



Mason Health

Mason General Hospital • Mason Clinic

To: Board of Hospital Commissioners
From: Eric Moll
Date: September 28, 2021
Subject: Consent Agenda

Consent agenda for Tuesday, September 28, 2021

Approval of the Bills:

General Fund	2222209 -2222519, 0242398 – 0242418	\$4,134,413.55
Employee Medical	20019 – 20021	\$ 636,626.52

Miscellaneous

PHD 1 & 2 Joint Meeting:

On Sept. 16th, I met with the Superintendent for PHD 2 and two commissioners. This was a long-standing meeting where Scott Hilburn would represent PHD 1. We shared about how respective impacts of the Delta COVID surge. We also discussed our support for the revitalized Mason Matters, and the long-term opportunities presented by a Blue Zones approach.

Performance Excellence Northwest:

On Sept. 16th, we received an award from PENW called “Pathways to Excellence” at their annual conference. This recognition was for completing the Baldrige Lite Application earlier this summer. Kudos to Melissa Strong and Pam Schlauderaff for leading this effort!

CNO

We currently have the following positions open: Nightshift Resource Nurse- 1.5 FTE’s with interviews scheduled this week; BC-0.6 CNA, RN 0.9 nights; ICU- 1.5FTE Monitor Tech/CNA (0.6 evening/0.9dayshift); 0.6FTE House Supervisor Nights; ED- 0.6 nightshift RN; MSP- 0.6FTE RN dayshift. We are actively interviewing foreign nurses and have selected two BC trained RN’s thus far- depending on border openings, etc. ETA is end of 2022. Renee Byrd, long time MH ED RN has been orienting to her new role as ED manager. She is spearheading, along with Kristyn, the Nexus transitional care project by creating scripting for Nexus staff.

Work continues on creating an extended model for HSA students. Development of competencies, tuition funding model, extended clinical learning models, and nurse: student partnership is occurring over the next several months.

Census within the hospital seems to be stabilizing a bit, ADC has been <20 on MSP and <6 in ICU this week. We continue to reassess inpatient elective surgeries weekly with Lori, Dr. Pelczar, Dean, and myself meeting every Wednesday. We have been successfully able to accommodate outpatient electives for the past two weeks without increasing burden on the inpatient units.

Nursing morale continues to be stable. Managers and directors have been filling staffing holes and I believe this has contributed to the stable morale. I have been checking daily and calling to speak directly to charge nurses on the weekends, offering to come in if needed.

Covid cases seem to be dropping slightly this week across the region. Capacity is beginning to open up allowing for our more critical patients to be transferred. We have had two incidences of likely facility acquired Covid involving a total of 4 staff on two separate occasions. These incidences occurred in break rooms and/or private offices. We continue to promote masking.

COO

We did finally receive the script and prompts for the new design of the Mason Clinic phone system from the Consultant. The Schedulers, Indirect Care Medical Assistants and Medication Management personnel promptly began testing it. At first glance it appeared most items were working as planned with only a few adjustments being necessary. This should go live within the next couple of weeks, and we will follow new complaints for quick adjustment. Following this, we had a conversation with the Consultant on changing the external dialing access code from 9-1 to 8-1, to eliminate 911 calls in error to emergency services. There is some behind the scenes work that needs to be done regarding call patterns and automatic outgoing calls that need to be changed to the 8-1 before we can institute this. Once this change is made, in an actual emergency, the caller may dial 9-1-1, without using the 8 first. I am to check back with the Consultant the week of October 4, and anticipate this change occurring later in October, with ample notice going out to the staff before the change is instituted.