

Request for Information



Section A - Assignment/Certification

Agency Name: Mayers Memorial Hospital District
Physical Address: 43563 State Highway 299 East
Mailing Address: PO Box 459, Fall River Mills CA 96028
Telephone No. 530-336-5511 Fax No. 530-336-6199 E-mail: mmcarthur@mayersmemorial.com
Website: www.mayersmemorial.com

The undersigned DOES HEREBY CERTIFY that the information provided hereunder and in the attachments is, to the fullest extent possible, complete and accurate and submitted in compliance with GCS 56386:

RFI Completed By: (Print Name) Matt Rees
(Title) CEO
(Signature) [Handwritten Signature]
Date: 11/5/13

Section B - Agency Profile and Narrative

- 1. Year Agency Established/Incorporated/Formed: 1969
2. Acreage/Square Miles Within Agency: 1,153 square miles
3. Total Population Within Agency: 10,637 Population Date/Source: 2008/Center for Economic Dev, CSU, Chico
4. Please write and attach a narrative history of the agency, including any knowledge of formation, historic decisions and major changes or reorganizations to the agency.

Section C - Reports, Plans, Maps, Etc.

Indicate which of the following documents is relevant to your agency, and attach a copy or indicate if it can be found on the agency's website:

- Mission Statement
Current Budget, as well as two preceding years
Agendas for the preceding two years
Minutes for the preceding two years
Adopted Policies and Procedures
Recent Newsletters, Bulletins, etc.
Agency Organizational Chart
Rates or fee schedule
Rate Study
Capital Improvement Plan
Development Impact Fee Nexus Study
Master Plan
Public Facilities Plan
Watershed Management Plan
Groundwater Management Plan
Sewer System Management Plan
NPDES Permit/Waste Discharge Requirements
Department of Health Services Water System Annual Report (most recent)
Photos of District facilities
Other: District Area/Service Area Map

**Section D - Infrastructure, Facilities, Services**

- 1. How are infrastructure needs determined? Provide copies of capital improvement/master plans that address infrastructure.

Infrastructure needs are determined by management and board through strategic planning process. In 2010, a GO bond passed in the general election to authorize up to \$14 million in bonds to improve local healthcare and hospital; and to seismically upgrade acute care facility. Construction financing is anticipated to consist of \$39,000,000 in bonds issued directly by Mayers.

- 2. Provide schedules for infrastructure replacements and upgrades; explain how schedules are being met and how will the new or upgraded infrastructure be financed?

See #1. USDA construction loan (\$39 million), capital campaign funds (\$6 million), and Measure D GO bonds (\$14 million) is anticipated to fund the Facility Replacement project consisting of a building area totaling 34,799 gross square feet that will create a modern facility capable of delivering state-of-the-art health care. Much of the current facility does not meet the California mandated seismic safety standards for hospital buildings; thus, it was determined the best solution was to replace the noncompliant buildings with a new hospital structure that is both seismically compliant and designed to accommodate the delivery of health care in the future. Although the total population within Mayers' district boundaries is approximately 10,000, Mayers serves the medical needs of more than 18,000 annually from the NE counties of Shasta, Modoc, and Lassen, serving 8,000 plus square miles.

- 3. List and discuss infrastructure deficiencies; indicate if deficiencies have resulted in permit or other regulatory violations; explain how deficiencies will be addressed.

The hospital facility was initially constructed in 1954 with subsequent additions over the years. Much of the current facility does not meet current state-mandated seismic safety requirements. The building layout is outdated and inefficient, and many departments do not meet the minimum state requirements for hospitals under the current code. In addition, the mechanical and electrical systems are running on maximum capacity. Resolution is address in #2.

- 4. Describe capital facilities that are underutilized; explain how underutilized facilities could be shared with other agencies.

There are no other agencies to share services with unless patients seek services beyond the district boundaries and/or service area. In fact, the physicians in the market area are overutilized and we need more physicians that would produce more utilization of hospital and its services.

- 5. How are service needs forecast?

Service needs are forecasted through strategic planning and budget processes; and community assessment surveys.

- 6. How are growth/population projections integrated with plans for future services?

The population projections are expected to change very little, declining to 10,587 residents by 2020. Plans for future services are carefully evaluated by hospital management, medical staff, and board based on the community needs and ROI.

- 7. Provide maps of service areas/zones for services that are provided less than agency wide.

None - N/A. See: District Area/Service Area map.

- 8. Describe any variance or inequity in levels of services provided to customers. Explain why unequal services levels are present.

N/A

- 9. Identify areas within agency boundary that could be more efficiently served by another agency.

N/A - There are no other agencies to provide hospital care and services. Residents who do travel for other services, most go to Redding (approx 75 miles away).

- 10. Identify areas outside agency boundary that could be efficiently served by your agency.

Big Valley area residents and areas down to the SW in Shasta County could be efficiently served. See proposed annexation map and annexation application currently on file with Shasta LAFCO.

- 11. Describe proposed or pending development that would require agency services; include a list of anticipated jurisdictional boundary changes (i.e., annexations) necessary to extend services to proposed or pending development; provide maps showing location of development.  
Detail is described within annexation application currently on file with Shasta LAFCO, including proposed boundary map. The District currently provides emergency services to all patients, regardless of their ability to pay. However, the District only accepts requests for Medi-Cal inpatients and outpatients for elective services from residents who live within the District boundaries due to low reimbursement from state and federal government.
- 12. Describe and attach joint powers agreements or other arrangements for sharing facilities, infrastructure, or services with other agencies.  
N/A
- 13. Provide the parcel numbers of properties receiving agency services *which are outside the agency jurisdictional boundary*; provide a map showing parcel-to-agency boundary relationship; list type of service provided, date commenced, and when annexation is expected.  
Parcel numbers are not available until counties negotiate a tax exchange and/or the annexation process moves forward. Annexation was expected in December of 2012. The District is awaiting Shasta LAFCO's response to the application once management and re-organization has been established, and back in full operation before proceeding in the annexation process.
- 14. Explain agency policies and procedures that establish priorities for directing services to infill areas.  
N/A
- 15. Describe provisions for providing services in emergency situations (i.e., storage capacity, number of days that services can be provided, etc.)  
The HICS (hospital incident command system) coordinated by EMSA has been implemented at Mayers. The HICS methodology is used for planning, responses and recovery capabilities for planned and unplanned events. Emergency water is accessible and a disaster trailer, funded by Homeland Security, stores medical supplies in the event of a disaster. A back-up generator is tested weekly and can provide power within 10 seconds if necessary.

**Section E – Administration, Management, Operations**

- 1. List number of employees of agency and/or department providing each infrastructure service by category (i.e., executive, management, professional, operational, etc.).  
260 FTEs; and the individual department provides each infrastructure service by category that is led by the executive staff and management.
- 2. Describe internal staff and/or operational reorganizations within the past three years; list job titles or positions which have been eliminated or created.  
Chief Nursing Officer - combined position (CNO-SNF was eliminated and combined with CNO position)  
Director of Support Services - Added.  
Compliance Officer - Added.
- 3. List number of annual terminations, resignations, and retirements that have occurred in the preceding three years.  
Terms: 29  
Resignations: 85  
Retirements: 2
- 4. Describe positions that have remained vacant during the past three years.  
None.
- 5. Describe agency policies, rules, and procedures that regulate communications between elected officials and employees.  
Policies comply with all applicable provisions of federal and state law and other rules and regulations of any and all governmental authorities and accrediting agencies relating to hospital and its services. Specific regulations include: Title 22(State of California); CMS Dept. of Health and Human Services, State Operations Manual (federal); the Local Health Care District Law, and the AG's Brown Act Law.

- 6. Describe administrative/management/operational functions that are provided to the agency by private organizations or other public agencies; explain management efficiencies and/or cost avoidance opportunities gained by these arrangements.  
 EmCare (emergency department services agreement)  
 Transfer Agreements with Mercy, UC Davis Medical Center, PHI, Reach Air Ambulance, UC Davis Neonatal Transport  
 Nor-Cal Emergency Medical Service Agency & Sierra-Sacramento Valley Emergency Medical Services Agency
- 7. Describe cooperative arrangements with other agencies that produce administrative, management, and/or operational efficiencies.  
 Shasta Pathology Associates  
 Rural Wisconsin Health Cooperative  
 Resolutions (business office, training, consulting, etc.) Plus many others....
- 8. Describe policies for employee and contractor performance incentives.  
 CEO performance incentives only (included in CEO contract)  
 Construction Management Contractor (Rudolph & Sletten)
- 9. Explain policies and procedures for competitive bidding and sole source procurement. Describe sole-source services provided during the past three years.  
 The board of directors approves the annual operating budget; any capital expenditures over \$25K that are not included in the budget must be approved by the board of directors. The board must comply with Local Health Care District Law bidding practices and Brown Act bidding process.
- 10. What awards or recognitions has the agency or service-providing department received in the past three years? Explain why awarded.  
 Record Searchlight's Healthcare Heroes Awards to Peggy Hansen, Volunteer; Pat Baremore, Hospice; Dr. Tom Watson, Rural Medicine.  
 Hospital Council & Patient Safety First - Super Zero Hero Award 2012

**Section F - Fiscal**

*Respond to the following in the context of the services listed under Section C.*

- 1. Describe all revenue sources (i.e., property taxes, special taxes, service charges, fees, assessments, grants, etc.) to provide and finance infrastructure services.  
 District receives property taxes, special tax assessment for Measure D (GO Bond Measure), hospital services charges, and grants. Additionally, the hospital receives reimbursement from state and federal programs (Medi-Cal and Medicare) due to its rural Critical Access Hospital designation. Other financing opportunities listed previously in this document (capital campaign, USDA loan financing program for new facility, etc.).
- 2. Explain agency constraints to generate revenues to finance infrastructure services.  
 There is lack of physicians serving the needs of the District residents and is a constraint in generating revenues.  
 The USDA loan application has been submitted and accepted at their state division; it is currently being reviewed at the USDAs national office with approval pending as of today's date.
- 3. Describe policies and procedures for limiting expenditures; note which policies and procedures require board/council approval before implementation.  
 Expenditures are limited to those included in the current budget. Capital expenditures outside the budget that are more than \$25K requires board approval before acquisition.
- 4. Explain the agency's bond rating; discuss basis for rating.  
 BBB- Rating  
 Basis was determined by the economic strength of the District and the hospital's financial position at time of rating.
- 5. Describe policies and procedures for investment practices.  
 N/A - The Mayers' Intermountain Healthcare Foundation, a 501(c)(3) non-profit organization, has approved investment policies.

- 6. Describe policies and procedures for establishing and maintaining reserves/retained earnings. What is the dollar limit of reserves/retained earnings? What is the ratio of undesignated contingency and emergency reserves to annual gross revenue?

N/A

- 7. Explain any variances in rates, fees, taxes, etc. which are charged to agency customers.  
 Variances in taxes are based on property values assessed by County. Mayers sees all patients regardless of their ability to pay. A Discount Payment Policy applies to all uninsured or underinsured patients who meet the guidelines. A sliding fee schedule based on the annual HHS Poverty Guidelines is used to determine the qualifying income levels of applicants. Guidelines are subject to change yearly based on the HHS Poverty Guidelines.

- 8. Explain policies and procedures for fee rebates, tax credits, or other relief given to agency customers. Provide details of any rebates, etc. issued during the past three years.  
 Charity Care Policy applies to patients who cannot otherwise afford health care with non-coverage of service on the date performed who meet the guidelines of this policy and who agree to its terms. A graduated schedule based on the annual HHS Poverty Guidelines, as well as assessment of the patient's monetary assets will be used to determine the qualifying income and asset levels of applicants.

- 9. Discuss increases or decreases in rates, fees, taxes, or other charges that have been implemented during the past three years.  
 Charge master review and rates are adjusted annually based on the outcomes of review.

- 10. Discuss opportunities for rate restructuring.  
 Adjusted at least annually due to cost increases, inflation and utilization.

- 11. Describe other policies and practices for depreciations and replacement of infrastructure.  
 A capital expenditure plan is approved annually by the board of directors for replacement of equipment and infrastructure.

**Section G - Governance**

- 1. Explain the composition of agency's governing body; if a district, indicate if elections or appointments are at-large or by defined sector of the district.  
 A 5-member board is maintained through the general election process that represents the district residents. 4-year terms.  
 No appointments for current board; all elected directors.

- 2. Provide an *eight-year* history of agency election and appointment results. Has the agency had difficulty in establishing a slate of candidates for election?  
 2013-No activity; 2012-three members were elected; 2011-vacancy/appointment, and then elected in 2012; 2010-vacancy/appointment, and then elected in 2012; 2009-No activity; 2008-No activity; 2007-vacancy/appointment, and then elected. The district has never had difficulty in establishing a slate of candidates for election.

- 3. Explain compensation and benefits provided to the governing body (Board).  
 No stipend is provided to board members; however, the legislative body is offered the same health benefits provided to its employees.

- 4. How frequently does the governing body meet? How many agency meetings have been cancelled in the last three years?  
 Board meets monthly for regular meetings with additional special meetings as necessary. There are three standing board committees; finance, strategic planning, and quality that meet monthly as well. No regular board meetings have been cancelled the last three years.

- 5. Describe rules, procedures, and programs for public notification of agency operations, meetings, programs, etc. How is public participation encouraged? Are meetings accessible to the public, i.e. evening meetings, adequate meeting space, etc.?

The district is governed by the Ralph M. Brown Act. Meetings are public meetings and posted on the website, and at Burney and Fall River Mills public facilities. There is a line item on every meeting agenda for the public to address the board or make comments pursuant to State law and Board policy. All board committee meetings include the line item on the agendas for public comment as well. Residents are encouraged to participate on some board committees.

- 6. Have there been violations or investigations within the past three years relative to the Ralph M. Brown Act and/or the Political Reform Act? Describe any grand jury or law enforcement investigations and the outcome.

Mayers has had no violations of the Ralph M Brown Act and/or the Political Reform Act.

Section H - Sphere of Influence Review

- 1. Provide a narrative description of anticipated alterations in the district's current sphere of influence that should be considered in this review. This should include any potential development that would require a sphere of influence amendment for implementation, etc.

See Mayers Memorial Hospital District's annexation application that is on file with Shasta LAFCO.

- 2. Provide a response to the four factors outlined in Government Code Section 56425 required for a sphere of influence review outlined as follows:

a) The present and planned land uses in the area, including agricultural and open-space lands.

The land uses in the area remain the same consisting of timber, unclassified public, and agriculture.

b) The present and probable need for public facilities and services in the area.

The replacement facility planned for construction in 2014 is necessary to house the acute care services and ancillary departments to meet the California mandated seismic safety standards for hospital buildings by 2020. Currently, less than 10,000 residents support the the district through property taxes but 18,000-20,000 residents reside in the district's sphere of influence and utilize its services.

c) The present capacity of public facilities and adequacy of public services that the district provides or is authorized to provide.

The capacity and services are adequate and the annexation will be of no impact in that regard because the District already provides a hospital and its services to those residents that should be included in the district boundaries.

d) The existence of any social or economic communities of interest in the area.

N/A

**Mayers Memorial Hospital District**

*~ Always Caring ... Always Here ~*

**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.

**Vision Statement**

The vision of Mayers Memorial Hospital District is to become the provider of first choice for our community by being a leader in rural healthcare.

**Values**

Teamwork ~ Leadership ~ Commitment ~ Quality ~ Responsibility ~ Safety

MAYERS MEMORIAL HOSPITAL DISTRICT  
BOARD OF DIRECTORS

**RESOLUTION 2013-2**

WHEREAS, the Governing Board of Directors is responsible for the preparation and adoption of a final budget, which provides a financial plan, including estimated revenues, expenditures and reserves, for operation during the fiscal year July 1 through June 30.

WHEREAS, the budget submitted is required by law to be a balanced operating budget for year July 1, 2013 through June 30, 2014; Total Patient Revenue \$33,948,400 with a bottom line of \$476,968.

NOW, THEREFORE, the undersigned certifies and attests that the above resolution was approved at a regular meeting of the Board of Directors, Burney, California, the 28th day of August, 2013.

PASSED AND ADOPTED on August 28, 2013, by the following vote:

AYES: 4 - Albaugh, Kerns, Whitney, Brubaker

NOES: 0

ABSENT: 1 - Hathaway

ABSTAIN: 0

8-28-13

Date

8/28/13

Date

  
\_\_\_\_\_  
Allen Albaugh, President  
Board of Directors  
Mayers Memorial Hospital District

  
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Michael D. Kerns, Secretary  
Board of Directors  
Mayers Memorial Hospital District