

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors  
Beatriz Vasquez, PhD, President  
Abe Hathaway, Vice President  
Laura Beyer, Secretary  
Allen Albaugh, Treasurer  
Jeanne Utterback, Director

Board of Directors  
Regular Meeting Agenda

December 4, 2019 3:00 pm  
Burney Board Room

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.

				Approx. Time Allotted
<b>1</b>	<b>CALL MEETING TO ORDER</b>			
<b>2</b>	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>	Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.		
<b>3</b>	<b>APPROVAL OF MINUTES</b>			
	3.1 Regular Meeting – October 23, 2019	<i>Attachment A</i>	Action Item	2 min.
<b>4</b>	<b>DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS</b>			
	4.1 Resolution 2019-14 – October Employee of the Month	<i>Attachment B</i>	Action Item	5 min.
	4.2 MHF Executive Director Report – Marlene McArthur	<i>Attachment C</i>	Report	15 min.
<b>5</b>	<b>BOARD COMMITTEES</b>			
	<b>5.1 Finance Committee</b>			
	5.1.1 Committee Meeting Report		Report	10 min.
	5.1.2 October 2019 Financial Review, AP, AR, and Acceptance of Financials		Action Item	5 min.
	5.1.3 Board Quarterly Finance Review			
	<b>5.2 Strategic Planning Committee</b>			
	5.2.1 Committee Meeting Report – No November Meeting			
	<b>5.3 Quality Committee</b>			
	5.3.1 Committee Meeting Report – DRAFT Minutes Attached	<i>Attachment D</i>	Report	10 min.
<b>6</b>	<b>OLD BUSINESS</b>			
	6.1 Board Assessment Review		Discussion	10 min.
<b>7</b>	<b>NEW BUSINESS</b>			
	7.1 Organizational Analysis	<i>Link Provided</i>	Review & Discussion 1 <sup>st</sup> Reading Approval Action Item	10 min.
	7.2 Annual Organizational Process			5 min.
	7.2.1 Officers And Committees	<i>Attachment E</i>	Action Item	5 min.
	7.2.2 2020 Board Calendar	<i>Attachment F</i>	Action Item	5 min.

**7.3 POLICY & PROCEDURE APPROVAL**

**ATTACHMENT G**

1. Charity Care Policy
2. Contract Review Form MMH586
3. Disaster Response Communications Plan
4. Disclosure of Protected Health Information During Disaster Relief Effor
5. Food from Outside Sources - SNF
6. Medical Records Tracking During Emergency
7. Organizational Conflict of Interest Policy for Design-Build Projects
8. Phone System Downtime Process
9. Storage, Collection and Transportation of Hospital Laundry
10. Swing Bed Medical Staff Assessment and Documentation

**Action Item**

**7 ADMINISTRATIVE REPORTS**

<b>7.1</b>	<b>Chief's Reports – <i>Written reports provided. Questions pertaining to written report and verbal report of any new items</i></b>	<b>Attachment H</b>	<b>Reports</b>	
7.1.1	CEO – Louis Ward		Report	10 min.
7.1.2	CCO – Keith Earnest		Report	5 min.
7.1.3	CFO – Travis Lakey		Report	5 min.
7.1.4	CNO – Candy Vculek		Report	5 min.
7.1.5	COO – Ryan Harris		Report	5 min.
<b>7.2</b>	<b>Construction Change Orders</b>		<b>Action Item</b>	<b>5 min.</b>
<b>8</b>	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>		<b>Information</b>	
	LEGISLATIVE UPDATE – Val Lakey			
	HOLIDAY PARTY – DECEMBER 13 <sup>TH</sup> – RSVP REQUIRED By December 6			
<b>9</b>	<b>ANNOUNCEMENT OF CLOSED SESSION</b>			
9.1	<b>Government Code Section 54962:</b>			
9.2	<b>Real Property Government Code 54956.8</b>			
9.3	<b>Pending Litigation Government Code 54956.9</b>			
9.4	<b>Personnel Government Code 54957</b>			
<b>10</b>	<b>RECONVENE OPEN SESSION – Report Closed Session Action</b>		<b>Information</b>	
<b>11</b>	<b>ADJOURNMENT: Next Regular Meeting – January 22, 2020 – Fall River</b>			

Posted 11/27/2019

# ATTACHMENT A

Chief Executive Officer  
Louis Ward, MHA



**Mayers Memorial Hospital District**

**Board of Directors**  
Beatriz Vasquez, PhD, President  
Abe Hathaway, Vice President  
Laura Beyer, Secretary  
Allen Albaugh, Treasurer  
Jeanne Utterback, Director

**Board of Directors  
Regular Meeting  
Minutes**

October 23, 2019 – 1:00 pm  
Boardroom (Burney)

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

**1 CALL MEETING TO ORDER:** Beatriz Vasquez called the regular meeting to order at 1:01 pm on the above date.

---

**BOARD MEMBERS PRESENT:**

Beatriz Vasquez, President  
Abe Hathaway, Vice President  
Allen Albaugh, Treasurer  
Jeanne Utterback

**ABSENT:**

Laura Beyer, Secretary

**STAFF PRESENT:**

Louis Ward, CEO  
Ryan Harris, COO  
Keith Earnest, CCO  
Candy Vculek, CNO  
Mary Ranquist  
Jessica DeCoito

Val Lakey, Board Clerk

---

**2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**

---

**3 APPROVAL OF MINUTES**

3.1 A motion/second carried; Board of Directors accepted the minutes of September 25, 2019 *Hathaway/Utterback* *Approved All*

---

**4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

4.1 A motion/second carried; Regina Blowers was recognized as September Employee of the Month. Resolution 2019-13 *Utterback/Hathaway* *Approved All*

4.2 Director of ED Services – Move to next meeting

4.3 Hospice Quarterly Report – Mary Ranquist – 3.86 Average Daily Census. Target is 3.5. 13.5 average length of stay– 12 month 33 days. Numbers are based on averages. Education of families, from a financial perspective – most comes on admit day. Medicare looks for at least 4 weeks of hospice to provide a good service. Up to 6 months help to take better care of patients and families. Many end up being only 48 hours. Vasquez provided Ranquist with some Hospice info she received. Level of care required and plan of care depends on how busy the staff is. Designated by patient needs. Basically, Hospice does 1-2 visits per week, but some require more. Weekly IDT – each patient is discussed. There is continuous care if needed. Hospice is available 24 hours.

---

**5 BOARD COMMITTEES**

**5.1 Finance Committee**

5.1.1 **Committee Meeting Report:** Met October 23, 2019. Reports form HR and SNF. In-depth discussion about staffing and payscale, registry.

5.1.2 **September 2019 Financial Review, AP, AR and acceptance of financials.** *Hathaway/Albaugh* *Approved All*

---

**5.2 Strategic Planning Committee Chair Albaugh**

5.2.1	Committee Meeting Report – DRAFT minutes are attached. Beyer made updates to objectives and risks. More aggressive on targets for reducing registry.		
5.2.2	Strategic Plan Review/Approval	Albaugh/Utterback	Approved All
5.3	Quality Committee Chair Beyer		
5.3.1	Committee Meeting Report – DRAFT Minutes attached – nothing to add		
<b>6</b>	<b>NEW BUSINESS</b>		
6.1	Board Assessment Process – Longer assessment without optional piece by consensus this is the one that will be used. Val will get it sent out to board next week.		
6.2	Policy & Procedure Summary - Keith will talk to Pam Sweet about identifying the sunsetted policies. Discussed the policy regarding food from outside sources – an explanation was given. There is designated space for food that is brought in for residents. There are refrigerators, pantry and microwaves.		
6.3	Ad Hoc Nominating Committee – Vasquez appointed an Ad Hoc committee for nominating next year’s officers and committees. Hathaway/Vasquez	Hathaway/Vasquez	
6.4	Policy & Procedure Approval 1. Alternate Sources of Energy 2. Chemical Spill 3. Chemical Spill - Operating Room 4. Compressed Gas & Oxygen Use 5. Discount Payment Policy 6. Emergency Sewage & Waste Disposal Policy 7. Equipment Cleaning - CR 8. HHS POVERTY GUIDELINES MMH389 9. Internal Reporting Of Overpayments, Self-Disclosure, And Repayments For Federal Health Programs 10. Resident Transfer-Discharge Summary-Plan MMH609	ATTACHMENT Hathaway/Utterback	Approved All
<b>7</b>	<b>ADMINISTRATIVE REPORTS</b>		
7.1	Chief’s Reports		
7.1.1	CEO In addition to the written report, Ward reported additional information on the pharmacy. Reviewed the provided graph. Discussed prescription insurance. Good Rx app to purchase scripts (patients with no script insurance). Looking at opportunities for district loyalty. Ward explained the 340B program. It is a program which will likely be cut by the state.  Reviewed notes and answered any questions. Ward was asked to serve on the executive committee of DHLF. It will be a benefit which will allow for some rural representation on the committee.  Complimented staff on the recent survey. No support services tags.  Presented pictures of options for the Burney Clinic. RFQ will go out November 4.  Albaugh asked about SEMSA. There is currently not an ambulance in Big Valley. BFD has covered when Mayers ambulance is out because of larger geographic coverage.  Discussed AB5 - Handout was provided		
7.1.2	CCO: In addition to the written report. Susan Reid was on site to help with 797 requirements. We will not be doing non-sterile compounds. Hood was tested. The USP 800 – handling of hazardous drugs. Will		

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

affect staff the most – There are guidelines on how to roll this out.  
Brigid Doyle – nurse educator will be key in education of the staff.

Telemed grant is going great. (school)

Diabetic educator – via telemedicine.

---

7.1.3 CFO: In addition to the written. A/R day were down to 49 as of last Saturday. Chargemaster staff was here last week. There is room for growth in OP medical and lab. Questions on mileage reimbursement.

---

7.1.4 CNO: In addition to the report. Federal CMS survey – there were 5 tags (Fall River had one of them) D tags – no harm. There will be a CDPH Title 22 survey coming. One of the tags – if there were potential abuse – needs to be reported within 2 hours. Candy reviewed the tags and the plan for corrections.

Power point will be sent out regarding the LEAN process.

---

7.1.5 COO In addition to the written report: FLS – same day exit – went very well. Commended his staff on Survey and FLS.

There are drawings back for the helistop. Will be done in November

Utterback asked about One Content – there are a small percentage of files that need to be moved over by hand.

Ticketing system is going well.

Citrix will be tested next week.

---

7.2 Construction Change Orders: None

---

**8 OTHER INFORMATION/ANNOUNCEMENTS**

---

Legislative Update - Val Lakey gave a legislative report. See Attached

---

**9 ANNOUNCEMENT OF CLOSED SESSION – 3:00 pm**

---

9.1 Government Code Section 54962:

*Utterback/Hathaway*

**STAFF STATUS CHANGE**

1. Beverly Chang, MD to Inactive

**AHP APPOINTMENT**

1. Jill Reed, MSW – Social Worker
2. Marchita Masters, PsyD

**MEDICAL STAFF REAPPOINTMENT**

1. Aaron Babb, MD – Family Medicine

**MEDICAL STAFF APPOINTMENT**

1. Sarah Massatt, MD – Emergency Medicine

---

9.2 Real Property Government Code 54956.8 No action

---

9.3 Litigation Government Code 54956.9 – Change orders that have been rejected.

---

9.4 Personnel Government Code 54957 – No Action

---

**10 RECONVENE OPEN SESSION: 3:30 pm**

---

**11 ADJOURNMENT**

---

Next Regular Meeting: December 4, Burney, 1:00 pm

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

---

Board Member

---

Board Clerk

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



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

**RESOLUTION NO. 2019-14**

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

**Regina Corpus**

**As October 2019 EMPLOYEE OF THE MONTH**

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

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

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

**NOW, THEREFORE, BE IT RESOLVED** that, Regina Corpus is hereby named Mayers Memorial Hospital District Employee of the Month for October 2019; and

**DULY PASSED AND ADOPTED** this 4th day of December 2019 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:  
NOES:  
ABSENT:  
ABSTAIN:

\_\_\_\_\_  
Beatriz Vasquez, President  
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

\_\_\_\_\_  
Val Lakey  
Clerk of the Board of Directors

## ATTACHMENT C

### Foundation Update (dated 11/26/19):

The *Mayers Healthcare Foundation (MHF)* board of directors met for business on 11/18/19. Below is a briefing of the meeting's business and foundation activities during the past few months.

First, I want to **thank you, the district board**, for attending the NHW Private Tour held October 4<sup>th</sup>—we received great feedback! The event provided us all a great opportunity to show off the amazing project and engage one-on-one with the major donors and campaign cabinet members.

- Strategic Planning Session held September 16<sup>th</sup>: A multi-year strategic plan has been developed with an embedded Annual Plan outlining fundraising activities, marketing goals, and an updated vision for meaningful and sustainable support to Mayers' programs and services. District board member Jeanne Utterback and CEO Louis Ward both attended.
- Recent Awards to Mayers!
  - Eight departments were awarded \$40K in May 2019 to acquisition equipment—cycle is to finalize before 12/31/2019. The District will receive award monies by 12/31/19.
  - Burney SNF Décor – Local images of the Intermountain area are now on display in the front hallway at the Burney Annex. The MHF board of directors awarded Mayers \$3K toward the project to enhance the décor at the Burney SNF.
- DonorPerfect!...Enjoying our new donor management software! Report sampling will be available at the board meeting. The new software will help staff track foundation constituents, receipting, and analysis of donors with enhanced reporting features. It also includes components to track events and volunteer hours. Still receiving 1:1 trainings.
- Fundraising, Fundraising!
  - Mayers Pharmacy & Gifts...Come see us and shop! Some of our top selling items include greeting cards, Snoozie slippers for adults and toddlers, fabulous-smelling seasonal candles, comforters, pillows, See's candies and Dutch House caramels!
  - Stores: Holiday Gift Store event was held in the hospital lobby on November 13<sup>th</sup>; Holiday Gift Store event to be held at the Burney Annex on 12/5/19, 10-5pm; Black Friday 20% off at the Lucky Finds Thrift Store!
  - 2019 Annual Appeal & Report: A snag with the nonprofit postage permit causing a slight delay due to foundation legal name change but it is going out this week. The publication is a great opportunity to share the Foundation's work to improve the health and well-being of our community—it also recognizes our generous donors!
  - Chocolate Festival is to be held January 26<sup>th</sup> @ Ingram Hall. Get your favorite recipes out and attempt to win the Chocolate Dessert GRAND PRIZE!
- Other board business:
  - 2020 MHF Budget developed and approved 11/18/19
  - Escrow close expected this month on Burney property
  - Election of Officers: President Keith Earnest, Vice President Dr. Steven Raffin, Treasurer Paul Kerns, Secretary Renee Coe.
  - Foundation board is reviewing and researching endowment opportunities
  - Campaign update (more details at the District board meeting)!

Thanks for the opportunity to report our fundraising business and activities supporting Mayers!

Warm regards, *Marlene McArthur*

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors  
Beatriz Vasquez, PhD, President  
Abe Hathaway, Vice President  
Laura Beyer, Secretary  
Allen Albaugh, Treasurer  
Jeanne Utterback, Director

Board of Directors  
Quality Committee  
Minutes

November 13, 2019 and 12:00pm  
Boardroom (Fall River Mills)

Attachment A  
DRAFT

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

1 **CALL MEETING TO ORDER:** Board Chair Laura Beyer called the meeting to order at 12:05 on the above date.

**BOARD MEMBERS PRESENT:**

Laura Beyer, Secretary  
Jeanne Utterback, Director

**ABSENT:**

**OTHERS PRESENT:**

**STAFF PRESENT:**

Louis Ward, CEO  
Jack Hathaway, DOQ  
Theresa Overton, DON, Acute  
Dawn Jacobson, Infection Preventionist  
JD Phipps, Dir. of ED & Ancillary Services  
Barbara Spalding, Volunteer Services  
Pam Sweet, Board Clerk

2 **CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**  
None

3 **APPROVAL OF MINUTES**

3.1 A motion/second carried; committee members accepted the minutes of October 16, 2019  
Utterback/ Beyer      **Approved All**

4 **DEPARTMENT REPORTS**

- 4.1 **Volunteer Services:** Submitted written report.
  - Working to complete paper work on all volunteers. Some have been with us so long, we never got paperwork
- 4.2 **Emergency Department:** Submitted written report.
  - Auditing Vitals within 60 minutes of discharge and Vitals every 2 hours. The most current month graphed was preliminary data. The actual vitals numbers are better than the chart shows
  - It was set up with the state that we would be 100% compliant. We are going to look at the data to see what an acceptable margin of error is and reset our goal. It is unknown what other facilities do.
- 4.3 **Hospice:** Submitted written report.
- 4.4 **Outpatient Services:** Submitted written report.
  - Transportation has always been an issue especially for Partnership/MediCal patients. We tried to hire a driver ourselves, but got no applicants
- 4.5 **Respiratory:** No Report. Reschedule for December
- 4.6 **Med-Surg/Swing:** Submitted written report.
  - Auditing Vitals within 60 minutes of discharge and Vitals every 2 hours. Appears to be people driven. We are currently coaching individuals.
  - SBAR is a reporting template when reporting on a patient's status to a physician, or anyone who needs to know



- Working on recruitment. Other facilities have opened up to hiring new graduates, so we are not getting as many of them the way we used to. We are using more travelers and registry than we wish.

4.7 **Med Staff:** Submitted written report. No questions or comments

---

**5 QUARTERLY REPORTS**

5.1 **Safety:** Submitted written report. No questions or comments.

5.2 **CMS Core Measures:**

- We are #8 in the state compared to other CAH hospitals. Improved from last year, but we expect to climb into the top 5 group
- Going through resubmission for core measures at the end of this month

5.3 **5-Star Rating Monitoring:**

- Staffing rating change is showing improvement
- Health Inspection rating will improve over the next year

5.4 **Employee Health:**

- No trending data is available
  - This quarter, we had GI issues with staff
  - Still having trouble getting the monthly illness reports
  - Only have 16 staff who have not gotten a flu shot
- 

**6 STANDING MONTHLY REPORTS**

6.1 **Quality/Performance Improvement:**

- Transitioning to LEAN as a management tool

6.2 **PRIME:**

- 6/2020 – the PRIME funding ends. 1/1/21 the current iteration of PRIME ends and we will have to find another project to report on

6.3 **SNF Events/Survey:** No Report

6.4 **Infection Control:**

- Actively working on getting the NHIS reporting caught up
  - Seeing CDIFF from the community several times per month
- 

**7 ADMINISTRATIVE REPORT:**

- Building Project: crews are working on finishes and PG&E is setting up power. Expect to have temporary power next week
  - Pharmacy: all the numbers are positive. Still can't accept regular MediCal
  - District Hospital Leadership group meets tomorrow. Louis sits on the executive committee
  - Statewide drill is coming up. Scenario is a flooding incident
  - Employee Christmas party is December 13
  - Employee of the year voting is underway
  - Hospitalist: have a number of NP and 1 PA who we are considering. Will be supervised by the ER physician
  - Burney Clinic: Happy to have already received 3 notices of intent to bid. Hope to have 5 or 6 bids to choose from
- 

**8 OTHER INFORMATION/ANNOUNCEMENTS:** None

**9 ADJOURNMENT:** 1:39pm - Next Regular Meeting – December 11, 2019 (Fall River Mills)

---



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

December 4, 2019

The Nomination Committee met and discussed the continuity and consistency needs of the Board of Directors. Both members agreed that everyone's knowledge and efficiency could benefit by extending the one-year term for every position to two years. Consequently, it is requested approval of "no change of individual titles and Committee memberships for 2020".

President – Beatriz Vasquez, PhD

Vice President – Abe Hathaway

Secretary – Laura Beyer

Treasurer – Allen Albaugh

Director – Jeanne Utterback

**Committees:**

**Strategic Planning:** Vasquez, Albaugh

**Quality:** Beyer, Utterback

**Finance:** Hathaway, Albaugh

Thank you,

Beatriz Vasquez, Ph.D.

# ATTACHMENT F



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

## 2020 Board Calendar Report Schedule

January			February			March		
8 Wed	12pm	<b>Quality Committee</b> Finance Patient Access Business Office HIM Personnel Infection Control - Monthly Report Worker's Comp - Q Report Patient Safety First - Q Report	4 Wed	5:15pm	<b>Med Staff Meeting (Beatriz)</b>	9 Mon	12pm	<b>Strategic Planning Committee</b>
13 Mon	12pm	<b>Strategic Planning Committee</b>	10 Mon	12pm	<b>Strategic Planning Committee</b>	11 Wed	12pm	<b>Quality Committee</b> Surgery/Anesthesia Med-Surg/Swing Outpatient Services Med Staff Infection Control - Monthly Report Blood Transfusion - Q Report Compliance - Q Report
22 Wed	10:30am	<b>Finance Committee</b> Med Staff Outpatient	12 Tue	12pm	<b>Quality Committee</b> Dietary Environmental Services IT Maintenance Purchasing Infection Control - Monthly Report Safety - Q Report CMS Core Measures - Q Report 5-Star Rating Monitoring - Q Report	25 Wed	10:30am	<b>Finance Committee</b> Purchasing Respiratory
22 Wed	1pm	<b>Board Meeting</b> Director of Human Resources Director of Nursing - SNF Hospice - Q Report Worker's Comp - 6-month	26 Mon	10:30am	<b>Finance Committee (Burney)</b> Pharmacy Physical Therapy BOD Q Finance Review	25 Wed	1pm	<b>Board Meeting</b> Director of Nursing - Acute Director of Quality
25 Mon	1pm	<b>Board Meeting (Burney)</b> Executive Director of Community Relations & Business Development IHF Director - Q Report Safety - 6 month BOD Q Finance Review	25 Mon	1pm	<b>Board Meeting (Burney)</b> Executive Director of Community Relations & Business Development IHF Director - Q Report Safety - 6 month BOD Q Finance Review			
April			May			June		
8 Wed	12pm	<b>Quality Committee</b> Cardiac Rehab Hospice Pharmacy Physical Therapy Respiratory Retail Pharmacy Telemedicine Infection Control - Monthly Report Worker's Comp - Q Report Patient Safety First - Q Report	11 Mon	12pm	<b>Strategic Planning Committee</b>	9 Wed	5:15pm	<b>Med Staff Meeting (Laura)</b>
14 Wed	5:15pm	<b>Med Staff Meeting (Abe)</b>	13 Wed	12pm	<b>Quality Committee</b> Marketing Activities Social Services - Acute/SNF Staff Development Employee Health Volunteer Services Infection Control - Monthly Report Safety - Q Report CMS Core Measures - Q Report 5-Star Rating Monitoring - Q Report	10 Wed	12pm	<b>Quality Committee</b> SNF Emergency Dept Laboratory Radiology Infection Control - Monthly Report Blood Transfusion - Q Report Compliance - Q Report Blood Transfusion - Q Report Compliance - Q Report
22 Wed	10:30am	<b>Finance Committee (Burney)</b> Social Services Activities Staff Development Infection Control	27 Wed	10:30am	<b>Finance Committee</b> Surgery BOD Q Finance Review	24 Wed	10:30am	<b>Finance Committee (Burney)</b> Patient Access Business Office HIM Budget Adoption
22 Wed	1pm	<b>Board Meeting (Burney)</b> Director of ED & Ancillary Services Hospice - Q Report	27 Wed	1pm	<b>Board Meeting</b> IHF - Q Report BOD Q Finance Review	24 Wed	1pm	<b>Board Meeting (Burney)</b> Ad Hoc Committee - CEO Evaluation Budget Adoption
July			August			September		
6 Mon	12pm	<b>Strategic Planning Committee</b>	4 Wed	5:15pm	<b>Med Staff Meeting (Allen)</b>	9 Wed	12pm	<b>Quality Committee</b> Surgery/Anesthesia Med-Surg/Swing Outpatient Services Med Staff Infection Control - Monthly Report Blood Transfusion - Q Report Compliance - Q Report
8 Wed	12pm	<b>Quality Committee</b> Finance Patient Access Business Office HIM Personnel Infection Control - Monthly Report Worker's Comp - Q Report Patient Safety First - Q Report	12 Wed	12pm	<b>Quality Committee</b> Dietary Environmental Services IT Maintenance Purchasing Infection Control - Monthly Report Safety - Q Report CMS Core Measures - Q Report 5-Star Rating Monitoring - Q Report CMS Core Measure - Q Report	14 Mon	12pm	<b>Strategic Planning Committee</b>
22 Mon	11am	<b>Finance Committee</b> Cardiac Rehab Dietary Telemedicine	26 Wed	10:30am	<b>Finance Committee (Burney)</b> Emergency & Lab Radiology BOD Q Finance Review 401K Annual Report	23 Wed	10:30am	<b>Finance Committee</b> Environmental Services Imaging IT
22 Mon	1pm	<b>Board Meeting</b> Director of Human Resources Director of Nursing - SNF Hospice - Q Report Worker's Comp - 6-month	26 Wed	1pm	<b>Board Meeting (Burney)</b> Executive Director of Community Relations & Business Development IHF Director - Q Report Safety - 6-month BOD Q Finance Review 401K Annual Report CEO Annual Evaluation	23 Wed	1pm	<b>Board Meeting</b> Director of Nursing - Acute Director of Quality Board Bylaws Review Assessment Process Assessment Process
October			November			December		
7 Wed	5:15pm	<b>Med Staff Meeting (Jeanne)</b>	11 Mon	12pm	<b>Strategic Planning Committee</b>	2 Wed	10:30am	<b>Finance Committee</b> Director of Nursing - Acute Maintenance Independent Audit
14 Wed	12pm	<b>Quality Committee</b> Cardiac Rehab Hospice Pharmacy Physical Therapy Respiratory Retail Pharmacy Telemedicine Infection Control - Monthly Report Worker's Comp - Q Report Patient Safety First - Q Report	11 Wed	12pm	<b>Quality Committee</b> Marketing Activities Social Services - Acute/SNF Staff Development Employee Health Volunteer Services Infection Control - Monthly Report Safety - Q Report CMS Core Measures - Q Report 5-Star Rating Monitoring - Q Report	2 Wed	1pm	<b>Board Meeting</b> IHF - Q Report BOD Q Finance Review Cost Report Election of Officers Organizational Meeting Independent Audit
9 Wed	6pm	<b>Med Staff Meeting</b>				8 Wed	5:15pm	<b>Med Staff Meeting (Beatriz)</b>
28 Wed	10:30am	<b>Finance Committee (Burney)</b> Director of Human Resources Director of Nursing - SNF Telemedicine				9 Wed	12pm	<b>Quality Committee</b> SNF Emergency Dept Laboratory Radiology Infection Control - Monthly Report Blood Transfusion - Q Report Compliance - Q Report Blood Transfusion - Q Report Compliance - Q Report
28 Wed	1pm	<b>Board Meeting (Burney)</b> Director of ED & Ancillary Services Hospice - Q Report Program Evaluation Nominating Committee for Board Officers						

**MAYERS MEMORIAL HOSPITAL DISTRICT  
POLICY AND PROCEDURE  
CHARITY CARE POLICY**

Page 1 of 5, plus the following attachments  
*HHS Poverty Guidelines – 75% MMH388*  
*HHS Poverty Guidelines – 350% MMH389*

**DEFINITION:**

For all intents and purposes, the word “patient(s)” refers to all customers receiving health care services in our facilities, including inpatients, outpatients, residents and clients.

**POLICY:**

Mayers Memorial Hospital District realizes the need to provide service to patients who cannot otherwise afford health care. This policy is to provide financial assistance to patients who have health care needs and are uninsured, under-insured, ineligible for a government program, and are otherwise unable to pay for medically necessary care based on their individual needs. 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. Guidelines are subject to change yearly based on the HHS Poverty Guidelines. Understanding this need, the hospital has chosen to fulfill their responsibility to the community by adopting the following Charity Care Policy.

**PROCEDURE:**

**1. Standard Eligibility Criteria for Participation in the Charity Care Program:**

- a. A patient qualifies for Charity Care if all of the following conditions are met:
  - i. The patient does not have private health insurance (including coverage offered through the California Health Benefit Exchange), Medicare, or Medi-Cal as determined and documented by the hospital;
  - ii. The patient’s injury is not a compensable injury for purposes of workers’ compensation, automobile insurance, or other insurance as determined and documented by the hospital;
  - iii. The patient’s household income does not exceed 75% of the Federal Poverty Level; **and**
  - iv. The patient’s allowable monetary assets do not exceed \$5,000;
    1. In determining a patient’s monetary assets, the hospital **shall not** consider: retirement or deferred compensation plans qualified under the Internal Revenue Code; non-qualified deferred compensation plans; the first ten thousand dollars (\$10,000) of monetary assets, and fifty percent

(50%) of the patient's monetary assets over the first ten thousand dollars (\$10,000).

**2. Special Eligibility and Enrollment Exceptions:**

- a. **High Medical Costs/Medically Indigent:**
  - i. A patient whose family income does not exceed 350% of the federal poverty level and their annual out-of-pocket medical expenses for non-elective/medically necessary services with Mayers Memorial Hospital District and other health care providers exceed 10% of the patient's family gross income in the prior 12 months, would then be considered as "Medically Indigent" as defined by AB774.
    - 1. For those who have been informally determined to be Medically Indigent, or have incurred high medical costs will be offered to complete a Charity Care application by the Financial Counselor.
    - 2. Supporting documentation to show what medical expenses have been paid in the prior 12 months is required to determine eligibility.
- b. **Homeless/Indigent Patients:**
  - i. Patients who are determined to be indigent/homeless by either clinical documentation or are unable to provide sufficient demographic information such as a mailing address, phone number, or residential address will/can be considered for Charity Care.
    - 1. No application will be required by a patient who has been determined to be indigent/homeless.
    - 2. Only emergent/medically necessary services will be considered. Should a patient who presents for outpatient services, financial counseling will be done at the time of service.
- c. **Deceased - No Estate:**
  - i. Upon receipt of confirmation that a patient is deceased and who has no estate, third party coverage, or spouse, will be automatically eligible for Charity Care upon receipt of the following items.
    - 1. Notification from county in which patient expired in.
    - 2. Received copy of death certificate from patient family notifying MMHD of death and no estate exists.
    - 3. Confirmation that patient does not have a living spouse who would be liable for outstanding/unpaid debt.
    - 4. Confirmation from another facility of patients' expiration and that no estate or pending probate exist.
    - 5. Upon notification from collections agency that collections accounts are being cancelled due to deceased/no estate.
    - 6. Knowledge that patient has expired based on clinical documentation for services provided by MMHD.
- d. **Administrative Charity Care:**
  - i. In cases where medically necessary services are provided to a patient who has been screened by the Financial Counselor, and it has been determined that the patient is unable to complete the standard application process due to medical, social, or other documented circumstances, charges may be considered for Charity Care on a case by case basis.

1. Account(s) should be written up for Charity Care adjustment with all supporting documentation attached and be presented to the Financial Director and Chief Executive Office for approval.

**3. Standard Enrollment Process:**

- a. An informal determination of Charity Care eligibility will be determined by the Patient Financial Counselor, and the applicant may choose to fill out an application based on the recommendation of the Patient Financial Counselor; however, the recommendation of the Patient Financial Counselor is not required in choosing to fill out the Charity Care Application.
- b. Upon being submitted for consideration by the Patient Financial Counselor, all properly submitted applications will be reviewed and considered for implementation within 10 business days.
- c. All application packets must be filled out completely and accurately with each of the following required documentation attached to be considered:
  - i. Documentation of non-coverage from Medi-Cal for the service on the date performed;
  - ii. Documentation of household income, as provided by:
    1. Current W-2 withholding form or Income Tax statement form from the previous year, or
    2. Pay stubs from the previous three months
  - iii. Documentation of monetary assets, to include:
    1. Most current bank statement, and any additional information or statements on all monetary assets
      - a. Statements on retirement or deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans **shall not** be included
    2. Signed waiver or release from the patient or the patient's family, authorizing the hospital to obtain account information from financial and/or commercial institutions, or other entities that hold or maintain monetary assets, to verify their value
  - iv. Completed Medicare Secondary Payer (MSP) Questionnaire indicating the patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance
- d. Any additional accounts with outstanding balances at time of application will be screened for Charity Care eligibility using the same information collected above.
- e. Verification of accuracy of application information, including contacting employers for verification of employment, will be made.
- f. A letter of either approval or denial will be submitted to each applicant:
  - i. The approval letter will include a demand statement for the service in question with adjustments and a balance of zero dollars (\$0), and contact information for any questions that may arise;
  - ii. The denial letter will include: reason for denial; indication of potential eligibility under the Discount Payment Program, Payment Plan Program, or other self-pay policy; and information and request to contact the Patient Financial Counselor as soon as possible.
- g. Any additional services rendered up to a year after the submission date of an approved Charity Care Application will additionally require: updated documentation of non-

coverage for the service on the date performed; and a completed MSP Questionnaire indicating the patient's injury is not a compensable injury.

- h. Any disputes regarding a patient's eligibility to participate in the Charity Care Program shall be directed to the Business Office Manager and will be resolved within 10 business days:
  - i. If it is determined that the patient is ineligible to participate, the number of days spent on dispute resolution shall not be counted toward the minimum 150 days prior to reporting any amount to a credit reporting bureau.

**4. Participant Accounts Maintenance:**

- a. A folder for each Charity Care applicant will be created, and will include the following items:
  - i. Patient information and application
  - ii. A copy of every correspondence between Mayers Memorial Hospital and the participant
  - iii. Detailed bills on all accounts to be included in the application
  - iv. Adjustment form with adjustments taken on accounts
  - v. Any additional notations and pertinent information

**5. Availability of the Charity Care Policy:**

- a. Notice of the Charity Care Policy shall be posted in the following locations:
  - i. Emergency department
  - ii. Billing office
  - iii. Admissions office
  - iv. Laboratory
  - v. Imaging
  - vi. Station III
- b. In the event of the hospital providing service to a patient who has not provided proof of coverage by a third party at the time the care is provided or upon discharge, the hospital shall provide a notice to the patient that includes, but is not limited to:
  - i. A statement of charges for services rendered by Mayers Memorial Hospital District; and
  - ii. A request that the patient inform Mayers Memorial Hospital District if the patient has health insurance coverage, Medicare, Medi-Cal or other coverage, and if the patient does not, that the patient may be eligible for such coverage, and can obtain an application for such coverage from Mayers Memorial Hospital District; and
  - iii. A statement that indicates the patient may qualify for Charity Care if they meet the eligibility criteria set forth in this policy; and
  - iv. The name and telephone number of the Patient Financial Counselor from whom the patient may obtain information about the Charity Care policy and other assistance policies, and about how to apply for that assistance.

**REFERENCES:**

The processes and procedures described above are designed to comply with CA SB 1276 (Chapter 758, Statutes of 2014), CA AB 774 (Statutes of 2006) and SB 350 (Chapter 347, Statutes of 2007).

Questions regarding SB 1276, AB 774 and SB 350 can be addressed by the Patient Financial Counselor or by California's Office of Statewide Health Planning and Development's website, at <http://www.oshpd.ca.gov/hid/products/hospitals/fairpricing/index.html>.  
<http://aspe.hhs.gov/poverty/14poverty.shtml>

**COMMITTEE APPROVALS:**

Chiefs: 10/14/2019



**MAYERS MEMORIAL HOSPITAL DISTRICT**  
**POLICY AND PROCEDURE**  
**ORGANIZATIONAL CONFLICT OF INTEREST POLICY FOR**  
**DESIGN-BUILD PROJECTS**

Page 1 of 2

**PURPOSE:** In accordance with Public Contract Code section 22162, the purpose of this policy is to clarify Mayers Memorial Hospital District's (The District) organizational conflict of interest guidelines applicable to design –build projects procured pursuant to Public Contract Code section 22160, et seq.

**POLICY:**

Contractors and consultants participating in design-build projects or joining a design-build team may not have organizational conflicts of interest, unless disclosed and approved by the Executive Management Team (C-Team)

Organizational conflicts of interest are circumstances arising out of a consultant's or contractor's existing or past activities, business or financial interests, familial relationships, contractual relationships, and/or organizational structure (e.g., parent entities, subsidiaries, affiliates) that results in:

- impairment or potential impairment of a consultant's or contractor's ability to render impartial assistance or advice to The District, or of their objectivity in performing work for The District,
- an unfair competitive advantage for any bidder or proposer with respect to a District procurement, or
- a perception or appearance of impropriety with respect to any of The District's procurements or contracts or a perception or appearance of unfair competitive advantage with respect to a procurement by The District (regardless of whether any such perception is accurate)

There are many instances of when or how an organizational conflict of interest could exist, for that reason the following procedure shall be followed for all design-build contracts that The District solicits or receives.

**PROCEDURE:**

If and when a design-build project is initiated the C-Team will:

- meet and conduct a review of the project and any specific outcomes that are desired by completion of initiated project,

## Conflict of Interest for Design-Build Projects

Page 2 of 2

- review any and all pertinent information regarding request for qualifications (RFQ), or request for proposals (RFP) and their alignment with desired outcomes of initiated projects,
- review any and all returned proposals for their alignment with desired outcomes of the initiated project,
- review any and all returned proposals for any organizational conflicts (as defined above),
- if a conflict is found, or the C-Team has been notified of a conflict, the impact the conflict will be assessed as positive or negative,
- the impact of the conflict (positive or negative) will be weighed against the benefit of the project,
- full disclosure of any and all possible conflicts will be written by the conflicted parties and made available to the C-Team; written disclosure may be made by e-mail, fax, or standard mail, and must be received within five (5) business days of request by the C-Team.
- the C-Team will review all disclosures and decide whether or not to proceed with, or change the relationship with the conflicted parties, based on their determination of the nature of the conflict after full disclosure has been made.

### **SPECIAL CONSIDERATIONS:**

It should be noted that The C-Team working in the best interest of Mayers Memorial Hospital District will have initial determination of whether or not an organizational conflict exists, or whether or not to proceed with a relationship after a determination of positive or negative has been made and weighed against the benefit to The District. If there is no majority decision as to whether or not to proceed in a certain course of action the full discussion of that organizational conflict will be disclosed to the Board of Directors for consultation and decision on the matter.

This policy shall be incorporated by references into all design-build contracts executed by The District.

### **REFERENCES:**

County of San Diego, California Department of Purchasing and Contract Policy,  
*“Organizational Conflict of Interest Policy for Design-Build Projects”*

Public Contract Code section 22160, et seq

### **COMMITTEE APPROVALS:**

Chiefs: 11-07-2019

**MAYERS MEMORIAL HOSPITAL DISTRICT**  
**CONTRACT REVIEW**

Contract name: _____		Contract Number: _____	
Due Date: _____		Expiration Date: _____	
Review Date: _____		Auto Renew? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Customer Service Rating: 1 2 3 4 5 (terrible) (excellent)		Contractor Met Expectations: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Areas for Review: (List)	Notes:		

Approvals: P&P: 9/5/19 BOD:  
Contract Review Form MMH586  
Attached to policy Signature Authority - Contract Review

**MAYERS MEMORIAL HOSPITAL DISTRICT**  
**POLICY AND PROCEDURE**  
**DISASTER RESPONSE COMMUNICATION PLAN**

Page 1 of 8

**PURPOSE**

The purpose of this policy is to communicate Mayers Memorial Hospital District's disaster response, as outlined in the Emergency Operations Plan (EOP).

**POLICY**

The policy of Mayers Memorial Hospital District's (MMHD) is to have guidelines in place to safely communicate with staff, patients, and visitors during an emergency.

A hard copy of this plan is kept with the Disaster Coordinator and on the hospital intranet. It is also available on MCN. This plan will be reviewed and revised by the Hospital Disaster Preparedness Committee annually and as needed.

**PROCEDURE**

**1. MMHD staff will be notified that emergency response procedures have been initiated:**

- A. Upon activation of the EOP, the IC, or designee, shall communicate with MMHD staff in one or more of the following ways:
  - Overhead page
  - Telephone and cellular phone
  - Radios
  - Internal email
  - Verbally through the chain of command
  - Runners
- B. The specific communication method used will depend upon the scope and duration of the incident, the impact the incident has on communication methods, and the incident management communication requirements. Redundant communication systems/methods may be required.
- C. A code system is in effect that describes types of disasters, such as Code Red for Fire, Code Gray for combative person, and Code Green for evacuation. New hire and ongoing orientation programs shall teach or reorient healthcare workers to the types of codes and the response

required for each code. When emergency response procedures have been initiated, MMHD staff will be notified by one or more ways listed above.

D. The IC or designee has the authority to terminate emergency response procedures. Upon termination of the incident, the Hospital IC will instruct and notify MMHD staff

**2. MMHD will communicate information and instructions to staff and licensed independent practitioners:**

A. Upon activation of the EOP, the Hospital Command Center (HCC) will establish mechanisms for initial and ongoing communication with MMHD staff. The mechanism(s) utilized will be dependent on the scope and duration of the emergency as well as its impact on communication systems/methods. A multi-modality approach may be necessary to facilitate effective communication.

B. Key Hospital Incident Command System (HICS) members will be notified upon activation of the EOP. These individuals will report to the briefing, which will provide information on the scope and nature of the emergency, the anticipated impact on the organization, and the initial level of activation.

**3. Off-Duty Employee Notification:**

A. Following the briefing, each department will assess staffing needs and additional staff required will be contacted to report to MMHD. Reporting staff will respond to the labor pool for verification of employment, identification, and deployment.

B. MMHD staff not on duty at the time of the emergency may be notified (if necessary) through activation of department or unit call-back procedures. During an extended incident, staff will be called in to relieve on-duty personnel. Depending on the event, childcare services may be offered on site or in close proximity to MMHD. If phone service is disrupted, the following should be considered as methods of communication with off duty employees:

- Public service announcements on local television and radio.
- Announcements placed on the organization's website.
- Mass communication systems such as Everbridge Mass Communication System programmed to send notification and updates via email.

**4. Notification of Leadership:**

A. Throughout the duration of the emergency, key response leaders shall be apprised at least daily by the HCC as to the following:

- The status of MMHD.
- The status of the incident.

- Anticipated needs and activities during the upcoming 24-hour period.
- B. Throughout the duration of the emergency, all staff and volunteers will be apprised of the incident status at least daily by the following means.
- From any partner organizations and agencies that are assisting with the incident.
  - From posted changes in staff that are filling key HCC positions.
  - Posting of information at the Labor Pool or other locations where hospital staff congregate.
  - Dissemination of information by email, phone, memorandum or other publications.
  - Communication through department managers and supervisors.

**5. Licensed Practitioners Notification:**

- A. Licensed Practitioners who are within the facility premises will be notified of the incident using one of the communication mechanisms outlined above. Licensed Practitioners who are offsite will be notified by telephone or text message (if operational). The Public Information Officer (PIO) may also make announcements for Licensed Practitioners through radio, television, or other social media after messages are approved by the IC.

**As determined by the IC MMHD will notify external authorities that emergency response measures have been initiated:**

- B. Upon activation of the EOP, the HCC will establish mechanisms for initial and ongoing communication with external authorities. The specific mechanism(s) utilized will be dependent on the scope and duration of the emergency as well as its impact on communication methods. Standardized terminology and plain English communication standards will be followed for all communication with outside agencies.
- C. Several local agencies may play a role in managing an emergency. Some of the key contacts include law enforcement agencies, fire agencies, Emergency Medical Services (EMS), Department of Public Health, Center for Disease Control and Prevention (CDC), and the American Red Cross. Agencies are notified by the IC or a designee (Liaison Officer) as soon as possible after an emergency response is initiated, followed by regular and ongoing communication during the incident or exercise scenario.

**6. How MMHD will communicate with external authorities during an emergency:**

- A. A representative from MMHD shall be appointed to act as an in-person Liaison if the Shasta County Emergency Operations Center (EOC) has been established. This person would be responsible for facilitating timely communication between the respective Command Centers. During large-scale events, a Joint Information Center (JIC) may be established to communicate timely accurate information through a Joint Information System (JIS). This communication may be channeled through the PIO, Liaison or other MMHD representative assigned to communicate with the JIC.

Mayers Memorial Hospital District is connected to Shasta County Emergency Management systems via phone and radio located in the Emergency Department.

B. If the nature of the emergency is internal, then the HCC will notify the appropriate external authorities as soon as possible. These authorities should be provided with pertinent information including:

- The nature and scope of the emergency.
- The potential or actual impact on MMHD.
- A summary of actions taken (or to be taken) by MMHD in response to the emergency.
- What assistance – if any – will be requested from the external authorities.

**7. How MMHD will communicate with patients and their families during an emergency:**

A. MMHD staff will communicate with patients using standard verbal methods and call light response. If the call light system is inoperable, more frequent rounds will be required to determine the needs of the patient.

B. For patients whose family members are not at MMHD prior to an emergency, the PIO, MMHD Social Services, or designees will contact family members as needed. If relocation of patients/residents becomes necessary, the PIO will establish processes to communicate pertinent information to patients and their families – including the location of alternative care sites and/or other receiving facilities that have agreed to care for patients during the incident. Consistent with laws and regulations surrounding confidentiality of patient information, families may be apprised of the following:

- Verification that the patient is at the organization
- The general condition of the patient
- If the patient is going to be relocated to an alternate care site or other facility, then the name, address, and specific care area of that site, as well as the anticipated timeframe for relocation

**8. How MMHD will communicate with the community during an emergency:**

A. The HCC will establish a protocol for providing timely and accurate information to the public during crisis or emergency situations. During an event, the PIO will manage:

- Media and public inquiries
- Emergency public information and warnings
- Rumor monitoring and response
- Social Media monitoring

- B. Clearing messages with appropriate authorities, and disseminating accurate and timely information related to the incident, particularly regarding information on public health, safety and protection, and patient care and management issues.
- C. All media and community inquiries will be managed through the PIO. The effective use of the media to convey information during and following an incident is critical. The information provided to the public must include direction on what actions should and should not be taken, along with appropriate details about the incident and the actions being taken by MMHD. The PIO will work closely with PIO's at other community response agencies, or with a JIC to concisely and accurately communicate information, so that any contradictory or confusing messages coming from different sources can be avoided.

**9. How MMHD will communicate with suppliers of essential services, equipment, and supplies during an emergency:**

- A. MMHD has developed a list of vendors, contractors, and consultants that are able to assist with necessary services, equipment, and supplies during an emergency. The list is updated as needed, or at a minimum annually. In addition, MMHD may collaborate with Shasta County Public Health and Shasta County OES for resources that are needed.
- B. The Logistics Section Chief and Operations Section Chief shall work collaboratively to facilitate communication with vendors or other agencies that may provide essential supplies, services, and equipment once the EOP is initiated.

**10. How MMHD will communicate with other healthcare organizations within the geographic area:**

The HCC will use normal methods of communication, e.g., phones, a landline, cellular, satellite (SAT) phone, email and text messages to communicate with other healthcare organizations, providing these services have not been interrupted. If communications have been interrupted, the HCC will communicate via redundant systems such as SAT phones located in the hospital, SNF, and with the disaster coordinator.

**11. How MMHD will communicate with other healthcare organizations within the geographic area regarding the essential elements of the respective command centers for emergency response:**

- A. As appropriate, communicating the following information may be required between healthcare organizations:
  - Essential elements of the command structures and control centers for emergency response
  - Names and roles of individual(s) in their command structures and the telephone number of their command center
  - Resources and assets that could potentially be shared in an emergency response, such as beds, staff, transportation, linen, fuel, personal protective wear, medical equipment and supplies



- If requested, and in accordance with law and regulation, the names of patients and deceased individuals transferred to the healthcare organization will be shared in order to facilitate re- unification

- B. How MMHD will communicate with other healthcare organizations geographic area regarding the resources and assets that could be shared in an emergency response:
- C. To the extent possible, such information should be shared as part of planning efforts, or as soon as possible once the EOP has been initiated. The decision to transfer resources and assets will be made by the Incident Commander predicated by the disaster and the current and potential impact it will have on MMHD and the incident.

**12. How MMHD will communicate those names of patients and the deceased with other healthcare organizations in its contiguous geographic area:**

Consistent with The Health Insurance Portability and Accountability Act (HIPAA), as well as local laws and regulations and surrounding confidentiality of patient information, MMHD will communicate the names of the patients and the deceased with other healthcare organizations in its contiguous geographic area through normal communication channels if operational, only with an individual designated to be the PIO or another designee of the other healthcare organization that will be either assuming care of patients or that has been designated to collect and log information on deceased patients. If normal communications are not operating, the Liaison Officer or PIO, will transfer information to the County only for deceased individuals through backup communications equipment, such as satellite phones or HAM radio (including agencies having jurisdiction, such as the police and fire).

**13. How MMHD will communicate information about patients to third parties (such as other healthcare organizations, the state health department, police, and the FBI):**

- A. MMHD will communicate information about patients to third parties during any declared disaster event (of an internal or external nature) within the parameters of the laws and regulations that pertain to sharing protected patient health information.
- B. The HCC may communicate pertinent patient-related information to third parties during a disaster. Such third parties may include:
- Shasta Public Health Department
  - Burney City/Rural Fire Departments
  - Cal Fire Department
  - The Department of Homeland Security
  - Law enforcement agencies (Shasta County Sheriff, CHP, and FBI)
- C. Consistent with The Health Insurance Portability and Accountability Act (HIPAA), as well as local laws and regulations concerning confidentiality of patient information, the PIO will establish a plan

to communicate pertinent patient information to third parties – including when patients are relocated to an alternative care site.

**14. How MMHD will communicate with identified alternative care sites:**

In the event MMHD is deemed unsuitable for continued occupancy or cannot support adequate patient care, communication will be coordinated through a collaborative effort between the HCC, and Section Chiefs. The management of patient materials, transfer of medications, medical records, medical equipment, as well as transportation arrangements and tracking patients to and from the alternative care site(s) is also a collaborative effort. Communication with the Department of Health Services and healthcare facilities to find alternative care sites may be facilitated via telephone, radio, cell phones or SAT phones.

**15. Depending on the nature, scope, and duration of the emergency, the HCC shall establish periodic communication with designated alternate care sites. The purpose of this communication is to:**

- Communicate with alternate care sites as to their status of operational capability and to the anticipated need of MMHD for assistance.
- Determine the status of the alternate care site(s) and their ability to receive patients as necessary.
- Establish back up technologies for communication activities.
- Verify that transferred patients are at the alternate care site.
- Obtain the general health condition of the patients at the alternate care site.
- Provide information to the alternate care site on patients to be transferred to their care, including the name, and medical needs of the patients being transferred, as well as the anticipated timeframe for relocation.

**16. How MMHD will prepare to support communications during an emergency:**

A. Mayers Memorial Hospital District has established several methods of internal and external communication. It is the responsibility of the Incident Commander to confirm that the multiple means of communication are utilized appropriately and when needed. Communication devices and methods include:

- Portable and HAM radios
- Runners
- SAT phones
- Cell phones, text
- Email or Social Media blasts
- Overhead paging

- B. Through various activities, MMHD participates in advance preparation to support communications during an emergency. MMHD maintains communication equipment regularly. MMHD will also practice communication skills with alternate communications during scheduled drill exercises.

**REFERENCES:**

1. <https://www.ready.gov/business/implementation/crisis>
2. <https://www.dignityhealth.org/socal/locations/stmarymedical/about-us/disaster-resource-center/emergency-management-program/emergency-communication-strategies>

**COMMITTEE APPROVALS:**

Disaster: 10/28/2019  
P&P: 11/7/2019

## **MAYERS MEMORIAL HOSPITAL DISTRICT**

### **POLICY AND PROCEDURE**

# **DISCLOSURE OF PROTECTED HEALTH INFORMATION DURING DISASTER RELIEF EFFORTS DISASTER MANAGEMENT**

Page 1 of 2

## **PURPOSE**

It is the purpose of this policy to provide guidelines for the disclosure of Protected Health Information (PHI) in the event of an Emergency / Disaster.

## **POLICY**

It is the policy of Mayers Memorial Hospital District (MMHD) to have a process in place for the disclosure of PHI during times of Emergency / Disaster.

## **PROCEDURE**

Providers and healthcare plans covered by the HIPAA Privacy Rule may share patient PHI to assist in disaster relief efforts and to assist patients in receiving the care they need. Information relevant to the following areas may be shared:

- Treatment
- Notification
- Imminent danger
- Facility directory

### **Treatment**

- Healthcare providers may share patient protected health information as necessary to provide treatment. Treatment includes:
- Sharing information with other providers (including hospitals and clinics)
- Referring patients for treatment (including linking patients with available providers in areas where the patients have relocated)
- Coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate healthcare services)
- Providers may also share patient PHI to the extent necessary to seek payment for these healthcare services.

### **Notification**

- Healthcare providers can share patient PHI as necessary to identify, locate and notify family members, guardians or anyone else responsible for the individual's care, location, general condition or death.
- The healthcare provider should get verbal permission from individuals when possible. If the individual is incapacitated providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.
- When necessary, the hospital may notify the police, the news media or the public at large to the extent necessary to help locate, identify or otherwise notify family members and others as to the location and general condition of their loved ones.
- When a healthcare provider is sharing information with disaster relief organizations that are authorized by law or by their charters to assist in disaster relief efforts, such as the American Red Cross, it is unnecessary to obtain a patient's permission to share the information, if doing so would interfere with the organization's ability to respond to the emergency.

### **Imminent Danger**

- Providers can share patient PHI with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public, consistent with applicable law and the provider's standards of ethical conduct.

### **Facility Directory**

- Healthcare facilities maintaining a directory of patients can tell people who call or ask about individuals whether the individual is at the facility, their location in the facility and general condition.

### **REFERENCES:**

Medical Consultants Network Inc. MCN. (2005). [www.mcnhealthcare.com](http://www.mcnhealthcare.com)  
US Department of Health and Human Services Office for Civil Rights, Hurricane Katrina Bulletin #2: HIPAA Privacy Rule Compliance Guidance and Enforcement, September 9, 2005, <http://www.hhs.gov/disasters/emergency/naturaldisasters/hurricanes/katrina/enforcementstatement.pdf>

### **COMMITTEE APPROVALS:**

EM: 10/28/2019

## **MAYERS MEMORIAL HOSPITAL DISTRICT**

### **POLICY AND PROCEDURE**

#### **FOOD FROM OUTSIDE SOURCES: SNF**

Page 1 of 2

##### **POLICY:**

It is a resident Right to obtain foods from outside sources such as ordering takeout, and foods brought in by the resident's family and friends. The facility staff will make every effort to advise the resident of foods that are allowed within their diet restriction. However, the resident has the right to make food choices that may not follow his/her diet restriction.

##### **PROCEDURE:**

1. All food or beverages brought from the community for resident consumption will be checked by a staff member before being accepted for storage. Any suspicious or obviously contaminated food or beverage will be discarded immediately.
2. Foods or beverages brought in from the outside for later consumption will be labeled with the resident's name, room number and dated by staff with the current date the item(s) are brought into the facility for storage.
3. If residents have dietary restrictions, texture modifications, or adaptive equipment needs, nursing or dietary staff will advise and assist as necessary to ensure the resident's care plans are being followed/ provided.
4. Food or beverage items may be stored in facility Residents' pantry, refrigerator or freezer.
  - a. Foods that do not require refrigeration may be stored in a resident's room or in the Unit pantry. Food or beverage in the original container that is past the manufacturer's expiration date will be discarded by facility staff.
  - b. All cooked or prepared food brought in for a resident and stored in the Unit Residents' refrigerator will be dated when accepted for storage and discarded after 72 hours/3 days. No home-prepared food items that are canned or preserved will be permitted.
5. To support of our Skilled Nursing Facility (SNF) residents, families, and visitors in understanding safe food handling practices, a copy of the food handling safety guidelines included/reviewed in our admission paperwork.
6. An accessible, community refrigerator for Residents is provided and available on the Unit.

7. A thermometer is affixed inside the refrigerator so that the temperature inside can be verified, monitored and documented on a daily log sheet. Refrigerators should hold food at 41°F or below. Freezers at approximately 0°F.
8. Family or SNF employees/aides label the food container with the date it was brought into the Facility, the Resident's name and room number of the Resident to receive it.
9. If the Resident wants their food reheated, a family member or friend will be able to reheat the food for him/her. Staff will ensure the Resident has access to their food from outside sources. Also that the Resident can consume their food after their family member/friend reheats their food.
10. Residents' refrigerator will be monitored by a designated staff member to ensure any stored food past the 72/hours is discarded.

**REFERENCE:**

F813 §483.60(i) Food Safety Requirements §483.60(i)(3)

---

F813 §483.60(i) Food Safety Requirements §483.60(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.

**GUIDANCE §483.60(i)(3)** The facility must have a policy regarding food brought to residents by family and other visitors. The policy must also include ensuring facility staff assists the resident in accessing and consuming the food, if the resident is not able to do so on his or her own. The facility also is responsible for storing food brought in by family or visitors in a way that is either separate or easily distinguishable from facility food. The facility has a responsibility to help family and visitors understand safe food handling practices (such as safe cooling/reheating processes, hot/cold holding temperatures, preventing cross contamination, hand hygiene, etc.). If the facility is assisting family or visitors with reheating or other preparation activities, facility staff must use safe food handling practices.

F813 §483.60(i) Food Safety Requirements §483.60(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. Policy: It is the policy of the Food and Nutrition Services Department to prepare and deliver food safely to our residents, families, and staff. This policy will ensure proper handling, serving and storage of any food items brought into our community from all outside sources. The Food and Nutrition Services Director and staff will ensure proper safe food handling practices are observed as demonstrated by the departments Food Safety competencies and education to prevent foodborne illness outbreaks.

**COMMITTEE APPROVALS:**

P&P: 10/3/2019

**MAYERS MEMORIAL HOSPITAL DISTRICT**

**POLICY AND PROCEDURE**

**MEDICAL RECORDS TRACKING DURING EMERGENCY**

Page 1 of 2

**PURPOSE**

It is the purpose of this policy to provide guidelines for patient medical records tracking during an Emergency / Disaster.

**POLICY**

It is the policy of Mayers Memorial Hospital District (MMHD) to have a process in place for Medical Records to respond to meet the needs of the organization and its patient and staff population during times of Emergency / Disaster.

**PROCEDURE**

The Health Information Management or designee shall be responsible for initiation and maintenance of medical records for incoming casualties and patients who were in the hospital prior to the emergency situation.

These guidelines shall be followed to ensure that the proper records of patient transfers are kept:

- Sufficient clerical staff, equipment and supplies will be provided to be able to locate patients moved in case of emergencies.
- The Emergency Log will be maintained on all patients transferred to other facilities.
- A Transfer/EMTALA Form will be placed in the medical record of any transferred patient.

The Transfer/EMTALA Form and copies shall be distributed as follows:

1. MMHD retains the original which will be filed with the Medical Records Department.
2. A log will be kept of all admissions, discharges and transfers in the event of an Emergency / Disaster



Medical Records Tracking During Emergency  
Page 2 of 2

3. A copy of the Transfer/EMTALA form is sent to the receiving facility to which the patient is transferred.

**REFERENCES**

Medical Consultants Network Inc. MCN. (2005). [www.mcnhealthcare.com](http://www.mcnhealthcare.com)

PATIENT MEDICAL RECORD TRACKING DURING AN EMERGENCY/DISASTER  
12/2015

**COMMITTEE APPROVALS:**

EM: 10/28/2019  
P&P 11/7/2019

**MAYERS MEMORIAL HOSPITAL DISTRICT  
POLICY AND PROCEDURE**

**PHONE SYSTEM DOWNTIME PROCESS**

Page 1 of 1

Also see After Hours IT Support policy

**POLICY:**

To minimize phone system down time, standard processes will be followed while MMHD is using the Digium Asterix® phone system.

Examples of down time:

- Calls can be made to other phones at Mayers, but calls to numbers outside the facility and incoming call from outside the facility are unable to be made successfully.
- The phones are completely down and are not active thus unable to make any phone calls.

**PROCEDURE:**

1. Contact IT at extension 4357.
  - In the event of an afterhours event, the use of a mobile phone may be necessary to contact IT support. Call (530) 336-7549
  - If internal dialing does not work, escalated to IT Manager, COO, and if necessary AOC.
2. If the down time prevents calls from coming into the facility for more than 20 minutes, contact Frontier Communications Network Operations Center (NOC) - (888) 637-9620
  - The Fall River Mayers Memorial ISDN Circuit ID is: 62/HMNA/408567/CZUC.
  - Frontier can forward incoming calls coming in from the main number to (530) 336-6599.
  - The Burney Circuit is analog and is tied to (530) 335-3222. Burney has an external phone jack which can be used to connect the emergency phone to receive incoming calls to the nurse's station.

**COMMITTEE APPROVALS:**

Disaster: 10/28/2019

P&P: 11/7/2019

**MAYERS MEMORIAL HOSPITAL DISTRICT**  
**POLICY AND PROCEDURE**  
**STORAGE, COLLECTION AND TRANSPORTATION OF HOSPITAL**  
**LAUNDRY**

Page 1 of 2

**PROCEDURE:**

**Soiled linen:**

- Soiled linens to be stored in a separate, well ventilated area in covered hampers, immediately after use
- Soiled bags will be removed from hamper when  $\frac{3}{4}$  full and the bag will be tied and put into the laundry cart
- Soiled linen is not to be permitted to collect in patient care areas
- Soiled linen will then be transported to the laundry facility in carts that are picked up daily Mon-Fri
- When soiled linen is emptied out of carts at the laundry facility into the soiled linen room the soiled cart is then disinfected inside and out and put aside.
- When handling soiled linen the laundry personnel will wear the appropriate personal protection equipment (PPE)
- After handling the soiled linen they will take their PPE off and wash their hands

**Clean linen:**

- Clean linens will be stored in a clean dry area separate from the soiled linen room at the laundry facility
- Clean linens will be put into a laundry cart that is lined with clear plastic and covered
- Clean linens will then be transported in the laundry van to either the Burney annex or to Fall River Mills, where it will be delivered throughout the facility by the housekeeping staff
- Clean linen will be accessible to the Nursing staff and out of main traffic flow

**COMMITTEE APPROVALS:**

P&P: 11/7/2019

**MAYERS MEMORIAL HOSPITAL DISTRICT**  
**POLICY AND PROCEDURE**  
**MEDICAL STAFF ASSESSMENT AND DOCUMENTATION**  
**SWING BED**

Page 1 of 2

**DEFINITION:**

For all intents and purposes, the word “patient(s)” refers to all customers receiving health care services in our facilities, including inpatients, outpatients, residents and clients.

**POLICY:**

Physician documentation will be timely and provide information to the inter-disciplinary team to assist in developing and implementing a comprehensive plan of care for the patient.

**PROCEDURE:**

- A. The physician will document the following information prior to the admission of a patient to the Swing Bed Program:
  1. A new history/physical examination if a patient is being admitted from outside the facility (including oral cavity assessment).
  2. Updated history/physical if patient is coming from acute care in this facility (including oral assessment).
  3. Diagnosis
  4. Prognosis
  5. Rehab potential
  6. Patient awareness of his/her diagnosis.
  7. Course of treatment in acute care
- B. Physician’s orders on admission must include orders for medications and treatments. All orders from acute care admission are discontinued and new orders written for Swing Bed. Complete certification/recertification form for admission/continuation of Swing Status.
- C. The physician will visit the patient at least every seven days and document in the progress notes. However, because of the sub-acute condition of the patient in the Swing Bed program, physician visits may be more frequent than once per week depending on patient’s needs.
- D. Progress notes will document visits. Content of the progress note should include:

Medical Staff Assessment and Documentation

Page 2 of 2

1. Evaluation of progress
  2. Care Objectives
  3. Anticipated length of stay
- E. A final discharge summary is required on all swing bed patients. Contents must include:
1. Why patient was in Swing Bed
  2. Findings during stay
  3. Course of treatment
  4. Discharge instructions
  5. Follow-up
  6. Condition at discharge

**REFERENCE:**

SwingBed. (2017, November 13). Retrieved from <https://www.cms.gov/Medicare/Medicare-Fee-for-Service>

Payment/SNFPPS/SwingBed.html

**COMMITTEE APPROVALS:**

P&P: 8/15/2019

MEC: 10-08-2019



## Operations Report November 2019

Statistics	October YTD FY20 <i>(current)</i>	October YTD FY19 <i>(prior)</i>	October Budget YTD FY20
Surgeries <i>(including C-sections)</i>			
> Inpatient	543	642	675
> Outpatient			
Procedures <i>(surgery suite)</i>			
Inpatient			
Emergency Room	1522	1443	1340
Skilled Nursing Days	9208	8796	9247
OP Visits (OP/Lab/X-ray)	5008	5292	5542
Hospice Patient Days	480	711	468
PT	935	1074	1000

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

### ***The future of the hospitalist program at Mayers***

Throughout this month Staff and leadership have worked together to develop a new structure for the hospitals inpatient physicians and midlevel coverage, this is referred to as the hospitalist program. Beginning in January, we will employ two mid-levels (Nurse Practitioner / Physician Assistant) who will be supervised by the ER physicians while rounding in the acute care hospital. When rounding in the Skilled Nursing Facility they will be supervised by Dr. Watson and Dr. Dahle. This new model will allow staff and most importantly patients access to a provider 7 days a week for up to 10 hours a day. The mid-levels will be staffed in the busiest times of the day, the remaining hours of the day; the ER Physicians will be available to the rest of the hospital.

### ***District Hospital Leadership Forum (DHLF) Meeting***

The district's CFO and I attended the DHLF meeting earlier this month. The group covers many topics, none more important than the allocation of hundreds of millions of dollars to the states district hospitals. A great deal of work goes into the future allocation models as it is vitally important to all of the hospitals involved. At this meeting the DHLF Board appointed me to the Executive Committee, the Committee that is charged with recommending the financial models to the full DHLF Board. I am excited to be a part of the committee as I represent the only Critical Access Hospital member on the committee so I believe I can make an impact for not only our hospital, but also small hospitals like ours.

### ***Mayers Holiday Party***

A great deal of work has went into the planning a preparations for the upcoming Mayers Holiday party throughout this month. A huge thank you to Lisa Zaech, Theresa Overton, Shay Herndon,

Libby Mee, and Val Lakey for their work on the preparations for what will be a great evening. The holiday party is open to all staff, Board Members, volunteers, and spouses. The event is on December 13<sup>th</sup> at the Ingram Hall in McArthur. Dinner will be served and an RSVP is required.

### ***Administrative and Finance Offices***

Administration has developed a plan for the former Mountain Valley Clinic building. The plan will allow Administration to vacate the current space it holds inside the 1956 building by May of next year. The plan will also allow Finance and Administration to share a building, which I believe will provide a great deal of efficiency for the years to come. This plan will be discussed at Board Finance and the full BOD meeting.

#### **Chief Operating Officer Report** **Prepared by: Ryan Harris, COO**

**Verbal Report will be provided**

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

- The annual Federal CMS survey was received and the outcome was as expected with several minor tags. The plan of correction has been both submitted and accepted. The annual State of California survey is still pending.
- MMHD administration met with Shasta College to re-implement a CNA program in Burney/Fall River. The meeting was held on November 4 and was very successful.
- The SNF VSA was completed and plans are in place for the first Kaizen. Please see attached documents for a very high-level overview of LEAN and Value Stream Mapping/Assessment.
- Working in conjunction with HR to identify and hire appropriate midlevel practitioners for the hospital. In discussion with several and have procured a very experienced Locum Tenens NP for a 13-week contract to support MMHD during the transition from the local providers to the hospital based mid-levels.
- House wide mock code blue drills have been implemented this month as a training process for the staff.

### ***SNF Report***

- Census = 74 Residents
- Implementation of CMS PHASE III Regulations continues through next week (11/28/19). All Rules of Participation will be fully implemented in our SNF completing a 3-year process with CMS.

- 13-Week Traveler Contracts for LVN's and RN's are being implemented at Burney Annex and Station 2 Skilled Nursing Facilities. This is replacing the local registry usage in a more economical way.
- The first Lean workgroup (Kaizen) was held on 11/11/19. The goal of the work is to improve data collection prior to the arrival of a new resident. A number of interventions were designed and are being implemented.

#### ***Acute Care Report***

- Sept Acute ADC 1.77, Swing ADC 2.03; LOS 15.25.
- Purchased intraosseous guns for all acute crash carts for uniformity of carts and accessibility for codes. Plan to set up in-service for the use of them.
- Have contracted for 2-RN travelers for a 13-week assignment for Acute. NPH registry staff reduced for the travel contracts. Continuing to interview RN's for Acute full time and have had one RN accept this month.

#### ***Emergency Department***

- 349 patient visits in October
- Staffing remains a challenge – currently RN four travelers and limited applicants.
- New 12 lead EKG machine in use. This will allow the old one to be moved to Station 1 for use for inpatient and outpatient. Training will be done for those departments
- Several interviews completed with subsequent offers. All applicants declined the offers.

#### ***Laboratory Board Report***

- Two potential permanent candidates being evaluated. Also trying to convince one current traveler to switch to permanent
- Wage adjustment process completed and now ready for dissemination to recruiters
- Point Click Care interface – still several months away from completion. Our contact for Liaison has dropped the project three times now. Have had succinct conversation with the company and the gaps appear to be closed at this time
- Microbiology specialist traveler beginning soon. This will allow us to focus on revising all aspects of micro processes including protocol development for the new equipment going in. Necessary to pass inspection in new lab

#### ***Radiology Board Report***

- The radiology manager has returned from his medical leave. One traveler contract ended without the ability to get a replacement in time. Staffing of the department has been handled by two radiology techs. The manager should be back handling administrative duties (light duty) next week
- Active efforts continue to establish a new relationship development with MD Imaging Radiology to replace existing radiology group. The contract is in the process of being finalized.



## **Chief Clinical Officer Report**

**Prepared by: Keith Earnest, Pharm.D., CCO**

### ***Pharmacy***

- Codonix® (the safety labeling system for anesthesia) is scheduled to be installed December 3<sup>rd</sup>. The database has been built and verifying the bar codes will be done prior to the install.
- The internal filters in the barrier isolator will be changed out. Quality testing will be performed after the filter replacement.
- All pharmacy staff (hospital and retail) has completed LGBTQ+ cultural competency training as required by insurance contracts.
- Relias at our request created a training model for USP 800. It will be rolled out to nursing staff this winter with a goal of SNF implementation by February 29, 2020.

### ***Retail Pharmacy***

- Maintenance installed a new front door.
- The Medi-Cal application (traditional non-Partnership) was processed and Medi-Cal requested clarifications. Heidi Fletcher, Retail Pharmacy Manager, submitted the clarifications.
- Prescription fill volumes are progressively increasing reaching a record of 112 on November 26<sup>th</sup>.

### ***Respiratory Therapy***

- There have been some staff changes and Mayers will be employing a registry RT, to start in December, to cover until our new hire starts in 2020.
- David Ferrer, RRT, has been performing PFT's and we hope to promote this service targeting Alturas area.

### ***Cardiac Rehab***

- Trudi Burns, RN, manager, visited eight cardiology offices in Redding to introduce them to our program. The information provided included an introductory letter, her business

card, a new pamphlet about Cardiac Rehab, an order form, and a Mayers Informational Booklet. She was well received.

- Cardiac Rehab is looking for another employee as the last part time employee departed due to health issues.
- The equipment funded by an Award from Mayers Healthcare Foundation has been ordered.

### *Telemedicine*

*From Amanda Harris, Program Coordinator*

- Take Four Program:
  - As of 11/21/19 we'll have completed 95 consults within the school district.
  - Parents are regularly involved where appropriate in school appointments.
- We received a check from PHC for our utilization grant with them for \$4k. This one was for 3 months of consults. These funds are sent to offset the cost of the Telemedicine Coordinator and support Telehealth programs in rural areas.
- MVHC has decided to begin their own e-consult program with PHC. This will affect our reporting for this utilization grant in the future.
- Next year we'll only have Neuro every other month due to low referral volume.
- We've increased our Nutrition blocks per month due to demand for Jessica, our new combined diabetic educator and registered dietician.
- In the month of October, we have \$13,398 in ancillary revenue from labs and imaging ordered.

# Employee Holiday Party

You and your guest are invited to join us for an evening of fun!

**Friday, December 13, 2019**

*Ingram Hall—Inter-Mountain Fairgrounds, McArthur*

6:00 pm no-host cocktails

7:00 pm Catered Dinner—**RSVP REQUIRED**

Please RSVP to Lisa in  
Administration by  
**Friday, December 6th.**  
We need to have a count for  
the caterer.

*Prizes, Years of Service, Employee of the Year Recognition*

**LIVE MUSIC**

With the Burney Mountain Boys



Mayers Memorial Hospital District

*Always Caring. Always Here.*