

AGENDA

LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS

Thursday, December 7, 2023, 2023, 1:00 pm
City Council Chambers; Alturas City Hall; Alturas, California

Parties with a disability, as provided by the American Disabilities Act, who require special accommodations or aids in order to participate in this public meeting should make requests for accommodation to the Modoc Medical Center Administration at least 48 hours prior to the meeting. Board Agenda packets are available to the public online at www.modocmedicalcenter.org or at the MMC Administration offices.

1:00 pm - CALL TO ORDER – J. Cavasso, Chair

1. PLEDGE OF ALLEGIANCE TO THE FLAG OF THE UNITED STATES OF AMERICA – J. Cavasso, Chair

2. AGENDA APPROVAL - Additions/Deletions to the Agenda – J. Cavasso, Chair

3. PUBLIC COMMENT - This is the time set aside for citizens to address the Board on matters not on the Agenda or Consent Agenda. Comments should be limited to matters within the jurisdiction of the Board. If your comment concerns an item shown on the Agenda, please address the Board after that item is open for public comment. **By law, the Board cannot act on matters that are not on the Agenda.** The Chairperson reserves the right to limit the duration of each speaker to **three minutes**. Speakers may not cede their time. Agenda items with times noted, will be considered at that time. All other items will be considered as listed on the Agenda, or as deemed necessary by the Chairperson.

4. ANNUAL ORGANIZATIONAL MEETING

A.) K. Kramer - Acknowledgment of LFHD Board Chair, Jim Cavasso

B.) J. Cavasso - Election of Board Officers (*Newly elected officers will begin their tenure in office on January 1, 2024.*)

- Chair
- Vice Chair
- Secretary

C.) Chair - Appointment of Treasurer

- Treasurer

D.) Chair - Appointment of Board Members to Standing and Special Board Committees

- Finance Committee
- Quality Council
- Joint Conference Committee
- New SNF/Hospital Addition Committee

5. DISCUSSION

A.) A. Doss - Risk Management Report

Attachment A

B.) M. Mason – Third Party Bad Debt Process

REGULAR SESSION

6. CONSENT AGENDA - Items under the Consent Agenda heading do not require discussion before a vote. If discussion is needed, that item needs to be moved to the Consideration/Action part of the Agenda where discussion is allowed.

- A.) D. King - Adoption of LFHD Board of Directors Regular Meeting Minutes – October 26, 2023 Attachment B
B.) T. Ryan - Medical Staff Committee Meeting Minutes – November 29, 2023. Attachment C
- Medical Staff Committee Meeting Minutes –September 27, 2023.
 - Pathology Report – July 31, 2023
August 1, 2023
September 5, 2023

7. CONSIDERATION/ACTION

- A.) P. Fields – October 2023 LFHD Financial Statement (*unaudited*) Attachment D
B.) K. Kramer – Minimum Wage Transition Proposal Effective 01/01/2024 Attachment E
C.) K. Kramer – CNA Wage Increase Proposal Attachment F

8. VERBAL REPORTS

- A.) K. Kramer – CEO Report to the Board
B.) E. Johnson – CNO Report to the Board
B.) P. Fields – CFO Report to the Board
C.) A. Willoughby – COO Report to the Board
D.) A. Vucina – CHRO Report to the Board
E.) Board Member Reports

EXECUTIVE SESSION

9. CONSIDERATION / ACTION

- A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –November 29, 2023. Attachment G
(Per Evidence Code 1157)
- Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – November 29, 2023.

REGULAR SESSION

10. CONSIDERATION / ACTION

- A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – November 29, 2023.
(Per Evidence Code 1157)
- Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – November 29, 2023.

11. MOTION TO ADJOURN – J. Cavasso – Chair

POSTED AT: MODOC COUNTY COURTHOUSE / ALTURAS CITY HALL / MMC WEBSITE-(www.modocmedicalcenter.org)
ON December 1, 2023.

ATTACHMENT A

Risk Management Report to the Board

Safety First Incidents
May 2023 through October 2023

Event Month	Event Year	Event Type Sub	Incident Count
May	2023	AMA / LWBS / Elopement	1
		Compliment to staff / services	1
		Equipment / Device Malfunction	1
		Fall	7
		Grievance	2
		HIPAA / Privacy	3
		Hostile Visitor / Patient	2
		Information Technology	1
		Medical Records Information Change Request	1
		Medication Error	3
		Missing Content	4
		Near Miss / General Patient Care Concern	2
		Other Regulatory Violation	1
		Other Unsafe Work Condition	1
		Patient Care Management	4
May Total			34
June	2023	AMA / LWBS / Elopement	5
		Compliment to staff / services	1
		Equipment / Device Malfunction	3
		Fall	5
		Grievance	3
		Hostile Visitor / Patient	4
		Incomplete or Missing Orders	1
		Medication Error	2
		Medication Security	1
		Missing Content	5
		Near Miss / General Patient Care Concern	3
		Other Regulatory Violation	1
		Other Unsafe Work Condition	1
		Patient Care Management	7
		Policy Violation	2
		Refusal of Transfer	1
		Staff Behavior	3
		Untimely Charting	1
June Total			49
July	2023	AMA / LWBS / Elopement	3

Safety First Incidents
May 2023 through October 2023

		Fall	1
		Fire Hazard	1
		HIPAA / Privacy	2
		Hostile Visitor / Patient	1
		Medication Error	2
		Medication Security	2
		Near Miss / General Patient Care Concern	3
		Other Regulatory Violation	2
		Other Unsafe Work Condition	1
		Patient Care Management	12
		Skin Integrity / Pressure Ulcer	1
		Staff Behavior	8
July Total			39
August	2023	AMA / LWBS / Elopement	1
		Compliment to staff / services	3
		EMTALA	1
		Equipment / Device Malfunction	1
		Fall	2
		Fire Hazard	1
		Grievance	3
		HIPAA / Privacy	1
		Hostile Visitor / Patient	3
		Medication Error	6
		Medication Security	1
		Missing Emergency Contact Information	1
		Near Miss / General Patient Care Concern	1
		Other Regulatory Violation	1
		Other Unsafe Work Condition	4
		Patient Care Management	2
		Policy Violation	1
		Skin Integrity / Pressure Ulcer	2
		Staff Behavior	12
August Total			47
September	2023	AMA / LWBS / Elopement	2
		Compliment to staff / services	1
		EMTALA	1
		Fall	4
		HIPAA / Privacy	1
		Hostile Visitor / Patient	4

Safety First Incidents
May 2023 through October 2023

		Infection Prevention	2
		Medication Error	3
		Missing Content	1
		Near Miss / General Patient Care Concern	4
		Other Regulatory Violation	1
		Other Unsafe Work Condition	2
		Patient Care Management	5
		Refusal of Transfer	1
		Skin Integrity / Pressure Ulcer	1
		Staff Behavior	1
September Total			34
October	2023	AMA / LWBS / Elopement	2
		Fall	4
		Grievance	3
		Hostile Visitor / Patient	4
		Infection Prevention	1
		Medication Error	2
		Near Miss / General Patient Care Concern	2
		Other Unsafe Work Condition	1
		Patient Abuse / Neglect	1
		Patient Care Management	5
		Staff Behavior	3
October Total			28
Grand Six-Month Total			231

ATTACHMENT B

LFHD BOARD OF DIRECTORS REGULAR MEETING MINUTES

(draft)

October 26, 2023



REGULAR MEETING MINUTES

LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS

Tuesday, October 26, 2023, at 1:00 pm
City Hall Chambers, 200 W North St.
Alturas, California

Directors present: **Edouard (Jim) Cavasso, Carol Madison, Paul Dolby, Rose Boulade, Mike Mason**
Directors absent:
Staff in attendance: **Edward Johnson, CNO; Amber Vucina, CHRO; Patrick Fields, CFO; Denise King, LFHD Clerk.**
Staff absent: **Kevin Kramer, CEO; Adam Willoughby, COO**

CALL TO ORDER

Jim Cavasso, Chair called the meeting of the Last Frontier Healthcare District (LFHD) Board of Directors (Board) to order at 1:00 pm. The meeting location was City Hall, at 200 W. North Street in Alturas, California.

1. PLEDGE OF ALLEGIANCE TO THE FLAG OF THE UNITED STATES OF AMERICA

2. AGENDA – Additions/Deletions to the Agenda

Rose Boulade moved that the agenda be approved with the addition of 5C, Hospital Disaster Emergency Preparedness Policy/Procedure Manual Update, **Paul Dolby** seconded, and the motion carried with all present voting “aye.”

3. PUBLIC COMMENT

4. DISCUSSION

- A.) **A. Doss – Risk/Quality Report to the Board**
Alicia Doss was unable to attend.

REGULAR SESSION

5. CONSENT AGENDA - Items under the Consent Agenda heading do not require discussion before a vote. If discussion is needed, that item needs to be moved to the Consideration/Action part of the Agenda where discussion is allowed.

- A.) **D. King - Adoption of LFHD Board of Directors Regular Meeting Minutes – September 28, 2023**
B.) **T. Ryan - Medical Staff Committee Meeting Minutes –September 27, 2023.**
- **Medical Staff Committee Meeting Minutes –August 30, 2023.**
 - **Pathology Report – August 1, 2023**
- C.) **E. Johnson – Policy/Procedure Manual Update**
- **Hospital Disaster Emergency Preparedness**

Paul Dolby moved that the Consent Agenda be approved as presented, **Rose Boulade** seconded, and the motion carried with all present voting “aye.”

6. CONSIDERATION/ACTION

- A.) **P. Fields – September 2023 LFHD Financial Statement (unaudited).**
Patrick Fields, CFO presented the *unaudited* Last Frontier Healthcare District Financial Statement for September 2023, from the narratives and financial statements provided in the Board meeting packet.

Paul Dolby moved to approve the September 2023 LFHD Financial Statement (unaudited) as presented, **Mike Mason** seconded, and the motion carried with all present voting “aye.”

B.) E. Johnson - Board Meeting Date for November/December 2023

Edward Johnson, CNO reminded the Board that they meet once for the two months of November and December and requested the date the Board wished to meet. This will also be the annual organizational meeting.

Rose Boulade moved to have the November/December meeting of the Board of Directors on Thursday, December 7th, 2023, **Paul Dolby** seconded, and the motion carried with all present voting “aye”.

7. VERBAL REPORTS

A.) E. Johnson – CNO Report to the Board

Warnerview

- Remains at 4-star CMS rating
- Census is at 49.
 - o Our goal is still 50 residents for 30 days.

Acute

- Census is at three today – we have been running a daily census of four to five patients.
- No active Respiratory Isolation on the floor currently.

Lab

- Walter Dimarucut is now our full-time laboratory manager.
- Waiting for one of the second international CLS candidates to come.

PPC

- Christmas Party date and time.

B.) P. Fields – CFO Report to the Board

Accounting

- We are getting more familiar with Multiview.
- Continue to have weekly calls with the Auditors to confirm they are staying on target to have audit completed for the December Board Meeting.
- As of today, all outstanding items have been sent to them.
- FY22 MediCal Auditor has been sent all requested items.
- Working on the Outlay Report for the new SNF. Cost Report work papers are over 30% completed, intend to complete the balance this weekend, that will give them the full month to complete the cost report which is due November 30th. Will then start pushing auditors to complete the single audit that is due March 30th.

Medical Records

- Working through Cerner conversion while closing out the month of October in legacy system.
- New Credentialing Aide is in training.
- R1 is not going to charge us anything for doing the inpatient coding.

Revenue Cycle

- Revenue Cycle/Accounting Aide left, will hold off until after Cost Report and Cerner Conversion to search for a new one.
- Cerner implementation, R1 conversion, go live was Monday.
- HRG is still under performing, this week had an HRG Rep processed all refund requests that should be sent to us and sent them to patients.

Purchasing

- Has implemented their Cerner conversion.

Floater

- Have one full time floater.
- Attempted to hire three, two of them didn't work out. The other started today and will be working on the Radiology Department project for next couple of months.
- Will be interviewing other candidates.

C.) A. Vucina – CHRO Report to the Board

Compliance

- Performance Evaluations 85% compliant
- TB 93% compliant
- Physicals 99% compliant

Open Enrollment 2024

- 13% increase to health insurance
- All plan carriers remain the same in 2024

F.) Board Member Reports

- **Jim Cavasso** – Would like to keep the meeting at City Hall.
- **Carol Madison** – Not present.
- **Paul Dolby** – Nothing to report.
- **Mike Mason** – Would like to add 3rd party bad debt item to the agenda for future meeting.
- **Rose Boulade** – Attended the informational Finance Committee Meeting.

Mike Mason moved to close the Regular Session of the Board of Directors, **Rose Boulade** seconded, and the motion carried with all voting “aye.”

The Regular Session of the Last Frontier Healthcare District Board of Directors was adjourned at 1:35 pm.

EXECUTIVE SESSION

Executive Session was called to order by **Jim Cavasso, Chair**, at 1:38 pm.

7. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – September 27, 2023– (Per Evidence Code 1157).

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B –August 30, 2023.**

Rose Boulade moved to close the Executive Session and resume the Regular Session of the LFHD Board of Director’s meeting, **Mike Mason** seconded, and the motion carried with all voting “aye.”

The Executive Session of the Board of Directors was adjourned at 1:46 pm.

RESUME REGULAR SESSION

The Regular Session of the Board of Directors was called back to session by **Jim Cavasso, Chair**, at 1:47 pm.

8. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –September 27, 2023.

- **Medical Executive Committee Minutes & Privileging / Credentialing –August 30, 2023.**

Rose Boulade moved to approve and accept Minutes, Credentialing, and Privileging items as outlined above, **Mike Mason** seconded, and the motion carried with all members voting “aye.”

11.) MOTION TO ADJOURN

Mike Mason moved to adjourn the meeting of the Last Frontier Healthcare District Board of Directors at 1:50 pm, **Rose Boulade** seconded, and the motion carried with all present voting “aye.”

The next meeting of the Last Frontier Healthcare District’s Board of Directors will be held on December 7, 2023, at 1:00 pm in the Alturas City Council Chambers at City Hall in Alturas, California.

Respectfully Submitted:

Denise R. King
Last Frontier Healthcare District Clerk

Date

ATTACHMENT D

MEDICAL STAFF COMMITTEE MEETING MINUTES

November 29, 2023



DATE: DECEMBER 07, 2023

TO: GOVERNING BOARD

FROM: T.RYAN – CREDENTIALING AIDE

SUBJECT: MEDICAL STAFF COMMITTEE MINUTES

*The following Medical Staff Committee minutes were reviewed and accepted at the November 29, 2023, meeting and are presented for Governing Board review:

A. REVIEW OF MINUTES

1. Medical Staff Committee – September 27, 2023

B. PATHOLOGY REPORT – 07/31/2023, 08/01/2023, 09/04- 09/05/2023

C. NEW BUSINESS

1. MMC Rules Update
2. Privilege Forms
 - A. Hospitalists
 - B. PA
 - C. Dietitian



MEDICAL STAFF COMMITTEE MEETING September 27, 2023 – Education Building

MINUTES

In Attendance

Matthew Edmonds, MD Chief Medical Officer
Edward Richert, MD Vice Chief Medical Officer
Lisanne Burkholder, MD
Kevin Kramer- CEO
Heather Caldwell, PA-C
Ruth Moeller, FNP

Alicia Doss, Risk Management
Maria Morales, MSC/H.I.M Director
Taylor Ryan, Credentialing Aide

SUBJECT	DISCUSSION	ACTION
I. CALL TO ORDER	After noting that the required members were present to constitute a quorum, the regularly scheduled Medical Staff Committee meeting was called to order by Dr. M Edmonds, Chief Medical Officer, at 1210.	
II. CONSENT AGENDA ITEMS	A. The following minutes were reviewed: 1. Medical Staff Committee meeting of August 30, 2023	Minutes approved by motion, second and vote. Forward to Governing Board.
III. PATHOLOGY REPORT	Review of Reports, 08/01/2023.	Report at next meeting
IV. CHIEF MEDICAL OFFICER REPORT	Radio recordings have started. Ruth recorded her first one and submitted it to the radio station last week. The recordings will be played a few times a day and then we will await feedback from these. Dr. Richert has the next recording scheduled for November where he will talk about Diabetes. Dr. Richert also is going to take the Education starting in October and focus that on the monthly topics chosen from the 12 most common diagnosis you have seen in primary care. Overall hoping to take	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	<p>education from these and discuss it with patients in the clinic in an up-to-date fashion.</p> <p>Receiving 10% of the NP and PA Peer Reviews which is great.</p> <p>Benzo policy has been reviewed by the Governing Board and is awaiting approval. Once this is approved, official documentation will be input into REVVER and sent to provider staff. The next policy that comes down will be an ADHD policy design to protect patients and protect providers from the DEA.</p> <p>Dr. Edmonds is enjoying Canby, and everything is going well out there. For Canby Dental, Dr. Chen is arriving in the first week of October.</p>	
<p>V. EMERGENCY ROOM REPORT</p>	<p>Nothing to report.</p>	
<p>VI. CEO REPORT</p>	<p>For Canby Dental, we are still looking for a permanent Dentist. Hoping to convince Dr. Chen to stay. Also looking for a permanent Physical Therapist as we have had trouble finding permanent coverage.</p> <p>Kevin has spoken with Jaycee and is planning to have her start with us one day a week starting in January. Jaycee will do this for about a year two, then work up to two days a week, then eventually to full time.</p> <p>That being, Modoc County Office of Education got a grant to start a wellness center at the school. Therefore, Jaycee is a great part in that. Therefore, Jaycee may be doing care there as well.</p> <p>Talking legislative, the Senate passed the healthcare minimum wage bill with some modifications. Starting in June 2024, in the rural category, our facility will raise minimum wage to \$18.00/hour. Kevin is still researching if the Clinic will have a separate wage. Kevin is going to discuss this in the SLT Meeting next week.</p> <p>Auxiliary agreed to purchase one butterfly, so we are going to get one and test it out. If it works well, we will request a second one.</p> <p>Swinerton did not like the SNF contract changes so now we are negotiating between USDA and</p>	<p>Report at next meeting</p>

SUBJECT	DISCUSSION	ACTION
	<p>Swinerton. Hoping to get the changes made USDA is requiring in a way that Swinerton is agreeable to. The Geothermal System usage is being completely redesigned. We pulled a guy from Lakeview that is intimately aware of school systems infrastructure, so he is providing our team with some suggestions to further efficiency.</p> <p>Swinerton is supposed to get final bids on site work here in the next couple of weeks. By re-bidding, they have saved one million dollars. Also, rebidding the rest of the work as well and that should be done by the end of October. However, this does not impact us as we were given a GMP. Therefore, will see how pricing goes after this.</p> <p>QIP has been hitting hard. Kevin and Alicia finished the audit which we were successful in therefore, should be receiving the funding for that. Again, we were audited on clinical depression, and this was improved by 15%, being a high performing indicator for us. If there are any additional funds, we can obtain that as well.</p> <p>Kevin is still working on visit data so he will share that with us once that is complete. Cerner transition is coming in less than a month and with that we are transitioning into a new business office vendor too.</p>	
VII. CNO REPORT	Absent	Report at next meeting
VIII. PHARMACY REPORT	<p>Dr. Richert speaking on behalf of absence. We still do not have covid vaccine, high dose flu vaccine, and RSV vaccine. Rite Aid in town does have all three of these available to obtain. For the time being, this can offer a fall back for people interested in getting these vaccines. Unsure of the status with purchasing these.</p> <p>The Medical Board put out an asymptomatic screening for TB. This is now the medical recommendation from USPSTF to screen anybody 18 years old or over. Asymptomatic includes risk factors including birth, countries with high TB prevalence, potentially close contact, etc.</p>	Report at next meeting
IX. SNF REPORT	Absent	Report at next meeting

SUBJECT	DISCUSSION	ACTION
III. ADJOURNMENT	The meeting was adjourned at 1245.	

Matthew Edmonds, Chief Medical Officer

Date

September 27, 2023



PATHOLOGIST ON-SITE VISIT REPORT

DATE OF VISIT: 07/31/2023

During the pathology on-site visit and visit to Canby Clinic, I spent approximately 6 1/2 to 7 hours while in Medical Records, Laboratory, and at the Canby Clinic.

While in medical records, there were 16 surgical pathology reports compared with the clinical histories. There were 5 mortality reviews performed and there were 2 blood product reviews. There were no issues identified with any of the reports.

While in the Laboratory, I spoke with Walter about several issues. The renovations appear to be progressing nicely. The Cerner system is set to go live on October 23rd. The Laboratory license came in and it is now current. We have not heard anything yet from CLIA but we expect to in the near future. I reviewed the Fentanyl calibrations for Virto's analyzer, The CRP Ultra, the Fentanyl control, the FS Dilute 2, the FS reconstituted diluent?, the FS calibrator 1, the calibrator kit 31, 24, 29, 19, 25 9 8 5 4 3 2 1 32 and 11, the ISO enzyme performance verifier 1 and 2, the TDM performance validator, the liquid performance validator 1 and 2, the performance validator 1 and 2, the NT=IpoBNP II control, the free thyroid controls, the pct control, anemia control, TSH range verifier, the TROP 1 range verifier, PSA range verifiers, NBNP 2 range verifiers, the FT4 range verifiers, the Folate range verifiers, the CK-MB range verifier, BRAHMS PCT range verifier, the aHBc calibrator range packet, the aHBs calibrator and range packet, the aHBs controls, the aHBc control and reagent packet, the HAV M controls, the anti HCB controls, the anti HBc IGM controls, the myoglobin range verifiers, the vit b 12 rand verifiers, the B-hCG II rand verifiers, the Ferritin ranger verifiers, the FT4 range ver, the % A1c performance verifiers 1 and 2, the mALB performance verifiers 1 and 2, the aHCBV virus reagent packets, the HBcM reagent and calibrator the HaB M reagent and calibrator packet, the American Proficiency Institute [API] proficiency testing information for 2023 microbiology 2nd event, the API performance testing for pharmacy eval 2023 microbiology 2nd event with explanation of discrepancies, the API for 2023 chemistry core 2nd event, the NOVA biological data and exception report for June 2023, the Unity monthly evaluation for pediatric for May 2023.

I discussed the Lab with the ER doctor Opare-Addo, he indicated is was very happy with the performance of the Laboratory and the personnel.


ROBERT JAMES, MD, PhD
CONSULTING PATHOLOGIST

10/19/23
Date



PATHOLOGIST ON-SITE VISIT REPORT

DATE OF VISIT: 08/01/2023

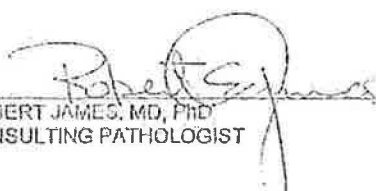
During the pathology on-site visit and visit to Canby Clinic, I spent approximately 6 to 6 1/2 hours while in Medical Records, Laboratory, and at the Canby Clinic.

While in medical records, there were 14 surgical pathology reports compared with the clinical histories. There were 2 mortality reviews performed and there were 2 blood product reviews. There were no issues identified with any of the pathology reports. One of the blood transfusion reviews was held over for additional history.

While in the Laboratory I spoke with Walter and we had a discussion on several issues. The renovation is continuing as planned and should be completed on time. Cerner is going live on October 23rd. I spoke with Shannon and she indicated that she feels comfortable with the progress but there are some areas in which she needs help with being on schedule. The current laboratory license came in and we are currently certified by the state. There are two new employees coming from the Philippines. Jahiziel arrived on June 12th and prefers to be called Jaz. The other new employee is Jacqueline, she prefers to be called Jacq. She is scheduled to arrive on the 1st of September or earlier. Adam will continue as consultant for policies and Eugene will continue as technical consultant. Walter has extended his contract through October 8, 2023, and is willing to extend beyond that if necessary. I reviewed the QC stats for June 2023, the Siemens Hemostasis QAP program for coagulation studies, the XN-L instrument control level 1 qc chart, the critical result summary for June, the confirmation receipt for urgent production correction notification regarding the QUIDEL triage cardiac panel. The API brackets proficiency testing, the performance eval for 2023 chem misc. 1st event, the API proficiency performance evaluation 2023 for immunology/immunohematology 1st event, the API bracket API brackets comparative evaluation 2023 for hematology/coagulation 1st event, the UA Quantrol level 1 and level 2 for the mutli stick SG data, the Alcor QC for mini Sed-291 the Alcor QC for ESR for June, the monthly QC check list summary sheet, the API 2023 chemistry core validation 2nd event, the monthly quality control review summary for May and June 2023, the QC result for glucose for May 2023, the nova biomedical data exception report for May 2023, the NOVA biomedical exception data report for March 2023, the urgent product correction notification for troponin results for triage cardia panel, the clinical result summary for May 2023, the QA Quantrol data for level 1 and level 2 for May 2023, the Siemens hemostasis cap for May 2023 for coagulation values, the Sysmex ca 620 maintain log for may 2023, the product collection notification concerning the microchip pack opener assembly potentially not removing or replacing the microchip pack caps, Virto's 5600 and the 7600 integrated system, the 2023 Sysmex correlation studies, the sn-550 control level 1 data for May 223, the unity monthly evaluation for April 2023, the Modoc QC for May 2023, the Levey Jennings data for chemistry may 2023.

I spoke with Dr. Burkholder, who is the hospitalist and she indicated was happy with the results from the lab as well as the personnel. She mentioned they are doing a great job. I also spoke with Dr. Opare-Addo and he has no issue with the laboratory and thought the personnel was great.

I spoke with Kevin Kramer about the renovations being done in the laboratory. It will allow for a larger blood bank and microbiology area. The renovations appear to be on schedule. We discussed Cerner going live on October 23rd. I share issues with him concerning major implementation at my hospital and hopefully they will be able to avoid the issues when they go live. I informed him that the laboratory license came in and the laboratory is now current with the state. The documentation for CLIA is pending. We also discussed recent changes in the staff in the Laboratory which are mentioned in conversation I had with Walter.


ROBERT JAMES, MD, PhD
CONSULTING PATHOLOGIST

9/4/23
Date



PATHOLOGIST ON-SITE VISIT REPORT

DATE OF VISIT: 09/04 - 9/05/2023

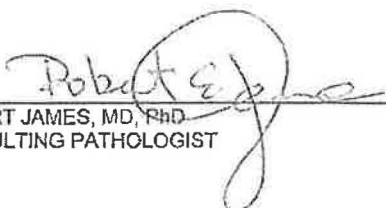
During the pathology on-site visit and visit to Canby Clinic, I spent approximately 6 ½ to 7 hours while in Medical Records, Laboratory, and at the Canby Clinic.

While in medical records, there were 17 surgical pathology reports compared with the clinical histories. There were 2 mortality reviews performed and there were 7 blood product reviews. There were no issues identified with any of the pathology reports.

While in the Laboratory I spoke with Walter about the Virto's XT 7600, which will be going live in oct, we are waiting until October so that it can be activated with the Cerner system. Jazmine got her CA license today and is now able to sign off flags in the laboratory. In addition, she and Brenda are training on the Vitro's so that they will be versed on how to it when they go live in October, they will then teach the other technicians in the lab how to use the Vitro's CT -7600. Shannon is working with Cerner to make sure that there is proper implementation of Cerner in the Laboratory when it active in oct, max who is one of the phlebotomists will be leaving us 1 week of dec and sully will be leaving the 2nd week of Jan, the blood bank appears to be moving ahead to its active time to Cerner in October. Adam will be working remotely to complete policies for the Laboratory, Jacq clinic lab special from Philippines arrival has been held up do due to paperwork , once approval of document from the Philippines embassy and D.C processing can move ahead. Levi, CLS Tech, is scheduled to leave October 8th. However, Walter will try to extend his contract for an additional three months. Covid is increasing exponentially and Modoc area has numerous employees and patients who have tested positive for the covid virus. The hospital will be using the Binax system to test symptomatic employees and patients. In regard to employees, if they have been exposed to Covid, they will be tested over three times to confirm their positive status. The CLIA inspection is scheduled for some time in the future when the license expires in August. We have been informed the future inspections by CLIA will be a surprise visit. I reviewed the monthly Unity for Pediatrics for July, the UA Quantrol level 1 and 2 for August, the Siemens Clinitek status maintain log, for August, the UA Quantrol 1 and 2 for July, Alcor coordinator report for August, the ALCOR coordinator for July, the QC statistic for July, the Siemens Hemostasis QAP program for July and August, the competency testing assessments for Walter Dimarucut, Brenda Lewis, Jahaziel Grimaldo and Van Amar, the Modoc Qc statistic for August, the Nova biomed combine report for July, the critical results summary for July, the XNL QC control chart for August 1-15 and 15-27, the XN 550 qc for chart for June 30 -- July 31, the American Proficiency Institute [API] preview results for immunology/immunohematology 2023 2nd event, the Quidel Ortho urgent product correction notifications for Virto's chemistry product ALKP XT TBIL-ALKP slides, with highly elevated ALKP concentration potentially not generating the substrate depleted LIMIT CODE AND THE QUIDEL ORTHO urgency product correction notification for PROBOSCIS/PISTOS assembly for Virto's 5 , 1 , FS XT 3400/4600 chemistry systems and the Ortho clinical diagnostics response to Brenda asking for reportable ranges or analytical measure range validation on the products.

I spoke with Dr. Monaco who was ER doctor and he indicated he was happy with the Laboratory results along with the personnel. No recommendation at that time.

When speaking with Kevin Kramer, we discussed the same things that were discussed with Walter Dimaricut.


ROBERT JAMES, MD, PhD
CONSULTING PATHOLOGIST

10/19/23
Date

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Rule 7 OTHER STAFF RULES

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Appendix 6O

DIETITIANS

1. Licensure and Certification

An applicant for Dietitian privileges shall:

- (a) Hold a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose and has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional. or;
- (b) meet the requirements if recognized as a "Registered Dietitian" by the Commission on Dietetic Registration.

2. Scope of Practice

Upon referral by a health care provider, a Dietitian is authorized to prescribe dietary treatments, provide nutritional and dietary counseling, conduct nutritional and dietary assessments, develop and recommend nutritional and dietary treatments, including therapeutic diets.



HOSPITALIST

Qualifications:

- Documentation of current certification or active participation in the examination process leading to certification by the ABMS or AOA in emergency medicine, family practice or internal medicine; or
- Successful completion of an ACGME or AOA accredited postgraduate training program in emergency medicine; family practice or internal medicine or ongoing training in one of these programs with documentation of competency from residency director.
- ACLS or ATLS certification
- A current, unrestricted DEA registration (schedules II-V);

Privileges included in the Core

☐ **Requested** - Privileges to admit, evaluate, diagnose, treat, and provide consultation to patients with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems for both Acute Patients and Skilled Nursing Residents. Additional privileges included but are not limited to:

- Paracentesis (**3 procedures will be proctored if not performed within the last two years**)
- Arthrocentesis and joint injections (**3 procedures will be proctored if not performed within the last two years**)
- Drawing of arterial blood (**3 procedures will be proctored if not performed within the last two years**)
- I & D of abscesses
- Management of central venous catheters and arterial lines
- Local anesthetic techniques
- Lumbar puncture (**3 procedures will be proctored if not performed within the last two years**)
- Intubation (**3 procedures will be proctored if not performed within the last two years**)
- Performance of simple skin biopsy (**3 procedures will be proctored if not performed within the last two years**)
- Interpretation of EKGs
- Thoracentesis (**5 procedures will be proctored if not performed within the last two years**)
- Burns, superficial and partial thickness

Applicant: _____

Exclusions: *Though considered core privileges for Hospitalist, the following privileges will be excused for this applicant at their request:*

Non-Core Privileges

☐ **Requested- Moderate Sedation:**

To be eligible for moderate sedation/analgesia privileges, the non-anesthesiologist practitioner ((MD/DO/DDS/DMD) who is to supervise or personally administer medications shall satisfactorily complete training in (1) the safe administration of sedative and analgesic drugs used to establish a level of moderate sedation, and (2) the rescue of patients who exhibit adverse consequences of a deeper than intended level of sedation. This training may be part of a recently completed residency or fellowship training within the past two years or maybe a separate educational program where acknowledge based test can be used to verify the practitioner's understanding of the concepts. The following subject areas should be included:

1. Common procedures in which moderate sedation is appropriate.
2. Age-appropriate use of moderate sedation.
3. The criteria for the proper level of sedation on the sedation continuum and the ability to differentiate between the different levels of sedation.
4. Common medications used in moderate sedation and their effect/side effects.
5. When the need to rescue a patient from deep sedation arises.
6. The proper reversal agents for opioids and benzodiazepines are commonly used in moderate sedation.
7. The factors that influence patient selection for moderate sedation.
8. The proper monitoring of patients undergoing moderate sedation.
9. The sources of guidance of practice regarding moderate sedation

Other Special Request: (Please list any other procedures not addressed above that are requested)

Applicant: _____



Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, and current competence, I am qualified to perform, and that I wish to exercise at Modoc Medical Center, and;

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by the hospital policies, and medical staff bylaws and rules.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in any such situation that my actions are governed by the applicable section of the medical staff bylaws or related documents.
- (c) If requested, I will provide documentation of my performance of cases required for special procedures listed above.

Applicant

Date

Chief of Staff

Date

Chair, Governing Board

Date

Applicant: _____



Physician Assistant Practice Agreement

This Practice Agreement has been developed through collaboration among physician(s) and physician assistant(s) in Modoc Medical Center, an Organized Health Care System (as define in Business & Professional Code (BPC) § 3501(j) and hereinafter referred to as the “Practice”), for the purpose of defining the medical services which each and every physician assistant who executes this Practice Agreement is authorized to perform and to meet the statutory requirement set forth in BPC § 3502.3 & as instructed on this practice agreement.

1. Medical Services Authorized: Pursuant to BPC §3502, the PA is authorized to perform those medical services for which the PA has demonstrated competency through education, training, or experience, under physician supervision as provided in Section 3 of the Practice Agreement. Subject to the foregoing, the PA is further authorized to: (a) perform the medical function set forth in BPC §3502.3 (b); to supervise medical assistants pursuant to BPC § 2069; (c) to provide care and sign forms under the workers’ compensation program pursuant to Labor Code § 3209.10; and (d) any other services or activities authorized under California law.

2. Ordering and Furnishing of Drugs and Devices: In compliance with State and Federal prescribing laws, the PA may order and furnish those drugs and devices, including schedule II through V controlled substances, as indicated by the patient’s condition, the applicable standard of care, and in accordance with the PA’s education, training, experience, and competency, under physician supervision as provided in Section 3 of this Practice Agreement. The furnishing and ordering of schedule II drugs shall be only for those illnesses, injuries, and/or conditions for which the standard of care indicates the use of such schedule II drugs. The PA may dispense drugs and devices as provided for in BPC §4170 and request, sign, and receive drug samples as provided for in BPC §4061. **Standard of care means:** *the level of skill, knowledge, and care in diagnosis and treatment ordinarily possessed and exercised by other reasonably careful and prudent PAs in the same or similar circumstances at the time in question.*

3. Physician Supervision: Any physician and surgeon of the Practice, who meets the definitions of supervising physician in BPC § 3501(e), may provide supervision of a PA in the practice acting under this Practice Agreement. A supervising physician need not be physically present while the PA provides medical services but be available by telephone or other electronic means at the time the PA is providing medical services in the Practice. Supervision means that a physician and surgeon oversees and accepts responsibility for the activities of the PA.

Name: _____

4. Patient Care Policies and Procedure: PA shall consult with , and/or refer the patient to, a supervising physician or other healthcare professional when providing medical services to a patient which exceeds the PA's competency, education, training, or experience.

5. PA Competency and Qualification Evaluation: Through a peer review process based on the standard of care, the Practice shall regularly evaluate the competency of a PA. The Practice may credential and privilege the PA to ensure that the PA has the qualification, training, and experience, to perform the medical services, procedures, and drug and device ordering and furnishing authorized under this Practice Agreement. The Supervising Physician shall periodically review and sign the medical records of all inpatients cared for by Physician Assistants.

6. Review of Practice Agreement: This Practice Agreement shall be reviewed on a regular basis and updated by the Practice when warranted by a change in conditions or circumstances.

FAMILY PRACTICE CORE PRIVILEGES

Qualifications

To be eligible to apply for core privileges in family practice, the applicant must meet the following criteria:

- Current valid licensure by the PA Committee of the Medical Board of the State of California
- National Certification by the NCCPA
- DEA
- Completion of a Controlled Substance Education Course
- BLS certification

☐ **Requested** Evaluation, diagnosis, treatment and management of infants and children, adolescents and adults for most illnesses, disorders and injuries. Core privileges include but are not limited to:

- The care of neonates and infants, including both well-baby and ill newborns.
- Illnesses, disorders and injuries of childhood, such as pneumonia, asthma, gastrointestinal infections, dehydration and urinary tract infections.
- Illnesses, disorders and injuries of adolescence.
- Illnesses, disorders and injuries of the adult, including but not limited to conditions of the heart, kidney, lung, musculoskeletal system, skin, eye and nervous system, and including multi-system diseases such as diabetes mellitus, HIV/AIDS and cancer.
- Women's health, including illnesses, disorders and injuries of the female reproductive, genitourinary systems and Obstetrics.
- Pre- and post-operative evaluation and care.

Name: _____

- Acute and chronic diseases of the elderly, including dementias, as well as functional assessment, physiologic and psychologic aspects of senescence and end-of-life care.
- Psychiatric disorders in children and adults, emotional aspects of non-psychiatric disorders, psychopharmacology, alcoholism and other substance abuse.
- The care for patients of all ages with acute illnesses, disorders and injuries in an emergency care setting.
- Community issues, such as child abuse and neglect, domestic violence, elder abuse and neglect, disease prevention and disaster preparedness.
- Procedures such as suturing lacerations, removal of non-penetrating corneal foreign bodies, simple skin biopsies or excisions, incision and drainage of abscesses, burn care, the management of uncomplicated minor closed fractures and uncomplicated dislocations, and such other procedures that are extensions of the same techniques and skills.

Exclusions: *Though considered core privileges for Family Medicine, the following privileges will be excluded for this applicant at their request:*

Special Procedure Privileges

To be eligible to apply for special non-core privileges, the applicant must have documented training and/or experience and current competence in performing the requested procedure(s) consistent with criteria set forth in medical staff policies governing the exercise of specific privileges. This may be accomplished by providing documentation of acceptable supervised training or successful completion of an approved, recognized course when such exists.

Check if requesting:

<p>_____ Suboxone (Must have X-Waiver) Documentation of a minimum of 5 procedures, or 2 procedures performed within the last two years</p>	<p>Proctor</p>	<p>Grant</p>	<p>Deny</p>	<p>Defer</p>
<p>_____ Trigger Point Injections Documentation of a minimum of 5 procedures, or 2 procedures performed within the last two years</p>	<p>Proctor</p>	<p>Grant</p>	<p>Deny</p>	<p>Defer</p>

Name: _____

_____	Joint injections Documentation of a minimum of 5 procedures, or 2 procedures performed within the last two years	Proctor	Grant	Deny	Defer
_____	IUD Insertion Documentation of a minimum of 5 procedures, or 2 procedures performed within the last two years	Proctor	Grant	Deny	Defer
_____	Nexplanon Documentation of a minimum of 5 procedure, or 2 procedure performed within the last two year	Proctor	Grant	Deny	Defer
_____	Paracentesis Documentation of a minimum of 5 procedures, or 2 procedures performed within the last two years	Proctor	Grant	Deny	Defer
_____	Thoracentesis Documentation of a minimum of 5 procedures, or 2 procedures performed within the last two years	Proctor	Grant	Deny	Defer

Other Special Requests: (Please list any other privileges/procedures not addressed above that are requested)

EMERGENCY MEDICINE PRIVILEGES

Qualifications

To be eligible to apply for privileges in emergency medicine, the applicant must meet the following criteria:

- ACLS or ATLS certification
- Current DEA Registration with schedules 2, 2N, 3, 3N, 4 and 5.
- Review/acknowledge understanding of hospital EMTALA Policy/Procedure manual prior to commencement of Emergency Medicine privileges and upon reapplication.

Description

Physician Assistants practice medicine with supervision by and collaboration with licensed physicians and are involved in the evaluation, care, stabilization, and disposition of patients who present to the Emergency Department as a result of illness and injury.

Name: _____

☐ **Requested** Privileges to perform a medical screening examination, gather essential information about patients to elicit a detailed and accurate history, perform an appropriate physical examination, delineate problems and dictate or record the history & physical in the patient record, perform and/or interpret common laboratory, radiologic, cardiographic and other routine diagnostic procedures used to identify pathophysiologic processes. Manage simple conditions produce by infections or trauma and assist in the management of more complex illness and injury and take initiative in performing evaluative and therapeutic procedures in response to life-threatening situations. Instruct and counsel patients regarding mental and physical health, including but not limited to diet, disease, prevention, treatment and normal development. Facilitate referrals of patients to community health and social service agencies when appropriate. Also, refer and communicate appropriate consultants in regard to patient management. Privileges do not include scheduled elective procedures, with the exception of procedures performed during routine emergency room follow up visits

Core privileges may include:

- Abscess incision and drainage
- Administration and injection of medications
- Anoscopy
- Arterial Puncture and blood gas sampling
- Arthrocentesis
- Cast and splint application
- Dislocation reduction management
- Debridement of burns, abrasion and abscesses
- Fracture reduction
- Foreign body removal: ears, nose, rectum, soft tissue, throat, vaginal
- Immobilization techniques
- Laceration repair – simple, intermediate and complex
- Local anesthesia
- Nasogastric/Orogastric tube placement, lavage and management

_____ Proctor

Grant

Deny

Defer

Special Procedure Privileges

To be eligible to apply for special non-core privileges, the applicant must have documented training and/or experience and current competence in performing the requested procedure(s) consistent with criteria set forth in medical staff policies governing the exercise of specific privileges. This may be accomplished by providing documentation of acceptable supervised training or successful completion of an approved, recognized course when such exists.

Check if requesting:

— ***Advanced Cardiac Life Support including all Procedures (under supervision only)***
(Documentation of a minimum of 5 procedures or 2 procedures performed within the last two years)

Name: _____

	Proctor	Grant	Deny	Defer
— <i>Advanced Pediatric Life Support (under supervision only)</i> (Documentation of a minimum of 5 procedures or 2 procedures performed within the last two years)				
	Proctor	Grant	Deny	Defer
— <i>Advanced Trauma Life Support (under supervision only)</i> (Documentation of a minimum of 5 procedures or 2 procedures performed within the last two years)				
	Proctor	Grant	Deny	Defer
— <i>Central Line Placement (under supervision only)</i> (Documentation of a minimum of 5 procedures or 2 procedures performed within the last two years)				
	Proctor	Grant	Deny	Defer
— <i>Intubation- ET/Nasal (under supervision only)</i> (Documentation of a minimum of 5 procedures or 2 procedures performed within the last two years)				
	Proctor	Grant	Deny	Defer
— <i>Intraosseous needle placement (under supervision only)</i> (Documentation of a minimum of 5 procedures or 2 procedures performed within the last two years)				
	Proctor	Grant	Deny	Defer
— <i>Lumbar Puncture (after consult only)</i> (Documentation of a minimum of 5 procedures or 2 procedures performed within the last two years)				
	Proctor	Grant	Deny	Defer
— <i>Paracentesis (after consult only)</i> (Documentation of a minimum of 5 procedures or 2 procedures performed within the last two years)				
	Proctor	Grant	Deny	Defer
— <i>Procedural Sedation (under supervision only)</i> (Documentation of a minimum of 5 procedures or 2 procedures performed within the last two years)				
	Proctor	Grant	Deny	Defer
— <i>Thoracentesis (under supervision only)</i> (Documentation of a minimum of 5 procedures or 2 procedures performed within the last two years)				
	Proctor	Grant	Deny	Defer
— <i>Thoracostomy tube insertion (under supervision only)</i> (Documentation of a minimum of 5 procedures or 2 procedures performed within the last two years)				
	Proctor	Grant	Deny	Defer
— <i>Venous access, peripheral/cut down (under supervision only)</i> (Documentation of a minimum of 5 procedures or 2 procedures performed within the last two years)				
	Proctor	Grant	Deny	Defer

Name: _____

HOSPITALIST PRIVILEGES

Qualifications

To be eligible to apply for core privileges, the applicant must meet the following criteria:

- Current valid licensure by the PA Committee of the Medical Board of the State of California
- National Certification by the NCCPA
- DEA
- Completion of a Controlled Substance Education Course
- BLS certification

☐ **Requested** -Privileges to admit, evaluate, diagnose, treat, and provide consultation to patients with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems for both Acute Patients and Skilled Nursing Residents.

Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, and current competence, I am qualified to perform, and that I wish to exercise at Modoc Medical Center, and

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by the hospital policies, and medical staff bylaws and rules.
- (c) If requested, I will provide documentation of my performance of cases required for special procedures listed above.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency and in any such situation that my action is governed by the applicable section of the medical staff bylaws or related documents

The physician(s) and PA listed below collaboratively approve this Practice Agreement governing the medical services of the PA in the Practice, on behalf of the Practice, and authorize the physicians on the staff of the Practice to supervise the PA named below effective as of the date signed by the PA. The physician named below authorizing this Practice Agreement may or may not also serve as a supervising physician of a PA. Signing this Practice Agreement does not mean the named physician below is accepting responsibility for the medical services provided by the PA name below, rather any physician of the Practice, including a physician named below, would only accept responsibility for a specific PA if, and only during those time, they are serving as a supervising physician as set for in Section 3 of this Practice Agreement

Physician Assistant

Date: _____

Supervising Physician

Date: _____

Name: _____

Supervising Physician Date: _____

Supervising Physician Date: _____

Supervising Physician Date: _____

Supervising Physician Date: _____

Supervising Physician Date: _____

Supervising Physician Date: _____

Supervising Physician Date: _____

Chief Medical Officer Date: _____

Administrator Date: _____

Chair, Governing Board Date: _____



DIETETICS CLINICAL CORE PRIVILEGES

Qualifications

To be eligible to apply for Dietetic privileges the applicant must meet the following criteria:

- Starting January 01, 2024, must hold a master's degree or higher granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose and has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional. or;
- Meet the requirements if recognized as a "Registered Dietitian" by the Commission on Dietetic Registration.

Privileges

Core privileges in Dietetics include but are not limited to the following:

- Perform nutritional assessments and develop nutritional care plans.
- Provide nutritional monitoring of daily meal percentages, PO intakes, IV therapy, Labs, Weights, and determine meal/feeding assistance needs, as needed.
- Provide guidance to the Dietary Supervisor and dietetic staff.
- Recommend nutritional and dietary treatments, including therapeutic diets.
- Prescribe dietary treatments.
- Order laboratory tests related to medical nutrition therapy services when approved by the referring provider.



Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, and current competence, I am qualified to perform, and that I wish to exercise at Modoc Medical Center, and;

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by the hospital policies, and medical staff bylaws and rules.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in any such situation that my actions are governed by the applicable section of the medical staff bylaws or related documents.
- (c) If requested, I will provide documentation of my performance of cases required for special procedures listed above.

Applicant

Date

Chief of Staff

Date

Chair, Governing Board

Date

ATTACHMENT C

LFHD FINANCIAL STATEMENT September 2023 (unaudited)

WILL BRING TO THE MEETING

ATTACHMENT E

January 2024 Minimum Wage Proposal



January 2024 Minimum Wage Proposal

Over the past couple of months, the administration team has been discussing strategies to implement the statewide minimum wage adjustment in January 2024 and then the healthcare minimum wage adjustment in June 2024. To minimize the financial impact of the minimum wage adjustment coming in January 2024, we would like to adjust our sitter pay scale to start at \$16.00 per hour (the mandated statewide minimum wage effective in 2024) and not adjust any other pay scales that currently exist within our organization. Our sitter classification is the only classification that starts at minimum wage and is the only one that would have to be adjusted up to meet the statewide minimum wage threshold. The annual estimated cost impact of this adjustment is under \$10,000 per year.

With respect to how MMC would transition to the healthcare minimum wage, we currently feel that our best option would be to adjust every pay scale by \$2.00 per hour at step 1 of the scale when we implement that wage adjustment in June 2024. The healthcare minimum wage will be \$2.00 per hour greater than the statewide minimum wage, so essentially our new minimum wage will have to be \$18.00 per hour. By increasing each pay scale by \$2.00 per hour at step 1, we feel we will be able to prevent wage compression from occurring between our existing job classifications and corresponding pay scales. We feel that the current gaps that exist between our pay scales are driven by a number of factors and that it is in our best interest to maintain the gaps that currently exist in pay between those classifications so that we can stay competitive within the labor market and continue to recruit permanent employees into the organization. We are still gathering information from other facilities to find out if they are considering other strategies to ensure we are considering all viable options. We are refining cost calculations so that we can provide a more accurate picture of what the estimated cost impact of this transition plan would be as well. We will provide the Board with those cost calculations and a final recommendation in a future Board meeting as we are able to finalize our data gathering and cost calculations regarding the healthcare minimum wage that will go into effect in June 2024.

In the meantime, we are recommending that the Board approve increasing the pay scale of sitters in our organization by \$0.50 per hour at step 1 effective in January 2024 so that we can comply with the statewide minimum wage increase in the most financially conservative way possible while we determine the best strategy for implementing the healthcare minimum wage in June 2024.

Date: 11/30/2023

ATTACHMENT F

CNA Wage Adjustment



CNA Wage Adjustment

Our Chief Human Resource Officer gathered some market data on what some of our neighboring healthcare facilities were paying CNAs after we learned that we may have been paying under the going market rate for those employees. Based on the information that was gathered, we learned that MMC was paying the lowest wage to start out as a CNA. The nearest facility to us that provided wage information is paying \$21.00 per hour to start and we are currently paying \$18.38 per hour.

Our recommendation to the Board is that we adjust the wage scale for CNAs to start at \$21.00 per hour and to cap at \$31.77 per hour, so that we can remain competitive within the market and so that we can avoid utilization of more expensive registry staff CNAs to meet our staffing ratios. Transitioning our CNAs to this wage scale is estimated to cost us an additional \$190,000 per year in wage expense, but we feel it is money we will spend on registry CNAs if we don't remain competitive within our geographical area. Recruiting permanent CNAs should also facilitate a more stable workforce and ultimately better patient care for our residents and patients.

Date: 11/30/2023