations have been completed.

**your:life**

Could present info to Med Staff meeting.

### Retail Pharmacy

Building in existing space requires dealings with OSHPD, opportunity to rent space while building new construction; last retail pharmacy in area closed due to financial issues; new retail pharmacy branded by MMH would have more features available than past pharmacies did (availability to deliver meds at discharge, discount meds through Dignity pricing), ideal rental space is currently rented by Fall River Wild Rice, would have to discuss with owner; if rental space available, opening time frame within one year; contact Modoc about the consultant they used; possibly partner with Owens or other pharmacy; potential for one of two pharmacies in Burney to close over the summer; **recommend adding retail pharmacy to SP**, details on location or building can be worked out later.

### Greenbough Design

Michael Ryan presented info regarding use of 1953 building; OSHPD would like to keep as business designation and under their jurisdiction, would still need to be inspected and meet codes for change of use; cost to bring up to proper codes would be great, not sure the benefit would be worth it; discussed retiring building and replanning seismic wall construction; in order to be no longer OSHPD building, need 20-30 feet separation; discussed possibilities for use of other property in the future (wellness center, 5-7k sq ft & 16-18k sq ft building opportunities); requested separate session to see numbers on all different options, get public comment for more community involvement; the more hospital features we can pull out of OSHPD jurisdiction, the better financial situation we will be in.

### Wellness Center

Plans to create clinic space in current Station 3 space would not work; about same cost to build new building instead of squeezing services into current space that was not totally ideal; **recommend adding Wellness Center (to include RHC) to SP**.

### Day Care

Could potentially open up to community, after starting with staff; is there option for unlicensed sub in case teacher calls in sick? There are subsidies and grant opportunities available; recommend hiring consultant to determine if project is viable; discussed partnering with Community Center in Burney to open branch in Fall River.

### AIDET

Will use SHIP grant funds to help develop program training; this program ties in with new visitor and workplace violence program; will be hospital wide, not just clinical staff; will integrate into orientation, include travelers.

### Quality Dashboard

SNF care has greater struggle to receive high star rating.

### Dialysis

**Do not recommend adding to SP at this time**, may revisit in a few years; have the cooperation of Pit River Health, will continue to look at patient numbers, partnerships; format a formal letter to attach to data to present to community members.

### Employee Housing

Housing is cost reimbursable. **Recommend purchasing 1-3 houses for housing staff**; would provide housecleaning and laundry service.

## 4 ADJOURN WORKSHOP/RECONVENE REGULAR MEETING – 3:05pm

## 5 APPROVAL OF MINUTES

5.1 A motion/second carried; Board of Directors accepted the minutes of March 28, 2018 Hathaway/Vasquez **Approved All**

## 6 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

6.1 **Resolution – 2018-4:** A motion/second carried; Nichole Stark could not attend the meeting but was recognized at March employee of the month. Beyer/Vasquez **Approved All**

6.2 **Hospice Quarterly Report:** Presented by Keith Earnest. January through March there were 13 patients, 654 total patient days; purchased new vehicle to offset cost of reimbursing mileage, received \$40k donation from foundation; Hospice dinner one week ago, \$3,700 raised, sold out; Hospice had health fair booth, well attended, people spent more time at booth than usual.

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6.3 **Intranet Presentation:** Val presented overview of new employee intranet, discussed items under each tab, ability to change notifications on scrolling screen; work in progress, taking suggestions on additions or changes.

## 7 BOARD COMMITTEES

### 7.1 Quality Committee

7.1.1 Committee Meeting Report – Intermountain Preparedness Group tabletop drill coming soon; consultant for Infection Control coming soon; received update on blood transfusions; Quality dashboard was presented; SNF POC accepted; no meeting in May.

## 8 NEW BUSINESS

8.1 **Resolution 2018-5 – Authority to Sign:** A motion/second carried; Needed to update CEO Beyer/Hathaway **All approved**  
title, removed former CNO.

8.2 **Amend and adopt 2021 Strategic Plan:** A motion/second carried; Amended as proposed Beyer/Vasquez **All approved**  
below (additions); CEO will direct COO on prioritization of projects.

- Outstanding Staff: Have our own housing available for staff use as needed.
- Outstanding Patient Services: By 2020, have a Wellness Center and retail pharmacy.
- Outstanding Facilities: By 2020, plan in place for additional new facilities for Wellness Center, retail pharmacy, plus resolution of aging facilities.

8.3 **Ground Breaking Ceremony:** How big, date? USDA and other legislators are asking; early June if want equipment in pictures; will know more about progress on Monday after review of OSHPD remarks; by Wednesday next week will send tentative dates; Operations, Board, Foundation Board, legislators, donors invited; will work out details.

8.4 **Policies for Approval:** A motion/second carried; Pam Sweet is invited to next Quality Vasquez/Hathaway **All approved**  
meeting to discuss policy approval process, some policies brought to board aren't even policies, getting so long that it takes too long to read, need to understand process better.

- Application for AHP Reappointment
- Barrier Isolator: Airlock Purge Time
- Barrier Isolator: Air Flow
- Board of Directors' Job Description - Responsibilities - Duties
- Family Medicine Core Privileges
- Fentanyl (Duragesic(r)) Patch Disposal SNF
- Handling Infectious Materials
- Initial Reference Form - Sterile Compounding - Record Keeping MMH606
- Legionella Risk Reduction Plan
- MetaNeb System Therapy
- No One Dies Alone (NODA)
- Non Invasive Ventilation for Acute Respiratory Distress
- Operating Room Humidity and Temperature
- Sterile Compounding: Pharmacist Orientation, Training And Competency And Responsibility
- Sterile Compounding: Policy Review
- Sterile Compounding: Beyond Use Dating
- Sterile Compounding: Media Challenge
- Sterile Compounding: Record Keeping

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## 9 ADMINISTRATIVE REPORTS

### 9.1 Chief's Reports

- 9.1.1 **CEO:** Hired interim CNO, past director of critical care at UC Davis, expressed interest in possible permanent role, will use interim term as test period, looking at several permanent candidates currently; DHLF board meeting next week; week after, meet with CDPH about licensing new building, then SacValley MedShare meeting; Burney Fire Chief asked to house incident command center at Annex, great resource for community, possibly use for mock drills; interface project with Lab and MVHC to better understand issues, will include IT consultant; thank you to everyone who helped with health fair, especially Foundation; yesterday had ice cream social to thank volunteers; thank you to Ops for help putting together SP workshop.
- 9.1.2 **CCO:** Labs for employees through health fair end today; there is a new traveler in Lab; Cardiac Rehab numbers exceeding goals, Dr. Dahle probably not able to implement stress treadmill program; Telemedicine has moved to old pre-op space, March had record number of visits, brought on second psych doctor for under 65 age; Daryl starts maternity leave tomorrow, found 2 PT travelers to cover, cancellations are an issue in PT; Respiratory Therapy manager has taken over BLS/CPR training schedule, Britany Hammons is also teacher, Ed is no longer working here, Quality will receive in depth presentation on new blood gas system; ready to implement barcoding in Pharmacy process, will present full process presentation at Quality.
- 9.1.3 **CFO:** \$1.77 mil collected, revenue was light, low swing days, finance notes out next week, \$129k to Prime, matched in next few weeks, \$250k in IGT in new two weeks, looking for financial counselor as current employee gave notice, Cal Mortgage paid off last month.
- 9.1.4 **COO:** Received OSHPD remarks, no approval on mechanical or plumbing trades; no new concerns on fire flows; potable water still in design, galvanized tank likely; laundry project under review with county, will not receive final report until after project is done, inspections will happen during remodel, start in June or July; training center completed by end of month, replacing boardroom table, taking old tables to center; Station 3 move is almost complete; last survey states we are required to provide dietary training program, all Dietary staff have to complete ServeSafe training within 30 days of hire; IT consultant on site to do audit of hardware, has knowledge of Paragon, meeting with staff about concerns; continuing to collect bids on security fencing in Burney; it possible to order supplies through Paragon (Purchasing department), requisitions go to Ryan for approval.

## 10 OTHER INFORMATION/ANNOUNCEMENTS

Marlene will report to board quarterly. Golf tournament planning already started. Sheba looking at large grants, would like to add info about RHC once a few more plans are in place. Over 57k revenue in 2017 for stores. Scholarship and grant award cycle available. Provided handout of current grant info.

## 11 ANNOUNCEMENT OF CLOSED SESSION

- 11.1 **Government Code Section 54962:**  
Quality Assurance: Quality Improvement Issues, Medical Staff Report
- 11.2 **Personnel Government Code 54957**
- 11.3 **Real Property Government Code 54956.8**
- 11.4 **Pending Litigation Government Code 54956.9**

## 10 RECONVENE OPEN SESSION

No closed session items to discuss.

## 11 ADJOURNMENT – 4:35pm

Next Regular Meeting – May 23, 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*

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

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

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

**RESOLUTION NO. 2018-6**

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

**Linda Smith**

**As April 2018 EMPLOYEE OF THE MONTH**

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

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

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

**NOW, THEREFORE, BE IT RESOLVED** that, Linda Smith is hereby named Mayers Memorial Hospital District Employee of the Month for April 2018; and

**DULY PASSED AND ADOPTED** this 23<sup>rd</sup> day of May 2018 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:  
NOES:  
ABSENT:  
ABSTAIN:

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

ATTEST:

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Jessica Stadem  
Clerk of the Board of Directors



## **Foundation Report (dated 5.14.18)**

The Mayers Intermountain Healthcare Foundation's board of directors will meet Monday May 21, 2018.

Below are a few foundation highlights during the past month:

- Scholarship Committee (Mona Carr, Martin Johnson, Linda Adams) will meet 5/14/18 to review 9 applications for awards from 6 high school seniors; 2 college students; 1 employee.
- 2018 Award Cycle: Currently in process. The foundation finance committee (Paul Kerns, Dr. Steve Raffin) will meet 5/17/18 to review 10 applications submitted by managers totaling \$50K in requests. The foundation has budgeted \$40,000 to award.
- Fundraising:
  - Golf Tournament, 8/18/18: Sponsorships are in process. The foundation board of directors will designate proceeds at their meeting scheduled 5/21/18.
  - NorCal Road Gypsies Summer Show & Shine, July 15, 2018 @ the IM Fair & Event: Once again, they have dedicated all proceeds to go to Intermountain Hospice. In 2017, they raised \$2,850. Hope you can support this event!
- PR: 2017 Donor Recognition in the hospital lobby activated.
- New Hospital Wing Campaign
  - Room Naming Opportunities: only 5 rooms remaining (2 imaging/3 lab) as well as the Emergency Department. Deepest thanks and gratitude to Daniel & Jean Smith & Family (Circle 7/Spinner Fall Lodge) for their unbelievable contribution of \$150K. The entire laboratory department will be name in their honor.
  - \$50K remains to raise to reach the \$3 million campaign goal.
  - Groundbreaking: June 15, 2018, 11 a.m.

Respectfully submitted by,  
Marlene McArthur, Executive Director  
Mayers Intermountain Healthcare Foundation

**MAYERS MEMORIAL HOSPITAL DISTRICT**  
**POLICY AND PROCEDURE**  
**CONSTRUCTION CHANGE ORDERS POLICY**

Page 1 of 2

**POLICY:**

The Board recognizes that during any construction project, unanticipated conditions or extenuating circumstances may develop, which by their nature require decisions within a short period of time in order to prevent costly delays and other negative circumstances. Therefore, the Board of Directors for Mayers Memorial Hospital District delegates approval of change orders to construction contracts as follows:

**Chief Executive Officer**

A change order that has been reviewed and approved by the Chief Financial Officer and the Chief Operating Officer, and has a total cost of less than \$100,000, may be approved by the Chief Executive officer if the change order meets the following conditions:

A description and justification for the requested change(s) in relation to the original bid specifications, the general contractor's summary of total costs and/or credits to affect the change order and any required documentation to update the districts records/files is provided.

The change order does not significantly alter the approved contract

The approval of the change order is necessary to ensure the project remains within its timeline.

The purpose of the change order is to address a previously unknown condition and is not for what would otherwise be additional work.

The board Finance committee has been notified if the change order will be over \$50,000.

**Board of Directors**

Any change order that exceeds the approval level of the Chief Executive Officer, or significantly alters the original contract, shall be approved by the Board of Directors at a Regular or Special Meeting prior to proceeding with the items of the change order. Prior to presenting the change order to the Board for approval, the following must occur:

The change order must be approved by the Chief Financial Officer, Chief Operating Officer, and the Chief Executive officer.

A description and justification for the requested change(s) in relation to the original bid specifications, the general contractor's summary of total costs and/or credits to affect the change order and any required documentation to update the districts records/files.

### **Emergency Change Orders**

Should a condition arise that is deemed an emergency or an imminent threat to the safety of employees of the District or the contractors, the general public, or the structural integrity of the facility, a change order may be approved by the Chief Executive Officer, with the verbal consent of the Board President, should the amount exceed the Chief Executive Officers authorized approval. All such Emergency Change Orders must be reviewed by the Chief Operating Officer and Chief Financial officer and details shall be provided to the full board as soon as the documents become available.

### **COMMITTEE APPROVALS:**



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

# Mayers Memorial Hospital District

## Strategic Plan

**Updated May 2018**

**2016 – 2021**

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## Message from the Board of Directors

The Strategic Plan for Mayers Memorial Hospital District was developed as a tool to guide the hospital's growth and success for the next five years. The Board has selected key areas that can be monitored and measured on a regular basis in order to more effectively and efficiently serve the community with accessible, outstanding healthcare. This plan will allow administration to track the progress of the improvements articulated in this document and make adjustments when necessary.

Abe Hathaway, Board Chairman

## Introduction

The purpose of this Strategic Plan is to outline the key strategic objectives that the Board of Directors intends to accomplish by 2021. The Strategic Plan helps provide a link between the Vision and Mission of Mayers Memorial Hospital District to the everyday operational duties of the very hard-working and dedicated staff.

### Vision

To become the provider of first choice for our community by being a leader in rural healthcare.

### Mission Statement

To provide outstanding patient-centered healthcare to improve the quality of life of our patients through dedicated, compassionate staff and innovative technology.

This Plan will outline the strategic objectives, the milestones needed to be achieved to ensure success toward those objectives (success indicators), the risks to the objectives, implementation, monitoring and evaluation. Reporting templates are also attached.

## Strategic Objectives

To progress toward the achievement of our Vision and Mission over the next five years, we will work toward the following four strategic objectives:

1. Outstanding Facilities: By 2020, we will open new square footage meeting all state and federal requirements that will house Emergency, Laboratory and Imaging Services. By 2020, there will be a plan in place for additional new facilities for Wellness Center, retail pharmacy, plus resolution of aging facilities.
2. Outstanding Staff: By 2021, we will be seen as the employer of choice in the area by providing staff growth opportunities, flexible and safe working arrangements, and maintaining a turnover rate commensurate with similar hospitals. We will have our own housing available for staff use as needed.
3. Outstanding Patient Services: By 2021, we will be a five-star hospital and meet all Hospital Consumer Assessment of Healthcare Providers (HCAHP) requirements. By 2021, we will have a Wellness Center and retail pharmacy.
4. Outstanding Finances: By 2021, we will maintain an average of 90 days cash on hand.

## Success Indicators

To ensure we achieve our strategic objectives by 2021, the following are milestones that will indicate we are on a pathway to successfully achieving the objectives:

### *Objective 1. Outstanding Facilities*

- a. U.S. Department of Agriculture (USDA) loan will be closed by August 2016 - **Completed**
- b. Construction will begin by May 2018
- c. Construction will be completed by July 2019
- d. Seismic wall will be completed by December 2019

### *Objective 2. Outstanding Staff*

- a. Develop exit survey that measures satisfaction by mid-2016 – **Completed**
- b. Develop educational/growth plan by end of 2018
- c. Meet turnover target by 2018

### *Objective 3. Outstanding Patient Services*

- a. There will be no findings above a D on annual surveys
- b. Develop a quality data reporting plan by the end of 2016 – **Completed**
- c. We will have a 3-star rating by end of 2020
- d. We will have a 4-star rating by 2022
- e. We will have a 5-star rating by 2023

### *Objective 4. Outstanding Finances*

- a. Have an average of 45 days cash on hand by 2017 – **Completed**
- b. Have an average of 70 days cash on hand by 2019

## Risk Management

All goals come with risks. Few risks can be completely eliminated but most can be managed in a way that minimizes the likelihood of it occurring and/or the level of impact on the success of the relevant goal.

Each key risk outlined in the table below was given likelihood, consequence, and overall risk ratings based on the consensus of the Board Members. In addition, the Board Members determined whether the current risk was acceptable relative to the objective. It is important to note that the risk rating alone does not determine acceptability.

See the Responsibility and Monitoring sections of this Plan for information on the management of these risks.

<b>Objective 1:</b> By 2020, we will open new square footage meeting all state and federal requirements that will house Emergency, Laboratory and Imaging Services.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Campaign goal amount is not met due to lack of community and donor confidence leads to major delays and/or inability to go forward with project.	Low	High	Medium	Yes
Lack of qualified and financially stable bidders who understand Office of Statewide Health Planning and Development (OSHPD) requirements due to changing nature of requirements leads to cost overruns and delays.	Medium	High	High	No
<b>Objective 2:</b> By 2021, we will be seen as the employer of choice in the area by providing staff growth opportunities, flexible and safe working arrangements and maintaining a turnover rate commensurate with similar hospitals.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Poor working environment due to executive leadership/Board overly focusing on operational issues leads to qualified staff leaving at a high rate.	Medium	High	High	Yes
Inability to keep up with market pay and benefits due to increasing costs but stable local population leads to high turnover in staff.	High	Medium	High	Yes
<b>Objective 3:</b> By 2021, we will be a five-star hospital and meet all Hospital Consumer Assessment of Healthcare Providers (HCAHP) requirements.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Inability to maintain aging facilities due to costs to maintain and inadequate maintenance plan leads to reduced utilization.	High	Low	Medium	Yes
Inability to attract qualified personnel due to location, pay, benefits, etc. leads to less services offered.	Medium	Medium	Medium	Yes
<b>Objective 4:</b> By 2021, we will maintain an average of 90 days cash on hand.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Increase of costs due to increase in minimum wage, expansion overrun and maintenance of infrastructure leads to inability to keep goal amount of cash on hand.	Low	Medium	Low	Yes

The following basic risk rating matrix was used in the rating of the risks. The value of each rating was subjective to the individual raters.

Likelihood	Consequence		
	Low	Medium	High
High	Medium	High	High
Medium	Low	Medium	High
Low	Low	Low	Medium

## Responsibility and Accountability

The Strategic Plan is the five year plan set forth by the Board of Directors. As a Board elected by the public in the Hospital District, the Board Members are accountable to their constituents. One mechanism by which the public can measure the success of their elected Board Members is the success of the Strategic Plan. As such, the first layer of accountability in this Plan is the Board of Directors to the public.

The second layer of accountability is the Chief Executive Offer (CEO) to the Board of Directors. The Board has developed this Plan with the expectation that the CEO will implement it successfully. As such, the CEO has the ultimate responsibility for each of the objectives outlined in this Plan and for the management of the risks to those objectives. It is the responsibility of the CEO to assign management of specific aspects of the Plan to other managers/teams and for the reporting of the progress of the Plan to the Board on a regular basis. Although the CEO can assign management further down the line, the CEO remains the single accountable position to the Board regarding the implementation of this Plan.

## Implementation

A Strategic Plan can only be successful if all layers of management and staff are aware of the Plan and working to ensure the objectives will be met. Successful implementation of this Plan requires the following:

- Departmental annual business plans that have operational objectives that aligns to the strategic objectives.
- Management/Departmental meetings regularly remind staff of their valuable and essential contribution to the success of the strategic objectives.
- Regular review of operational plans.
- Regular review of risk management plans and a culture of reporting risks.
- Open levels of communication throughout the management ladder to ensure effective top-down and bottom-up communication.
- Regular communication from the Board and/or CEO to all staff regarding the progress of the Plan.
- Effective monitoring system (outlined in the next section).

## Monitoring

To ensure this Plan is being implemented successfully, it is necessary to have monitoring mechanisms in place. At the Board level, monitoring consists of reporting. At the operational level, more detailed monitoring mechanisms will need to be developed/utilized as relevant to the specific work being undertaken. These mechanisms are the responsibility of the CEO and/or other management and staff as designated by the CEO.

The monitoring of this Plan will be done in two layers: first, to the Strategic Planning Committee and second, to the Board of Directors. The reporting requirements of each layer are described in more detail below.



### *Reporting to the Strategic Planning Committee*

The CEO will report to the Strategic Planning Committee at least every six months. The Committee may request reporting more often as deemed necessary.

The CEO will provide the Committee with a report on the progress of each Strategic Objective utilizing the reporting template at Attachment A of this Plan. The report will include:

- Tracking on current success indicator.
- Risk management, including the mitigation strategies for unacceptable risks, any changes in risk and reporting of any emerging risks.
- Issues encountered.
- Relevant documentation.

The Committee will determine whether any specific issues in the report from the CEO need to be reported to the Board of Directors.

### *Reporting to the Board of Directors*

In conjunction with the Strategic Planning Committee Board Members, the CEO will provide an overall report to the Board following reporting to the Committee regarding the progress of the Plan utilizing the template at Attachment B of this Plan. The report will include:

- Overall progress.
- Changes in risk.
- Issues of note as determined by the Committee.

The Board will determine whether any changes in risk level and/or new risks are acceptable or not.

The Board may request additional reporting on any aspect of the Plan as deemed necessary.

## **Evaluation**

It is the responsibility of the Board of Directors to evaluate the overall success of the Plan. This Plan is not static and as such the Board must evaluate whether any changes are required. At a minimum, the Board will evaluate this Plan as its midway point (end of 2018/early 2019) to determine whether it still meets the needs of the Board. – **Completed May 2018**

At the end of the Plan, in 2021, the Board will conduct a thorough evaluation of the success of this Plan. This evaluation will be included in the 2022 – 2027 Strategic Plan as part of the statement from the President of the Board of Directors. The evaluation will include:

- Statement of successes.
- Statement of unanticipated/poorly managed risks.
- Lessons learned.

In addition to the other elements of this Plan described above, a thorough evaluation will lead to even stronger and more successful Strategic Plans in the future which will ultimately lead to better services for those in the Mayers Memorial Hospital District.

<b>Strategic Planning Committee</b> <i>Report on Strategic Plan Implementation</i>	
Strategic Objective:	
Current Success Indicator(s):	
Progress on Success Indicator(s) <input type="checkbox"/> Behind Schedule <input type="checkbox"/> On Track <input type="checkbox"/> Ahead of Schedule	
<u>Report on Progress</u>	
Provide a report on relevant activities that have been undertaken since the last report that have contributed to the progress of the success indicator/strategic objective. Be sure to include the relevant work area for each activity. If behind schedule, be sure to include a detailed explanation why.	
Risk:	
<input type="checkbox"/> Decrease in Risk	<input type="checkbox"/> No Change in Risk
Risk:	
<input type="checkbox"/> Decrease in Risk	<input type="checkbox"/> No Change in Risk
New Risk:	
Likelihood: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Consequence: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
<u>Risk Management</u>	
Provide a report on any change in risk level and/or new risk(s). If the risk has changed, explain what has changed (likelihood and/or consequence) and why. If the risk increased, list the mitigation strategies that will be put in to place to reduce it back to an acceptable level. For any risks deemed unacceptable by the Board, provide a list of the mitigation strategies in place. For new risks, provide a list of mitigation strategies in place. The Board will determine whether it is acceptable or not.	
<u>Issues Encountered</u>	
Provide a report on any significant issues encountered since the last reporting cycle.	
<u>Attachments</u>	
Provide a list of any attachments to be included with this report.	
<b>Prepared By:</b>	<b>Date:</b>

<b>Board of Directors</b> <i>Report on Strategic Plan Implementation</i>	
<p><b>Strategic Objective 1:</b> By 2020, we will open new square footage meeting all state and federal requirements that will house Emergency, Laboratory and Imaging Services.</p> <p><b>On Track?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No                      <b>Risks:</b> <input type="checkbox"/>No Change <input type="checkbox"/>Change <input type="checkbox"/>New Risk</p>	
<p><b>Strategic Objective 2:</b> By 2021, we will be seen as the employer of choice in the area by providing staff growth opportunities, flexible working arrangements and maintaining a turnover rate commensurate with similar hospitals.</p> <p><b>On Track?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No                      <b>Risks:</b> <input type="checkbox"/>No Change <input type="checkbox"/>Change <input type="checkbox"/>New Risk</p>	
<p><b>Strategic Objective 3:</b> By 2021, we will be a five-star hospital and meet all HCAHP requirements.</p> <p><b>On Track?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No                      <b>Risks:</b> <input type="checkbox"/>No Change <input type="checkbox"/>Change <input type="checkbox"/>New Risk</p>	
<p><b>Strategic Objective 4:</b> By 2021, we will maintain an average of 90 days cash on hand.</p> <p><b>On Track?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No                      <b>Risks:</b> <input type="checkbox"/>No Change <input type="checkbox"/>Change <input type="checkbox"/>New Risk</p>	
<p><u>Risk Management</u>                      If any risks have changed or there are new risks, list them here noting which strategic objective it aligns to. Provide a statement of what has changed and proposed mitigation strategies (if it has increased).</p>	
<p><u>Issues Encountered</u>                      Provide a report on any significant issues encountered since the last reporting cycle that the Strategic Planning Committee deemed necessary to raise with the Board.</p>	
<p><u>Attachments</u>                      Provide a list of any attachments to be included with this report.</p>	
<p><b>Prepared By:</b></p>	<p><b>Date:</b></p>



## Operations Report May 2018

Statistics	April YTD FY18 <i>(current)</i>	April YTD FY17 <i>(prior)</i>	April Budget YTD FY18
Surgeries <i>(including C-sections)</i>	7	3	2
➤ Inpatient	2	6	6
➤ Outpatient	5	9	8
Procedures <i>(surgery suite)</i>	14	18	16
Inpatient	1818	1847	1812
Emergency Room	3491	3328	3375
Skilled Nursing Days	23012	22870	2400
OP Visits (OP/Lab/X-ray)	12600	12911	13506
Hospice Patient Days	1040	716	1300
PT	2736	2694	2560

### Operations District-Wide

**Prepared by: Louis Ward, MHA, CEO**

#### **Skilled Nursing Facility**

Throughout the past 5 months our SNF has been surveyed by the California Department of Public Health (CDPH). The initial survey began in January and the revisit (2<sup>nd</sup>) was performed in late April. It was evident there is documentation deficiencies that need to be addressed upon the exit of the surveyors in April. Administration is working with staff and many consultants to ensure when CDPH return prior to August 1 of this year those deficient practices will be rectified. The plan of corrections (POC) which will be submitted to CDPH in May will outline how staff intend to meet regulations and how administration plans to ensure compliance.

In early May, we enlisted the expert services of a retired Health Facilities Evaluator Nurse (HFEN) to spend a week with our SNF TEAM. Her purpose, to perform an internal survey and provide a report to administration and nurse leadership. Her experience and her input will prove to be invaluable. The report she has prepared for the district is already in use and deficiencies observed have been or are in the process of being resolved.

#### **New Members of TEAM Mayers**

TEAM Mayers is excited to announce we have two new members joining us for now in an interim role but both are open to a permanent role. Candy Vculek will serve as the District's Interim Chief Nursing Officer and Diana Groendyke will serve as the District's Director of Nursing – Skilled Nursing. We are excited to welcome them and their breadth of experience to the TEAM. Resumes attached to the May BOD packet

### **Hospital Week / Employee Appreciation / Nurses Week**

Thank you to the TEAM Mayers Committee particularly Jessica Stadem for planning our hospital week activities. The staff seemed to enjoy themselves throughout the week. Food and desserts were provided throughout the week, games were played, and costumes were worn. The First week in May was also Nurses week, it is always great to stop and recognize our fantastic nurses here at Mayers. Thank you to all our Nurses for all they do for the district and the patients we serve.

### **Sac Valley Med Share Board (SVMS)**

In early May I attended the SVMS Board meeting, the largest item on the agenda this month was the onboarding of members from 3 new counties participating in SVMS. Recently the board decided to acquire Connect Healthcare, and HIE supporting members in Napa, Solano, and Sonoma Counties. At the moment much of our conversation surrounds onboarding new member hospitals and clinics as well as new Board Members joining the governance structure. It is an exciting time for SVMS as with the addition of these 3 new counties SVMS now participates in 16 counties. The HIE continues to evolve, continues to stay financially strong, and is sure to impact healthcare in a positive way in our community in the near future.

### **California Department of Public Health (CDPH) Licensure of new building**

In early May, hospital leadership met with CDPH and the Office of Statewide Health Planning and Development (OSHPD) to discuss the upcoming ER Expansion Project. The purpose of the meeting was to ensure the design of the building was acceptable to CDPH allowing for the building to be licensed once it is constructed. Hospital leadership was not particularly concerned, as we have worked with CDPH throughout the development stages of the project. As expected CDPH seemed satisfied with the construction documents. The remaining portion of this meeting, specifically conversations that took place with OSHPD is to be reported verbally by Ryan Harris, COO in the May BOD meeting.

### **SEMSA Meeting**

In late April, Hospital Administration met with the SEMSA leadership to review an annual report prepared by SEMSA. The full report will be provided at the BOD meeting as well as the upcoming BOD Quality meeting. In summary, the report outlines ambulance volumes, run revenues, time to scene, flights versus ground transports, and a few other key metrics.

### **Highschool Health Career Days**

Thank you to the entire staff for their participation in our high school health career days and our Elementary School assemblies over the last month. As reported in past board meetings Administration feels very strongly in investing in our local youth in our efforts to “plant seeds and grow our own”. This is a very worthwhile initiative not only for the youth of our community but also for our staff as many of them are graduates of the local schools and truly enjoy returning to their alma maters presenting this great message.

**Chief Operating Officer Report**  
**Prepared by: Ryan Harris, COO**

**Hospital Expansion Project**

- OSHPD Final Permit
  - As of 5/16/18, we have not received a final permit. Backcheck #3 was submitted to OSHPD on Thursday, May 9, 2018. We are hoping to hear back from OSHPD soon so that we will be able to do an over the counter review, which would ideally take less than two weeks to complete, and a permit issued. If another round of standard review is needed a tentative timeframe would be 4 weeks.
- PG&E
  - A meeting is set up with PG&E, Layton, Mayers, and Frontier on 05/16/18. More will be reported at the meeting in regards to the power pole removal being done by PG&E.
- Domestic Cold Water Storage
  - This will be a deferred submittal to OSHPD, meaning the domestic cold water storage tank will be approved after construction has started. We are now working on putting the tank on the southeast side (back) of the new building. This will eliminate the tank taking up parking spaces, being in the front of our buildings, and will have an entry point into the newest pipes in our plant. There will be minimal cost increase from putting it at this location vs. the front of the hospital near the 4" water main.
- Fire Flow
  - No additional comments came back from OSHPD on the reduction of fire flows approved by the local fire chief and board.
- Sanitary Sewer
  - Comments did come back in regards to the location of Big Valley Sanitation. Both Packway and Big Valley Sanitation were listed as options for pumping our lift stations in the event of an emergency.
- OSHPD Meeting
  - Mayers, Layton Construction, Porter Consulting, and Greenbough Design met with CDPH and OSHPD at the CDPH office in Chico on May 3<sup>rd</sup> about licensure. During that meeting, OSHPD had several questions about our current building and what is in certain rooms. I will be working closely with OSHPD over the next couple of months as they have requested a layout of the hospital and what is currently in every room in the facility.

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

- We received our building permit for our in-house laundry facility on 5/14/18. Construction will start the week of 5/21/18
- Phase 2 of the Fall River SNF refresh project was completed on 5/11/18. Phase 3 will begin once we receive OSHPD permits.

- We have brought on Porter Consulting to assist us with our Wellness Center project. They are currently working on an RFP for architectural and design purposes. We will also be contracting with WIPFLI to do a Feasibility Study. This process will take approximately 8 weeks and once completed we will send out a request for proposals to architect and design firms.
- I am also pleased to report that Alex Johnson has accepted the position of Facilities Manager. Dave Burks our longtime manager will be retiring as of June 22<sup>nd</sup>, 2018. Over the next month, Dave and Alex will be working together to ensure a smooth transition.

#### **IT**

- For the last 4 weeks, we had an IT consultant working closely with staff and our IT department to come up with process improvements, the condition of our IT infrastructure, and to assist IT with completing outstanding IT departments.

#### **Purchasing**

- We had a kickoff meeting with Travis Lakey, Steve Sweet, and myself to start planning our approach to purchasing the 535 items that will go into the new facility. Over the next several months we will be working together to ensure we are getting the new equipment that the facility needs at the best price.

#### **Dietary**

- Staffing our dietary has become an issue once again, with a large number of turnover of employees over the last couple of months. I will be working with Libby and Susan over the next month to bring our staffing up in this department.

#### **Security**

- I am pleased to report we have had no security issues and the Fall River or Burney Campus over the last two months. We are still planning the access control and fencing projects at the Burney Annex.

#### **Environmental Services**

- Nothing to report at this time.

### **Chief Clinical Officer Report**

**Prepared by: Keith Earnest, Pharm.D., CCO**

I am out of the office this week as I am attending the California Hospice and Palliative Care Conference in Monterey. The last four weeks have been spent working with the leadership team and skilled nursing staff to make the necessary improvements in our SNF facility. Daily audits are being performed in high risk areas to ensure that our documentation is complete. (Yes, I am auditing remotely while in

Monterey.) We are learning to maximize our computer system to improve the overall quality in skilled. This will be an area of focus for me until the improvements become part of the culture.

–Regards Keith Earnest, Pharm.D. CCO

### **Laboratory**

- Mayers Paragon IT consultant working with the laboratory department to create a dashboard that is updated with orders from MVHC every minute. At this time, it is displayed on the computer screen with plans to move it to a wall monitor. This system is designed to prevent a patient only getting some of their labs when addition labs are transmitted from the clinic.
- Several send out labs get “hung up” in the Paragon system when they are result from an outside lab. The order gets stuck in a “pending” status and the results do not get finalized. Lab personnel deals with these result in a labor intense manual way. This issue remains unresolved at this time and is an open service order.

### **Physical Therapy**

- A system has been implemented to perform a physical therapy evaluation on residents who are at high risk for pressure ulcers in skilled nursing. Mayers wants to prevent as many pressure ulcers as possible. Physical therapy has been evaluating wheelchairs, wheelchair pads, mattresses and any other factors to prevent skin breakdown.

### **Pharmacy**

- Barcoding of prescription refills for skilled nursing will be live the first week in June.
- The ER label issue is yet outstanding. It is in the testing process and will go live before the end of May.

### **Imaging**

- Mayers is currently operating with all registry imaging techs until a full time tech (already hired) starts and Alan Northington returns from leave. A registry ultrasound tech will start the first week in June.

### **Telemedicine**

- Please see the attached report from Amanda Harris.

### **Surgery**

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

- Dr. Guthrie has wanted to schedule patients for back injection for several months. We have been unable to accommodate this due to the need to purchase a new attachment for our current OR table. I am happy to report that this attachment has been purchased. Dr. Guthrie is aware so I am anticipating the scheduling of OP back injections and incorporating this into the monthly Dr. Guthrie day.



- Another Orthopedic Surgeon was given a tour by our then DON, Judy Jacoby, that was interested in practicing at our facility. This Surgeon is already seeing patients and performing procedures at other rural facilities (eg: Chester). I have not heard back from Administration as to if this person is a probability or not.
- CRNA coverage for our surgical weeks has been fully covered, thanks to Gabe and Rhett.
- The Surgical Department Patient Admitting/Discharge area has been moved. Our previous location is now OP Medical and Telemedicine. We will be admitting and discharging OP surgery patients in Rooms 306 and 308 at Nurses Station 3. The former nursery area is now the charting area for our surgeons, CRNAs, and RNs. New flooring, paint, and workstations have been completed. Cabinets for the workstation and for one of the OP surgery rooms are in the process of being built. My office was moved down the hall towards Pharmacy and I share it with Dawn Jacobsen.
- I would like to thank Ryan Harris and the Maintenance team for their assistance with the department move and renovation. If they moved it once they moved it 10 times, they were always understanding, polite, and willing to assist us in any way to make this transition easier.

Name: Candy Vculek	Sparkhire: N/A
Interview Time: 11 am Wed	Skilled Nursing: No- Primary experience is ER, ICU, behavioral health and Med-Surg
Credentials: MSN	Start Date: 3 Weeks
CNO Exp: No CNO- 15 years of RN management	Interested in Perm: Yes
CAH Exp: Limited- Had a corporate job with Adenvist and worked with 3 CAH	Hourly Rate: Is at 165k - Is looking for \$70 an hour for interim
Location: Foresthill, CA	Perm Salary: 150k
CA License: Yes	Notes: Good match and local

**Candy Vculek**

Nursing Director, Emergency Services and Critical Care - METHODIST HOSPITAL, DIGNITY HEALTH  
 candyvculek2\_vy3@indeedemail.com  
 Foresthill, CA 95631

**Masters of Science - Nursing**

University of Phoenix - Sacramento, CA  
 2005

Nursing Licenses

**RN**

Expires: April 2020

State: CA

Certifications

**ACLS**

April 2020

**PALS**

April 2020

Work Experience

**Nursing Director, Emergency Services and Critical Care**

**METHODIST HOSPITAL, DIGNITY HEALTH - Sacramento, CA**

2017 to Present

Supervised daily operations of busy urban emergency department with a volume in excess of 60,000 annual patient visits and 20 bed Intensive Care Unit with 160 FTE of nursing staff. Managed department budgets, as well as employee selection, review, and disciplinary processes. In charge of departmental CQI and quality assurance. Accountable for driving practice towards desired transformational change and performance improvement, while meeting savings goals set for the organization.

**Senior Clinical Practice Consultant**

**UCS CLINICAL TRANSFORMATION, UNITED HEALTHCARE**

2017 to 2017

Responsible for the ongoing clinical management of physician practices participating in United Healthcare's Accountable Care Organizations, Value Based Programs, Patient Centered Medical Homes (PCMH), or Population Health Management programs such as Patient Centered Care Model. Lead multi-disciplined practice transformation and practice performance improvement initiatives. Guide practices in achieving targeted goals that include improved quality, efficiency and utilization.

**Director, Clinical Workforce**

**ADVENTIST HEALTH - Roseville, CA**

2014 to 2016

Direct all aspects of development and implementation of lean process improvement programs and creation of system level support services in alignment with the corporate strategy for improving clinical workforce productivity across the 22-hospital health system. Responsible for supervising all staff within the Clinical Workforce Department.

**Key Achievements:**

- \* Significantly improved the clinical productivity towards top quartile performance through the development and implementation of both system and site-specific strategies.
- \* Credited for the successful development, education, and ongoing performance improvement training of corporate process improvement specialists, management personnel, and site performance teams.
- \* Effectively initiated crucial process improvement and change management programs associated with the introduction and nursing adoption of a new electronic staffing and acuity system.
- \* Played a key role in implementing value stream management within the Corporate IT offices which improved the electronic health records performance while serving as corporate coach to the IT executives and staff.
- \* Enhanced patient throughput via the usage of lean methodology while supporting and coaching Emergency Department Leadership and staff across the system.

**Director, Clinical Operations for Self-Insured Health Plan**

**SUTTER HEALTH - Sacramento, CA**

2013 to 2014

Sacramento, CA 2013 - 2014

Director, Clinical Operations for Self-Insured Health Plan

Sr. Lean Performance Improvement Consultant, THPM COE

Orchestrated primary oversight of all clinical operations related to the provision of healthcare coverage for 90,000 Sutter Health employees and family members. Supervised the structure and systems that support the management of utilization and quality programs related to Sutter Health's system-wide, ERISA compliant self-insured employee health plans.

**Key Achievements:**

- \* Commended for excellent leadership in the administration of Sutter Selects' medical management, quality, and disease management programs including strategic planning, project supervision, and fiscal management.
- \* Enabled the successful resolution of escalated clinical and operational issues in conjunction with both medical and nursing leadership.
- \* Enhanced the service level of Sutter Select's Third Party Administrators through intensive review of performance and monitoring of quality.
- \* Identified areas that need improvement through rigorous evaluation of clinical and financial data, and comprehensive report to executive management and medical staff leadership with analysis and recommendations on resource utilization, clinical effectiveness, and performance improvement.
- \* Spearheaded the establishment of a system-wide medical management philosophy, goals, standards,

policies, and procedures to achieve Sutter Select's strategic objectives, and executed plans which improved resource utilization through concurrent and retrospective monitoring and analysis of utilization trends.

\* Successfully facilitated lean deployment across Sutter Health's THPM CoE (system level center of expertise) encompassing workers compensation, disability management, employee assistance programs, Sutter Select self-insured employee health plans, and employee wellness programs.

\* Recognized for outstanding work in coaching executives, physicians, vendors, and various levels of staff in the development of a lean management system for the CoE.

\* Instrumental in developing and implementing a unified system standard approach to lean methodology as member of Sutter Health's Lean Leaders Network.

### **Lean Six Sigma (LSS) expert team leader, coach, instructor, and tool**

#### **SUTTER OPERATING SYSTEM - SUTTER HEALTH - Sacramento, CA**

2010 to 2013

Sacramento, CA 2010 - 2013

Certified Lean Six Sigma Black Belt, Sutter Health

Lean Six Sigma (LSS) expert team leader, coach, instructor, and tool/methodology innovator responsible for serving as a Black Belt/Managing Lean Consultant on Lean Six Sigma process improvement projects throughout all of Sutter Health. Conducted formal lean training for project team members and new facilitators.

Key Achievements:

\* Promoted the application of disciplined performance improvement processes to achieve dashboard goals.

\* Coach physicians, executives, and clinical workgroups in the introduction of lean and six sigma processes.

\* Led multidisciplinary teams across to implement and evaluate the Patient Centered Medical Home Care Model.

### **Nursing Director, Emergency Departments - Sutter General and Sutter Memorial Hospitals**

#### **SUTTER MEDICAL CENTER - Sacramento, CA**

2008 to 2010

Supervised daily operations of two urban emergency departments with a combined volume of 90,000 annual patient visits and 130 FTE of nursing staff. Managed department budgets, as well as employee selection, review, and disciplinary processes. In charge of departmental CQI and quality assurance.

### **Assistant Manager, Emergency Department/Department of Emergency Medicine**

#### **UNIVERSITY OF CALIFORNIA AT DAVIS MEDICAL CENTER - Sacramento, CA**

2005 to 2008

Sacramento, CA 2005 - 2008

Assistant Manager, Emergency Department/Department of Emergency Medicine

Exercised administrative management of departmental operations and human resources to maintain quality patient outcomes, efficient department function, effective communication, and compliance with university and departmental objectives. Supervised 175 FTE of nursing staff and facilitated orientation, training, and competency validation. Managed the Pediatric Emergency Department, and conducted review and revision of departmental policies and procedures.

### **Additional experiences as Clinical Director**

#### **Jail Psychiatric Services**

1990 to 2005

Assistant Manager for Emergency Department, Direct Shift Supervisor, Relief Nursing Supervisor, Clinical Resource Nurse, and Clinical Staff Nurse from 1990 to 2005

# HUNTER AMBROSE

**Diana L. Groendyke**  
**310 Crescent Village Circle #2102**  
**San Jose, California 95134**  
**Telephone: 786 414 7535 (cell)**  
**email: [diana.groendyke3@gmail.com](mailto:diana.groendyke3@gmail.com)**

## **Professional Summary:**

My 25-year career as an RN has resulted in development of strong skills in all facets of geriatric care with a major focus on rehabilitation therapies for patients/residents under my leadership. It is always my uppermost goal to bring patients/residents to their highest level of practicable functioning possible. As an expert in geriatric patient care for short or long term as well as subacute patients/residents with escalating levels of acute needs, my involvement with staff is supportive and well-known.

Functioning as an interim or permanent Director of Nursing Services, I recognize and ensure delivery of therapy services intertwined with skilled nursing care as vital keys to facilitating recovery of our patients to their prior level of functioning or better. I lead by example and educate all staff to realize the needs/focus of each patient/resident. My interaction with nursing and therapy professionals as well as all staff is respectful at all times. Ensuring complete communication between all staff members, it is my belief that this process facilitates delivery of safe, compassionate nursing care. It is my practice to be available at all times to my Staff (24/7). I have a proven record of building, educating, maintaining and directing a strong staff to accomplish all needed tasks for successful skilled nursing care delivery.

As a Director, I ensure care is being carried out and delivered to residents per their Plans of Care as created through a strong interdisciplinary approach. I am a natural communicator offering prolific educational opportunities for all appropriate staff, also holding regular meetings to keep staff well-informed and up-to-date; with adherence to Federal/State Regulatory Compliance; Facility policies and procedures as well as maintaining ongoing pre-survey preparation, skillfully executing the Survey Process and post-survey 'Plans of Correction' implementation.

I was instrumental in opening a 'Rural Access Hospital' (Carson Valley Medical Center-- Nevada--2004) as well as opening a 'Skilled Nursing Unit' from construction in Pacific Grove, CA at Forest Hill Manor. As my resume describes, I have a long successful history of directing skilled services with escalating levels of acute needs including strong rehabilitative focus (short and long term). I believe in as well as enjoy the work I do as a true advocate for patients and staff to succeed.

## **Education:**

1991 - 1993 Florida Keys Community College; Key West, Florida, Associate of Science Nursing Degree

1980 Jochi Daigaku, Tokyo, JAPANBA Japanese Language , Religions / Culture

## **Licensure:**

Florida Registered Nurse, License #: RN2732602

California Registered Nurse License #: 706017

## Professional Experience:

4/10/17--- 3/12/18

### **Director of Nursing Services**

Canyon Springs Post-Acute Care  
San Jose, CA 95134

- I performed for just about one year as Director of Nursing Services at Canyon Springs Post-Acute Facility (178 beds –a challenging ‘1 Star’ Facility undergoing a renovation the entire year). Our Annual Survey concluded just a few days ago and overall showed great improvement from previous years! As DoN, my work consisted of but was not limited to: overseeing my nursing staff –divided into 6 Nurses Stations; I communicated regularly with my Administrator-- Working very closely with my Staff Developer, Supervisors as well as ADON's—facilitating Educational Opportunities, In-Services and communication between our entire team (including the Administrator, DoN, CNA's, LN's, RN's, 3 Assistant Directors of Nurses, several supervisors as well as the entire Canyon Springs network of employees assisted by Tiger Text (encrypted texting) &/or emails, as well as rounding and communicating directly with staff, residents and family members. As DON, I attended daily the morning ‘Stand Up’ meeting, also facilitating that meeting in the absence of the Administrator, attending and participating in the daily IDT meetings—reviewing new Admissions Plans of Care, setting up Care Plans, also reviewing Fall events and any other ‘Non-Fall’ events from previous day—producing an IDT note that is pasted into the progress notes, updating related Care Plans as well as completing the electronic event opened by a Licensed Nurse the day/night before . My duties also encompass overseeing the Nursing Schedule (DoN works closely with Staffing Coordinator) Utilizing ‘Matrix Software for all Electronic Documentation’; facilitating our Treatment/Wound Program daily as well as weekly regulatory compliance meetings in conjunction with Weights and Skin(wounds)—excellent programs following all new Medicare guidelines; Attending/participating in weekly Psychotropic\_ meeting with the Social Services ++Director, Asst. DoN, Pharmacist. Monthly Narcotic Drug destruction with the pharmacist—maintaining a double-lock system with Journal per regulatory compliance. Regular rounding (or as often as possible) throughout the Building. Attending Plum Corporation Meetings across the State of California whenever requested. Interviewing and hiring all potential new nursing candidates, facilitating big luncheons for all staff, 24/7 on call—always available by telephone to my nursing staff, assisting with IV therapy in the building. Many days we also had a daily Stand Down Meeting at the end of the day to review any follow-ups that were discussed earlier to ensure completion. I read and approved all admissions –short term and or long term for our Facility (discussing with my Administrator, Case Managers and Admissions Team as necessary). Finally, I worked with my Social Services Director and Administrator with our Mandatory Reporting Initiative.

5/16/2016— 3/14/2017

### **Interim Director of Nursing Services**

Fairmont Hospital, San Leandro, California

Duties (consist of but are not limited to):

- Facilitating the daily morning ‘Huddle’ meeting for all Hospital Managers; Oversight of admissions, discharges, daily patient care as well as Staffing Coordinator; Purposeful regular ‘rounding’ throughout Fairmont Hospital; Meeting regularly with Nurse Managers, Supervisors, Charge Nurses, RN's, LVN's, CNA's to ensure thorough understanding and communication is ongoing; Daily IDT meetings to discuss needed changes in Plans of Care and facilitating the needed changes; preparing reports and

presenting to Alameda Health System's Quality and Safety Committee; facilitating and working well with SEIU leaders and my Staff to ensure our understanding and compliance; working closely with AHS Risk Management Team to ensure excellent compliance; participation in System-wide 'Environment of Care' Committee -- preparing and presenting reports; participation in System-wide 'Patient Care Services Leadership Team' Committee; preparation of weekly Patient Care Services Report with submission to Chief Executive Nurse for AHS; implementation of new policies/procedures for Weights Standard Work Practices successfully; facilitating expansion of Psychological Services at Fairmont; Survey Preparation since my arrival in May with a successful State Survey Process 8/15 – 8/22/16; positive collaboration with our physician team and Medical Director; adherence to and active participation in the AHS Safety Alert System With ongoing compliance to the CDPH reporting initiative as well close communication with Fairmont's Ombudsman; Conducting and carrying out investigations as necessary according to State, Federal Regulations and our AHS Policies/Procedures; Maintaining daily communication with my Administrator, my Staff as well as System-wide leadership and personnel via email, telephone, text and in person. Strong relationship and collaboration with Director of Staff Development and Wound Nurse Consultant. Available to Staff 24/7; well-liked by Staff, Residents and many Families.

1/2010-- 1/2016

## **Nurse Consultant, Interim Director of Skilled Nursing**

Diana Groendyke, RN, Nurse Consultant

(this was my own Business)

- Ensuring Rehabilitation as a major priority in Plan of Care
- Knowledge of regulatory compliance
- Successful Survey Preparation
- Creation and Implementation of Plans of Correction
- Maintains 'reporting initiative' per State and Federal regulations
- Conducts investigations
- Educates/train staff in all facets of short/long term skilled care with rehabilitative service department prioritized involvement
- Clinical Documentation Improvement Specialist/Auditor
- Medical Device Trainer, Program Facilitator and Educator
- Team builder (hiring, counselling and terminating as needed)
- Utilizes strong interdisciplinary approach to all resident care
- Adept Problem Solving Skills with Experienced Staff
- Careful, thorough resident assessment skills including detailed documentation
- Consistent Care Planning and follow-through by all staff
- Establishes and carries out a Resident Centered Unit leading by example
- Excellent Staff Builder/Orienter/Staff Developer

12/11/2015 - 12/31/2015

## **Interim Director of Nursing Services**

Granada Rehabilitation and Wellness Center

Eureka, CA

- Ensured appropriate, adequate staff in place 24/7
- Facilitated 'Stop and Watch Program' for resident/patient



changes in condition are immediate focus of attention

- On-call around the clock via telephone or presence in the Facility
- Daily Rehabilitation/Nursing Department meetings as well as interdisciplinary meetings regarding any/all resident short/long term needs addressed/met
- Assisted Nursing Staff with IV Therapy daily
- Close interaction and leadership with Nursing Administrative Staff
- Constant communication with facility Executive Director and all Departments
- Rounds throughout Facility regularly throughout each day
- Narcotic drug destruction with Pharmacist to ensure compliance

12/2014 - 11/2015

Personal caregiver for my elderly parents due to their declining health needs

9/2014 - 11/2014

## **Interim Director of Nursing Services**

Country Care Health Center  
Atascadero, CA

- Strong daily interaction with short/long term residents/patients and staff ensuring each plan of care is being carried out
  - Rehabilitation focus for residents/patients
  - Daily interaction with Medical Director and his PA to ensure communication of resident/patient changes in conditions with receipt of new orders as needed
    - Strong Family and Resident/Patient interaction to ensure all needs are met
  - Facilitated heavy transportation schedule with Social Services
  - Weekly Educational Presentations with and without Staff
- Developer
- Facilitated State Annual Survey as well as Complaint Survey
  - Writing and Implementation of Plans of Correction with Administrator and AIT
  - Narcotic Destruction with Pharmacist
  - Facilitating Pharmacy Recommendations carried out
  - 24 Hour Report presentation daily at morning stand-up meeting
  - Ensuring Staff continually update and read 24-Hour Report for
  - Continuity of Care
  - Facilitating all Admissions--ensuring all departments and staff properly informed
  - Maintenance of Event Reporting Initiative
  - 24/7 On-Call and available to Staff

8/2014 - 10/2012

Personal Caregiver for my family member suffering from exacerbation of severe Bipolar Disorder

10/2012 - 1/2013

## **Interim Director of Clinical Services**

Rosewood Health and Rehabilitation Center  
Orlando, FL

- 120 Bed Skilled Nursing Center -- Acute Rehab. Short Term Care, Psychiatric Care, Infectious/Chronic Disease Management
- Dementia and Long Term Care Patients;
- 2 Complaint Investigations by State of FL – None Substantiated;
- Respected by Residents, Family Members and Staff (meetings and daily interactions with all)
- Daily, weekly, monthly Meeting Attendance to ensure excellent communication and Continuity of Care

2/2013 - 2/2012

Personal Caregiver for Family Member  
Suffering from Bipolar Disorder

3/2012 - 6/2012

## **Director of Nursing Services (Interim)**

Plantation Key Nursing Center  
Tavernier, FL 33070

- 60 Bed Facility
- Facilitating Short and Long Term Rehabilitation Patients
- 19 Complaint Investigations by State of FL - None Substantiated
- Daily, weekly and monthly Meeting Facilitation
- Staff Development for noted areas of deficient practice
- Established an in-depth Wound Care Program after an all night audit of any/all wounds in house
- Constant resident/patient, family interaction
- Rounding regularly throughout each day
- Assisting Nursing Staff with Admissions
- Established a Central Supply
- Maintenance of monthly/daily schedules for Nursing Staff
- Facilitated Staff Development through regular In-services
- 24/7 on call

3/1/2012 - 3/21/2012

## **Interim Director of Nursing Services**

San Francisco Health Care  
San Francisco, CA

- 187 Bed Facility
- Strong Interdisciplinary communication through daily, weekly, monthly meeting involvement
- Excellent Rehabilitation Involvement
- Daily State Surveyor Interaction-- in person and/or by telephone to facilitate their investigations and inspections in order to bring SFHC into Regulatory Compliance after several deficiencies were cited
- Facilitating implementation of Plans of Correction
- 24/7 On-Call for Nursing Staff

6/2011- 1/2012

**Director of Nursing Services (Interim)**

Las Vegas Skilled Nursing Center

Las Vegas, NV

- 85 bed facility
- Facilitated Compliance in all areas of Nursing Services
- Strong Rehabilitation Services interaction and facilitation
- Heavy Corporate involvement especially with Nurse Consultant - daily involvement

2/2010 - 5/2011

- Personal Caregiver to Family member with severe

Bipolar Disorder

- Facilitated my Son's Graduation from the University with his Master's Degree in Business/emphasis Finance
- Always ensuring strong support for my family when needed

8/2008 - 1/2010

**Director of Skilled Nursing Services**

California Nevada Methodist Homes,

Forest Hill Manor (CCRC),

Pacific Grove, CA

- SUCCESSFULLY OPENED 'state-of-the-art' 26-bed Skilled Nursing Unit for this CCRC from Construction
- Took on all Administrative duties while facility was in the process of hiring a full time Administrator.
- Wrote, compiled and implemented all Policy and Procedure Manuals to address every aspect of care/work flow for SNF
- Created a healing environment while maintaining Corporate, State and Federal Requirements facilitating strong Rehabilitative focus
- Flawlessly passed initial State Survey June 2009
- Hired all staff for Skilled Nursing Unit including Nurses, CNA's, Staff Developer, Medical Records Coordinator
- Strong involvement with Medical Director
- Weekly, daily involvement with Dietary Consultant
- Coordinated orientation, continuing education/staff development to meet all staff educational needs
- Safely moved 12 residents immediately into SNF upon State approval with continued census building
- Provided unsurpassed customer service with personal case management to efficiently coordinate and provide excellent care for each resident
- Payroll maintenance for all Skilled Nursing Staff
- Utilized appropriate staffing ratios and maintained SNF budget
- Implemented medical record documentation system maintaining State and Federal documentation guidelines
- Implemented CQI/QA System producing audit information
- Revealing staff educational needs and follow-up on this assuring continual improvement
- Special Assignment: Coordinated 'Assisted Living Move-In Project'; Efficiently and safely moved 18 residents into new A.L. Unit while working closely with Executive Director, Director of Assisted Living and her staff, residents, families, workers for successful move-in after completion of new 'South Wing' construction April 2009.

10/07 - 5/2008

## **Director of Nursing Services (Interim)**

Rosewood Continuing Care Retirement Community  
Skilled Nursing Center  
Bakersfield, CA

- 80 Bed Facility
- Short term Rehabilitation--major focus
- Long term care for residents
- Facilitated State/Federal Survey
- Involvement with implementation of electronic documentation System; Strong Staff Development involvement
- Attendance at all meetings daily, weekly, monthly; Rehabilitation focus and Coordination for all residents; IV Administration; Wound Care Program Involvement/Oversight; Wound Vac. Patient Care; Ensuring appropriate Staffing in place
- Creation of Resident/Patient Plans of Care and follow through; Family and Resident/Patient Meeting facilitation
- Event Reporting Initiative Oversight and facilitation
- 24 hour/day on call and availability to staff
- Participation in Administrative and Nursing On-Call Schedule
- Hiring, counselling, terminating staff as needed

1/2007 - 10/2007

## **Director of Nursing Services**

Placerville Pines Care Center, Placerville, CA

- 99 bed Skilled Nursing Facility (Short and Long Term Rehab.)
- Medicare/Medi-Cal Provider, Kaiser Skilled Certified Facility was a 'TOTAL SYSTEMS FAILURE'! when I arrived; Received a DEFICIENCY-FREE SURVEY 10/2007
- Involvement/Oversight Admission to Discharge of all Resident Care
- Huge Rehabilitation Focus for all Residents/Patients;
- Supervising, Recruiting, Team building of Nursing staff;
- Ensured Thorough/Timely Assessment of each resident upon Admission, Quarterly & Change in Condition;
- Daily, weekly, monthly Meeting attendance, facilitation to ensure Resident/Patient Plans of Care implemented and carried out as well as appropriate communication facilitated for continuity of care
- Daily involvement with family members, residents/patients, hospital case managers, Ombudsman, State Surveyors;
- Heavy Staff Development with Nursing Staff Meetings
- Disbanded and terminated staff involved in Drug Diversion for 4 years prior to my arrival;
- Staffing Coordination with Preparation of daily, monthly staffing schedules, posted in appropriate timeframes and locations
- Heavy interaction with Corporate Nurse Consultants, Regional Directors, my Administrator, and Department Directors;
- Collaboration w/ Executive Director on all matters of importance
- Coordinating duties of Nursing Staff to ensure excellent delivery of care while following company policies, procedures and protocols with State and Federal Regulatory compliance;
- Daily 'Stand-Up' Meeting Leader;
- 24-Hour Report Review, Follow-up
- Event Reporting w/Investigative f/u;
- State Self-Reporting Initiative Leader;

# HUNTER AMBROSE

- Daily 'High Risk' Meeting;
- Electronic and 'Hard Copy' Medical Record Documentation;
- Oversight--ensuring legality and completeness of all Documentation
- Lead and Participate in weekly Medicare Meetings w/ emphasis on Interdisciplinary Team (IDT) Involvement;
- Rehabilitation coordination as well as all appropriate MDS, Care Planning Oversight
- Nurse 'On-Call' Program Participant and Oversight
- Resident/Family Advocate and Liaison
- Medical Director / Physician Liaison
- Quality Assurance Meeting Participant w/ Report Presentation Monthly;
- Narcotic Destruction Program/Drug Return Program Maintenance;
- Pharmacist Liaison;
- Ensure Pharmacist Recommendation Follow-up
- Psychotropic Medication Program/Behavior Monitoring Oversight with Social Services
- Wound Program Oversight
- Dietary Recommendations/Weights Monitoring Oversight and follow-up; Restorative Nursing Program Oversight;
- Rehabilitation Liaison
- 24/7 Availability via cell phone
- Received Monetary Bonus for excellent Survey Results

8/04 - 10/2006

## **Director of Nursing Services**

CQI/QA Nurse Manager

Evergreen Mountain View Health & Rehabilitation Center,  
Carson City, NV

- 147 bed Short/Long Term Care, Skilled Nursing and Rehabilitation Facility, including a 75-bed Secure Alzheimer's Unit;
- Facility 'Health Insight' Representative -- Participation in Nevada's Medicare Quality Organization;
- 10 / 2-day Workshops attended;
- As QA Nurse:

Established, implemented, coordinated Facility CQI Program

Audits (regular, daily);

Assisted Nursing Staff & all Managers to correct identified Deficiencies;

Established & carried-out 'Facility Self-Reporting Initiative' with thorough Investigative Process;

Daily High Risk Meetings;

Event Log Maintenance;

Monthly CQI Luncheon w/ Management In-services;

Regular Staff In-servicing (No Director of Staff Development);

Facilitated Excellent Survey Results 2005 & 2006;

Improved relations immensely as the Community Liaison;

Special Award: NURSE OF THE YEAR 2005 –

Evergreen Healthcare Corporation Winner (financial reward)

- Director of Nursing Services:  
Maintenance of Nursing Schedule daily/monthly  
Event Reporting Initiative Maintenance

Daily, weekly, monthly meetings to facilitate implementation of Plans of Care for all residents as well as interaction with family members ; Facilitation of short / long term Rehabilitation; Continuation of strong QA/CQI Program; Oversight of Central Supply; Oversight of Staff Development Program; Participation in Nurse On-call Schedule as well as 24/7 on-call by Telephone; Restorative Nursing Program Oversight; Daily regular rounding throughout Facility; Interaction with our Medical Director and other Physicians; Narcotic Drug Destruction with Pharmacist; Ensure destruction of all other drugs; Facilitated Pharmacy Recommendations carried out; Daily 24 hour report follow-up; Writing Plans of Corrections related to all Survey issues as well As complaint correction; facilitating the Annual Survey Process; Hiring, counselling, terminating staff as needed Other duties as assigned and required

8/00 - 8/2004

## **QUALITY COORDINATOR**

PACU -- SURGICAL NURSE

Carson Valley Medical Center Hospital, Garnerville, NV

- Carson Valley Ambulatory Surgery Center  
Participated in creation & opening of new Critical Access Hospital; Facilitated State & Federal Regulatory Compliance for Hospital Opening; Created, Implemented Quality Assurance/Continuing Quality Improvement/Risk Management Departments & Programs; Infection Control Nurse (created Department); Staff Development Coordinator (created Department); Facility CONTINUING EDUCATION PROVIDER (State of Nevada CEU Provider); Oversight & Participation in Monthly Orientation Program for new CVMC Employees; Facility 'Health Insight' Medicare Quality Organization Representative; Performed chart audits and data review on specific areas; Regular CPR Instruction for Hospital/Surgery Staff; Instructor for the American Heart Association Basic Life Support;
- Other nursing positions held at CVMC:  
Post Anesthesia Care Unit Nurse, Preoperative Nurse, Circulating and Scrub Nurse, Operating Room IV Sedation Nurse (Certified); and Pharmacy Nurse;  
Educational In-Service Presenter  
Writer & Presenter (including but not limited to):
  - 1) 'Pain Management with Antiemetic Use'
  - 2) 'Dangers of Malignant Hyperthermia'
  - 3) 'Telemetry -- Basic EKG Interpretation w/ Self Study Module'
  - 4) 'Documentation & Regulatory Compliance w/ Self Study Module'
  - 5) 'Infection Control Mandatory Inservice'

# HUNTER AMBROSE

9/97- 6/2000

Women's Health Nurse Bayside Obstetrics & Gynecology  
Key West, FL

6/91- 6/98

Florida Keys Health System; Key West, Florida

- Nursing positions included: Operating Room (Scrub, Circulator, IV Sedation)  
Preop Nurse Educator  
Medical-Surgical Nurse  
Nurse's Assistant Pediatrics Unit Night Shift  
Student Nurse





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*Sierra Medical Services Alliance*

March 23, 2018

Louis Ward, CEO  
Mayers Memorial Hospital District  
PO Box 459 / 43563 Highway 299E  
Fall River Mills, CA 96028

Dear Louis:

We have prepared the enclosed Annual Report for your review as requested. To provide an overview of our activities over the past year, the enclosed Annual Report includes the following sections:

- Combined Annual Operations Overview
- 2017 Financial Implications for Operations
- Vehicle Update
- Value Added Services Overview
- Special Events / Public Relations Donations
- Customer Comment Report

We are excited about the future for Mayer Memorial Hospital's EMS and rural healthcare with our partners Air Methods. Together, we are working to provide a highly integrated team care approach for care and transportation that most rural communities have not realized. When combined with the 1<sup>st</sup> responder community, this approach will continue to enhance responses and care throughout the region. We look forward to keeping you updated as everyone works together to offer the very best in services and care. Should you have questions about any of the information provided, please do not hesitate to contact me.

Respectfully,

A handwritten signature in black ink, appearing to read 'Mike', is written over a horizontal line.

Michael S. Williams  
Vice President and Chief Operating Officer



SEMSA  
MAYERS MEMORIAL HOSPITAL DISTRICT  
ANNUAL OPERATIONS REPORT  
FOR  
March – December 2017

Month	Adin # of Requests	Fall River # of Requests
January	n/a	n/a
February	n/a	n/a
March	5	29
April	9	24
May	7	25
June	13	25
July	12	33
August	14	33
September	17	32
October	19	28
November	12	26
December	15	19
<b>Totals</b>	<b>124</b>	<b>274</b>

## COMBINED ANNUAL OPERATIONS OVERVIEW

### OVERALL STATISTICS: CALL TYPES AND CALL VOLUME MARCH THROUGH DECEMBER 2017

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
911 Responses (Mayers)	0	0	24	12	20	21	28	26	25	15	17	16
IFT's (Mayers)	0	0	5	12	5	4	5	7	7	13	9	3
911 Responses (SCEMS)	0	0	4	8	7	12	12	15	16	17	10	10
IFT's (SCEMS)	0	0	1	1	0	1	0	0	1	2	2	5
<b>Total Transports</b>	<b>0</b>	<b>0</b>	<b>25</b>	<b>29</b>	<b>26</b>	<b>29</b>	<b>29</b>	<b>38</b>	<b>35</b>	<b>38</b>	<b>28</b>	<b>26</b>

## 2017 FINANCIAL IMPLICATIONS FOR THE SEMSA OPERATION

**Medicare Payments** - 56% (Adin) and 63% (Fall River) of our transports are charged to Medicare, who reimburses approximately 14% of total charges. At end of CY 2017 the federal government failed to extend the add on payments which ambulance suppliers had been receiving for previous 10 years therefore certain Medicare services we provide are facing a decrease of 3% and in some cases over 20% of reimbursement.

**Medi-Cal Payments** - 14% (Adin) and 22% (Fall River) of our transports are charged to Medi-Cal, who reimburses approximately 3% of total charges.

**Self-Pay** - 14% (Adin) and 5% (Fall River) of our transports are paid for by the patient, who only reimburse 3% of total charges.

**Private Insurance** - 17% (Adin) and 10% (Fall River) of our transports are billed to private insurance, who reimburse 74% of total charges. Unfortunately, with higher deductible plans and continuing changes to the federal requirements for commercial plans we are not projecting a collection rate this high in the coming years. The erosion of commercial insurance is problematic for SEMSA. Prior to the ACA commercial insurers paid enough to offset the underfunded Medicare and Medi-Cal payments.

**Retirement Funding and Capital Equipment Reserves** - SEMSA continues to build its reserve fund each year to accommodate the needed funds to assure we are meeting our capital equipment replacement needs (ambulances, medical equip, etc.) and to meet our future obligations to our employees to fund their retirement programs.

**SEMSA Organizational Growth and Stability** - SEMSA continues to grow its non-profit ground ambulances services in other areas of California, including a ten (10) year contract in Merced County. SEMSA has continued to have a contract with Sierra Army Depot to provide medical direction, education & training, along with other support services to their ALS first responder program. A new contract was signed in 2016 for nine (9) years. In 2015, SEMSA created a partnership with the Air Methods Corporation and the Banner Health System to place a helicopter Air Ambulance Program in Lassen County as a demonstration project for rural healthcare. SEMSA is also growing its support services to other smaller California ambulance services, its educational programs presented throughout California, Nevada, Washington and Oregon and its nationwide EMS consulting services. The goal is to help rural EMS services through assistance of various programs allowing them to continue serving rural areas which are all economically and geographically challenged. In 2016, SEMSA signed a contract with the Southern Cascades Community Service District to provide ambulance service in the North Lassen County area to include all of the "Big Valley" and into Modoc County. SEMSA began operation of a 24/7 ground ambulance service and an air ambulance service out of its Adin facility in 2017. SEMSA also added to its Merced County operation by adding an additional helicopter operating out of John C. Fremont Hospital in Mariposa County serving all of Mariposa County and Yosemite National Park. The partnership with Air Methods and local hospitals is providing much needed services to rural areas of the state.

## **SEMSA's Gold Saver Subscription Plan**

In its 13<sup>th</sup> year, SEMSA continues to offer its "Gold Saver" ambulance service subscription program first introduced in 2005 when SEMSA began providing ambulance service in Lassen County. The Gold Saver Plan has assisted many Lassen County residents and families by reducing or eliminating out-of-pocket expenses associated with co-insurance and deductibles patients are responsible for paying.

The membership plan applies only to "medically necessary" ambulance service transports as defined by Medicare regulations.

SEMSA Gold Saver plans will be offered to the Fall River, Adin and surrounding communities this spring. The membership drive will include newspaper ads, local presentations at various community meetings when requested, information presented to local health care facilities and brochures placed at strategic locations. A toll-free number will also be available for local residents to call for more information about this program.

SEMSA has partnered with Air Methods to provide integrated critical care ground and air transportation services. SEMSA's membership coverage includes ground critical care transports and residents may also choose Air Methods "Air Methods Advantage" membership program to cover out-of-pocket expenses for medically necessary air ambulance critical care transports. Program fees are \$79 for ground membership per household and start at \$40 per person for air. This collaboration provides a new level of services and coverage for local residents.

## **VEHICLES**

SEMSA purchased two brand new 2017 Ford F450 4-wheel drive type III ambulances built by "Excellance". One was put into service in Fall River and the other was put into service in Adin. These units were purchased to help better serve the needs of Fall River, Adin and the surrounding areas. The new 2017's are equipped with Stryker patient power load gurneys to assist with patient comfort and overall better care. As the size of the fleet has grown and the amount of calls have increased, SEMSA has hired a full-time Fleet Maintenance Manager to help with preventative maintenance, repairs, and management of the fleet. The maintenance department is available at all times to assist with any vehicle problems. We are now able to do most repairs and fleet services right at the stations. By setting up a good maintenance program we can help prevent breakdowns or road calls that may arise. We have purchased a new 2017 F550 service truck to serve the needs of the maintenance department. When there is a problem within our fleet we can now easily travel to its location. Since SEMSA provides service to the neighboring counties we are now able to ensure that if a unit does go out of service we can assist with spare units for another location when needed.

## SEMSA'S VALUE ADDED SERVICES

During this reporting period, SEMSA continued to provide a number of programs designed to help promote health, safety, and life-saving capabilities. The following services, which were provided by SEMSA, are in addition to providing numerous hours of ambulance service standbys for community events, as outlined on another page of this report:

- The "BLS Supply on Scene Replacement Program" to assist co-responder agencies in replenishing their basic life support medical supplies following each call with a SEMSA unit. This program has been well received by the fire agencies and it continues to save a great deal of money for the area fire departments.
- The "Standardized Immobilization Backboard Program" with first responder agencies allows immediate replacement of immobilization devices at accidents or other responses requiring this equipment. The program allows agencies to quickly become ready for the next call. This program has been well received by the first responder agencies.
- SEMSA in partnership with Mayers Memorial Hospital, Southern Cascades Community Tax District, and Air Methods Corporation implemented a rural healthcare model where all the partners work closely together to integrate care, responses and transports at all levels. Further, the partners continuously learn and interact with each other to refine systems and services in a much more unified way. As this continues the first response community will continue to be an integral part of the team, so everyone is working in unison providing patients with the very best care and transport in a highly rural and difficult area to serve – geographically and economically. Ground and flight crews work directly with hospital staff when possible and conduct quality improvement and education activities together, further enhancing care and innovative solutions to rural health care. When weather or other events prevent the helicopter from flying, a critical care transport ambulance becomes immediately available for ground critical care transports.
- SEMSA added a second air ambulance based out of Adin, CA. SEMSA AIR 2 routinely responds to scene flights in Shasta and Modoc counties as well as IFT's from Mayers Memorial Hospital. SEMSA AIR 1 backs up SEMSA AIR 2 from their base in Susanville.
- Throughout 2017 Dr. Eric Rudnick, MD continued his role as Medical Director for SEMSA. Although not required under its contract, SEMSA understands that EMS is the practice of medicine which requires competent medical oversight to establish medical protocols, oversee education and training of the patient care staff and to conduct continuous quality improvement. Dr. Rudnick is board certified in both Emergency Medicine and EMS. He is considered one of the leading physicians from across the nation in EMS medical direction and will assure that SEMSA provides the best quality care possible.
- With Dr. Rudnick as our Medical Director and our partnerships with Mayers Memorial Hospital, Air Methods, Southern Cascades, and the first responder community allows us to have a continuous quality improvement program second to none. We can now track patients from their point of incident, care by first responders, ambulance transport to the hospital, patient care in the hospital and transport to tertiary care facilities. These events can be analyzed and reviewed for the continuity of care and brings the entire chain-of-survival under single review to determine if improvements are needed. It also brings all the health care providers together for education and training purposes not realized before.
- SEMSA donates countless hours of free standby time of its ambulance crews at important community events throughout the year along with free education and training for the community and local volunteer fire departments. The following page outlines the standby events and classes donated by SEMSA.

### SPECIAL EVENTS / PUBLIC RELATIONS

<b>DATE</b>	<b>COURSE TITLE</b>	<b>NOTES</b>
Various	Pop Warner Football Games, Fall River	Standby
Various	High School Football Games, Fall River	Standby
Various	Big Valley Football Games, Adin	Standby
Various	Big Valley Basketball Games, Adin	Standby
1.19.17	Crab Feed, Adin	PR
1.20.17	Crab Feed, Adin	PR
4.8.17	Fall River Health Fair	PR 0700 - 1300
4.17.17	Big Valley High School Job Fair, Adin	Standby
6.4.17	Airport Day, Fall River Airport	PR 0800 - 1200
7.13.17	Family Night in Bieber, CA	PR 1700 - 1900
7.14.17	Pit River Health Fair	PR
8.9.17	Golf Tournament, Fall River	PR
8.14.17	Health Fair in Burney	PR 0900 - 1300
8.15.17	Health Fair in Fall River	PR 0900 - 1300
8.16.17	Health Fair in Adin	PR 0900 - 1300
8.17.17	Health Fair in Tulelake	PR 0900 - 1300
8.18.17	Health Fair in Dorris	PR 0900 - 1300
8.31.17 - 9.4.17	Inter-Mountain Fair	Standby
9.4.17	Rodeo, Fall River	Standby
9.13.17	Fair Parade, Fall River	PR
10.16.17	Buck Hunters Ball, Adin	PR
12.2.17	Toy Drive, Fall River	PR
12.9.17	Fall River Light Parade	PR
12.16.17	Toy Drive, Fall River	PR
12.21.17	Santa Drop/Burney Parade	PR
1.28.18	Chocolate Festival, Fall River	PR 1600 - 1900

### LOCAL CLASSES OFFERED TO EMPLOYEES & PARTNERS

<b>DATE</b>	<b>COURSE TITLE</b>	<b>LOCATION</b>
5.25.17	LZ Training with Adin Fire Department	Adin, CA
6.16.17	LZ Training with Cal Pines Fire Department	Alturas, CA
9.20.17	8 Hour CE Course on Critical Care	Susanville, CA
11.15.17	ITLS Certification Course – Day 1	Adin, CA
11.16.17	ITLS Certification Course – Day 2	Adin, CA
12.12.17	ACLS Re-Cert Class	Lake Almanor, CA
1.2.18	PALS Re-Cert Class	Lake Almanor, CA
1.19.18	8 Hour CE Course on Critical Care	Susanville, CA

## CUSTOMER COMMENT REPORT

### Dispatch Analysis

Helpfulness of the person you called for ambulance service	4.6	92%
Concern shown by the person you called for ambulance service	4.68	93.60%
Extent to which you were told what to do until the ambulance	4.52	90.40%

### Ambulance Analysis

Extent to which the ambulance arrived in a timely manner	4.6	92%
Cleanliness of the ambulance	4.75	95%
Comfort of the ride	4.55	95%
Skill of the person driving the ambulance	4.72	91%

### Medic Analysis

Extent to which the ambulance arrived in a timely manner	4.6	92%
Cleanliness of the ambulance	4.75	95%
Comfort of the ride	4.55	95%
Skill of the person driving the ambulance	4.72	91%

### Billing Staff Assessment Analysis

Professionalism of the staff in our billing office	4.76	95.20%
Willingness of the staff in our billing office to address your	4.66	93.20%
Extent to which the services received were worth the fees charged	4.6	92%

### Overall Analysis

Likelihood of recommending this ambulance service to others	4.74	94.80%
Overall rating of the care provided by our Emergency Medical Team	4.79	95.80%

Telemedicine Update as of May 3, 2018

Respectfully submitted by Amanda Harris for Keith Earnest, CCO and Aaron Babb, Medical Director

#### Endocrinology:

- We have 7 Endo consults scheduled for our May 8 Endo block. Dr. Arambulo has begun transitioning Dr. Bhaduri's patients over to her service. We had a high rate of cancellation due to sickness in April.
- Dr. Arambulo is now able to order labs directly during consult, relieving me of hunting down MVHC MA's all day. And saving them from all my calls.
- We have had 48 consults since the start of this specialty in August 2017.

#### Nutrition:

- We had Nutrition clinic on April 24 and three patients were seen. Again, we had one cancellation due to sickness and one due to transport. Transportation is a constant issue. We do use the van that Mountain Valley has supplied to the local Partnership driver, but she is very busy. It would be amazing if Mayers had our own non-medical transport van.
- This specialty continues to be very beneficial for the patients, however generating no ancillary revenue. But they all tend to love Diana.
- We've had 25 consults so far since we started this specialty in November 2017.

#### Psychiatry:

- Our second Psychiatrist (Dr. Acharya) has been credentialed and we will be receiving our first blocks with her soon. It will be time slots as she isn't able to give us one big block until around August. As such, Telemed2You is going to squeeze our patients in, one-per-day around her normal blocks. When asked why they recommended this Psychiatrist if her schedule is unavailable they replied that she was the only Psychiatrist they had at the time that was PHC approved.
- Dr. Chang saw 6 SNF patients in Burney and one in Fall River on April 19. She is currently scheduled to see 6 in Burney and 2 in Fall River on May 31. We may also be able to take advantage of a cancellation to get a new admit to our FR SNF seen sooner as her behaviors are progressing rapidly.
- We may consider enlisting some time with an actual therapist for our SNF patients. I know they have occasional visits from a local therapist, but in order to better their care we may consider one via Telemed with regular blocks for patients with less behaviors and in need of less med management. If we were interested in this, I would also look into therapy services for substance abuse as I think that would probably be a widely needed service in our area (especially post Hep C treatment – to help patients make sure to maintain sobriety and not get re-infected).
- We've had 39 consults since the start of this specialty in August 2017.

#### Hep C block:

- We will have two small Hep C clinics this month due to mandatory check-ins with our patients on treatment. We have a new patient interested in treatment but we're still waiting on labs and a liver ultrasound.



- Hep C continues to be my favorite of our specialties because it's immediately recognizable that treatment is working via labs and for the number of labs that are needed. Not only do they have "on-treatment" protocol of labs at 2, 4, 8 and 12 weeks but there is also post-treatment protocol of 1, 3, 6 and 12 months. Dr. Siddiqui can also now order directly.
- We've had 14 consults since the start of this specialty in September 2017.

#### Peds ER:

- A letter of support for the new "Virtual Pediatric Trauma Center" project was signed by Dr. Watson and Krissy Eades (our UCD Peds Nurse Liaison and ER Lead) and sent to UCD on April 13.
- It's worth noting that the ER cart is missed, I've been asked multiple times if it can be used when peds patients come in. It's great news that a new cart has been ordered and a new project beginning.

#### FR Telemed room move:

- The new clinic room has been working well and so far we have no scheduling issues with the other teams that use the room.

#### Award/Grant Submissions:

- After doing some asking around it sounds like diabetic retinal screening is our next area of interest as far as grant submission. There is some Distance Learning/Telemed money becoming available via the USDA soon and so I've inquired with Partnership to see what their retinal screening program with Telemed2You looks like, as well as emailed the contact at USDA to see if store and forward Telemed (pictures here, emailed to specialist – not live interactive video) is an applicable use of the funds. It's not exactly clear online. I've also kept Sheba (Foundation grant writer) in the loop as she's actually the one that brought it to my attention and will be assisting with submission.
  - The CTN will be doing a group submission which we would be interested in being a part of depending on the match percentage. CTN usually likes to go with a 50% match so that it increases their chances of getting the award.

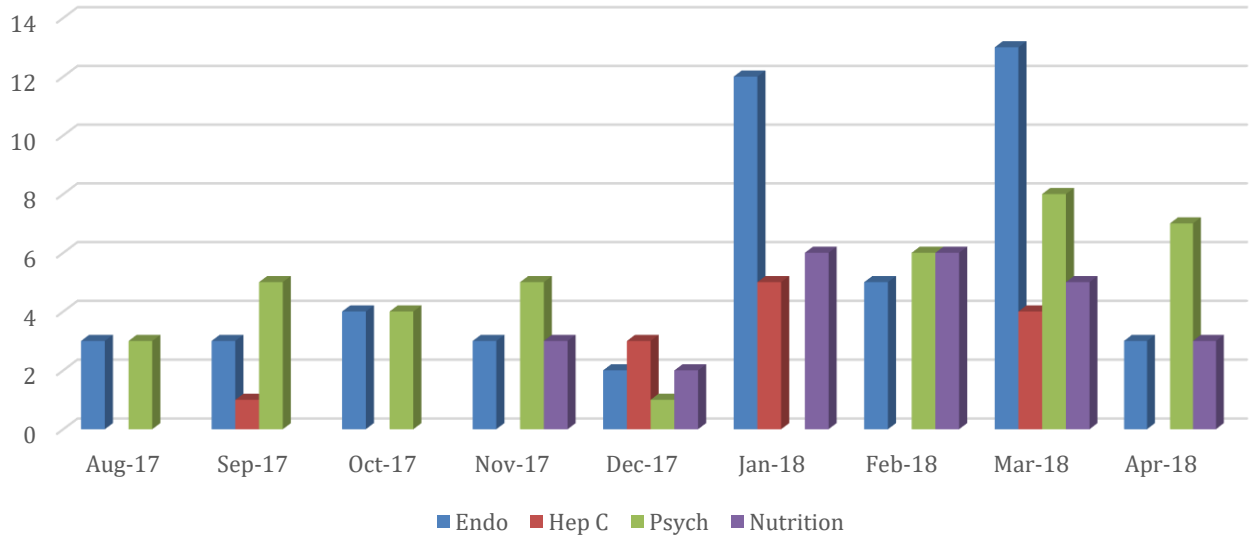
#### Public affairs/Marketing:

- As of late, new referrals have taken a steep downturn. We've had maybe three in the last month. I'm hoping a large part of that is the new providers in the area. I'm going to look into doing some revisits in Big Valley and Burney to remind current providers and introduce new ones to the program. Especially since Big Valley currently hasn't sent any referrals. Dr. Babb has offered to help with the process by sending an email once I set dates.
- I also think we're ready to do a blurb in one of the local papers. I was holding off until we had some months of consistently good service under our belts but the technology has been great. I'd probably be able to get a couple patient testimonials as well.

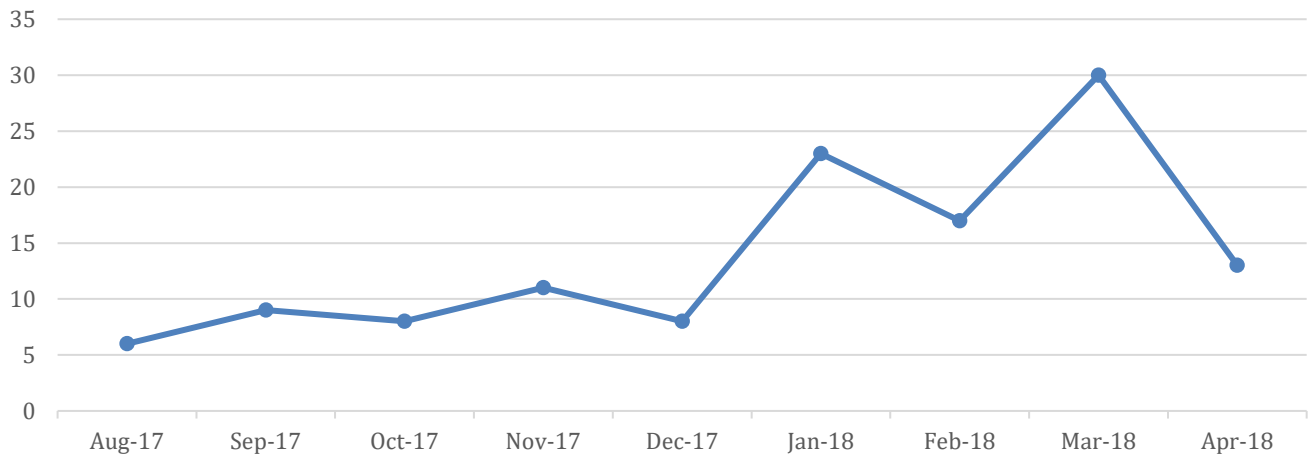
#### CTN/CTRC Telehealth Summit:

- I've received approval to attend the annual telehealth summit put on by the California Telehealth Network and the California Telehealth Resource Center May 16-18 in San Diego.

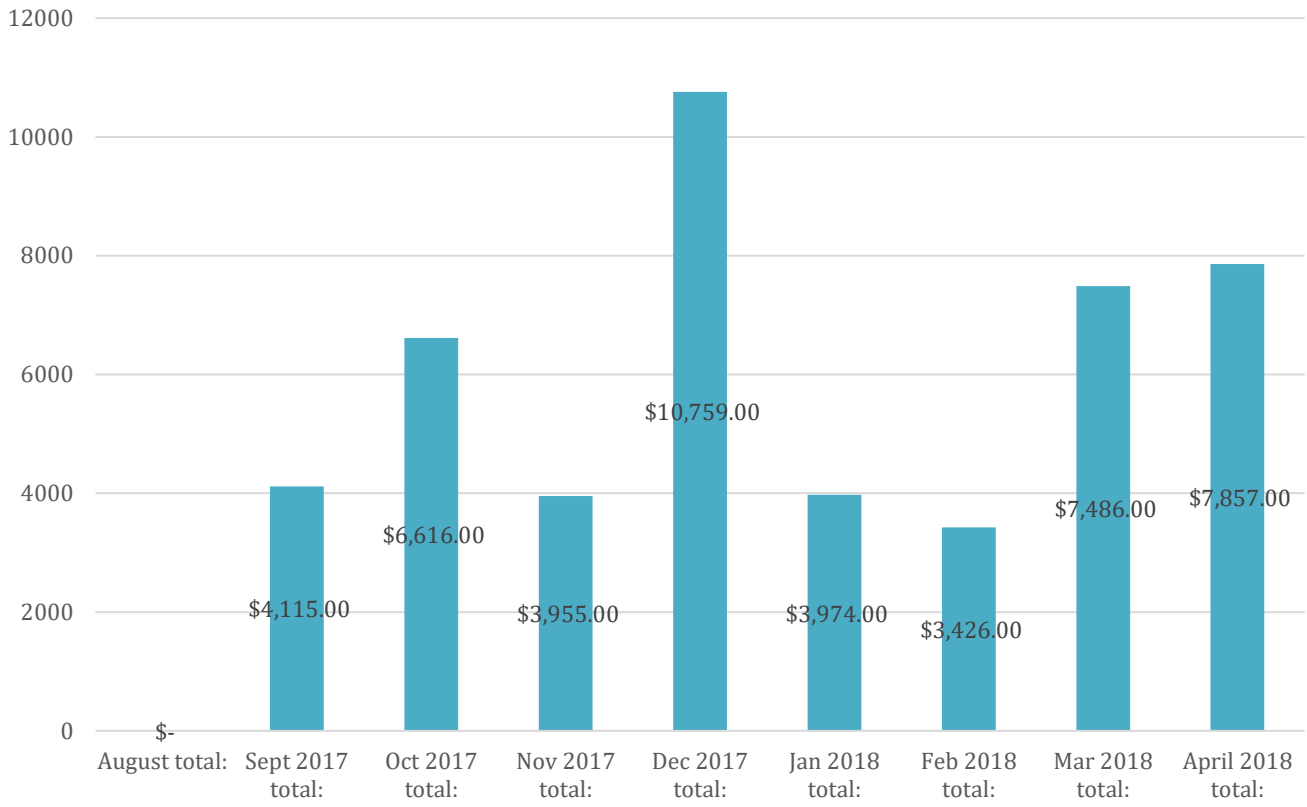
### Telemed Consults by Specialty



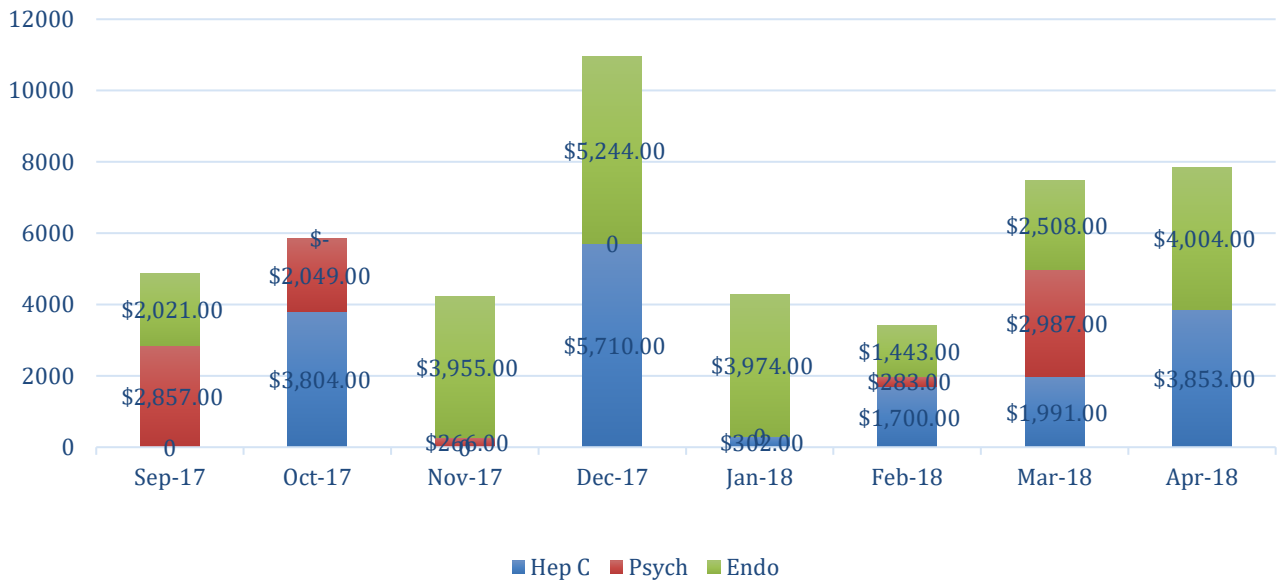
### Total Telemed consults



### Total ancillary services billed post-Telemed services



### Ancillary billing by specialty



# TOTAL

■ Endo ■ Hep C ■ Psych ■ Nutrition

