

Chief Executive Officer  
Louis Ward, MHA



**Mayers Memorial Hospital District**

**Board of Directors**  
Jeanne Utterback, President  
Tami Vestal-Humphry, Vice President  
Beatriz Vasquez, Ph.D., Secretary  
Abe Hathaway, Treasurer  
Tom Guyn, M.D., Director

Board of Directors  
**Regular Meeting Agenda**  
January 26, 2022 at 1:00 pm  
Fall River Boardroom  
43563 HWY 299, Fall River Mills

**ZOOM MEETING**

[Click Here to Join](#)

**Call In Number:** 1-253-215-8782

**Meeting ID:** 854 3869 4299

**Mission Statement**

Mayers Memorial Hospital District serves the Intermountain area, providing outstanding patient-centered healthcare to improve quality of life through dedicated, compassionate staff, and innovative technology.

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.

				<b>Approx. Time Allotted</b>
1	<b>CALL MEETING TO ORDER</b>			
2	2.1 <b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>	Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 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.		
3	<b>SPECIAL PRESENTATION: RECOGNITION OF CEO WARD &amp; INTRODUCTION OF CEO BJORNBERG</b>	Report		5 min.
4	<b>APPROVAL OF MINUTES</b>			
	4.1 Regular Meeting – December 1, 2021	<i>Attachment A</i>	<b>Action Item</b>	2 min.
	4.2 Special Meeting Minutes– December 17, 2021	<i>Attachment B</i>	<b>Action Item</b>	2 min.
5	<b>DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:</b>			
	5.1 Resolution 2021- 01– December Employee of the Month	<i>Attachment C</i>	<b>Action Item</b>	2 min.
	5.2 Director of Nursing – Skilled Nursing Facility	<i>Attachment D</i>	Report	2 min.
	5.3 Hospice Quarterly Report	<i>Attachment E</i>	Report	2 min.
6	<b>BOARD COMMITTEES</b>			
	6.1 <b>Finance Committee</b>			
	6.1.1 Committee Meeting Report: Chair Hathaway		Report	5 min.
	6.1.2 November - December 2021 Financial Review, AP, AR and Acceptance of Financials		<b>Action Item</b>	5 min.
	6.1.3 Retail Pharmacy Sign	<i>Attachment F</i>	<b>Action Item</b>	2 min.
	6.1.4 Bank Signers Change: New CEO added into account	<i>Attachment G</i>	<b>Action Item</b>	2 min.

6.2	<b>Strategic Planning Committee</b>				
6.2.1	No meeting in January – Next meeting scheduled for March			Report	2 min.
6.3	<b>Quality Committee</b>				
6.3.1	January 12 <sup>th</sup> Meeting Report – DRAFT Minutes Attached	<b>Attachment H</b>		Report	5 min.
7	<b>OLD BUSINESS</b>				
7.1	Board Calendar			Discussion	5 min.
8	<b>NEW BUSINESS</b>				
8.1	Policy & Procedure Summary	<b>Attachment I</b>		<b>Action Item</b>	2 min.
	Policy & Procedure Approval:				
	Blood Gas and Lactate i-STAT	Keith			
	Personal Protective Equipment AB 2537 PPE Stockpile	Ryan			
8.2	Signature Authority - Contract Review	Val	<b>Attachment J</b>	<b>Action Item</b>	5 min.
	Surgery, General Core Privileges	Jack/Candy			
	Bylaws, Medical Staff	Jack/Candy			
	Rules, Medical Staff	Jack/Candy			
8.3	Resolution 2022-02: Authority to Sign	<b>Attachment K</b>		<b>Action Item</b>	2 min.
9	<b>ADMINISTRATIVE REPORTS</b>				
9.1	ED of Community Relations & Business Development – Val Lakey	<b>Attachment L</b>		Report	5 min.
9.2	Chief's Reports – <b>Written reports provided. Questions pertaining to written report and verbal report of any new items</b>			Reports	
9.2.1	Chief Financial Officer – Travis Lakey			Report	5 min.
9.2.2	Chief Clinical Officer – Keith Earnest	<b>Attachment M</b>		Report	5 min.
9.2.3	Chief Nursing Officer – Candy Vculek			Report	5 min.
9.2.4	Chief Operation Officer – Ryan Harris			Report	5 min.
9.2.5	Chief Executive Officer – Louis Ward			Report	5 min.
10	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>				
10.1	Board Member Message: Points to highlight in message			Discussion	5 min.
11	<b>ANNOUNCEMENT OF CLOSED SESSION –</b>				
11.1	<b>Report of Actions from Closed Sessions:</b> December 8, 2021: Board approved Medical Staff Credentials January 17, 2022: Board approved CEO Contract				REPORT
11.2	<b>Medical Staff Credentials Government Code 54962</b> <b>AHP APPOINTMENT</b> 1. Rozlyn Bauer, NP – Family Medicine <b>MEDICAL STAFF APPOINTMENT</b> 1. Douglas W. Terry, MD – Emergency Medicine 2. Salah Sherif, MD – Emergency Medicine <b>MEDICAL STAFF REAPPOINTMENT</b> 1. William Dykes, MD – Emergency Medicine				<b>ACTION ITEM</b>
11.3	<b>Real Estate Government Code 54954.5 (B)</b>				<b>ACTION ITEM</b>
12	<b>ADJOURNMENT: Next Meeting February 23, 2022</b>				

Posted 1/21/2022

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

Chief Executive Officer  
Louis Ward, MHA



**Mayers Memorial Hospital District**

**Board of Directors**  
Jeanne Utterback, President  
Beatriz Vasquez, PhD, Vice President  
Tom Guyn, MD, Secretary  
Abe Hathaway, Treasurer  
Tami Vestal-Humphry, Director

Board of Directors  
**Regular Meeting**  
**Minutes**

December 1, 2021 – 1:00 pm  
FR Boardroom & Zoom

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

- 1 CALL MEETING TO ORDER:** Jeanne Utterback called the regular meeting to order at 1:02 PM on the above date.

**BOARD MEMBERS PRESENT:**

Jeanne Utterback, President  
Beatriz Vasquez, PhD, Vice President  
Tom Guyn, MD, Secretary  
Abe Hathaway, Treasurer  
Tami Vestal-Humphry, Director

**STAFF PRESENT:**

Louis Ward, CEO  
Ryan Harris, COO  
Travis Lakey, CFO  
Keith Earnest, CCO  
Candy Detchon, CNO  
Val Lakey, ED of CR & BD  
Tracy Geisler, MHF Executive Director  
Jessica DeCoito, Board Clerk

**ABSENT:**

- 2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: NONE**

- 3 SPECIAL PRESENTATION: RECOGNITION OF EMPLOYEES YEARS OF SERVICE**

REBEKAH BOUSE  
JODI GARCIA  
SHAYLENE HERNDON – EMPLOYEE OF THE YEAR

- 4 APPROVAL OF MINUTES**

- |     |   |                         |                        |
|-----|---|-------------------------|------------------------|
| 4.1 | A motion/second carried; Board of Directors accepted the minutes of October 27, 2021. | <b>Vasquez/Hathaway</b> | <b>Approved by All</b> |
| 4.2 | A motion/second carried; Board of Directors accepted the minutes of November 4, 2021. | <b>Hathaway/Vasquez</b> | <b>Approved by All</b> |

- 5 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

- |     |  |                        |                        |
|-----|--|------------------------|------------------------|
| 5.1 | A motion/second carried; Amanda Harris was recognized as October Employee of the Month. Resolution 2021-19.  | <b>Vasquez/Humphry</b> | <b>Approved by All</b> |
| 5.2 | Mayers Healthcare Foundation Quarterly Report: Northstate Giving Tuesday results are \$27,641 raised. Out of 180 other charities, we were at the 9 <sup>th</sup> best listed. This is a record for our Mayers Healthcare Foundation. Our items for sale in the Retail Pharmacy and Thrift Store has shifted to helping out our local artists and craftsmen. Mary Rainwater will fill the Thrift and Gift position where Kandi Dekker was. Some new hours for the Thrift Store will be available soon – stay tuned! |                        |                        |

- 6 BOARD COMMITTEES**

- 6.1 Finance Committee**

- |       |  |                         |                        |
|-------|--|-------------------------|------------------------|
| 6.1.1 | <b>Committee Report:</b> Heard from Acute Director of Nursing: COVID numbers are trending down. And the focus to hire full time employees in the department. Facilities & Engineering also reported and showed that we save a lot of money by doing our projects in house versus hiring contractors. |                         |                        |
| 6.1.2 | <b>October 2021 Financials:</b> motion moved, seconded and carried to accept the financials.   | <b>Hathaway/Humphry</b> | <b>Approved by All</b> |

6.1.3	<b>Board Quarterly Finance Review:</b> motion moved, seconded and carried to accept the quarterly finance review.	<i>Hathaway/Vasquez</i>	<i>Approved by All</i>
6.1.4	<b>CHFFA Loan for replacement of PRIME program payments:</b> Resolution 2021-20 (Exhibit A). Some hospitals experienced cash flow issues when Prime program went away and before QIP became open. A lot of hospitals are taking this loan opportunity to help each other out. MMHD was prepared for this transition period but DHLF (District Hospital Leadership Forum) wants everyone to participate regardless of the need. Recommendation from Finance to approve. Motion moved, seconded and carried to submit application.	<i>Hathaway/Vasquez</i>	<i>Approved by All</i>
6.2	<b>Strategic Planning Committee Chair Vasquez</b>		
6.2.1	<b>Committee Report</b> - No additional comments from what was submitted in DRAFT minutes. Parking lot is being paved in the Demolition project as we speak.		
6.3	<b>Quality Committee Chair Utterback</b>		
6.3.1	<b>Committee Meeting Report</b> – December 8 <sup>th</sup> meeting has been pushed to the January meeting date.		
<b>7</b>	<b>OLD BUSINESS</b>		
7.1	<b>Policy &amp; Procedure Approval: No Show Policy update:</b> research was conducted on the “Patient No Show” fee that we could apply. Most other facilities/organizations do not apply fees for no shows.		
7.2	<b>Board Assessment Review:</b> Review of the assessment. Next year’s assessment clarify question 3. Some areas of improvement and opportunity but always good to keep improving and growing each year.		
7.3	<b>Board By-laws:</b> Planned for review process for this next year.		
<b>8</b>	<b>NEW BUSINESS</b>		
8.1	<b>Policy &amp; Procedure Approval: None for November-December</b>		
8.2	<b>Organizational Analysis:</b> Board will review and bring back to January meeting for final approval.	<i>No Action taken</i>	
8.3	<b>Annual Organizational Process</b>		
8.3.1	<b>Officers &amp; Committees:</b> The Nominating Committee report is attached. Proposed candidates for approval: President: Jeanne Utterback Vice President: Tami Vestal-Humphry Secretary: Beatriz Vasquez Treasurer: Abe Hathaway Director: Tom Guyn  Motion moved, seconded and carried to approved the Nominating Committee Report.	<i>Vasquez/Hathaway</i>	<i>Approved by All</i>
8.3.2	<b>2022 Board Calendar:</b> Discussion about restructuring reports at each committee meeting. Need to revisit who needs to report for compliance, and who is reporting to just report. Report at January meeting with updates.	<i>No Action taken</i>	
<b>9</b>	<b>ADMINISTRATIVE REPORTS</b>		
9.1	<b>ED of Community Relations &amp; Business Development:</b> Piper Lakey has been job shadowing with us through the Growing our Own program. Shout out to Dana Hauge for all her hard work with outreach to all patients. Meetings with the Clinic staff to help connect Emergency Department follow ups with our Clinic doctors. Patients leaving the ED can even make an appt at the front desk with the Clinic providers. Vouchers are ready to head out on December 8 <sup>th</sup> .		
9.2	<b>Chief’s Reports</b>		
9.2.1	<b>CFO:</b> Provider Relief Fund reporting has been submitted. Cost Reports are in.		
9.2.2	<b>CCO:</b> Awarded \$40,000 grant to help get Partnership Patients opportunities to get fully vaccinated, in addition to providing them with information regarding all the services our clinic and hospital can provide them. Big thank		

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you to Laura Beyer, Grant Specialist at the Mayers Healthcare Foundation for all of her work on this grant. Merck Oral Medication for treatment of COVID is becoming available and MMHD is going through the process to be a provider of this medication. Kudos to our IT department working through the internet issues at the Retail Pharmacy. The Clinic has submitted the application to be able to administer the vaccines to children.

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9.2.3 **CNO:** Skilled Nursing Facilities are both in Green status. Very busy time for two COVID units open and operating this past month. The COVID unit on SNF has closed but the unit on Acute is still open. Kudos to the Nursing teams working together to get the units covered. And kudos to the Operations team that helps stand up and break down the units as needed.

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9.2.4 **COO:** Laundry Facility is not done. Our plumber on the job has passed and we are now working on the replacement plumber to come in and finish the job. We really need our Laundry facility back open to help keep our supplies of linens back up. Plumas and Modoc Purchasing facilities have met to do a supply sharing program. We have already used the system to procure items. Hired another MA and a new Coder for the Clinic. Paving is taking place at the Demo Project. Our network security program has proved beneficial and has already caught some issues. And we have formed an IT Security committee that will meet regularly.

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9.2.5 **CEO:** COVID has a 0% positivity rate the week of November 22<sup>nd</sup> and that percentage hasn't been seen since July. A lot of talk on the Omnicron variant – continue to read and do research. Radiology Interim Manager, April Hodge, has joined us. And our Imaging department has extended their hours to help meet hours outside of business times. Northstate Giving – big thank you to each team player and congrats on such a successful day. Thank you to Lisa Zaech on the Organizational Analysis and the organization of the Years of Service recognitions. Thank you to Val on the Voucher program. Thanks to all the staff on the many COVID outbreaks – stand up and break downs. Uncle Grumpy's BBQ food will be on site Friday, December 3<sup>rd</sup> and at the Retail Pharmacy on Saturday, December 4<sup>th</sup>. Christmas activities going on this month.

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**10 OTHER INFORMATION/ANNOUNCEMENTS**

10.1 Board Member Message: acknowledge the years of service, giving Tuesday results, voucher program

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**11 ANNOUNCEMENT OF CLOSED SESSION: 3:29 PM**

11.1 **Personnel Government Code 54957: CEO appointment and employment process**

Discussion

Nothing to report from Closed Session.

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**12 ADJOURNMENT: 5:15 pm**

Next Regular Meeting: January 26, 2022

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

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Board Member

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Board Clerk

Chief Executive Officer  
Louis Ward, MHA



**Mayers Memorial Hospital District**

**Board of Directors**  
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Tami Vestal-Humphry, Vice President  
Beatriz Vasquez, PhD., Secretary  
Abe Hathaway, Treasurer  
Tom Guyn, MD., Director

Board of Directors  
**Special Meeting**  
**Minutes**

December 17, 2021 – 10:50 am  
MMHD Education Center, MHF Conference Room & Zoom

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

**1 CALL MEETING TO ORDER:** Jeanne Utterback called the regular meeting to order at 10:50 PM on the above date.

**BOARD MEMBERS PRESENT:**

Jeanne Utterback, President  
Beatriz Vasquez, PhD, Vice President  
Tami Vestal-Humphry, Director

**STAFF PRESENT:**

Louis Ward, CEO  
Libby Mee, Director of Human Resources

**ABSENT:**

**2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: NONE**

**3 NEW BUSINESS**

3.1 John Deere tractor Purchase: need a second tractor to help plow during the winter. Current tractor will go down to the Burney Annex because we no longer have the McClungs doing snow removal. New tractor will service the Fall River campus, thrift store, retail pharmacy, 5<sup>th</sup> street and long street houses. Please update the policies for capital assets and signature authority and bring back to next meeting for approval. A motion/second carried; Board of Directors approved the purchase of the tractor.

*Vasquez/Humphry*      *Approved by All*

**4 OTHER INFORMATION /ANNOUNCEMENTS: NONE**

**5 ADJOURN INTO CLOSED SESSION**

5.1 Personnel Government Code 545957 – CEO

*No Action taken*

**6 RECONVENE OPEN SESSION**

**7 ADJOURN MEETING: 6:00 PM**

Next Regular Meeting: January 26, 2022

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

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

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



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

**RESOLUTION NO. 2022-01**

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

**Alyssa Stanyer**

**As December 2021 EMPLOYEE OF THE MONTH**

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

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

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

**NOW, THEREFORE, BE IT RESOLVED** that, Alyssa Stanyer is hereby named Mayers Memorial Hospital District Employee of the Month for December 2021; and

**DULY PASSED AND ADOPTED** this 26th day of January 2022 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

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

\_\_\_\_\_  
Jeanne Utterback, President  
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

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

# SNF BOARD REPORT

January 11, 2022

- The Burney Annex and station 2 are both again in yellow status due to exposure and response testing began on 1-3-22. Thus far all residents and staff have tested negative.
- Fall River tested today and Burney will test on 1-20-22, if negative we will be back in green status.
- All qualifying staff have received the COVID booster vaccination. Any staff without vaccines must continue to wear an N95 mask and goggles when doing resident care and have an exemption in place by February 1, 2022
- Two COVID ready rooms remain set up in Fall River with negative pressure and zippered plastic on the doors in case another surge comes through.
- Current census at Fall River is 25 and Burney 47.
- We continue to use SNAP registry staff and are grateful for relief from being understaffed.
- The Nurse Assistant class has begun at the Burney Annex and is being taught by our nurse educator. There are 7 students and we already have 2 applications for the next class which will be started in March.
- All Activity staff have been given the standard works; Van Usage, Education and Safety Precautions and all have successfully completed return demonstration.
- CDPH conducted a visit last week and cleared multiple self-reported issues regarding infection control during outbreaks. We expect CDPH back this week.

January 13, 2022

Addendum:

- Station 2 again has had another exposure on 01092022 and will remain in yellow status, following protocol and testing weekly until clear.
- CDPH has been here this week and will return next Wednesday, Thursday and Friday. He is reviewing 14 different reports received at CDPH.

Shelley Lee RN/DON SNF

## Intermountain Hospice

### Board Report

January 2022

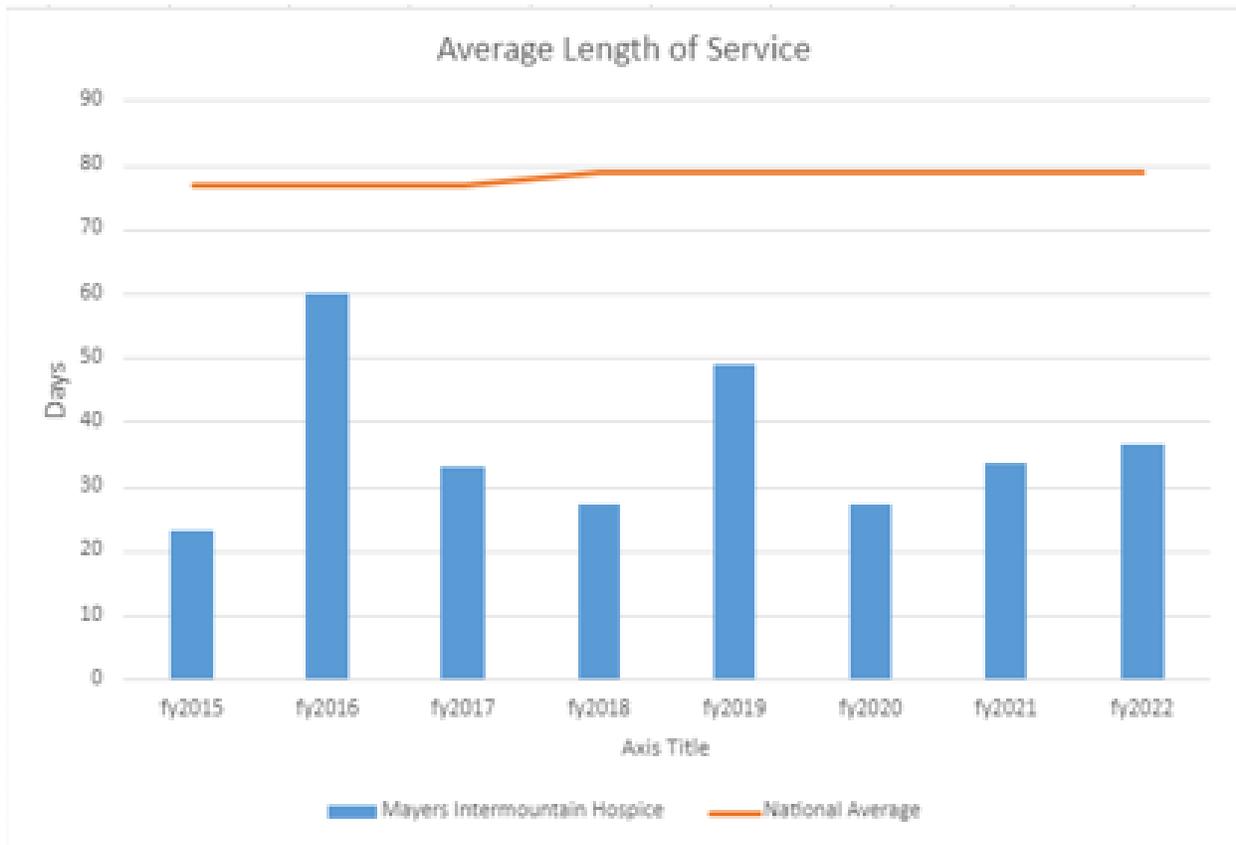
The last quarter of 2021 has been a very busy one. We have averaged 6.08 patients per month. This quarter, we have admitted 8 new patients and had 3 deaths. We have serviced patients in the Long Term Care Unit and in their homes.

Staffing has been short this quarter. We were able to retain a registry nurse who will be helping as a part time employee. She is unable to start until about the middle of January. We welcome her help. We will keep Sara Finn as our other part time employee. She is able to take one weekend of call duty every month. This is greatly appreciated. It is a challenge to cover all Hospice's call time when we are short staffed.

Our Hospice vehicle has not been replaced. There has been attempts at replacing this but due to the large shortage of vehicles; we have not been successful retaining a hospice car. Our staff has been graciously using their vehicles. They are able to get mileage reimbursement but with inclement weather, it has been a challenge. We are looking forward to our replacement.

Intermountain Hospice has worked to stay current with all Covid policies. We've had one employee off for two weeks due to having caught Covid 19. We have another casual employee who will be off this week due to a positive Covid test. The hospice follows all Covid hospital rules and the guidelines for Hospices set by our state regulations. We offer vaccinations to all patients during admission. We have also talked with our patients about receiving booster vaccinations

Hospice Average Length of Stay





# WESTERN SIGN COMPANY

SINCE 1959

6221 ENTERPRISE DRIVE DIAMOND SPRINGS, CA 95619  
PROPOSAL & CONTRACT

1-800-974-4676

(530) 622-1420

PLACERVILLE

(916) 933-3765

SACRAMENTO

FAX (530) 622-9367

DATE January 20, 2022

SALESPERSON Todd Johnston [toddj@westernsign.com](mailto:toddj@westernsign.com)

TO John Morris  
Mayers Memorial Hospital Pharmacy  
43471 Highway 299 East  
Fall River Mills, CA  
925-519-5041

JOB NAME Pole sign

SHIPPING METHOD		SHIPPING TERMS	DELIVERY DATE	PAYMENT TERMS	DUE DATE
N/A				Due on receipt	
ITEM #	DESCRIPTION	UNIT PRICE	QTY	LINE TOTAL	
1	Manufacture one double sided free standing pole sign. 8' wide x 7' tall x 15" deep. 15' overall height. Steel and aluminum construction. Top sign cabinet to be 4' tall x 8' wide and to have Lexan faces with printed graphics. LED internally illuminated.	\$17,650.00	1	\$ 17,650.00	
2	Furnish two Watchfire electronic message centers. 16 mm RGB full color. 3' tall x 8' wide.	\$16,417.00	2	\$ 32,834.00	
3	Standard installation.	\$9,925.00	1	\$ 9,925.00	
4	Site survey, mark for USA and construction drawings.	\$1,500.00	1	\$ 1,500.00	
5	Engineering.	\$1,250.00	1	\$ 1,250.00	
				\$ -	
	* Sales tax not included.			\$ -	
	* Permits to be billed at cost plus \$100.00 per hour staff time. Special inspections if needed extra.			\$ -	
	* Electrical circuits for sign to be provided by others within 5' of sign location.			\$ -	
	* Any underground obstructions will result in additional costs.			\$ -	
				\$ -	
				\$ -	
<b>PAYMENT TO BE MADE AS FOLLOWS: 1/2 down, balance upon completion</b>				<b>SUBTOTAL</b>	<b>\$ 63,159.00</b>
* EXCAVATION THROUGH ANY UNDERGROUND HAZARD OR OBSTACLE				<b>SALES TAX</b>	
* PERMITS TO BE BILLED AT COST PLUS STAFF TIME *				<b>TOTAL</b>	<b>\$ 63,159.00</b>

One year parts and labor warranty. All signs and components to be listed with and will bare the mark of Underwriters Laboratories (if applicable). Service wires of suitable capacity shall be brought within five (5) unobstructed feet of display (if applicable). Any alteration deviation from the above specifications involving extra cost or material or labor will only be executed upon written order for same, and will become an extra charge over the sum mentioned in this contract. All agreements must be made in writing. All signage to remain the property of Western Sign Co. until final payment. Payment is due upon receipt of invoice. Finance charges of 2% will be attached after 30 days, on a monthly basis, on all unpaid balances.

**NOTICE TO PROPERTY OWNER** If bills are not paid in full for the labor, services, equipment, or materials furnished or to be furnished, a mechanic's lien leading to the loss, through court foreclosure proceedings, of all or part of your property being so improved may be placed against the property even though you have paid your contractor in full. You may wish to protect yourself against this consequence by (1) requiring your contractor to furnish a signed release by the person or firm giving you this notice before making payment to your contractor, or (2) any other method or device that is appropriate under the circumstances. Other than residential homeowners of dwellings containing fewer than five units, private project owners must notify the original contractor and any lien claimant who has provided the owner with a preliminary 20-day lien notice in accordance with Section 3097 of the Civil Code that a notice of completion or notice of cessation has been recorded within 10 days of its recordation. Notice shall be by registered mail, certified mail, or first-class mail, evidenced by a certificate of mailing. Failure to notify will extend the deadlines to record a lien.

This contract is accepted at Western Sign Company principle place of business namely Diamond Springs, CA., within the venue of El Dorado County.

**Acceptance of proposal - The above prices, specifications and conditions are satisfactory and hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.**

NOTE: This proposal may be withdrawn if not accepted within 10 days of date posted above.

Date of acceptance \_\_\_\_\_

Signature \_\_\_\_\_

Chief Executive Officer  
Louis Ward, MHA



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Tom Guyn, M.D., Director

January 26, 2022

Tri Counties Bank  
Fall River Mills Branch  
Attn: Manager  
43308 State HWY 299 E  
Fall River Mills, CA 96028

Subject: Change in Authorized Signatory  
Reference: Mayers Memorial Hospital District Account

Dear Manager,

The Board of Directors of Mayers Memorial Hospital District (MMHD) in its meeting held on January 26<sup>th</sup>, 2022 approved a change to the authorized signatories. Please accept this letter as notification to remove Louis Ward as a signer on the MMHD Account and replace with Christopher Bjornber. Jeanne Utterback and Jerry "Abe" Hathaway are to remain as signers on the account.

If you have any questions, please feel free to reach out at 530-336-5511.

Sincerely,

Jeanne Utterback  
President, Board of Directors  
Mayers Memorial Hospital District

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

**Board of Directors**  
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Tami Vestal-Humphry, Director

Board of Directors  
**Quality Committee**  
**Minutes**

January 12, 2022 @ 1:00 PM  
Fully Remote Zoom Meeting

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

1	<b>CALL MEETING TO ORDER:</b> Board Chair Jeanne Utterback called the meeting to order at 1:02 pm on the above date.			
	<b>BOARD MEMBERS PRESENT:</b>		<b>STAFF PRESENT:</b>	
	Jeanne Utterback, President Tom Guyn, MD., Secretary		Jack Hathaway, Director of Quality Candy Detchon, CNO – SNF Events/Survey Lori Gibbons – HIM	
	<b>ABSENT:</b>		Alexis Cureton – Emergency Department Shelley Lee, Director of Nursing, SNF	
	<b>COMMUNITY MEMBERS PRESENT:</b>		Libby Mee – Director of Human Resources Danielle Olson – Business Office Amy Parker – Patient Access Jessica DeCoito – Board Clerk	
	Laura Beyer			
2	<b>CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>			
	None			
3	<b>APPROVAL OF MINUTES</b>			
	3.1	A motion/second carried; committee members accepted the minutes of November 10, 2021.	<b>Guyn, Utterback</b>	<b>Guyn – Y Hathaway – Y</b>
4	<b>REPORTS: QUALITY STAFF</b>			
	4.1	<b>Personnel</b> – written report submitted. Excited about the prospect of a new system for HR.		
	4.2	<b>Worker's Comp</b> – BETA reached out and wants MMHD to pilot a new program – kudos to our team for that recognition with BETA.		
5	<b>REPORTS: QUALITY FINANCES</b>			
	5.1	<b>Business Office</b> – New employee starts on Monday 1/17. Waiting on PTAN number and hopefully that comes through later this month.		
	5.2	<b>HIM</b> – Physician chart completion has been a struggle – some days are better than others. Dr. Watson has stepped in to help mediate the issues with some of the physicians.		
	5.3	<b>Finances</b> – written report submitted. No further comments or questions.		
6	<b>REPORTS: QUALITY PATIENT SERVICES</b>			
	6.1	<b>Patient Access</b> - our team is very versatile and helps any department out when they need it.		
	6.2	<b>Skilled Nursing Facility</b> – Both facilities are in the yellow right now. We continue to work on alternative means for psychotropic usage. CNA class has 7 students right now with a good list of interested candidates for the March session.		
	6.3	<b>Emergency Department</b> – Working on stroke, sepsis and Myocardial Infarctions. ESI is about 99% complete.		

	6.4	<b>Laboratory</b> – Lab will report on Blood Transfusion now. The new reporting process will be utilizing spreadsheet and graphics. We will be getting a new unit in from Siemens after 5 months of technicians on site diagnosing the issue. Jack will continue to follow up with the Regional Manager and provide updates.			
	6.5	<b>Radiology</b> – Interim Manager has had to leave MMH. A lot of strides were made in the department. We are looking for a replacement manager in the department and utilizing a service to assist in the search. We will be able to provide more metrics via a spreadsheet and graphics. The Interim Manager was able to get the TJC measures shared with us. We will be able to use these measures and process throughout the hospital.			
	6.6	<b>Infection Control</b> – COVID, COVID and more COVID. We are navigating the new requirements for employees and patients. There is a rise in cases in the community and within our employee base. We are ramping up our hand washing procedures.			
	6.7	<b>SNF Events &amp; Survey</b> – We will have to test our SNF employees regardless of vaccination status on a weekly basis. This is not mandated but highly suggested to follow per CDPH. We are in the process of securing tests to make this process happen. Currently going through a survey on specific instances. We have been able to work through all of them so far with minor fixes.			
7	<b>DIRECTOR OF QUALITY</b>				
	7.1	<b>Director of Quality Update</b> – Continue to work through and navigate the CDC and CPDH guidelines related to COVID. Continue to gather and formulate the information for Quality metrics and put them into a consumable format for all departments. We are headed in a great direction that will be useful and accessible to all departments.			
	7.2	<b>Compliance Quarterly</b> – Update is provided in the spreadsheet attached (Exhibit A). Our response to issues have improved and we've been able to track that electronically. This will allow us to have metrics to our work in Quality.			
8	<b>OTHER INFORMATION/ANNOUNCEMENTS:</b>				
	8.1	<b>Meeting requirements:</b> ongoing discussion about requirements. We will keep a monthly meeting for Quality set up. Discussion about what departments are required to report is unknown – most likely we do not have any departmental requirements. Clinical department requirements are being met through Board Quality and Med Staff meetings.			
9	<b>ANNOUNCEMENT OF CLOSED SESSION</b>				
		<b>Medical Staff Credentials Government Code 54962</b> <b>STAFF STATUS CHANGE</b> Kerry Sullivan, MD – to Inactive Miesty Woodburn, MD – to Inactive Jodi Nagelberg, MD – to Inactive Brock McDaniel, MD – to Inactive Shazmin Gangji, PA – to Inactive  <b>AHP APPOINTMENT</b> Rozlyn Bauer, NP – Family Medicine  <b>MEDICAL STAFF APPOINTMENT</b> Douglas W. Terry, MD – Emergency Medicine Salah Sherif, MD – Emergency Medicine  <b>MEDICAL STAFF REAPPOINTMENT</b> William Dykes, MD – Emergency Medicine		<b>Moved to Accept All Med Staff Credentials</b>	<b>Approved by Unanimous Consent</b>
11	<b>RECONVENE OPEN SESSION – REPORT CLOSED SESSION ACTION:</b> Medical Staff Credentials were moved, seconded and carried. Unanimous consent to approve credentials.				
12	<b>ADJOURNMENT: at 2:28 pm</b> Next Regular Meeting – December 8, 2021				

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

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**Blood Transfusion Report**

Donor Blood Use	
2018	160 Units
2019	110 Units
2020	93 Units
2021	68 Units

Blood Quality Metrics		
	2020	2021
C:T Ratio (<2)		
RBC Expiration (<1.0%)		
RBC Waste (<.05%)		

Blood Events		
	2020	2021
Acute Hemolytic Transfusion Reaction		
Febrile Nonhemolytic Transfusion Reaction		
Urticarial		
Anaphylactic		
Transfusion Related Acute Lung Injury		
Transfusion Related Sepsis		
Non Immune Hemolysis		
Transfusion Associated Circulatory Overload		
Air Embolism		
Delayed Hemolytic Transfusion Reaction		
HLA		
Transfusion Associated Immunomodulation		
Transfusion Associated Graft vs Host Disease		
Post-Transfusion Purpura		
Iron Overload		

Quality & Compliance Report

RL6 Totals	2020	2021
Reports	147	436

Reports by Department	2020	2021
Admitting	3	3
Clinic	0	6
Emergency	32	27
Hospice	2	1
Imaging	1	5
Lab	2	7
Med/Surge	41	61
Out Patient	3	9
Physical Therapy	1	0
Repertory	1	0
Skilled Nursing	54	313
Surgery	7	4
<b>Total</b>	<b>147</b>	<b>436</b>

Survey Overview	2020	2021
Number of Surveys	15	10
Number of Deficiencies	3	0
Severity of D or Above	0	0
Open Surveys	0	0
Pending Surveys (2022)	4 open - 12 on docket	

Reports by Severity	2020	2021
A. Unsafe Condition (Non Event)	42	38
B1. Near miss - No Harm Didn't Reach Patient Caught by Chance	4	11
B2. Near miss - No Harm Didn't Reach -Patient b/c of Active Recovery by Caregivers	2	5
C. No Harm - Reached Patient No Monitoring Required	67	308
D. No Harm - Reached Patient Monitoring Required	13	50
E. Harm - Temporary, Intervention Needed	17	16
F. Harm - Temporary, Hospitalization Needed	1	8
I. Death	1	0
<b>Total</b>	<b>147</b>	<b>436</b>

Reports by Event Type	2020	2021
Adverse Drug Reaction	4	12
Airway Management	1	0
Blood Product	0	0
Diagnosis/Treatment	1	6
Diagnostic Imaging	2	3
Employee Event	5	7
Equipment/Medical Device	4	3
Facilities	2	0
Fall	7	15
Good Catch	10	1
Healthcare IT	0	1
Infection	0	11
IV/Vasclaur Access Dvice	2	1
Lab Specimen	2	7
Abuse/ Suspected Abuse	0	2
Maternal/ Childbirth	0	0
Medication/ Fluid	81	325
Patient ID/ Documentation/ Consent	0	2
Professional Conduct	6	9
Provision of Care	5	11
Restraints	0	0
Safety/Security	11	10
Skin Tissue	3	1
Surgery/ Procedure	1	0
Aggression	0	9
Self-Injurious Behavior	0	0
Risk Event (General)	0	0
<b>Total</b>	<b>147</b>	<b>436</b>

Note: These are built off of the last TJC survey that our last interim manager was able to participate in. I have the tracers that go with these standards and I will be able to do observations and begin to gather baseline data for this. Many of these measures will be applicable across the hospital.

TJC Rad Measures	2022	2023
NPSG.01.01.01 EP1 - At least 2 patient identifiers		
RC.01.04.01 EP1 - Ongoing medical record review		
RI.01.03.01 EP1 - Written policy for informed consent		
PC.02.02.01 EP1 & EP2 - Process for hand-off communication		
PC.01.02.08 EP1 - Assessment of patient fall risk		
NPSG.03.06.01 EP3 - Medication Reconciliation		
NPSG.03.06.01 EP4 - Medication education on discharge		
PC.020201 EP3 - Coordination time		
MM.03.01.01 EP3 - Medications in a secured location		
MM.03.01.01 EP2 - Medication Storage		
MM.03.01.01 EP7 - Medication Labels		
MM.04.01.01 EP1 - Medication Orders (Policy)		
MM.04.01.01 EP15 - Standing Orders (Process)		
IC.02.02.01 EP1 - IP disinfection		
NPSG.02.03.01 EP2 & EP3 - Reporting critical results		
PI.03.01.01 EP2 & EP4 - QAPI		
EC.03.01.01 EP2 - Environment of care incident		
EC.02.01.01 EP7 - Identifying individuals entering hospital		
EC.02.02.01 EP7 - Hazardous energy mitigation		
EC.02.06.01 EP1 - Interior space meets needs of patient population		
LS.02.01.30 EP11 - Sprinkler System		
LS.03.01.20 EP6 - Exits clear & illuminated		
LS.02.01.20 EP38 - Egress illuminated		
LS.02.01.10 EP15 - LS requirements in NFPA 101-2021		
EC.02.04.03 EP3 - Inspect/Test/Maintain non-high-risk equipment		
IC.02.02.01 EP4 - IP activities for storage of medical supplies		
EC.02.02.01 EP5 - Risk management for haz-mat		
LS.02.01.35 EP6 - 18" clearance		
IC.02.01.01 EP1 - IP program		
EC.02.01.01 EP3 - Risk management for physical environment		
LS.02.01.10 EP9 - Fire protection barriers		

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

**Date:  
December 28, 2021**

**For Quarter Ending  
December 31, 2021**

<b>Department</b>	<b>Document</b>	<b>New/Revised/Retired</b>
Activities	Activity, Resident	Revised
Activities	SNF Resident Council	Revised
Activities	Resident Council Departmental Response Form MMH45	Revised
Acute - Med Surg	Enteral (Tube) Feedings, Intermittent or Continuous	Revised
Administration	Mayers Organization Chart	Revised
CAH	Compliance With Hospital Requirements at Time of Application	Revised
CAH	Compliance with Federal State and Local Laws and Regs	Revised
CAH	Number of Beds and Length of Stay, CAH	Revised
CAH	Organ, Tissue and Eye Procurement	Revised
CAH	Work, Mail, Access, Personal Property, Married Couples	Revised
CAH	Organ, Tissue and Eye Procurement	Retired
Clinics, Rural	EMR Outage - Unplanned/Planned - Rural Health Clinic	New
Clinics, Rural	Front Office - Rural Health Clinic	New
Clinics, Rural	Rural Health Clinic - Administration and Staffing	Retired
Clinics, Rural	Medical Emergencies - Rural Health Clinic	Retired
Clinics, Rural	Clinic Appointment No-Show Late Cancel Policy	Retired
Disaster	Facility Map, Satellite Buildings	Revised
Disaster	Environmental Services - Emergency Management	Revised
Disaster	Evacuation Plan	Revised
Emergency Department	Adult Crash Cart Medication List MMH84	Revised
Environmental Services	Blood and Body Fluid Spill Kit, Guide for Use	Revised
Environmental Services	ED Daily Cleaning Chart MMH490	Revised
Human Resources	Renewals, Licensed or Certified Employees	Revised
Human Resources	Employee Handbook	Revised
Human Resources	Job Postings, Transfers & Promotions	Revised
Human Resources	Paid Time Off (PTO)	Revised
Human Resources	Mileage & Expense Voucher	Revised
Human Resources	Harassment Discrimination and Retaliation Prevention	Revised
Imaging	Tibia-Fibula X-Ray	Revised
Imaging	Ultrasound Transducer (Probe) Cleaning	Revised
Imaging	Thoracic Vertebrae (T-Spine) X-Ray	Revised
Maintenance	Inventory and Inspection of New Equipment - Biomedical	Revised
Maintenance	Equipment Safety - Biomedical	Revised
Maintenance	Electrical Safety - Biomedical	Revised
Medical Staff	Policies & Procedures; Development, Revision & Approval	Revised
Outpatient Medical	REGEN-COV Consent Form MMH704	Revised
Outpatient Medical	Blood Draws From Central Venous Lines	Revised
Outpatient Medical	Suture Removal, Outpatient Services	Revised

<b>Department</b>	<b>Document</b>	<b>New/Revised/Retired</b>
Outpatient Medical	Scheduling, Outpatient Medical	Revised
Outpatient Medical	Physician Progress Note MMH293	Revised
Outpatient Medical	Photographic Documentation: Wound Care	Revised
Purchasing	Training for New Personnel - Purchasing	Retired
Respiratory Therapy	Tracheostomy Care and Suctioning	Revised
Safety	Ergonomics Program	New
Safety	Injury and Illness Prevention Program (IIPP)	New
Skilled Nursing	Nursing Weekly Update	Revised
Skilled Nursing	Care Planning	Revised
Skilled Nursing	Unusual Incident Injury Report LIC 624 (4-99)	Revised
Skilled Nursing	Charting and Documentation - SNF for RN's, LVN's & CNA's	Revised
Skilled Nursing	PAS PASARR Documentation; SNF	Revised
Skilled Nursing	Wandering Resident Protocol	Revised
Skilled Nursing	Bed Cradle	Revised
Skilled Nursing	Personal Property, Residents	Revised
Skilled Nursing	HS care - SNF	Revised
Skilled Nursing	Medication Administration	Revised
Skilled Nursing	Theft and Loss of Personal Effects	Revised
Skilled Nursing	Unusual Incident-Injury Reports	Revised
Skilled Nursing	Briefs Program	Revised
Skilled Nursing	Respiratory Treatment Records - SNF	Revised
Skilled Nursing	Resident Transfer-Discharge Summary-Plan MMH609	Revised
Skilled Nursing	Allergies	Revised
Skilled Nursing	Dentures Care and Cleaning	Revised
Skilled Nursing	Nurses weekly update MMH133	Revised
Skilled Nursing	Transfer Discharge Back to LTC From Acute Checklist	Retired
Skilled Nursing	Narcotic Control Sheet for 1/2 Tabs Split from Pharmacy MMH582E	Retired
Social Services	Notice of Transfer or Discharge MMH608	Revised
Surgery	Oxygen and Saturation Flow Sheet - MMH209	Retired

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors  
Jeanne Utterback, President  
Tami Vestal-Humphry, Vice President  
Beatriz Vasquez, Ph.D., Secretary  
Abe Hathaway, Treasurer  
Tom Guyn, M.D., Director

**RESOLUTION NO. 2022-02**

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

**AUTHORITY TO SIGN**

**WHEREAS**, the Board finds it necessary to sign contracts, leases, line of credit documents, and other documents necessary for the administration and operation of the District; and

**WHEREAS**, the Board, within its power, hereby designates Christopher Bjornberg, Chief Executive Officer (CEO), to sign such documents and,

**WHEREAS**, the Board, within its power, hereby designates Travis Lakey, Chief Financial Officer, to sign such documents in the absence of the Chief Executive Officer and,

**WHEREAS**, the Board, within its power, hereby designates Ryan Harris, Chief Operating Officer, to sign such documents in the absence of the Chief Executive of Chief Financial Officer and,

**NOW, THEREFORE**, the undersigned certifies and attests that the above resolution was approved at a regular meeting of the Board of Directors, Fall River Mills, California, on the 26<sup>th</sup> day of January 2022.

**PASSED AND ADOPTED** on January 26, 2022, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Date: \_\_\_\_\_

Signed \_\_\_\_\_

Jeanne Utterback, President  
Board of Directors  
Mayers Memorial Hospital District

Date: \_\_\_\_\_

Attest \_\_\_\_\_

Beatriz Vasquez, Ph.D., Secretary  
Board of Directors  
Mayers Memorial Hospital District



# Mayers Memorial Hospital District

*Always Caring. Always Here.*

## Executive Director of Community Relations & Business Development – Valerie Lakey January 2022 Board Report

### Legislation/Advocacy

Work in Advocacy, the ACHD Advocacy Committee and CHA's Legislative Strategy Group (LSG) continues to focus on policy and legislation related to COVID-19 Response. Some of the areas of discussion include: Staffing Ratios, Hazard Pay, February 1 Boosters Deadline, Waivers of Pre-Authorization and Supplemental Paid Sick Leave; which is likely to make a return in February.

The governor's budget has been introduced and includes over \$20 billion in discretionary spending. The package includes many proposals that benefit hospitals and health care workers, and others that will create challenges.

### Notes about the budget:

- **Fighting COVID-19: \$2.7 billion** more than half of which would be approved in an emergency appropriation request so it could be used in the coming weeks and months.
- **Investments in the Care Economy Workforce: \$1.7 billion**
- **Expansion of Medi-Cal to All Income-Eligible Californians: \$820 million in fiscal year 2023-24 — and \$2.7 billion ongoing**
- **New Medi-Cal Benefit for Behavioral Health: \$1.4 billion to support Medi-Cal community-based mobile crisis services, related to mental health and substance use disorders.**
- **Medi-Cal Provider Equity Payments: \$400 million in one-time funding for providers focused on advancing equity and improving quality in children's prevention, maternity, and integrated behavioral health care.**
- **California Advancing and Innovating Medi-Cal (CalAIM): \$2.8 billion to implement initiatives related to CalAIM**
- **Office of Health Care Affordability: \$30 million to support the establishment of an Office of Health Care Affordability, housed within the Department of Health Care Access and Information (HCAI), which will also be responsible for the Health Care Payment Database.**

There is also a proposed **Community Benefit Requirements**: The administration proposes to require nonprofit hospitals to demonstrate how they are making investments in local health efforts, specifically community-based organizations that address the social determinants of health. Additionally, the administration proposes statutory changes that direct that 25% of a nonprofit hospital's community benefit dollars go to these efforts, while giving HCAI enforcement authority. *(Note: we are in the process of implementing a wellness program with our staff that will be launched in the community and will help achieve many of these components. More information below.)*

There are several pieces of legislation in which we are focusing on. The Legislature is now focused on getting two-year bills out of their house of origin by the end of January. All fiscal bills must pass their policy committees by Jan. 14, and non-fiscal bills must pass by Jan. 21. Please see CHA's Bill Tracker for the latest information.

**Senate Bill (SB) 213** (Cortese, D-Silicon Valley) — Oppose. Similar to many unsuccessful efforts over the past decade, SB 213 would create a rebuttable presumption in the workers' compensation system that an infectious disease, musculoskeletal injury, or respiratory disease arose out of work for any hospital direct patient care worker. Aside from recent COVID-19-specific and time-limited workers' compensation presumptions that cover all industries, presumptions have been limited to the public sector. SB 213 is on the Senate inactive file, having failed passage in June. It was granted reconsideration and is eligible to come up for a vote on the Senate floor in January.

**AB 1400/ACA 11** (Kalra, D-San Jose) — Oppose. AB 1400, the California Guaranteed Health Care for All Act, or CalCare, would create a comprehensive universal single-payer health care coverage program in California. It would cover a wide range of medical benefits and services and require a governing board to seek all waivers necessary and allow existing federal health care payments to be paid to CalCare. It is sponsored by the California Nurses Association. The bill passed the Assembly Health Committee (11-3) on Jan. 11 and now moves to Appropriations. Assembly Member Kalra has introduced Assembly Constitutional Amendment (ACA) 11 to fund the single-payer system. This constitutional amendment would impose an excise tax, payroll taxes, and a state personal income tax for those who earn over \$150,000 annually to support the measure. This legislation puts the approval of the tax on the ballot for voters to approve. It requires a two-thirds vote of the Legislature.

**AB 1394 (Irwin, D-Thousand Oaks)** — Support If Amended. AB 1394 would require general acute care hospitals to have policies and procedures to screen patients 8 years and older for suicide risk. CHA is working with the author on amendments to ensure medical staff have appropriate flexibility and discretion to screen without a “one-size-fits-all” approach.

We are also STILL working on seismic relief through the Disaster Modernization proposal. A key focus had been on messaging. More to come on this.

## **Marketing/Public Relations**

### **Tax Payer Vouchers**

The [Voucher program](#) launched the first part of December. Vouchers are being distributed at the Burney Clinic, Mayers Pharmacy, the Administration Office and by mail. Advertising and marketing for the program is in place. It has been a slow start with the distribution, but is now picking up a bit. With the new program, there are a lot of questions.

### **Your:life The Hub**

We have launched the new Employee Wellness program. Wellness *is not just about nutrition and exercise*. Wellness includes financial, mental, physical, emotional and other aspects. Staff has been invited to join our new wellness program [your:life – the Hub](#). This new program which is replacing GO365, is MMHD sponsored and has something for EVERYONE! This is designed to meet the employee where they are at with their wellness journey and support in providing incentive to EVERY EMPLOYEE. Most importantly, it is designed to give wellness support and a way to care for each individual.

The great thing is that staff can earn points which equal incentives for doing your best to Be Well in [your:life](#)! Points are available for many activities you can do to enhance overall wellness in [your:life](#). This isn't your regular wellness program! There are TWO COMPONENTS:

1. The Hub (My PT App) in which you will be assigned a wellness program and earn points for participation level. This program gives you access to EXPERT resources concerning exercise and nutrition.

Activities including Health Assessments, Preventative Care, Events, Volunteering, and other bonus activities can be tracked through the [your:life page on the Employee Intranet](#).

Learn More [your:life@the Hub](#) or sign up by emailing [yourlife@mayersmemorial.com](mailto:yourlife@mayersmemorial.com)

The second part of this program involves a community launch and partnership with local businesses and school districts. We will also work with the Rural Health Clinic to collaborate on Preventative Care and QIP measures.

### **SHIP Grant**

I worked with Travis Lakey, Jack Hathaway and Moriah Padilla to gather information and submit the SHIP Grant. This is a COVID related resource with specific parameters. We used two different allowable opportunities: Portable Equipment related to COVID and Employee Education, Wellness and Resources as related to COVID. We have applied to purchase 6 portable Cardiac Monitors for the COVID unit with half of the funding. The other portion of the grant was submitted to support a portion of the new Employee Wellness program with specific measures to support staff from COVID burnout, support employee health and wellness and provide education and resources related to COVID. We should know soon if we are approved and I will provide more detail at that time.

### **Partnership Healthplan Grant**

Keith Earnest, Laura Beyer, Kim Westlund and I are working on logistics of the Partnership Health Grant. This grant is to promote COVID vaccines to unvaccinated Partnership Healthplan patients. It will include two wellness days at the clinic. We are developing the marketing, mailers, advertising and working through the list of over 1400 Partnership Healthplan members in our zip code area.

### **Department Marketing**

Meetings are being scheduled with department managers to review website, department marketing and discuss ideas, branding and other public relations projects. These meeting should be completed with in the next 60 days and we will prioritize projects, make web corrections, etc.

### **Planting Seeds...Growing Our Own**

Information for the high school senior internship program will be distributed to the local high schools next month. We will plan for the interviews and selections in the month of May. We are also hoping (COVID permitting) to be able to reinstate the programs at the junior high level and the elementary schools. At a minimum, we will incorporate the project with the wellness prohram information we provide to the schools.

### **District Name Change and Brand "Refresh"**

The District name change to Mayers Memorial Healthcare District was put on hold, as we needed the name and information of a new CEO. We are approaching this from a DBA route, as it will be less

complicated with licenses, etc. I will pick up on this now that we have the leadership change decided. You will start seeing messaging and marketing with “Healthcare” replacing “Hospital”.

### **Emergency Department Follow-Up/Clinic Marketing Calls**

ED follow-up calls continue daily. This is proving to be very valuable in many areas. We are focusing on ED patients with non PCP and seeing that they get a call from the clinic to get a follow-up visit scheduled. We are also addressing any clinical or quality issues. Overall, it has been very productive.

### **Emergency Preparedness**

We are working through items in Emergency Preparedness as related to survey shortfalls. We will be prepared in all areas and compliant with state and federal requirements.

ICS100/200 classes are required for all staff and are scheduled in January, February and March. We are also scheduling the HazMat class for Maintenance and Environmental Services.

Monthly CODE DRILLS have continued, with the last one being Code Purple/Pink. After Action Reviews (AAR's) were completed for all drills.

We continue to work with BETA to get our Workplace Violence Program certified.



## Operations Report January 2022

Statistics	November YTD FY22 <i>(current)</i>	November YTD FY21 <i>(prior)</i>	November Budget YTD FY22	December YTD FY22 <i>(current)</i>	December YTD FY21 <i>(prior)</i>	December Budget YTD FY22
Surgeries						
➤ Inpatient	0	1	10	0	1	12
➤ Outpatient	19	16	30	22	16	36
Procedures** ( <i>surgery suite</i> )	43	59	80	56	59	96
Inpatient	1096	595	625	1299	894	800
Emergency Room	1919	1653	1818	2322	1929	2169
Skilled Nursing Days	11295	12390	11481	13516	14689	13804
OP Visits (OP/Lab/X-ray)	9366	7783	5544	10800	10135	6724
Hospice Patient Days	703	237	696	949	290	770
PT	1062	1011	1129	1268	1157	1312

\*Note: numbers in RED denote a value that was less than the previous year.

\*\*Procedures: include colonoscopies

### Chief Clinical Officer Report

Prepared by: Keith Earnest, CCO

#### Pharmacy

- COVID Vaccines
  - With the requirement for health care workers to have boosters, Employee Health, offered boosters for Mayers staff on four days. The Rural Health Clinic is also available for staff to receive a booster shot.
  - Mayers is no longer stocking or offering Johnson and Johnson vaccine. It was stocked in the ER for administration for any ER patient desiring it, specifically targeting homeless or migrant patients where scheduling a second shot could be difficult. Only one dose of Johnson and Johns was given. The county asked hospitals to offer Pfizer or Moderna in ER to anyone. Mayers stocks Pfizer in the ER and has vaccinated one patient. It is our goal to schedule the second dose at Mayers clinic prior to the patient being discharged from the ER.
  - Mayers Rural Health Clinic booster shots of Pfizer and Moderna. The Moderna booster is for patients 18 or above. Pfizer boosters are for patients 12 and above (initially it was 15 and above).
  - We are offering pediatric Pfizer vaccine (ages 5-11) on Thursdays and Fridays. Very few parents are signing their children up for vaccination and some days we offer it have no signups at all.

- Mayers was awarded a grant from Partnership Health Population Health to reach out to unvaccinated Partnership patients.
- Monoclonal Antibodies
  - Sotrovimab is the monoclonal with the most effectiveness against the Omicron variant. Sotrovimab is in short supply and the county advised facilities to follow the CDC's tier system for allocation. In summary Sotrovimab is reserved for Tier 1 patients: those who are 75 and over or 65 and over who are high risk. Other patients are infused with Bamlanivimab/Etesevimab or steered towards an oral anti-Covid agent.
  - The infusions are performed as outpatients with the goal of keeping patients out of the ER and keeping them out of the hospital. Monoclonal antibodies are available in the ER.
- Oral Agents
  - Molnupiravir is stocked at Mayers Retail Pharmacy. As of the time of this report, two courses of therapy have been dispensed. The medication is provided to Mayers at no cost and a small dispensing fee is billed to the patient or the patient's insurance.
  - Paxlovid is the other oral agent and Mayers has not receive a supply of this agent.
- Providers in the community (Mayers, Mountain Valleys, and Pit River) are informed of availability and changes in COVID agents whenever changes occur.
- Pharmacy is navigating shortages. The most severe are saline flushes (syringes and vials) and sterile water for injection. Val Lakey requested a supply via a SitRep and Mayers obtained a supply from Mercy Medical Center.
- Pharmacy has been working with surgery to revamp the procedure for malignant hyperthermia. It is required to have the medications in place to handle this emergency or surgeries cannot be performed. Over the summer, we did a drill and found that reconstituting 36 vials of Dantrolene® was very time consuming for the limited staff Mayers has in surgery. We have converted products to Ryanodex®, which only requires reconstitution of 3 smaller vials. A drill will be done after the conversion.

### ***Retail Pharmacy***

- The drive thru was upgraded to include a drive over sensor to alert staff of someone at the window.
- Rapid Covid tests have been hard to acquire. Tests are not available through regular wholesaler. Test have been ordered through another supplier.
- We continue to work with IT to create internet connection redundancy.

### ***Physical Therapy***

- The Ultimate Shuttle has arrived, is installed, and is use. This equipment was purchased via an award from Mayers Healthcare Foundation. Publicity is pending. This equipment is impressive and very versatile.
- Upgrades were made to the bathroom for safety and infection control including motion sensor lighting.
- Upgrades to flooring in the passage way is scheduled for this winter.

### ***Cardiac Rehab***

- We welcome Cassandra LaFave, RN, to the team and she is working Fridays.

### ***Respiratory Therapy***

- Our second respiratory therapist has been provided through the state's SNAP staffing program completes his term in early February. Mayers has a registry respiratory therapist lines up for this position. If she likes the position and the facility, she may become staff.
- David Farrer, RT, respiratory manager, is using demographic data from the clinic to target recommended pulmonary screening.

### ***Telemedicine***

- We are excited to have Dr. Saborido as the telemedicine medical director. Dr. Babb was previously in this role. Dr. Saborido will be able to advance how telemedicine is used at Mayers Rural Health Clinic and throughout Mayers.
- The counseling grant partnering with school completes in August. We are currently in the open call period for the next grant cycle. Amanda Harris, telemedicine coordinator, is working with Kimberly Westlund, clinic manager, Laura Beyer, grant writer, and Jack Hathaway on a grant for talk therapy at the clinic level. The grant application is due March 21.
- Amanda is coordinating the implementation of video translation services for partnership patients when they have clinic visits or telemedicine visits. This service involves using an iPad so the translator and the patient can see and hear each other.

### **Chief Nursing Officer Report** **Prepared by: Candy Vculek, CNO**

- MMHD's first C.N.A. program is underway. The class started with seven students but two have dropped out. Another class will start in March and there is already a waiting list. Mayers will continue to run frequent classes to meet our staffing needs.
- Intra-facility transfers continue to be very difficult. There are several contributing factors.
- COVID is affecting the staffing and bed availability at virtually every hospital. Some patients have had to wait for days to be placed at the higher level of care they need.
- EMS Transportation also continues to be problematic. There have been extended wait periods for a number of transfers in the past few months. MMHD has met with SEMSA to discuss the problem but at this point, there is no resolution. The discussions will continue.

### **COVID**

- The acute care COVID unit was closed for several weeks but recently reopened.
- COVID rate in the community is high and is having a significant impact on hospital staffing as a number of staff have become ill.
- COVID boosters are being given to all eligible staff. These are mandatory and the staff must either be boosted or have an accommodation in place by February 1, 2022.
- Both SNF facilities are in yellow status due to the current surge. This is having a significant impact on our ability to admit new residents and the census is gradually dropping. There are

potential admissions waiting for placement and the staff works very quickly to place them in the brief

### **SNF Report**

- The Burney Annex and Station 2 are both again in yellow status due to exposure and response testing began on 1-3-22. Two residents tested positive in the first round of response testing.
- The COVID surge is keeping both facilities in the yellow as staff continue to test positive. The response testing will continue until the positive cases stop appearing.
- Two COVID ready rooms remain set up in Fall River with negative pressure and zippered plastic on the doors in case another surge comes through.
- Current census at Fall River is 25 and Burney 47.
- We continue to use SNAP registry staff and are grateful for relief from being understaffed.
- All Activity staff have educated on proper van loading and unloading processes. Lean standard work “Van Usage, Education and Safety Precautions” was built and utilized for this training; and all have successfully completed return demonstration.
- CDPH conducted a visit last week and cleared multiple self-reported issues regarding infection control during outbreaks. There were no violations. CDPH is expected back this week.

### **Acute Care Report**

- Nov 2021 ADC Acute 1.83, Swing 4.06; LOS 3.93, OBS days: 5.51
- Staffing needs on Acute include 2 full time RN’s and 1 part time RN.
- As we continue to focus on education. A 2-day educational event for recognizing the patient in distress was originally scheduled for mid-September through the Center of Excellence-Education. This was cancelled due to the COVID surge and the staffing concerns, as was the one rescheduled for December. This has since been rescheduled for February.
- A night staff RN has taken the lead on team auditing. He has grouped together his fellow coworkers and they are starting a charting audit that includes tips and recommendations for proper charting to the rest of the team. This started November 1<sup>st</sup>. Results, Plan of correction and auditing plan moving forward is to be announced at our next staff meeting.
- Acute Care and OPS were awarded a new EKG machine through the foundation. This was presented to the staff at the end of December. Everyone is excited to have it so readily available and it has been used several times already! This also mitigates the risk of only having one piece of critical equipment in the facility.

### **COVID**

- COVID Staffing Requires 1 RN – and 1 additional licensed staff member depending on census and acuities
- COVID is staffed primarily through Acute Care
- We have successfully staffed up to three nurses per shift through the end of January. It is expected that with the addition of one more CDPH RN arriving January 24<sup>th</sup>, we will be staffed up to 3 through February.
- The On-Call schedule is currently utilizing Acute, ER, LTC and nursing administration. Luckily with the 3 nurses staffed on Acute Care, we have rarely had to utilize this on-call schedule. Each staff member is required to take call one shift per pay period,

- We applied for emergency staff support through CDPH to staff up to 3-4 nurses per shift to relieve the burden of the on-call schedule and everyone's overtime. We were granted four RN's who are all currently working. This provides an extra staff member every day for both shifts and they primarily work the COVID unit. They are all contracted until February 28<sup>th</sup> but can be cancelled if our surge ends.
- This increase in staff has also allowed us to float our CNA's and LVN's to LTC as needed, if our census allows.
- A COVID surge plan is in place and will be initiated if the census increases past four.

### **Emergency Department**

- The Emergency Department treated 308 patients
- 21 were admitted to Mayers
- 13 were transferred to a higher level of care
- 51 were pediatric patients under the age of 18.
- 5 left against medical advice
- 5 left without being seen
- 1 left prior to triage
- 35 patients presented to ER via EMS
- Staffing: We currently have two full time night RN and one full time night RN supervisor vacancies that are being filled by travelers.
- ED transfers- We have seen a huge difficulty in getting patients transferred to a higher level of care, the Redding Hospitals are declining due to "NO BEDS" this puts strain on the ER staff with multiple hours looking for placement for sick patients. We have seen an increase in sending patients to others states, IE: Oregon and Nevada. Most patients spend "hours upon hours" waiting. We have been using MHOAC assistance to help place transfers; this puts another set of people looking for beds.

### **Laboratory**

- Staffing is good – The manager is growing his department and services offered. We have been able to staff the lab with Mayers employees exclusively (very exciting – 3 FTEs and 3 others that make up another 1.5 FTE) so lab is working well. All are being trained on Micro and that is becoming more and more available as a service we can offer to the public – right now I believe that we are only covering the SNF well – but as training continues for staff it will become available for all. We will be getting a new analyzer after all the time and hardship that our "new" machine has caused us since we opened. We are just waiting on official paperwork from Siemens to have that process underway.

### **Radiology**

- The new interim manager resigned and a search is being conducted for both an interim/permanent manager. Currently there are two travelers and two MMHD techs in the department. The ultrasound tech position has also vacated. A traveler will be taking the position but there will be a gap in services of approximately one month.

## Quality

- A number of dashboards for tracking TJC measures have been built, and Jack will be meeting with some of the department leads and managers to work on introducing the concept behind how we will be managing the TJC work moving forward. Promoting Interoperability has been achieved for the 2021 demonstration year

### **Chief Operating Officer Report**

**Prepared by: Ryan Harris, COO**

## Facilities, Engineering, Other Construction Projects

- Progress on the demo project continues as the crews wrapped up paving on 1/19. Crews have also mobilized and started work on the fire wall change order. FLSO Greg Paul was onsite to witness the fire line water flush on 1/19. Completion of the stucco system will be done by 1/21, irrigation water line will start on 1/21, tie in to the new fire water service is scheduled for 1/28. Completion of the fire sprinklers is scheduled for the week of 1/24, completion and start of punch list items is scheduled for 2/4/2022. The project is 85% complete and still within budget.
- I am pleased to announce that we have completed all work and documentation necessary to receive our construction final and permanent certificate of occupancy for the Mayers Expansion project. This has been submitted to USDA and we have been approved to receive the final loan repayment from them in the coming weeks. I am extremely proud of all the work that has gone into this project over the last six years and the lasting impact the new building will have on this hospital and community.
- Over the past couple of months, I have worked with our structural engineer and HCAI (Formerly OSHPD) to complete our HAZUS analysis of the remaining buildings after the structural components of our demolition project were completed. With the reassessment of our buildings, HCAI has determined that our Acute building has a probability of collapse below the threshold of 1.2% and has approved the Acute buildings structural rating of an SPC-2. Although this is not as visual as our new hospital wing, this is a major milestone for the district - meeting our SB1953 2020 requirements as well as our AB2190 extension requirements. By meeting this milestone, regardless of when the demolition project is completed, our buildings are now in compliance until 2030.
- The final inspection for the laundry facility was conducted on 1/20. A punch list was given to the contractor. The contractor will correct outstanding issues and call for another inspection in a couple of weeks.
- PM John Morris has been working over the last month trying to find a bidder for the Daycare project. He has only found one interested bidder for the church and met with that contractor on 1/19/2022. After discussing the project with the contractor, John is concerned that we do not carry a large enough budget for the project. Once a bid is received an updated budget will be presented to the board for approval if necessary.
- With no set-in-stone use for the former Fall River Arts and Trophies building and no project assigned to the building yet, I have decided to do a small renovation of the building using our engineering staff to convert the front space into office space for Hospice. The back two-thirds of the building will remain storage. This will allow us to get rid of one of our rental properties saving money and better utilizing our building inventory.

- Hospital Renovation Project Phase III preliminary work has begun. We are expecting a proposal from Greenbough Design to do the project program and schematic design the week of 1/24/2022.
- Environmental rounds were conducted by the facilities team and I in January and they are actively working on fixing the findings.
- Preliminary work has begun with an electrical engineer to relocate the transformer feeding the Administration Building and old CT Trailer. This transformer will be relocated to a safer location and will remain feeding the Administration building electrical outlet for a future MRI trailer if needed as well as the storage shed. Having no power and minimal lighting in the storage shed has been identified as a potential risk to staff safety.
- A remediation project has started at the RHC due to a frozen pipe and water damage in the building. The building was found actively flooding when the clinic opened on Monday, January 3<sup>rd</sup>. I was able to isolate the damaged pipe and get water service back to the building that same day. The clinic reopened January 4<sup>th</sup> without the 4 rooms that have water damage. Over the last two weeks we have been working with our insurance company and the contractor that did the remodel to find the cause of the frozen pipe. It was discovered that a 12"-18" section of a 3/4" water line feeding an exterior hose bib was run on the wrong side of the attic insulation before entering the wall cavity and insulated again. This section of pipe ran next to an attic vent and had limited protection from the elements causing it to freeze and burst. Work began on this project on 1/20/2022 and we are estimating the repairs to last 4-6 weeks.
- Facilities and Engineering is currently fully staffed.

## IT

- Helpdesk
  - IT Received 550 tickets, and resolved 560.
  - 153 calls were placed to the helpdesk, 50 of which went to on-call.
  - Average Response Time is 3H01M, with Average Resolution Time of 9H18M. Both of these have doubled this month due to shift in staffing.
  - We received a survey response on 18 of our tickets. 94% of our responses were 5/5, and 6% were 4/5. We received no 3/5, 2/5, or 1/5.
- Security
  - SOC reviewed 546 security incidents, escalated 11 to internal resources
  - Received 30 tickets, and resolved 29.
  - Remediated 1,871 vulnerabilities
  - No calls were received
  - Average response time is 4H30M, with average resolution of 15H30
  - Metrics indicate Security focus is suffering due to shift in staffing
- Projects
  - Office 365 Migration stalling slightly due to shift in staffing.
  - 20H2 upgrades had major issues with our current patch manage software. New software has been procured.
  - PCC Lab Interface currently in Pilot stage, Go-Live should come shortly.
  - MVHC Lab Interface requires additional testing before going live.
  - EMR selection on hold.
  - Some portions of user onboarding have been automated via the ticketing system.

- New Access control will be installed at the end of January.
- New Mindray monitors to be installed soon.
- Staffing
  - Our IT department has had some staff turnover in the month and has been short 1 help desk employee for some time. I am pleased to announce as of last week our IT department is fully staffed.

### **Purchasing**

- We have hired Jesse Tippit to be our new Stock Clerk. He transferred from Housekeeping, where he will continue to provide a supportive role until Housekeeping can hire a replacement. With this hire our Purchasing department is now fully staffed.
- We conducted a semi-annual Inventory in December of 2021. This was the first time we have done this. The purpose of conducting this inventory was to identify gaps in our processes and start a process improvement project in the department. We have some areas of opportunity to clean processes up and make the department more efficient. Process improvements that we are currently working on are using bin locations to organize our supplies more efficiently to speed up future inventories, correcting items in incorrect bin locations, adding locations, renovating and updating the medical supply room with a more efficient storage system.
- Supply shortages of critical items such as Covid tests, IV catheters, and needles are still an issue. We have made some adjustments to our ordering process and par levels, worked with Premier our GPO, worked with nursing on alternative items, and established a collaboration with other healthcare districts to help alleviate some of these shortages.

### **Food & Nutrition Services**

- F&NS is still struggling with staff turnover and getting to fully staffed. We have made great improvements over the last couple of months and we are working to continue those improvements. Management in this department is still needed to work the floor due to staffing levels.
- MMHD Online Café has reopened for Breakfast, Lunch and Dinner Monday through Friday. All transactions are online and when the SNF are not in COVID restrictions, employees can pick up meals at the cafeteria. New menu items have been created for an a la carte menu, including a salad bar in Fall River.

### **Environmental Services & Laundry**

- Over the next couple of weeks EVS will be fully staffed with additional recent hires.
- Sherry and I are ready with our reopening plan of the laundry facility once we have the construction final complete.
- Due to our staffing shortage, we are considering bringing on a flooring cleaning vendor to help maintain our floors on a monthly basis.

## **Rural Health Clinic**

- I am excited to announce that we have finally received our PTAN from CMS and we can proceed with several programs including Vaccines For Children, Family Pact and the California Child Health and Disability Prevention programs.
- Kim is currently working on updating our fee schedule. Once this is completed, along with us having our PTAN, and our newly hired coder we will be able to work through work queues and backlog of billing.
- We had a total of 888 visits in the month of December, 519 of which were outpatient visits generating over \$95,000 in revenue.
- The RHC, Telemedicine and Foundation will be working together on a grant to bring talk therapy into the clinic. This is a much needed service for our community and I am looking forward to working with the group on this project.
- At this time our clinic is fully staffed.

**Operations District-Wide**  
**Prepared by: Louis Ward, CEO**

**Report will be provided during meeting**