

Chief Executive Officer
Ryan Harris



Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tami Humphry, Treasurer
Lester Cufaude, Director
James Ferguson, Director

Board of Directors
Regular Meeting Agenda
December 4, 2024 @ 1:00 PM
Mayers Memorial Healthcare District
Fall River Boardroom
43563 HWY 299 E
Fall River Mills, CA 96028

Mission Statement
Leading rural healthcare for a lifetime of wellbeing.

In observance of the Americans with Disabilities Act, please notify us at 530-336-5511, ext 1264 at least 48 hours in advance of the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations. The District will make every attempt to accommodate your request.

				Approx. Time Allotted
1	CALL MEETING TO ORDER			
	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS			
	Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.			
2	2.1			
3	APPROVAL OF MINUTES			
	3.1	Regular Meeting –October 29, 2024	Attachment A	Action Item 1 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:			
	4.1	Hospice Quarterly Lindsey Crum	Attachment B	Report 2 min.
	4.2	Mayers Foundation Quarterly Michele King	Attachment C	Report 2 min.
	4.3	Clinical Education Brigid Doyle	Attachment D	Report 2 min.
5	BOARD COMMITTEES			
	5.1	Finance Committee		
	5.1.1	Committee Meeting Report: Chair Humphry		Report 5 min.
	5.1.2	October 2024 Financial Review, AP, AR and Acceptance of Financials		Action Item 5 min.
	5.2	Quality Committee		
	5.2.1	December Quality Meeting Committee Report		Report 5 min.
6	NEW BUSINESS			
	6.1	Cerner Ticketing Process		Discussion 2 min
	6.2	Ignite the Patient Experience Proposal	Attachment E	Action Item 2 min.

6.3	Moving Feb BOD Meeting-ELT conference conflict		Discussion/ Action Item	2 min.
6.4	Annual Organizational Process			
	6.4.1 Board Calendar	Attachment F	Action Item	2 min.
	6.4.2 Officers & Committees	Attachment G	Action Item	2 min.
6.5	Assign Ad Hoc Nominating Committee		Action Item	2 min.
	Policies and Procedures: Clean, In-use, Dirty Identification Process Emergency Operations Decontamination Plan Fecal Smear for Leukocytes			
6.6	Food & Nutrition in a Disaster Plan Handling of Soiled Linens at Point of Care Emergency Operations Plan Incident Command System (ICS) Nutritional Care Scope of Services – Clinic Services	Attachment H	Action Item	5 min.
6.7	Employee of the Month Action Item		Discussion/ Action Item	2 min.
6.8	Defibrillators Proposal	Attachment I	Action Item	2 min.
7	ADMINISTRATIVE REPORTS			
7.1	Chief's Reports – Written reports provided. Questions pertaining to written report and verbal report of any new items			
7.1.1	Director of Operations- Jessica DeCoito		Report	5 min.
7.1.2	Chief Financial Officer – Travis Lakey		Report	5 min.
7.1.3	Chief Human Resources Officer – Libby Mee		Report	5 min.
7.1.4	Patient Experience Update- Libby Mee and Val Lakey	Attachment J	Report	5 min.
7.1.4	Chief Public Relations Officer – Val Lakey		Report	5 min.
7.1.5	Chief Clinical Officer – Keith Earnest		Report	5 min.
7.1.6	Chief Nursing Officer – Theresa Overton		Report	5 min.
7.1.7	Chief Executive Officer – Ryan Harris		Report	5 min.
8	OTHER INFORMATION/ANNOUNCEMENTS			
8.1	Board Member Message: Points to highlight in message		Discussion	2 min.
9	ADJOURNEMENT: Next Meeting January 29, 2025			

Posted:

Chief Executive Officer
Ryan Harris



Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tami Humphry, Treasurer
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James Ferguson, Director

Board of Directors
Regular Meeting
Minutes
October 29, 2024 @ 1pm
Burney Annex Boardroom

These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.

CALL MEETING TO ORDER: Abe Hathaway called the regular meeting to order at 1:01 PM on the above date.

BOARD MEMBERS PRESENT:		STAFF PRESENT:	
Abe Hathaway, President		Ryan Harris, CEO	
Jeanne Utterback, Vice President		Travis Lakey, CFO	
Tami Humphry, Treasurer		Valerie Lakey, CPRO	
Jim Ferguson, Director		Keith Earnest, CCO	
Lester Cufaude, Director		Ashley Nelson, Board Clerk	
ABSENT:		Logan Young, Team Mayers MVP	
		Jack Hathaway, Director of Quality	
		Jessica DeCoito, Director of Operations	
		Libby Mee, CHRO	
		Theresa Overton, CNO	
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: NONE.		
3	APPROVAL OF MINUTES		
3.1	A motion/second carried; Board of Directors accepted the minutes of September 23, 2024.	Utterback, Ferguson	Approved by All
4	DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS		
4.1	Resolution 2024.14 –September Employee Of The Month: Logan Young. Motion Moved, Seconded and Approved.	Humphry, Ferguson	Approved By All
4.2	Safety Quarterly: Dana submitted her report, outlining Emergency Safety and Preparedness, the installation of new cameras around the facility and the monitoring of staffed/unstaffed beds. She attended a Disaster Conference and learned information to bring back to most depts. All staff has worked hard on updating policies and procedures, as needed. She also assisted Modoc in their first facility safety drill.		
4.3	Respiratory Therapy: David submitted his report, outlining the possible purchasing of PFT equipment (\$70,000 estimation) and the certification of Maryann through PFT. The Blood Gas Analyzers program is still being fixed so the data can be input into Cerner. He also explained his increased confidence in assisting children with respiratory issues.		
4.4	Employee Housing: Joey submitted his report, outlining his current work towards becoming certified in Water Distribution and Treatment at the lodge. He is also working with Arnese Stern and Britany Hammons to offer a support group for families of long term care residents.		
4.5	Construction: John submitted his report and Jessica explained. Jessica updated that the Solar Contractors that one less permit is needed for the project. There is a call scheduled for the next day, regarding more updates. The Rural Health Clinic application for permits will be signed and submitted to the county soon. A project management firm (a USDA requirement) will be selected and then, with legal, requests for proposals and bids will be submitted.		

5 BOARD COMMITTEES

5.1 Finance Committee

5.1.1 Committee Report: Tami updated that the committee approved of the 340B policy and recommended to bring to the full board the mobile MRI project. The team is working on a more defined update, regarding AR.

5.1.2 September 2024 Financial Review
Motion moved, seconded and approved. *Humphry, Utterback* **Approved by All**

5.1.3 Mobile MRI Commitment: Ryan updated that he is asking for \$500,000 commitment (\$450,000 with \$50,000 in fees) for a mobile MRI trailer. The CEO with Seneca will begin negotiations at trade shows, on our behalf. MMHD is looking for a vendor to offer a short-term solution for 5 various districts to offer services, with the shortest contract is 36 months instead of the requested 18 months. A firm will be hired to configure the logistics and staffing for the shared trailer, so all 5 districts can have the trailer at varied times (once every 5 weeks)
The motion was moved, seconded and approved for \$450,000 budget for a mobile MRI. *Utterback, Cufaude* **Approved by All**

5.2 Quality Committee

5.2.1 October Quality Meeting Committee Report: 9 Performance indicators are being asked to be reported by various departments and inputted into Teams, for specific staff to have access to. Jack is tracking QIP and there are 3-5 measures that can be adequately measured, resulting in 2 measures that can be financially paid forward to MMHD. I2I implementation will help lessen the load of manual input of data.

6 NEW BUSINESS

6.1 Policy and Procedure Summary 10-1-2024:
Motion moved, seconded and approved. *Utterback, Humphry* **Approved by All**

6.2 Policies and Procedures:

- 340B Inventory Management
- 340B Noncompliance/Medical Breach
- 340B Patient Eligibility/Definition
- 340B Prevention of Duplicate Discounts
- 340B Prime Vendor Program Enrollment and Updates
- 340B Program Agreement
- 340B Program Compliance, Monitoring/Reporting
- 340B Roles and Responsibilities
- Disbursement of Funds
- Employee Stipend – Cell Phone and Mileage
- EMTALA – Central Log Policy 02.01.00
- EMTALA – Medical Screening Examination and Stabilization 02.01.00
- EMTALA On-Call Policy 02.01.00
- EMTALA Reporting Policy 02.01.00
- EMTALA Signage 02.01.00
- EMTALA Transfer Policy 02.01.00
- 2024 HHS Poverty Guidelines
- Infection Control Management of Personnel
- Linen and Laundry Handling
- Surface Sampling Standard Operating Procedure
- Ultraviolet Light Disinfection

Hathaway, Utterback **Approved by All**

Proposed Changes:

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

Pg 21- MMHD numbers inputted instead of X's
 Pg 25- fully explain what the Prime Vendor Program is
 Pg 29- The 2 policy statements will be combined.
 Further changes will be brought to the Policy and Procedure Committee.
 Les asked to join the Policy and Procedure Committee.

Motion moved, seconded and approved with proposed changes.

- 6.3 Continuing education for the Board: Jeanne attended a conference and since the Governance Toolkit is completed, she proposed the book, "52 ways to be a better board" for board discussion. She requested copies of the book be purchased for members involved with the board.
- 6.4 Tour of the Burney Facility: Ryan conducted a tour of the Burney facility for the full board.

7 ADMINISTRATIVE REPORTS

7.1 Chief's Reports: written reports provided in packet

- 7.1.1 **DOO:** Report was submitted. Jessica updated the horn strobe that is being repaired in Burney will be completed tomorrow. The plan of corrections form Fire Life Safety is still being completed. Fire watch consisted of 419 days.
- 7.1.2 **CFO:** Travis updated that the insurance benefit costs have decreased, which will pass on to the Employees. MMHD is interested in a USDA loan for Master Planning.
- 7.1.3 **CHRO:** Report was submitted. Libby updated that Ashley attended a Board Clerk Conference in San Diego. The Leadership Academy submitted data regarding how the 15 leaders are doing in their training. Employee Compliance is being processed and employees are being asked to update annual compliance. The new regulation for RN/LVN staffing ration was discussed, along with possible RN/LVN partnering programs.
- 7.1.4 **CPRO:** Report was submitted. Val updated that her team is working on many different projects and doing a great job. A lack of building has paved the way to creating connections in the Intermountain Community. County permits are being picked up today for Phase 1 and Phase 2 for the Community Center through an expedited process, in thanks to Mary Rickert. This Friday is the deadline for dept scholarships.
- 7.1.5 **CCO:** Report was submitted. Keith updated that the Retail Pharmacy was inspected by a new state entity. The IV fluid shortage was handled by pharmacy, safety and purchasing. Errors regarding cleaning with fluorescent light numbers have increased but infection prevention is working on a process with Environmental Services. A new IP RN was hired and will train with the interim IP. Physical Therapy wait times have been decreased, with the new part time Physical Therapist. The possible referral process for PT was discussed. The new TB machine will be ordered and should arrive within 2 weeks, with scheduling reps to set up the machine.
- 7.1.6 **CNO:** Report was submitted. Theresa updated that the Acute survey coincided with the ACHC work that the staff is already completing. Staff education is underway. The process with NPH traveling agency is being streamlined and we are currently utilizing 0 full-time NPH nursing staff. Infection Prevention is helping staff understand the precautions of infections. Surgery will be back to regular scheduling for November.
- 7.1.7 **CEO:** Report was submitted. Ryan updated that he signed a new ED/Acute Med Director physician. The ACHC application was not submitted on October 15th, and once a vendor approves it, it will be submitted. The Provider Mixer involved Pit River Health and is planned to continue every 6 months. A book was ordered regarding empowerment, for staff. Ryan asked the Board to continue Holiday bonus' and think about it for the next mtg- \$1,200 for FT, \$600 for PT and \$300 for casual/probationary. The Board approved.

8 OTHER INFORMATION/ANNOUNCEMENTS

- 8.1 Board Member Message: Employee of the Month, Welcoming new PT, Community Event schedule, NSG, Denim and Diamonds date, update on FR Health Clinic, general commercial spot, Resident Therapy Session on Nov 19th at the Lodge, thank you to Pit River & staff for attending the Provider Mixer.

9 Move into Closed Session: 3:25 pm

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MEDICAL STAFF REAPPOINTMENT

Stephen McKenzie, MD
Javeed Siddiqui, MD (T2U)
Frederic Gorin, MD (UCD)
Matthew Chow, MD (UCD)
Katherine Park, MD (UCD)
Richard Granese, MD (T2U)

MEDICAL STAFF APPOINTMENT

Adrian Mora, MD (Dir. Radiology)
David Pleasure, MD (UCD)
Norman Malik, MD (Dir Radiology)
Happy Shaw, FNP (MVHC)

9.2 Conference with legal counsel regarding pending litigation (§54956.9)

10 Reconvene Open Session: 4:20 pm

11 Adjournment: 4:20 pm. Next Meeting is December 4, 2024 in Fall River.

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 Healthcare District

Board Member

Board Clerk



Department Reporting Managers Meeting and Regular Board Meeting

Manager & Department:
Lindsey Crum , Hospice

Reporting Month & Year:
11/2024

Summary:

In summary hospice has been very busy with trying to achieve pillar goals, continued high census and staffing challenges. We are excited for potential prospects of bringing in new staff to join us.

Top Projects (1-3):

The main project has been focuses on supporting children and families experiencing bereavement. Key components include:

1. **Educational Resources:** Pamphlets and books for parents and children of all ages, helping them process grief. Some books provide guidance for parents, while others are workbooks for children to express their emotions.
 2. **Family Support:** The resources have been valuable for families facing loss, providing comfort and guidance.
 3. **Partnership with Mercy Medical Center:** Collaborating with their hospice team, we expanded resources to include telehealth services, grief camps, and outreach programs, offering additional support options for families.
- The project has been instrumental in helping families navigate the challenges of grief.

Leadership Training has continued. Working through the process of becoming a better leader and communicator. The team has helped allot me time to do my training as needed and been very supportive

Wins (1-2):

#1 Yarely has been a great RN addition to our team. She is successfully out of training and her probationary period. She has really stepped up and help with coverage with patients due to lack of staffing.

#2 Hospice has done great with continued communication witiin the community to educate them on how hospice can help. We have continued to have high a census with patients stretched on all ends of the terrory. Our patient continue to be given fantastic care and the short staffing has not effected their care.

Challenge (1):

Staffing challenges. We have myself and one other nurse that have been the main caregivers to our patients. We have positioned opened in hopes of a new nurse. Manager duty have been placed to the side to make sure the patients are taken care of.



Department Reporting Managers Meeting and Regular Board Meeting

Manager & Department:

Michele King | MHF Program Director

Reporting Month & Year:

December 2024

Summary:

Fall is a dynamic season for the Mayers Healthcare Foundation (MHF), as several key initiatives and projects are launched during this time. Our team continues to demonstrate exceptional collaboration, with each member stepping up to support one another, MHF, and ultimately MMHD as a whole.

Top Projects (1-3):

- 1. Annual Appeal & North State Giving Tuesday (NSGT):**
2. Launching these campaigns remains a cornerstone of our fall efforts, fostering community engagement and donor support.
- 3. Denim & Diamonds Winter Gala:**
4. Planning, promoting, and organizing this signature event has been a significant focus.
- 5. Referral Processing & Clean-Up:**
6. Assisting MMHD with streamlining referral processes and ensuring data accuracy.

Wins (1-2):

- 1. Progress in Gala and Corvette Raffle Ticket Sales:**
2. The success in securing dinner reservations, table purchases, and raffle ticket sales for the Winter Gala is a significant win, mainly due to the collective efforts of our team.
 - Val's outstanding executive-level connections
 - Rowan's impactful social media posts and marketing efforts
 - Mary's work with the Plumas Bank display and community relations
 - Kandie's meticulous financial tracking
 - Support from the dedicated MHF Board members in promoting and selling Gala items

This collaborative effort is driving positive momentum and exemplifies the strength of teamwork.



3. **Implementation of DonorSnap:**
4. The adoption of DonorSnap, a new donor management software, reflects our commitment to being responsible stewards of the generous financial contributions to MHF. This decision, supported by executive leadership, will save \$5,000 annually. While transitioning to a new system presents challenges, we are confident in its long-term benefits and look forward to leveraging it to enhance our donor relations and management capabilities.

Challenge (1):

Volunteer Recruitment:

The greatest challenge remains the need for additional volunteers to support MHF's programs, projects, and events. From managing the fully volunteer-operated Thrift Store to processing the 6,000 Annual Appeal mailings and setting up events, we continue to seek and engage individuals interested in serving our community through these vital efforts. We will adapt and persevere as needed to meet this ongoing demand.



Clinical Education Department Reporting Quality

Manager & Department: Brigid Doyle MSN, RN

Reporting Month & Year: November 2024

Summary:

The Clinical Education Department provided a 2024 Calendar full of training for recertifications in Basic Life Support (BLS) 2 sessions monthly.

Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Neonatal Resuscitation Program (NRP) were offered biannually and quarterly to meet the certification requirements for new staff and recertification for tenured staff. Additional trainings scheduled were EKG 12-lead, Trauma Nurse training, Assessing and Treating Neonatal and Pediatric Respiratory Illnesses such as RSV.

Certified Nursing Assistant staff were provided with 27 in-class continuing education hours including content related to dementia, elder abuse, infection control including Covid update and c-difficile training, CNA professionalism and communication, validation of skills such as hand hygiene, donning and doffing personal protective equipment (PPE), safe patient handling, geriatric nutrition, and hydration with choking prevention skills validation from Registered Dietician. Training and consultation were provided to CNA staff renewing for the first time and on request for all renewing to support the arduous CDPH renewal process and to prevent lapses.

Top Projects (1-3):

1. Clinical Education was able to complete all 3 Priority Projects. (see attached)

Wins (1-2):

Clinical Education was awarded MMHD funds to purchase a manikin appropriate for training and validation skills for all clinicians at MMHD. The manikin is equipped with feedback auscultation sounds i.e., cardiac, and respiratory and has been used for 3 skills fairs for clinical staff.

All MMHD staff that are required to have BLS, ACLS, PALS and NRP are currently certified per Evercheck.



All CNA staff are currently certified and attend 24 hours of mandatory in-service training at MMHD.

Challenge (1): Clinical Education was challenged with CNA staffing issues related to lapses in recertification and the need to remove staff from the floor while waiting for remediation and recertification. These lapses occurred with 3 CNA staff that had completed the MMHD training and 4 CNA staff that had been trained externally. All were interviewed and given 1:1 consultation regarding the recertification process. The training provided in the Nurse Assistant Training Program and the CNA orientation were critically examined for process improvement. The process has been downloaded into Relias and an attestation of understanding and directions for additional consultation given. The process is discussed and memorialized in CNA orientation where all staff are given 1:1 consultation on the CDPH process and their dates for renewal; and reviewed in the CNA training for CEU's ("CNA Professionalism" 1 hour).

Respectfully submitted,

Brigid Doyle MSN, RN



LETTER OF AGREEMENT

NOVEMBER 21, 2024

Ryan Harris
Chief Executive Officer
Mayers Memorial Healthcare District
43563 CA-299
Fall River Mills, CA 96028

**Re: Mayers Memorial Healthcare District
– The Rural Hospital of Choice™ Partnering Proposal**

Dear Ryan,

We're honored to have this opportunity to serve as implementation partner and coach to Mayers Memorial Healthcare District in your vision of Creating a 5 Star Culture of Healing Kindness.

The Rural Hospital of Choice – Service Excellence Initiative™

This letter will introduce and recommend your utilization of *The Rural Hospital of Choice – Service Excellence Initiative™*. *The Rural Hospital of Choice – Service Excellence Initiative™* is a comprehensive customized, 3-year cultural transformation process that will enable you to achieve and sustain a long-term, competitive advantage through breakthrough increases in patient, employee, and physician satisfaction.

Custom Learning Systems

Custom Learning Systems (CLS) is a cultural transformation implementation organization whose focus is devoted exclusively to healthcare. Our mission is to *Create World-Class Patient, Employee, and Physician Satisfaction*.

This document presents our capabilities to you in the areas of:

1. Guaranteed Results	2
2. Why Custom Learning Systems is the Ideal Partner	3
3. Process Overview	10
4. Tools, Technology, and Inspiration	24
5. Engagement Experts	30
6. Value-Added Service Excellence Options	31
7. Investment Summary	32
8. Signature Page	33

The following Executive Summary provides greater detail to the preceding outline:

GUARANTEED RESULTS

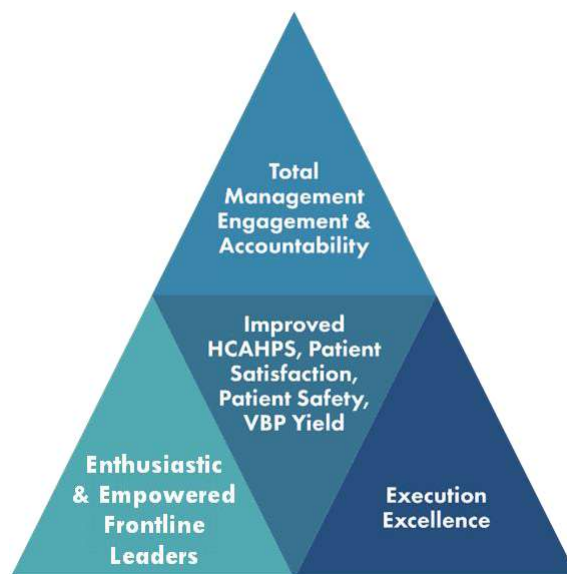
The following are key deliverables during this 3-year transformational initiative.

Mayers Memorial Healthcare District will:

- Systematically engage its leadership, caregivers, and providers in the transformation to achieve a 5 Star culture of healing kindness
- Improve the patient experience over three years through the delivery of compassionate, caring service at every level (*Provider of Choice*).
- Enhance employee morale and reduce controllable turnover by 50% over three years, through the creation of an empowering and supportive work environment (*Employer of Choice*).
- Permanently hardwire leadership accountability to achieve individually negotiated goals for patient and employee satisfaction (*Leadership Accountability*).
- Engage and empower **5% of your best and brightest frontline staff**, we call them **Service Excellence Advisors™**, to provide enthusiastic Service Excellence Leadership to their peers.
- During the full three years, implement priority relevant best practices from our **Rural Hospital of Choice Implementation Imperatives** (See page 23).
- Successfully involve physician leadership in being accountable for patient experience scores by first addressing their dissatisfiers as internal customers (*Physician Satisfaction*).
- Break down **department silos** through our multi-disciplinary approach at every level and create a customer-driven seamless experience for the patient and family.
- Achieve a permanent customer-driven **cultural transformation** that eliminates the attitudes of entitlement, and perceptions of *Us vs. Them* between management and the frontline. The new culture will effectively clean house of the actively disengaged personnel.

WHY CUSTOM LEARNING SYSTEMS IS THE IDEAL PARTNER:

1. The 3 Cornerstones of a Culture of Engagement:



a. Cornerstone #1 – Total Management Engagement and Accountability Includes:

- i. **Gaining Management Buy-In** – At the beginning of this process, a dynamic and interactive *Leadership Briefing™* is delivered to gain a buy-in from leaders at every level, to both understand and enthusiastically participate in this three-year training and implementation process.
- ii. The CLS **Systems Management Center** is an integrated, web-based tool kit, customized to Mayers Memorial Healthcare District, which includes implementation tools, accountability agreements, and progress monitors to ensure flawless implementation.
- iii. **Dynamic**, high-impact on-site Leadership Training is provided each year, to give every leader the tools they need to improve employee satisfaction and retention, and positively impact HCAHPS scores.
- iv. **Multi-Disciplinary Best Practice Team** – Every Administrator, Director, Manager and Supervisor participates in an annual multi-disciplinary Service Improvement team to implement a priority best practice. A team-specific charter and implementation Tool Kit is provided.
- v. **Physician Integration and Engagement** – The *Rural Hospital of Choice – Service Excellence Initiative™* proactively engages Physicians to participate in improving their patient experience scores individually and by department.
- vi. **Board Accountability Briefing™** – On a quarterly basis, a Board Accountability Briefing™ is conducted to provide an update to your Hospital Board on the progress of the *Rural Hospital of Choice – Service Excellence Initiative™*.
- vii. **Multiple Site System Integration, and Breakdown of Silos** – As a result of the chartering of multi-disciplinary, cross-functional teams of managers as well as frontline leader Service Excellence Advisor™ teaching teams, a key deliverable of this process is the breakdown of departmental silos and barriers along with the integration and bonding of personnel at multiple sites and the creation of one common organization-wide culture.

- viii. **Annual New Manager Training** – All new and prospective managers attend an annual *Service Empowerment Leadership Course for New Managers™*.
 - ix. The Quarterly **CEO's Service Accountability Roundtable** ensures a systematic patient and internal customer survey report accountability review like a quarterly budget review process (Year II).
- b. **Cornerstone #2 – Enthusiastic and Empowered Frontline Leaders Includes:**
- i. **Frontline Service Excellence Advisors/Train-the-Facilitator Course** – An annual frontline Training process engages the best and brightest of your frontline staff to:
 - Teach an annual *Service Excellence Workshop™* to existing staff
 - Title: *Service Excellence Workshop™*
 - Mission: How caregivers can support and empower patients to realize a consistent level of compassionate care whether it's inpatient, outpatient, in a clinic, home health, etc.
 - Teach Service Excellence to all new hires
 - Serve as a role model to positively impact negative peer behavior
 - Participate in peer recruitment efforts
 - Breakdown “*Us vs. Them*” barriers with management
 - ii. **Gaining a Frontline Buy-In** – Candidates for the frontline leader Service Excellence Advisor program attend a special *Orientation* to enable them to make an informed choice about their potential involvement.
 - iii. **Annual Joint Manager – Frontline Leadership Education and Collaboration** – This process delivers an annual joint Manager-Frontline Leader education seminar to enhance professional development and further break down “*Us vs. Them*” communication barriers.
 - iv. **Annual Staff Service Excellence Skills Workshop** – All staff, leadership, and volunteers attend a customized annual 2-hour *Service Excellence Workshop™* at which they learn essential patient-focused communication and service skills. Workshop content is custom designed to address negative patient priority indicators identified by your Patient Experience Survey Company research and other key customer listening posts.
 - v. **New Hire Service Excellence Training** – All new hires attend a special 2-hour *Service Excellence Workshop™* taught by your frontline Service Excellence Advisors.
 - vi. **Frontline Leader Mentorship Process** – Frontline Service Excellence Advisors have the option to participate in a Year II and III *Service Excellence Ambassador/Mentor* process to enable them to provide mentoring coaching support for new frontline SEAs and continue their own personal growth leadership development and receive a special half-day seminar to further enhance their leadership skills.
 - vii. **Volunteer Integration** – Volunteers play an important role in patient experience and participate fully in the frontline Train-the-Facilitator process as well as attend the annual *Service Excellence Workshop™* and DO IT meetings.

c. **Cornerstone #3 – Execution Excellence Includes:**

- i. **Celebration Service Summit™** – The *Rural Hospital of Choice - Service Excellence Initiative™* provides an organizational platform for an annual *Service Summit™* that maintains dynamic momentum for the entire process, ensures leadership accountability, provides continuous recognition, and celebrates participant contribution and results.
- ii. **Daily 15-minute Huddles** – Prior to the launch of monthly staff DO IT meetings, all staff participate in this daily discipline to share customer feedback and agree upon plans for continuous improvement.
- iii. **Annual Progress Check Up™** – Approximately three months prior to completion of each year's plan of action, a one-day *Progress Check Up™* is conducted by a CLS Senior Executive to systematically evaluate our joint efforts in utilizing the Blueprint to Hardwiring a 5 Star Patient Experience™ that was developed at the beginning of the process.
- vi. **OASIS Best Practice Team – Charters** – Over three years you will be provided with specific, comprehensive charters for the OASIS Service Improvement Teams.

2. **Critical Clinical Area Focus:**

a. **Physician Satisfaction and Engagement**

- i. Gaining understanding and support for your *Rural Hospital of Choice – Service Excellence Initiative™*.
 - Ensuring physician literacy for their patient experience scores
 - Introducing ranked, comparative reporting of individual and departmental patient experience scores
 - Involving physicians in setting goals for continuous improvement of patient experience scores
 - Creating awareness of concerns about their role in nurse retention and the need for good citizenship/behavior

b. **Nurse Leadership – Nurse Magnet Issues Focus:**

- i. **Change Leadership Transformation Vehicle** – The *Rural Hospital of Choice – Service Excellence Initiative™* provides a turn-key tactical and strategic vehicle for successful change leadership transformation, for additional initiatives such as **Patient Safety, Joint Commission Accreditation Preparedness, Baldrige Quality Award, and Nurse Magnet Application**. In fact, this process implements organization-wide 13 of the 14 attributes of nurse magnetism (does not include Nurse Governance).
- ii. Application of the principles and best practices from Brian's book, *Keep Your Nurses and Health Care Professionals for Life*.
- iii. Vital nurse best practices such as accountable rounding, customized nurse self-scheduling, service recovery, and externship and mentoring process.

3. On-site Training, Coaching, and Implementation:

All CLS courses, seminars, workshops, orientations, and briefings, are presented onsite at your facility, eliminating unnecessary and costly travel and accommodation expenses.

Leadership Performance Dashboard™ – Accountability Coaching

The CLS Leadership Performance Dashboard™ model includes the following key focuses:

- a. **CEO Coaching** – An initial coaching session on how to leverage the CEO’s position and influence to:
 - i. Improve customer, employee, and physician loyalty.
 - ii. Institute leadership accountability for measurable results.
 - iii. Inspire sustainable commitment and support.
- b. **Executive Implementation Calls** – Will be provided to your CEO and CNO on a regular, mutually agreed-upon schedule.
- c. To ensure the effective coordination of this dynamic process, CLS provides a role and responsibility framework, as well as one-on-one coaching from our Implementation Specialist for:
 - i. **One Super Coach** to lead and coordinate the **OASIS** Team process.
 - ii. **One Super Coach** to lead and coordinate the **Service Excellence Advisor** Train-the-Facilitator process.
 - iii. **One Super Coach** to monitor and provide direction on CAHPS and other surveys.
 - iv. **One Super Coach** to liaise with the Physicians/Providers.
- d. **Individual Leader Coaching** – Every leader involved in this training initiative from a supervisor to C-Suite is provided with one hour of coaching through your assigned CLS Implementation Specialist.
- e. **Service Excellence Advisors™** – Receive coaching and continuing support from their Implementation Specialist beginning at a specially scheduled orientation and throughout the year-long term.

4. Custom-Tailored Program Design

- a. **Process Leadership College™ (PLC)** – One day of intensive training provided for your Process Leaders, including the CEO, Service Excellence Council Chair (if chosen), Implementation Coordinator (IC), and your entire Administration Team is scheduled immediately following a decision to proceed. Highlights of *Process Leadership College™* include:
 - i. **Implementation Coordinator Handbook** – A turn-key Implementation Coordinator’s Handbook provides step-by-step detailed checklists, systems, and forms to plan and organize every detail of the three-year process.
 - ii. **Guidance on Process Leadership Selection** – Together we guide your Process Leaders in the selection of Process Leadership including your Service Excellence Council members and Service Improvement Teams.
 - iii. **Implementation Timetable Design** – In partnership with you, we custom design a flexible annual timetable for educational and implementation action.
- b. **Linkage to Survey Company Expertise** – The *Rural Hospital of Choice – Service Excellence Initiative™* optimizes utilization of your Patient Experience Survey Company reports, services, and consulting personnel. These are services you pay for but may be under-utilizing.
- c. **Integration of Previous Service Loyalty Initiatives** – Our total customization process values, integrates, and builds upon your previous initiatives, teams, and processes and honors those individuals who have contributed to date.
- d. **Dedicated Mayers Memorial Healthcare District Service Excellence Website Portal** – We will provide a customized web-based portal that provides access to all tools, resources, and intellectual capital.

5. World-Class Implementation and Expertise

- a. **Brian Lee CSP, HoF** – The *Rural Hospital of Choice – Service Excellence Initiative™* was developed by Brian Lee CSP, in partnership with over 100 hospitals and healthcare organizations for over 20 years. One of North America’s leading healthcare authors and sought-after experts in the field of patient, employee, and physician satisfaction, Brian Lee is also the author of 10 books, including *Satisfaction Guaranteed* and *Keep Your Nurses and Healthcare Professionals for Life*.
- b. **Dennis Shelby, MSW** – Dennis has been an Administrator/CEO for over 30 years in psychiatric, rehabilitation, and rural hospitals. He believes that he was put on this earth to serve others, and his focus is to help keep rural hospitals vibrant and to grow and develop healthcare leaders and medical providers. In all of the hospitals he’s led, his goal was to leave the organization in a better position than when he arrived.
- c. **Mark Brodeur, MHA, CPXP** – Mark brings over 35 years of experience in hospital management to his role at Custom Learning Systems. He has 22 years’ experience as a hospital CEO in for-profit and non-profit settings. Through his background and knowledge base, Mark is able to address the real-world issue faced by clients trying to improve operational performance and culture development. Mark earned his Masters in Healthcare Administration from St. Louis University. His hospitals have been recognized by the National Quality Healthcare Award, Foster-McGaw Award, and 5 Star ratings from HealthGrades.
- d. **Michael Kolenda, PhD** – Mike assists healthcare organizations with implementation and/or improving service delivery programs and systems related to outpatient clinical care, education, and staff training and development. He has spent over 40 years in the healthcare field as a clinician, manager, or senior administrator. Dr. Kolenda is a Licensed Clinical Social Worker and Marriage & Family Therapist in Indiana, and he received a Masters and a Doctoral degree in Counseling & Guidance from the University of Alabama. Throughout his career, Mike has initiative and led start-up health care efforts that became successful business ventures both clinically and fiscally. He routinely assembled, managed, and grew work teams that were mission-driven, clinically effective, quality-focused, and financially successful.
- e. **Ron Webb, MBA, MHA, FACHE** – Ron understands the issues that health care organizations face, with over 35 years of experience in the health care field. He has been CEO of hospitals in Missouri, Oklahoma, South Carolina, Louisiana, New Mexico, and Montana. In each of these, his leadership focused on engagement and improvement. He completed his undergraduate degree in Business Management with an emphasis in Personnel Management at Arkansas State University. He received both an MHA and an MBA from the University of Missouri. Ron has long held a passion for improving quality and the patient experience. He has won several awards, including Senior Executive Leadership Award from the American College of Healthcare Executives, and the Advocacy in Action Award from the American Hospital Association.
- f. **Client Specific Implementation Specialists – The Rural Hospital of Choice – Service Excellence Initiative™** is presented by a team of seasoned, world-class healthcare Implementation Specialists selected for their exceptional platform skills, intuitive consulting abilities, coaching skills, and commitment to our creed: *Making a difference in the lives of people who make a difference in the lives of people.*

- g. **Client Specific SWAT Team** – A System Wide Action Team of training and Implementation Specialists, coaches, and support personnel are assigned to facilitate and expedite your specific *Rural Hospital of Choice – Service Excellence Initiative™*.
- h. **Clinical and Administrative Consulting Faculty** – In addition to the assigned SWAT Training and Implementation Team, CLS also maintains a consulting faculty of clinical and administrative experts to facilitate the resolution of operational and clinical issues.
- i. **Adapted Process Options** – This process totally adapts the hospital-oriented programming to Medical Practices, Long-Term Care, Home Care, and Ambulatory Surgery Centers.

6. Our Focus on Making a Difference:

CLS believes that most of today’s disillusioned and demoralized staff and leaders can be reengaged, and their commitment reawakened by connecting them with their primary reason for choosing the healing professions... namely being in service and helping others. It is a sacred vocation and a noble calling. Service to others and servant leadership are a vital message in everything that we do. To that end, CLS:

- a. Rolls out the best practice of **Inspirational Story Telling** and integrates it into all training and implementation programs, to affirm the need for your leaders to share true inspiring stories of service heroism to affirm the values of world-class patient experience.
- b. **Annual HealthCare Service Excellence Conference** – To reinforce and acknowledge your people’s commitment to making a difference, CLS provides a dynamic 3-day client conference that annually exposes your team to world-class inspirational health care speakers and trainers, focusing on subject areas of service excellence, employee retention, and leadership and professional development. The cost of registration fees is included in our overall training proposal.
- c. **Annual HealthCare Summit Awards Program** – To further inspire exceptional patient and employee satisfaction, a comprehensive turn-key awards and recognition program to celebrate and acknowledge exceptional client achievement in 25 categories of patient, employee, and physician satisfaction is incorporated into your year’s plan of action.

TURN-KEY GUARANTEED PRICE

This turn-key value-added *Rural Hospital of Choice – Service Excellence Initiative™* is offered with a one-price investment format.

In closing, should this *Rural Hospital of Choice – Service Excellence Initiative™* partnering proposal meets with your approval, would you please sign page 33 and email to rhonda@customlearning.com so we can take immediate action to begin this exciting journey to becoming an *Employer and Provider of Choice™*.

Sincerely,



Rhonda Stel
Director of Service Development



Pat Goodberry
Chief Operating Officer

cc Brian Lee CSP, HoF, Chief Executive Officer

Process Overview

“The reason most people never reach their goals is that they don't define them, learn about them, or even seriously consider them as believable or achievable. Winners can tell you where they are going, what they plan to do along the way, and who will be sharing the adventure with them.”

- Denis Waitley

Patient Experience Scores

Upon obtaining a measurement of Patient Experience, we will work with Mayers Memorial Healthcare District to implement a plan to achieve aspirational targets of patient experience by 2028.

Recommendations

Provider of Choice

1. Achieve an effective level of leadership and frontline accountability for patient experience scores.
2. Create effective frontline buy-in, ownership, and empowerment.
3. Improve patient experience scores over a 3-year period.
4. Create a pre-eminent organization-wide culture of healing kindness.
5. Achieve a CMS 5 Star patient experience rating.

Employer of Choice

1. Create a functional patient driven culture.
2. Foster trust and communication at all levels.
3. Initiate a Rewards and Recognition culture where staff feel valued and appreciated.
4. Create engagement and real empowerment and input into decision making.
5. Improve Physician/Nurse relationships.

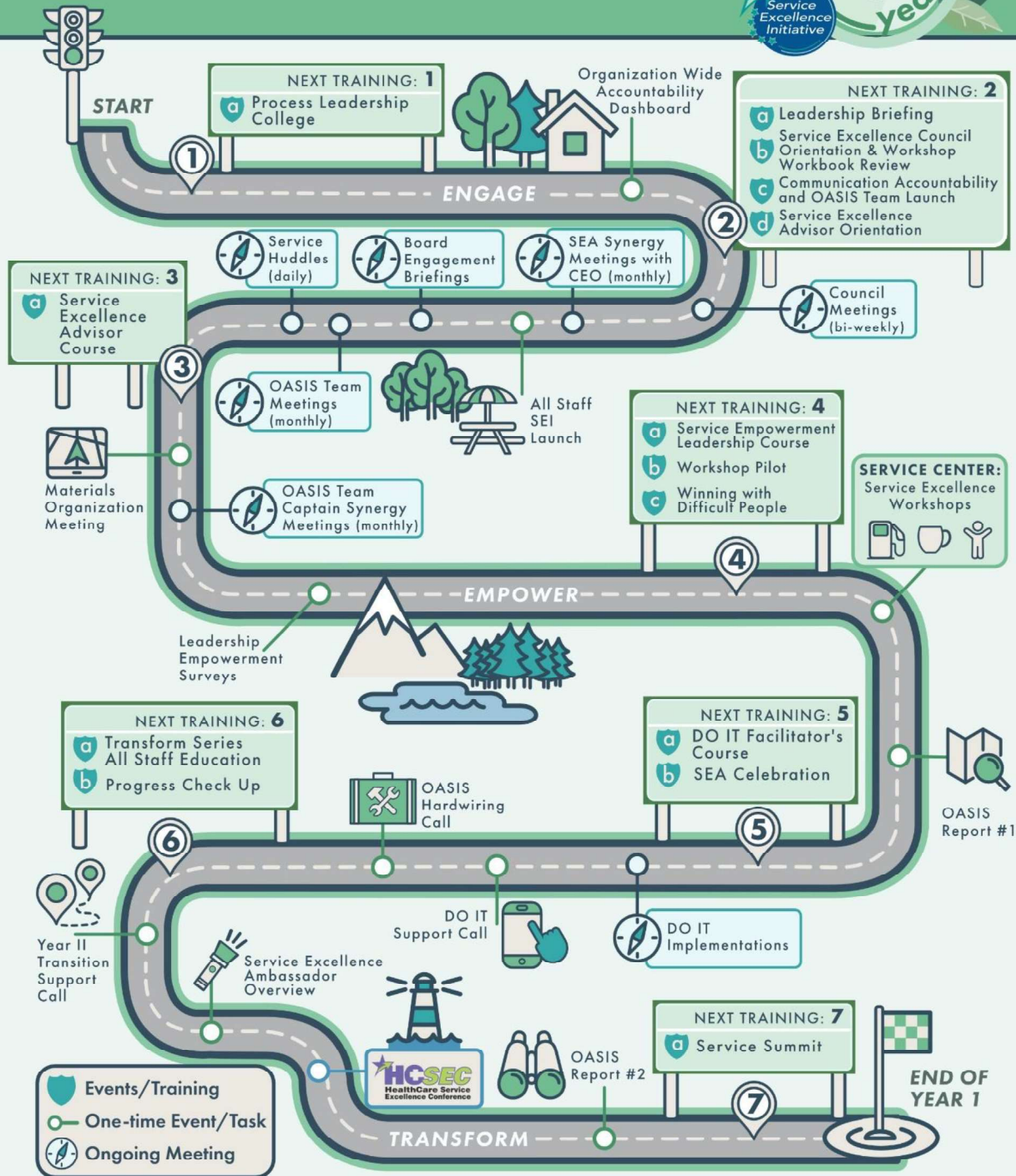
Physician Satisfaction

1. Engage physicians more actively in our on-going continuous Quality Improvement Process.
2. Engage physicians to utilize patient experience survey data as a tool for continuous improvement.
3. Increase patient volume by enhanced referrals from physicians.
4. Significantly improve physician engagement and satisfaction over a 3-year period.
5. Adopt a comprehensive strategy to retain physicians.

Market Share Growth Goal

1. Reverse market share stagnancy/decline and start growing again.
2. Significantly improve swing bed census.

Service Excellence Roadmap



Year I Program Training and Implementation

SERVICE EXCELLENCE INITIATIVE™ (SEI) LAUNCH

Step #1A Process Leadership College™

This engagement letter provides for one day of training for your CEO, Implementation Coordinator (and Assistant), and your entire Administration Team. *Process Leadership College™* is an overview of the *Rural Hospital of Choice – Service Excellence Initiative™* and provides training for the Implementation Coordinator and other Process Leadership to ensure a successful Service Excellence Initiative.

Best Practices Gap Analysis and Focus Groups

Conducted during your *Ignite the Patient Experience™*, the Best Practices Gap Analysis includes a comprehensive assessment of your Best Practices, as well as a focus group with your frontline staff. The recommendations coming out of this assessment will be reviewed and decisions made for implementation.

Step #2A Leadership Briefing™

Shortly following Process Leadership College, we will conduct a 4-hour *Leadership Briefing™* involving all managers, supervisors and members of the Administration Team entitled *Creating World Class Service Excellence at Mayers Memorial Healthcare District*.

The purpose of the Leadership Briefing is to:

- Share the results of our research.
- Conduct an educational session on the eight *critical steps* necessary to create a culture that will support world class customer satisfaction.
- Provide attendees with an overview and understanding of the *Rural Hospital of Choice – Service Excellence Initiative™*.
- **Answer questions** and ask for a **commitment**.

Links to the *Leadership Empowerment Survey* will be given to all direct reports to complete on their managers, for managers to gain useful feedback to improve service to their patients and customers.

Step #2B Service Excellence Council Orientation™ and Workshop Workbook Review

The *Service Excellence Council Orientation™* takes place following the *Leadership Briefing™* and sets out the Service Excellence Council's roles and responsibilities in the *Rural Hospital of Choice – Service Excellence Initiative™*. They will also be reviewing the workshop workbook content that your chosen frontline staff will be teaching to your entire organization.

Step #2C Communication Accountability™ and OASIS Team Launch

This session is dedicated to two specific areas of focus:

- Communication Accountability: Your Administration Team spends time developing the organization-wide Accountability Dashboard in terms of CAHPS, Patient Experience, Employee Satisfaction, and general Service Excellence goals.
- OASIS Team Launch: Your newly chosen Service Improvement Teams are oriented and trained on their charters for their projects.

Step #2D Service Excellence Advisor™ Orientation

Your managers will select their *Service Excellence Advisors™* (on a ratio of approximately 1 SEA per 16 employees). We recommend **20 SEAs** from Mayers Memorial Healthcare District.

- SEAs are your *best and brightest* frontline staff who have a terrific attitude and have consistently demonstrated their commitment to Customer Satisfaction.
- SEAs are appointed for a one-year term and sign an agreement to serve for that time frame *in addition* to their current job duties.
- The selection is finalized by way of a half-hour meeting with their Manager and Administrator/Vice President and/or attendance at the SEA Orientation.

Step #2E The Provider Service Excellence Briefing

The *Provider Service Excellence* Briefing is scheduled at the beginning of Year I with the objective of:

- a. Gaining an understanding and support for your *Rural Hospital of Choice – Service Excellence Initiative™*.
- b. Ensuring physician literacy for their patient experience scores.
- c. Introducing ranked, comparative reporting of individual and departmental patient experience scores.
- d. Involving physicians in setting goals for continuous improvement of patient experience scores.
- e. Creating awareness of concerns about their role in nurse retention and the need for “good citizenship/behavior”.

Frontline Leader Training

Step #3A Service Excellence Advisor, Train-The-Facilitator™ Certification Course

The entire initiative shifts into high gear when *Service Excellence Advisors™* (SEAs) participate in a two-day Train-the-Facilitator course in which:

- The morning of Day One we deliver your customized customer satisfaction *Service Excellence Workshop™* that the SEAs will teach, and the remainder of the time we train them how to team-teach the workshop themselves, in groups of 4.
- In the late afternoon of Day Two, SEAs, Managers, and family are invited to attend the course graduation celebration, at which SEAs collectively team-teach an abbreviated World Premiere of your brand-new *Service Excellence Workshop™*.



SEA Class of 2022 – Good Samaritan Hospital, Vincennes, IN



-  **1 Service Excellence Workshop**

-  **2 Co-facilitate DO ITs**

-  **3 Positive Role Model**

-  **4 New Hire Orientation Training**

-  **5 Management Communication Liaison**

Leadership/Frontline Combined Training

Step #4A Service Empowerment Leadership Course™

Service Empowerment Leadership Course™ is a one-day training program presented to your management team of administrators, directors, and supervisors to provide them with an understanding of the state-of-the-art leadership skills necessary to revitalize your hospital's culture to become an *Employer and Provider of Choice™*. Managers will receive the results from their *Leadership Empowerment Surveys* at this time.

Step #4B Piloting of the Service Excellence Workshop

During the next 3 – 4 weeks:

- Your Service Excellence Advisor Teams prepare and deliver a *pilot* of the workshop for their SEA peers to further refine the actual content and demonstrate it can be done successfully.
- Meanwhile, all SEAs proceed to finalize preparation of their own workshops, while simultaneously the Education and Human Resources departments enroll 100% of staff for the scheduled workshops as well as implement a total organization-wide communication process.

Step #4C Winning with Difficult People™

Just prior to commencing the in-house workshops, SEAs and their managers participate in a special *Winning with Difficult People™* course designed to focus on skills to deal with difficult attitudes and behaviors from patients, co-workers, etc.

Service Center – Roll-Out Delivery of Service Excellence Workshop™

Over the next 4 – 6 weeks, SEAs proceed to team-teach the *Service Excellence Workshop™* to everyone in the entire organization, while personally serving as a role model, change agent, and service champion within their own department/unit.

Department Focus/Celebration

Step #5A DO IT Facilitator's Course (Departmentally Organized Improvement Tactic)

To prepare and train for departmental DO IT meetings, the entire leadership team and the SEAs attend a half-day *DO IT Facilitator's Course™* prior to the launch of their DO IT meetings.

DO IT Departmental Implementation Meetings

Over the next year, all staff attend unit/workgroup DO IT meetings (monthly) facilitated by their manager and SEA, in which they devise their own relevant plan to implement the customer satisfaction principles taught in their *Service Excellence Workshop™* for the purpose of eliminating the departments/units' customer's top 5 dissatisfiers, and systematically improve the patient experience.

Step #5B OASIS Updates

To ensure continuous focus and forward motion of the chosen service improvement projects, OASIS Teams provide an update on their progress.

Step #5C Service Excellence Advisor Celebration

It's time to say *Thank You* and to celebrate the work the Service Excellence Advisors have done on their workshops. This celebration could include appetizers, cake, a pizza party, awards, speeches, or anything else that would help celebrate the achievements of the SEAs. Administrators, Directors, Managers and Supervisors are encouraged to attend to congratulate and thank the SEAs.

Step #6A Transform Series All Staff Education

To maintain enthusiasm for process and provide supplementary education to further drive the *Rural Hospital of Choice – Service Excellence Initiative™*. The Transform Series All Staff Education is a 50-minute training session followed by 10 minutes of facilitated discussion. This will be a live virtual presentation, and there will be a choice of two or three modules to choose from.

Step #6B Evaluating the Journey – Annual Progress Check Up™

Facilitated by a Custom Learning Systems Executive, the Administration Team, SEAs, managers, and Service Excellence Council meet to debrief on and review the Service Excellence year's successes and outcomes, agree upon improvements for the future, and familiarize themselves with next year's process.

Step #7 Celebration/Recognition – Service Summit™

To sustain momentum and commitment from everyone, celebrate success, and share experiences, OASIS Teams and SEAs attend the *Service Summit™* following completion of the OASIS projects at which the OASIS Teams take 3 - 5 minutes to brag and report on their success in implementing their Best Practices.

The Rural Hospital of Choice Initiative™ Timetable – Year I Mayers Memorial Healthcare District, Fall River Mills, CA



AT – Administration Team, MT – Management Team (includes all Supervisors, Managers, Directors, & Executives), SEC – Service Excellence Council, IC – Implementation Coordinator, SEA – Service Excellence Advisors, SSC – SEA Super Coaches, TC – OASIS Team Captain, OASIS (Organizationally Advanced Service Improvement Systems) Teams, B – Board, BIO – By Invitation Only, ATC – Assistant Captain, OSC – OASIS Super Coach

***Implementation Specialist: TBD

*VP of Process Improvement: TBD

Revised: November 21, 2024

#	Month/Year	Event	Attendees	Location
ENGAGE				
1	January 2025	1A. Process Leadership College 8:30 - 5:00 pm - 1 Day	AT, IC	Offsite
EMPOWER				
2	February 2025	2A. Leadership Briefing*** 8:00 - 12:00 pm	AT, MT, SEC, B, IC	
		2B. Service Excellence Council Orientation & Workshop Workbook Review*** 1:00 - 5:00 pm	SEC, IC	
	February 2025	2C. Communication Accountability & OASIS Team Launch*** 8:00 - 3:00 pm	AT, MT, SEC, IC	
		2D. Service Excellence Advisor Orientation*** 3:30 - 5:00 pm	SEA, SSC, IC	
	February 2025	Service Excellence Initiative™ Launch	Anyone Wearing a Badge,	
February 2025	Board Engagement Briefing #1	CEO, IC		
3	March 2025	3A. Service Excellence Advisor (Train-the-Facilitator) Course*** Day 1, 8:00 - 5:00 pm Day 2, 8:00 - 3:30 pm (Admin Team Q & A 8:00 - 9:00 am)	SEA, SSC, IC	
		Day 2, SEA Graduation (Time 4:00 - 5:30 pm)	SEA, SEC, AT, MT, IC	
	March 2025	3B. Materials Organization Meeting (Facilitated by IC & SSC) 9:30 - 12:00 pm	SEA, SSC, IC	
	March 2025	Leadership Empowerment Survey		
4	April 2025	4A. Service Empowerment Leadership Course*** 8:00 - 4:30 pm	AT, MT, SEC, IC	
		SEC Meeting to Review SEI Hardwiring Dashboard*** 4:30 - 6:00 pm	SEC, IC	
	April 2025	4B. Workshop Pilot - Presented by SEAs *** 8:00 - 12:00 pm	SEA, SSC, IC	
		4C. Winning with Difficult People*** 1:00 - 5:00 pm	SEA, SEC, AT, MT, IC	
	May – June 2025	Year I Service Excellence Workshops Roll out to everyone – (Each workshop is 2 hours in length. Based on 15 - 30 employees/workshop)	Anyone Wearing a Badge	
July 2025	Board Engagement Briefing #2	CEO, B, TC, IC		
TRANSFORM				
5	August 2025	5A. DO IT Facilitator's Course*** 8:00 - 12:00 pm	SEA, AT, MT, SEC, IC	
		5B. OASIS Updates*** 1:00 - 2:00 pm	AT, SEC, OASIS, IC	
		5C. SEA Celebration! (Facilitated by IC & SSC) 2:00 - 3:00 pm	AT, MT, SEA, SEC, IC	
		SEC Meeting to Review SEI Hardwiring Dashboard*** 3:00 - 4:30 pm	SEC, IC	
	August 2025	Board Engagement Briefing #3	CEO, B, SEA, IC	
September 2025	DO IT Support Calls*** (via Zoom) Schedule TBD	MT, SEA, IC	Via Zoom	
	OASIS Hardwiring Support Calls*** (via Zoom) Schedule TBD	OASIS, IC	Via Zoom	
6	October 2025	6A. Transform Series All Staff Education (via video-on-demand or live virtual presentation)	Anyone Wearing a Badge	
	November 2025	6B. Year I Progress Check Up* (via Zoom) 8:00 - 4:00 pm – Separate Sessions w/ SEAs, OASIS TC/ATC, SEC & Administration Team	SEA, TC, ATC, SEC, AT, CEO, Dept. Managers, BIO, IC	Via Zoom
	November 2025	HealthCare Service Excellence Conference (25 th Annual)	BIO	TBD
	December 2025	Board Engagement Briefing #4	CEO, B, IC	
7	TBD	7. Service Summit*** 8:00 - 10:00 am Year II Program Start	SEA, AT, MT, SEC, IC	

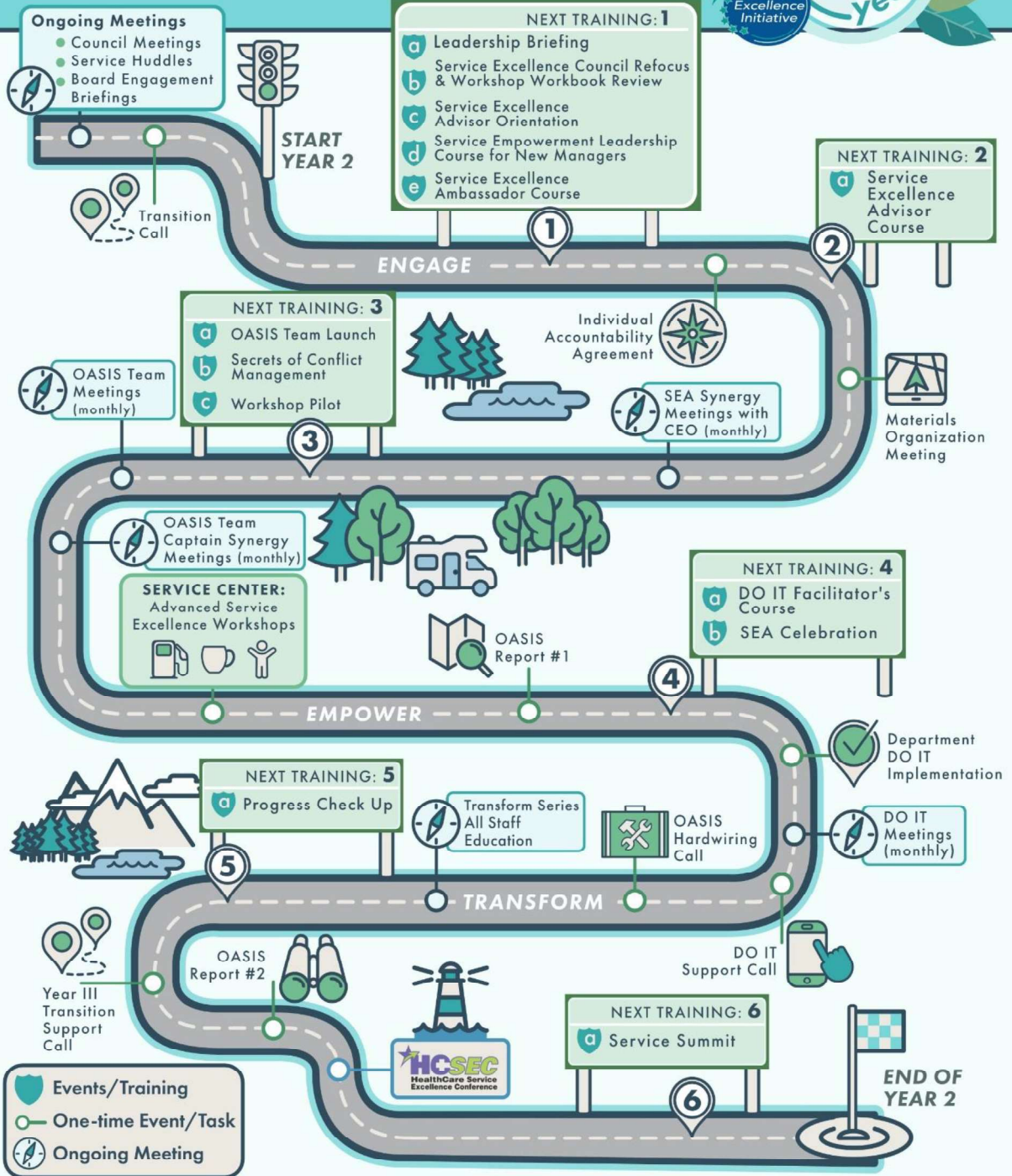
Client Scheduled Items with Custom Learning Systems:

- The Provider Service Excellence Briefing

Internally Scheduled Items:

- Huddles
- SEA Synergy Meetings
- OASIS Leadership Synergy Meetings
- SEC Meetings
- DO IT Meetings

Service Excellence Roadmap



New: Year II Seminars and Workshops

1. Year II Launch with Leadership Briefing™ and Service Excellence Council Refocus™

To build enthusiasm and ensure a smooth transition to Year II, the Year II Leadership Briefing™ and Service Excellence Council Refocus™ are scheduled concurrently with Service Summit™. This Leadership Briefing™ is a two-hour presentation to familiarize leadership with, and gain a renewed buy-in for, the Year II Service Excellence Initiative™ Process.

2. Service Empowerment Leadership Course for the New Manager™

This half-day abbreviated Year II leadership course is designed to provide newly hired and promoted managers with Service Excellence and Leadership skills as taught in the Year I one-day course.

3. The Service Excellence Ambassador Course™

Selected returning SEAs become Service Excellence Ambassadors. The role of the Service Excellence Ambassador is to mentor new SEAs and to facilitate the Everyone's a Caregiver® Micro-Webinar system. This seminar is designed to further develop their coaching and communication skills, and fully support them in their new role as champions of customer service and mentors to new SEAs. This course also utilizes the Personality Profile instrument that identifies the personality style of the participant. Please note, there is an additional charge of \$15.00 per person for this Personality Profile instrument, which will be invoiced separately based on exact numbers used.

4. Service Communication Team Effectiveness™

This is a half-day course that focuses on a training instrument (the Personality Profile) that identifies the personality style of the participant. What results from utilizing this training instrument is a coaching tool for the participant in dealing with all their staff by understanding why people do what they do. Please note, there is an additional charge of \$15.00 per person for this Personality Profile instrument, which will be invoiced separately based on exact numbers used.

5. OASIS Team Launch

During this workout, new teams will be formed, tasked with their service improvement projects, and begin the implementation process. Intensive instructions and coaching will cover the tools and processes of rapid cycle improvement. Teams will develop their project plan and begin the initial phase of their projects with a goal of the project being completed in 90 days.

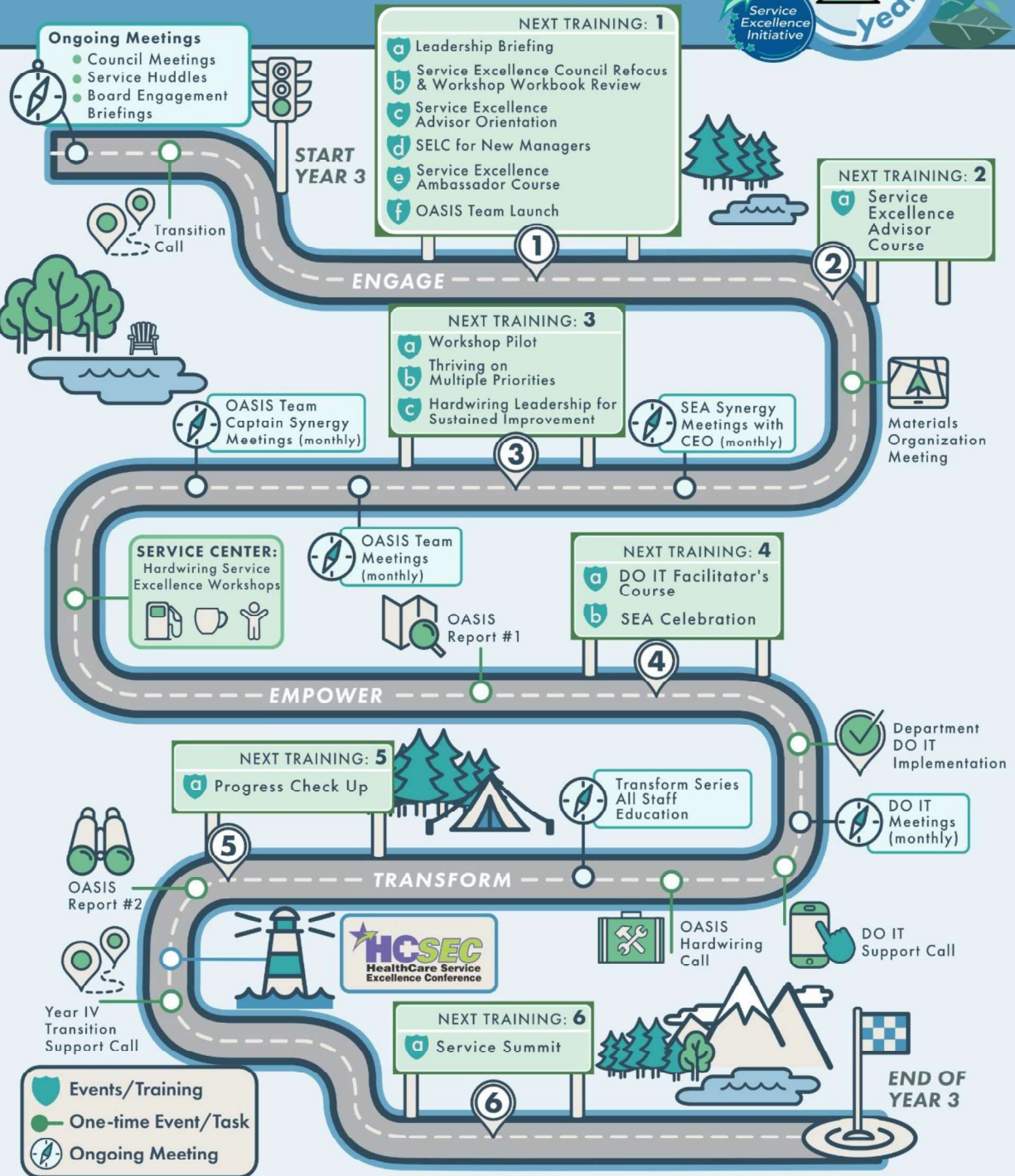
6. Secrets of Conflict Management™ Seminar

This seminar for managers and SEAs teaches advanced techniques on how to reduce conflict and create a more positive and unified workplace.

Service Center – Advanced Service Excellence™ Workshop

This workshop focuses on the concept of Managing Moments of Truth and Centers of Influence. This training has a direct, positive impact on Patient Experience Scores.

Service Excellence Roadmap



New: Year III Seminars and Workshops

1. Hardwiring Leadership for Sustained Improvement™

Successful organizations achieve results not by pouring over the numbers --- *but by pouring over the behaviors of the people who make the numbers what they are.* The ability to lead the hardwiring process skillfully --- to tap into hearts and minds --- is what makes the difference between mediocre achievements and stellar performances. It's what engineers lasting change and gains in value for a hospital.

We focus on the necessary skills to lock in service improvements in all key areas. You will learn how to:

- Ensure that all team members understand the *emotional importance* of our service improvements.
- Address “Human Speed bumps” to successful hardwiring, like fear, laziness, and “It’s not my job!” and learn new ways to smooth them out.
- Eliminate any “Process Speed bumps”, like poor planning or poor follow-through.
- Skillfully coach associates who are not contributing to hardwiring service improvements.
- Resolve any of the “Killer B’s (bickering, blaming, or blustering)” that interfere with the hardwiring process.
- Lead group problem-solving at every opportunity and thus create hardwired “norms” that are stronger than group “storms”.

2. Thriving on Multiple Priorities™

Skills, techniques, and strategies on how to get more done in less time – and reduce stress!

Service Center – Stress-Less Service Excellence™ – Workshop

This workshop is specifically designed to take the stress out of customer communication, as well as an individual’s personal and professional life.

“Success is achieved and maintained by those who try and keep trying.”

- W. Clement Stone

Complete ✓

LEAN/OASIS Project Imperatives Checklist



			Year I					II	III	IV	V
LEAN/OASIS	SEC*	Domain Owner	CEO	DO IT	Education	Education	Education	Education			
I. Core “Must Have” Best Practices											
1. Leadership Accountability Bundle											
2. Staff Empowerment Bundle*											
3. Awards and Recognition											
4. Service Standards/Care Promises											
5. Keywords/Sentence Starters											
6. Physician Engagement Bundle											
7. High Visibility Rounding Bundle											
8. Onboarding and Retention Bundle											
9. Communication Bundle											
10. Service Excellence/Patient Experience Council											
11. Leadership HCAHPS/Patient Experience and Staff Empowerment Education Bundle											
12. Frontline HCAHPS/Patient Experience Education Bundle											
13. Patient Experience Measurement – Survey Literacy											
14. Nursing Patient Experience Bundle											
II. HCAHPS	Top Box %	%tile									
1. Quiet at Night											
2. Cleanliness of Patient Rooms											
3. Communication about Medicines											
4. Communication with Doctors											
5. Communication with Nurses											
6. Discharge Information											
7. Pain Care											
8. Responsiveness of Staff											
9. Transition of Care											
10. Overall Rating											
11. Willingness to Recommend											
III. OTHER	Mean %										
1. ED											
2. Ambulatory Surgery											
3. Clinics											
4. Outpatient											

C = Classroom W = Webinar

Tools, Technology, and Inspiration

HEALTHCARE SERVICE EXCELLENCE CONFERENCE

www.HealthCareServiceExcellence.com

The 25th annual HealthCare Service Excellence Conference will be a great source of expert Customer Service information. It is a gathering of all levels of staff that are focused on achieving the highest standard of customer service delivery, both to customers, patients, and amongst staff, and employees.

As noted in the roadmap, attending this conference is an important part of the Service Excellence Initiative™ process. **A delegation of four (4) attendees plus one (1) Board member has been allocated to each Mayers Memorial Healthcare District** because of the strong positive impact the conference has on ensuring the successful continued implementation of the *Rural Hospital of Choice – Service Excellence Initiative™*. The cost for registration is incorporated into your per person pricing.

25th Annual HealthCare Service Excellence Conference

November 2025

Location To Be Determined



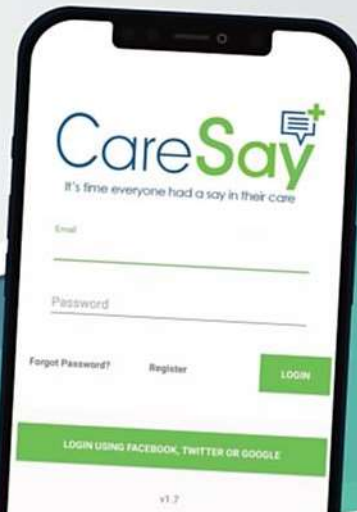
- Discover leading edge strategies and skills to take your own program to World-Class levels.
- Revitalize enthusiasm and momentum for your Customer and Employee Satisfaction programs.
- Develop a mastermind network of peers for future problem solving.
- Refresh your spirit to continue your work as an inspiring healthcare leader.
- Implement high performance retention and recruitment techniques, skills, and systems.
- Enhance the commitment and morale of your Leadership team.
- Take away advanced training and implementation skills by learning from OPS “Other People’s Success”.
- Demonstrate your long-term commitment to a customer driven culture. Recognize and show appreciation for your team’s hard work and dedication via the Summit Awards program.

“This conference accomplished the elusive balance of practical tools and an emotional “tune up” better than any I’ve ever attended!!!”

- Roger Anderson, St. John Hospital & Medical Center

CareSay

Disrupting the Way Healthcare
Listens to Improve



EXTERNAL VOICE OF THE PATIENT

CareSay Reviews

(with Automated Google Review Feature)



Listen and respond to patients
to provide real-time Service Recovery

CareSay Snapshot



Take a snapshot of patient
perceptions with these micro
CAHPS-based surveys

- Inpatient +
- CG CAHPS +

CareSay Enhanced Snapshot

(with Automated Google Review Feature)



Specifically for Clinics – find out
what your patients are saying
about your team members

CareSay Rounding



- Nurse Leader Patient Rounding
- Nurse Hourly Rounding
- C-Suite New Patient Welcome Rounding
- Patient Insight Rounding
- C-Suite Caregiver Rounding
- Leader Caregiver Daily Rounding (with My LIST, employee tracking feature)
- Proactive Maintenance Rounding

**Your Real-Time,
All-Inclusive Engine to
Drive Patient and
Caregiver Continuous
Improvement**



Disrupting the Way Healthcare Listens to Improve

INTERNAL VOICE OF THE CAREGIVER

Caregiver Engagement



Take a real-time, authentic pulse of employee engagement, morale, and job satisfaction

Internal Services Scorecard



Empower department leaders with a system to measure and continuously improve internal service delivery

Leadership Empowerment Survey



Provide a confidential blueprint for leaders to improve their people skills and transform managers into leaders

5 Star Engagement Dashboard



Keep your team accountable for all patient experience improvement measures

Physician Empowerment Survey



Provide a confidential blueprint for physicians and other practitioners to improve their people skills

Staff HCAHPS/CGCAHPS Survey



Make sure that all staff are aware of and have experienced the CAHPS survey through the patients' eyes

EXCLUSIVE FOR CUSTOM LEARNING SYSTEMS CLIENTS

Implementation Tools

- **CareSay cTools:** Exclusive access to over 800 tools and samples for the most important healthcare issues
- **CareSay cDrive:** A direct shared drive between you and the CLS team to transfer documents and files

 **Custom Learning Systems**
1.800.667.7325 www.customlearning.com

For More Information:

Dorian Nottebrock
1.800.667.7325 x2206
dorian@customlearning.com



The HCAHPS Breakthrough Leadership Series™

Webinar Presentations

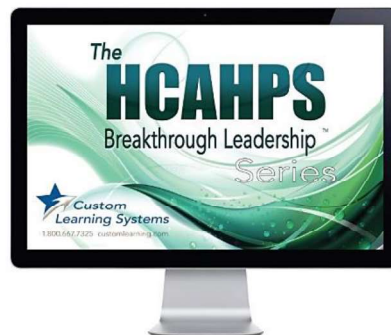
1. Leadership Engagement: The C-Suite Role in HCAHPS Transformation™
Creating Leadership Inspiration, Engagement & Accountability to Drive HCAHPS Success
2. Quiet at Night: The Quiet Revolution™
How to Create a Restful, Healing Environment that Patients Perceive to be Quiet
3. Cleanliness of Patient Rooms: Cleanliness Matters™
Cleanliness is Next to Godliness
4. Communication about Medicine: Medication Education Imperative™
Master the Skills of Successful Patient Medication Education
5. Communication with Doctors: Skillful Physician Communication™
Master the Communication Skills for a Compassionate Patient Experience
6. Communication with Nurses: Relationship-Based Nurse Communication™
Master Relationship-Based Communication Skills that Heal
7. Discharge Information: Discharge Satisfaction Guaranteed™
How to Prepare Every Patient for Safe, Continued Recovery At Home... Every Time
8. Pain Care: Compassionate Pain Care™
Create a Culture of Compassionate Pain Control Through Proven Skills and Best Practices
9. Responsiveness of Staff: Revolutionize Staff Responsiveness™
Create a Culture of Empathetic, Timely, Responsive Service
10. Transition of Care: Care Transitions Done Right™
Engage Staff and Patients in Creating a Seamless Care Transition Experience
11. Overall Rating: High-Performing Overall Hospitals™
A Strategic Blueprint to Engage All Staff in Creating a Compassionate Experience for Patients and Family Throughout their Hospital Stay
12. Willingness to Recommend: The Power of Word-of-Mouth Marketing™
Create a Hospital Experience that Patients Will Enthusiastically Recommend
13. Bonus Webinar: Applied Inspiration™ with Marcus Engel
Discover How Small Acts of Compassion Make a Big Difference in the Patient Experience



Brian Lee, CSP



David Dworski, MA





Everyone's a Caregiver[®] Micro-Webinar System

Creating a 5 Star Culture of Healing Kindness through Digital Innovation

Everyone's a Caregiver[®] – HCAHPS Hospital of Choice[™]

A time-sensitive web-based learning tool to empower everyone to master the skills, competencies, and best practices of improving the patient experience.

Everyone's a Caregiver[®] is targeted for two key audiences:

- **HCAHPS Skills for Everyone[™]** – 39 modules designed for all hospital personnel
- **HCAHPS Nursing Skills[™]** – 57 modules designed for nurses



Everyone's a Caregiver[®] – Patient Centered Clinic[™]

Includes 50 modules structured into the five CG CAHPS patient experience survey domains:

- Getting Timely Access
- Responsive, Helpful Office Staff
- Physician/Provider Communication
- Care Coordination/Follow Up
- Quality Rating Physician/Provider

Everyone's a Caregiver[®] – Transform the Resident Experience[™]

Targeted for three key audiences:

- **Core Q Skills for Everyone** – 55 modules designed for all personnel
- **Core Q Skills for Nurses** – 54 modules designed for all nurses
- **Skills for Leadership** – 97 modules designed for those in leadership positions



Everyone's a Caregiver[®] – Caregiver Heroes[™]

Subscribing organizations receive two 5-minute micro-webinars per week:

- **Inspiration**
Enlivens viewers by sharing ways to:
 - Provide continued kindness care
 - Offer peer support
 - Apply these same principles to themselves
- **Leadership Tools**
Pearls of wisdom on creative ways managers can provide practical and inspirational leadership.

Terms: This is included at no additional charge with any of the options above

HCAHPS Breakthrough Leadership[™] Webinar Series

A 13-part dynamic, high impact, and practical education series designed to achieve sustainable improvement in HCAHPS patient experience scores.



Introduced in Year II: The HCAHPS LEAD™ Plan (Leadership, Execution, Accountability, & Discipline)

Our process also includes the use of our *HCAHPS LEAD™ Plan* for the duration of your contract.

The *HCAHPS LEAD™ Plan* is a step-by-step, achievable, time sensitive system to improve and sustain the patient experience.

The *HCAHPS LEAD™ Plan* integrates with the HCAHPS Breakthrough Leadership™ Webinar Series, the HCAHPS™ Plans, and the Everyone's a Caregiver® Micro-Webinar System, web-based/application learning tool, as further described on the next several pages.

Deliverables:

1. LEAD™ Program Coordinator Conference Call

A one-hour planning teleconference to introduce your:

- Program Coordinators System Handbook and Orientation
- Domain Owners System

2. HCAHPS Breakthrough Leadership™ Webinar Series

A 12-part dynamic, high impact, innovative, practical education series designed to achieve breakthrough sustainable improvement in your HCAHPS patient experience survey scores.

- This series is specifically designed for 10% of your personnel, 5% leadership and 5% key frontline staff
- Presented as a library so it can be scheduled at your convenience, via one a month for 12 months

3. Integration of the Everyone's a Caregiver® Micro-Webinar System (HCAHPS Educational Web Series)

This Webinar Series is specially designed to be utilized as a lunch and learn, or 15 – 30-minute learning labs for your frontline staff. The series of educational models can also be viewed as four one hour “HCAHPS Nursing Skills” webinars, and three one hour “HCAHPS Skills for Everyone” webinars. Highlights of the frontline series include:

- A smart phone, tablet, or computer access that enables all the modules to be taken in 3 – 12-minute bite-size segments

4. Web-Portal Tool Kit

Your *LEAD™ Plan* implementation tools will be housed on the CLS website, and accessed through your customized web-portal, in order to access the following:

- Program Coordinators System Handbook
- HCAHPS Domain Owners Role
- Micro Gap Analysis for each Domain
- Coaching observation checklist for each domain
- All workbooks
- Flyer notices for each webinar
- And more

Engagement Experts

Mayers Memorial Healthcare District Engagement Experts

**Mayers Memorial Healthcare District
Rural Hospital of Choice – Service Excellence Initiative™
will be facilitated by:**



Brian Lee, CSP, HoF
Chief Executive Officer



Pat Goodberry
Chief Operating Officer



Rhonda Stel
Director of
Service Development



Chelan MacMillan
Director of
Client Services

We request you appoint the following Mayers Memorial Healthcare District Process Leadership:

- **Executive Sponsor:**
At a decision-making level, we would ask you designate an **Executive Sponsor** on behalf of your Administration Team, with responsibility for overall strategic leadership. We recommend it be the **CEO** of your organization.
- **Service Excellence Council Chair:**
This individual will lead and chair a dynamic Service Excellence Council and be responsible for the process budget. We recommend the **Chief Nurse Officer** and/or **VP of Patient Care Services**.
- **Implementation Coordinator (IC):**
We would ask you to appoint an **Implementation Coordinator** for day-to-day meeting planning and process coordination. We recommend it be your **VP of Human Resources**. The position is estimated to be a **1/4-to-1/2-time** position. We will supply a comprehensive, detailed **Implementation Coordinator Handbook** and all necessary training and ongoing coaching.
- **Program Assistant:**
Your Implementation Coordinator will require administrative assistance.

Value-Added Service Excellence Options

The following value-added options may be recommended during the Ignite the Patient Experience™ engagement and this investment schedule may be adjusted accordingly.

Should we conclude that any of these options are needed, a revised partnering proposal will be submitted immediately.

1. **The Accelerated Staffing Fix™**

The Accelerated Staffing Fix™ is a 16-week team-based process focused on staffing/agency issues and turnover reduction. Our goals are focused on measurable improvement in recruitment, selection, and retention. We include agency elimination as a goal (if that is an issue). We also expect to measurably improve staff morale and address chronic negative attitudes.

2. **The 5 Star Swing Bed Growth Academy™**

Our 5 Star Swing Bed Growth Academy™ is focused on improving the quality of the swing bed program as well as enhancing marketing using relationship selling. With a dual focus on quality and marketing we take our members through an in-depth 25-week program. At the end of our 25-weeks together we are seeing our members with an exciting new outlook on growing their swing bed program, they are engaged with their tertiary hospitals and receiving more referrals!

3. **The 5 Star ED™**

A two-day on-site assessment of your current ED operations including reviewing patient satisfaction scores, gap analysis, focus groups, and direct observations of workflow. You will receive a Blueprint for Success Report to help you pinpoint where your issues are, set goals with an improvement plan and monitor your progress with options for follow-up assistance from our team.

4. **The 5 Star Clinic™ Assessment**

A two-day on-site assessment of your current clinic operations reviewing patient satisfaction scores, gap analysis, focus groups, and direct observations of workflow. You will receive a Blueprint for Success Report to help you pinpoint where your issues are, set goals with an improvement plan and monitor your progress with options for follow-up assistance from our team.

5. **The Totally Engaged Strategic Plan™**

A systematically executed 6-step process to create extraordinary strategic organizational results through intentional planning engagement at every level.

Training, Coaching, and Implementation Services Investment Schedule

The following investment proposal is based upon a combination of training, coaching and implementation fees as follows:

Yearly Investment	Investment per person/year	# of Participants	Total Investment
Rural Hospital of Choice	\$494.21	311	\$153,700.00
CareSay™ Suite App			Included
Less California Department of Health Care Access and Information (HCAi) Discount			(\$13,970.00)
Less 3-Year Incentive Discount			(\$16,500.00)
Subtotal	\$396.24	311	\$123,230.00
Travel/Per Diem			\$10,600.00
Total Investment	\$430.32	311	\$133,830.00
Estimated Critical Access Hospital Cost Based Allowable Fee Recovery (53%)			(\$70,929.90)
Estimated Net Cost	\$202.25	311	\$62,900.10

Please Note: Years II and III will be invoiced separately at the same training rate as Year I. Travel rates will reflect current market prices each year. You will also be invoiced separately for assessment tools for Years II and III.

FEE QUOTED

A. Includes:

- Training** – All steps outlined as on pages 3-10 including complete customization process.
- HealthCare Service Excellence Conference**
Four (4) delegate registrations plus one (1) Board member registration for Mayers Memorial Healthcare District.
- Process Leadership Training and Manuals.**
- Participant Learning Guide Master Originals.**
- Travel and Accommodation Expense** for CLS SWAT Team to Mayers Memorial Healthcare District.
- Volunteer Training** – In order to ensure complete training, we have included participation of up to 20 (estimate) of your volunteers at no cost.

B. Does Not Include:

- Workbook printing** or equipment rental.
- Process Leadership College™** costs at an off-site location with your Process Leadership: Meeting, facilities, facility meals and refreshments, and equipment costs.

UTILIZATION DETAILS

- Utilization of Training Days**
A credit note will be issued for cancelled training days paid for but not consumed. This credit note will be redeemable for 365 days past contract.
- Resources**
As part of this contract, CLS provides you with CareSay™ Suite App. Should you not utilize these resources, there is no credit extended for alternate applications.
- Conference Registrations**
A specific number of conference registrations are included as part of your annual contract. Those not used expire at the time of the conference and may not be applied against other services.

Year I Payment

PLEASE CHECK METHOD OF PAYMENT DESIRED:

In order for your Year I Proposal to be confirmed, one of two options are available:

- A check for **\$66,915.00** (50% deposit) to be paid on or before **December 23, 2024**, and the balance of **\$66,915.00** will be paid on or before **January 20, 2025**.
- A check for **\$130,133.10** is enclosed (full program price less a **3.0% pre-payment discount plus travel fees**) and will arrive at CLS by **December 23, 2024**.

Notes:

In recognition of Mayers Memorial Healthcare District making a three-year commitment to this process, we have incorporated a 3-Year Incentive Discount of \$16,500.00. In the event Mayers Memorial Healthcare District does not proceed to Years II and/or III, it is understood and accepted by Mayers Memorial Healthcare District that they pay a cancellation penalty equivalent to the 3-Year Incentive Discount of \$16,500.00 payable within 30 days of notice of cancellation.

The dates and amounts may be subject to change pending confirmation on class scheduling dates and total number of participants.

Please send payment via FedEx overnight courier using the account number 261 500 353.
(Refer to invoice for payment address)

Our commitment to you is to deliver a **World Class Cultural Transformation** that addresses all your goals. Should you have any questions about the content of this proposal, or would like additional information, please give me a call at 1-800-667-7325 ext. 2200 or e-mail rhonda@customlearning.com.

We are excited about the prospect of working with you and the Mayers Memorial Healthcare District team and trust this proposal addresses your specific training needs.

If everything meets with your satisfaction, please sign one copy of this page, and e-mail it to my attention at rhonda@customlearning.com.

Thank you for the opportunity to present this proposal to Mayers Memorial Healthcare District.

Agreed and accepted by Ryan Harris, CEO
on behalf of Mayers Memorial Healthcare District

Date

Please e-mail this page to rhonda@customlearning.com upon selecting your payment option and signing

Conditions

1. Three Year Culture Change Process/Contract

This investment proposal is for the first year only of a three-year contract. The remaining two years will be invoiced separately.

2. Affiliation Discount

In recognition of Mayers Memorial Healthcare District's relationship with California Department of Health Care Access and Information (HCAi), we have incorporated an HCAi Discount of \$13,970.00.

3. 3-Year Incentive Discount

In recognition of Mayers Memorial Healthcare District making a three-year commitment to this process, we have incorporated a 3-Year Incentive Discount of \$16,500.00. In the event Mayers Memorial Healthcare District does not proceed to Years II and/or III, it is understood and accepted by Mayers Memorial Healthcare District that they pay a cancellation penalty equivalent to the 3-Year Incentive Discount of \$16,500.00 payable within 30 days of notice of cancellation.

4. Use of the Rural Hospital of Choice – Service Excellence Initiative™ Copyrighted/Trade Marked Titles, Content, Programs, Processes and Terms

All of the training material titles, content, practices, processes, and terms are copyrighted/trademarked materials and may not be used in whole or part without the express written consent of Custom Learning Systems Group Ltd. Should Mayers Memorial Healthcare District choose not to continue all three years, Mayers Memorial Healthcare District shall discontinue the use of all training material titles, content, programs, processes, and terms provided by Custom Learning Systems Group Ltd.

5. Workbook Royalty

Upon application, Mayers Memorial Healthcare District may receive permission from Custom Learning Systems Group Ltd. to utilize the *Service Excellence Workshop™* content for new hire orientation, for a fee of \$20.00 per person, per use, should Mayers Memorial Healthcare District choose not to fulfill its commitment to the three-year contract. The client will be invoiced quarterly, 30 days following the close of each quarter, based upon numbers provided by your Human Resources Department.

6. Post Initial 3-Year Training Options

Mayers Memorial Healthcare District may select from a menu of customized processes designed to continue education while sustaining culture change. We will present these options at the end of Year III.

7. Respect for Proprietary Content, Systems, and Processes

Signatories to this agreement acknowledge and accept that the content, systems, procedures, and processes described in this and previous and subsequent agreements are, in part and or in whole, proprietary and copyrighted including, but not limited to OASIS Teams, Service Excellence Advisors, and DO IT Implementation, and may not be utilized or applied either in any form, either by their current names or any other name, without the express written consent and approval along with compensation for Brian Lee and Custom Learning Systems Group Ltd.

INVOICE

Ryan Harris
 Chief Executive Officer
Mayers Memorial Healthcare District
 43563 CA-299
 Fall River Mills, CA 96028

51 WEST SPRINGS ROAD SW
 CALGARY, AB, CANADA T3H 4P4
 800.667.7325 FAX 403.228.6776

#23-144

November 21, 2024

REPRESENTATIVE	YEAR	SOURCE	TERMS
Rhonda Stel	Service Excellence Initiative™ Year 1 of 3	HCAi	As per below

DESCRIPTION	TOTAL
Rural Hospital of Choice – Service Excellence Initiative™ Training, Licensing, Conference – Year 1 Implementing Specialist: TBD VP of Process Improvement: TBD Includes four (4) HCSEC delegate registrations plus one (1) Board member registration for the 25 th annual HealthCare Service Excellence Conference (November 2025; Location TBD) Travel/Per Diem	\$123,230.00 Included \$10,600.00
Payment Options: <input type="checkbox"/> A check for \$66,915.00 (50% deposit) to be paid on or before December 23, 2024 , and the balance of \$66,915.00 will be paid on or before January 20, 2025 . <input type="checkbox"/> A check for \$130,133.10 (Full program price less a 3.0% pre-payment discount plus travel fees) to be paid on or before December 23, 2024 .	
Total Due <i>[Please send payment via FedEx overnight courier using the account number 261 500 353 to the above address]</i>	\$133,830.00



January	
27 Mon 1pm	Strategic Planning (Fall River)
29 Wed 9:30am	Quality Committee (Burney)
29 Wed 11am	Finance Committee (Burney)
29 Wed 1pm	Board Meeting (Burney)
Education/Conferences/Events	

February	
19 Wed 9:30am	Quality Committee (Fall River)
19 Wed 11am	Finance Committee (Fall River)
19 Wed 1pm	Board Meeting (Fall River)
Education/Conferences/Events	
Feb 22-27th: ELT conference	

March	
24 Mon 1pm	Strategic Planning (Fall River)
26 Wed 9:30am	Quality Committee (Burney)
26 Wed 11am	Finance Committee (Burney)
26 Wed 1pm	Board Meeting (Burney)
Education/Conferences/Events	

April	
30 Wed 9:30am	Quality Committee (Fall River)
30 Wed 11am	Finance Committee (Fall River)
30 Wed 1pm	Board Meeting (Fall River)
Education/Conferences/Events	

May	
26 Mon 1pm	Strategic Planning (Fall River)
28 Wed 9:30am	Quality Committee (Burney)
28 Wed 11am	Finance Committee (Burney)
28 Wed 1pm	Board Meeting (Burney)
Education/Conferences/Events	

June	
25 Wed 9:30am	Quality Committee (Fall River)
25 Wed 11am	Finance Committee (Fall River)
25 Wed 1pm	Board Meeting (Fall River)
Education/Conferences/Events	

July	
28 Mon 1pm	Strategic Planning (Fall River)
30 Wed 9:30am	Quality Committee (Burney)
30 Wed 11am	Finance Committee (Burney)
30 Wed 1pm	Board Meeting (Burney)
Education/Conferences/Events	

August	
27 Wed 9:30am	Quality Committee (Fall River)
27 Wed 11am	Finance Committee (Fall River)
27 Wed 1pm	Board Meeting (Fall River)
Education/Conferences/Events	

September	
22 Mon 1pm	Strategic Planning (Fall River)
24 Wed 9:30am	Quality Committee (Burney)
24 Wed 11am	Finance Committee (Burney)
24 Wed 1pm	Board Meeting (Burney)
Education/Conferences/Events	

October	
29 Wed 9:30am	Quality Committee (Fall River)
29 Wed 11am	Finance Committee (Fall River)
29 Wed 1pm	Board Meeting (Fall River)
Education/Conferences/Events	

November	
North State Giving Tuesday	
Education/Conferences/Events	

December	
1 Mon 1pm	Strategic Planning (Fall River)
3 Wed 9:30am	Quality Meeting (Burney)
3 Wed 11 am	Finance Committee (Burney)
3 Wed 1pm	Board Meeting (Burney)
Education/Conferences/Events	

Nominations for the MMHD Board of Directors for 2025

Officers:

President: Jeanne Utterback

Vice President: Abe Hathaway

Treasurer: Tami Humphry

Secretary: TBD

Director: Les Cufaude

Director: Jim Ferguson

Committee Assignments:

Finance: Tami Humphry, Chair & Abe Hathaway

Strategic Planning: Abe Hathaway, Chair & Jeanne Utterback

Quality: Les Cufaude, Chair & Jim Ferguson

MHF: Tami Humphry

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Clean, In-use, Dirty Identification Process	POLICY #IC104
DEPARTMENT/SCOPE: Infection Prevention	Page 1 of 2
REVISION DATE:	EFFECTIVE DATE: 9/1/2024
AUDIENCE: All Hospital Staff	APPROVAL DATE:
OWNER: Keith Earnest	APPROVER: Keith Earnest

POLICY:

This policy aims to establish a clear and effective identification process for medical equipment, ensuring that all items are correctly labeled as Clean, In-use, or Dirty. The objective is to prevent cross-contamination and ensure the safety of patients and healthcare providers by maintaining proper hygiene standards.

Responsibility: This procedure will be performed by personnel responsible for the cleaning/disinfection process, using, and transporting any medical equipment through the facility.

Cleaning/Disinfection: All personnel must ensure the proper cleaning/disinfection of the equipment before applying the label.

PROCEDURE:**Labeling:**

1. Clean: After cleaning, place the full “Clean” label on the equipment in a visible location.
2. In-use: When equipment is delivered for patient use, remove the “Clean” label to indicate it is now “In-use”.
3. Dirty: After use, remove the In-use portion and leave the “Dirty” label on the equipment before it is returned for cleaning.

Storage and Transport: Ensure that labeled equipment is stored and transported according to its status to prevent cross-contamination. Move the used equipment to a dirty utility room or the equipment cleaning space.

Monitoring

Regular audits through Environment of Care and/or Infection Prevention will be conducted to ensure compliance with this policy.

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Clean, In-use, Dirty Identification Process	POLICY #IC104
DEPARTMENT/SCOPE: Infection Prevention	Page 2 of 2
REVISION DATE:	EFFECTIVE DATE: 9/1/2024
AUDIENCE: All Hospital Staff	APPROVAL DATE:
OWNER: Keith Earnest	APPROVER: Keith Earnest

REFERENCES:

Centers for Disease Control and Prevention (2024). Environmental Cleaning Procedures, Retrieved from: [Environmental Cleaning Procedures | HAIs | CDC](#)

Occupational Safety and Health Administration (2001). Bloodborne Pathogens Retrieved from: [Revision to OSHA's Bloodborne Pathogens Standard | Occupational Safety and Health Administration](#)

COMMITTEE APPROVALS:

IP: 11/22/2024

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Emergency Operations Decontamination Plan	POLICY # DIA066
DEPARTMENT/SCOPE: Safety	Page 1 of 5
REVISION DATE:	EFFECTIVE: 11/6/2024
AUDIENCE: District wide	APPROVAL DATE:
OWNER: Dana Hauge, SO	APPROVER: Ryan Harris

DEFINITIONS:

- **Decontamination:** The process of removing or neutralizing contaminants (chemical, biological, radiological, nuclear, or other hazardous materials) from individuals, equipment, or the environment.
- **Hazardous Materials (HAZMAT):** Substances that can pose a risk to health, property, or the environment.
- **Contaminated Patient:** Any individual exposed to hazardous materials that can affect their health or the safety of others.
- **Cold Zone:** A safe area free of contamination where medical care can be provided.
- **Warm Zone:** An area adjacent to the cold zone where decontamination activities take place.
- **Hot Zone:** The area of greatest contamination where exposure to hazardous materials is most significant.
- **Infection Control:** Procedures to prevent the spread of biological hazards during decontamination.

Decontamination Zones

- **Hot Zone:** The immediate area where the contamination occurred. Only personnel with proper PPE and training will be permitted in this area. No patient care will be administered until the patient is decontaminated.
- **Warm Zone (Decontamination Area):** Decontamination of patients and personnel will occur in this zone. This area will be set up outside the Emergency Department entrance or in a designated decontamination room equipped with proper drainage and waste disposal systems. Only personnel trained in decontamination procedures will work in this zone.
- **Cold Zone:** The uncontaminated area where regular patient care and triage can occur. Patients who have been successfully decontaminated will be moved into this zone for further evaluation and treatment.

PURPOSE:

This plan establishes clear procedures for decontaminating patients, personnel, and equipment following exposure to hazardous substances in a healthcare setting. This plan aims to ensure the safety of patients, staff, and visitors and comply with all applicable federal, state, and local regulations, including the Accreditation Commission of Healthcare. (ACHC 17.01.13)

This plan applies to all hospital staff, including clinical and non-clinical personnel, first responders, contractors, and visitors, who may be involved in or affected by a decontamination process during an emergency event involving hazardous materials. It includes guidance for both internal and external decontamination processes and ensures alignment with community-based risk assessments for hazardous materials.

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Emergency Operations Decontamination Plan	POLICY # DIA066
DEPARTMENT/SCOPE: Safety	Page 2 of 5
REVISION DATE:	EFFECTIVE: 11/6/2024
AUDIENCE: District wide	APPROVAL DATE:
OWNER: Dana Hauge, SO	APPROVER: Ryan Harris

Emergency Activation

In the event of a hazardous material exposure (e.g., chemical spill, radiological exposure, or biological agent release), the hospital's Incident Command System (ICS) will be activated. The Incident Commander (IC), Safety Officer, or their designee will determine the need for decontamination and coordinate efforts with local emergency responders based on the community-based hazard vulnerability assessment (HVA).

The designated teams will be called to respond to an event that requires decontamination. The teams will be educated and will understand and know how to don and doff the facility's PPE.

Notification And Communication

If a hazardous material event is suspected, but you are unsure, call the Safety Officer and your direct manager/leader.

Upon confirmation of a hazardous material event:

- **Call 911-** It is important to include as many details as possible about the material and situation, even referring to the SDS program so that authorities can respond quickly and safely.
- **Call the Safety Officer** emergency ext. 4444 or use the disaster call tree for contact numbers. **Use the Crisis Communication or Communication Plan.**
- **Internal Notifications:** The IC will notify all key departments, including the Emergency Department (ED), Environmental Services, Infection Control, and Facilities. A Code Orange (Hazardous Material Incident) will be activated.
- **External Notifications:** The Safety Officer or designee will notify public health authorities, and surrounding hospitals as required. The Hazmat Teams will be dispatched by authorities for confirmation of the hazardous event. It is important to include as many details as possible about the material and situation, even referring to the SDS program so that authorities can respond quickly and safely.
- **Communication with Staff and Patients:** The Safety Officer or designee will oversee communication to ensure clear instructions regarding protective measures and evacuation routes, as necessary, including communication with CMS and public health authorities for tracking patients in emergencies.

Personnel Responsibilities

- **Safety Officer:** Responsible for the Hazardous Materials Program and will serve as the coordinator for the response and could serve as the IC or other position as needed. The Safety Officer shall be called, will start the response, and will call the appropriate people.
- **Incident Commander (IC):** Responsible for overall coordination of decontamination efforts, communication with external agencies, and ensuring safety compliance.
- **Infection Control Officer:** Works with the Decontamination Team Leader to ensure that decontamination procedures for biological hazards are integrated with the hospital's infection control protocols.

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Emergency Operations Decontamination Plan	POLICY # DIA066
DEPARTMENT/SCOPE: Safety	Page 3 of 5
REVISION DATE:	EFFECTIVE: 11/6/2024
AUDIENCE: District wide	APPROVAL DATE:
OWNER: Dana Hauge, SO	APPROVER: Ryan Harris

- **Decontamination Team Leader:** Supervises the setup of decontamination areas, ensures that staff follow decontamination protocols, and coordinates PPE use.
- **Decontamination Team Members:** Carry out decontamination procedures for patients and personnel. Ensure the proper use of PPE and adherence to safety standards.
- **Environmental Services (EVS):** Ensure proper cleaning and disposal of waste and contaminated materials following decontamination.

DECONTAMINATION PROCESS

Preparation

- **PPE:** All personnel involved in decontamination must don appropriate PPE based on the type of hazardous material involved. This may include impermeable suits, gloves, boots, respiratory protection, and face shields.
- **Infection Control for Biological Hazards:** The Infection Control Officer will ensure that additional infection control procedures are followed during the decontamination of biological hazards to prevent cross-contamination. This includes isolating biological contaminants and preventing their spread to other patients and staff.
- **Decontamination Equipment:** Portable decontamination tents, water hoses, soap, brushes, and waste containment units must be set up in the warm zone.
-

PATIENT DECONTAMINATION PROCEDURE

1. **Initial Triage (At Hot Zone/Warm Zone Border):**
 - Triage patients based on medical need and contamination severity.
 - Move non-ambulatory patients on stretchers or backboards to the decontamination area.
 - Ambulatory patients will be directed to undress and proceed through decontamination showers under supervision.
2. **Removal of Contaminated Clothing:**
 - All contaminated clothing should be removed and placed in designated biohazard bags.
 - Provide patients with privacy barriers if possible.
 - Offer disposable gowns or coverings post-decontamination.
3. **Decontamination Showering:**
 - Use warm water and mild soap to wash off contaminants. Ensure the washing includes hair, skin, and exposed body surfaces.
 - For non-ambulatory patients, use portable washing units or damp towels if showering is not possible.
 - Ensure contaminants do not spread by directing water flow into the appropriate drainage system.

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Emergency Operations Decontamination Plan	POLICY # DIA066
DEPARTMENT/SCOPE: Safety	Page 4 of 5
REVISION DATE:	EFFECTIVE: 11/6/2024
AUDIENCE: District wide	APPROVAL DATE:
OWNER: Dana Hauge, SO	APPROVER: Ryan Harris

4. **Secondary Decontamination (if needed):**

- Reassess the patient for any remaining contamination using appropriate detection equipment (e.g., radiation detectors, chemical monitors).
- If necessary, conduct a secondary decontamination.

5. **Triage and Transfer to Cold Zone:**

- Once decontamination is complete, the patient is assessed by the medical staff in the cold zone.
- Any clothing or items brought into the cold zone must be confirmed decontaminated or safely discarded.

Personnel Decontamination

- Hospital personnel that enter the hot zone must undergo decontamination prior to entering the cold zone. This includes proper removal and disposal of PPE and a full body wash if exposed to hazardous materials.

EQUIPMENT AND ENVIRONMENTAL DECONTAMINATION

- **Equipment:** Any equipment exposed to hazardous materials must be decontaminated following established protocols in consideration of specific equipment and hazardous material involved. Hazmat Teams will also make sure this is taken care of appropriately. Non-essential equipment may be sealed and removed for specialized cleaning.
- **Waste Disposal:** Contaminated water and materials will be collected and disposed of according to local, state, and federal regulations. Environmental Services and the Facilities Team will ensure proper containment and transport of hazardous waste.

EMERGENCY SUPPLY STOCKPILING

The hospital will maintain **adequate stockpiles** of decontamination supplies, including extra PPE, containment systems, decontamination tents, soap, and water supplies. The availability of these supplies will be inspected bi-annually if any changes are made, or if supplies have been used especially during drills and emergency preparedness inspections. Equipment and stock are kept in the Disaster inventory. The Disaster trailer or area for stock is inspected at least bi-annually.

POST-EVENT PROCEDURES

After-action Review

Following any decontamination event, the Safety Officer, IC, and relevant personnel will conduct a formal debriefing to assess the effectiveness of the response, identify areas for improvement, and implement necessary changes in policy or training. The review will be presented to the Safety, Emergency, and Environment of Care Committee.

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Emergency Operations Decontamination Plan	POLICY # DIA066
DEPARTMENT/SCOPE: Safety	Page 5 of 5
REVISION DATE:	EFFECTIVE: 11/6/2024
AUDIENCE: District wide	APPROVAL DATE:
OWNER: Dana Hauge, SO	APPROVER: Ryan Harris

Staff Health Monitoring

Hospital personnel involved in the decontamination process will undergo post-event health assessments to monitor for any signs of contamination, exposure-related illness, or infection following a biological hazard. Employee Health, Human Resources, and the Safety officer will coordinate this effort with medical personnel, as necessary.

Recordkeeping

The IC is responsible for ensuring that all documentation related to the decontamination event is complete during the event. All information shall be given to the Safety Officer and retained according to hospital policy. This includes patient records, decontamination logs, hazardous waste disposal forms, and infection control documentation for biological hazards.

TRAINING AND DRILLS

- **Initial and Annual Training:** All relevant staff will receive initial and ongoing annual training on decontamination procedures, PPE usage, and hazardous material awareness, including **infection control training** for biological hazards.
- **Drills:** The hospital will conduct at least one decontamination drill annually, with participation from the decontamination team, infection control staff, and emergency department personnel. A full-scale exercise with local emergency services will be conducted at least every three years.

REFERENCES

ACHC Accreditation requirements for Critical Access Hospitals, 2023 edition.
Accreditation Commission for Health Care (ACHC). 17.01.14
OSHA 29 CFR 1910.120 (Hazardous Waste Operations and Emergency Response - HAZWOPER):

COMMITTEE APPROVALS:

Safety/Disaster: 11/13/2024

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Fecal Smear for Leukocytes	POLICY # LAB5042
DEPARTMENT/SCOPE: Laboratory – Microbiology	Page 1 of 2
REVISION DATE:	EFFECTIVE DATE: 08/20/2024
AUDIENCE: Clinical Laboratory Scientist	APPROVAL DATE:
OWNER: Sophia Lou Rosal, CLS	APPROVER: Kevin Davie

POLICY:

When a fecal smear for leukocytes (FWS) is ordered, a direct gram stain is prepared on fresh, unpreserved stool. This must be done within one hour of collection. If testing cannot be performed, then the specimen can be held at 4⁰C for up to 24 hours.

PRINCIPLE:

There are several types of enteric infections with different pathogenic mechanisms. The clinical symptoms experienced by a patient are largely dependent on how the enteric pathogen causes disease. For instance, patients infected with an organism that upsets fluid and electrolyte balance have no fecal leukocytes present in the stool and complain of watery diarrhea; fever is usually absent or mild. In contrast, patients infected with an enteric pathogen that causes significant cell destruction and inflammation have fecal leukocytes present in the stool. Their diarrhea is often characterized by the presence of mucus and possibly blood; in many of these patients, fever is a prominent component of their disease as well as abdominal pain and cramps.

PROCEDURE:

1. Instruct the patient to pass the feces directly into a sterile, leak-proof container without any preservative added.
2. The specimen should be received in the microbiology department within one hour of collection. If testing cannot be performed within one hour, then the specimen can be held at 4⁰C for up to 24 hours.
3. Spread a thin layer of feces onto a microscope slide. Stain the slide by using the gram stain technique or Diff Quick/Wright Stain.
4. Microscopically examine the slide for leukocytes.

QUALITY CONTROL

- Not required

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Fecal Smear for Leukocytes	POLICY # LAB5042
DEPARTMENT/SCOPE: Laboratory – Microbiology	Page 2 of 2
REVISION DATE:	EFFECTIVE DATE: 08/20/2024
AUDIENCE: Clinical Laboratory Scientist	APPROVAL DATE:
OWNER: Sophia Lou Rosal, CLS	APPROVER: Kevin Davie

REPORTING OF RESULTS

1. Report WBC's as:

Mnemonic	Description
NWBC	No WBC's seen
OWBC	Occasional WBC's seen
FWBC	Few WBC's seen
MODWBC	Moderate WBC's seen
MANWBC	Moderate WBC's seen

2. Enter the result in LIS "Result entry" and then verify.

REFERENCES:

Bailey & Scotts, *Diagnostic Microbiology*, current edition.

Southwestern Vermont Medical Center, *WBC Smear Stool*, website: [WBC SMEAR, STOOL - Southwestern Vermont Medical Center \(testcatalog.org\)](#), retrieved on 08/20/2024.

Cleveland Clinic, *Stool Test*, website: [Stool Test: What It Is, Purpose, Procedure, Results & Types \(clevelandclinic.org\)](#), retrieved on 08/19/2024.

COMMITTEE APPROVALS:

P&P: 10/23/2024

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Food & Nutrition in a Disaster Plan	POLICY # DIA021
DEPARTMENT/SCOPE: Disaster	Page 1 of 6
REVISION DATE: n/a	EFFECTIVE DATE: 8/20/2024
AUDIENCE: Disaster, Safety	APPROVAL DATE:
OWNER: Dana Hauge, Safety Officer	APPROVER: R. Harris

See attached

Menu

Refer to the EOP: Resources and Assets Plan for more information. (DIA067)

POLICY:

The Mayers Memorial Healthcare District (MMHD), Emergency Operations Plan (EOP) establishes and provides the guidance and framework that will enable hospital leaders and staff to effectively prepare for and respond to any and all hazards or disasters that may impact hospital operations, threaten patient care, or impede the safety and wellbeing of patients, hospital staff and visitors. The EOP is designed to respond to single and multiple emergencies for an extended length of time without reliance on community support. Therefore, the organization has planned for managing the six critical areas of emergency response, so that it can assess needs and prepare staff or healthcare workers (HCW) to respond to potential events regardless of cause.

In accordance with ACHC and National Fire Protection Association (NFPA) with guidance from FEMA programs Mayers Memorial Healthcare District carries ninety-six (96) hours of subsistence needs to be used in case of an emergency or disaster. The Food and Nutrition Services Department will carry the appropriate amount of food, water, and applicable tools as stated in the highest regulation.

MMHD will meet the nutritional needs of patients, visitors, and staff while sheltered in place, or evacuated to other locations. During an emergency event, the facility may experience a disruption in one of multiple services such as:

1. Loss of water, gas, fuel, or electricity.
2. Equipment failure, e.g., dishwashing machines, pumps, refrigeration, and cooking appliances.
3. Disruption with the delivery and grocery and food preparation items.

Nutritional Services anticipates disruptions and prepares strategies for ensuring continuity of services, including:

1. Alternative methods for heating food and water used for cooking.
2. Written agreements with food suppliers for priority grocery delivery in the event of a disruption in the supply of food products. The written agreements are updated per ACHC standard 17.01.01.

Food, drinking water, paper products, and utensils are needed to feed the patients, staff, and visitors for ninety- six hours (96). Calculation parameters are documented and MMHD stores 96 hours of:

1. Fresh and Frozen Foods
2. Dairy Products
3. Drinking Water
4. Paper Products

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Food & Nutrition in a Disaster Plan	POLICY # DIA021
DEPARTMENT/SCOPE: Disaster	Page 2 of 6
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AUDIENCE: Disaster, Safety	APPROVAL DATE:
OWNER: Dana Hauge, Safety Officer	APPROVER: R. Harris

5. Special dietary requirements, e.g., diabetic, Kosher, and vegetarian.

PROCEDURE:

1. All employees will be oriented and updated according to the facility policy on the disaster plan, the location of the emergency food supply, and the use of emergency menus. In accordance with the Emergency Operation Plan and ACHC Standards. (ACHC 17.00.03, 17.01.02)
2. A 4-day (96-hour) menu will be used. It can be served hot or cold depending on the availability of electricity, BBQ equipment, etc. Fresh or frozen items should be used first before canned items. NFPA 12.5.3.3.3
3. Emergency food supplies will be always maintained. It is suggested that items be stored away from the kitchen area. Rotate emergency foods into the menu every 6 months or per expiration date.
4. In the event of a disaster food service employees should do the following:
 - a. Contact the dietary service supervisor and the consultant dietitian.
 - b. Asses the immediate situation and receive direction from leadership on what to do first.
 - c. In the case that the emergency would affect your immediate area and with instruction from leadership one may need to turn off all water supply faucets and gas lines.
 - d. If there is a utility or sewer failure conserve water from the water heater and toilet tanks. Toilets should not be flushed until the state of the sewer system and water availability is known.
 - e. Inventory the freezer and refrigerator items. Use these items first to help prevent waste from spoilage.
 - f. Keep freezer and refrigerator doors always closed to prevent unnecessary temperature drops.
 - g. If power is available, hot bread, vegetables, etc., can be added to the menu. Hot beverages may be served if water and power are available.
5. All residents will be served a regular diet except:
 - a. Residents with food allergies should receive appropriate substitutions.
 - b. Residents with chewing or swallowing dysfunction should have food mashed or chopped.
 - c. Residents on thickened liquids should be given thickened beverages.
 - d. Residents on enteral feedings should have a 4-day supply of enteral formula.
6. Residents receiving pureed foods:
 - a. Juice may be substituted for pureed fruit or vegetables.
 - b. Keep canned puree meat on hand for residents requiring smooth puree textures.
 - c. Mash regular food items as much as possible.
 - d. Soak cereals, cookies, crackers, bread, etc. in liquid until mushy.
 - e. Pudding may be used for medication pass for all dysphagia consistencies.

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Food & Nutrition in a Disaster Plan	POLICY # DIA021
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OWNER: Dana Hauge, Safety Officer	APPROVER: R. Harris

7. Recommended water needs for four days:

NFPA 12.5.3.33

- a. Four gallons of drinking water per resident or projected staff member/visitor (one gallon per day per person) must be stored on the facility properties.
- b. Rotate emergency water every 6 months or per expiration date.

REFERENCES:

ACHC Accreditation requirements for Critical Access Hospitals, 2023 edition. Accreditation Commission for Health Care (ACHC). Chapter 17.01.02

NFPA 99, NFPA (2012) 12.5.3.3.3

COMMITTEE APPROVALS:

Safety: 10/23/2024

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Food & Nutrition in a Disaster Plan	POLICY # DIA021
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OWNER: Dana Hauge, Safety Officer	APPROVER: R. Harris

Mayers Memorial Healthcare District
SUGGESTED EMERGENCY AND DISASTER MENU

DAY 1-4

Diabetic Low Sodium Regular/Grind Puree

BREAKFAST

4 oz Juice	4 oz Juice
1 ea Breakfast Bar & Cereal	1 ea Soaked Br. Bar & Cereal
1 ea Protein Bar	6 oz Puree Entree
8 oz Milk	8 oz Milk

LUNCH

LS Baked Beans	8 oz Ravioli/Chili	3 oz Puree Entree
LS Crackers	5 crackers	5 Soaked crackers
	4 oz Beets	4 oz Puree vegetable
Diet Jello	1 ea Cookies	1 ea Soaked cookies
	4 oz Fruit	4 oz Applesauce/juice
	8 oz Milk	8 oz Milk

DINNER

LS Tuna	3 oz Chicken/Tuna	3 oz Puree Entree
LS Crackers	5 Crackers	5 Soaked crackers
	4 oz Three Bean Salad	4 oz Puree vegetable
	4 oz Fruit	4 oz Applesauce/Juice
Diet pudding	1 ea Pudding cup	1 ea Pudding cup
	8 oz Milk	8 oz Milk

SNACK

Crackers & Peanut Butter	1 ea Crackers/Cookies	Juice Soaked crackers/cookies
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MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Food & Nutrition in a Disaster Plan	POLICY # DIA021
DEPARTMENT/SCOPE: Disaster	Page 5 of 6
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OWNER: Dana Hauge, Safety Officer	APPROVER: R. Harris

Mayers Memorial Healthcare District Emergency Stock

Items	#Cases	#Servings per case	
Juice	10	48	
Breakfast Bar	9	48	
Cereal	5	96	
Protein Bar	5/6	48/32	
Milk	2	600	
Ravioli	3	72	
Chili	3	72	
Baked Beans Low Sodium	1	72	
Crackers	2	5/290	
Crackers Low Sodium	1	166	
Beets	4	132	
Cookies	4	120	
Fruit	7	132	
Chicken	3	192	
Tuna	2	96	
Three Bean Salad	4	132	
Pudding Cup	9	48	
Puree Entrée	2	60	
Puree Vegetable	3	45	
Applesauce Cups	2	72	
Diet Pudding/Diet Jello	4	48	
Peanut Butter Cups	2	36	
Goldfish Crackers	1	300	
Animal Crackers	1	150	
Crystal Light	1	12/gal	
V8 Juice	2	48	
V8 Juice Low Sodium	2	48	
Jevity	2	8/1.5 lt	
Peanut Butter Tub	1	71/2 TB	
Jelly	1	12/20oz	
Thickener	6 cans		
Mayonnaise	1	1 gal	
Salt/Pepper	Ziploc	400	
Sugar/Splenda	Ziploc	400	
Kit, Cutlery	4	100	
Straws	4	100	

MAYERS MEMORIAL HEALTHCARE DISTRICT

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To Go Boxes	5	100	
Garbage Bags	1	100	
Gloves	6	250 ea.	
Gallon Jars	6	Ea.	
Can Openers	6	Ea.	
Plastic Glasses	2	12/70	
Spoons/Serving Spoons			
Paper Towels	1	12 rolls	
Napkins	2	250/pack	
Potholders	12	Ea.	
Dish Bins	6	Ea.	
Test Strips	1	Ea.	
Sanitizer	1	Ea.	
Colanders	6	Ea.	

Calculations for Potential patients/residents' staff and volunteers or people seeking shelter

4/15/24

Servings= 100 people per day (residents/staff)

Puree=15

Diabetic=15

Low Sodium=10

500 gallons of water= 1 gallon per day per person (and 80-100 gallons to prepare milk)

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Emergency Operations Plan Incident Command System (ICS)	POLICY # DIA047
DEPARTMENT/SCOPE: Disaster	Page 1 of 3
REVISION DATE:	EFFECTIVE DATE: 11/12/2024
AUDIENCE: District-wide	APPROVAL DATE:
OWNER: Dana Hauge, SO	APPROVER: Ryan Harris

With attachments:

Facility maps

IC structure maps

Emergency Operations Plan

POLICY:

This policy aligns with the Accreditation Commission of Health Care regulations and aligns with National Incident Management System (NIMS) requirements. The policy ensures that essential equipment and support are maintained to direct and control response and recovery operations. Along with the emergency operations plan this policy will assist in providing a process and location for the incident command center. (ACHC 17.01.14)

The Incident Command System (ICS) enables effective and efficient incident management through the integration of a combination of facilities, equipment, staff, procedures, and communications, operating within a common organizational structure. The Mayers Memorial Healthcare District Emergency Operations Plans will be utilized as part of the Incident Command System (ICS). The facility has adopted the Hospital Incident Command Structure (HICS) and aligns the model and processes with the National Incident Management Systems (NIMS)

PROCEDURE

• ICS is structured to facilitate activities in five (5) major functional areas:

Command:

- Sets the objectives
- Devises strategies and priorities
- Maintains overall responsibility for managing the incident

Operations:

- Conducts the tactical operations (i.e., patient care, clean-up) to conduct the plan; directs all needed resources
- Responsible for all activities focused on reduction of the immediate hazard, saving lives and properties, establishing situational control, and restoring of normal operations

Planning:

- Collects and evaluates information for Incident Command (IC) for decision support
- Maintains resource status information
- Prepares documentation, i.e., Incident Action Plan (IAP)
- Maintains documentation for incident reports
- Prepares status reports

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Emergency Operations Plan Incident Command System (ICS)	POLICY # DIA047
DEPARTMENT/SCOPE: Disaster	Page 2 of 3
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AUDIENCE: District-wide	APPROVAL DATE:
OWNER: Dana Hauge, SO	APPROVER: Ryan Harris

- Displays situation information
- Maintains the status of resources assigned to the incident
- Develops and documents the IAP based on guidance from Incident Command
- The IAP includes the overall incident objectives and strategies established by the IC. The IAP also addresses tactical objectives and support activities required for one (1) operational period, generally 12-24 hours. The IAP also contains provisions for continuous incorporation of “lessons learned” as incident management activities progress.

Logistics:

- Provides support, resources, and other essential services to meet the operational objectives set by Incident Command
- Responsible for all support requirements needed to facilitate effective and efficient incident management, including ordering resources from off-incident locations
- Provides facilities, transportation, supplies, equipment maintenance and fuel, food services, communication, and information technology support, and emergency responder medication services, including inoculations

Finance Administration:

- Monitors costs related to the incident while providing accounting, procurement, time recording, and cost analysis
- Depending on the size and on-site capabilities of the hospital and healthcare system, the size and the scope of ICS will vary. Hospitals and healthcare systems should implement an ICS that allows for the provision of safe and effective patient care and continuity of hospital operations, regardless of the size of the hospital, size, and type of incident, and limitations of resources, staff, and equipment.

Incident Command Position:

- Only position that is always activated in an incident, regardless of its nature
- Must receive formalized training; course work to be completed as outlined in the
- NIMS publications

LOCATION

The Incident Commander (IC) directs all activities in the Hospital Command Center (HCC). If there is power, the MMHD HCC will initially be in the Fall River Board Room during an

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE:	Emergency Operations Plan Incident Command System (ICS)	POLICY # DIA047
DEPARTMENT/SCOPE:	Disaster	Page 3 of 3
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AUDIENCE: District-wide		APPROVAL DATE:
OWNER: Dana Hauge, SO		APPROVER: Ryan Harris

incident. Without power, and or if the incident grows past Command Staff the Command Center will be located within the Cardiac Rehab Department because it has a red plug connected to generator backup power.

The IT department, construction office, and workspace, above the maintenance garage, would serve as the third location as there is generator power and computer capabilities. It would also serve as an alternate location if the main facilities were unusable due to the incident.

Lastly, the Burney Annex facility has a boardroom that is available and can be used as a remote location, or in the event of the need for a command at that location. There is a secondary space to use in the resident activities room at the opposite end of the facility. It will have the same abilities as the Fall River locations.

EQUIPMENT

The Hospital Command Center will be equipped with redundant communication capabilities such as:

Voice systems:

- Telephone - land and cellular
- Amateur and commercial two-way radios

Data systems:

Computers on a local or wide area network Equipment for receiving public broadcasts:

- Televisions
- AM/FM radios, other radios Equipment for visual display of incident information:
- Projection screens
- Whiteboards
- Maps, charts

Basic equipment:

- Fax machine
- Photocopier
- General office supplies
- Preprinted HICS forms

REFERENCES:

ACHC Accreditation requirements for Critical Access Hospitals, 2023 edition. Accreditation Commission for Health Care (ACHC). 17.01.14

COMMITTEE APPROVALS:

Safety/Disaster: 11/13/2024

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Nutritional Care	POLICY # SB013
DEPARTMENT/SCOPE: Swing Bed	Page 1 of 2
REVISION DATE: n/a	EFFECTIVE DATE: 12/27/2023
AUDIENCE: Acute/Swing Staff	APPROVAL DATE:
OWNER: M. Padilla	APPROVER: T. Overton

PURPOSE:

To provide appropriate nutritional care for Swing Bed patients.

POLICY:

Mayers Memorial Healthcare District (MMHD) will provide each patient with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each patient.

All Swing Bed patients will have a comprehensive nutritional assessment completed by a Registered Dietitian within 48 hours of admission, and weekly thereafter or more frequently if needed.

Based on the patient's comprehensive assessment, MMHD will ensure that the patient:

- Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the patient's clinical condition demonstrates that this is not possible, or patient preferences indicate otherwise.
- Is offered sufficient fluid intake to maintain proper hydration and health.

PROCEDURES:

1. The nursing unit will notify the Registered Dietitian of all pending or swing bed admissions.
2. The Registered Dietitian will complete and document a comprehensive nutritional assessment within 48 hours of admission.
3. The Registered Dietitian will reassess the patient at least weekly, or more often as needed, including when there is a significant change.
4. The assessment and any recommendations for labs, therapeutic diets, supplements and snacks, by the Registered Dietitian will be documented in the medical record.
5. The healthcare provider reviews the assessment and discerns any actionable orders therein..
6. The Registered Dietitian will provide input to the interdisciplinary team as part of the development of the interdisciplinary care plan.
7. The Registered Dietitian will attend the interdisciplinary care meetings, or if unable to attend, a member of the food and nutrition services staff will attend who has knowledge of the patient's nutritional status.
8. Nursing staff will observe and document patient weight, intake, output, wound healing, and other nutrition indicators in the medical record as appropriate for each patient, or as ordered by the physician or recommended by the Registered Dietitian.

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Nutritional Care	POLICY # SB013
DEPARTMENT/SCOPE: Swing Bed	Page 2 of 2
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AUDIENCE: Acute/Swing Staff	APPROVAL DATE:
OWNER: M. Padilla	APPROVER: T. Overton

9. Patient and family education will be provided as indicated and documented in the medical record.

SPECIAL CONSIDERATIONS:

Significant Change: Major decline in a patient’s status that will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical intervention, that has an impact on more than one area of the patient’s health status and requires interdisciplinary review and/or revision of the care plan, or both.

REFERENCES:

State Operations Manual. Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs §483.20(b), §485.645(d)(8)

06.03.00 Nutritional Support

Accreditation Commission for Health Care. *Accreditation Requirements for Critical Access Hospitals*. 2023 ed., ACHC, 2023. Standard 06.03.00.

COMMITTEE APPROVALS:

M/P&T: 6/26/2024

P&P: 7/3/2024

MEC: 10/23/2024

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Scope of Services – Clinic Services	POLICY #
DEPARTMENT/SCOPE: RHC	Page 1 of 7
REVISION DATE: 6/7/2021, 7/27/2023, 4/1/2024	EFFECTIVE DATE: 6/7/2021
AUDIENCE: All Clinic Staff	APPROVAL DATE:
OWNER: Kimberly Westlund	APPROVER: R. Harris

PURPOSE:

The purpose of this policy is to describe the Clinical Services provided by Mayer Rural Center (Clinic) and the hours in which those services will be provided.

It is the policy of the Clinic is to provide all those services offered in or contingent to a physician’s practice (but not in excess of the legal limitations placed on a mid-level practitioner as defined by State code) during the outlined time schedule.

PROCEDURE:

Scope of Services

When a patient enters the Clinic, he/she/they will be given care appropriate to their needs and in accordance with required regulations.

- The following services are available directly through the Clinic and by referral from Clinic personnel:
 - Health screenings, including well child checks, employment and school physicals and other wellness visits.
 - Treatment of minor acute illnesses in the Clinic.
 - Management of stable chronic illnesses.
 - Health education, promotion and counseling for individuals..
 - Routine venipuncture for Clinical Laboratory Improvement Amendments (CLIA) non-waived tests.
 - EKG services including single channel 12 lead and rhythm strips.
 - Minor surgical and medical procedures consistent with practice, training, experience and scope.
 - Referrals to other providers for inpatient services, skilled nursing care, home health services, lab, radiology and any other service not available at the Clinic, and medical treatment unable to be provided by the physician or mid-level practitioner.
 - Arrangements have been made with the MMHD for individuals requiring inpatient services, lab, radiology and any other services not provided on

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Scope of Services – Clinic Services	POLICY #
DEPARTMENT/SCOPE: RHC	Page 2 of 7
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AUDIENCE: All Clinic Staff	APPROVAL DATE:
OWNER: Kimberly Westlund	APPROVER: R. Harris

site, and medical treatment unable to be provided by the physician or mid-level practitioner.

Hours of Operation

The Clinic will be open to provide patient treatment Monday through Friday from 8:00am to 5:00pm. No patients should be admitted into the clinic for treatment outside of these hours.

- Additionally the Clinic observes the following holidays:
 - New Year’s Day
 - President’s Day
 - Memorial Day
 - Fourth of July
 - Labor Day
 - Thanksgiving and the Friday after
 - Christmas

Emergency Response

- Safety training will be provided to the Clinic staff at least annually, with documentation of the type of training provided and the staff members in attendance being maintained in records kept at the Clinic office.
- If any emergencies occur in the Clinic, which are beyond the scope of the Clinic’s operations, the patient shall be sent to the emergency department at Mayer Memorial Hospital.
 - The physician and/or Mid-Level Practitioner will direct the transfer.
 - The Medical Assistant will then notify the Hospital that a critical patient is being transported from the Clinic.

Emergency Box Maintenance

- The Clinic will maintain a crash box sufficient to meet the demands of an

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Scope of Services – Clinic Services	POLICY #
DEPARTMENT/SCOPE: RHC	Page 3 of 7
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AUDIENCE: All Clinic Staff	APPROVAL DATE:
OWNER: Kimberly Westlund	APPROVER: R. Harris

emergency situation typical of a medical Clinic.

- Contents will include all items necessary to provide emergency medical treatment of patients in the Clinic, as determined by the services provided, equipment utilized and the decision of the Medical Director.
- Responsibility for maintaining the correct stock of items, with all items being in useable condition (no out-of-date items, all items functional, etc.), will rest with the nursing staff of the Clinic.
- This emergency box will remain in an accessible area of the Clinic at all times, as determined appropriate by the Medical Director.

Dispensing of Drugs to Patients

- All drug samples will be stored in a locked cabinet away from patient traffic areas, with access only being to the medical staff of the Clinic.
- Drugs used in the clinic will be done so at the discretion of the Physician or Mid-level Practitioner for a specific purpose to treat patient’s signs and/or symptoms.
- Nurse or Medical Assistant may administer drug to patient after a verbal or written order and verification by provider.
- Drug samples are not available at the clinic and they will not be administered or dispensed to patients.

Communicable Disease Infection Control

- In an effort to identify infections in a timely manner, and prevent the spread to other patients, visitors and personnel, patients with presumed infectious diseases will be examined promptly and their disposition (i.e. admission to hospital or discharge to home) handled as expeditiously as possible.
- It is the responsibility of the Medical Director of the Clinic with assistance from the disaster preparedness committee to:
 - Establish procedures for patient screening and processing that result in early detection and expeditious handling of patients with communicable diseases.
 - Assure that waiting rooms are not crowded.

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Scope of Services – Clinic Services	POLICY #
DEPARTMENT/SCOPE: RHC	Page 4 of 7
REVISION DATE: 6/7/2021, 7/27/2023, 4/1/2024	EFFECTIVE DATE: 6/7/2021
AUDIENCE: All Clinic Staff	APPROVAL DATE:
OWNER: Kimberly Westlund	APPROVER: R. Harris

- Assure that hand washing facilities are properly designed, equipped and easily accessible, regardless of any handicap of the patient.
 - Assure that employee/agent health standards are maintained.
 - Act as consultant for the Infection Control Committee.
 - Communicate as needed with the local and state health department officials concerning seasonal or unusual community disease outbreaks.
 - Report communicable diseases to the Infection Control Nurse at Mayers Memorial Hospital if appropriate, the Medical Director and Health Dept. as needed. The list of reportable diseases is contained in the Appendix section of this manual.
 - The Clinic Physician and Mid-Level Practitioner are responsible for reviewing data on infected patients to detect community outbreaks, and reviewing and approving policies relating to infection control.
- Patients
 - Respiratory: Patients with respiratory symptoms, which include a productive cough, will be screened for possible Covid, RSV, Tuberculosis, or Influenza via an appropriate history relevant to such diagnosis.
 - If the possibility of Tuberculosis infection exists, the patient should promptly be placed in an examining room and wear a mask until a definite diagnosis (usually X- Ray for Tuberculosis) is established, or until proper respiratory isolation is instituted upon hospital admission or discharge home.
 - Special attention and respiratory precautions, including masks, must be taken when caring for a patient with the potential of having a communicable disease such as Varicella, Rubella, Rubeola or Mumps.
 - In addition, paper tissues will be available in waiting and examining rooms to encourage aseptic elimination of sputum.
 - Meningitis: A patient suspected of having meningococcal meningitis should be promptly seen and referred to the hospital and placed in respiratory isolation.

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Scope of Services – Clinic Services	POLICY #
DEPARTMENT/SCOPE: RHC	Page 5 of 7
REVISION DATE: 6/7/2021, 7/27/2023, 4/1/2024	EFFECTIVE DATE: 6/7/2021
AUDIENCE: All Clinic Staff	APPROVAL DATE:
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- Hepatitis with Diarrhea: Patients with suspected Hepatitis with diarrhea should be promptly seen and referred to the hospital.
 - Hand washing and prompt disposal of soiled material should be adequate protection for personnel.
 - Simple housecleaning and maintenance of a good waste flushing system (commode and sink) is sufficient to provide adequate protection against spread of enteric pathogens.
- Skin Disorders: Patients with suspected illnesses such as Varicella, Rubella, and Rubeola should be promptly separated from other patients, placed in an examining room and expeditiously examined.
 - Hand washing, gloves with contact with drainage, masks if appropriate, and proper disposal of soiled items will always minimize risk to personnel.
- Blood: Patients with bleeding problems should be handled as appropriate for the individual case.
 - Personnel will wear gloves with contact with blood and body fluids and should cover any cuts, rashes or abrasions.
- Equipment

Materials and equipment soiled by blood should be presumed positive for Hepatitis until proven otherwise, and should be disposed of or sterilized, or disinfected with diluted Clorox if sterilization is not possible.

 - Ambubags will be washed with detergent and water, soaked in Cidex for (30) minutes, rinsed, dried and kept in a dustproof bag until re-use.
 - Oxygen tubing will be discarded after each use.
 - Laryngoscope blades will be washed in detergent solution, soaked in Cidex for (30) minutes, rinsed, dried and kept in a covered container until re-use.
 - Disposable airways are used and discarded, never re-used.
 - Soiled blood pressure cuffs will be wiped germicide solution immediately after getting soiled.

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Scope of Services – Clinic Services	POLICY #
DEPARTMENT/SCOPE: RHC	Page 6 of 7
REVISION DATE: 6/7/2021, 7/27/2023, 4/1/2024	EFFECTIVE DATE: 6/7/2021
AUDIENCE: All Clinic Staff	APPROVAL DATE:
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- Grossly bloody dressings removed from the patients will be placed in red plastic biohazard bags, closed securely, double-bagged and stored for pick-up by the designated contractor.
- All used linen will be placed in the designated container for pick up by the- Mayers Memorial Hospital District Laundry Department.
- Housekeeping
 - All horizontal surfaces and grossly soiled walls will be washed with germicidal solution daily and when soiled.
 - Routine cleaning of floors three times per week will be performed by Housekeeping personnel.
 - Sinks will be cleaned daily with effective germicide.
 - Blood, body fluids and secretions will be wiped up with a germicide saturated cloth immediately upon discovery. These used cloths will be discarded in the red biohazard bag for disposal.
 - All exam table paper that has been used and presents itself with the possibility of having been soiled by an abundance of blood, will be discarded (using gloves) into the red biohazard container for disposal.
 - Strict rodent and insect control will be exercised.
- Controls On the System
 - The Infection Control Nurse will directly observe practices and procedures by regular prevalence and practice inspections.
 - Environmental cultures may be ordered by the Medical Director as necessary for outbreaks.

REFERENCES:

1. Cornell Law School. Cal. Code Regs. Tit.22, 51115.1- Organized Outpatient Clinic Services. <https://www.law.cornell.edu/regulations/california/22-CCR-51115.1> . 4/7/2023

MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Scope of Services – Clinic Services	POLICY #
DEPARTMENT/SCOPE: RHC	Page 7 of 7
REVISION DATE: 6/7/2021, 7/27/2023, 4/1/2024	EFFECTIVE DATE: 6/7/2021
AUDIENCE: All Clinic Staff	APPROVAL DATE:
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2. Wilkins, Thad; Sams, Richard, Carpenter, Mary. “Hepatitis B: Screening, Prevention, Diagnosis, and Treatment”. American Family Physician. March 1, 2019.
<https://www.aafp.org/pubs/afp/issues/2019/0301/p314.html>. 4/7/2023
3. Woodcock, Elizabeth W. Operating Policies and Procedures. Manual for Medical Practices 5th edition. “Bloodborne Pathogens Exposure Control Plan”. pp 527-531. MGMA Policy 14.01
4. Woodcock, Elizabeth W. Operating Policies and Procedures. Manual for Medical Practices 5th edition. “Tuberculosis (TB) Exposure Control Plan”. pp 570-573. MGMA Policy 14.09
5. Woodcock, Elizabeth W. Operating Policies and Procedures. Manual for Medical Practices 5th edition. “Tuberculosis (TB) Communication and Training”. pp 574. MGMA Policy 14.10
6. Woodcock, Elizabeth W. Operating Policies and Procedures. Manual for Medical Practices 5th edition. “Tuberculosis (TB) Reporting”. pp 575-576. MGMA Policy 14.11

COMMITTEE APPROVALS:

P&P: 7/5/2023
BOD: 7/26/2023

MAYERS MEMORIAL HEALTHCARE DISTRICT DEFIBRILLATORS

EXECUTIVE SUMMARY

Mayers Memorial Healthcare District recognizes an urgent need to update our defibrillators in both the acute care settings of our hospital and our ambulance department. This essential investment is anticipated to require an initial expenditure of **\$298,696.32**, ensuring enhanced emergency response capabilities and significantly improving patient outcomes. By upgrading to the Zoll X Series Advanced Defibrillators, we will ensure our equipment is both reliable and up to industry standards.

STATEMENT OF NEED – CHARACTERISTICS OF CURRENT SYSTEM

- The current defibrillator units have surpassed their expected lifespan, which significantly increases the risk of malfunction during critical emergencies.
 - Replacement parts for these outdated units are no longer available, rendering them obsolete and ineffective in life-saving situations.
 - The use of obsolete equipment poses a serious threat to patient safety, compromising the effectiveness of our emergency response capabilities.
 - Upgrading to newer, more advanced units is essential to ensure reliable performance and reduce the risk of equipment failure during emergency interventions.
 - Modern defibrillator technology will also offer longer life expectancy, reducing the frequency of replacement and lowering long-term operational costs.
 - This investment aligns with our commitment to providing the highest standard of care to our patients and ensures we are ready for any critical situation.
-

RECOMMENDATION

We recommend the acquisition of **Zoll X Series Advanced Defibrillators** for both our acute hospital and ambulance services. The Zoll X Series offers advanced features such as real-time biofeedback for CPR and Bag-Valve-Mask ventilation, seamless integration with our Cerner system, and a robust, reliable design that meets industry standards. These defibrillators will significantly enhance our emergency response capabilities, improve clinical efficiency, and directly contribute to better patient outcomes.

Upgrading to these superior defibrillator units far surpasses the functionality of our current equipment. This strategic decision reflects our ongoing commitment to patient safety, aligns with modern technological advancements, and positions us for continued success in providing high-quality care to our community.

FINANCIAL BREAKDOWN & TOTAL COST

The cost for purchasing the Zoll X Series Advanced Defibrillators, including the necessary units, accessories, upgrades, and training, is outlined below.

Acute Hospital (6 Units):

- **Zoll X Series Advanced Defibrillator**
 - Unit Price: \$38,531.22
 - Quantity: 6
 - Total for 6 Defibrillators: **\$231,187.32**
- **Accessories for Each Unit:**
 - Total for Accessories: **\$14,942.32**
- **LP 20E Trade-In Allowance:**
 - Discount: -\$1,000.00 per unit
 - Total Trade-In: **-\$6,000.00**
- **Service & Subscription:**
 - **CaseReview Subscription (5-Year Hosted)**
 - Unit Price: \$555.00
 - Total for 6 Units: **\$3,330.00**
 - **CodeWriter Subscription (5-Year Hosted)**
 - Unit Price: \$400.00
 - Total for 6 Units: **\$2,400.00**
 - **Deployment Support for ALS/BLS Software Solutions:**
 - Total: **\$6,000.00**

Subtotal for Acute Hospital Units: \$241,658.16

Ambulance (1 Unit):

- **Zoll X Series Advanced Defibrillator**
 - Unit Price: \$38,531.22
 - Quantity: 1
 - Total for 1 Defibrillator: **\$38,531.22**
- **Accessories for the Ambulance Unit:**
 - Total for Accessories: **\$5,831.02**
- **LP 20E Trade-In Allowance:**
 - Discount: -\$1,000.00
 - Total Trade-In: **-\$1,000.00**

Subtotal for Ambulance Unit: \$42,796.80

TOTAL INVESTMENT OVERVIEW

- **6 Zoll X Series Advanced Defibrillators for Acute Hospital: \$231,187.32**
- **1 Zoll X Series Advanced Defibrillator for Ambulance: \$38,531.22**
- **Upgrade for 2 Remaining Ambulance Units (includes NIBP and pacing features): \$12,208.00**
- **Total for Accessories (Acute Hospital + Ambulance):**
 - Acute Hospital Accessories: **\$14,942.32**
 - Ambulance Accessories: **\$5,831.02**

Grand Total for All Units, Upgrades, and Accessories: \$298,696.32

CONCLUSION & REQUEST FOR APPROVAL

We strongly recommend the acquisition of the Zoll X Series Advanced Defibrillators for Mayers Memorial Healthcare District's acute hospital and ambulance services. The total investment of **\$298,696.32** will ensure our emergency response teams are equipped with state-of-the-art, reliable equipment that enhances patient care and clinical outcomes. This investment is critical to maintaining our commitment to the highest standards of patient safety and clinical excellence.

We respectfully request the Board's approval to proceed with the purchase and implementation of the Zoll X Series Advanced Defibrillators.

Director of Operations Report
Prepared by: Jessica DeCoito, DOO

Facilities, Engineering, Other Construction Projects

- Our Criteria Document meetings continue to take place weekly. We began working with Legal to create the Request for Proposals for a Project Management Firm to manage the Master Planning project.
- The Fall River Rural Health Clinic drawings are still with the county. We have engaged with Legal to begin creating the bid package.
- The Solar Project is making progress. On November 25th, we received notification that the plans were approved, but we are awaiting the fire marshal's sign-off, and then we should receive our building permit. We expect the racking to arrive the week of December 16th, and construction is planned to begin on January 6th.
- The Burney Fire Alarm Panel is functioning appropriately. We are working on the final cost letter, which we will upload to the HCAI portal once it is completed.
- The Final Verified Compliance Reports for the Med Gas Panel and Temporary Automatic Transfer Switch for the generator in Burney have been signed and sent off with HCAI.
- The maintenance team has been busy transitioning to winter weather mode. They have already repaired leaks and heaters, removed fallen trees, and more. Shout out to the team for keeping up with the demands.
- We are implementing a new program called AutoDesk that will manage all of our internal construction projects and allow us to properly manage the owner's responsibilities for our larger construction projects. This will become our central hub for storing all our construction plans, as-built plans, project documents, pictures, etc.

Dietary

- Our team will be implementing Point Click Care MealTime Solutions. This program equips our dietary department with recipe management, nutritional analysis, menu planning, and more. We are excited to have a program that integrates into our current resident electronic health record system and provides the functionality to provide the same practices for our Acute Care patients.

Human Resources

November/December 2024

Submitted by Libby Mee, Chief Human Resource Officer

Employee Support and Recruitment

The Human Resources, Payroll, and Benefits department currently serves **310 active employees**. We are focused on several recruitment and retention initiatives to fill **37 vacant positions**. To enhance our hiring efforts, we have engaged with specialized recruitment firms to assist with sourcing candidates for some of our most critical roles, including:

- **Chief Medical Officer (CMO)**
- **Rural Health Clinic Provider**
- **Medical Director**
- **Pharmacist**
- **Skilled Nursing Positions**

In the interim, we have placed **temporary professionals** in several key roles, such as:

- Pharmacist
- Hospitalist
- Skilled Nursing Director of Nursing

Additionally, we are in communication with applicants for the CMO, Pharmacist, Clinic Medical Director/Provider, and nursing positions in our Skilled Nursing Facility.

Regional CEO Meeting

On **December 8th**, I will attend the quarterly regional CEO meeting in **Tahoe**, along with other Mayers leaders. During the meeting, I will present an update on the **Medley Staffing App**, a platform that could streamline staffing efforts across our facilities. The app will enable facilities to post available shifts by position, allowing local staff to pick up shifts they are interested in.

If the CEO group is interested in moving forward with the app, the HR teams will need to collaborate to:

- Align **Per Diem pay rates** across all facilities
- Standardize **onboarding and orientation practices** to ensure smooth integration for staff picking up shifts

The goal is to reduce reliance on **registry staffing** by flexibly leveraging local resources.

ACHC Accreditation

We are excited that our application for **ACHC Accreditation** has been officially submitted. The HR team continues to conduct internal audits of employee files and is actively working on updating the **registry compliance packet** to meet the accreditation requirements.

NRHA Certification

I am proud to share that I have completed the **National Rural Health Association (NRHA) HR Certification** program. This intensive, **eight-month program** involved participation with **15 HR specialists** from across the country and has provided me with an invaluable amount of HR knowledge tailored to the unique challenges of rural healthcare.

As part of the certification, we will continue collaborating with peers through email and quarterly virtual meetings, allowing us to share ideas, resources, and best practices.

Patient Experience/Satisfaction Project Update

Aligned with the Communication Strategic Goal

Overview

As part of our Communication Strategic Goal, the Patient Experience/Satisfaction project addresses multiple facets of patient interaction across the organization. This initiative complements the ongoing Referral Project by extending our focus to other critical components of the patient experience throughout the facility.

Referral Process Team Meeting Summary

On Thursday, November 6, over 25 Mayers employees gathered with Jen Miley to review and walk through the current referral process. The team analyzed referral statistics and volumes per department, discussing key challenges and opportunities related to Cerner, staffing, leakage, and training and education.

Several opportunities for improvement in the referral process were identified. A primary concern was the high number of referrals currently in the queue. To address this, a subcommittee was formed to follow up with patients and providers to update and clear the queue by the beginning of December.

The Referral Process Team will reconvene with Jen in mid-December via Zoom to discuss and implement best practices for managing referrals in the future.

Observational Efforts

Valerie Lakey and Libby Mee have been conducting detailed observations in various areas of the facility, including:

- Clinic Waiting Rooms
- Main Lobby
- Emergency Department (ED) Waiting Room
- Physical Therapy Waiting Room
- ED and Acute Care Nurses' Stations

Key Focus Areas:

- **Essential Skills:**
 - Patient acknowledgment
 - Proper introductions
 - Managing wait times
 - Providing clear explanations
 - Expressing gratitude

- **Strengths Evaluated:**
 - Active listening
 - Multi-tasking abilities
 - Communication clarity and consistency
 - Tone of voice and professionalism

Purpose:

These observations aim to identify strengths and opportunities for improvement. By analyzing performance in real-time interactions, we can prioritize areas for coaching, training, and process enhancements. Observations will continue through the end of the year, and results will be evaluated to inform the next steps.

Survey Implementation

We have expanded our Press Ganey contract to include Emergency Department and Clinic surveys to gain actionable patient feedback.

- **Contract Status:**
 - The agreement was finalized in late October, and we are actively working with Press Ganey's implementation team to expedite the survey setup. We are also conducting weekly follow-ups to ensure progress.
- **Interim Solution:**
 - While awaiting full implementation, we manually distribute surveys to ED and Clinic patients to establish a baseline for patient satisfaction data.

Next Steps

- **Complete Observations:**
 - Observational data collection will continue through December, with evaluation and analysis following shortly after that.
- **Press Ganey Surveys:**
 - Work closely with the implementation team to finalize survey deployment. The transition from manual to automated survey collection once systems are live.
- **Training and Coaching:**
 - Based on observational insights and survey feedback, we will develop targeted training sessions to address identified gaps and reinforce patient communication and experience strengths.

Conclusion

The Patient Experience/Satisfaction project is progressing steadily and is closely aligned with the Communication Strategic Goal. Through observational insights and expanded survey efforts, we are well-positioned to enhance the patient experience across our organization and prioritize areas for improvement.

Chief Public Relations Officer – Valerie Lakey
November-December 2024 Board Report

Legislation/Advocacy

The 2025-26 legislative session will commence with an organizational session on **December 2, 2024**, followed by a recess until **January 6, 2025**. Following is a summary of highlights:

Assembly Bill (AB) 977 extends specific penalties for violence against first responders to all healthcare workers providing services in emergency departments. Governor Newsom signed it on **September 29, 2024**.

Assembly Bill (AB) 1316 Requires Medi-Cal managed care plans to compensate hospital emergency departments for treating Medi-Cal beneficiaries experiencing mental health crises. It also mandates the prompt transfer of patients requiring mental health inpatient care, regardless of involuntary psychiatric hold status. Governor Newsom signed it on **September 27, 2024**.

Senate Bill (SB) 895 Proposed a Baccalaureate Degree in Nursing Pilot Program at ten community college districts, with the Legislative Analyst's Office evaluating the pilot's effectiveness. Governor Newsom vetoed it on **September 28, 2024**.

Senate Bill (SB) 1423 Aimed to secure the financial stability of critical access hospitals (CAHs) by establishing a CAH technical advisory group within the Department of Health Care Services and was vetoed by Governor Newsom on **September 22, 2024**.

Senate Bill (SB) 1432 Proposed addressing the 2030 seismic compliance requirement by granting up to a five-year extension based on project timelines and healthcare access impacts at the discretion of the Department of Health Care Access and Information, vetoed by Governor Newsom on **September 12, 2024**.

As the legislative session resumes in January, we will continue advocating for critical healthcare issues, particularly those affecting rural and critical access hospitals, seismic compliance, and workforce development. Legislative priorities for 2025-26 will also focus on ensuring sustainable funding models and supporting hospitals adapting to evolving healthcare demands.

Grants

The Grants and Awards program has actively reflected our commitment to supporting employees, community development, and strategic hospital initiatives.

Pending Grant Applications

Several grant applications are being reviewed, and we anticipate receiving notifications in **December 2024**. Submitted through the Foundation and the Hospital, these grants represent significant funding opportunities to support our mission and expand services.

Strategic Grant Initiatives

We are working on a **large-scale grant application** through the **California Proposition 1 Behavioral Health Infrastructure Bond Grant** program. If secured, this funding will support the development of clinic space to enhance behavioral health services, a critical area of need in our community.

Giving Tuesday – December 3, 2024

We are excited to participate in **Giving Tuesday!** We encourage everyone to:

- **Donate** to support vital community programs.
- **Spread the word** through personal and professional networks.
- **Visit us in person** on Giving Tuesday to engage with staff, celebrate philanthropy, and witness the impact of community generosity firsthand.

As we look ahead, we focus on securing resources to sustain and expand services while celebrating the partnerships and programs that make a difference in our community.

Public Relations/Marketing

End-of-Year Lab Service Campaign

We are developing a focused campaign to encourage the community to utilize laboratory services before the end of the year. The initiative highlights the convenience, efficiency, and importance of diagnostic lab testing, targeting patients who may need last-minute tests to meet health goals or fulfill annual requirements. The goal is to increase lab appointments and ensure patients utilize available benefits before insurance deductibles reset.

End-of-Year Insurance Deductible Campaign

This campaign reminds patients of the financial benefits of scheduling appointments before deductibles reset on January 1. Services like imaging, therapy, and outpatient procedures are vital opportunities to maximize insurance coverage. The key message is:

"Don't leave money on the table—take advantage of your deductible benefits before the year ends."

2025 Schedule for Outpatient Departments to Visit Clinics

We are creating a structured calendar for outpatient department representatives to visit local clinics throughout 2025. This program aims to strengthen collaboration between departments and clinics, improve communication, and enhance patient referrals.

- Regular visits from Physical Therapy, Cardiac Rehab, Respiratory Therapy, Imaging, and Laboratory teams.
- In-person discussions to educate clinic staff on services and patient benefits.
- Providing clinics with updated promotional materials and patient education resources.
- Increased awareness and utilization of outpatient services through streamlined referral processes and strengthened relationships.

Hospital Service Brochure

A comprehensive hospital service brochure is being developed to provide patients and the community with a clear, accessible overview of services offered.

- Detailed descriptions of outpatient and inpatient services.
- Information on specialized departments, including contact details and hours of operation.
- Available in clinics, hospital lobbies, and community health events.
- The digital version is accessible through the hospital website and social media channels.

Expanding Department Service Information on the Website

We are enhancing the hospital’s website to provide more robust and user-friendly information about department services.

- **Updates Include:**
 - Expanded service descriptions with FAQs for better patient understanding.
 - Integrating surveys and forms to streamline processes like patient satisfaction feedback and service requests.
 - Visual updates for improved navigation and user experience.

Marketing and Public Relations efforts drive patient engagement, promote services, and enhance communication between the hospital and the community. Through targeted campaigns, service improvements, and innovative strategies, we aim to achieve greater visibility and utilization of hospital services while supporting our mission to provide excellent care.

Mayers Healthcare Foundation

See Quarterly Report.

In addition, the MHF Board met in November and awarded nearly \$50,000 in department grant awards.

Department	Awarded Item	Award Amount
Food & Nutrition	Meal Delivery Carts	\$8,520.76

TCCN	CPR/First Aid Training for High School Students	\$8,360.00
Cardiac Rehab	Chairs for Waiting Area	\$4,362.00
Safety & Security	Handheld Radios	\$959.97
Marketing & PR	Print and Interactive Materials for Events	\$5,000.00
Ambulance	EMS Advanced Airway Training Supplies	\$5,252.00
Acute	Electrocardiogram Machine for Med/Surg	\$15,927.13
TOTAL		\$48,381.66

They also approved a first-time "fall round" of the employee scholarships and awarded another \$2500. (\$1250 each to two MMHD employees)

Tri-County Community Network

Community Partnerships, Children's Programs and Engagement

During October and November, Bright Futures has continued to strengthen community ties and forge new partnerships across the Inter-Mountain area.

- **October Highlights:**
 - Launched a partnership with the Shasta Head Start program in McArthur.
 - Participated in Shasta Head Start-Burney's Fall River and Burney Elementary School's Walk to School events.
 - Engaged in the countywide Shasta Reads Day, a collaboration with First 5, providing books for the event.
- **November Highlights:**
 - Hosted the **Autumn Apple Bash**, where 20 children enjoyed games, crafts, and healthy snacks.
 - Organized **Family Film Night**, marking the start of a new partnership with Plumas Bank, which donated their time and popcorn machine for free.

Program Impact

Bright Futures continues to provide valuable services to local schools, libraries, and daycare centers. On average, 106 children aged 0-5 receive services monthly.

- Sites served include T-K programs in Fall River, Burney, and Big Valley, as well as Shasta Head Start and Round Mountain preschool programs.
- Triple P parenting support services are promoted through social media, parenting events, and FRJUSD community connectors.

BOTVIN Life Skills Training

BOTVIN Life Skills Training (LST) has been successfully introduced to local elementary schools. Fourth-grade students have completed self-esteem-building lessons, decision-making, and smoking prevention.

- By December, 4th-grade students will complete the program, and 5th-grade students will begin an eight-week curriculum.
- Over 200 students from grades 4-6 will participate in this grant-funded program, supported by the Shasta County Asset Forfeiture Grant.

Grant Updates and Programs

1. **Parent Cafés**
 - Collaboration with Pathways to Hope continues to provide Parent Cafés, with the next event scheduled for December 5.
 - Four MMHD staff members will receive training in February to host these events, funded by the Community Foundation of the North State.
2. **Community Foundation Grant (\$10,000)**
 - Funds are being utilized for furniture upgrades at the Intermountain Community Center, a senior coffee hour, and health education workshops.
 - The grant must be spent by December 31, 2024.
3. **Enhanced Care Management (ECM)**
 - Partnership with HANC and Partnership HealthPlan has secured a \$102,000 contract to establish ECM services. Recruitment and training, which will focus on billing processes and implementation, are scheduled to begin in December.
4. **Mindful Connections Program**
 - A \$620,000 five-year proposal was presented to Shasta County for funding from the national opioid settlement to enhance prevention and recovery services.
 - Future funding discussions are planned to create a self-sustaining, billable program.

Website Updates

The newly launched website includes a community calendar, health resources, employment and housing information, and a learning library.

- Weekly advertising requests for the community calendar average two submissions.
- Additional resources are continually added to enhance usability and engagement.

Community Events

- **Weekly:** Bright Futures events for children (ages 0-5), BOTVIN Life Skills Training, and Senior Sip and Social (ongoing through May 2025).

- **December 5:** Parent Café at the Intermountain Community Center.
- **Upcoming:** Heart Health Month events in February 2024, including CPR classes, a digital cookbook giveaway, and cardiac rehab presentations.

Facility Updates

Plans for phases 1 and 2 of the Intermountain Community Center remodel have been approved. MMHD staff will complete the work. Phase 3 is awaiting fire department approval before proceeding to permitting.

November Board Report
Clinical Division
11/26/2024

Please forgive my absence at today's meeting. Lindsey Crum and I are at Hospice Regulatory Boot Camp in Las Vegas. Kevin Davie, Clinical Director, plans to be available to answer questions about my report.

Front-line clinical staff and several managers attended sessions of the Ignite the Patient Experience training on November 20 and 21. The staff is excited to implement improvements to enhance patient satisfaction.

Retail Pharmacy

- The annual house return has been completed and submitted. Credits will reflect on our account in December 2024.
- Employee-Only 340B Program
- Kristi Shultz is collaborating with Travis Lakey to explore implementing a 340B program dedicated exclusively for employee use. This initiative aims to enhance medication affordability and accessibility for our team members.
- As we prepare for the Prescription Medicare Payment Plan (PMPP), effective 01/01/2025, we focus on its potential impacts on Mayers Pharmacy. Key areas include:
 - Medicare Reimbursement Adjustments:
 - Adjustments to reimbursement rates for Part D prescriptions could reduce revenue from medications dispensed to Medicare beneficiaries.
 - Increased Administrative Burden:
 - Compliance with updated documentation and billing requirements will require additional resources and could increase administrative workload.
 - Impact on Medication Access:
 - Changes in formularies and prior authorization processes may affect the availability of specialty and high-cost medications for Medicare beneficiaries.
 - Pharmacy Workflow Changes:
 - Updates in reimbursement and coverage will necessitate adjustments to prescription processing, including potential software system updates and staff training.
- Shannon Ohm, Pharmacy Technician, and Kristi Shultz, Pharmacy Associate Manager, will attend the Engage Conference in Texas in March 2025 to address these challenges. This event will provide tools and insights to streamline these transitions within our software systems and workflows.

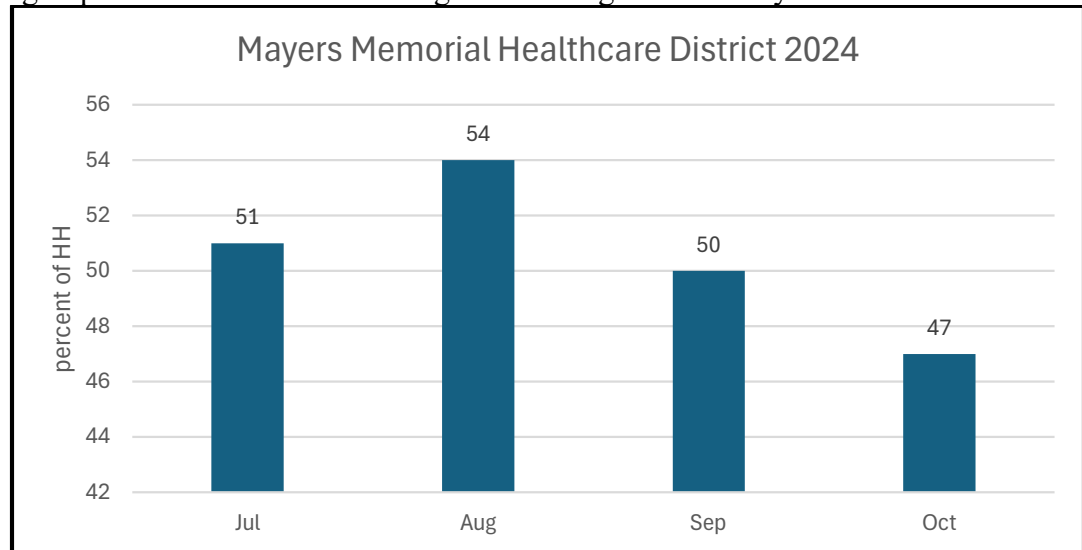
Hospital Pharmacy

- Mayers, at the county's request, has shared some IV fluids with Mercy Hospital in Redding. The IV fluid shortage is a regional issue in Northern California. Mayers is following our plan to decrease use.
- The FDA has approved some IV fluids manufactured outside the country. However, they still need to enter the supply chain.

- IT and remote pharmacy are testing a replacement camera that will work on a secure internet connection (https) for remote drug verification after hours.

Infection Prevention

- Hand washing rates remain around 50% organization-wide. We plan to share the results with departments. The CC , IP, and marketing are working on a plan for areas to compete regarding improvement amounts. The organizational goal is 80% by June.



- Amy Marinski, Infection Preventionist, will work part-time remotely with Kristen Stephenson, Mayers IP, in December to ensure the smoothest transition possible.
- Outbreaks of rhinovirus and norovirus have occurred in the skilled facilities. Opportunities for improvement have been identified, and all required reports to CDPH have been made.
- Whenever repairs or maintenance is conducted in a hospital, an Infection Control Risk Assessment needs to be completed. This collaboration between the infection prevention and maintenance departments ensures that patients and staff are kept safe from potentially infectious dust or other pathogens. The process has become hard-wired as the graph reflects compliance with the standards.



Laboratory

- Kevin Davie, Clinical Director, is exploring opportunities to expand lab services in the Burney area by staffing a phlebotomist at an outside clinic.
- The Quantiferon analyzer is on site and is scheduled to be installed the week of December 1. Dynex staff will be on-site to launch validation starting January 28. From January 29 to 31, CLS staff will be trained.
- The validation of new sensitivity cards for gram-negative organisms and extended-spectrum beta-lactamases (ESBL) is complete. Mayers has a ticket with CERNER regarding the interface.
- Mayers is installing a card in the Vitek® analyzer that will identify yeast but will not be performing sensitivity. Candida aris is an emerging pathogen in the healthcare environment, and Mayers needs to be able to locate this yeast. Validation will begin on December 2, and the interface must be tested once validation begins.
- Sophia Rosal, CLS, laboratory manager, is working with infection prevention and nursing to reduce the blood culture contamination rate through staff tracking, general training, and one-on-one training. The standard is to be under 3%. We have attained a 0% contamination rate for two months now.

Blood Contamination Rate	
Month	Cont Rate
Jan	3.51%
Feb	3.17%
Mar	2.86%
Apr	1.92%
May	0.00%
Jun	4.30%
Jul	1.92%
Aug	3.70%
Sep	0.00%
Oct	0.00%
Nov	

Respiratory Therapy

- We have a position open for a respiratory therapist. We will be filling with opening with registry staff temporarily.

Imaging

- P&P has approved New Imaging/Radiology Order forms. To promote our imaging department, new order pads will be dropped off at all the clinics.
- The Fuji PACS software installation is complete. Implementation is being delayed due to an interface issue and Fuji's installation staff being unavailable due to holiday PTO. Once the interface is live, we will move forward with the test plan. All imaging modalities have been configured to transmit images to the Fuji PACS.
- Harold Swartz, Imaging Manager, has completed creating the tech competency and training program except for the PACS training. The program will be completed once we have fully implemented PACS.
- I met with a cardiologist to discuss expanding our services to include echocardiology. The echo—ech will be refreshing her echocardiology skills with a Redding cardiologist.
- We are switching teleradiology groups, and I have narrowed it down to two vendors.
- The imaging department will use an iPad so patients can sign IV consent and pregnancy forms electronically.

Physical Therapy /

- As of 11/26/2024, the wait time for an evaluation once a referral is received in the department is under a week.
- The PT department is surveying patient experience regarding referrals. This will establish a baseline to measure improvement to the referral process.

Cardiac Rehab

- A local cardiologist is in contract negotiations and is privileged to perform the professional component / clinical interpretation of cardiac tests such as event recorders and Holter® monitors. We are excited about this partnership.
- Zita Biehle, program coordinator, attended a class on Advanced Stroke Life Support, a new course offered by the American Heart Association. She will start instructing Mayers employees on these skills in 2025.
- Zita and Daryl Schneider, manager, are working to revamp the referral checklist and associated forms for cardiac rehab and maintenance. They plan to work with Val Lakey, CPRO, to make the forms electronic and available on the website.
- Cardiac rehab appreciates the award from Mayers Healthcare Foundation for cleanable chairs.

NURSING SERVICES BOARD REPORT

November 2024-Reporting for October

CNO Board Report

SNF

October 2024

Census Update:

- Total Census: 79
 - Fall River: 34
 - Burney Annex: 25
 - Memory Care: 20

Admissions and Outreach:

- Completed three home/facility visits this week as part of ongoing admissions efforts.

Staff Development and Recruitment:

- One Unit Assistant successfully passed the CNA test and is awaiting CDPH clearance.
- Two Unit Assistants completed their CNA class and are scheduled to test on 11/25/24.
- Hired a new Unit Assistant who has finished their CNA class; the test date is pending.
- Two RN interviews are scheduled for next week.
- Recruitment efforts continue for key positions, including CNAs and nurses.

Resident Health Update:

- Residents are currently on precautions for rhinovirus.
 - Fall River: 8 positive cases
 - Burney Annex: 2 positive cases

Regulatory Update:

- No CDPH visits this month.
- Several self-reports remain under review.

Family Engagement:

- A Family Council meeting has been established and is scheduled for every third Thursday of the month at the Lodge.

Additional Notes:

- Continued efforts are being made to support staff development, enhance resident safety, and improve family involvement.

Acute

October 2024 Dashboard

- Acute ADC: 0.97
- Acute ALOS: 4.1
 - 2 Medicare Advantage Plans
 - Medicare ALOS: 3.43
- Swingbed ADC: 3.77

- Swingbed ALOS: 11.77
- OBS Days: 5

October Staffing

- **Staffing Requirements:** We have successfully filled all key positions, but to maintain optimal department operations, we require 8 full-time equivalent (FTE) RN/LVNs, 2 part-time equivalent (PTE) RNs, 4 FTE CNAs, and 2 FTE Ward Clerks.
- **Utilization of NPH Staff:** We currently utilize 0 FTE NPH RN/LVN. Occasional shifts are still filled by NPH staff only when per diems are unavailable or when we reallocate staff to cover surgery shifts.

Updates

- **CAH Relicensing Survey:** Following our recent survey, we promptly shared findings with staff and identified critical areas for improvement. We reinforced compliance through end-of-shift huddles and staff meeting education. Our audit tool was updated to reflect new elements and align with CMS standards.
- **ACHC Accreditation Progress:** This month, we finalized content for our in-person training sessions and initiated the first training event on October 30th, marking a critical step in our ACHC accreditation preparation. Additionally, we collaborated on assembling our survey preparation binders, allowing us to assess and organize documentation. In the process, we identified areas needing amendments or additions to policies, which are now being prioritized to meet ACHC standards.
- **Audit Tool for PI Measures:** Our focus remains on completing individualized care plans per ACHC requirements. We continued refining our understanding of Cerner's care planning platform to ensure we are documenting in alignment with standards. Through auditing we have identified improvement areas and established consistent elements to verify in each account.

Emergency Services

October 2024 Dashboard

- Total treated patients: 408
- Inpatient Admits: 6
- Transferred to higher level of care: 26
- Pediatric patients: 66
- AMA: 6
- LWBS: 5
- Present to ED vis EMS: 39

Staffing: Required 8 FTE RN, 2 PTE RN's, 2 FTE Tech's, 1 PTE Tech

- Utilized 3 FTE contracted travelers.
 - One FTE – Days on LOA
- ED Manager continues to work NOCs and Day shifts to fill gaps in the schedule.
- She continues her role as Clinical Project Manager for Cerner/ Learning Coordinator
 - Continued resource for the clinical areas in the facility
 - Working with an internal team on the referral process

- Open positions:
 - FTE Days- Acute RN started her 6-month orientation in the ED. She will be shadowing at SRMC ED starting October 2nd and continuing through February.
 - FTE NOC- Open

Updates:

- Centering staff education around ACHC guidelines
 - Policy sign offs each month
 - 8-hour in person education scheduled for 10/30 and 11/6
- Continue to improve chart check processes to increase captured revenue and avoid late charging, while improving charting standards.
- In alignment with ACHC standards, we have completed a comprehensive Ligature Risk Assessment and Mitigation Plan, developed in collaboration with safety, facilities, and departmental staff.
- In partnership with MHOAC, we have enrolled in the California Hospital Bed Capacity Project, which will be implemented in Fall 2024. This initiative is designed to automate bed reporting, enhance patient outcomes, improve emergency coordination, and optimize hospital resource utilization without adding administrative burdens.

Ambulance Services

October 2024

- 51 ambulance calls,
- 6 of those were interfacility transfers.

Updates:

- We hired one per diem EMT and one Per diem paramedic, both are local.
- We started using and sharing per diem EMTs in cardiac rehab, who help monitor patients doing exercises. This is on Mondays, Wednesdays, and Fridays.

Outpatient Surgery

October 2024 Board Report

Referrals:

- 18 - Referrals received
- 12 – Scheduled
- 0 – Rejected (BMI > 45, Medically complex, or Procedure not performed)
- 0 – Pending insurance clearance
- 3- Called patient and unable to reach or patient does not want to schedule at this time.
- 3 – Needs Nurse review
- 11 – Outstanding/ Pending referrals received before September

Pending Reason breakdown:

- 4 - previously scheduled and cancelled (unable to currently medical clearance, or patient does not want to reschedule at this time).
- 4 – Unable to reach patient or patient does not want to schedule currently.

Procedures Performed	October	
Colonoscopy	12	
EGD	2	
Colonoscopy/ EGD Combo	1	

EGD + balloon dilation	1	
Total cases Performed	Monthly Total: 16	

- Endoscopy Procedures: We continue to perform Endoscopy procedures once per month with 3 days scheduled.
- Staffing: The team consists of Dale Syverson, MD; Shannon Davidson, CRNA; per diem OR Circulator/Manager, Pre-op/PACU RN (shared staff from Acute/ED); Endoscopy Technicians: Mayers and Modoc Medical Certified Surgical Techs.
- Referrals: Referrals from local clinics continue to be received. In October, we received 18 referrals.
- Provider Appreciation Mixer (10/9/24): The Surgery Manager attended the Provider Appreciation Mixer, forging new connections and promoting the outpatient surgery services available at Mayers.
- Training and Certification: The Mayers Scrub Technician completed and passed the National Certification Exam on October 7th. The Surgery Manager is currently studying for the CNOR certification exam. All Relias training modules have been assigned, and 8 new competencies have been created. We are actively working through staff competency assessments and audits.
- Department Development: Ongoing efforts to meet ACHC, AORN, and AIMI standards of practice are in progress, involving policy updates, the creation of logs, tracking systems, Survey readiness training, and performance indicators.
- Line Isolation Monitoring (LIM) Test (10/28/24): A Line Isolation Monitoring (LIM) test was conducted in OR 1 and OR 2. The LIM test failed in OR 2. An electrician has been contracted and scheduled to address the deficiencies. Currently, we only perform procedures in OR 1, where testing has passed.
- Surgery Manager Training: The Surgery Department Manager attended a 4-day O.R. Manager Conference in Las Vegas, NV, from October 27th to 30th. During the conference, 18 Continuing Education (CE) hours were completed, and new insights were gained on management, finance, clinical practice, and professional development. The manager also attended a 3-hour session on Preparing for a Joint Commission Survey.

Outpatient Medical

October 2024

- Census OPM: October 122 patients, September 106 patients, August 96 patients.
- OPM staff participated in the de-escalation training offered by Safety in October. This education helps with real medical scenarios to practice safety for patients and employees.
- Attended a referral meeting conducted with a collaborative group. It is very promising to find out all of our challenges and put everyone together to help streamline the process and help each other. The support from leadership is very important. Thank you for tackling this challenge.
- We have two newer MVHC providers that now have privileges. One is setting up a time to tour our facility. This provider asked how her organization could get better on the process flow of referrals. It was a great conversation.
- OPM staff has gone to the ACHC EMTALA, falls, and suicide training offered with Acute/ED.

- IT and the pharmacy team worked with Pyxis. It seems to be working correctly after testing a few patients now.
- We have a full-time employee out on leave. Our first candidate didn't work out and HR has posted the position on Medefis. The second candidate looks promising and has an interview scheduled. I am hopeful to have this person and take time to do administration tasks to be better prepared for ACHC. After obtaining a candidate and training, I look forward to following up on marketing, on-site training, policy work, and overall pillar goals.
- We need more privileged providers for OPM. Pam is working with Mercy Oncology on getting locums privileged. I believe it is imperative for us as a hospital to gain more privilege providers if we want to increase our census by 5% in the Outpatient setting.
- Provided patient education handouts for the diabetic clinic.

Social Services

October 2024

We had 3 Long-Term care admits.

2- at the Burney Campus

1-at the Fall River Campus

Updates:

- We have scheduled our first family support group for the family members of our residents. It will be held at the lodge on 11/19/24.
- I continue to do social services for the residents and their families at both campuses.
- We currently have 5 on our waitlist for placement.

Activities

October 2024

Updates

- We had church services restored in FR (residents enjoyed it)
- Carved pumpkins
- Trick or treating in the dining room with residents and staff children

Clinical Education

October 2024

Certifications/Licenses

- BLS training participants on 10/15 & 10/29
- ACLS training- participants on 10/10/24
- PALS TBS for 2025
- NRP TBS for 2025

ACHC Trainings

- 3 sessions of ACHC Training were developed and scheduled for 10/30, 11/6, and 11/13. The five core areas are EMTALA, Suicide Risk Assessment and Prevention, Patient's Rights, Physical and Chemical Restraints, Fall Risk Assessment and Prevention Program.
- Six ED staff members attended the 10/30 session, with excellent engagement and participation. All were evaluated and validated for skills related to the content area per ACHC requirements.

- Feedback was given during the training and evaluated using the Lickert scale on validated domains. The feedback provided during the discussion was noted and will inform quality improvement for subsequent training. The evaluation score average was 4.5
- These training sessions will be ongoing for newly hired staff and registry staff onboarding.

CNA INSERVICE TRAINING

- Skills Fair for CNA staff to validate core skills, including Infection Control: Donning and Doffing PPE for RSV, Flu Covid Infection Prevention on 10/1, 10/2, 10/3
- CNA training held for Abuse, Dementia with six attendees meets the criteria for in-class CEU's toward recertification

RN/LVN Training

- Annual Glucometer Competency Training & Skills Validation is ongoing this month and November.

CLINICAL EDUCATOR TRAINING

The clinical educator was invited to attend the Beckers Health IT + Digital Health Event in October to evaluate training and provide written reviews on the presentation. This invitation was extended to enroll and register for the event without cost to MMHD or me. The event's value was demonstrated in the opportunity to attend presentations with content related to AI, EHR and Patient Safety Systems.

Sessions attended:

Smarter Tech: How Healthcare Organizations Are Using AI to Revolutionize AI, Meet ROI Transforming and Strengthening teams and Relieving Clinician Burdens
 Enhancing Population Health Insights
 Accelerate Innovation and control Costs with Patient Monitoring Partnerships
 Reimagining the Workforce: Accelerating Quality Performance with AI and Automation
 Advances and Outcomes in Diabetes Management with Continuous Glucose Monitoring.

Ongoing Projects

- ACHC Trainings, such as Suicide Risk & Prevention Awareness, continue to be developed for ALL staff.
- 2025 Training Calendar in development.

Respectfully Submitted by Theresa Overton, CNO

Chief Executive Officer Report

Prepared by: Ryan Harris, CEO

ACHC Accreditation

I'm thrilled to share that we have officially submitted our ACHC accreditation application! Given the holiday season, we have requested that they postpone the survey until after January 6, 2025, at the earliest. I am incredibly proud of our team for their hard work and commitment that brought us to this milestone.

Provider Search Update

Dr. Bui, our new ER and inpatient physician, has begun the licensing and credentialing process, and I am eager for him to join our team next year. This past week, I extended offers to a new clinic provider, a medical director, and a cardiologist. We are also making progress in our search for a Chief Medical Officer, and I am currently reviewing new applications that came in this week.

Collaboration

- Jointly owned MRI
 - The CEO group representing Modoc, Seneca, Mayers, Plumas, and Eastern Plumas is actively working on the contract language with the proposed MRI vendor and engaging in discussions with legal counsel regarding this joint venture. While collaborating among five hospitals may lead to some delays, the group remains fully committed to moving forward with this initiative.
- Quarterly CEO Meeting
 - The District's Chief Nursing Officer, Chief Human Resources Officer, Director of Operations, and I will attend the upcoming regional CEO meeting at Tahoe Forest Health System on December 9. I look forward to advancing our initiatives related to MRI, the Gig Workforce, the Registered Nurse Bridge Program, and the Clinical Integrated Network and continuing discussions on seismic compliance and behavioral health.

Mindful Connections

I want to take a moment to recognize Val and her team for their outstanding efforts this past month in ensuring our representation to the Board of Supervisors to secure funding from the opioid settlement fund. We received last-minute notice about this opportunity, and Val swiftly mobilized her team to meet the board's presentation requirements. Thankfully, we had already discussed a new Mindful Connections program through TCCN, which we were seeking funding for from this settlement. Thank you, Val and team, for your dedication and quick action!

Master Planning Projects

Work continues on our USDA funding application and feasibility study. This month, we also engaged with legal counsel to start the request for qualification and proposal process for the

project management firm to act as the owner's representative on the larger projects and the RFP/RFQ for the new Fall River clinic.

Ignite the Patient Experience

On November 20 and 21, we successfully held an event titled "Igniting the Patient Experience." This gathering brought together frontline staff, administrators, and board members to discuss innovative strategies for enhancing patient experiences through various initiatives. The overall feedback from attendees was positive, providing us with a much-needed roadmap to improve our star ratings and overall patient experience. This event and our emphasis on enhancing referrals and other patient outcomes have set us on the right track toward achieving our patient experience goals. This month's board packet includes a proposal from Custom Learning Solutions to partner with us on this critical initiative.

Luma Health

In line with our patient experience and QIP goals, we have partnered with Luma Health as our patient communication vendor. This platform will enhance communication with our patients in outpatient departments through a collaboration hub, actionable reminders, digital forms before appointments, real-time patient-initiated rescheduling, a smart waitlist for providers, referral management, targeted messaging, and patient feedback.

December Events

I am thrilled to announce that we will be holding our "12 Days of Christmas" event once again! This initiative is incredibly valuable for our staffing during the holiday season. From December 14 to December 25, we will raffle off prizes for frontline staff, management, and directors who are clocked in and not on PTO, HTO, or sick leave. Additionally, we will organize a pork giveaway to raffle off hogs purchased by the district at the Intermountain Fair to support local youth. Our staff consistently put our patients first, often sacrificing time with their families during the holidays, and this event is a small gesture of appreciation for their dedication. We will also host our board of directors' dinner on December 4, followed by a staff holiday party on December 13.

Holiday Bonus

I want to thank our board of directors for supporting holiday bonuses for our staff. In the past few weeks, I have received numerous expressions of appreciation from our team for their backing from our board and executive leadership team. Whether through holiday bonuses, professional development, or providing the resources needed to support our patients, we are fortunate to have such a remarkable board and leadership team.

Recognition

This week, I received notification that we did not win the American Hospital Association Rural Hospital Leadership Team Award. Although disappointed, we are focusing on initiatives this year to strengthen our chances for next year's consideration.

Rural Health Clinic

This past month, our clinic manager worked with Dicalite, and we are now approved to conduct their pre-employment physicals and drug screens. We also created a group to address open referrals we currently have. This group of six members will have three weeks to reach out to patients and/or providers to gather information, close referrals, or provide updates to our team and patients.

Ongoing Education

In addition to the Health Leadership Institute education some of our leadership is receiving, we also conducted quarterly leadership training and team-building events. These gatherings significantly contribute to the professional development of our team and unite us in our shared mission to provide the best possible care for our patients and community.

Safety & Security

This past month, we completed our camera installation project in Fall River, reducing the number of blind spots on campus and helping to ensure the safety of our patients, residents, and staff.