

**Quality Committee Meeting**

**Wednesday, December 13, 2017 (12:00 p.m.)**

*Boardroom – Fall River Mills*

<b>Meeting called by:</b>	Vasquez	<b>Type of meeting:</b>	BOD Committee
		<b>Board Clerk:</b>	Valerie Lakey
<b>Attendees:</b>	Beatriz Vasquez, PhD, Committee Chair, Board Member Laura Beyer, Board Member Louis Ward, CEO	Tom Watson, MD, Chief of Staff Sherry Wilson, CNO, Quality Designee Jack Hathaway, Director of Quality	
<b>Please bring:</b>	Agenda & Attachments		

**----- Agenda Topics -----**

Meeting Called to Order		Vasquez	
Requests from audience to speak to issues/agenda items		Vasquez	
Approval of Minutes – November 8, 2017 (Attachment)	<b>A</b>	Vasquez	Action
Departmental Reports: (Physical Therapy, Surgery, SNF/Acute Social Services, HIM, Patient Access, Hospice) <ul style="list-style-type: none"> <li>Report on quality data</li> <li>Report on quality issues and/or quality projects</li> </ul>		Schneider Warnock Burks May Lakey Ranquist	Report
Quarterly Reports: <ul style="list-style-type: none"> <li>Compliance</li> </ul>		Hathaway	Reports
Standing Reports: Monthly: <ul style="list-style-type: none"> <li>SNF Events/Survey</li> <li>Quality – Performance Improvement</li> <li>Infection Control</li> <li>PRIME</li> <li>Administrative Report</li> </ul>		Wilson Hathaway Jacobson Hathaway Ward	Report Report Report Report Report
<b>New Business</b>		Vasquez	Discussion
<b>Announcements, Other, Future Agenda Items</b>		Vasquez	Discussion
Closed Session Announcement, Government Code 54962, Medical Staff: <ul style="list-style-type: none"> <li>Chief of Staff Report (Health &amp; Safety Code §32155)</li> </ul>		Watson Wilson Overton	Reports/Action
Reconvened to Open Session – Report Action(s)		Vasquez	
Announcements: Next meeting: Wednesday, January 10, 2018 – Fall River			
Adjournment		Vasquez	

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<b>DRAFT Attachment A</b>
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QC Attendance

Beatriz Vasquez, PhD, Board Chair  
 Laura Dolman-Beyer, BOD Committee  
 Jack Hathaway  
 Louis Ward  
 Theresa Overton

Other Staff Present

Jessica Stadem  
 Michelle Peterson  
 Pam Sweet  
 Libby Mee  
 Krissy Eades  
 Keith Earnest

Absent

Sherry Wilson  
 Dr. Tom Watson

*(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.)*

SUBJECT	DISCUSSION	
CALL TO ORDER	The meeting was called to order at 12:01 pm by Vasquez in Fall River Mills	
Public Request to Speak	None	
Opening Remarks	Introduced Susan Knoch from MVHC as a visitor.	
Minutes	Minutes from the October 11, 2017 Quality Committee meeting were approved. <b>M/S/C (Ward, Beyer) All Approved</b>	<b>Approved</b>
Department Reports	<p><b>Pharmacy</b> – Presented PowerPoint. Quarterly tests were all negative, Media Challenge and Glove Tip test repeated after pharmacy inspector requested; 10/19 annual inspection (license up 10/31), worked with pharmacy consultant for POC; needed 9 policies updated, logs &amp; forms need to be attached; staff training issues have been corrected; will have label printer in ER by Dec. 1 (compliant labels) so no more hand written labels; remote stock (goes through inventory machine process), nurse supervisor can't access pharmacy after hours; received new license, will contact other facilities that have after hours pharmacies for discussion; no citations, no fines.</p> <p><b>Outpatient</b> – Handout provided; looking at how to get more patient satisfaction surveys and will change some of the questions; meet with billing weekly to capture missed charges, process is working well; patients seen in ER as outpatients charge capture process getting better, working with ER lead; working with IT on electronic record keeping project, still paper charting for wound care; transporting crash cart to Burney is difficult without van, if there was a second cart in Burney, would have to do daily check and that would be difficult for meds; could it live in Burney and only on days of wound care take</p>	<b>Reports</b>

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meds? Need to arrange a plan with pharmacy, will report update at next meeting; passed notes to Shelley Lee in SNF regarding following wound care orders properly, will do training for staff; Dec. 11<sup>th</sup> lunch and learn with Dr. Zittle.

**ER** – Provided handout; working closely with other departments to build rapport and work on issues; SEMSA will provide education coordinator in Adin and our ER staff are welcome to attend trainings; Kelly Schneider is making the calls after ER discharge for patient surveys, will look at changing the schedule of calls to capture more patients sooner; it is possible to add questions to survey (e.g. have they made appointment with PCP).

**Med-Surg/Swing** – 2.06 avg. daily census, 3.27 avg. swing census, 13.36 length of stay; high swing bed census because patients needed LTC placement; need extra staffing for high census (over 10 patients), have called NPH; working on getting info out to families regarding getting patients into care before they end up in hospital and it becomes an urgent matter, work with MVHC (advance directive, apply for Medi-Cal); Colene Hickman can offer financial planning classes, can take referrals; approx. 10-12 FT nurses, sharing nurses across departments, easier to get traveler for Acute than other departments; providing good mentorships and training to new nurses; offering many training opportunities, working on communication issues; trouble with communication to housekeeping regarding special infectious room requirements, working with Sherry Rodriguez and writing details on communication board; streamlining process with crash carts, education to staff about requirements on checklist; barcoding is an ongoing issue; working on AIDET (acknowledge, introduce, duration, education, thank you) program, looking for conference to send staff or have trainer come here; online education competency program via HealthStream.

**Med Staff** – 2,016 policies in total, surveyor was surprised at that number, management needs to decide whether to keep or retire; 500 past due; 368 in step 2 or beyond; ex. only 14 policies required for SNF by state, need to use that as a starting point; need to replace instead of add, need a project manager to map out policies required for each department; 41 practitioners, 100s in McKesson, surveyor says need to run OIG report on each physician each month, other hospitals have figured out how to do a spreadsheet to save time; need to do on all staff, there are companies that run these reports for you; 3 active Drs.

**Personnel** – Provided handout; big project: new hire and reorientation process, looking at making it electronic, Trakstar competency; new manager orientation

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	and regular trainings for other management staff; working with Jack Hathaway on tracking items for new hires, adding verbiage to job descriptions; \$2500 from BETA risk management resource fund, hasn't been used in past.	
Quarterly Reports	<p><b>Worker's Compensation</b> – Provided handout; numbers reduced from Q1 &amp; Q2; \$2200 to use for employee safety program from BETA; will look at annual trends during next report.</p> <p><b>Report Stats:</b> Patient Safety First, CMS Core Measures – 1 report since tracking started, 3 reports specific to cars being broken into, not physical employee contact; expand vision of employee/patient safety definitions to increase reports; receiving money from QIP for reports; still working on getting reports on info we send in, still not acquiring numbers to be used for CMS score.</p>	Reports
Standing Reports	<p><b>SNF Events/Survey</b> – Discuss in Admin report.</p> <p><b>Quality – Performance Improvement</b> – Build new program specific to us, easier than restructuring current program, QIP integrated into PCC, will bring info once info starts coming in.</p> <p><b>Infection Control</b> – No report.</p> <p><b>PRIME</b> – Conference next week (Nov. 14 &amp; 15) in Sacramento, working on plan modification ties into your:life, obesity related, waiting on approval but will start meetings Nov. 9 (timeline, objectives).</p> <p><b>Administrative Report</b> – Will know compliance plan roadmap once we receive report, high priority items but have time to put into place; Cheri Benander, mock surveyor, will be working on SNF intake process; 14.0 Paragon upgrade go live Dec. 5; biggest jump we've made (from 12), Drs will be highly affected; will discuss changes/upgrades at Med Staff, will figure out date for training Drs.; 299 Collab. Meeting, shared TOC strategies to best treatment/follow up with patients, working on best legal way to share info between us &amp; clinic; SNF POC submitted last week, \$1000 per day fine is being applied until they return and see that POC is being followed; purchased new ultrasound machine from Siemens, will receive loaner device until our unit comes in; reports project for all new programs (PCC, Trakstar, etc.) print all reports, see which are most useful, train management and staff on what is available.</p>	Reports
New Business	<p><b>Policies for Approval:</b> M/S/C (Hathaway, Beyer) <i>All Approved with changes noted</i></p> <p>Board Member Vacancy (Appointment) Process Board of Directors' Job Description - Responsibilities - Duties Physician Orders (policy) - Verbal and or Telephone Public Interface</p>	

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	<p>Restraint Log MMH578  Restraints or Seclusion (Physical Restraints), Use of  Succession Plan BOD-Approved 12.22.2009 – Send back, to be reformatted  into a P&amp;P or add to other P&amp;P  Unit Cleaning  Unusual Events</p>	
Announcements, Other, Future Agenda Items	<p>Attended Hospital Quality Institute (Theresa Overton, Marinda May, Beatriz Vasquez); website has some of the presentations available online; a lot of great points and observations were made, information &amp; techniques; will be receiving info on safety coach program, info on Telluride Patient Safety; will send thank you for scholarships for registrations.</p>	<b>Discussion</b>
Closed Session	<p><b>Closed Session Announcement, Government Code 54962, Medical Staff:</b></p> <ul style="list-style-type: none"> <li>• Chief of Staff Report (Health &amp; Safety Code §32155)</li> </ul> <p><b>AHP APPOINTMENT</b>  Gabe Garton, CRNA</p> <p><b>MEDICAL STAFF APPOINTMENT</b>  Tawana Nix, DO</p> <p><b>MEDICAL STAFF REAPPOINTMENT</b>  Lloyd Pena, MD  Mark Goodwin, MD</p> <p><b>STAFF STATUS CHANGE</b>  Jessica Miller, PA-C move to Inactive</p>	
Reconvened to Open Session	<p><b>Report Action(s):</b>  Hathaway/Beyer approve to take to full board.  Additional information will be brought to full board.</p>	<b>Report</b>
Announcements	Next meeting December 13, 2017 in Fall River Mills	
Adjournment	Meeting adjourned 2:26 pm	

Minutes By: Jessica Stadem

**Board Quality Report**  
**November 2017**

**Last report conducted May 2017:**

- Mock survey items have all been addressed and are in place.
- Patient satisfaction surveys are made available to Outpatients at the time of discharge.
- Cost-capture collaborative effort between Outpatient and Billing continues to prove to be valuable by capturing missed charges. The amount of charges is decreasing which means we are doing a better job at capturing charges.

**Patient satisfaction surveys have been made available to Outpatients**

**Challenge:** Survey results: 15 surveys have been conducted in the last 6 months. Reoccurring Outpatients only discharge after 6 months of inactivity on their account. This has posed to be a problem with some of our survey calls after such a long time after discharge.

**Solution/Progress:** OPM has asked IT to shorten this time period to 3 months. We expect to capture patients sooner for a response.

**The cost-capture collaborative effort between Outpatient and Billing,**

**Challenge:** continues to prove to be valuable in capturing missing charges which in turn relates directly to the quality of a clean bill and/or lost revenue. From Sept 17 through Oct 17 approx 6 weeks, \$2,000 dollars in revenue had been identified and recouped at that time. This however, does not include medication charges. Medication administration training/ order input by RN training, ED training of Med Admin will happen ongoing to prevent missed medication charges on OPM part.

**Solution/Progress:** This process continues to prove to be a valuable quality issue to capture a clean bill and missed charges.

**Outpatients that are seen in the ED as OPM.**

**Challenge:** Without the proper insurance authorizations, services can and have been denied. This is revenue loss issue and becomes a quality issue when patients are unaware that they may be responsible for the bill they thought their insurance would cover. I will report that with the new lead Krissy Eades and the continuity of care with Alexis Williams, this issue has gotten much better. Krissy Eades is aware of the issue and is willing to work together to fix this so patients get billed properly and that ER nurses are charting/charging properly. Alexis Williams works in both the ER and OPM which has proven to be helpful because she is onsite to answer questions for OPM charting or is often working when our patients come in to the ER as an OPM.

**Solution/Progress:** OPM to continue to educate ER on OPM charting to not miss charges on weekends or after hours.

**Next project is a collaborative effort of Administration/IT and Outpatient regarding a custom build of our current EMR system to meet the needs in OPM charting.**

**Challenge:** This is by far OPM number one quality issue that needs to be addressed. We are still paper charting on wound care days with Dr Zittel, which leads to errors, wasted time spent paper charting and faxing, scanning. Administration has allocated monies to the project of a custom build for OPM. IT has a contractor from McKesson helping on the custom build. We are currently working with screen shots in the test environment. We will then have a meeting with Dr Zittel to finalize what his needs are for H&P, order sets etc.

**Solution/Progress:** Is slower than I expected. We are working toward expediting this project.

**Transporting of equipment back and forth to Burney for woundcare clinic.**

**Challenge:** We continue to transport items back and forth to Burney for the wound care clinic. Items such as a crash cart are very expensive to

replace if broken in transport. We now only have maintenance trucks and not a van which leaves more room for damage from the elements.

**Progress/Solution:** Purchase a crash cart for LTC Burney, new VS machines, and make the treatment room nicer.

**Long Term care staff in FR not following wound care orders.**

**Challenge:** OPM has seen a rise in non compliance of FR St 2 staff following wound care orders in LTC. Stage 3 pressure injuries are reportable and can lead to large fines.

**Solution/Progress:** QRR's have been written, the quality director has addressed LTC staff. At this time, we have not seen a significant change.

**Next Steps re: Quality:**

- Gain more data through satisfaction surveys **(in-progress)**
- Continue cost-capture collaborative and find ways to improve quality of clean bills, medication administration training, and RN order input training, Pharmacy medications all entered in system **(in-progress)**
- Continue education for policy and procedures and charting of patients seen as an OP in the ED **(in-progress)**
- Work with IT with the support of Administration on the custom build of OPM EMR **(in-progress)**
- Continue efforts to promote OPM with the help of Marketing for physicians to receive privileges at MMHD OP. Include Hill Country Community Clinic in our efforts. Have Dr Zittel conduct an in-service and meet physicians and staff at MVHC **(in-progress)**



# ER Quality Report

## November 2017

Since assuming the role of ER Lead Supervisor in August of this year, it has been my goal to strengthen relationships with various departments throughout the facility by building rapport and improving processes to increase the quality of care delivered in the Emergency Department. This process has consisted of arranging several meetings with other department representatives to engage in discussion and address issues. I have been very pleased with the outcomes so far.

One of the first insufficiencies I assisted with resolving in my new position was to address charges that were identified by billing and coding as frequently being missed in the ER. Blood pressure cuffs were one of the items noted to be getting overlooked, resulting in a missed charge. We were able to identify why this seemed to be occurring so often and changed the process for charging blood pressure cuffs. This has almost entirely resolved having a missed charge for the blood pressure cuff. We also implemented a nursing audit sheet on each patient chart for closer chart review to ensure charges generated from nursing documentation are captured more consistently. This has also been very effective in preventing missed charges.

With the help of other nursing staff and input from the Director of Quality, we made adjustments to the crash cart inventory check list to ensure we are upholding a standardized process in preparation for a revisit from the State surveyors. The cooperation of staff from every department with a crash cart has made this implementation process possible. We will continue to seek additional ways to improve the standardization of supplies and restocking of crash carts in the future.

Now that the Mayers ambulance crew is staffed by SEMSA, one of the major challenges we have been working to overcome is ensuring we have adequate staff cross-trained and hired to cover the ER shifts. We have cross-trained four nurses from Acute Care who serve as the Resource RN and second nurse in the ER during the daytime. We have hired a full-time LVN, a full-time ER tech, and have 2 casual ER techs that work with the Nursing Supervisor to cover the night shift. This has provided ample coverage for our department for the time being.

Another goal I have is to increase education opportunities for emergency department staff members. Two RN's from the ER were able to attend a Pediatric Continuing Education course, and two RN's were sent for certification in the Trauma Nurse Core Course (TNCC) in Redding in early October. I have plans to send all of our Resource nurses for a ride along on the Burney ambulance and to shadow for a shift in the ER at Shasta Regional Medical Center for additional experience within the next 6 months.

I have been meeting every two weeks with management staff from SEMSA to build relationship and work on optimizing our partnership. This has proven to be very helpful in keeping the lines of communication open and provided opportunity to make adjustments to our workflow when needed. We have been able to improve the effectiveness of our teamwork and determined ways to more appropriately use the resources they have to offer. SEMSA also offers various educational opportunities that the ER staff are welcome to attend.

# **ER Quality Report**

## **November 2017**

I am working with our Telemedicine Coordinator, Amanda Harris, to get a Pediatric Telemedicine cart back in use in the ER. I attended a Pediatric Telemedicine Conference at UC Davis in late October and received additional training that will be helpful in getting the program re-instated. We have also applied to participate in a Pediatric Readiness Quality Collaborative that will start in January 2018. If we are selected as an affiliate site, we will work closely with UC Davis for the next 2 year to increase pediatric training opportunities for our staff members and improve quality measures for the pediatric patients we serve.

I'm closely monitoring the responses we receive on the Qualitick surveys completed by patients seen in the ER and have strategized with Jack Hathaway about how to utilize this feedback in meaningful ways. I have been reporting relevant comments to my team at staff meetings in hopes to reinforce positive behavior and give example of where there is room for improvement. I think it will continue to be a useful tool as I learn more about the Qualitick program capabilities.

Along with several other Mayers team members, I participated in the Transition of Care workshop hosted by the 299 Collaborative in late October. This was a very informative and productive meeting where a lot of brainstorming was started between representatives of Mayers and Mountain Valley Health Centers in regards to improving the continuity of care for mutual patients between the facilities. We held a follow-up meeting earlier this week to continue the discussion and are taking steps to implement some of the ideas generated. I'm especially interested in the potential this has to positively impact patients seen in the ER by providing better follow-up after discharge.

One last project I will mention related to quality is the new process we have implemented to review culture results on lab orders generated in the ER. We have a new form we are using in the ER that we initiate when a culture order is obtained during the patient visit. The lab is now bringing the culture results to us when they are complete so our nurses can review the report and compare it to the treatment rendered. If the treatment was appropriate based on the results, no action is needed and the report is being passed along to the infection control nurse for review and reporting purposes. If an adjustment to treatment is indicated, the ER doctor on duty is notified, so a new order can be obtained and the patient notified. This process has potential to prevent unnecessary return visits to the ER and is a standard of care in many other emergency departments.

I apologize for the lengthy report. With it being the first report I have presented, I wanted to be thorough in my update about the current happenings in the department. I welcome any feedback or suggestions you may have for me. Please let me know if you have questions or if there is additional information you would like to hear about in the future. Thank you for your time.

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**Work Comp Quarterly Report**  
**Presented by Libby Mee – Director of Human Resources**

Work Related Injuries

3rd Quarter 2017

3 First Aide injuries resulting in 0 days away from work

3 Reportable

2 returned to work

1 still off work, unable to accommodate restrictions

4th Quarter 2017 to date

1 First Aide injuries resulting in 0 days away from work

0 Reportable

BETA CARE Program – \$2,200 available for use by June 30, 2018 towards MMHD Employee Safety Programs. Working with Disaster and Safety Committee for use of funds.

- Nursing has inquired about using the money for a chair that can assist in lifting patients or residents off the floor.

Next Report

2017 Work Related Injuries totals

Days away from work



September 12, 2017

Louis Ward, Chief Executive Officer  
Mayers Memorial Hospital District  
43563 Highway 299 E. P.O. Box 459  
Fall River Mills, CA 96028-0000

*Home Office*  
1443 Danville Boulevard  
Alamo, CA 94507  
925-838-6070 **MAIN**  
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**Re: CARE Program**

Dear Mr. Ward:

BETA Risk Management Authority (BETARMA) is pleased to announce the continuation of the CARE Program during the 2017 Contract Year. CARE was designed to increase the effectiveness of Mayers Memorial Hospital District's Employee Safety Programs by linking this financial benefit to the goals of a Service Plan designed specifically for each member.

Your BETARMA Employee Safety Manager will contact you shortly to begin the planning process and identifying how the \$2,200.00 in CARE funds will be utilized in the 2017 contract year.



**Commitment** to sustaining a culture of safety within the organization  
**Accountability** for the results of the organizations safety program  
**Responsibility** for prioritizing the spending of CARE dollars  
**Engagement** of the organizations leadership

A detailed description of CARE program process and frequently asked questions (FAQs) is posted online at [www.alphafund.org](http://www.alphafund.org).

If you have any questions or would like assistance in further developing your existing employee safety program, please feel free to contact us at (916) 266-5213.

Sincerely,

A handwritten signature in black ink, appearing to read 'Philip Westphal'. The signature is written in a cursive, flowing style.

Philip Westphal, CEES  
Director, Employee Safety

**Board Quality Committee Meeting**  
**Wednesday March 8, 2017**

**Personnel Department**  
**Libby Mee – Director of Human Resources**

**Current Projects:**

- Re-evaluating Orientation and Re-Orientation process.
  - Will be making Re-Orientation process electronic.
  - Researching how other organizations do Orientation while making sure orientation material is current and correct.
- Building New Manager Orientation and regular training schedule for current managers
- Training Program
  - Building a calendar and tracking employee education

**Notes:**

- Met with Jack and Mock Surveyor Cheri. Will be working with Jack to audit current employee files for accuracy as well as updating job descriptions to include quality and compliance expectations.
- BETA Risk Management Resource Funds - \$2,500 available to be used by June 30, 2018 for MMHD risk management and patient safety efforts. Funds must be used for educational activities and resources that will help reduce healthcare professional liability exposure. Working with Director of Quality and Staff Development team for use of funds.

**For next HR presentation:**

2017 Retention and Turnover  
Exit interview analysis



1443 Danville Boulevard, Alamo, CA 94507-1911  
925-838-6070 **MAIN** 925-838-6088 **FAX**  
www.betahg.com

August 21, 2017

Sherry Wilson  
CNO & Interim Quality Improvement Nurse  
Mayers Memorial Hospital District  
43563 State Highway 299  
P.O. Box 459  
Fall River Mills, CA 96028-0123

Dear Ms. Wilson:

Every year, BETA Risk Management Authority allocates an annual contribution to a "Risk Management Resource Fund" (RMRF) that can be used for your team's risk management and patient safety efforts. The only restriction BETA has placed on the use of the funds is that they must be used for educational activities and resources that help to reduce your healthcare professional liability exposure. Last year, *Mayers Memorial Hospital District* tapped 0% of the funds available, or \$0 of the \$2,500.

I am pleased to inform you that *Mayers Memorial Hospital District* currently has **\$2,500** in RMRF that can be used between July 1, 2017 – June 30, 2018. Any RMRF funds not utilized will be forfeited. **All requests and supporting documents must be submitted by June 30, 2018.**

Programs eligible for reimbursement include training that reduces risk and improves patient safety. The range of possibilities includes costs associated with:

- Education/training in risk management concepts, patient safety principles, clinical competencies, nursing specialty certification, documentation/communication skills, crew resource management training, Just Culture training and more
- Attendance at professional meetings and membership in professional organizations (e.g., ASHRM, AWHONN, AORN, ENA, NPSF)
- Purchase of professional association or society publications and periodicals to include CHA manuals and resources
- Training of a point person or content expert to specialize in an area such as healthcare simulation, LEAN/Six Sigma, Human Factors and Ergonomics, communication and resolution, informed consent, infection control practices, etc.
- Medication safety program assessments or other risk assessments that would fall outside the expertise of BETA's Risk Management and Safety Department

For more ideas of how BETA's RMRF could support your efforts to reduce your healthcare professional liability exposure, we encourage you to review your recent risk assessments, claims reports, and loss trends. While accreditation and regulatory compliance including coding and billing issues present risk to an organization, these are generally not areas of professional liability and therefore, as a result, are not reimbursable through the RMRF. I encourage you to contact our BETA Risk Management and Safety team for guidance and suggestions. As a convenience, I have attached a copy of the updated RMRF policy and reimbursement form.

Finally, in order to ensure proper distribution of our Risk and Safety communications, kindly complete and return the attached Contacts Update Request form to [riskmgmt@betahg.com](mailto:riskmgmt@betahg.com).

If you have any questions, please call me at (818) 545-3351.

Sincerely,

A handwritten signature in black ink that reads "Heather Gocke".

Heather Gocke, M.S., RNC-OB, CPHRM, C-EFM  
Vice President, Risk Management and Safety

CC:

Travis Lakey, Director of Finance, Mayers Memorial Hospital District  
Louis Ward, Chief Executive Officer, Mayers Memorial Hospital District

**Purpose:**

As a means to support continuing risk management and patient safety activities, thereby reducing professional liability claims, a pool of money has been set aside to help fund patient safety/risk reduction activities at member facilities and medical groups. These funds are generally 1% of the member/insured's annual contribution/premium, subject to certain minimums and maximums.

**Scope:**

This policy applies to members and insureds of BETA Healthcare Group (BETA) This includes BETA Risk Management Authority and Health Providers Insurance Reciprocal, a Risk Retention Group.

**Guidelines:****1. Qualifications**

Reimbursement using these funds is limited to educational activities and programs that augment our joint endeavor to manage liability risks. *Exclusions apply to college tuition for degree programs. Funds may not be used to meet regulatory or accreditation requirements unless directly linked to risk/quality/patient safety.*

*Examples of the types of programs that are eligible for reimbursement include:*

- a. Training that improves patient safety (clinical competencies, nursing specialty certification, fetal monitoring, documentation/communication skills, Just Culture and team training)
- b. Education of key personnel, or content expert to specialize in an area such as informed-consent, complaint and grievance management, LEAN/Six Sigma, communication and resolution, infection control practices, Just Culture, Human Factors and Ergonomic training
- c. Registration for professional meetings, membership in professional organizations, purchase of professional society publications and periodicals
- d. Resources such as publications/materials/manuals that directly augment patient safety/risk management efforts

**2. Travel**

BETA will reimburse event attendees:

- a. **Mileage** at the IRS approved rate round-trip (minus regular work commute miles), or round-trip airline coach fare. If you qualify for airfare reimbursement, mileage to the airport (minus regular work commute miles), shuttle or taxi fare to/from the airport and venue will also be reimbursed
- b. **On-site parking**
- c. **Hotel accommodations** at the single occupancy rate if the commute to the event location is greater than 40 miles or more than one hour or longer from your home
- d. **Meals** up to \$60 per day

NOTE: Expenses that will **not** be reimbursed include: wages/salaries, gratuities greater than 20%, laundry, valet, telephone, internet, in-room movie, health club and spousal/companion expenses.

**3. Required Documents**

Itemized receipts are required for all expenses submitted for reimbursement, including the **detailed hotel bill and mileage report if driving distance is greater than 175 miles** and must accompany the completed reimbursement form. **Certificates of attendance are required** for all courses, seminars and conferences. Completed forms must be **signed by authorized contact on file**.

**4. Reimbursement Checks**

Checks are **payable to member organization only**. BETA cannot reimburse individuals directly for member-related expenses. Checks will be processed within ten business days following receipt of your request.

**5. Deadline for Submission**

Requests for reimbursement must be submitted within the policy coverage period. Requests submitted after the policy coverage period has ended will not be processed and remaining funds will be forfeited