

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**

March 27, 2019 1:00 pm
Fall River Board Room
Teleconference from 6410485 Pit River Canyon Rd., McArthur

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.

1 CALL MEETING TO ORDER

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

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.

**Approx.
Time
Allotted**

3 APPROVAL OF MINUTES

3.1	Regular Meeting – February 25, 2019	Attachment A	Action Item	2 min.
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4 DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS

4.1	Resolution 2019-04 – February Employee of the Month	Attachment B	Action Item	5 min.
4.2	Director of Nursing – Acute Report	Attachment C	Report	10 min.

5 BOARD COMMITTEES

5.1 Finance Committee				
5.1.1	Committee Meeting Report		Report	10 min.
5.1.2	February 2019 Financial Review, AP, AR, and Acceptance of Financials		Action Item	5 min.
5.2 Strategic Planning Committee				
5.2.1	Committee Meeting Report – Minutes attached	Attachment D	Report	10 min.
5.3 Quality Committee				
5.3.1	Committee Meeting Report – Minutes attached	Attachment E	Report	10 min.

6 NEW BUSINESS

6.1 Policies & Procedures		Attachment F	Pages	Action Item	10 min.
	Cancellation-No Show Policy Telemedicine		1-4		
	Care, Treatment & Services - OT		5-7		
	Uses and Disclosures for which an Authorization is Required		13-14		
	User Access Management				
	Uses and Disclosures, No Authorization Required		17-20		
	Use and Disclosures, General Rule				
	Workstation Access Controls		21-24		
6.2	Local Hazard Mitigation Plan	Attachment G		Action Item	15 min.

6.3	Building Project Update – Michael Ryan, Greenbough and Jim Wiscombe, Layton Construction	Report	
6.4	Master Plan, Clinic and 1956 Building Demolition Update – Michael Ryan, Greenbough	Report	
6.5	Facility and Riverview House Tour		30 min.
7	ADMINISTRATIVE REPORTS		
7.1	Chief's Reports – <i>Written reports provided. Questions pertaining to written report and verbal report of any new items</i>	<i>Attachment H</i>	
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.
7.2	Construction Change Orders	Action Item	5 min.
8	OTHER INFORMATION/ANNOUNCEMENTS	Information	
	LEGISLATIVE UPDATE		
9	ANNOUNCEMENT OF CLOSED SESSION		
9.1	Government Code Section 54962:		
	<ul style="list-style-type: none"> Quality Assurance: Quality Improvement Issues, Medical Staff Report 		
	AHP APPOINTMENT		
	1. Kirk Lott, CRNA		
	2. Kenneth Childers, CRNA		
	3. Erica Haedrich, PA		
	4. Thomas Peterson, FNP		
	MEDICAL STAFF APPOINTMENT		
	1. Robert Adams, DO – Emergency Medicine		
	2. Aditi Bhaduri, MD – Endocrinology, Telemedicine		
	3. Thomas Kurian, MD – Neurology, Telemedicine		
	4. Tommy Saborido, MD – Emergency Medicine		
	5. Baharak Bagheri, MD – Radiology, Telemedicine		
	6. Frank Snyder, MD – Radiology, Telemedicine		
	7. Shree Shah, MD – Radiology, Telemedicine		
	MEDICAL STAFF REAPPOINTMENT		
	1. Michael Dillon, MD – Emergency Medicine		
9.2	Real Property Government Code 54956.8		
9.3	Pending Litigation Government Code 54956.9		
9.4	Personnel Government Code 54957		
10	RECONVENE OPEN SESSION – Report Closed Session Action	Information	
11	ADJOURNMENT: Next Regular Meeting – April 24, 2019 – Burney		

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.

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Mayers Memorial Hospital District

Board of Directors
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Jeanne Utterback, Director

**Board of Directors
Regular Meeting
Minutes**

February 25, 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 1:06 pm on the above date.

BOARD MEMBERS PRESENT:

Beatriz Vasquez, President
Abe Hathaway, Vice President
Laura Beyer, Secretary (by Phone)
Allen Albaugh, Treasurer
Jeanne Utterback

STAFF PRESENT:

Louis Ward, CEO
Travis Lakey, CFO
Ryan Harris, COO
Keith Earnest, CCO
Candy Vculek, CNO
Diana Groendyke
Val Lakey, Board Clerk

ABSENT:

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; Board of Directors accepted the minutes of January 30, 2019. *Utterback/Hathaway* **Approved All**

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

4.1 A motion/second carried; Nichole Strahorn was recognized as January Employee of the Month. Resolution 2019-3 *Hathaway/Utterback* **Approved All**

4.2 **Director of Public Relations/Safety, EP Report** – Val Lakey, in addition, reported on EOC training and contact with CAL OES regional representative. Hathaway asked about how we have tackled training issues. Lakey discussed the classroom training for staff.

4.3 **Mayers Healthcare Foundation** – Marlene McArthur – Marlene noted that the scholarship process is being changed. A grant-tracking sheet was distributed. Grant writing is researching and writing grants. Always looking for new opportunities. \$13,000 from Chocolate Festival. A grant check was presented from California Endowment \$100,000 – facilitated by Patricia Bergman.

5 BOARD COMMITTEES

5.1 Finance Committee

5.1.1 Committee Meeting Report:

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

5.1.3 **Quarterly Finance Review** *Albaugh/Hathaway* **Approved All**

5.1.4 **Audit Review** – Albaugh gave kudos to the improvement to CFO and staff and CEO on the financial position of the hospital. *Hathaway/Utterback* **Approved**

5.2 **Strategic Planning Committee**

5.2.1	Committee Meeting Report – Albaugh reported on the meeting and the review of the Burney Clinic		
5.2.2	Burney Clinic – Ryan Harris reviewed the Burney Clinic design. The layout was reviewed. Budget was reviewed. Cost is about \$600 per square foot. There is a potential to borrow from CHFFA at 2%. The strategy of the clinic was discussed. A motion/second carried; approval of the design and fees associated with it to go out to bid and research finance options and submit RFP.	<i>Hathaway/Utterback</i>	<i>Approved</i>

5.3 **Quality Committee**

5.3.1	Committee Meeting Report –. Laura reported on Skin and Weights program with SNF. Lab reported and talked about. Will be doing marketing. Finance cross-training. Activities has been doing more outings with new van. PRIME report. Focusing on quality projects for committee meetings.		
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6 NEW BUSINESS

6.1	Approval of Policies & Procedures Accounting of Disclosures Assigned Security Responsibility Authentication Password Management Construction Change Orders Policy Consultation - Occupational Therapy Contingency Plan and Disaster Recovery Device and Media Controls Evaluations - OT Facility Access Controls HHS POVERTY GUIDELINES - 75% MMH388 Judicial and Administrative Proceedings Lead Apron Inspection MMH647 Lead Apron Policy Light Duty or Limited Job Assignments Mindray Ultrasound Use and Care Monitoring and Effectiveness Use and Disclosures for Marketing Minors Rights Social Media Security Audit Controls Security Awareness and Training Solicitation Swing Intake Worksheet Policy Teleradiology, Credentialing & Privileging of Telemedicine Services Transmission Security	<i>Albaugh/Utterback</i>	<i>Approved All</i>
6.2	AB2190 Review – Seismic safety bill. We will have to file for extension or we could be subject to daily penalties if we don't meet timeline milestone requirements. Board moved to file for the extension of the AB2190 extension.	<i>Hathaway/Utterback</i>	<i>Discussion</i>

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- 6.3 **Laundry Facility Tour** – Board was very impressed. Staff will work early shifts to stay out of PG&E peak hours. Talked about coordinating the deliveries with pharmacy deliveries. \$168,000 – budget was \$210,000

7 ADMINISTRATIVE REPORTS

7.1 Chief's Reports

- 7.1.1 **CEO:** Louis elaborated on the report and talked about the SEMSA and Southern Cascades District. Collectively trying to come up with a solution. (SEMSA email – reference) to amend the current SEMSA contract. Ground transport 24/7; looking for assistance with operations. MMHD would potentially pay for 32 hours per week of paramedic. Utilize staffing and use the medic in the ED. ED staffing was discussed. Rations – for every 4 stable patients – 1 RN. Looking for opportunities as the ED gets larger with new building for different staffing options. (Representative from Southern Cascades spoke to what they will be able to do; they are generating some income from non-emergent transport. Would like to have one ALS unit)

Just met Meaningful Use for 5th year.

Louis gave an explanation of the purpose of CCHAN and WHA.

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- 7.1.2 **CCO:** In addition to the written report. Offer to a Respiratory Therapist. Have been interviewing for the PT department. Discussed the new retail pharmacy. Over the Counter – working with McKesson, Healthmart, will have PT items, Gift Shop.

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- 7.1.3 **CFO:** There will be cash going out for IGT's in March – will be coming back. Should be about 150 days cash by the end of the year.

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- 7.1.4 **CNO:** Candy presented a written report (attached) she highlighted some CDPH surveys and visits. SNF census is at 79. Working on competency based orientation and using the new Relias system. Discussed hiring and recruitment.

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- 7.1.5 **COO:** In addition to written report. We had an OSHPD field visit. It went well, just need to work on process with contractor providing the paperwork. There is a new area compliance officer. Decision was made on the Nurse Call system. Going with WestCall moving forward. \$30,000 credit back from Layton. FLS POC approved without corrections. New Wanderguard system at Fall River. Will have a budget for Riverview next month. HVAC installed in dining room for SNF around April.

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- 7.2 **Construction Change Orders:** To date we have about \$30,000 in change orders.
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8 OTHER INFORMATION/ANNOUNCEMENTS

ACHD Leg Day - Abe Hathaway, Jeanne Utterback

9 ANNOUNCEMENT OF CLOSED SESSION – 3:15 pm

- 9.1 Government Section Code 54962
- Quality Assurance: Quality Improvement Issues, Medical Staff Report

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- 9.2 **Real Property Government Code 54956.8 – No Action**
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9.3 **Litigation Government Code 54956.9 – No Action**

9.4 **Personnel Government Code 54957 – No Action**

10 **RECONVENE OPEN SESSION: 4:00pm – NO action in Closed Session**

11 **ADJOURNMENT**

Next Regular Meeting – March 27, 2019 – Fall River Mills

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



Mayers Memorial Hospital District
Always Caring. Always Here.

RESOLUTION NO. 2019-04

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

Ryan Nichols

As February 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, Ryan Nichols is hereby named Mayers Memorial Hospital District Employee of the Month for February 2019; and

DULY PASSED AND ADOPTED this 27th day of March 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



Director of Nursing Board Report March 19, 2019

Outpatient Medical Services

Updates:

- RN for OPM- Ellie Haydock RN OPM full time. Alexis Williams RN continues to help 1 day a month for Dr Zittel wound clinic days if her schedule allows in ER. We were able to borrow an LVN for the next wound clinic in March 19th.
- The Outpatient Census has an average monthly patient visits at (110 approx. a month). December 107 patients seen 135 procedures, January 112 patients seen, and 137 procedures. February 120 patients seen 143 procedures.
- We have posted a part-time position on our website through HR.
- We now have a long term travel nurse from AYA, Charlotte Jimenez to cover Ellie's maternity leave. She is an experienced wound care nurse and will be a great addition to the team. She will cover until Ellie is back in May.

Continuing Work:

- Dr Rasmussen from Physicians Wound Center is privileged at MMHD and will be seeing patients March 19th at MMHD. We are excited to have another wound specialist come to MMHD. He and Dr Zittel will be switching every other month for wound clinic visits.
- IT/OPM working toward a custom build for EMR charting for OPM. Currently for Dr. Zittel visits we still do paper charting. We worked with a consultant to customize the physician document. We should be at testing phase at this point.
- OPM continues offering skin grafts for patients. Grafix is a cryopreserved placental membrane comprised of an extracellular matrix (ECM) rich in collagen, growth factors, fibroblasts, mesenchymal stem cells (MSCs), and epithelial cells native to the tissue. Designed for application directly to acute and chronic wounds. Flexible, conforming cover that adheres to complex anatomies. AND Stravix® cryopreserved placental tissue, composed of the umbilical amnion and Wharton's Jelly, retains the extracellular matrix, growth factors, and endogenous neonatal mesenchymal stem cells, fibroblasts and epithelial cells of the native tissue.
- Referrals- We continue to send out email reminders and stop by MVHC with packets of order sets. We have placed OPM order sets and referral forms on our website and send out a password/link for: Provider Resources on the MMHD website
<http://www.mayersmemorial.com/getpage.php?name=providerresources password:MMHD>.

- OPM has been seeing residents in LTC in Burney and FR. Residents are no longer being seen as OPM but in the resident's rooms in LTC, except when Dr Zittel wound care specialist comes. Treatment carts are set up for wound care in Burney and FR LTC. OPM is a resource for LTC nursing staff for wound care. Also, OPM is a part of a weekly collaborative weights and wound meeting with LTC.
- OPM is utilizing the telemedicine room during clinic days. We are requesting a cabinet to store dressings in. Our census has increased and we are now using four rooms during clinic days. We use a treatment cart in the infusion room on wound clinic days currently.
- Working on IHF grant period to turn in special request for (WOW), computer and treatment chair.
- Michelle Peterson RN will attend a wound care conference in the next 6 months.
- During weights and wounds weekly meeting OPM suggested a skin tear class for LTC staff. Will start to work on a quick in-service for staff.

Issues/Needs:

- Continue to trouble shoot the computer system custom build. IT to test and evaluate
- Price shop to find another company similar to tissue analytics to help our work flow and help with patient centered care in OPM leading to get better reimbursement. Work toward ambulatory care system for OPM? This is a camera similar to LTC uses for wound documentation.
- Mayers to be marketing to discharge planners to encourage physicians to get privileged at Mayers. Mostly Mercy Oncology, RA Associates, and patient from our area to return back to swing then ideally OPM.

Acute Services—ADC 1.88 from July-Feb and Swing ADC is 3.12 and LOS for Swing is 13.59.

- Acute services with 5-full time licensed staff. Orientation to start within next 2-months 2-full time licensed staff and 1-LVN upgrading to RN and will work on Acute once completed. We utilize several of our nurses to float to OPM, OPS and ER, therefore utilize travel services occasionally.
- New position of Acute Lead-Moriah Padilla. Responsible for the management of the Acute Department along with the DON. Moriah is also floated to OPS.
- Relias (Learning Management System)-Developed New Hire Orientation Program to assess compatibility, skill and knowledge level prior to interview. An individual based orientation program is then designed to best fit the needs of the new hire building on their weakness and enhancing their strengths.
- A new hire orientation binder has also been established for use upon orientation as a checkoff system for content to be learned and reviewed.
- Bedside Reporting implementation as part of POC. Evidenced Based Practice to improve patient safety and quality of care. Allows for patient/family interaction and efficiency for review of physician orders and overall care of patient.
- Quality review of data-Pain Reassessment over 3 months is 70%. Continue to coach full time staff as well as travel staff.

Outpatient Surgical Services

- Developed a schedule with a full-time CRNA.
- Working on referral process and authorization process between MVHC and Dr. Guthrie office.

Thank You,

Theresa Overton, RN
Director of Nursing

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
Strategic Planning Committee
Minutes

February 11, 2019 – 12:00 pm
Boardroom (Fall River Mills)

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: The meeting was called to order at 12:03 pm on the above date.

BOARD MEMBERS PRESENT:

Allen Albaugh, Chair
Beatriz Vasquez, PhD, President

STAFF PRESENT:

Louis Ward, CEO
Ryan Harris, COO
Travis Lakey, CFO
Pam Sweet, Board Clerk

Community Members Present

Dave Lupton with Porter Consulting

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; committee members accepted the minutes of January 15, 2019 Vasquez/Albaugh **Approved All**

4 Facility Master Plan Update

- The Board has been alerted that we are looking at all the buildings the district owns: how they can be used and what needs to be done to bring the up to OSHPD 3 code.
- 1st focus is on the Burney annex.
 - On 2/25/19, we expect to have a minimum investment amount to bring a clinic to Burney
 - We need to determine if we move forward and if so, how do we pay for it
 - Should be able to answer the question Is this the right building for this project
 - Next step will be to determine a rough estimate of what the project will cost
- Retail pharmacy is progressing fine.
 - Aside from purchase of the building, we have only a minimal investment in the project
 - We need to put together a budget the Board can look at
- Riverview House will be a sleep house for on-call staff. Will replace the Long Street house.
 - We had intended a minimally invasive re-do of the house, but electrical, plumbing and insulation problems have expanded the project
- Dave Lupton answered questions about the new building project
 - We got a late start and winter weather has caused the project to fall further behind. Estimate we are 45 days behind schedule
 - There have been change orders to meet USDA requirements. The cost of which will mostly come out of the contingency.
 - Meeting next week to do due diligence on removal of the 1953 building and discuss logistics
 - There is some asbestos in the flooring, but no lead paint in the building
 - Removal of the building is a “change orders,” so Layton could conceivably back out of the project

- We have until April 1st to file for an extension that would give us until 2022 to demolish the building
- USDA approved pay requests for October through January
- In 2030, the plumbing, electrical and mechanical requirements will impact the entire building. All of those services originate in the SNF building

5 ADMINISTRATIVE REPORT

- Meeting with SEMSA this afternoon
 - There is a pathway for them to continue doing ground transport and an opportunity to base the helicopter at the airport in Fall River
 - Be thinking about what to do about equipment if SEMSA does leave the area.
 - MMHD owns 2015 and 2007 ambulances, as well as a 1989 ambulance
 - Committee requests more info on the 2007 and 1989 ambulances
 - We also have 1st right of refusal on a 2017 ambulance owned by SEMSA
- HVAC Systems:
 - Ryan has a call in with Chico State to do a free energy audit which will tell us if we are eligible for low interest loans
 - All the Fall River HVAC systems are from the 1980's to early 1990's. We can no longer get parts for them
 - Worst case scenario is \$1.56 million to replace all the Fall River HVAC systems
 - There will be a significant engineering cost to get a quote
 - Burney HVAC systems are from about 1994 and we can still get parts for them, so they can be fixed.
- Laundry is up and going
 - Haven't got final from the County yet. The design was signed off on, but a new inspector said we need an ADA bathroom
 - Aramark is still delivering until 3/7/19

6 OTHER INFORMATION/ANNOUNCEMENTS: None

7 ADJOURNMENT – 1:17 pm

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

February 12, 2019 - 12:00pm
Boardroom (Fall River Mills)

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 Beatriz Vasquez called the meeting to order at 12:01pm on the above date.

BOARD MEMBERS PRESENT:

Laura Beyer, Secretary
Jeanne Utterback, Director

ABSENT:

Jack Hathaway, DOQ

OTHERS PRESENT:

STAFF PRESENT:

Louis Ward, CEO
Ryan Harris, DOO
Diana Groendyke, DON SNF
Candy Vculek, CNO
Chris Hall, Lab
BJ Burks, Snf-Activities
Valerie Lakey, Safety
Coleen Beck, Infection Preventionist
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 January 19, 2019 Utterback/Ward **Approved All**

4 **DEPARTMENT REPORTS**

4.1 **SNF:** Submitted written report

- Attention to Skin & Weights has improved quality of care. Team meets every Wednesday and is driven by the Registered Dietitian to discuss weight variances
- Just started “stop-light” report. Start with employees, then will create something similar for patients and families
- Applying for a grant to buy a sling for each patient. Is an infection control best practice

4.2 **Lab:** Submitted written report

- Communication between MMHD and MVHC is improved. Working on resolving discrepancies
- Goal is Point Click Care and Paragon integration this year

4.3 **Finance:** Submitted written report

- Being careful about spending so we have funds available to invest in IGT

4.4 **Volunteer Services:**

- Looking forward to an update to the plan for flu immunizations and TB tests
 - MMHD pays for immunizations and tests
- Developing a “men’s” day to accompany “women’s” day. Working to get a male barber to do their hair. Not quite in place

4.5 **SNF Activities:** Submitted written report

5 **QUARTERLY REPORTS**

5.1 **Safety:**

- Emphasis has been on Emergency Preparedness as part of the Fire, Life, Safety survey. Just completed our 2nd survey and surveyor commented on how important it is the entire staff be trained in emergency preparedness.
 - We have a really good cross section of staff trained. Problem getting to CNA's due to their time constraints. Emphasis is on Maintenance and Environmental Services staff. All Staff have to have a basic knowledge
 - CMS has made Emergency Preparedness a priority.
 - Risk assessments are performed to identify the greatest risks for our community
 - Want to have a couple of people from each department that are well versed in communications and safety
 - Deadline is June 30 to have everyone trained. Currently have 90%
 - Discuss at orientation and are developing a reorientation test
 - Relias system gives us the ability to track and trend keeping people compliant
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6 **STANDING MONTHLY REPORTS**

6.1 **Quality/Performance Improvement:** Tabled

6.2 **PRIME:** Louis reported we have chosen a project that is more facility centered than community wide and that is keeping a healthy lifestyle in the hospital. Food options were a big change; offering more healthy options. Offering biometrics. Now pushing against brown drinks. Decided to get rid of all soda's in the cafeteria and machines. There is still 1 vending machine that has soda because it is run by an outside vending source.

6.3 **SNF Events/Survey:** Nothing from the state yet

6.4 **Infection Control:** Submitted written report

7 **ADMINISTRATIVE REPORT:**

- On Call Pay Rates: Looking to standardize all rates. We now have 2 groups: clinical and non-clinical
 - Scope of Practice Complaints: An RN and EMT have been disciplined. Goal is to educate and change the culture. It will take all the providers to comply
 - SEMSA: Met with SEMSA leadership yesterday and talked with Aiden Board last night.
 - SEMSA has committed to continue ground transportation a Mayers, but it's not complete. Need quality metrics set in place (i.e., response times).
 - They will supply us an ALS crew and a backup crew
 - Considering the benefits of investing in equipment as opposed to staffing
 - Will know by the end of February if SEMSA is our vendor
 - Seeing reductions in volunteer staff and expect to see that more
 - Will have more information on the helicopter 2/25/19 board meeting. It looks positive. Possibly will be based at the FR airport
 - Manager's meeting is at 2:30pm today. Will discuss orientation, reorientation and training
 - Meaningful Use is due at the end of February. A report showing how much we are using the EHR
-

8 **NEW BUSINESS:** None

9 **OTHER INFORMATION/ANNOUNCEMENTS:** None

10 **ANNOUNCEMENT OF CLOSED SESSION:**

11 **RECONVENE OPEN SESSION:** No action

12 **ADJOURNMENT:** 2:15 pm - Next Regular Meeting – March 13, 2019 (Fall River Mills)

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

TELEMEDICINE: CANCELLATION/NO-SHOW POLICY

Page 1 of 2

DEFINITION: Telemedicine provides patients located in rural areas with timely access to specialist care via real-time television/video communication.

POLICY:

This policy will outline the procedure used when a patient has made and canceled or no-showed for three or more Telemedicine appointments.

PROCEDURE:

1. A block of specialist time each month is given to the Telemedicine Coordinator (TC) by Telem2U.
2. The TC fills the schedule with patients. Patients are contacted via phone or letter if no response.
 - a. An attempt by phone is made three times, on three separate dates. If no response then a letter is mailed to the patient. If still no response, the referring provider is notified of lack of response and patient referral is scanned and paper copy shredded.
3. If a patient makes an appointment, the TC stresses to them how important the appointment is and that they shouldn't cancel less than one week in advance.
 - a. If a patient cancels BEFORE the schedule is submitted to the specialist office the cancellation does NOT count against them.
 - b. If they cancel after the schedule is submitted (less than one week before the appointment) three times or more then the patient will no longer be contacted to reschedule. The referring provider is notified and patient file is scanned and paper copy shredded.
 - c. If the patient no-shows three times or more to an appointment then the patient will no longer be contacted to reschedule. The referring provider is notified and patient file is scanned and paper copy shredded.
4. An exception is made for Hep C patients on treatment. They will not be removed from call list until treatment and all labs have been completed.

SPECIAL CONSIDERATIONS:

If the cancellation/no-show rate of Mayers Memorial Hospital exceeds 29% of appointments scheduled with Telem2U we will have to start paying for 50% of the appointment fee. This is per the services contract with Telem2U signed November 15, 2018.

REFERENCES:

This policy was developed at Mayers Memorial Hospital by the Telemedicine Coordinator in partnership with Telemed2U.

COMMITTEE APPROVALS:

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

CARE, TREATMENT AND SERVICES - OT

Page 1 of 3

POLICY:

- Occupational Therapy staff shall provide care, treatment and services as follows:
 - Coordination and Control Training:
 - Graded activity to improve coordination
 - Recommend positioning for optimal function
 - Train in compensatory techniques
 - Functional Therapeutic Exercise:
 - Graded activity that requires active assistive, active or resistive movement
 - Graded activities of daily living to improve strength
 - Instruction to family and patient regarding range of motion techniques
 - Train in body positioning to facilitate motor control and increase or maintain patterns
 - Utilize techniques to inhibit abnormal reflexes and abnormal movement patterns
 - Utilize techniques to facilitate normal developmental reactions and other normal movement patterns, including oral musculature, trunk and extremities
 - Techniques to facilitate reduced muscle tone
 - Techniques to inhibit increased muscle tone
 - Endurance Training and Energy Conservation:
 - Train in energy conservation techniques during functional activity
 - Provide graded activities to increase level of endurance
 - Recommend and/or provide adaptive equipment
 - Train in proper body mechanics during functional activity
 - Recommend work simplification methods
 - Provide functional activities for patient to identify activity tolerance level
 - Pain Management:
 - Note underlying cause of pain.
 - When indicated, provide joint mobilization techniques for the (upper extremity) affected area
 - When indicated, provide joint immobilization devices (i.e., splints, adaptive equipment) for the affected extremity
 - Provide a supportive atmosphere to facilitate patient's optimum functioning
 - Recommend and/or provide relaxation techniques
 - Provide functional training to identify activity tolerance level of the patient
 - Train in proper body mechanics during functional activities
 - Train in proper joint protection techniques to prevent deformity
 - Provide prevocational evaluation and training when indicated
 - Edema Control:
 - Note underlying cause for edema
 - Provide proper positioning techniques and/or adaptive devices to reduce edema (i.e., elevation of part, position of part, positioning splints, arm rest)

- Recommend and/or provide adaptive devices or other methods for application of pressure, such as ace wrapping, pressure garments, isotonic gloves
- Teach patient self ranging techniques to reduce edema, if appropriate for patient
- Provide graded activities and exercise to reduce edema
- Recommend and/or provide contrast baths to reduce edema, if indicated
- Provide edema massages as necessary, and educate patient on self-massage, if appropriate
- Body Scheme/Retaining:
 - Evaluate body scheme development
 - Provide specific tactile, kinesthetic/proprioceptive and vestibular input to enhance the development of body scheme
 - Provide specific activities that facilitate the integration of visual, kinesthetic, proprioceptive, tactile and vestibular input for the development of body scheme
- Somato-Sensory/Stimulation:
 - Evaluate the tactile and/or kinesthetic/proprioceptive sensory systems
 - Provide carefully monitored tactile and kinesthetic/proprioceptive, input through the following methods: brushing, icing, rubbing, touch, pressure, vibration, joint approximation and resistive exercises
 - Provide movement activities that incorporate various tactile experiences
 - Provide graded tactile activities to improve tactile discrimination
- Feeding Training:
 - Provide ongoing evaluation of oral functions
 - Treat underlying problems, such as swallowing difficulty, lip control, breath control, body positioning, upper extremity physical deficits
 - Recommend proper food consistency, utensil positioning and body positioning for optimum function
 - Recommend and/or provide adaptive equipment for specific problems, such as limited grasp (quad cuff, built-up utensil handles), limited range of motion (extended handles, straws), limited strength (mobile arm supports) and one-handed use (plate guards, rocker knife)
 - Coordinate with other services regarding patient oral function
 - Provide patient and family education
- Dressing Training:
 - Train bed mobility skills as they relate to dressing
 - Train in transfer techniques as they relate to dressing
 - Train in specialized dressing techniques (i.e., one-handed dressing)
 - Recommend and/or provide adaptive equipment to facilitate independence in dressing
 - Recommend and/or provide modification to bed to increase independence in dressing
 - Recommend and/or provide adaptation to patient clothing for independent use
 - Provide patient and family education
- Hygiene and Grooming Training:
 - Train in specific self-care techniques
 - Recommend and/or provide adaptive equipment
 - Train in pressure relief techniques
 - Train in specific transfer techniques
 - Provide patient and family education

- Homemaking:
 - Provide information and instruct in specific techniques, as they relate to adjustment and independence in homemaking skills
 - Provide simulated tasks involving activities patient will assume in homemaking situations
- Sensory Retraining:
 - Provide stimuli, such as tactile, taste and smell, prior to and during functional activity
 - Train in compensatory techniques to assure optimum functioning and safety during ADLs
- Visual Stimulation:
 - Evaluate visual perception
 - Normalize underlying sensory systems (tactile, vestibular) that affect visual perception
 - Provide controlled visual input requiring motor output (i.e., visual scanning activities)
 - Provide graded visual discrimination activities

COMMITTEE APPROVALS:

P&P Committee: 3/14/2019

**MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE
USES AND DISCLOSURES FOR WHICH AN
AUTHORIZATION IS REQUIRED**

Page 1 of 7

*Synopsis of Policy: 164.508(a), 164.508(b), 164.508(c), 164.510(a), 164.510(b)
Uses and Disclosures for which an Authorization is Required*

To define the circumstances under which an authorization is necessary prior to use or disclosure of an individual's Protected Health Information (PHI) by Mayers Memorial Hospital District (MMHD) and the requirements of a valid authorization.

DEFINITIONS:

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.

- Covered Entity: A health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA transaction.
- ePHI: Electronic/Protected Health Information means individually identifiable health information:
 1. Transmitted by electronic media;
 2. Maintained in electronic media; or
 3. Transmitted or maintained in any other form or medium.

PURPOSE:

To define the circumstances under which an authorization is necessary prior to use or disclosure of an individual's Protected Health Information (PHI) by MMHD and the requirements of a valid authorization.

POLICY:

Authorizations for uses and disclosures:

1. MMHD may not use or disclose PHI without an authorization that is valid. When MMHD obtains or receives a valid authorization for its use or disclosure of PHI, such use or disclosure must be consistent with the authorization.

2. MMHD must obtain an authorization for any use or disclosure of psychotherapy notes, except:
 - a. To carry out the following treatment, payment, or health care operations:
 - i. Use by the originator of the psychotherapy notes for treatment;
 - ii. Use or disclosure by MMHD for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; and
 - iii. Use or disclosure by MMHD to defend itself in a legal action or other proceeding brought by the individual.
 - b. A use or disclosure that is required by Privacy policy number 17 Uses and Disclosure for which an Authorization is Required.

3. Authorization required: Marketing
 - a. Notwithstanding any provision of this policy, other than the transition provisions in policy number 20 Uses and Disclosures or Workers Comp. MMHD must obtain an authorization for any use or disclosure of PHI for marketing, except if the communication is in the form of:
 - i. A face-to-face communication made by a covered entity to an individual; and
 - ii. A promotional gift of nominal value provided by MMHD.
 - b. If the marketing involves direct or indirect remuneration to MMHD from a third party, the authorization must state that such remuneration is involved.

General Requirements.

4. Valid authorizations
 - a. A valid authorization is a document that meets the requirements of this policy, as applicable.
 - b. A valid authorization may contain elements or information in addition to the elements required by this policy, provided that such additional elements or information are not inconsistent with the elements required by this policy.

5. An authorization is not valid, if the document submitted has any of the following defects:
 - a. The expiration date has passed or the expiration event is known by MMHD to have occurred;
 - b. The authorization has not been filled out completely, with respect to an element described by this policy, if applicable;
 - c. The authorization is known by MMHD to have been revoked;

- d. The authorization violates this paragraph, or paragraphs below, if applicable; and
 - e. Any material information in the authorization is known by MMHD to be false.
6. An authorization for use or disclosure of PHI may not be combined with any other document to create a compound authorization, except as follows:
 - a. An authorization for the use or disclosure of PHI for a research study may be combined with any other type of written permission for the same research study, including another authorization for the use or disclosure of PHI for such research or a consent to participate in such research;
 - b. An authorization for a use or disclosure of psychotherapy notes may only be combined with another authorization for a use or disclosure of psychotherapy notes; and
 - c. An authorization under this policy, other than an authorization for a use or disclosure of psychotherapy notes, may be combined with any other such authorization under this section, except when MMHD has conditioned the provision of treatment, payment, enrollment in the health plan or eligibility for benefits on the provision of one of the authorizations.
7. MMHD may not condition the provision to an individual of treatment, payment, enrollment in the health plan, or eligibility for benefits on the provision of an authorization, except:
 - a. MMHD may condition the provision of research-related treatment on provision of an authorization for the use or disclosure of PHI for such research under this policy;
 - b. MMHD may condition enrollment in the health plan or eligibility for benefits on provision of an authorization requested by the health plan prior to an individual's enrollment in the health plan, if:
 - i. The authorization sought is for the health plan's eligibility or enrollment determinations relating to the individual, or for its underwriting or risk rating determinations; or
 - ii. The authorization is not for a use or disclosure of psychotherapy notes; and
 - c. MMHD may condition the provision of health care that is solely for the purpose of creating PHI for disclosure to a third party on provision of an authorization for the disclosure of the PHI to such third party.
8. An individual may revoke an authorization provided under this policy at any time, provided that the revocation is in writing, except to the extent that:
 - a. MMHD has taken action in reliance thereon; and

- b. If the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy, or the policy itself.
9. MMHD must document and retain any signed authorization under this section.

Core Elements and Requirements

10. Core elements. A valid authorization under this section must contain at least the following elements:
- a. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion;
 - b. The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure;
 - c. The name or other specific identification of the person(s), or class of persons, to whom MMHD may make the requested use or disclosure;
 - d. A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose;
 - e. An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. The statement "end of the research study," "none," or similar language is sufficient if the authorization is for a use or disclosure of PHI for research, including for the creation and maintenance of a research database or research repository; and
 - f. Signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided.
11. In addition to the core elements, the authorization must contain statements adequate to place the individual on notice of all of the following:
- a. The individual's right to revoke the authorization in writing, and either:
 - i. The exceptions to the right to revoke and a description of how the individual may revoke the authorization; or
 - ii. To the extent that the information in this paragraph is included in the notice of privacy practices;
 - b. The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization, by stating either:
 - i. MMHD may not condition treatment, payment, enrollment, or eligibility for benefits on whether the individual signs the authorization when the prohibition on conditioning of authorizations in this policy applies; or

- ii. The consequences to the individual of a refusal to sign the authorization when, in accordance with this policy, MMHD can condition treatment, enrollment in the health plan, or eligibility for benefits on failure to obtain such authorization; and
- c. The potential for information disclosed pursuant to the authorization to be subject to re-disclosure by the recipient and no longer be protected by HIPAA privacy rules.

12. The authorization must be written in plain language.

13. If MMHD seeks an authorization from an individual for a use or disclosure of PHI, MMHD must provide the individual with a copy of the signed authorization.

Uses and disclosures requiring an opportunity for the individual to agree or to object.

14. MMHD may use or disclose protected health information, provided that the individual is informed in advance of the use or disclosure and has the opportunity to agree to, or prohibit/restrict the use or disclosure, in accordance with the applicable requirements of this section. The MMHD may orally inform the individual of and obtain the individual's oral agreement or objection to a use or disclosure permitted by this section.

Use and disclosure for facility directories.

15. Permitted uses and disclosure. Except when an objection is expressed in accordance with this section, MMHD may:

- a. Use the following protected health information to maintain a directory of individuals in its facility:
 - i. The individual's name;
 - ii. The individual's location in MMHD'S facility;
 - iii. The individual's condition described in general terms that does not communicate specific medical information about the individual; and
 - iv. The individual's religious affiliation; and
- b. Use or disclose for directory purposes such information:
 - i. To members of the clergy; or
 - ii. Except for religious affiliation, to other persons who ask for the individual by name.

16. Opportunity to object. MMHD must inform an individual of the protected health information that it may include in a directory and the persons to whom it may disclose such information (including disclosures to clergy of information regarding religious affiliation) and provide the individual with the opportunity to restrict or prohibit some or all of the uses or disclosures permitted by this section.

17. Emergency circumstances.

- a. If the opportunity to object to uses or disclosures required by this section cannot practicably be provided because of the individual's incapacity or an emergency treatment circumstance, MMHD may use or disclose some or all of the protected health information permitted by this section for the facility's directory, if such disclosure is:
 - i. Consistent with a prior expressed preference of the individual, if any, that is known to the covered health care provider; and
 - ii. In the individual's best interest as determined by the covered health care provider, in the exercise of professional judgment;
- b. MMHD must inform the individual and provide an opportunity to object to uses or disclosures for directory purposes as required by this section when it becomes practicable to do so.

Uses and disclosures for involvement in the individual's care and notification purposes.

18. Permitted uses and disclosures.

- a. MMHD may, in accordance with this section, disclose to a family member, other relative, or a close personal friend of the individual, or any other person identified by the individual, the protected health information directly relevant to such person's involvement with the individual's health care or payment related to the individual's health care.
- b. MMHD may use or disclose protected health information to notify, or assist in the notification of (including identifying or locating), a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual's location, general condition, or death. Any such use or disclosure of protected health information for such notification purposes must be in accordance with this section, as applicable.

19. Uses and disclosures with the individual present. If the individual is present for, or otherwise available prior to, a use or disclosure permitted by this section and has the capacity to make health care decisions, MMHD may use or disclose the protected health information if it:

- a. Obtains the individual's agreement;
- b. Provides the individual with the opportunity to object to the disclosure, and the individual does not express an objection; or
- c. Reasonably infers from the circumstances, based on the exercise of professional judgment, that the individual does not object to the disclosure.

20. Limited uses and disclosures when the individual is not present. If the individual is not present, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the individual's incapacity or an emergency circumstance, MMHD may, in the exercise of professional judgment, determine whether the disclosure is in the best interests of the individual and, if so, disclose only the protected health information that is directly relevant to the person's involvement with the individual's care or payment related to the individual's health care or needed for notification purposes. MMHD may use professional judgment and its experience with common practice to make reasonable inferences of the individual's best interest in allowing a person to act on behalf of the individual to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of protected health information.
21. Uses and disclosures for disaster relief purposes. MMHD may use or disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the uses or disclosures permitted by this section. The requirements in this section apply to such uses and disclosures to the extent that MMHD, in the exercise of professional judgment, determines that the requirements do not interfere with the ability to respond to the emergency circumstances.
22. Uses and disclosures when the individual is deceased. If the individual is deceased, MMHD may disclose to a family member, or other persons identified in this section who were involved in the individual's care or payment for health care prior to the individual's death, protected health information of the individual that is relevant to such person's involvement, unless doing so is inconsistent with any prior expressed preference of the individual that is known to MMHD.

REFERENCES:

164.508(a), 164.508(b), 164.508(c), 164.510(a), 164.510(b)

COMMITTEE APPROVALS

HIM/HIPAA: 10/25/2018

**MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE
USER ACCESS MANAGEMENT**

Page 1 of 6

*Synopsis of Policy: **HIPAA Regulation: 164.308(a)(3)***

This policy establishes rules for authorizing access to the computing network, applications, workstations, and to areas where Electronic Protected Health Information (ePHI) is accessible.

Workforce members that need access to ePHI will need authorization when working with ePHI or when working in locations where it resides.

Workforce security includes ensuring that only workforce members who require access to ePHI for work related activities shall be granted access. When work activities no longer require access, authorization shall be terminated.

In addition, this policy provides guidelines on how user access is routinely reviewed and updated.

Aspects of this policy specifically concern:

Management and Access Control;

Rules for Minimum Necessary Access;

How we Grant Access to ePHI;

How we Screen Workforce members Prior to Access;

Why we maintain Signed Security Acknowledgements;

What Security Awareness is required Prior to getting Access;

Procedures for Granting Access in an Emergency;

Modifications to the Workforce members Access;

Ongoing Compliance for Access;

And Termination of Access

DEFINITIONS

- Covered Entity: A health plan or a health care provider who stores or transmits any health information in electronic form in connection with a HIPAA transaction.
- Business Associate Definition: any entity that uses or discloses protected health information (PHI) on behalf of a covered entity (e.g. group health plan, hospital, etc.). Furthermore, it is any person or Mayers Memorial Hospital District (MMHD) who, on behalf of a covered entity, performs (or assists in the performance of) a function or activity involving the use or disclosure of PHI.

- ePHI: Electronic/Protected health information means individually identifiable health information:
 - Transmitted by electronic media;
 - Maintained in electronic media; or
 - Transmitted or maintained in any other form or medium.
 - Paper PHI: Protected Health Information that is not in an electronic format.
- Workforce: Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity.

PURPOSE:

The intent of this policy is to establish rules for authorizing access to the computing network, applications, workstations, and to areas where ePHI is accessible. Workforce members that require access to ePHI will need authorization when working with ePHI or when working in locations where it resides. Workforce security includes ensuring that only workforce members who require access to ePHI for work related activities shall be granted access. When work activities no longer require access, authorization shall be terminated. In addition, this policy provides guidelines on how user access is routinely reviewed and updated.

POLICY:

Management and Access Control

Only the workforce member's supervisor or manager can grant access to MMHD ePHI information systems.

Access to the information system or application may be revoked or suspended, consistent with MMHD policies and practices, if there is evidence that an individual is misusing information or resources. Any individual whose access is revoked or suspended may be subject to disciplinary action or other appropriate corrective measures.

Minimum Necessary Access

MMHD shall ensure that only workforce members who require access to Electronic Protected Health Information (ePHI) are granted access. Each supervisor or manager is responsible for ensuring that the access to ePHI granted to each of his or her subordinates is the minimum necessary access required for each subordinate's job role and responsibilities. If the user no longer requires access, it is the supervisor or manager's responsibility to complete the necessary process to terminate access.

Granting Access to ePHI

Screen Workforce Members Prior to Access

The manager or supervisor shall ensure that information access is granted only after first verifying that the access of a workforce member to ePHI is appropriate.

Sign Security Acknowledgement

Prior to being issued a User ID or log on account to access any ePHI, each workforce member shall sign MMHD's Confidentiality Agreement or an Acknowledgement of Information Security Responsibility before access is granted to the network or any application that contains ePHI, and thereafter shall comply with all MMHD's security policies and procedures.

Security Awareness Prior to Getting Access

Before access is granted in any of the various systems or applications that contain ePHI, workforce members shall be trained to a minimum standard including:

1. Proper uses and disclosures of the ePHI stored in systems or application(s)
2. How to properly log on and log off the systems or application(s)
3. Protocols for correcting user errors
4. Instructions on contacting a designated person or help desk when ePHI may have been altered or destroyed in error
5. Reporting a potential or actual security breach

Management Approval

MMHD shall implement the following policies:

1. User IDs or log on accounts can only be assigned with management approval.
2. Managers are responsible for requesting the appropriate level of computer access for staff to perform their job function.
3. All requests regarding User IDs or computer system access for workforce members are to be communicated to the appropriate individuals by email, for tracking purposes MMHD. All requests shall be made in writing (which may be in an electronic format).
4. System administrators are required to process only those requests that have been authorized by managers.
5. Request is to be retained by the system administrator for a minimum of 1 year.

Granting Access in an Emergency

Emergency User Access

Management has the authority to grant emergency access for workforce members who have not completed the normal HIPAA access requirements if:

1. The facility declares an emergency or is responding to a natural disaster that makes the management of client information security secondary to immediate personnel safety activities.
2. Management determines that granting immediate access is in the best interest of the client.

If management grants emergency access, she/he shall review the impact of emergency access and document the event within 24 hours of it being granted.

After the emergency event is over, the user access shall be removed or the workforce member shall complete the normal requirements for being granted access.

Granting Emergency Access to an Existing User Access Account

In some circumstances it may be necessary for management to grant emergency access to a user's account without the user's knowledge or permission.

Management may grant this emergency access in these situations:

1. The workforce member terminates or resigns and management requires access to the person's data;
2. The workforce member is out for a prolonged period;
3. The workforce member has not been in attendance and therefore is assumed to have resigned; or
4. Manager/supervisor needs immediate access to data on a workforce member's computer in order to provide client treatment.

Termination of Access

The department manager or his/her designated representative is responsible for terminating a workforce member's access to ePHI in these circumstances:

1. If management has evidence or reason to believe that the individual is using information systems or resources in a manner inconsistent with the Security Rule policies.
2. If the workforce member or management has evidence or reason to believe the user's password has been compromised.
3. If the employee resigns, is terminated, is suspended, retires, or is away on unapproved leave.
4. If the employee's job description changes and system access is no longer justified by the new job description.

If the workforce member is on an approved leave of absence and the user's system access will not be required for more than three weeks, management shall suspend the user's account until the workforce member returns from their leave of absence.

Modifications to the Workforce members Access

If a workforce member transfers to another program or changes role(s) within the same program within MMHD:

1. The workforce member's new supervisor or manager is responsible for evaluating the member's current access and for requesting new access to ePHI commensurate with the workforce member's new role and responsibilities.

If a workforce member transfers to another program or department outside of MMHD:

1. The workforce member's access to ePHI within his or her current unit shall be terminated as of the date of transfer.

2. The workforce member's new supervisor or manager is responsible for requesting access to ePHI commensurate with the workforce member's new role and responsibilities.

Ongoing Compliance for Access

In order to ensure that workforce members only have access to ePHI when it is required for their job function, the following actions shall be implemented by MMHD:

1. Every new User ID or log on account that has not been used after 30 consecutive calendar days since creation shall be investigated to determine if the workforce member still requires access to the ePHI.
2. At least every six months, IT teams are required to send supervisors/managers (or appropriate designees):
 - a. A list of all workforce members for all applications.
 - b. A list of workforce members and their access rights for all shared folders that contain ePHI, and
 - c. A list of all Virtual Private Network (VPN) workforce members.
3. The supervisors/managers shall then notify their IT teams of any workforce members that no longer require access.

Policy Responsibilities:

Security Officer or Designee Responsibilities:

1. Work with System Administrator to arrange an email to Security Officer with the names of workforce members who are terminating or transferring out of MMHD, along with the individual's supervisor's name and the effective date.
2. Work with HR or their designee to arrange a process to immediately email and telephone IT and Facilities Management if a workforce member is being released from probation or terminated with cause. The HR division shall provide the workforce member's name, supervisor's name and effective date, so that access can be discontinued when the personnel action is effective.

MMHD'S IT Team(s) Responsibilities: Account Management

1. Immediately, upon written notification, the worker's access to ePHI shall be removed.
2. A report shall be created that identifies new User IDs or log on accounts not accessed within 30 days of creation.
3. A report shall be provided every six months to the manager/supervisor or designee documenting workers with access to ePHI, and requesting verification that access is still required to fulfill the worker's job functions.

Managers and Supervisors Responsibilities:

1. Each manager/supervisor is responsible for ensuring that the access to ePHI granted to each of his or her subordinates is the minimum necessary access required for each such subordinate's job role and responsibilities.
2. If the user no longer requires access, it is the manager/supervisor's responsibility to complete the necessary paperwork as soon as possible to terminate access.

3. The manager/supervisor shall validate new User IDs or log on accounts that are not accessed within 30 days of creation. If access is no longer required, the User ID shall be deleted.
4. Semi-annual user and folder access reports and the VPN access reports prepared by the IT team shall be reviewed and verified to determine if the workforce members still require access to the ePHI.
5. The manager/supervisor shall ensure members of the workforce have signed the IT security agreement and are properly trained before approving access to ePHI.

User Responsibility:

Each user shall read and attest to MMHD IT Security Policies, sign MMHD'S HIPAA Confidentiality Agreement, attend HIPAA Security training, and report all security incidents.

PROCEDURES

MMHD shall document written procedures for granting user access, the authorization of access to ePHI, and the termination of user access. These procedures shall include, as a minimum, all of the policy requirements above.

REFEENCES

HIPAA Regulation:

- 164.308(a)(3) *Workforce security*
- 164.308(a)(3) *Authorization and/or supervision*
- 164.308(a)(3) *Workforce clearance procedure*
- 164.308(a)(3) *Termination procedures*
- 164.308(a)(4) *Information access management*
- 164.308(a)(4) *Access authorization*
- 164.308(a)(4) *Access establishment and modification*
- 164.312(a)(1) *Access control*
- 164.312(c)(1) *Integrity*
- 164.312(a)(1) *Emergency access procedure*

COMMITTEE APPROVALS:

HIM/HIPAA: 10/25/2018

MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE
USES AND DISCLOSURES, NO AUTHORIZATION REQUIRED

Page 1 of 9

Synopsis of Policy:

Under certain situations, Mayers Memorial Hospital District (MMHD) may use and disclose Protected Health Information (PHI) when an authorization or opportunity to agree or object is not required. Additionally, MMHD may use or disclose PHI without the written authorization of the individual, or the opportunity for the individual to agree or object in the situations covered by this policy.

DEFINITIONS:

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.

- **Covered Entity:** A health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA transaction.
- **Business Associate Definition:** any entity that uses or discloses protected health information (PHI) on behalf of a covered entity (e.g. group health plan, hospital, etc.). Furthermore, it is any person or organization who, on behalf of a covered entity, performs (or assists in the performance of) a function or activity involving the use or disclosure of PHI.
- **Disclosure:** The release, transfer, provision of access to or divulging in any manner of information outside of MMHD. [45 CFR 164.501]
- **ePHI:** Electronic/Protected Health Information means individually identifiable health information:
 - 1 Transmitted by electronic media
 - 2 Maintained in electronic media
 - 3 Transmitted or maintained in any other form or medium

PURPOSE:

Under certain situations, MMHD may use and disclose Protected Health Information (PHI) when an authorization or opportunity to agree or object is not required. Additionally, MMHD may use or disclose PHI without the written authorization of the individual, or the opportunity for the individual to agree or object in the situations covered by this policy.

POLICY:

Uses and disclosures required by law:

1. MMHD may use or disclose PHI to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. MMHD must meet the following requirements for uses or disclosures required by law:
 - a. Disclosures about victims of abuse, neglect or domestic violence;
 - b. Disclosures for judicial and administrative proceedings (see policy number 10 Judicial and Administrative Proceedings); and
 - c. Victims of a crime.

Uses and disclosures for public health activities.

1. MMHD may disclose PHI for the public health activities and purposes described in this paragraph to:
 - a. A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death and the conduct of public health surveillance, public health investigations and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority; and
 - b. A public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect.
2. A person subject to the jurisdiction of the Food and Drug Administration (FDA) with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity. Such purposes include:
 - a. To collect or report adverse events (or similar activities with respect to food or dietary supplements), product defects or problems (including problems with the use or labeling of a product), or biological product deviations;
 - b. To track FDA-regulated products;

- c. To enable product recalls, repairs, replacement, or lookback (including locating and notifying individuals who have received products that have been recalled, withdrawn or are the subject of lookback); or
 - d. To conduct post marketing surveillance.
- 3. A person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if the covered entity or public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation.
- 4. An employer, about an individual who is a member of the workforce of the employer, if:
 - a. The covered entity is a covered health care provider who is a member of the workforce of such employer or who provides health care to the individual at the request of the employer:
 - i. To conduct an evaluation relating to medical surveillance of the workplace; or
 - ii. To evaluate whether the individual has a work-related illness or injury.
 - b. The PHI that is disclosed consists of findings concerning a work-related illness or injury or a workplace-related medical surveillance;
 - c. The employer needs such findings in order to comply with its obligations under 29 CFR parts 1904 through 1928, 30 CFR parts 50 through 90, or under State law having a similar purpose to record such illness or injury, or to carry out responsibilities for workplace medical surveillance; or
 - d. The covered health care provider provides written notice to the individual that PHI relating to the medical surveillance of the workplace and work-related illnesses and injuries is disclosed to the employer:
 - i. By giving a copy of the notice to the individual at the time the health care is provided; or
 - ii. If the health care is provided on the work site of the employer, by posting the notice in a prominent place at the location where the health care is provided.
- 5. If MMHD also is a public health authority, the covered entity is permitted to use PHI in all cases in which it is permitted to disclose such information for public health activities.

Disclosures about victims of abuse, neglect or domestic violence.

- 1. Permitted disclosures. Except for reports of child abuse or neglect MMHD may disclose PHI about an individual whom MMHD reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect or domestic violence:

- a. To the extent the disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law;
 - b. If the individual agrees to the disclosure;
 - c. To the extent the disclosure is expressly authorized by statute or regulation and:
 - i. The covered entity, in the exercise of professional judgment, believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or
 - ii. If the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the PHI for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.
2. When a disclosure permitted by the above paragraph is made, MMHD must promptly inform the individual that such a report has been or will be made, except if:
- a. MMHD in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm; or
 - b. MMHD would be informing a personal representative, and MMHD reasonably believes the personal representative is responsible for the abuse, neglect or other injury and that informing such person would not be in the best interests of the individual as determined by MMHD, in the exercise of professional judgment.

Uses and disclosures for health oversight activities.

1. MMHD may disclose PHI to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:
 - a. The health care system;
 - b. Government benefits programs for which health information is relevant to beneficiary eligibility;
 - c. Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or
 - d. Entities subject to civil rights laws for which health information is necessary for determining compliance.
2. For the purpose of the disclosures permitted by the above paragraph, a health oversight activity does not include an investigation or other activity in which the individual is the subject of the investigation or activity and such investigation or other activity does not arise out of and is not directly related to:
 - a. The receipt of health care;
 - b. A claim for public benefits related to health; or

- c. Qualification for, or receipt of, public benefits or services when a patient's health is integral to the claim for public benefits or services.
3. Notwithstanding the above paragraph, if a health oversight activity or investigation is conducted in conjunction with an oversight activity or investigation relating to a claim for public benefits not related to health, the joint activity or investigation is considered a health oversight activity for purposes of this policy.
4. If MMHD also is a health oversight agency, the covered entity may use PHI for health oversight activities as permitted by this policy.

Disclosures for judicial and administrative proceedings (see Policy 10 Judicial and Administrative Proceedings).

Disclosures for law enforcement purposes (see Policy 10 Judicial and Administrative Proceedings).

Uses and disclosures about decedents.

1. Coroners and medical examiners: MMHD may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. A covered entity that also performs the duties of a coroner or medical examiner may use PHI for the purposes described in this paragraph.
2. MMHD may disclose PHI to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent. If necessary for funeral directors to carry out their duties, the covered entity may disclose the PHI prior to, and in reasonable anticipation of, the individual's death.

MMHD may use or disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye, or tissue donation and transplantation.

Uses and disclosures for research purposes.

1. MMHD may use or disclose PHI for research, regardless of the source of funding of the research, provided that:
 - a. Board approval of a waiver of authorization is made available;
 - b. MMHD obtains documentation that an alteration to or waiver, in whole or in part, of the individual authorization for use or disclosure of PHI has been approved by either:
 - i. An Institutional Review Board (IRB);
 - ii. A privacy board that:
 - a. Has members with varying backgrounds and appropriate professional competency as necessary to review the effect of the research protocol on the individual's privacy rights and related interests;

- b. Includes at least one member who is not affiliated with the covered entity, not affiliated with any entity conducting or sponsoring the research, and not related to any person who is affiliated with any of such entities; and
 - c. Does not have any member participating in a review of any project in which the member has a conflict of interest.
- c. Reviews preparatory to research. MMHD obtains from the researcher representations that:
- i. Use or disclosure is sought solely to review PHI as necessary to prepare a research protocol or for similar purposes preparatory to research;
 - ii. No PHI is to be removed from MMHD by the researcher in the course of the review; and
 - iii. The PHI for which use or access is sought is necessary for the research purposes.
- d. Research on decedent's information. MMHD obtains from the researcher:
- 1. Representation that the use or disclosure sought is solely for research on the PHI of decedents;
 - 2. Documentation, at the request of MMHD, of the death of such individuals; and
 - 3. Representation that the PHI for which use or disclosure is sought is necessary for the research purposes.
- e. For a use or disclosure to be permitted based on documentation of approval of an alteration or waiver, the documentation must include all of the following:
- i. A statement identifying the IRB or privacy board and the date on which the alteration or waiver of authorization was approved;
 - ii. A statement that the IRB or privacy board has determined that the alteration or waiver, in whole or in part, of authorization satisfies the following criteria:
 - 1. The use or disclosure of PHI involves no more than a minimal risk to the privacy of individuals, based on, at least, the presence of the following elements:
 - a. An adequate plan to protect the identifiers from improper use and disclosure;
 - b. An adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law; and
 - c. Adequate written assurances that the PHI will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of PHI is needed;

- iii. The research could not practicably be conducted without the waiver or alteration; and
- iv. The research could not practicably be conducted without access to and use of the PHI;
- f. A brief description of the PHI for which use or access has been determined to be necessary by the IRB or privacy board has determined, pursuant to the above paragraph;
- g. A statement that the alteration or waiver of authorization has been reviewed and approved under either normal or expedited review procedures, as follows:
 - i. An Internal Review Board must follow the requirements of the HIPAA Rules, including the normal review procedures or the expedited review procedures;
 - ii. A Privacy Board must review the proposed research at convened meetings at which a majority of the privacy board members are present, including at least one member who satisfies the Privacy Officer or Compliance Officer title, and the alteration or waiver of authorization must be approved by the majority of the privacy board members present at the meeting, unless the privacy board elects to use an expedited review procedure in accordance with the below paragraph; and
 - iii. A privacy board may use an expedited review procedure if the research involves no more than minimal risk to the privacy of the individuals who are the subject of the PHI for which use or disclosure is being sought. If the privacy board elects to use an expedited review procedure, the review and approval of the alteration or waiver of authorization may be carried out by the chair of the privacy board, or by one or more members of the privacy board as designated by the chair; and
- h. The documentation of the alteration or waiver of authorization must be signed by the chair or other member, as designated by the chair of the IRB or the privacy board, as applicable.

Uses and disclosures to avert a serious threat to health or safety.

- 1. MMHD may, consistent with applicable law and standards of ethical conduct, use or disclose PHI, if the covered entity, in good faith, believes the use or disclosure:
 - a. Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public;
 - b. Is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat;
 - a. Is necessary for law enforcement authorities to identify or apprehend an individual:
 - i. Because of a statement by an individual admitting participation in a violent crime that MMHD reasonably believes may have caused serious physical harm to the victim; and

- ii. Where it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody.
2. A use or disclosure pursuant to this policy may not be made if the information described is learned by MMHD:
 - a. The course of treatment to affect the propensity to commit the criminal conduct that is the basis for the disclosure under this policy, or counseling, or therapy; or
 - b. Through a request by the individual to initiate or to be referred for treatment, counseling, or therapy described in the above paragraph.
3. A disclosure made pursuant to this policy shall contain only the information that is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the PHI described in policy number 10 Judicial and Administrative Proceedings; and
4. MMHD when using or disclosing PHI pursuant to this section is presumed to have acted in good faith if the belief is based upon MMHD's actual knowledge or in reliance on a credible representation by a person with apparent knowledge or authority.

Uses and disclosures for specialized government functions 10 Judicial and Administrative Proceedings.

1. MMHD may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Use and disclosure for facility directories

1. Uses and disclosures requiring an opportunity for the individual to agree or to object. MMHD may use or disclose protected health information, provided that the individual is informed in advance of the use or disclosure and has the opportunity to agree to or prohibit or restrict the use or disclosure, in accordance with the applicable requirements of this section. MMHD may orally inform the individual of and obtain the individual's oral agreement or objection to a use or disclosure permitted by this section.
 - a. Permitted uses and disclosure. Except when an objection is expressed in accordance with this section, MMHD may:
 - i. Use the following protected health information to maintain a directory of individuals in its facility:
 1. The individual's name;
 2. The individual's location in MMHD's facility;
 3. The individual's condition described in general terms that does not communicate specific medical information about the individual; and
 4. The individual's religious affiliation; and
 - b. Disclose for directory purposes such information:
 - i. To members of the clergy; or
 - ii. Except for religious affiliation, to other persons who ask for the individual by name.
2. Opportunity to object. MMHD must inform an individual of the protected health information that it may include in a directory and the persons to whom it may disclose such information (including disclosures to clergy of information regarding religious

affiliation) and provide the individual with the opportunity to restrict or prohibit some or all of the uses or disclosures permitted by this section.

3. Emergency circumstances.

a. If the opportunity to object to uses or disclosures required by this section cannot practicably be provided because of the individual's incapacity or an emergency treatment circumstance, MMHD may use or disclose some or all of the protected health information permitted by this section for the facility's directory, if such disclosure is:

i. Consistent with a prior expressed preference of the individual, if any, that is known to MMHD; and

ii. In the individual's best interest as determined by MMHD, in the exercise of professional judgment; and

b. MMHD must inform the individual and provide an opportunity to object to uses or disclosures for directory purposes as required by this section when it becomes practicable to do so.

REFERENCES:

45 CFR 164.501

COMMITTEE APPROVALS:

HIM/HIPAA: 10/25/2018

**MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE
USE AND DISCLOSURES (GENERAL RULE)**

Page 1 of 6

DEFINITIONS:

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.

- **Business associate:** A person or entity that, on behalf of a covered entity or an organized health care arrangement, performs or assists in the performance of:
 1. A function or activity involving the use or disclosure of individually identifiable health information, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice; and
 2. Provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services for such covered entity or organized health care arrangement.
- **Covered Entity:** A health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA transaction.
- **De-Identify:** The Privacy Rule allows a covered entity to de-identify data by removing 18 specific elements that could be used to identify the individual or the individual's relatives, employers, or household members; these elements are enumerated in the Privacy Rule. The covered entity also must have no actual knowledge that the remaining information could be used alone or in combination with other information to identify the individual who is the subject of the information.
- **ePHI:** Electronic/Protected health information means individually identifiable health information:
 1. Transmitted by electronic media;
 2. Maintained in electronic media; and
 3. Transmitted or maintained in any other form or medium.
- **Minimum Necessary:** When using or disclosing protected health information (PHI), or when requesting PHI from others, the HIPAA Privacy Rule requires that a covered entity make reasonable efforts to limit itself to "the minimum necessary to accomplish the intended purpose of the use, disclosure, or request."

Policy:

1. Mayers Memorial Hospital District (MMHD) may not use or disclose protected health information, except as permitted by this policy.
 - a. MMHD is permitted to use or disclose protected health information as follows:
 - To the individual;
 - i. For treatment, payment, or health care operations, as permitted by and in compliance with privacy policy number 17;
 - ii. Incident to a use or disclosure otherwise permitted or required, provided that MMHD has complied with the applicable requirements of this policy and policies numbers 5 and 18, relating to Minimum Necessary Standards and De-Identification of PHI;
 - iii. Pursuant to, and in compliance with an authorization that complies with privacy policy number 15;
 - iv. Pursuant to an agreement under, or as otherwise permitted by privacy policy number 14; and
 - v. As permitted by and in compliance with this section, privacy policies numbers 5, 8, or 19.
 - b. MMHD is required to disclose protected health information:
 - i. To an individual, when requested under, and as required by privacy policies numbers 3 and 4; and
 - ii. When required by the Secretary to investigate or determine the MMHD's compliance with this policy.
1. Minimum necessary standard
 - a. Minimum necessary standard applies when using or disclosing PHI or when requesting PHI from another covered entity, such that a covered entity must make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.
 - b. Minimum necessary does not apply to:
 - i. Disclosures to or requests by a health care provider for treatment;
 - ii. Uses or disclosures made to the individual, as permitted under this policy identified above;
 - iii. Uses or disclosures made pursuant to an authorization under privacy policy number 15;
 - iv. Disclosures made to the Secretary; and
 - v. Uses or disclosures that are required for compliance with applicable requirements of this policy.
2. Uses and disclosures of protected health information subject to an agreed upon restriction. MMHD may not use or disclose the protected health

information covered by a restriction in violation of such restriction, except as otherwise provided in privacy policy number 10.

3. Standard: Uses and disclosures of de-identified protected health information.
 - a. Uses and disclosures to create de-identified information. A covered entity may use protected health information to create information that is not individually identifiable health information or disclose protected health information only to a business associate for such purpose, whether or not the de-identified information is to be used by the covered entity.
 - b. MMHD may assign a code or other means of record identification to allow information that is de-identified in accordance with this policy to be re-identified by MMHD, provided that:
 - i. Derivation – The code or other means of record identification is not derived from or related to information about the individual and is not otherwise capable of being translated so as to identify the individual;
 - ii. Security – MMHD:
 1. Safeguards the code or other means of record identification, treating it as PHI, in accordance with Administrative Policy 18
 2. Does not use or disclose the code or other means of record identification for any other purpose
 3. Does not disclose the mechanism for re-identification.
4. Disclosures to business associates.
 - a. MMHD may disclose protected health information to a business associate and may allow a business associate to create or receive protected health information on its behalf, if MMHD obtains satisfactory assurance that the business associate will appropriately safeguard the information. This standard does not apply:
 - i. With respect to disclosures by a covered entity to a health care provider concerning the treatment of the individual;
 - ii. With respect to disclosures by a group health plan, a health insurance issuer or HMO with respect to a group health plan to the plan sponsor;
 - iii. With respect to uses or disclosures by a health plan that is a government program providing public benefits, if eligibility for, or enrollment in, the health plan is determined by an agency other than the agency administering the health plan, or if the protected health information used to determine enrollment or eligibility in the health plan is collected by an agency other than the agency administering the health plan, and such activity is authorized by law, with respect to the collection and sharing of individually identifiable health information for the performance of such functions by the health plan and the agency other than the agency administering the health plan; and

- iv. Failure of a business associate or an associate of a business associate to comply with the terms of MMHD's business associate policies and privacy practices will result in the termination of the business associate agreement and will report such activity to the Secretary.
 - b. MMHD must document the satisfactory assurances required by the above paragraphs through a written contract or other written agreement or arrangement with the business associate.
5. MMHD must comply with all of the requirements relative to the protected health information of a deceased individual with the exception that:
 - a. Deceased Adult - An executor, administrator or other person with authority to act on behalf of a deceased patient or of the patient's estate may access or authorize the use/disclosure of the deceased patient's protected health information. See privacy policy number 6.
6. As specified in this paragraph, a covered entity must treat a personal representative as the individual:
 - a. If under applicable law a person has authority to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care, a covered entity must treat such person as a personal representative under this subchapter, with respect to protected health information relevant to such personal representation;
 - b. If under applicable law a parent, guardian, or other person acting in loco parentis has authority to act on behalf of an individual who is an unemancipated minor in making decisions related to health care, a covered entity must treat such person as a personal representative under this subchapter, with respect to protected health information relevant to such personal representation, except that such person may not be a personal representative of an unemancipated minor, and the minor has the authority to act as an individual, with respect to protected health information pertaining to a health care service, if:
 - i. The minor consents to such health care service; no other consent to such health care service is required by law, regardless of whether the consent of another person has also been obtained; and the minor has not requested that such person be treated as the personal representative;
 - ii. The minor may lawfully obtain such health care service without the consent of a parent, guardian, or other person acting in loco parentis, and the minor, a court, or another person authorized by law consents to such health care service; and
 - iii. A parent, guardian, or other person acting in loco parentis assents to an agreement of confidentiality between a covered health care provider and the minor with respect to such health care service.
 - c. Notwithstanding the provisions of the above paragraph:

- i. If, and to the extent, permitted or required by an applicable provision of State or other law, including applicable case law, MMHD may disclose, or provide access in accordance to, PHI about an unemancipated minor to a parent, guardian, or other person acting in loco parentis;
 - ii. If, and to the extent, prohibited by an applicable provision of State or other law, including applicable case law, MMHD may not disclose protected health information about an unemancipated minor to a parent, guardian, or other person acting in loco parentis; and
 - iii. Where the parent, guardian, or other person acting in loco parentis, is not the personal representative under the situations listed in this document and where there is no applicable access provision under State or other law, including case law, MMHD may provide or deny access to a parent, guardian, or other person acting in loco parentis, if such action is consistent with State or other applicable law, provided that such decision must be made by a licensed health care professional, in the exercise of professional judgment.
 - a. If, under applicable law, an executor, administrator, or other person has authority to act on behalf of a deceased individual or of the individual's estate, a covered entity must treat such person as a personal representative under this subchapter, with respect to protected health information relevant to such personal representation.
 - b. Notwithstanding a State law or any requirement of this policy to the contrary, MMHD may elect not to treat a person as the personal representative of an individual if:
 - i. MMHD has a reasonable belief that:
 1. The individual has been or may be subjected to domestic violence, abuse, or neglect by such person; or
 2. Treating such person as the personal representative could endanger the individual; and
 - ii. MMHD, in the exercise of professional judgment, decides that it is not in the best interest of the individual to treat the person as the individual's personal representative.
7. MMHD or health plan must comply with the applicable requirements regarding confidential communications when communicating PHI.
8. MMHD is required to have a notice of privacy practices and may not use or disclose protected health information in a manner inconsistent with the notice. MMHD is required to include a specific statement in its notice if it intends to engage in an activity, and may not use or disclose protected health information for such activities, unless the required statement is included in the notice.

9. MMHD is not considered to have violated the privacy rules if a member of its workforce or a business associate discloses protected health information, provided that:
 - a. The workforce member or business associate believes in good faith that MMHD has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services, or conditions provided by the covered entity potentially endangers one or more patients, workers, or the public.
 - b. The disclosure is to:
 - i. A health oversight agency or public health authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions of the covered entity or to an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by the covered entity; and
 - ii. An attorney retained by or on behalf of the workforce member or business associate for the purpose of determining the legal options of the workforce member or business associate with regard to the conduct described in paragraph 3.10.2.1 of this policy.
 10. MMHD is not considered to have violated the privacy rules if a member of its workforce who is the victim of a criminal act discloses protected health information to a law enforcement official, provided that:
 - a. The protected health information disclosed is about the suspected perpetrator of the criminal act; and
 - b. The protected health information disclosed is limited law enforcement requirements and the information listed in policy number 12.
- Business associate: A person or entity that, on behalf of a covered entity or an organized health care arrangement, performs or assists in the performance of:

REFERENCES:

HIPAA Regulation: § 164.502(a) - § 164.502(j)

COMMITTEE APPROVALS:

HIM/HIPAA: 10/25/2018

**MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE
WORKSTATION ACCESS CONTROLS**

Page 1 of 4

*Synopsis of Policy: **HIPAA Regulations:** 164.310(a)(1) Access control and validation procedures; (b) Workstation use; (c) Workstation security; 164.312(a)(1) Automatic log off*

This policy establishes rules for securing workstations that access ePHI (electronic protected health information). Since ePHI is portable, this policy requires workforce members to protect ePHI in all locations, including, but not limited to, homes or client sites.

Mayers Memorial Hospital District (MMHD) shall ensure that observable confidential information is adequately shielded from unauthorized disclosure and unauthorized access on computer screens. Each MMHD's workstations shall make every effort to ensure that confidential information on computer screens is not visible to unauthorized persons.

The policy details implementation of this policy for:

- *Workforce members who work in other facilities*
- *Workforce members who work from home or other non-office sites*
- *Password protection of their personal computers*
- *Security for all other forms of portable ePHI such as locking up CD ROM Disks, floppy disks, USB drives, PDAs, and laptops*
- *Automatic, time-based user session-lock when a computer or workstation is left idle*
- *Accessing ePHI outside MMHD's Wide Area Network, e.g., by VPN*

DEFINITIONS

- **Covered Entity:** A health plan or a health care provider who stores or transmits any health information in electronic form in connection with a HIPAA transaction.
- **Business Associate Definition:** any entity that uses or discloses protected health information (PHI) on behalf of a covered entity (e.g. group health plan, hospital, etc.). Furthermore, it is any person or organization who, on behalf of a covered entity, performs (or assists in the performance of) a function or activity involving the use or disclosure of PHI.
- **ePHI:** Electronic/Protected health information means individually identifiable health information:

- Transmitted by electronic media;
- Maintained in electronic media; or
- Transmitted or maintained in any other form or medium.
- Paper PHI: Protected Health Information that is not in an electronic format.

PURPOSE:

The intent of this policy is to establish rules for securing workstations that access ePHI. Since ePHI is portable, this policy requires workforce members to protect ePHI in all locations, including, but not limited to, homes or client sites.

POLICY:

Workstation Use: Security

1. MMHD members shall ensure that observable confidential information is adequately shielded from unauthorized disclosure and unauthorized access on computer screens. Each MMHD workplace shall make every effort to ensure that confidential information on computer screens is not visible to unauthorized persons.
2. Workforce members who work in other facilities that are not part of MMHD shall be aware of their surroundings to ensure no one can incidentally view ePHI and no ePHI is left unattended.
3. Workforce members who work from home or other non-office sites shall take the necessary steps to protect ePHI from other persons who may have access to their home or other non-office site. This includes password protection of their personal computers, and security for all other forms of portable ePHI such as locking up CD ROM Disks, floppy disks, USB drives, PDAs, and laptops.
4. User session-lock shall be implemented when the computer is left idle. It shall be automatic after a specific time based on location and function. The session shall be locked to disable access to the PC until the user enters their unique password with login information.
5. When technology is capable, while accessing ePHI outside the MMHD Wide Area Network (for example: extranet, VPN) automatic log off shall occur after a maximum of 15 minutes of inactivity. Automatic log off is a system-enabled enforcement of session termination after a period of inactivity and blocks further access until the workforce member reestablishes the connection using the identification and authentication process.

Policy Responsibilities:

Manager/supervisor requirements:

1. Take appropriate corrective action against any person who knowingly violates the security of workstation use;
2. Ensure that workers set their computer to automatically lock when the computer is not in use; and
3. Ensure that all confidential information is not viewable by unauthorized persons at workstations in offices under their management.

Worker Requirements:

1. Session lock the computer when left unattended;
2. Ensure their computer is set to automatically lock when the computer is not in use;
3. Ensure that all confidential information is not viewable by unauthorized persons; and
4. When working from home or other non-office work sites, protect ePHI from unauthorized access or viewing.

IT Support:

1. When installing new workstations, set the session lock timer to lock the computer when left unattended; and
2. When installing new systems or applications, set the automatic log off timer to terminate the session when the computer is left unattended.

PROCEDURES

Procedures for protecting workstations include:

1. Use of polarized screens or other computer security screen overlay devices that shield confidential information;
2. Placement of computers out of the visual range of persons other than the authorized user;
3. Clearing confidential information from the screen when it is not actively in use;
4. Setting an automatic session lock option on all computer workstations;
5. Shutting down or locking workstation sessions when left unattended; and
6. When the technology is capable, setting the applications to automatically log off after a specific time of inactivity.

MMHD shall develop and implement procedures. MMHD shall submit all new and revised procedures to the Office of HIPAA for approval and ongoing evaluation. Any procedures developed by MMHD shall be consistent with MMHD's HIPAA policies and not deviate from MMHD standard.

REFERENCES:

HIPAA Regulation:

- 164.310(a)(1) *Access control and validation procedures*
- 164.310(b) *Workstation use*
- 164.310(c) *Workstation security*
- 164.312(a)(1) *Automatic log off*

COMMITTEE APPROVALS:

HIM/HIPAA: 10/25/2018

Local Hazard Mitigation Plan ANNEX Mayers Memorial Hospital District

Introduction

The Mayers Memorial Hospital Protection District is a Healthcare/Special District as defined Health and Safety Code, Section 32000, of the State of California.

The District employs 220 personnel, in addition to approximately 50 volunteers. The District maintains two campuses, one in Burney and one in Fall River Mills. The district provides Acute, Emergency Room, Skilled Nursing, Ancillary and Outpatient services.

The District's service area encompasses approximately 4000 square miles, covering the communities of Burney, Hat Creek, Cassel, Fall River Mills and McArthur. The district is primarily in Shasta County, with a small portion of the district in Lassen and Modoc Counties. The district serves what is known as the Intermountain area in northeastern Shasta County.

Within the boundaries of the District are wildland areas, agriculture acreage, single and multi-family residential units, and local small businesses. The MMHD Burney campus is located in a forested area and the Fall River campus is centered in an agricultural valley.

The total population serviced by the District is approximately 5000. Population numbers increase slightly during the summer months due to part time owners and tourists.

The District must be prepared for emergencies, specifically wildfires and potential exposure to hazardous materials due to the farming industry of the community.

The District's philosophy with regard to wildfire, medical or hazardous material emergencies has been one of a strong, rapid deployment of appropriate resources to mitigate any Emergency.

The district, as required by the Center for Medicaid Services (CMS) and the California Department of Public Health (CDPH) has an extensive Emergency Operations Plan focusing on the areas of Risk Assessment, Policies and Procedures, Training and Education and Communications. The district conducts an Hazards Vulnerability Assessment (HVA) annually. Additionally, a multi-year training plan, Continuity of Operations Plan (COOP) are reviewed and approved annually.

The District has a Safety and Emergency Preparedness committee that meets monthly. The district is also represented at the Shasta County Healthcare Preparedness Program and the Shasta-Tehama Healthcare Coalition. Locally, the district is engaged in the Intermountain Preparedness Group (IPG), which focuses on education, training and resource sharing for emergencies in the Intermountain area.

The Planning Process

The Mayers Memorial Hospital Protection District has a history of being proactive in the mitigation of possible hazards within its scope of responsibility. The District's effort has focused on building on these pre-existing programs and identifying gaps that may lead to disaster vulnerabilities in order to work on ways to address these risks through mitigation.

Many of the activities conducted by the District were fed into the planning process for the multi-jurisdictional plan. As an unincorporated area, the District is a part of the Shasta County LHMP.

In planning of the local annex for the District, the Shasta County LHMP was reviewed by key staff and Emergency Operations team. The draft was presented to the District's Board of Directors.

The resolution adopting the plan and strategies was on the agenda of the March 2019 Board of Directors meeting.

Hazard and Risk Assessment

The Shasta County multi-jurisdictional Local Hazard Mitigation Plan, to which this is an Annex, lists ten hazards that impact the county, five related to acts of nature (flood, wildfire, extreme weather, earthquake and Volcanic) and the remaining five are Hazmat, CBRNE, Pandemic/Epidemic, MCI and Dam Failure. Maps, history and information can be found at:

https://www.co.shasta.ca.us/docs/libraries/resource-management-docs/generalplanupdate/HazardMitigationPlan.pdf?sfvrsn=b544d323_0

The District examined the hazard exposure of the two campuses and included evaluation in the Hazard Vulnerability Assessment.

The District will continue to work with Shasta County, CMS and CDPH to mitigate potential hazards.

As these impacts are not fully developed, the District has reviewed the hazards identified and ranked the hazards based on past disasters and expected future impacts given hazard exposure. The conclusion is that wildfire poses more of a significant risk for potential loss than the other hazards.

Mitigation Activities and Priorities

As a participant in the Shasta County multi-jurisdictional plan, District staff reviewed the county LHMP and referenced the information in our local annexed plan and HVA.

Over time, we are committed to developing better hazard and risk information to use in making those trade-offs. We are not trying to create a disaster-proof District, but a disaster-resistant one. In addition, many of the strategies are existing District programs.

The Plan Maintenance and Update Process

The plan will be monitored on an on-going basis as a component of our Emergency Operations Plan. However, the major disasters affecting our community, legal changes, notices from Shasta County as the lead agency in this process, and other triggers will be used. Finally, the Annex will be a discussion item on the agenda of the meeting of District management heads at least once a year in March. At that meeting, the department heads will focus on *evaluating* the Annex in light of technological and political changes during the past year or other significant events. This group will be responsible for determining if the plan should be updated.

The District is committed to reviewing and updating this plan annex at least once every five years, as required by the Disaster Mitigation Act of 2000. The Administrator's designee will contact Shasta County every four years after this plan is approved to ensure that Shasta County plans to undertake the plan update process. If so, the District again plans to participate in the multi-jurisdictional plan. If Shasta County is unwilling or unable to act as the lead agency in the multi-jurisdictional effort, other agencies will be contacted, including the County's Office of Emergency Services. Counties should then work together to identify another regional forum for developing a multi-jurisdictional plan.

The *public* will continue to be involved whenever the plan is updated, and as appropriate during the monitoring and evaluation process. Prior to adoption of updates, the District will provide the opportunity for the public to comment on the updates. A public notice will be posted prior to the meeting to announce the comment period and meeting logistics.



Operations Report March 2019

Statistics	February YTD FY19 <i>(current)</i>	February YTD FY18 <i>(prior)</i>	February Budget YTD FY19
Surgeries <i>(including C-sections)</i>	40	96	96
➤ Inpatient	1	15	24
➤ Outpatient	39	81	72
Procedures <i>(surgery suite)</i>	79	150	192
Inpatient	1219	1517	1472
Emergency Room	2698	2767	2795
Skilled Nursing Days	18084	18118	18112
OP Visits (OP/Lab/X-ray)	9819	9858	10472
Hospice Patient Days	972	861	832
PT	2155	2307	2200

Operations District-Wide Louis Ward, MHA, CEO

MMHD Ambulance Services

Mayers Memorial Hospital District Administration and Staff have successfully negotiated a plan with SEMSA, in which SEMSA will continue to operate MMHD's ambulance service. At the time of this report final contracts are being drafted which will reflect the new plan. The contract will be shared with the Board of Directors at the March Board meeting.

MMHD has also worked with SEMSA in their negotiations with Air Methods, the owner of the helicopter servicing the intermountain area. I am pleased to report these negotiations have also proven to be successful and the helicopter will remain servicing the community. This is great news as it also means the Critical Care Transport crew working on the helicopter will continue to remain in the area, which is a great help in our Emergency Room.

After months of negotiations, I am happy to report the work has paid off and the area will continue to benefit from the great working relations Mayers and SEMSA has established.

Community Meetings

Throughout the past month, Administration has met with a number of community groups to share with them the progress made on the new hospital wing as well as many of the District's larger projects. To date, I have presented to the Hat Creek Volunteer Fire Department at their annual meeting and the Burney-Fall River Rotary group. I am also scheduled to present to the Fall River Lions in early April. I invite the opportunity to share the good work the staff of the hospital is performing as well as share with the community future plans as we continue to carry out the strategic direction of the Board of Directors.

Relias Education Software

Over the past couple months MMHD Administration and Staff has on boarded a new software called Relias Education which is sure to bring great value to our staff and patients. The online education database will assist our staff in an efficient approach to ensuring timely and value added education. Our first attempt at a facility wide education was a module providing an overview on fire safety within our hospital and SNFs. The education is video based and provides a test component to ensure good understating of the materials. A big thank you to Candy Vculek, CNO, JD Phipps, Director of Emergency and Ancillary Services, Brigid Doyle, Clinical Educator, and Libby Mee, HR Director for their contributions to this successful project. Additional information regarding Relias will be provided verbally at the March BOD meeting.

Retail Pharmacy

Plans are progressing nicely with the Retail Pharmacy. We are still awaiting the license from the Board of Pharmacy, however we have been alerted the license should be approved shortly. We have continued our work with the design and are now awaiting a final set of construction documents, which will be delivered to the county for a permit to begin work. We have signed all the necessary contracts with McKesson's Healthmart in an effort to setup the franchise front end of the pharmacy. Staff has established job descriptions and pay scales for the future retail pharmacy positions. Finally, we are working with Mountain Valley's health centers to discuss our 340B contracts going forward.

We are still working towards a June 1 opening date, more information to be reported verbally at the March BOD meeting.

Respectfully Submitted by,
Louis Ward, MHA
Chief Executive Officer

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

Hospital Expansion Project

- Michael Ryan of Greenbough Design and Jim Wiscombe of Layton Construction will be in attendance for the board meeting to answer any project questions. We will also be holding a tour of the expansion project for the board to see the building progress.
- Current schedule shows construction completion in September 2019 and formal sign off to the owner on October 23, 2019.
- Interior and exterior metal stud framing continues, as well as overhead plumbing installation.

Facilities, Engineering, Other Construction Projects

- Mayers' staff and Michael Ryan of Greenbough design will be meeting on 3/27/19 to review their proposal for design of the clinic in Burney. We will also be discussing next steps for the project.

Current scheduling shows 4 weeks of schematic design, 6 weeks of design development, and 2 weeks of construction documents.

- All paperwork has been completed on the 2015 fire panel project and I expect OSHPD to close the project with a construction final in the next 90 days.
- An energy audit was completed on March 19th to look at the energy efficiency of our lighting and HVACs. This is the first step to getting financing for the facility wide HVAC project.
- Facilities has started phase 3 of the SNF refresh project that includes painting all corridors, skinning all cabinets and upgrading the staff breakroom. Construction documents will be submitted to OSHPD for the lighting, handrail, sinks, and countertop portion of the project.
- Construction documents have been submitted to OSHPD for the replacement of the dining room HVAC and they are currently in triage.
- Preparation of the demolition of the 1956 building is underway with site visits by the architect, plumbing, mechanical and structural engineers happening this month.
- A grant was submitted to FEMA this month to help fund the 2030 NPC work that is required to stay in compliance. This has driven a master plan discussion of what we want the facility to look like after 2030. Michael Ryan of Greenbough design will be in attendance for the board meeting to discuss this further.
- I am working with Greenbough design finalizing our AB2190 extension for the 1956 demo project.
- The Burney Annex access control project was completed this month.
- The Laundry Facility project is also nearing completion with a backup generator being the only outstanding task to be completed.
- Work continues on the Riverview house transformation into an on-call employee sleep house. A tour of the Riverview house will also be held during the board meeting.
- With MVHC relocating to their new clinic soon facilities and engineering will begin work on the current clinic building and converting that into office space as well as remodeling the current finance building into an administration building.
- County Hazardous and Medical Waste survey was conducted the week of March 11th and everything went well. The plan of corrections is due April 19th.

IT

- A OneContent kickoff meeting and training was held on March 20th and 21st. This was the first of many meetings and training to be held on this project. A go-live is expected in October of 2019.

Purchasing

- Our purchasing team has confirmed with the appropriate staff the equipment for the new building. Ordering of this equipment will begin in the next couple of months.

Dietary

- Susan Garcia will be taking her CDM exam on March 28th. This is a major accomplishment for Susan and will get our dietary compliant with our CDM past 2022.
- We will also be implementing a new point of sale system which will be put in place by the end of the fiscal year.
- Susan is also working on implementing two new quality measures (hand washing and meal accuracy).
- She has finished a grant with Sheba for emergency food supplies.

Security

- I have no security incidents to report.

Environmental Services & Laundry

- The go-live on implementation of our own linen went off without a hitch and so far the staff has been very happy with the transition. Sherry Rodriguez and her staff did an excellent job during this implementation.

Respectfully Submitted by,
 Ryan Harris
 Chief Operating Officer

Chief Nursing Officer Report

Prepared by: Candy Vculek, CNO

Relias

- Relias software is being used to validate the staff's Fire Life Safety code compliance.
- The electronic education meets the hospitals need to correct a performance gap identified during the recent fire life safety survey.
- This is the first house wide assignment in Relias and has gone very well.
- Incorporated into both the pre-hire assessment and the new employee orientation processes
- ED Training- The previous training on the ventilator was placed on quarterly competency review due to high risk/low volume. The second competency review was completed which showed (as expected) greater retention and comfort

Point Click Care

- Contract for interface between paragon and point-click-care has been signed.
- This will significantly improve patient care through direct communication between laboratory and radiology results and the point-click-care charting system.
- This will markedly reduce the risk for errors and missed reports.

Employee Engagement training (PowerPoint presentation attached)

- MMHD management team was trained in the use of new employee engagement techniques that improve both staff engagement and patient satisfaction. The “High, Middle Low” evaluation process provides an evidence based process for re-recruiting staff and aligning them with the organizations goals.
- These evaluations will be completed twice a year in May and November.

Staffing

- Staffing has continued to improve on the acute care side of MMHD.
- All ED positions have been filled and only one acute care RN position remains vacant. There is a pending offer for the one acute care vacancy.
- New RN’s will be starting over the next 4 to 6 weeks
- Two new SNF Nurses starting this month (one LVN and one RN) but there are still numerous LVN vacancies.
- HR and nursing continue to collaborate and reach out during job fairs to recruit new staff.

SNF

- Census
 - 80 Residents plus one bed hold
 - 7 patients on waiting list for potential admission
- Continuing to work with the acute care management team to standardize and stabilize the admission process for residents coming from the acute care beds at MMHD
- The remaining eight low air loss mattresses are expected to arrive before the end of March.

Acute Care

- January Acute ADC=2.32 and Swing ADC=1.52 with ALOS=9.40.
- Continue to build program with Relias for new hires and staff.
- Orientation binders put into effect for new hires.
- More detailed report in DON board report for 3/27/19.

ED

- Through the Emergency Department, we treated 287 patients in the month of February.
- Job descriptions have been rewritten for positions in the ED
- Relias
 - Assessments of staff are underway in Relias to evaluate both ED and ICU care expertise in current nursing staff.

- MMHD does not have ICU services but the ED staff provide ICU level care until transfers are executed.
- These assessments will be the basis of individualized training plans that will take place over the next year
- The ED schedule is now electronic via schedule anywhere.
 - There is a mobile phone app for it as well.
 - This gives the staff access to the schedule from any computer or their phone

Laboratory

- CLIA inspection
 - Survey was completed this week and went well.
 - Expecting one tag regarding the microbiology report in Paragon.
 - Will have to work with Paragon to get this report more functional
- Contract for interface between paragon and point-click-care has been signed. This will significantly improve patient care through direct communication between lab/rad results and the point-click-care charting system

Radiology

- PACS
 - Timeline for the implementation of the new PACS is being pushed forward due to ongoing challenges with the old system.
 - This should be completed in the next week or two.
- Digitizing old films continues.
 - Not losing any progress on that project with the PACS system transition as they have worked with MMDH to assure a quick transition
- Staffing
 - Salary survey is completed. Radiology salaries identified as well below market rate which has impacted recruitment resulting in increased registry use.
 - Proposals in front of C leadership to adjust salary to market rate.
 - Also considering the addition of a sign-on and retention bonus structure that has been successful with RN recruitment
 - Desired outcome is to replace travelers with perm staff and doing so would result in significant savings (>100K) even with increased salaries

Chief Clinical Officer Report

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

Pharmacy

- New labeling system for insulin pens has been implemented in SNF (see QA report for complete project).
- Compliant retail labels implemented in ER. We are monitoring process compliance and working the bugs out of the system at this time.
- Pharmacy daily report on anti-infectives was unable to be obtained through Paragon but has been custom built by a report writer. This report is being reviewed daily by RPh for anti-microbial stewardship.
- The new risk reporting system RL-6 will be used to track adverse drug reactions, replacing a cumbersome paper system.

Physical Therapy

- A new registry therapist started at Mayers on March 11th.
- Recruitment efforts continue and Daryl Schneider, PT manager has recruiting trips planed this spring.
- Daryl is participating in the LEAD academy, sponsored by the California Counsel of Norther California, which trains hospital leaders in their transition from peer to manager.
- The department will have an interactive display at the health fair.

Telemedicine

- See attached report. Please pay special attention to the opportunities Amanda Harris is pursuing to collaborate with FRJUSD.

Respiratory Therapy

- A CareFusion technician will repair the pulmonary function machine on 3/19/2018 (it is under warrently but 2018 annual maintenance was not performed due to staff transition). Testing will be performed on employees to work out any minor issues and it is anticipated that outpatient testing will resume 3/21/2018.
- We continue to look for a respiratory therapist. Three offers of employment have been made in the last three months.
- The respiratory therapists are set up to chart in PointClickCare. In skilled nursing, they can be asked to perform an assessment, assist with treatments or help obtain sputum samples.

Cardiac Rehab

- Under the new space plan, the stress treadmill/cardiac lab will be repurposed. We will consider relaunching this service in the future based on physician staffing.

Interfaces

- The interface between Mayers Lab and Imaging Departments and PointClickCare has been approved. JD Phipps will be heading up the project as much of the work will be in Lab and Imaging. I will be working on the project from the Skilled Nursing side.

Telemedicine Update as of March 15, 2018

Respectfully submitted by Amanda Harris for Keith Earnest, CCO, Dr. Aaron Babb, Medical Director and Louis Ward, CEO (included quarterly).

We have completed a total of 337 consults via Telemedicine since August 2017.

Endocrinology:

- We had 5 Endo consults on March 14 and have 7 scheduled for March 26.
- I'll state again how happy I am to have Dr. Bhaduri back. She's extremely thorough, the patients enjoy her and she's very proactive and attentive with the patients and their follow-up.
- We've had 108 consults since the start of this specialty in August 2017.

Nutrition:

- We had 2 Nutrition consults in February and 2 in March.
- This specialty continues to be very beneficial for the patients in managing their diabetes, however generating no ancillary revenue. But they all tend to love Diana.
- We've had 54 consults so far since we started this specialty in November 2017.

Psychiatry:

- Dr. Granese saw 3 patients this month. We've had a couple patients that couldn't be bothered to leave their room to come down the hall to speak with him.
- We have 8 patients on the schedule (including 2 new outpatient referrals) for April 16.
- We've had 105 consults since the beginning of the program in August 2017.

Infectious Disease:

- Dr. Siddiqui has seen 2 follow-up patients this month. He is our highest patient-rated specialist.
- ID continues to have the most consistent benefit as far as ancillary revenue.
- We've had 43 consults since the start of this specialty in September 2017.

Neurology:

- We had 7 patients seen for Neurology in February. We currently have 9 patients on the schedule for 3/26/19.
- We will now be conducting MMSE's on all patients with a memory or dementia related diagnosis per Dr. Kurian's request.
- We've had 19 consults since the start of the program in November 2018.

ER UCD Cart:

- The UCD Cart located near the ER will now be used for Peds Critical Care AND Adult Neurology cases. Cases can be presented in the ER itself in an urgent scenario or in acute.
- I presented at two ER staff meetings to make sure people knew how to use it.

MMHD Health Fair:

- I will have a booth for Telemed at the MMHD Health Fair on April 6, 2019.

CTRC Conference in May:

- I've been asked to attend and present at the annual California Telehealth Resource Center's annual summit in May. I'll be co-presenting with Dr. Siddiqui regarding our use of live video and econsult simultaneously in patient treatment.

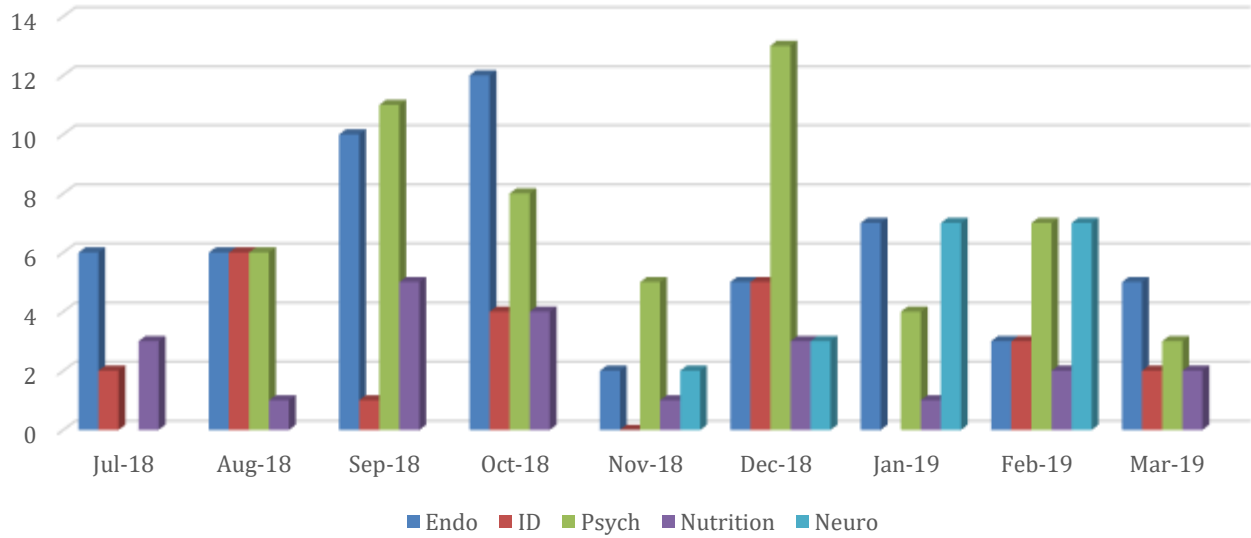
CME Friday Events:

- I've taken over the responsibility of CME broadcasting and tracking for the Dignity Health events that we host here at Mayers. It used to fall under Telemed so it was agreed I would run it again now that they're being held via webex.
- I share the topics and webex logins with MVHC so that providers can attend from their own offices if they'd like.
- Today was our first fully successful webex presentation. We had technical and communication issues previously. Now that we've had a successful one I'll start distributing the flyers throughout Mayers.

FRJUSD/Mayers/MVHC Grant application

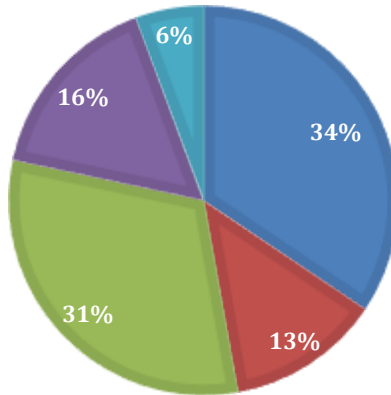
- Mayers is intending to apply for a grant via HRSA to provide mental health services via Telemed at the 4 main schools and 4 continuation schools in the Fall River Joint School District. An LOI has been submitted. The current plan if the grant is awarded is as follows:
 - Both Fall River schools and Burney Elementary will be treated by counselors via Telemed2U. Burney High School will be treated via telemed by counselors at MVHC. Each school is roughly allotted 2 four hour blocks per month. However if there is an event or need that is greater at any one school then time can be shared amongst sites on a month by month basis.
 - We're still trying to decide how to work in the continuation school need - whether to allot it to the T2U blocks or the MVHC blocks.
 - These allotments are flexible. If MVHC meets the need in Burney well then we can expand their coverage.
 - Both clinics are charging \$200/hour for this service.
 - The grant will purchase technology to connect for Telemed for each of the 8 school sites. We're thinking something mobile that can be put away after each session so that it's out of the way and doesn't impact the school too much.
 - All the schools already have great wifi.
 - The grant will cover a percentage of salary based on the amount of time needed for a staff member at each school to run the small therapy "clinics." These staff will also be the ones determining the students that need counseling.
 - I will be the program director and working with each site to make sure the time is used efficiently and for the best experience possible for the students. I, along with our grant writer Sheba, will be working to meet grant needs and reporting requirements.
 - There is a QI portion of the grant that Sheba and I are planning to tackle with the help of Candy Vculek as she has experience with Lean Sigma.
 - The application is due on April 22, 2019. We should hear if we receive the grant in July and training will begin August 1.

Telemed Consults by Specialty

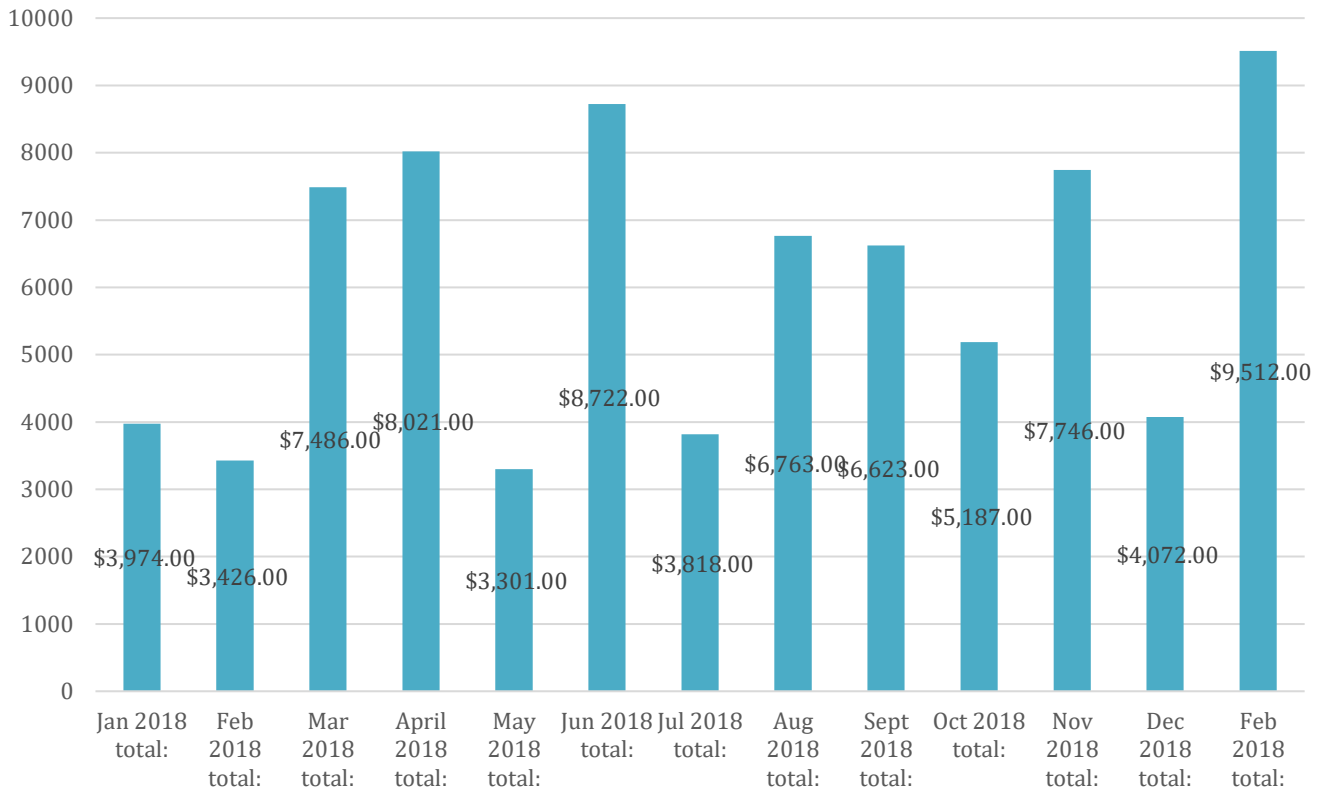


TOTAL VISITS

■ Endo ■ ID ■ Psych ■ Nutrition ■ Nuero



Total ancillary services billed post-Telemed services



Ancillary billing by specialty

