

**MAYERS
MEMORIAL
HOSPITAL
DISTRICT**

Quality Committee Meeting
Monday, April 17, 2017 (12:00 pm)

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

----- Agenda Topics -----

Meeting Called to Order		Vasquez	
Requests from audience to speak to issues/agenda items		Vasquez	
Approval of Minutes – March 8, 2017 (Attachment)	A	Vasquez	Action
Departmental Reports (Pharmacy, Med-Surg/Swing, Environmental Services, Imaging, Marketing) <ul style="list-style-type: none"> Report on quality data Report on quality issues and/or quality projects 		Earnest, Overton, Rodriguez, Northington, V. Lakey	Report
Quarterly Reports <ul style="list-style-type: none"> Safety 		Hathaway	Reports
Standing Reports: Monthly— <ul style="list-style-type: none"> SNF Events/Survey Quality – Performance Improvement Infection Control PRIME Administrative Report 		Wilson Hathaway Lee Hathaway Ward	Report Report Report Report
New Business: Policies for Approval <ul style="list-style-type: none"> Sterility Monitoring Log, End Product Testing MMH41 Compliance Plan Review	B C	Hathaway	Action Discussion
Announcements, Other, Future Agenda Items		Vasquez	Discussion
Closed Session Announcement, Government Code 54962, Medical Staff: <ul style="list-style-type: none"> Chief of Staff Report (Health & Safety Code §32155) 		Watson, Wilson, Overton	Reports/Action
Reconvened to Open Session – Report Action(s)		Vasquez	
Announcements: Next meeting: Wednesday, May 10, 2017 – Fall River			
Adjournment		Vasquez	

Posted
04/12/2017

**MAYERS MEMORIAL HOSPITAL DISTRICT
QUALITY COMMITTEE MEETING
MINUTES – MARCH 8, 2017**

DRAFT Attachment A

OC Attendance
 Beatriz Vasquez, PhD, Board
 Chair
 Laura Dolman-Beyer, BOD
 Committee
 Sherry Wilson
 Jack Hathaway
 Dr. Tom Watsom

Other Staff Present
 Valerie Lakey
 Dave Burks
 Sammi McClung
 Steve Sweet
 Adam Dendauw
 Ryan Harris

Absent

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

SUBJECT	DISCUSSION	
CALL TO ORDER	The meeting was called to order at 12:02 pm by Vasquez in Fall River Mills	
Public Request to Speak	None	
Opening Remarks by Chairman Vasquez		
Minutes	Minutes from the February 8, 2017 quality committee meeting were approved. M/S/C (Beyer, Wilson). All Approved (Correction to Dr. Babb name)	Approved
Department Reports	<p>Pharmacy, Keith Earnest: Move to April</p> <p>Dietary, Sammi McClung: Dietary role in Acute care patients. Assessments, allergies, dislikes everything is charted to EMR. High risk patients are directed to Lani Martin. Another assessment at day 3. Staff visits patients daily. Patients are given choices. Staff encourages patients to eat. Have been working on new Point Click Care for SNF. This will allow the department to go paperless. It will identify things that need to be flagged for patient diets and identify mistakes. Staff is working with Jack Hathaway on Dietary Quality measures. There has been good response on quality of the food.</p> <p>Maintenance, Dave Burks: (See written report) Kudos to Steve Scott. Ryan Harris showed a project list. Beyer recommended the use of Microsoft Projects.</p> <p>Personnel, Libby Mee: (Written Report) No registry in PT. We currently have four PT's. We now have a California Licensed CLS. Staffing is in a great position currently.</p> <p>Purchasing, Steve Sweet: (Power Point) Buying is based on contracts. Looking at providing best products for quality.</p>	Reports

**MAYERS MEMORIAL HOSPITAL DISTRICT
QUALITY COMMITTEE MEETING
MINUTES – MARCH 8, 2017**

Quarterly Reports	Compliance, Jack Hathaway: (Power Point) Eight areas of compliance. Hathaway is responsible for compliance. He noted that there is work to be done on successful self-assessment. We have a Compliance Plan. There is a potential that more policies would be needed for compliance. Our policy is where the bar is set. We can meet or exceed the law. "Follow the Law" with a process.	Reports
Standing Reports	<p>SNF – Sherry Wilson: No reportable incidents. Distributed a list of where things are on Point Click Care. First go-live is April 1st with Financial and MDS (Medical Data Set) Information that is sent to the state on the resident. CNA training will start next week. June 1st will be actual live. Theresa Overton brought up the fact that the system being used for Acute is not being used on the weekend's because staff is not trained and paper is being used. Need to make sure training is completed.</p> <p>Administrative – Louis Ward: Prezi presentation</p> <p>Quality – Jack Hathaway: (See above) Working with managers to develop internal department quality measures.</p> <p>Infection Control – Shelley Lee: (On Vacation)</p> <p>PRIME – Adam Dendauw/Jack Hathaway: 25% completed – we have seen 8 people twice so far this year. Binders are at appropriate locations to find patients. We will potentially receive \$900,000 this year. Rural floor may have been moved from \$750,000 to \$900,000</p>	
New Business	<p>Policies for Approval: (Approved All)</p> <ul style="list-style-type: none"> • Antimicrobial Stewardship Program • Controlled Substance Storage • Discharge Planning Record - MMH228 • MEC-Governing Board Endorsement for Physician Appointment and Privileges • Patient Assessment Record MMH157 • Reporting Concerns and/or Filing a Grievance Brochure • Utilization Review and Discharge Planning 	

**MAYERS MEMORIAL HOSPITAL DISTRICT
QUALITY COMMITTEE MEETING
MINUTES – MARCH 8, 2017**

<p>Announcements, Other, Future Agenda Items</p>	<ul style="list-style-type: none"> • Vasquez spoke about the Rural Healthcare Symposium. She will send a presentation to attach to the minutes. • Working on templates for reports for meetings. • Hathaway spoke about making sure employees are comfortable in situations that need to be handled. Encourage employees to be more proactive. • Use tablets for employee input 	<p style="text-align: center;">Discussion</p>
<p>Closed Session</p>	<p>No Closed Session</p>	
<p>Announcements;</p>	<p>Next meeting: Wednesday, April 12, 2017 in Fall River Mills</p>	
<p>Adjournment</p>	<p>Meeting adjourned 1:50 pm</p>	

Minutes By: Valerie Lakey

Mayers Memorial Hospital District/ Quality Committee March 2017

(Maintenance Department)

The maintenance department for Mayers Memorial Hospital consists of (6) experienced employees that are able to assist in most situations presented to them. Working within Federal, State, and Life & Safety regulations we strive to provide a safe, clean, and comfortable environment for our residents, patients, visitors and staff. During working hours the maintenance department is available by phone and e-mail, after hours we provide a standby, call back employee for emergencies. Bi-daily we transport equipment, mail, and pharmaceuticals between our Fall River Mills and Burney facilities. The maintenance department manages the refuse disposal for our facilities. We maintain our grounds and provide snow removal for the safety of all visitors.

- (1.) We are honored and very proud to have Steve Scott, “Employee of the Year “working in the maintenance department. Steve is an amazing person and always a team player. He goes the extra mile to make Mayers Memorial and the Burney Annex a safe and great place for all the residents and staff.
- (2.) The pharmacy was giving a makeover; the old and dusty carpet was removed and replaced with new linoleum. Shelving has been rearranged allowing a more user friendly work area. A new desk was also purchased completing the project.
- (3.) The old respiratory area was upgraded with new paint and future flooring. This area will become the future office for our CNO and assistant.
- (4.) OB2 is in the process of a complete renovation, this will become our new telemedicine room. New paint, ceiling tiles, recessed lighting, door skins, and cabinetry will make for a beautiful work area.
- (5.) A great amount of work was accomplished in the classroom and ambulance garage by the Maintenance team, Gonzo Solorio, and Don Shay from Emergency Services in preparation for the arrival of SEMSA. Un-needed equipment was eliminated; carpeting and the cabinets were removed. The maintenance department repaired, textured and repainted the classroom. Electrical outlets were also replaced for safety.

Respectfully submitted by Dave Burks Maintenance/ Manager

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

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

2016 Retention and Turnover

62 Employees Hired in 2016– *Please see attached for breakdown by department*

42 Employees Hires in 2015

Accomplishments –

- Fully staffed Physical Therapy Department
- Obtained Ca Certified CLS
- SNF is currently only using 1 registry C.N.A.
- Restructured Radiology
- Implementation of Directors

90 Employees Termed in 2016 - *Please see attached for breakdown by department and by reason*

50 Employees Termed in 2015

Exit Interview

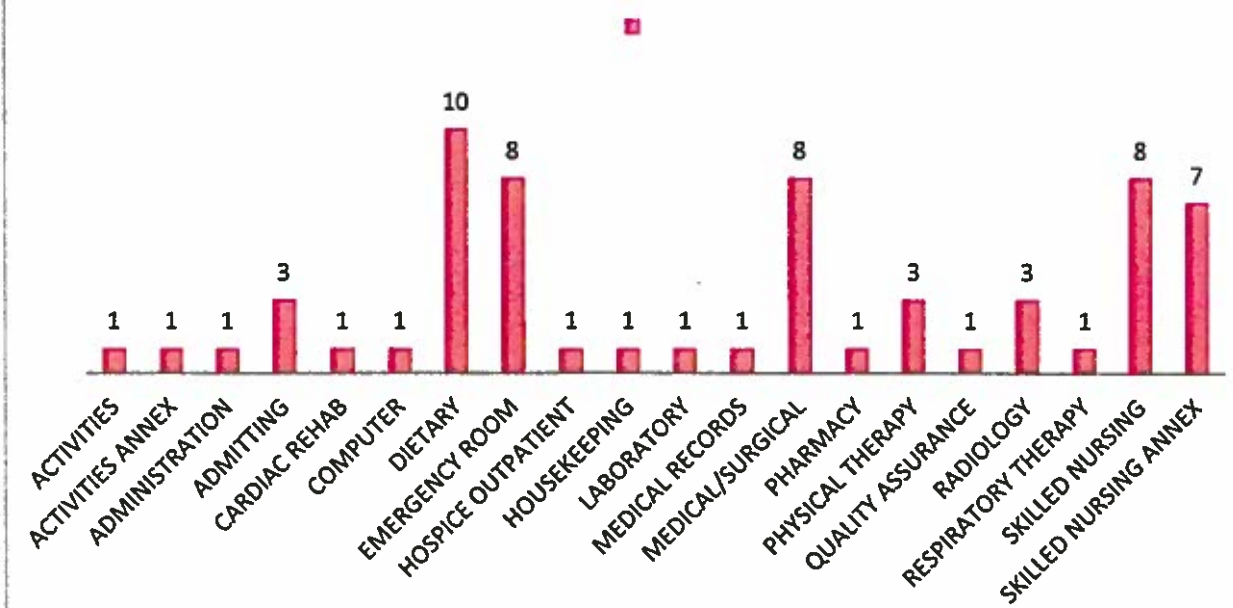
- Give every employee that is leaving the facility the opportunity for an exit interview.
- Gain knowledge as to why they are leaving or what changes they would recommend.
- Communicate feedback/improvements back to managers.

Per the Employee Survey in Fall of 2016 – provided support and information about MMHD Benefit packages

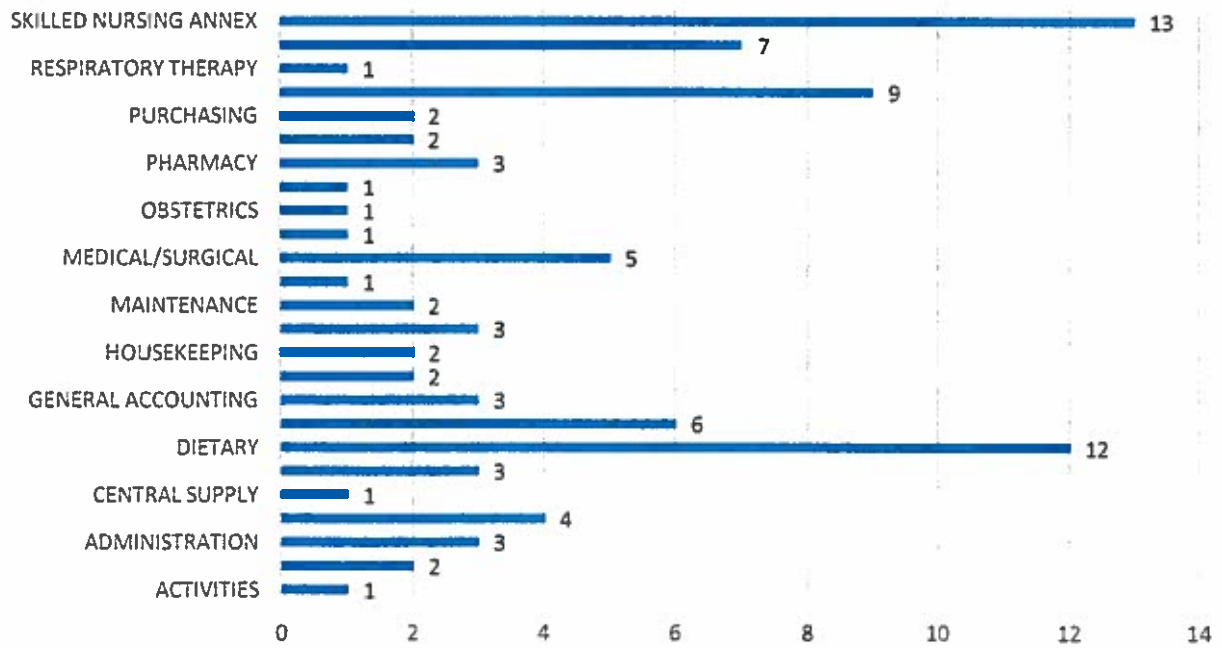
Current projects

- Implementation of TimeClock system
- Configuration of new Evaluation software
- Training Program
- Local High School Healthcare Career Days
- Intern Program
- SNF Staffing
 - Working on Marketing Fall C.N.A. class with Shasta College
 - Needing 3-4 LVN/RN

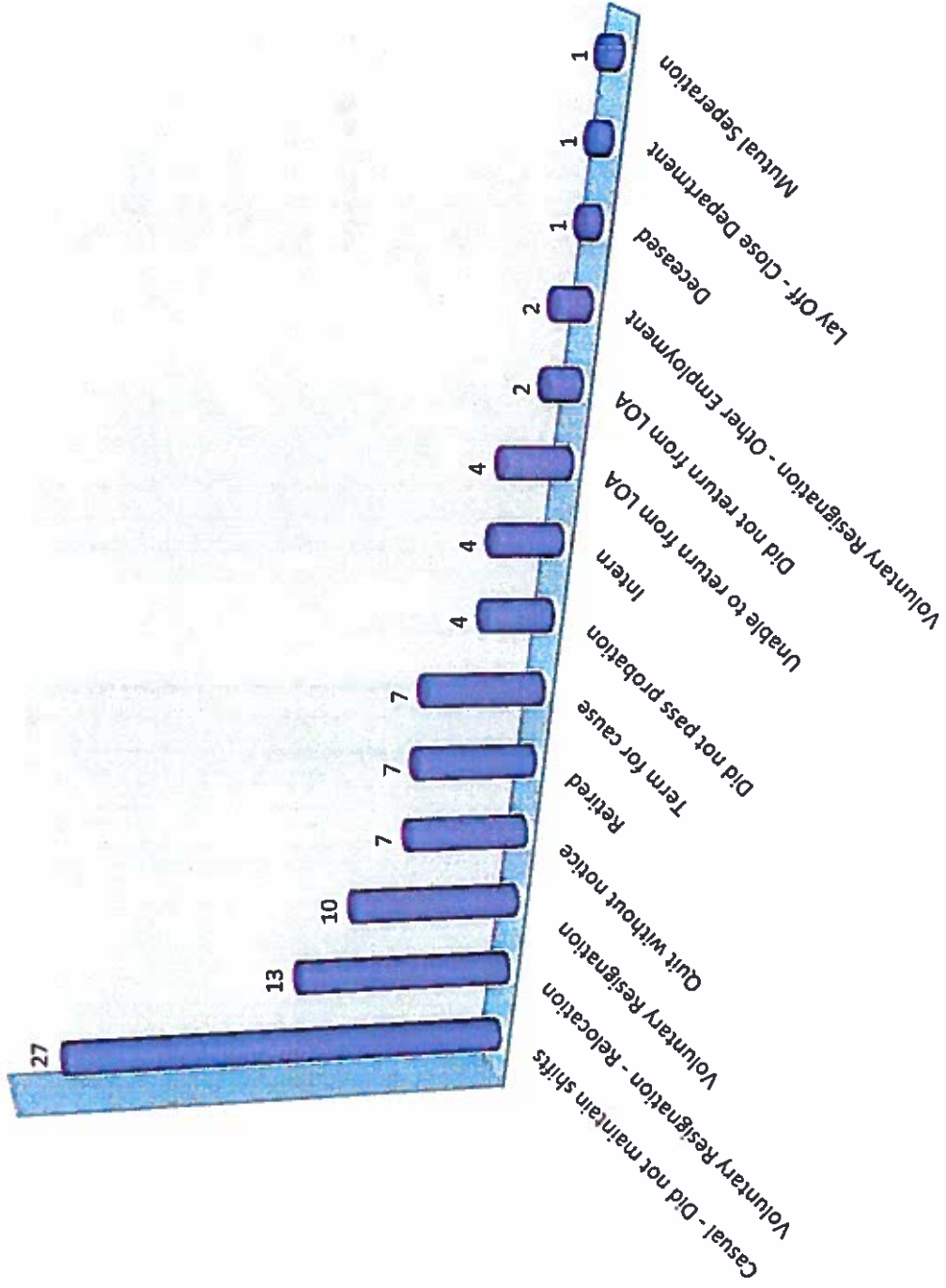
Hire By Department



Total Terms by Department



Reason For Separation



PURCHASING

Quality Update

PREMIER, INC.

Premier is our GPO (Group Purchasing Organization). GPOs rely on contracts to allow members the best prices available based on their purchasing spend history.

2,768,794 products on contract
\$48,000,000,000.00 purchasing volume
3,750 hospitals and over 130,000 health providers

The contracts are divided into price "tiers". Tier 1 may be full retail and a tier 5 may be 40%-50% off.

By hospital standards our purchasing volume is very low.



Contracts/Prices

Manufacturer Number 3910400135
 Description: ANCHOR SUTURE TWIN LOOP ANCHOR SUTURE EYELET W/ONE SUTURES FORCE FIBER PEEK SE
 NDC:
 UOM / Package Each
 Qty / UOM 1
 Manufacturer Stryker Corporation
 Contract Type: premier

Contract	Description	Contracted Supplier	Tier Description	Marketing Program	Local Tier	Health System Preferred	Price Activated	Each Price	Contract Price	Price Status	Effective Date	Price Expiration
PP-OR-1314	Arthroscopy Supplies	Stryker Corporation	TIER 1 No C Remitted PMDP Not Required Total Product Purchases (\$ Per Calendar Year)	N/A	No	No	No	\$186.30	\$186.30	active	05/01/16	04/30/19
PP-OR-1314	Arthroscopy Supplies	Stryker Corporation	TIER 2 \$1,000.00 Total Product Purchases (\$ Per Calendar Year)	N/A	No	No	No	\$171.72	\$171.72	active	05/01/16	04/30/19
PP-OR-1314	Arthroscopy Supplies	Stryker Corporation	TIER 3 \$1,000.00 OR > 50% Participation Product Purchase (\$ Per Calendar Year)	N/A	No	No	No	\$162.00	\$162.00	active	05/01/16	04/30/19
PP-OR-1314	Arthroscopy Supplies	Stryker Corporation	TIER 4 >=\$900,000 Total Product Purchases (\$ Per Calendar Year)	N/A	No	No	In Process	\$158.76	\$158.76	active	05/01/16	04/30/19



Dignity Health

Dignity Health is a California-based not-for-profit public-benefit corporation that operates hospitals and ancillary care facilities in 3 states. As such, it is exempt from federal and state income taxes. Dignity Health is the fifth largest hospital system in the nation and the largest not-for-profit hospital provider in California. Dignity Health was founded in 1986 by the Sisters of Mercy under the name **Catholic Healthcare West**.

As part of the Dignity Health and Premier contracts, MMHD has been assigned as an "affiliate". This gives us the same pricing tiers as Dignity, saving us thousands of dollars each year.



PRICE CHANGE NOTIFICATION REPORT
 For Date Range: 01/31/2017-04/01/2017
 Run Date: 02/28/2017

Cust Item #	Description	U/M	Effective Dt	Previous Price	New Price	Notes
442235	MASK OXYGEN W/TU CS		02/01/2017	\$25.032	\$67.039	contract expired
442235	MASK OXYGEN W/TU CS		02/24/2017	\$67.039	\$25.760	contract reinstated
257050	MASK OXYGEN ADUL CS		02/01/2017	\$38.517	\$205.900	
257050	MASK OXYGEN ADUL CS		02/24/2017	\$205.900	\$39.200	
94489	TUBING 7FT O2 VINYL CS		02/01/2017	\$10.640	\$78.611	
94489	TUBING 7FT O2 VINYL CS		02/24/2017	\$78.611	\$11.200	
94667	CANNULA CRVD N-FL CS		02/01/2017	\$13.563	\$90.580	
94667	CANNULA CRVD N-FL EA		02/01/2017	\$0.269	\$1.812	
94667	CANNULA CRVD N-FL EA		02/24/2017	\$1.812	\$0.280	
43878	CONNECTOR OXYGEN CS		02/01/2017	\$4.211	\$19.895	
43878	CONNECTOR OXYGEN CS		02/24/2017	\$19.895	\$3.920	
25208	CONNECTOR NUT/NIIBX		02/01/2017	\$8.960	\$114.034	
25208	CONNECTOR NUT/NIIBX		02/24/2017	\$114.034	\$12.880	
66922	PEAK FLOW METER A:CS		02/01/2017	\$79.934	\$327.157	
66922	PEAK FLOW METER A:CS		02/24/2017	\$327.157	\$79.520	
94630	CONNECTOR U/ADAF CS		02/01/2017	\$28.538	\$86.375	
94630	CONNECTOR U/ADAF CS		02/24/2017	\$28.538	\$27.440	
261550	OPTICAMBER DIAM:CS		02/01/2017	\$51.811	\$164.000	
261550	OPTICAMBER DIAM:CS		02/24/2017	\$164.000	\$51.632	
90007	VIAL DYE OPTIRAY 30X CS		04/01/2017	\$172.435	\$785.601	
92197	METER URINE DOUBU CS		04/01/2017	\$70.336	\$110.208	
11679	SUTURE ETHILON 6/0 BX		04/01/2017	\$36.086	\$196.297	
212030	CATHETER FOLEY 20FI CS		04/01/2017	\$116.928	\$154.829	Unknown
19291	PAD NAIL POUISH REN BX		02/04/2017	\$17.208	\$9.020	
19291	PAD NAIL POUISH REN CS		02/04/2017	\$172.081	\$90.200	
244040	SWABSTICK PREP PVI BX		02/01/2017	\$18.026	\$3.439	Unknown
11042	ACAPPELLA CHOICE NS CS		02/01/2017	\$481.600	\$1208.077	
11042	ACAPPELLA CHOICE NS CS		02/24/2017	\$481.600	\$420.000	
21948	GLOVE SURGICAL TRIIBX		03/01/2017	\$11.872	\$15.277	
21948	GLOVE SURGICAL TRIIBX		03/01/2017	\$11.872	\$15.277	
219860	GLOVE SURGICAL TRIIBX		03/01/2017	\$11.872	\$15.277	
249370	GLOVE SURGICAL TRIII BX		03/01/2017	\$11.872	\$15.277	
21948	GLOVE SURGICAL PRC BX		02/01/2017	\$42.258	\$45.136	
207121A	GLOVE SURGICAL PRC BX		02/01/2017	\$66.080	\$69.664	
207131A	GLOVE SURGICAL PRC BX		02/01/2017	\$66.080	\$69.664	
207141A	GLOVE SURGICAL PRC BX		02/01/2017	\$66.080	\$69.664	
207151A	GLOVE SURGICAL PRC BX		02/01/2017	\$66.080	\$69.664	



McKesson



Staples

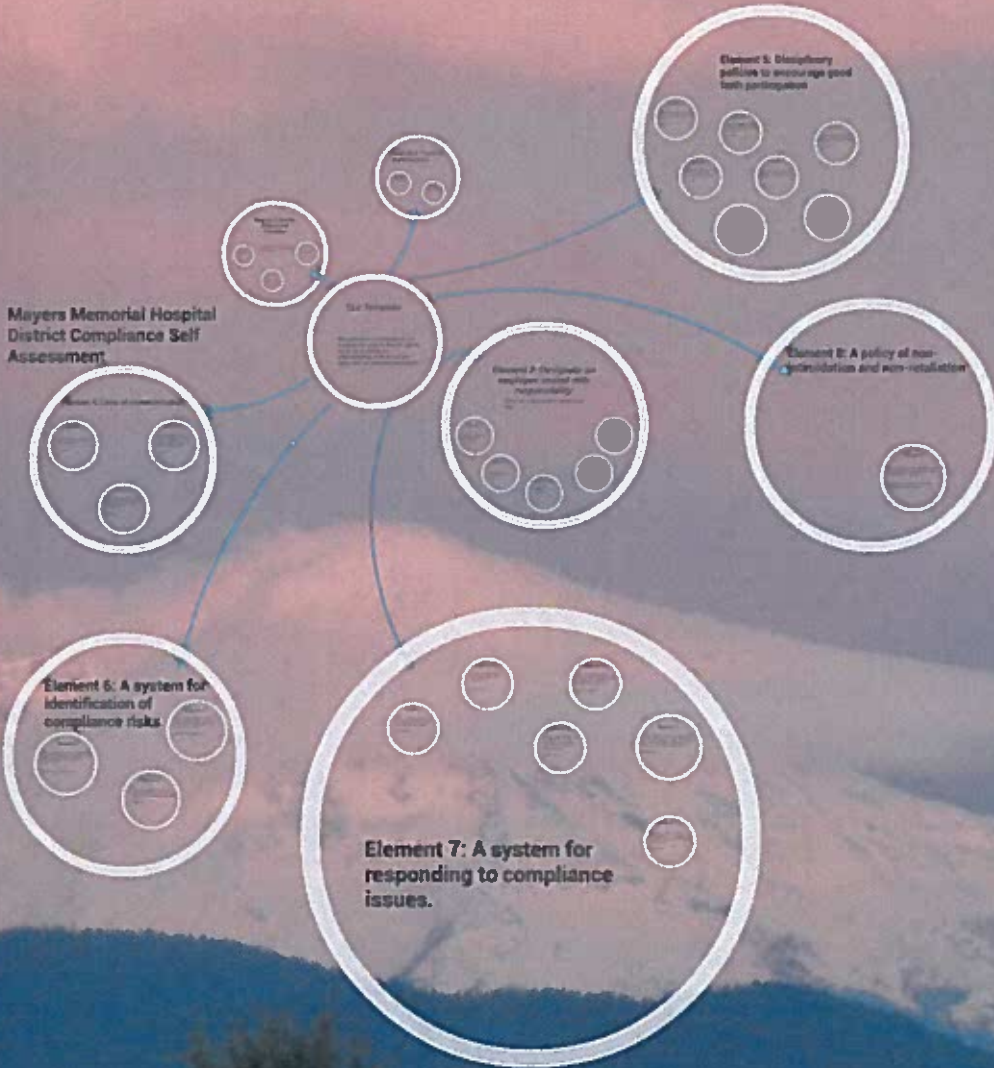


Cardinal Health

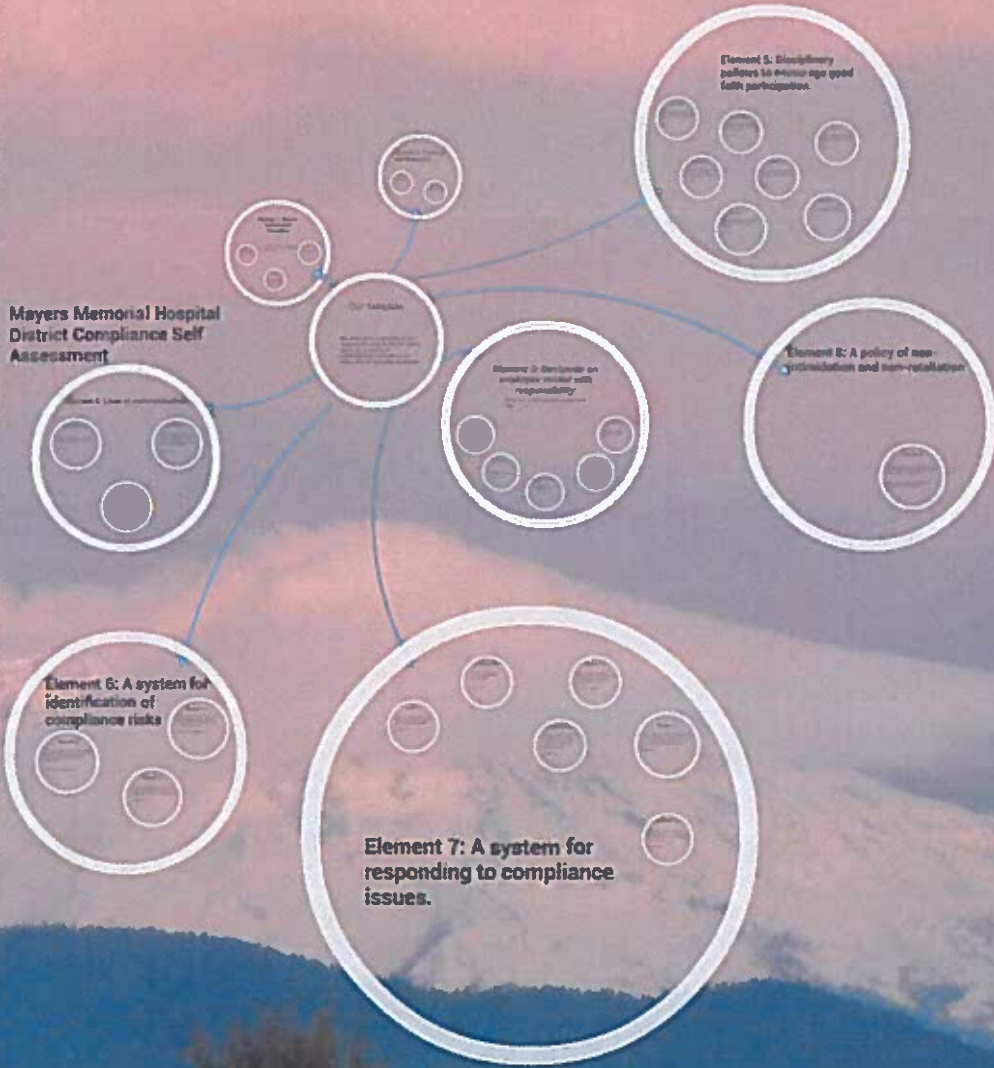


Graininger

**Mayers Memorial Hospital
District Compliance Self
Assessment**



**Mayers Memorial Hospital
District Compliance Self
Assessment**





Our Template

We were given a template for self assessment used by the NY OGI to assist us in gaining an understanding of where we are today with our compliance program.

Element 1: Written Policies and Procedure

Finding proof in written policy of the required elements was more difficult than I expected.

Element 1.1

Do we have written P & P in effect that describe compliance requirements in accordance with all federal or state or local laws?

Short Answer: No

Element 1.2

Do we have written P & P in effect that provide guidance or insight into specific compliance requirements regarding process, procedures, & other?

Short Answer: No

Element 1.2

Do we have written P & P in effect that implement the substance of the compliance program?

Short Answer: No



Element 1.1

Do we have written P & P in effect that describe compliance expectations as embodied in a code of conduct or code of ethics?

Short answer: No

Element 1.2

Do we have written P & P in effect that implement the operation of the compliance program?

Short Answer: No

Element 1.3

Do we have written P & P in effect that provide guidance on dealing with potential compliance issues of all of the following groups:

- a. employees
- b. others

Short answer: Not really

self
GI to
e
gram.

Element 2: Designate an employee vested with responsibility

DOQ has a designated compliance role.

Element 2.1

How is the designated compliance role vested with responsibility for the compliance operations of the compliance program?

Document ID: [illegible]

Element 2.5

How is the designated compliance role vested with responsibility for the compliance operations of the compliance program?

Document ID: [illegible]

Element 2.2

How is the designated compliance role vested with responsibility for the compliance operations of the compliance program?

Document ID: [illegible]

Element 2.4

How is the designated compliance role vested with responsibility for the compliance operations of the compliance program?

Document ID: [illegible]

Element 2.3

How is the designated compliance role vested with responsibility for the compliance operations of the compliance program?

Document ID: [illegible]

Element 2.1

Has a designated employee been vested with responsibility for the day-to-day operation of the compliance program?

Short answer: Yes

Element 2.2

Are the designated employee's duties related solely to compliance?

Answer: No

Element 2.3

Are the compliance responsibilities satisfactorily carried out?

Short Answer: Kind of

Element 2.4

Does the designated employee report directly to the CEO or other senior administrator?

Answer: Yes

Element 2.5

Does the designated employee periodically report to the governing body on the activities of the compliance program?

Answer: Yes

Element 3: Training and Education

Element 3.1

To provide training and education offered to all of the following categories of affected individuals: a. employees; b. contractors; c. governing body of persons associated with power?

Short Answer: No

Element 3.2

To complete training part of the education for all of the following affected individuals: a. employees; b. contractors; c. governing body of persons associated with power?

Answer: No



Element 3.1

Is periodic training and education offered to all of the following categories of affected individuals: a. employees; b. executives; c. governing body; d. persons associated with power?

Short Answer: No

Element 3.2

Is compliance training part of the orientation for all of the following affected individuals: a. employees; b. executives; c. governing body; d. persons associated with power?

Answer: No

Element 4: Lines of communication

Element 4.1

Are there written P S P that identify how to communicate compliance issues to the appropriate person?

Answer: Yes

Element 4.3

Is there a method for anonymous and confidential good faith reporting of potential compliance issues for all of the following categories of affected individuals: a. employees; b. contractors; c. governing body; d. persons associated with power?

Answer: No

Element 4.2

Are there lines of communication to the COO that allow compliance issues to be reported and which are accessible to all of the following categories of affected individuals?

Answer: Yes

Element 4.1

Are there written P & P that identify how to communicate compliance issues to the appropriate person?

Answer: Yes

Element 4.2

Are there lines of communication to the DOQ that allow compliance issues to be reported and which are accessible to all of the following categories of affected individuals?

Answer: Yes

Element 4.3

Is there a method for anonymous and confidential good faith reporting of potential compliance issues for all of the following categories of affected individuals: a. employees; b. executives; c. governing body; d. persons associated with power?

Answer: No

Element 5: Disciplinary policies to encourage good faith participation.

Element 5.1
All disciplinary policies and procedures must be developed in consultation with the relevant stakeholders.
Approved by: [Name]

Element 5.2
Disciplinary policies must be developed in consultation with the relevant stakeholders for all of the affected groups of individuals.
Approved by: [Name]

Element 5.3
Disciplinary policies must be developed in consultation with the relevant stakeholders for all of the affected groups of individuals.
Approved by: [Name]

Element 5.4
Disciplinary policies must be developed in consultation with the relevant stakeholders for all of the affected groups of individuals.
Approved by: [Name]

Element 5.5
Disciplinary policies must be developed in consultation with the relevant stakeholders for all of the affected groups of individuals.
Approved by: [Name]

Element 5.6
Disciplinary policies must be developed in consultation with the relevant stakeholders for all of the affected groups of individuals.
Approved by: [Name]

Element 5.7
Disciplinary policies must be developed in consultation with the relevant stakeholders for all of the affected groups of individuals.
Approved by: [Name]



Element 5.1

Do disciplinary policies exist to encourage good faith participation in the compliance program by all categories of affected individuals?

Answer: Kind of

Element 5.2

Are there policies in effect that articulate expectations for reporting compliance issues for all of the affected categories of individuals?

Answer: Kind of

Element 5.3

Are there policies in place that articulate expectations for assisting in the resolution of compliance issues for all of the affected groups of individuals?

Answer: Kind of

Element 5.4

Are there policies in place that outline sanctions for failing to report suspected compliance issues for all affected categories of individuals?

Answer: No

Element 5.5

Is there policy in effect that outlines sanctions for participating in non-compliant behavior for all categories of affected individuals?

Answer: No

Element 5.6

Is there a policy in effect that outlines sanctions for encouraging, directing, facilitating, or permitting non-compliant behavior?

Answer: No

Element 5.7

Are all compliance related discipline policies fairly and firmly enforced?

Answer: No

Element 6: A system for identification of compliance risks

Element 6.2

Do we have a system in place for self-evaluation of the risk areas that are identified through routine compliance audits?

Answer: Yes (PDSA Cycle)

Element 6.3

Do we have a system in place for evaluation of potential or actual non-compliance as a result of audits and self-evaluations identified in 6.2?

Answer: Kind of (PDSA Cycle)

Element 6.1

Do you have a system in place for routine identification of compliance issues specific to your provider type?

Answer: No

Element 6.1

Do you have a system in place for routine identification of compliance issues specific to your provider type?

Answer: No

Element 6.2

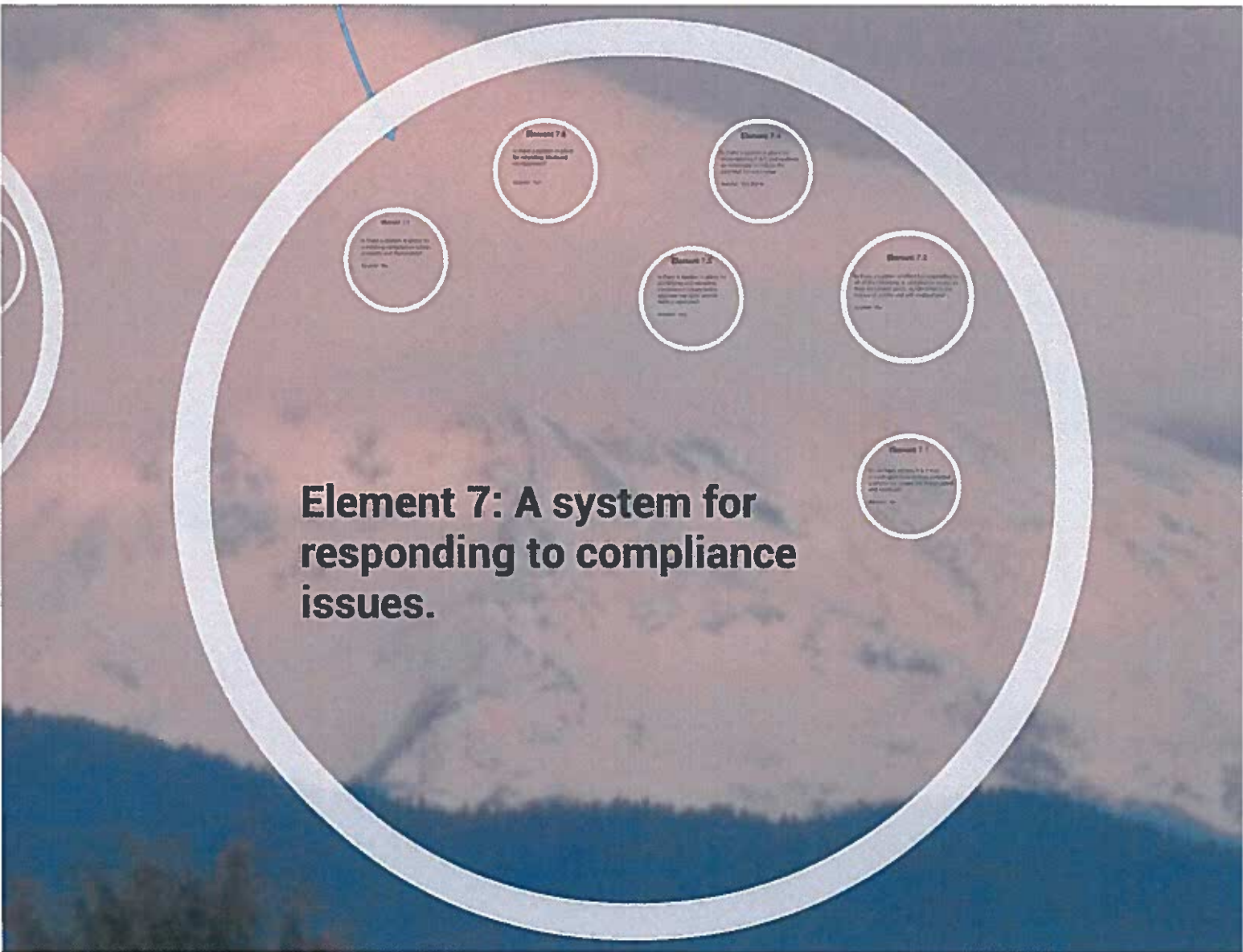
Do we have a system in place for self-evaluation of the risk areas that are identified through routine compliance audits?

Answer: Yes (PDSA Cycle)

Element 6.3

Do we have a system in place for evaluation of potential or actual non-compliance as a result of audits and self-evaluations identified in 6.2?

Answer: Kind of (PDSA Cycle)



Element 7.1

Do we have written P & P that provide guidance on how potential compliance issues are investigated and resolved?

Answer: No

Element 7.2

Is there a system in effect for responding to all of the following: a. compliance issues as they are raised; and b. as identified in the course of audits and self-evaluations?

Answer: No

Element 7.3

Is there a system in place for correcting compliance issues promptly and thoroughly?

Answer: No

Element 7.4

Is there a system in place for implementing P & P, and systems as necessary to reduce the potential for recurrence?

Answer: Yes (MCN)

Element 7.5

Is there a system in place for identifying and reporting compliance issues to the appropriate state and/or federal agencies?

Answer: Yes

Element 7.6

**Is there a system in place
for refunding Medicaid
overpayment?**

Answer: Yes



Element 8: A policy of non-intimidation and non-retaliation

Element 8.1

Is there a policy of non-intimidation and non-retaliation for good faith participation in the compliance program?

Answer: Yes - not specifically for the compliance program though

Element 8.1

Is there a policy of non-intimidation and non-retaliation for good faith participation in the compliance program?

Answer: Yes - not specifically for the compliance program though.

Sherry Wilson

From: Theresa Babajan
Sent: Wednesday, March 08, 2017 9:38 AM
To: Sherry Wilson
Subject: pointclickcare progress

Let's start with management:

Louis ward now has access and can choose the modules he would like to take as there are none specifically designed for CEO's. I suggested he take a few business/financial classes as well as some clinical.

Travis Lakey has, I believe, finished a few of his modules. That's all I know on his status.

Keith Earnest has completed quite a few of his training modules and is now trying to figure out if a bar code system is feasible for LTC.

Sherry Wilson has completed a few of hers. She is now in the process of getting the right equipment ordered.

Chris Broadway has made contact with a few vendors and has a price quote from them. Just waiting on approval to order. He also figured out the problem with smartzone not working and has remedied the problem.

BJ Burks has not had the best of luck logging in to smartzone but Chris has fixed the issue and she can now complete her training. During our meeting yesterday, we noticed that there is not a section for Social Services. I will notify Keri at pointclickcare and see what can be done to fix that issue. She will be training her activity aides on how to chart in PCC.

Security:

Jeanette has added all the nursing, activities and aides to the user access. She has begun the process of admitting Fall River residents into pointclickcare.

Nursing:

Sonya and Sharon went through the coaching session on how to enter patient information. We will try to get them all entered next week.

Dietary:

It seems that this part of pointclickcare could possibly not be of benefit. Dietary has another system, which has everything they need, is up and running. They are still trying to figure this system out. Pointclickcare does not offer a nutritional analysis tool which is required by the state. The system they are using now has this tool. Pointclickcare charting for LTC does not integrate with dietary. The two systems do not talk to each other. I sent Keri our admission nutritional assessment to see if that can be built into the system since there wasn't a dietary section either.

Business/admitting office:

The ladies in there have been extremely busy but have been completing their training when they can. They have attended a few coaching sessions and hopefully gleaned some much needed information from those meetings.

Jack Hathaway gave me a list of the facilities that use PCC in Redding. I will be making calls tomorrow to see when would be a good time to visit one of these facilities so that we can get a run through of how their system works.

Britany Hammons and Gary Tjaden have agreed to be the trainers for our aides on point of care charting. Point of care is the activities of daily charting that the aides will complete.

Pointclickcare is the wave of the future. Learning how to chart in an electronic chart and using that knowledge saves time and allows more time spent with our residents.

Thank you to everyone who has jumped on this train and have begun the process of learning the better and more efficient way to chart!!!

Theresa Babajan, Project Manager

Mayers Memorial Hospital District

43563 Highway 299 East Fall River Mills, CA 96028

20647 Commerce Way Burney, CA 96013

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Always caring, Always here!

MAYERS MEMORIAL HOSPITAL

**Sterility Monitoring Log
End Product Testing**

Individual compounding test sample completes columns 1 through 5 below. Solutions are checked for turbidity at the time intervals indicated. Record “-“ for negative if clear, or “+” for positive if turbidity is observed. Each entry is initialed by the observer. Samples are incubated in the laboratory and observed by laboratory personnel. A final report is generated by the laboratory.

Date	Compounding Individual	Product ID (Order# and Bag #)	Product Description (Solution, Additives, & Volume)	Sample (ml)	24 hr growth	72 hr growth	1 week growth	2 week growth
Attach copy of label below								

Maintain for 3 years.

Mayers Memorial Hospital District 2017
Compliance Plan

How to Use This Compliance Program

Mayers Memorial Hospital District has organized this Compliance Program to be understandable and easy to navigate. A brief description of how this Compliance Program manual is organized follows.

Section 1 - Compliance Program Summary

This section contains a description of the purpose of this program and who is affected through its acceptance and implementation. This includes a brief introduction of what is expected of employees and the district as we move forward.

Section 2 - Code of Conduct

This section contains specific policies related to your personal conduct while performing your job function. The primary objective of these policies is to create a work environment that promotes cooperation, professionalism and compliance with the law. Compliance with the Code of Conduct is a significant factor in employee performance evaluations. All Personnel will receive training on this section.

Section 3 - Compliance Program Systems and Processes

This section explains the roles of the Director of Quality and the Quality Committee. It also contains information about Compliance Program education and training, auditing and corrective action. Most importantly, this section explains how to report violations anonymously, either in writing or by calling the Hospital's Compliance Hotline at 530-336-5511 ext. 1141 or sending an email to jhathaway@mayersmemorial.com. All Personnel will receive training on this section.

Section 4 - Compliance Policies

This section includes specific policies that apply to various aspects of Mayers Memorial Hospital District's business and operations. Some of these policies may not apply to your specific job function, but it is still important that you are aware of their existence and importance. All Personnel will receive training regarding the policies that apply to their job function.

Here are some tips on how to effectively use this Compliance Program:

- **Refer to Table of Contents.** The Table of Contents contains a thorough list of topics covered in this Compliance Program. Use the Table of Contents to quickly locate the topic you are looking for.
- **Important Reference Tool.** This Compliance Program should be viewed as an important reference manual that can be referred to on a regular basis to answer questions about how to perform your job. Although it may not contain all of the answers, it will contain many and can save you time.
- **Read it in Context.** Mayers Memorial Hospital District has created this Compliance Program to incorporate numerous compliance policies, many of which may not apply to you. When reviewing this Compliance Program and the policies contained in it, keep in mind that the policies are to be applied in the context of your job. If you are uncertain about if or how a policy applies to you, ask your supervisor.
- **Keep it Handy.** Keep this Compliance Program manual easily accessible and refer to it on a regular basis.
- **Talk to Your Co-Workers.** Regular dialogue among co-workers and supervisors is a great way to ensure that policies are being uniformly applied. While this discussion is encouraged, always remember that the provisions of this Compliance Program should guide you on compliance matters.

SECTION 1-COMPLIANCE PROGRAM SUMMARY

Purpose of this Compliance Program

Mayers Memorial Hospital District is committed to ensuring compliance with all applicable statutes, regulations and policies governing our daily business activities. To that end, Mayers Memorial Hospital District created this Compliance Program to serve as a practical guidebook that can be used by all Personnel to assist them in performing their job functions in a manner that complies with applicable laws and policies. This Compliance Program is intended to further our day-to-day commitment that our operations comply with federal and state laws, to provide guidance for all employees, and to serve as a mechanism for preventing and reporting any violation of those laws.

While this Compliance Program contains policies regarding the business of Mayers Memorial Hospital District, it does not contain every policy that Personnel are expected to follow. For example, this Compliance Program does not cover payroll and benefits policies. Mayers Memorial Hospital District maintains other policies with which employees are required to comply. You should discuss with your supervisor any questions regarding which policies apply to you.

It is the policy of Mayers Memorial Hospital District that:

All employees are educated about applicable laws and trained in matters of compliance;

- There is periodic auditing, monitoring and oversight of compliance with those laws;
- A *Just Culture* exists that encourages and enables the reporting of noncompliance without fear of retribution; and
- Mechanisms exist to investigate, discipline and correct noncompliance.

Who is Affected

Everyone employed by Mayers Memorial Hospital District is required to comply with the Compliance Program. Because not all sections of the Compliance Program will apply to your job function, you will receive training and other materials to explain which portions of this Compliance Program apply to you.

While this Compliance Program is not intended to serve as the compliance program for all of our contractors, it is important that all contractors perform services in a manner that complies with the law. To that end, agreements with contractors may incorporate certain provisions of this Compliance Program.

Compliance requirements are subject to change as a result of new laws. We must all keep this Compliance Program current and useful. You are encouraged to let your supervisor know when you become aware of changes in law or hospital policy that might affect this Compliance Program.

SECTION 2 - CODE OF CONDUCT

Our Compliance Mission

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.

In concert with our medical staff, Mayers Memorial Hospital District strives to provide comprehensive quality health care to our community. Our team of dedicated health care professionals can and will provide a compassionate and caring environment for patients, and their families and friends, while continuously striving to improve the quality of care that is accessible and affordable.

Mayers Memorial Hospital District shall collaborate with its medical staff and affiliated organizations to improve health outcomes, enhance quality of life, and promote human dignity through health education, prevention and services across the health care continuum.

Mayers Memorial Hospital District's Board of Directors (referred to herein as the "Governing Board") adopted the Compliance Program, including this Code of Conduct, to provide standards by which Personnel must conduct themselves in order to protect and promote Mayers Memorial Hospital District's integrity and to enhance the hospital's ability to achieve its objectives. Mayers Memorial Hospital District believes this Code of Conduct will significantly contribute to a positive work environment for all.

No written policies can capture every scenario or circumstance that can arise in the workplace. Mayers Memorial Hospital District expects personnel to consider not only the words written in this Code of Conduct, but the meaning and purpose of those words as well. You are expected to read this Code of Conduct and exercise good judgment. You are encouraged to talk to your supervisor or the Director of Quality if you have any questions about this Code of Conduct or what is expected of you.

All Personnel are expected to be familiar with the contents of this Code of Conduct. Training and education will be provided periodically to further explain this Code of Conduct and its application.

Compliance With Laws

It is the policy of Mayers Memorial Hospital District, its affiliates, contractors and employees to comply with all applicable laws. When the application of the law is uncertain, Mayers Memorial Hospital District will seek guidance from legal counsel.

Open Communication

Mayers Memorial Hospital District encourages open lines of communication between Personnel. If you are aware of an unlawful or unethical situation, there are several ways you can bring this to the hospital's attention. Your supervisor is the best place to start, but you can also contact the Director of Quality or call the Compliance Hotline to express your concerns. All reports of unlawful or unethical conduct will be investigated promptly. Mayers Memorial Hospital District does not tolerate threats or acts of retaliation or retribution against employees for using these communication channels.

Your Personal Conduct

Mayers Memorial Hospital District's reputation for the highest standards of conduct rests not on periodic audits by lawyers and accountants, but on the high measure of mutual trust and responsibility that exists between Personnel and Mayers Memorial Hospital District. It is based on you, as an individual, exercising good judgment and acting in accordance with this Code of Conduct and the law.

Ethical behavior on the job essentially comes down to honesty and fairness in dealing with other Personnel and with patients, vendors, competitors, the government and the public. It is no exaggeration to say that Mayers Memorial Hospital District's integrity and reputation are in your hands.

Mayers Memorial Hospital District's basic belief in the importance of respect for the individual has led to a strict regard for the privacy and dignity of Personnel. When management determines that your personal conduct adversely affects your performance, that of other Personnel, or the legitimate interests of Mayers Memorial Hospital District, the hospital may be required to take action.

General Rules of Conduct

Your conduct is governed by regulations that are intended to maintain good working relationships between you and co-workers, supervisors, and patients. Failure to use good judgment and/or a disregard for District regulations, policies, procedures, and practices, will result in disciplinary action.

Examples of intolerable misconduct include, but are not limited to:

- Abuse or inconsiderate treatment of patients, visitors, and/or other employees.
- Theft, destruction, willful abuse, or misuse of property belonging to the District or to visitors, patients or co-workers.
- Dishonesty, falsification of records, recording or documenting records including time cards in the name of another employee.
- Breach of confidentiality.
- Insubordination.
- Unexcused absences, excessive unscheduled absences, excessive tardiness.
- Violation of safety rules and regulations.
- Inability to meet job requirements.
- Inappropriate behavior, including, but not limited to, obscene/abusive language, intimidation/interference with the rights of others, malicious gossip, horseplay.
- Criminal acts.
- Consumption of food intended for a patient.
- Violation of any District policy, practice, or procedure, whether or not detailed in this Handbook.

The District will address violations of these rules of conduct and any other violations of District policy on an individual basis. Pursuant to the District's at-will employment policy, the District reserves the right to impose whatever form of discipline it chooses, or none at all, in a particular instance. Disciplinary action may include, but is not limited to, oral or written warnings, suspension, demotion, or involuntary termination. Nothing in this Handbook should be construed as a promise of specific treatment in a given situation. Please review the departmental Policy and Procedures Manual for more additional information.

The Work Environment

Mayers Memorial Hospital District strives to provide Personnel with a safe and productive work environment. All Personnel must dispose of medical waste, environmentally sensitive materials, and any other hazardous materials correctly. You should immediately report to your supervisor any situations that are likely to result in falls, shocks, burns, or other harm to patients, visitors, or Personnel.

The work environment also must be free from discrimination and harassment based on race, color, religion, sex, sexual orientation, age, national origin, disability, veteran status or other factors that are unrelated to Mayers Memorial Hospital District's legitimate business interests. Mayers Memorial Hospital District will not tolerate sexual advances, actions, comments or any other conduct in the workplace that creates an intimidating or otherwise offensive environment. Similarly, the use of racial or religious slurs - or any other remarks, jokes or conduct that encourages or permits an offensive work environment - will not be tolerated.

If you believe that you are subject to such conduct, you should bring such activity to the attention of Mayers Memorial Hospital District, either by informing your supervisor, the Director of Quality, or by calling the Compliance Hotline. Mayers Memorial Hospital District considers all complaints of such conduct to be serious matters, and all complaints will be investigated promptly.

Some other activities that are prohibited because they clearly are not appropriate are:

- Threats;
- Violent behavior;
- The possession of weapons of any type;
- The distribution of offensive jokes or other offensive materials via e-mail or any other manner; and
- The use, distribution, sale or possession of illegal drugs or any other controlled substance, except to the extent permitted by law for approved medical purposes.

In addition, Personnel may not be on Mayers Memorial Hospital District premises or in Mayers Memorial Hospital District work environment if they are under the influence of or affected by illegal drugs, alcohol or controlled substances used other than as prescribed.

In appropriate circumstances, the District may require you to undergo drug/alcohol testing. Please review the departmental Policy and Procedure Manual for additional information regarding drug screening.

Employee Privacy

Mayers Memorial Hospital District collects and maintains personal information that relates to your employment, including medical and benefit information. Access to personal information is restricted solely to people with a need to know this information. Personal information is released outside Mayers Memorial Hospital District or to its agents only with employee approval, except in response to appropriate investigatory or legal requirements, or in accordance with other applicable law. Employees who are responsible for maintaining personal information and those who are provided access to such information must ensure that the information is not disclosed in violation of Mayers Memorial Hospital District's Personnel policies or practices.

Use of Hospital Property

Hospital equipment, systems, facilities, corporate charge cards and supplies must be used only for conducting Hospital business or for purposes authorized by management.

Personal items, messages or information that you consider private should not be placed or kept in telephone systems, computer systems, offices, work spaces, desks, credenzas or file cabinets. Employees should have

no expectation of privacy with regard to items or information stored or maintained on Hospital equipment or premises. Management is permitted to access these areas. Employees should not search for or retrieve articles from another employee's workspace without prior approval from that employee or management.

Since supplies of certain everyday items are readily available at Hospital work locations, the question of making personal use of them frequently arises. The answer is clear: employees may not use Hospital supplies for personal use.

Use of Hospital Computers

The increasing reliance placed on computer systems, internal information and communications facilities in carrying out Hospital business makes it absolutely essential to ensure their integrity. Like other Hospital assets, these facilities and the information they make available through a wide variety of databases should be used only for conducting Hospital business or for purposes authorized by management. Their unauthorized use, whether or not for personal gain, is a misappropriation of Hospital assets.

While Mayers Memorial Hospital District conducts audits to help ensure that Hospital systems, networks and databases are being used properly, it is your responsibility to make sure that each use you make of any Hospital system is authorized and proper.

Personnel are not allowed to load or download software or data onto Hospital computer systems unless it is for business purposes and is approved in advance by the appropriate supervisor. Personnel shall not use Hospital email systems to deliver or forward inappropriate jokes, unauthorized political materials, or any other potentially offensive materials. Personnel are strictly forbidden from using computers to access the Internet for purposes of gambling, viewing pornography or engaging in any illegal activities.

Employees should have no expectation of privacy with regard to items or information stored or maintained on Hospital premises or computer, information, or communication systems.

Use of Proprietary Information

Proprietary information is generally confidential information that is developed by Mayers Memorial Hospital District as part of its business and operations. Such information includes, but is not limited to, the business, financial, marketing and contract arrangements associated with Hospital services and products. It also includes computer access passwords, procedures used in producing computer or data processing records, personnel and medical records, and payroll data. Other proprietary information includes management know-how and processes; Hospital business and product plans with outside vendors; a variety of internal databases; and copyrighted material, such as software.

The value of this proprietary information is well known to many people in the Hospital industry. Besides competitors, they include industry and security analysts, members of the press, and consultants. Mayers Memorial Hospital District alone is entitled to determine who may possess its proprietary information and what use may be made of it, except for specific legal requirements such as the publication of certain reports.

Personnel often have access to information that Mayers Memorial Hospital District considers proprietary. Therefore, it is very important not to use or disclose proprietary information except as authorized by Mayers Memorial Hospital District.

Inadvertent Disclosure

The unintentional disclosure of proprietary information can be just as harmful as intentional disclosure. To avoid unintentional disclosure, never discuss with any unauthorized person proprietary information that has not been made public by Mayers Memorial Hospital District. This information includes unannounced products or services, prices, earnings, procurement plans, business volumes, capital requirements,

confidential financial information, marketing and service strategies, business plans, and other confidential information. Furthermore, you should not discuss confidential information even with authorized Hospital employees if you are in the presence of others who are not authorized - for example, at a conference reception or in a public area such as an airplane. This also applies to discussions with family members or with friends, who might innocently or inadvertently pass the information on to someone else.

Direct Requests for Information

If someone outside Mayers Memorial Hospital District asks you questions about Mayers Memorial Hospital District or its business activities, either directly or through another person, do not attempt to answer them unless you are certain you are authorized to do so. If you are not authorized, refer the person to the appropriate source within Mayers Memorial Hospital District. Under no circumstances should you continue contact without guidance and authorization. If you receive a request for information or to conduct an interview from an attorney, investigator, or any law enforcement officer, and it concerns Mayers Memorial Hospital District's business, you should refer the request to the office of the Chief Executive Officer. Similarly, unless you have been authorized to talk to reporters, or to anyone else writing about or otherwise covering Mayers Memorial Hospital District or the industry, direct the person to your supervisor.

Disclosure and Use of Hospital Proprietary Information

Besides your obligation not to disclose any Hospital proprietary information to anyone outside Mayers Memorial Hospital, you are also required to use such information only in connection with Mayers Memorial Hospital's business. These obligations apply whether or not you developed the information yourself.

Proprietary and Competitive Information About Others

In the normal course of business, it is not unusual to acquire information about many other organizations, including competitors (competitors are other hospitals and health facilities). Doing so is a normal business activity and is not unethical in itself. However, there are limits to the ways that information should be acquired and used. Improper solicitation of confidential data about a competitor from a competitor's employees or from Hospital patients is prohibited. Mayers Memorial Hospital District will not tolerate any form of questionable intelligence gathering.

Recording and Reporting Information

You should record and report all information accurately and honestly. Every employee records information of some kind and submits it to Mayers Memorial Hospital District (for example, a time card, an expense account record, or a report). To submit a document that contains false information - an expense report for meals not eaten, miles not driven, or for any other expense not incurred - is dishonest reporting and is prohibited.

Dishonest reporting of information to organizations and people outside Mayers Memorial Hospital District is also strictly prohibited and could lead to civil or even criminal liability for you and Mayers Memorial Hospital District. This includes not only reporting information inaccurately, but also organizing it in a way that is intended to mislead or misinform those who receive it. Personnel must ensure that they do not make false or misleading statements in oral or written communications provided to organizations outside of Mayers Memorial Hospital District.

Exception

Nothing contained herein is to be construed as prohibiting conduct legally protected by the National Labor Relations Act or other applicable state or federal law.

Gifts and Entertainment

Mayers Memorial Hospital District understands that vendors and others doing business with Mayers Memorial Hospital District may wish to provide gifts, promotional items and entertainment to Hospital Personnel as part of such vendors' own marketing activities. Mayers Memorial Hospital District also understands that there may be occasions where the Hospital may wish to provide reasonable business gifts to promote Mayers Memorial Hospital District's services. However, the giving and receipt of such items can easily be abused and have unintended consequences; giving and receiving gifts, particularly in the health care industry, can create substantial legal risks.

General Policy

It is the general policy of Mayers Memorial Hospital District that neither you nor any member of your family may solicit, receive, offer or pay any money or gift that is, or could be reasonably construed to be, an inducement in exchange for influence or assistance in conducting Hospital business. It is the intent of Mayers Memorial Hospital District that this policy be construed broadly such that all business transactions with vendors, contractors and other third parties are transacted to avoid even the appearance of improper activity.

Spending Limits - Gifts, Dining and Entertainment

Mayers Memorial Hospital District has developed policies that clearly define the spending limits permitted for items Mayers Memorial Hospital District such as gifts, dining and entertainment. All Personnel are strictly prohibited from making any expenditures of Hospital or personal funds for gifts, dining or entertainment in any way related to Hospital business, unless such expenditures are made in strict accordance with Hospital policies.

Marketing and Promotions in Health Care

As a provider of health care services, the marketing and promotional activities of Mayers Memorial Hospital District may be subject to anti-kickback and other laws that specifically apply to the health care industry. Mayers Memorial Hospital District has adopted policies elsewhere in this Compliance Program to specifically address the requirements of such laws.

It is the policy of Mayers Memorial Hospital District that Personnel are not allowed to solicit, offer or receive any payment, compensation or benefit of any kind (regardless of the value) in exchange for referring, or recommending the referral of, patients or customers to the Hospital.

Marketing

Mayers Memorial Hospital District has expended significant efforts and resources in developing its services and reputation for providing high-quality patient care. Part of those efforts involves advertising, marketing and other promotional activities. While such activities are important to the success of Mayers Memorial Hospital District, they are also potential sources of legal liability as a result of health care laws (such as the anti-kickback laws) that regulate the marketing of health care services. Therefore, it is important that Mayers Memorial Hospital District closely monitor and regulate advertising, marketing and other promotional activities to ensure that all such activities are performed in accordance with Hospital objectives and applicable law.

This Compliance Program contains various policies applicable to specific business activities of Mayers Memorial Hospital. In addition to those policies, it is the general policy of Mayers Memorial Hospital District that no Personnel engage in any advertising, marketing or other promotional activities on behalf of Mayers Memorial Hospital District unless such activities are approved in advance by the appropriate Hospital representative. You should ask your supervisor to determine the appropriate Hospital representative to contact. In addition, no advertising, marketing or other promotional activities targeted at health care providers or potential patients may be conducted unless approved in advance by Mayers Memorial Hospital District's legal counsel.

All content posted on Internet websites maintained by Mayers Memorial Hospital District must be approved in advance by the Director of Quality or legal counsel.

Conflicts of Interest

A conflict of interest is any situation in which financial or other personal considerations may compromise or appear to compromise any Personnel's business judgment, delivery of patient care, or ability of any Personnel to do his or her job or perform his or her responsibilities. A conflict of interest may arise if you engage in any activities or advance any personal interests at the expense of Mayers Memorial Hospital District's interests.

An actual or potential conflict of interest occurs when any Personnel is in a position to influence a decision that may result in personal gain for that Personnel, a relative or a friend as a result of Mayers Memorial Hospital District's business dealings. A relative is any person who is related by blood or marriage, or whose relationship with the Personnel is similar to that of persons who are related by blood or marriage, including a domestic partner, and any person residing in the Personnel's household. You must avoid situations in which your loyalty may become divided.

An obvious conflict of interest is providing assistance to an organization that provides services and products in competition with Mayers Memorial Hospital District's current or potential services or products. You may not, without prior consent, work for such an organization as an employee (including working through a registry or "moonlighting" and picking up shifts at other health care facilities), independent contractor, a consultant, or a member of its Governing Board. Such activities may be prohibited because they divide your loyalty between Mayers Memorial Hospital District and that organization. Failure to obtain prior consent in advance from Mayers Memorial Hospital's Director of Quality or legal counsel may be grounds for termination.

Outside Employment and Business Interests

You are not permitted to work on any personal business venture on Mayers Memorial Hospital District premises or while working on Hospital time. In addition, you are not permitted to use Hospital equipment, telephones, computers, materials, resources or proprietary information for any outside work. You must abstain from any decision or discussion affecting Mayers Memorial Hospital District when serving as a member of an outside organization or board or in public office, except when specific permission to participate has been granted by the Director of Quality or legal counsel.

Contracting with the Hospital

You may not contract with Mayers Memorial Hospital District to be a supplier, to represent a supplier to Mayers Memorial Hospital District, or to work for a supplier to Mayers Memorial Hospital District while you are an employee of Mayers Memorial Hospital District. In addition, you may not accept money or benefits, of any kind, for any advice or services you may provide to a supplier in connection with its business with Mayers Memorial Hospital District.

Required Standards

All decisions and transactions undertaken by Personnel in the conduct of Mayers Memorial Hospital District's business must be made in a manner that promotes the best interests of Mayers Memorial Hospital District, free from the possible influence of any conflict of interest of such Personnel or the Personnel's family or friends. Personnel have an obligation to address both actual conflicts of interest and the appearance of a conflict of interest. You must always disclose and seek resolution of any actual or potential conflict of interest - whether or not you consider it an actual conflict - before taking a potentially improper action.

No set of principles or standards can cover every type of conflict of interest. The following standards address conduct required of all Personnel and provide some examples of potential conflict of interest situations in addition to those discussed above.

1. Personnel may not make or influence business decisions, including executing purchasing agreements (including but not limited to agreements to purchase or rent equipment, materials, supplies or space) or other types of contracts (including contracts for personal services), from which they, a family member, or a friend may benefit.
2. Personnel must disclose their "significant" (defined below) financial interests in any entity that they know to have current or prospective business, directly or indirectly, with Mayers Memorial Hospital District. There are two types of significant financial interests:
 - a. Receipt of anything of monetary value from a single source in excess of \$500 annually. Examples include salary, royalties, gifts and payments for services including consulting fees and honoraria; and
 - b. Ownership of an equity interest exceeding 5 percent in any single entity, excluding stocks, bonds and other securities sold on a national exchange; certificates of deposit; mutual funds; and brokerage accounts managed by third parties.
3. Personnel must disclose any activity, relationship or interest that may be perceived to be a conflict of interest so that these activities, relationships and interests can be evaluated and managed properly.
4. Personnel must disclose any outside activities that interfere, or may be perceived to interfere, with the individual's capacity to satisfy his or her job or responsibilities at Mayers Memorial Hospital District. Such outside activities include leadership participation (such as serving as an officer or member of the board of directors) in professional, community or charitable activities; self-employment; participation in business partnerships; and employment or consulting arrangements with entities other than Mayers Memorial Hospital District.
5. Personnel may not solicit personal gifts or favors from vendors, contractors, or other third parties that have current or prospective business with Mayers Memorial Hospital District. Personnel may not accept cash gifts and may not accept non-monetary gifts including meals, transportation or entertainment valued in excess of \$500 from vendors, contractors or other third parties that have current or prospective business with Mayers Memorial Hospital District. Questions regarding the gift limitations should be directed to the Director of Quality.
6. Any involvement by Personnel in a personal business venture shall be conducted outside Mayers Memorial Hospital District work environment and shall be kept separate and distinct from Mayers Memorial Hospital District's business in every respect.
7. Personnel should not accept employment or engage in a business that involves, even nominally, any activity during hours of employment with Mayers Memorial Hospital District, the use of any of Mayers Memorial Hospital's equipment, supplies or property, or any direct relationship with Mayers Memorial Hospital District's business or operation.
8. Personnel must guard patient and Hospital information against improper access or use by unauthorized individuals.

9. Mayers Memorial Hospital District's materials, products, designs, plans, ideas and data are the property of Mayers Memorial Hospital District and should never be given to an outside firm or individual, except through normal channels with appropriate prior authorization.
10. Personnel must avoid any appearance of impropriety when dealing with clinicians and referral sources.
11. All vendors and contractors who have or desire business relationships with Mayers Memorial Hospital District must abide by this Code of Conduct. Personnel having knowledge of vendors or contractors who violate these standards in their relationship with Mayers Memorial Hospital District must report these to their supervisor or manager.
12. Personnel shall not sell any merchandise on Hospital premises and shall not sell any merchandise of a medical nature that is of a type or similar to what is sold or furnished by Mayers Memorial Hospital District, whether on or off Hospital premises, unless prior approval is obtained from the Director of Quality.
13. Personnel shall not request donations for any purpose from other Personnel, patients, vendors, contractors or other third parties, unless prior approval is obtained from the Director of Quality.
14. Personnel may not endorse any product or service without explicit prior approval to do so by the Director of Quality.

Disclosure of Potential Conflict Situations

You must disclose any activity, relationship, or interest that is or may be perceived to be a conflict of interest and complete the attached Conflict of Interest Certification Form within 90 days of being subject to this Code of Conduct (that is, being hired by Mayers Memorial Hospital District, beginning to volunteer at Mayers Memorial Hospital District, or assuming any responsibilities at Mayers Memorial Hospital District). At least annually thereafter, you must review this Code of Conduct and your most recent Conflict of Interest Certification. You are not required to file a Conflict of Interest Certification Form annually unless there is a change in your circumstances that you have not previously reported. At any time during the year, when an actual, potential, or perceived conflict of interest arises, you must revise your certification form and contact the Director of Quality. It is your responsibility to promptly report any actual or potential conflicts.

All certification forms must be sent to the Director of Quality. The Director of Quality will review all disclosures and determine which disclosures require further action. The Director of Quality will consult with the Chief Executive Officer or legal counsel if it is unclear whether an actual conflict of interest exists or if the Director of Quality determines that an actual conflict of interest exists. The outcome of these consultations will result in a written determination, signed by all decision-makers involved, stating whether or not an actual conflict of interest exists. If a conflict of interest is determined to exist, the written determination shall set forth a plan to manage the conflict of interest which may include that:

1. The conflict of interest is permitted;
2. The conflict of interest is permitted with modification or oversight, including such steps as reassignment of responsibilities or establishment of protective arrangements;
3. The conflict of interest will require the Personnel to abstain from participating in certain governance, management or purchasing activities related to the conflict of interest; or
4. The conflict of interest must be eliminated or, if it involves a proposed role in another organization or entity, must not be undertaken.

The Director of Quality will review any written determination with you, discuss any necessary action you are to take, and ask you to sign the written determination. The signed written determination will be kept with your certification form.

Health Insurance Portability and Accountability Act (HIPAA)

HIP AA provides that employees in the healthcare industry may have access to only that identifiable patient/resident information required to provide necessary care or service to the patient/resident.

Patients/residents will consent to the use and disclosure of all or any part of their information, and the use of such information will be limited by that consent for the purpose of providing care and billing for services. As an employee, your access to such information will be limited and may be used only to allow you to provide the specific services you are assigned. You may not take unauthorized photographs of patients or residents

Anti-Competitive Activities

If you work in sales or marketing, Mayers Memorial Hospital District asks you to perform your job not just vigorously and effectively, but fairly, as well. False or misleading statements about a competitor are inappropriate, invite disrespect and complaints, and may violate the law. Be sure that any comparisons you make about competitors' products and services are fair and accurate. (Competitors are other hospitals and health facilities.)

Reporting Violations

Mayers Memorial Hospital District supports and encourages each employee and contractor to maintain individual responsibility for monitoring and reporting any activity that violates or appears to violate any applicable statutes, regulations, policies or this Code of Conduct.

Mayers Memorial Hospital District has established a reporting mechanism that permits anonymous reporting, if the person making the report desires anonymity. Employees who become aware of a violation of the Compliance Program, including this Code of Conduct, must report the improper conduct to the Director of Quality.

That officer, or a designee, will then investigate all reports and ensure that appropriate follow-up actions are taken.

Hospital policy prohibits retaliation against an employee who makes such a report in good faith. In addition, it is the policy of Mayers Memorial Hospital District that no employee will be punished on the basis that he/she reported what he/she reasonably believed to be improper activity or a violation of this Program.

However, employees are subject to disciplinary action if after an investigation Mayers Memorial Hospital District reasonably concludes that the reporting employee knowingly fabricated, or knowingly distorted, exaggerated or minimized the facts to either cause harm to someone else or to protect or benefit themselves.

SECTION 3 - COMPLIANCE PROGRAM SYSTEMS AND PROCESSES

This Compliance Program contains a comprehensive set of policies. In order to effectively implement and maintain these policies, Mayers Memorial Hospital District has developed various systems and processes. The purpose of this section of the Compliance Program is to explain the various systems and processes that Mayers Memorial Hospital District has established for the purpose of providing structure and support to the Compliance Program.

Compliance Director and Committee

Director of Quality

Mayers Memorial Hospital District has a Director of Quality who serves as the primary supervisor of this Compliance Program. Mayers Memorial Hospital District's Director of Quality occupies a high-level position within the organization and has authority to carry out all compliance responsibilities described in this Compliance Program. The Director of Quality is responsible for assuring that the Compliance Program is implemented to ensure that Mayers Memorial Hospital District at all times maintains business integrity and that all applicable statutes, regulations and policies are followed.

The Director of Quality provides frequent reports to the Governing Board about the Compliance Program and compliance issues. The Governing Board is ultimately responsible for supervising the work of the Director of Quality, and maintaining the standards of conduct set forth in the Compliance Program. The Governing Board oversees all of Mayers Memorial Hospital District's compliance efforts and takes any appropriate and necessary actions to ensure that Mayers Memorial Hospital District conducts its activities in compliance with the law and sound business ethics.

The Director of Quality and Governing Board shall consult with legal counsel as necessary on compliance issues raised by the ongoing compliance review.

Responsibilities of the Director of Quality

The Director of Quality's responsibilities include the following:

- Overseeing and monitoring the implementation and maintenance of the Compliance Program.
- Reporting on a regular basis to the Governing Board (no less than annually) on the progress of implementation and operation of the Compliance Program and assisting the Governing Board in establishing methods to reduce the Hospital's risk of fraud, abuse and waste.
- Periodically revising the Compliance Program in light of changes in the needs of Mayers Memorial Hospital District and changes in applicable statutes, regulations and government policies.
- Reviewing at least annually the implementation and execution of the elements of this Compliance Program. The review includes an assessment of each of the basic elements individually and the overall success of the program, and a comprehensive review of the compliance department.
- Developing, coordinating and participating in educational and training programs that focus on elements of the Compliance Program with the goal of ensuring that all appropriate Personnel are knowledgeable about, and act in accordance with, this Compliance Program and all pertinent federal and state requirements.
- Ensuring that independent contractors and agents of Mayers Memorial Hospital District are aware of the requirements of this Compliance Program as they affect the services provided by such contractors and agents.
- Ensuring that employees, independent contractors, and agents of Mayers Memorial Hospital District have not been excluded from participating in Medicare, Medicaid (Medi-Cal) or any other federal or state health care program.

- Ensuring that Mayers Memorial Hospital District does not employ or contract with any individual who has been convicted of a criminal offense related to health care within the previous five years, or who is listed by a federal or state agency as debarred, excluded, or otherwise ineligible for participation in Medicare, Medicaid (Medi-Cal), or any other federal or state health care program.
- Coordinating internal compliance review and monitoring activities.
- Independently investigating and acting on matters related to compliance, including design and coordination of internal investigations and implementation of any corrective action.
- Maintaining a good working relationship with other key operational areas, such as internal audit, coding, billing and clinical departments.
- Designating work groups or task forces needed to carry out specific missions, such as conducting an investigation or evaluating a proposed enhancement to the Compliance Program.

The Director of Quality has the authority to review all documents and other information relevant to compliance activities, including, but not limited to, patient records, billing records, records concerning marketing efforts and all arrangements with third parties, including without limitation employees; independent contractors, suppliers, agents and physicians.

The Director of Quality has direct access to the Governing Board, Chief Executive Officer and other senior management, and to legal counsel. The Director of Quality has the authority to retain, as he or she deems necessary, outside legal counsel.

Quality Committee

Mayers Memorial Hospital District has established a Quality Committee to advise the Director of Quality and assist in monitoring this Compliance Program. The Quality Committee provides the perspectives of individuals with diverse knowledge and responsibilities within Mayers Memorial Hospital District.

Members of the Quality Committee

The Quality Committee consists of a number of core representatives. The members of the Quality Committee include those individuals designated below and several other members, including representatives of senior management, chosen by the Chief Executive Officer in consultation with the Director of Quality:

- Director of Quality
- Chief Team Officer
- Privacy Representative
- Security Representative
- Director of Nursing, Acute
- Chief Nursing Officer
- Medical Staff Representative
- Designated members of the Governing Board
- Community member(s) as directed by the Governing Board

The Director of Quality serves as the chairperson of the Quality Committee. The Quality Committee serves in an advisory role and has no authority to adopt or implement policies. The Director of Quality will consult with members of the Compliance Committee on a regular basis and may call meetings of all or some members of the Quality Committee.

Functions of the Quality Committee

The Quality Committee's functions include the following:

- Assessing existing and proposed compliance policies for modification or possible incorporation into the Compliance Program.
- Working with the Director of Quality to develop further standards of conduct and policies to promote compliance.

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- Recommending and monitoring, in conjunction with the Director of Quality, the development of internal systems and controls to carry out the standards and policies of this Compliance Program.
- Reviewing and proposing strategies to promote compliance and detection of potential violations.
- Assisting the Director of Quality in the development and ongoing monitoring of systems to solicit, evaluate and respond to complaints and problems related to compliance.
- Assisting the Director of Quality in coordinating compliance training, education and other compliance-related activities in the departments and business units in which the members of the Quality Committee work.
- Consulting with vendors of Mayers Memorial Hospital District on a periodic basis to promote adherence to this Compliance Program as it applies to those vendors and to promote their development of formal Compliance Programs.

The tasks listed above are not intended to be exhaustive. The Quality Committee may also address other compliance-related matters as determined by the Director of Quality.

Compliance as an Element of Performance

The promotion of, and adherence to, the elements of this Compliance Program is a factor in evaluating the performance of all Hospital employees. Personnel will be trained periodically regarding the Compliance Program, and new compliance policies that are adopted. In particular, all managers and supervisors involved in any processes related to the evaluation, preparation, or submission of medical claims must do the following:

- Discuss, as applicable, the compliance policies and legal requirements described in this Compliance Program with all supervised Personnel.
- Inform all supervised Personnel that strict compliance with this Compliance Program is a condition of continued employment.
- Inform all supervised Personnel that disciplinary action will be taken, up to and including termination of employment or contractor status, for violation of this Compliance Program.

Managers and supervisors will be subject to discipline for failure to adequately instruct their subordinates on matters covered by the Compliance Program. Managers and supervisors will also be subject to discipline for failing to detect violations of the Compliance Program where reasonable diligence on the part of the manager or supervisor would have led to the discovery of a problem or violation and thus would have provided Mayers Memorial Hospital District with the opportunity to take corrective action.

Training and Education

Mayers Memorial Hospital District acknowledges that this Compliance Program will be effective only if it is communicated and explained to Personnel on a routine basis and in a manner that clearly explains its requirements. For this reason, Mayers Memorial Hospital District requires all Personnel to attend specific training programs on a periodic basis. Training requirements and scheduling are established by Memorial Hospital for its departments and affiliates based on the needs and requirements of each department and affiliate. Training programs include appropriate training in federal and state statutes, regulations, guidelines, the policies described in this Compliance Program, and corporate ethics. Training will be conducted by qualified internal or external personnel. New employees are trained early in their employment. Training programs may include sessions highlighting this Compliance Program, summarizing fraud and abuse laws, physician self-referral laws, claims development and submission processes, and related business practices that reflect current legal standards.

All formal training undertaken as part of the Compliance Program is documented. Documentation includes at a minimum the identification of the Personnel participating in the training, the subject matter of the training, the length of the training, the time and date of the training, the training materials used, and any other relevant information.

The Director of Quality evaluates the content of the training program at least annually to ensure that the subject content is appropriate and sufficient to cover the range of issues confronting Mayers Memorial Hospital District's employees. The training program is modified as necessary to keep up-to-date with any changes in federal and state health care program requirements, and to address results of Mayers Memorial Hospital District's audits and investigations; results from previous training and education programs; trends in Hotline reports; and guidance from applicable federal and state agencies. The appropriateness of the training format is evaluated by reviewing the length of the training sessions; whether training is delivered via live instructors or via computer based training programs; the frequency of training sessions; and the need for general and specific training sessions.

The Director of Quality seeks feedback to identify shortcomings in the training program, and administers post-training tests as appropriate to ensure attendees understand and retain the subject matter delivered.

Specific training for appropriate corporate officers, managers, and other employees may include areas such as:

- Restrictions on marketing activities.
- General prohibitions on paying or receiving remuneration to induce referrals.
- Proper claims processing techniques.
- Monitoring of compliance with this Compliance Program.
- Methods for educating and training employees.
- Duty to report misconduct.

The members of the Hospital's Governing Board will be provided with periodic training, not less than annually, on fraud and abuse laws and other compliance matters.

Attendance and participation in compliance training programs is a condition of continued employment. Failure to comply with training requirements will result in disciplinary action, including possible termination.

Adherence with the provisions of this Compliance Program, including training requirements, is a factor in the annual evaluation of each Hospital employee. Where feasible, outside contractors will be afforded the opportunity to participate in, or be encouraged to develop their own, compliance training and educational programs, to complement Mayers Memorial Hospital District's standards of conduct and compliance policies. The Director of Quality will ensure that records of compliance training, including attendance logs and copies of materials distributed at training sessions, are maintained.

The compliance training described in this program is in addition to any periodic professional education courses that may be required by statute or regulation for certain Personnel. Mayers Memorial Hospital District expects its employees to comply with applicable education requirements; failure to do so may result in disciplinary action.

Lines of Communicating and Reporting

Open Door Policy

Mayers Memorial Hospital District recognizes that clear and open lines of communication between the Director of Quality and Hospital Personnel are important to the success of this Compliance Program. Mayers Memorial Hospital District maintains an open door policy in regards to all Compliance Program related matters.

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Hospital Personnel are encouraged to seek clarification from the Director of Quality in the event of any confusion or question about a statute, regulation, or policy discussed in this Compliance Program.

Submitting Questions or Complaints

Mayers Memorial Hospital District has established a telephone hotline for use by Hospital Personnel to report concerns or possible wrongdoing regarding compliance issues. We refer to this telephone line as our "Compliance Hotline."

The Compliance Hotline contact numbers are:

Phone: **530-336-5511** ext. 1141

Email: jhathaway@mayersmemorial.com

Personnel may also submit compliance-related questions or complaints in writing. Letters may be sent anonymously. All such letters should be sent to the Director of Quality at the following address:

Director of Quality
Mayers Memorial Hospital District
P.O. Box 459
Fall River Mills, CA 96028

The Compliance Hotline numbers and the Director of Quality's address are posted in conspicuous locations throughout the Hospital's facilities.

Calls to the Compliance Hotline are answered by a Hospital employee. If the call is not answered, the caller is encouraged to leave a detailed message. All calls are treated confidentially and are not traced. The caller need not provide his or her name. Mayers Memorial Hospital District's Director of Quality or designee investigates all calls and letters and initiates follow-up actions as appropriate.

Communications via the Compliance Hotline and letters mailed to the Director of Quality are treated as privileged to the extent permitted by applicable law; however, it is possible that the identity of a person making a report may become known, or that governmental authorities or a court may compel disclosure of the name of the reporting person.

Matters reported through the Compliance Hotline, or in writing, that suggest violations of compliance policies, statutes or regulations, are documented and investigated promptly. A log is maintained by the Director of Quality of calls or communications, including the nature of any investigation and subsequent results. A summary of this information is included in reports by the Director of Quality to Mayers Memorial Hospital District's Governing Board and Chief Executive Officer.

Non-Retaliation Policy

It is Mayers Memorial Hospital District's policy to prohibit retaliatory action against any person for making a report, anonymous or otherwise, regarding compliance. However, Hospital Personnel cannot use complaints to the Director of Quality to insulate themselves from the consequences of their own wrongdoing or misconduct. False or deceptive reports may be grounds for termination. It will be considered a mitigating factor if a person makes a forthright disclosure of an error or violation of this Compliance Program, or the governing statutes and regulations.

Enforcing Standards and Policies

Policies

It is the policy of Mayers Memorial Hospital District to appropriately discipline Hospital Personnel who fail to comply with the Code of Conduct or the policies set forth in, or adopted pursuant to, this Compliance Program or any federal or state statutes or regulations.

The guiding principles underlying this policy include the following:

- Intentional or reckless noncompliance will subject Personnel to significant sanctions, which may include oral warnings, suspension or termination of employment, depending upon the nature and extent of the noncompliance.
- Negligent failure to comply with the policies set forth in this Compliance Program, or with applicable laws, will also result in sanctions.
- Disciplinary action will be taken where a responsible employee fails to detect a violation, if this failure is attributable to his or her negligence or reckless conduct.
- Internal audit or review may lead to discovering violations and result in disciplinary action.

Because Mayers Memorial Hospital District takes compliance seriously, Mayers Memorial Hospital District will respond to Personnel misconduct.

Discipline Procedures

Employees found to have violated any provision of this Compliance Program are subject to discipline consistent with the policies set forth herein, including termination of employment if deemed appropriate by Mayers Memorial Hospital District. Any such discipline is within the sole discretion of Mayers Memorial Hospital District. Each instance involving disciplinary action shall be thoroughly documented by the employee's supervisor and the Director of Quality.

Upon determining that an employee of Mayers Memorial Hospital District or any of its affiliates has committed a violation of this Compliance Program, such employee shall meet with his or her supervisor to review the conduct that resulted in violation of the Compliance Program. The employee and supervisor will contact the Director of Quality to discuss any actions that may be taken to remedy such violation. All employees are expected to cooperate fully with the Director of Quality during the investigation of the violation. Legal counsel will be consulted prior to final actions or disciplinary measures, as appropriate.

Auditing and Monitoring

Mayers Memorial Hospital District conducts periodic monitoring of this Compliance Program. Compliance reports created by this monitoring, including reports of suspected noncompliance, will be reviewed and maintained by the Director of Quality.

The Director of Quality will develop and implement an audit plan. The plan will be reviewed at least annually to determine whether it addresses the proper areas of concern, considering, for example, findings from previous years' audits, risk areas identified as part of the annual risk assessment, and high volume services.

Periodic compliance audits are used to promote and ensure compliance. These audits are performed by internal or external auditors who have the appropriate qualifications and expertise in federal and state health care statutes and regulations and federal health care program requirements. The audits will focus on specific programs or departments of the Hospital, including external relationships with third-party contractors. These audits are designed to address, at a minimum, compliance with laws governing kickback arrangements, physician self-referrals, claims development and submission (including an assessment of the Hospital's billing system), reimbursement and marketing. All Personnel are expected to cooperate fully with auditors during this process by providing information, answering questions, etc. If any employee has concerns regarding the scope or manner of an audit, the employee should discuss this with his or her immediate supervisor.

Mayers Memorial Hospital District shall conduct periodic reviews, including unscheduled reviews, to determine whether the elements of this Compliance Program have been satisfied. Appropriate modifications to the Compliance Program will be implemented when monitoring discloses that compliance issues have not been detected in a timely manner due to Compliance Program deficiencies.

The periodic review process may include the following techniques:

- Interviews with Personnel involved in management, operations, claim development and submission, and other related activities.
- Questionnaires developed to solicit impressions of Mayers Memorial Hospital District Personnel.
- Reviews of all billing documentation, including medical and financial records and other source documents that support claims for reimbursement and claims submissions.
- Presentations of a written report on compliance activities to the Director of Quality. The report shall specifically identify areas, if any, where corrective actions are needed. In certain cases, subsequent reviews or studies may be conducted to ensure that recommended corrective actions have been successfully implemented.

Error rates shall be evaluated and compared to error rates for prior periods as well as available norms. If the error rates are not decreasing, the Hospital shall conduct a further investigation into other aspects of the Compliance Program in an effort to determine hidden weaknesses and deficiencies.

Corrective Action

Violations and Investigations

Violations of this Compliance Program, failure to comply with applicable federal or state laws, and other types of misconduct threaten Mayers Memorial Hospital District's status as a reliable and honest provider of health care services. Detected but uncorrected misconduct can seriously endanger Mayers Memorial Hospital District's business and reputation, and can lead to serious sanctions against Mayers Memorial Hospital District. Consequently, upon reports or reasonable indications of suspected noncompliance, prompt steps to investigate the conduct in question will be initiated under the direction and control of the Director of Quality to determine whether a material violation of applicable law or the requirements of the Compliance Program has occurred. The Director of Quality may create a response team to review suspected noncompliance including representatives from the compliance, audit and other relevant departments.

If such a violation has occurred, prompt steps will be taken to correct the problem, taking into account the root cause of the problem. As appropriate, such steps may include an immediate referral to criminal and/or civil law enforcement authorities, a corrective action plan, a report to the Office of Inspector General (OIG) or any other appropriate government organization, and/or submission of any overpayments. The specific steps that are appropriate in any given case will be determined after consultation with legal counsel.

Depending upon the nature of the alleged violations, the Director of Quality's internal investigation could include interviews with relevant Personnel and a review of relevant documents. Legal counsel, auditors or health care experts may be engaged by the Director of Quality to assist in an investigation where the Director of Quality deems such assistance appropriate. Complete records of all investigations will be maintained which contain documentation of the alleged violations, a description of the investigative process, copies of interview notes and key documents, a log of the witnesses interviewed and the documents reviewed, results of the investigation (e.g., any disciplinary action taken), and corrective actions implemented.

If an investigation of an alleged violation is undertaken and the Director of Quality believes the integrity of the investigation may be at stake because of the presence of employees under investigation, those employees will be removed from their current work activity until the investigation is completed. Where necessary, the Director of Quality will take appropriate steps to secure or prevent the destruction of documents or other evidence relevant to the investigation.

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Reporting

If the Director of Quality or a management official discovers credible evidence of misconduct from any source and, after reasonable inquiry, has reason to believe that the misconduct may violate criminal, civil or administrative law, then the misconduct will promptly be reported as appropriate to the OIG or any other appropriate governmental authority or federal and/or state law enforcement agency having jurisdiction over such matter. Such reports will be made by the Director of Quality on a timely basis.

All overpayments identified by the Hospital shall be promptly disclosed and/or refunded to the appropriate public or private payer or other entity.

SECTION 4 - COMPLIANCE POLICIES

1. Confidential Reporting
 - Confidential Disclosure System
 - Non-Retaliation for Reporting (Whistleblower Laws)
 - Documenting Reports of Noncompliance Received by Director of Quality
2. Compliance Enforcement
 - Screening of Ineligible Persons
 - Investigating Reports of Noncompliance
 - Enforcement of Compliance Program Obligations
 - Auditing the Compliance Program
3. Federal and State Fraud and Abuse
 - Federal and State False Claims Laws
 - Anti-Kickback Laws
 - Self-Referral Laws
 - Physician Recruitment
 - State Corporate Practice of Medicine
 - Inducement to Lower Utilization
 - Provision of Inducements to Patients
 - Waivers of Coinsurance
 - Vendor Contracts
4. Patient Care and Rights
 - Patient Rights and Responsibilities
 - Informed Consent
 - Patient Freedom of Choice/Disclosures of Financial Interests
 - Patient Privacy - HIPAA
 - Advance Beneficiary Notice
 - EMTALA
 - HMO/Managed Care Patient Treatment
 - Independent Contractor Credentialing
 - Quality Care
5. Billing
 - Claim Development and Submission - Generally
 - Medical Necessity - Patient Services
 - Medical Necessity - Laboratory Services
 - Patient Transfer Versus Discharge
 - Provider Based Rules
 - Bad Debts
 - Credit Balance
 - Billing and Coding under Medicare Outpatient Prospective Payment System
 - National Correct Coding Initiative
 - Adjustment & Write-off
 - Same-Day Discharges and Readmissions
 - Claims for Outlier Payments
 - Medicare Method II
6. Documentation and Coding
 - Coding Documents for Inpatient Services
 - Coding Documents for Outpatient Services
 - Availability of Coding Reference Materials

- Patient Record Documentation
- Record Retention
- Claims Submission Policy Manual
- 7. Chargemaster**
 - Pricing
 - Chargemaster Code Review
 - Medicare Charging Rule
 - Self-Administered Drugs
 - Supply Charging
 - Revenue Code Utilization
- 8. Reimbursement**
 - Cost Report Documentation
 - Cost Report Disclosure Statements
 - Reporting Cost Report Errors
 - Independent Review of Cost Reports
 - Medicare Contractor Audits of Cost Reports
 - Treatment of Non-Allowable Costs
 - Treatment of Protested Items
 - Reimbursement Policy Manual
- 9. Office of Statewide Health Planning and Development (OSHPD) Reporting**
- 10. Charity and Discounted Care**
 - Charity Care
 - Discount Payment
 - Prompt Pay Discount
 - Employee Discount
 - District Resident Discount (PENDING)
- 11. External Investigations**
 - Responding to Subpoenas and Search Warrants
 - Responding to Audits, such as Audits by Medicare Administrative Contractors, Fiscal Intermediaries, Carriers, Quality Improvement Organizations (QIO) and Recovery Audit Contractors
 - Responding to Government Investigations
- 12. Employment-Related Policies**
 - Nondiscrimination
 - Sexual Harassment
 - Drug-Free Workplace
 - Smoking
- 13. Audit Plan**
- 14. Training & Education Plan**
- 15. Utilization Review**