

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

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

Board of Directors
Regular Meeting Agenda

April 24, 2019 1:00 pm
Burney Board Room

Mission Statement

Mayers Memorial Hospital District serves the Intermountain area, providing outstanding patient-centered healthcare to improve quality of life through dedicated, compassionate staff, and innovative technology.

				Approx. Time Allotted
1	CALL MEETING TO ORDER			
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS	Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.		
3	APPROVAL OF MINUTES			
3.1	Regular Meeting – March 27, 2019	Attachment A	Action Item	2 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS			
4.1	Resolution 2019-05 – March Employee of the Month	Attachment B	Action Item	5 min.
4.2	Director of Quality	Attachment C	Report	10 min.
4.3	Hospice Quarterly Report		Report	10 min.
5	BOARD COMMITTEES			
5.1	Finance Committee			
5.1.1	Committee Meeting Report		Report	10 min.
5.1.2	March 2019 Financial Review, AP, AR, and Acceptance of Financials		Action Item	5 min.
5.2	Strategic Planning Committee			
5.2.1	Committee Meeting Report – No Meeting			
5.2.2	May SP Committee Meeting Date			5 min.
5.3	Quality Committee			
5.3.1	Committee Meeting Report – DRAFT Minutes attached	Attachment D	Report	10 min.
6	NEW BUSINESS			
6.1	May Board Meeting Date		Action Item	5 min.
6.2	Policies & Procedures	Attachment E - PDF Attached	Action Item	10 min.
6.3	Compliance with EMTALA	Attachment F	Action Item	10 min.
6.4	Manual Review & Approval	Attachment G		
7	ADMINISTRATIVE REPORTS			

7.1	Chief's Reports – Written reports provided. Questions pertaining to written report and verbal report of any new items	Attachment H		
7.1.1	CEO – Louis Ward		Report	10 min.
7.1.2	CCO – Keith Earnest		Report	5 min.
7.1.3	CFO – Travis Lakey		Report	5 min.
7.1.4	CNO – Candy Vculek		Report	5 min.
7.1.5	COO – Ryan Harris		Report	5 min.
7.2	Construction Change Orders		Action Item	5 min.
8	OTHER INFORMATION/ANNOUNCEMENTS		Information	
	LEGISLATIVE UPDATE – Val Lakey	Attachment I		
9	ANNOUNCEMENT OF CLOSED SESSION			
9.1	Government Code Section 54962:			
	<ul style="list-style-type: none"> • Quality Assurance: Quality Improvement Issues, Medical Staff Report 			
	STAFF STATUS CHANGE			
	1. Jesse Livingston, MD to Inactive			
	2. Paul Johnson, MD to Inactive			
	AHP REAPPOINTMENT			
	1. Heather Corr PA-C			
	2. Steven Brown, CRNA			
	MEDICAL STAFF APPOINTMENT			
	1. Lara Zimmermann, MD – Neurology, Telemedicine			
	2. Ajay Sampat, MD – Neurology, Telemedicine			
	3. Ryan Martin, MD – Neurology, Telemedicine			
	4. Charles DeCarli, MD – Neurology, Telemedicine			
	5. Ashok Davanathan, MD – Neurology, Telemedicine			
	6. Alexandra Duffy, DO – Neurology, Telemedicine			
	7. Alan Yee, DO – Neurology, Telemedicine			
	8. Fredric Gorin, MD – Neurology, Telemedicine			
	9. Ge Xiong, MD – Neurology, Telemedicine			
	10. David Richman, MD – Neurology, Telemedicine			
	11. Kwan Ng, MD – Neurology, Telemedicine			
	12. Katherine Park, MD – Neurology, Telemedicine			
	13. John Olichney, MD – Neurology, Telemedicine			
	14. Jeffrey Kennedy, MD – Neurology, Telemedicine			
	15. Matthew Chow, MD – Neurology, Telemedicine			
	16. Masud Seyal, MD – Neurology, Telemedicine			
	17. Marc Lenaerts, MD – Neurology, Telemedicine			
	18. Lin Zhang, MD – Neurology, Telemedicine			
	19. Ricardo Maselli, MD – Neurology, Telemedicine			
	20. Norika Malhado-Chang, MD – Neurology, Telemedicine			
	21. Michelle Apperson, MD – Neurology, Telemedicine			
	22. Vicki Wheelock, MD – Neurology, Telemedicine			
9.2	Real Property Government Code 54956.8			
9.3	Pending Litigation Government Code 54956.9			
9.4	Personnel Government Code 54957			
10	RECONVENE OPEN SESSION – Report Closed Session Action		Information	
11	ADJOURNMENT: Next Regular Meeting – May 22, 2019 – Fall River Mills			

Posted 04/18/2019

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Mayers Memorial Hospital District

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

Board of Directors
Regular Meeting
Minutes

ATTACHMENT A

March 27, 2019 – 1:00 pm
Boardroom (Fall River Mills)

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

1 CALL MEETING TO ORDER: Beatriz Vasquez called the regular meeting to order at 1:02 pm on the above date.

BOARD MEMBERS PRESENT:

Beatriz Vasquez, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer

ABSENT: Jeanne Utterback

STAFF PRESENT:

Louis Ward, CEO
Travis Lakey, CFO
Ryan Harris, COO
Keith Earnest, CCO
Theresa Overton
Val Lakey, Board Clerk

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

Ward introduced Danae Ford to the board – intern for the week to observe.

3 APPROVAL OF MINUTES

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

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

4.1 A motion/second carried; Ryan Nicholls was recognized as February Employee of the Month. Resolution 2019-4 *Hathaway/Beyer* *Approved All*

4.2 **Director of Nursing Report** – Theresa Overton, in addition to the written report: A new full-time RN is being oriented in Acute and will go to ER. There will be 3 new hires oriented soon. Two are new grads. One is a paramedic now an RN – will be going to the ER. Patients are now put in observation status versus ER hold. We have a CRNA that is working now that is doing really well.

5 BOARD COMMITTEES

5.1 Finance Committee

5.1.1 **Committee Meeting Report:** Reports from Purchasing, Respiratory and Pharmacy. Contracts, etc. for the over the counter items for the retail pharmacy. In the future we will be getting a report on expenses and reimbursement through grants and foundation monies (non-operating revenue).

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

5.2 Strategic Planning Committee

5.2.1 **Committee Meeting Report** – Reviewed the project list over the next few years. There was a scorecard goals update and legislation update. (send March Minutes)

5.3 Quality Committee

5.3.1 **Committee Meeting Report** – Update from Earnest regarding labeling project. Dietary tracking measures and satisfaction surveys.

6 NEW BUSINESS

6.1 **Policies & Procedures** *Beyer/Hathaway* *Approved All*

Cancellation-No Show Policy Telemedicine
Care, Treatment & Services - OT
Uses and Disclosures for which an Authorization is Required
User Access Management
Uses and Disclosures, No Authorization Required
Use and Disclosures, General Rule
Workstation Access Controls

6.2 **Local Hazard Mitigation Plan** – Update census *Albaugh/Hathaway* *Approved All*

6.3 **Building Project Update** – Joe and Jim from Layton were present to talk about the building project. Scheduling – weather and temperature constraints. Need weather above 50 degrees for some things. Everything has to be sealed before any interior work. Crew sizes will increase when weather gets better. OSHPD is here often. Looking at September/October to be complete. Extensions were discussed and explained. We are filing for an extension for the demolition of the 1953 building.

6.4 **Master Plan, Clinic and 1956 Building Demolition Update** Michael Ryan was present (Will send presentation) Looking at what needs to be done; what are the implications of taking down the building. There will be reports generated.

Burney Clinic (Presentation)

6.5 **Facility and Riverview House Tour**

7 ADMINISTRATIVE REPORTS

7.1 **Chief's Reports**

7.1.1 **CEO:** In addition to report – touched on Air Ambulance remaining in Adin. Will be meeting at the Lion's Hall April 3rd. Met with MVHC. Talked about referral patterns, clinic, and providers. We are close on the pharmacy license. Ward noted that we were represented at Stanford's WELL for Life Summit. Val Lakey presented on the Community Panel.

7.1.2 **CCO:** Noted the telemedicine report. Tracking ancillary billing. Telemed is bringing in revenue that would not have been there otherwise. Will be doing more Telemed in Burney with Clinic. Applying for a Telemed grant to work with school district and other partners.

Moving forward on interfaces with Lab and Imaging with SNF charts

7.1.3 **CFO:** Cash will drop a bit because there is \$2.8 in IGT will be \$5.6 coming in.

7.1.4 **CNO:** Ward added – hired a NP who will be working in the SNF. Will work under the physician. Currently MVHC does the billing for the SNF visits. We need to explore this situation.

7.1.5 **COO:** In addition to written report. All covered in the meeting.

7.2 **Construction Change Orders:** (see attached) Landscaping was taken out of Layton originally, put in contingency. Needs to be put in. Same amount, just built into the project.

**Beyer/Hathaway
Approved AI**

A few change orders will be coming because of the weather delay. Weather falls back on the owner.

\$750,000 will be left in the contingency

8 OTHER INFORMATION/ANNOUNCEMENTS

Legislative Update – Val Lakey gave a report on bills being tracked by ACHD and CHA.

9 ANNOUNCEMENT OF CLOSED SESSION – 5:00 pm

9.1 Government Section Code 54962

Beyer/Hathaway

- Quality Assurance: Quality Improvement Issues, Medical Staff Report

AHP APPOINTMENT

- 1. Kirk Lott, CRNA
- 2. Kenneth Childers, CRNA
- 3. Erica Haedrich, PA
- 4. Thomas Peterson, FNP

MEDICAL STAFF APPOINTMENT

- 1. Robert Adams, DO – Emergency Medicine
- 2. Aditi Bhaduri, MD – Endocrinology, Telemedicine
- 3. Thomas Kurian, MD – Neurology, Telemedicine
- 4. Tommy Saborido, MD – Emergency Medicine
- 5. Baharak Bagheri, MD – Radiology, Telemedicine
- 6. Frank Snyder, MD – Radiology, Telemedicine
- 7. Shree Shah, MD – Radiology, Telemedicine

MEDICAL STAFF REAPPOINTMENT

- 1. Michael Dillon, MD – Emergency Medicine
-

9.2 **Real Property Government Code 54956.8 – No Action**

9.3 **Litigation Government Code 54956.9 – No Action**

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

10 RECONVENE OPEN SESSION: 5:15 pm – Privileges approved

11 ADJOURNMENT

Next Regular Meeting – April 24, 2019 – Burney

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

Board Member

Board Clerk

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



Mayers Memorial Hospital District
Always Caring. Always Here.

RESOLUTION NO. 2019-05

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

Nola Covert

As March 2019 EMPLOYEE OF THE MONTH

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

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

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

NOW, THEREFORE, BE IT RESOLVED that, Nola Covert is hereby named Mayers Memorial Hospital District Employee of the Month for March 2019; and

DULY PASSED AND ADOPTED this 24th day of April 2019 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

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

ATTEST:

Val Lakey
Clerk of the Board of Directors

Board Report – April 2019

Q1 2019 HIPAA audits –

- This year we have been able to put together a living audit schedule for HIPAA user access, we started with the MVHC user access and will move to internal access. There is a graphic representation of the MVHC audit attached herein, the MMHD audit will be forthcoming.

QRR transition to electronic RL: 6

- For years we have had a paper based Quality Review Report (QRR) – our QRR's have been falling short because of many reasons paper is hard to:
 - Keep track of
 - Follow up on
 - There are multiple reports that have to be done at times (safety and security along with the QRR for example)
 - When people are absent the electronic reports will still be available for presentation to the state - - - just to name a few of the issues.
- RL: 6 show and tell – just a walk-through of what the wall and reports look like (2 min)

2018 SRA Project Plan –

- Chris Broadway and I have been working on the gaps identified in our Security Risk Assessment (SRA). This is done annually as a part of meaningful use and is meant to help identify and classify areas of risk in our current IT structure in relation to HIPAA security and privacy.

Electronic reporting for MBQIP

- I have been working to automate the MBQIP (Medicare Beneficiary Quality Improvement Program). However, it seems that there will always be a part of that that will require manual chart audits and reporting – so without paying a third party the process is as automated as possible. The next report is due May 1, and it will cover Q4 of 2018 – I am currently going through the manual chart audits for the potential cases to be reported.

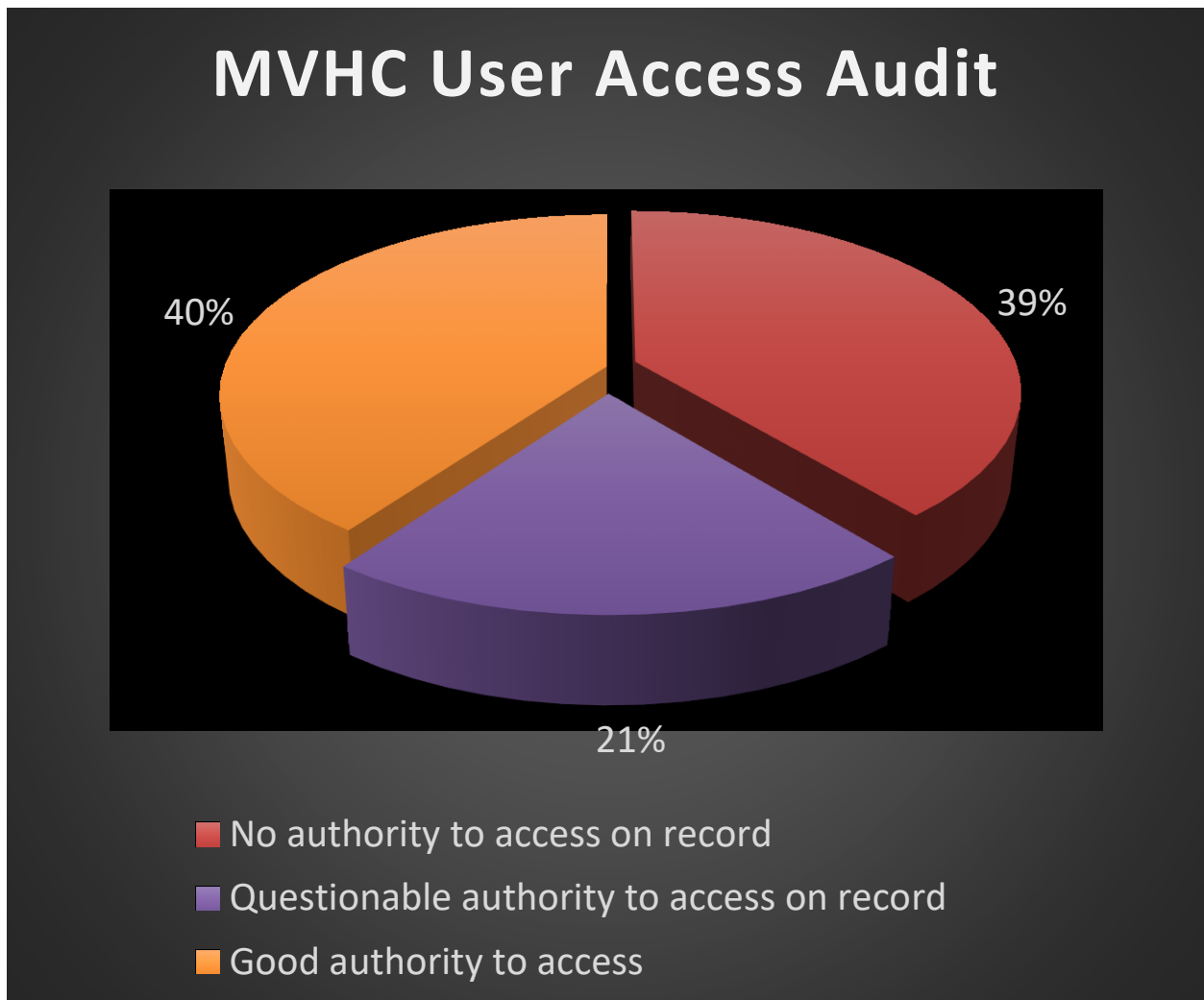
Compliance Trainings

- We have been able to create a yearly compliance blast training schedule – January through March should have been received by everyone here – there are short one to two minute videos created by the Healthcare Compliance Association that focus on some of the most pertinent issues relating to compliance in a health care environment. April's individualized training will be at the end of the month and will focus on med errors for acute - and pain follow up for the SNF.

PRIME

- Mid-Year reporting for DY 14 has been completed, we are moving towards the end of this PRIME model. We have been successful in the current PRIME environment because of the work done with the employee health YourLife program and its relation to the Advancement of a healthier America project 1.7.2. We just submitted proofs for the final review of our PRIME report and are expecting to hear back soon about payment.
- Moving forward there is a strong possibility that PRIME will be through MediCal Managed Care (Partnership) – this is still being figured out so as we know more you will know more.

Attachments:



Section 1, SRA Basics

Risk Score: 50 %

Threats & Vulnerabilities

Risk Rating

Inadequate Asset Tracking

Information disclosure (ePHI, proprietary, intellectual, or confidential)

Critical

Disruption of business processes, information system function, and/or prolonged adversarial presence within information systems

Critical

Unauthorized use of assets or changes to data within information systems

Critical

Unauthorized installation of software or applications

Critical

Loss, theft, or disruption of assets

Critical

Improper operation/configuration of assets

Critical

Unspecified workforce security responsibilities

Non-remediated weaknesses

Medium

Prolonged duration of addressing non-remediated weaknesses

Low

Insider carelessness exposing ePHI or causing disruption to information systems and business processes

Critical

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Board of Directors
Quality Committee
Minutes

April 17, 2019 11:00am
Boardroom (Fall River Mills)

Attachment D
DRAFT

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

- 1 **CALL MEETING TO ORDER:** Board Chair Beatriz Vasquez called the meeting to order at 12:11pm on the above date.

BOARD MEMBERS PRESENT:

Laura Beyer, Secretary
Jeanne Utterback, Director

ABSENT:

OTHERS PRESENT:

Dan Dahle, MD

STAFF PRESENT:

Louis Ward, CEO
Candy Vculek, CNO
Theresa Overton, DON, Acute
Coleen Beck, Infection Preventionist
Sherry Rodriguez, Env. Services
Jack Hathaway, Dir. Of Quality
Alan Northington, Imaging
JD Phipps, Dir. Ancillary Services
Val Lakey, Marketing
Keith Earnest, CCO
Pam Sweet, Board Clerk

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

3 **APPROVAL OF MINUTES**

3.1 A motion/second carried; committee members accepted the minutes of March 13, 2019 Jeanne/Jack **Approved All**

4 **DEPARTMENT REPORTS**

- 4.1 **Med Surg/Swing:** Submitted written report. No questions or comments.
- 4.2 **Environmental Services:** Submitted written report. No questions or comments.
- 4.3 **Cardiac Rehab:** Submitted written report.
- We haven't offered Treadmill testing since Dr. Wilkins left in 2014. There must be a certified physician to observe the testing
 - If we get a trained doctor or cardiologist, we will buy a treadmill to their specifications
 - Can we find out how many patients we are missing out on. Jack will get the Medicare data.
- 4.4 **Imaging:** Submitted written report. No questions or comments.
- 4.5 **Marketing:** Submitted written report.
- 100% of staff have access to the intranet. It is not known how many are not utilizing it
 - A standard communication plan is in development to notify staff when something is new on the intranet

5 **QUARTERLY REPORTS**

5.1 **Worker's Comp:** Submitted written report.

- Toured the Burney and new building yesterday with the BETA representative. She was impressed with how clean the Burney facility was

5.2 **Patient Safety First:** Submitted written report. No questions or comments.

6 **STANDING MONTHLY REPORTS**

6.1 **Quality/Performance Improvement:** Submitted written report. No questions or comments.

6.2 **PRIME:** Submitted written report. No questions or comments.

6.3 **SNF Events/Survey:**

- Prepping for the next survey, whenever it comes
 - Have noticed charting slippage
 - Will do a mock survey in the very near future so we can implement interventions
 - Will continue to monitor
- Have a new provider
 - Thomas Peterson, FNP will be spending time in SNF
 - Hope is presence will help with admissions and take a load off the doctors with regard to calls
- Admission Process on SNF
 - The process has been pared down from 30 to 45 days to 4 or 5 days. Still looking for ways to improve the time line
 - Gaps still in getting orders from providers
- Current census is 78
 - Our license is for 99 residents, but 84 or 85 is our actual maximum
- Focusing on wounds
 - We now have very few wounds and we are being very proactive

6.4 **Infection Control:** Submitted written report. No questions or comments.

7 **ADMINISTRATIVE REPORT:**

- Congratulations to Dr. Dahle on his Doctor of the Year award
- One Content will replace PaperVision, a medical record repository
 - Expect significantly fewer errors
 - One Content will index billing and medical record information into one system
- Made a presentation to FRM Lions last night about hospital activities
 - Received questions about MMHD's involvement in the school district. Will reach out to Superintendent Hawkings
- Recliners in Burney are under discussion regarding falls and skin tears. All the recliners need to be replaced
- Orienting a new FNP for SNF
- We have been awarded a \$3.6 million dollar grant by Sac Valley Med Share
 - Will make all hospital data available through the HIE
- New building is progressing. We are watching the details now, such as the placement of electrical outlets
- Retail Pharmacy is moving steadily forward
 - We have purchased a point of sale system
 - Yesterday, we turned in a permit to begin construction
 - Building is already permitted as a retail pharmacy, but we need a permit for the drive-up window
 - McKesson will be our supplier
 - The Board of Pharmacy says we will have our license by 4/22/19, then we will have 120 days to open
 - We must have the Pharmacy license before we can get a DEA
- Stroke program with UCD is going well.
 - Amanda showed the cart to the Medical staff
 - We can also get a neuro consult on outpatients and inpatients
- Had an EMTALA survey
 - There was a violation a few months back that was brought to our attention by the CEO at SRMC

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-
- The Surveyors also found another incident of violation
 - We haven't heard back from the Surveyors, yet, but we know what the violations are and are well on our way to correcting them.
 - Mental health services are intermittent. Sometimes Dr. Jones doesn't answer his phone or return a call. Then, we initiate Shasta County Mental Health
-

8 NEW BUSINESS:

8.1 Policies and Procedures Submitted for Review & Approval

1. Access to Public Records
 - Approved
2. BOD Individual Job Description
 - Rejected. This is not a policy. It needs to be housed with other job descriptions
3. CEO Performance Evaluation
 - Rejected. This is not a policy and there is a new process being implemented

A motion/second carried; committee members approved policy #1 and rejected policies 2&3 Jeanne/Louis

9 OTHER INFORMATION/ANNOUNCEMENTS:

- Congratulations to Louis on his recent award
- Legislation we are watching:
 - SB758 would change the year 2030 requirements. We are already meeting the proposed requirements, so we are in favor of this bill
 - We are in favor of a bill that would advance the scope of NP's
 - We oppose a bill that would provide penalties that fall out of staffing ratios

10 ANNOUNCEMENT OF CLOSED SESSION:

10.1 STAFF STATUS CHANGE

1. Jesse Livingston, MD to Inactive
2. Paul Johnson, MD to Inactive

AHP REAPPOINTMENT

1. Heather Corr PA-C
2. Steven Brown, CRNA

MEDICAL STAFF APPOINTMENT

1. Lara Zimmermann, MD – Neurology, Telemedicine
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A motion/second carried; committee members approved all credentials

Louis/Jeanne

Approved All
Credentials

11 **RECONVENE OPEN SESSION:** Reported closed session action

12 **ADJOURNMENT:** 2:07pm- Next Regular Meeting – May 8, 2019 (Fall River Mills)

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

COMPLIANCE WITH EMERGENCY MEDICAL TREATMENT AND
ACTIVE LABOR ACT (EMTALA)

Page 1 of 12

PURPOSE

To describe and comply with EMTALA and to define policies and procedures for compliance with the EMTALA obligations

DEFINITIONS:

- A. **Appropriate Transfer** means a transfer of an individual with an emergency medical condition that is implemented in accordance with EMTALA standards (see Transfer of Individuals with an Emergency Medical Condition, below).
- B. **Campus** means the buildings, structures and public areas of the hospital that are located on hospital property. **Off-Campus** means the buildings, structures and public areas of the hospital that are located off-site of the hospital property.
- C. **Capability** means the physical space, equipment, staff, supplies and services (e.g., surgery, intensive care, pediatrics, obstetrics and psychiatry), including ancillary services available at the hospital.
- D. **Capacity** means the ability of the hospital to accommodate an individual requesting or needing examination or the treatment of a transferred individual. Capacity encompasses the number and availability of qualified staff, beds, equipment and the hospital's past practices of accommodating additional individuals in excess of its occupancy limits
- E. **Emergency Room Log** means a log maintained by the hospital on each individual who comes to its dedicated emergency department(s) or any location on the hospital property seeking emergency assistance and the disposition of each individual.
- F. **Comes to the Emergency Department** means an individual who—
 - 1) Presents at the hospital's dedicated emergency department and requests or has a request made on his/her behalf for examination or treatment for a medical condition, or a prudent layperson observer would believe, based on the individual's appearance or behavior, that the individual needs examination or treatment for a medical condition;

- 2) Presents on hospital property other than a dedicated emergency department, and requests or has a request made on his/her behalf for examination or treatment for what may be an emergency medical condition, or a prudent layperson observer would believe, based on the individual's appearance or behavior, that the individual needs emergency examination or treatment;
 - 3) Is in a ground or air ambulance owned and operated by the hospital for the purposes of examination or treatment for a medical condition at the hospital's dedicated emergency department, unless the ambulance is operated
 - a) under communitywide EMS protocols that direct the ambulance to transport the individual to another facility (e.g., the closest available facility); or
 - b) at the direction of a physician is not employed or affiliated with the hospital; or
 - 4) Is in a non-hospital owned ground or air ambulance that is on hospital property for presentation for examination or treatment for a medical condition at the hospital's dedicated emergency department.
- G. **Dedicated Emergency Department** means any department of the hospital, (whether located on hospital property or off-campus) that meets at least one of the following requirements:
- 1) It is licensed under applicable state law as an emergency room or emergency department; or
 - 2) It is held out to the public (by name, posted signs, advertising or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or
 - 3) During the immediately preceding calendar year, it provided (based on a representative sample) at least one-third of all its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment.
- H. **Department of the Hospital** means a hospital facility or department that provides services under the name, ownership, provider number and financial and administrative control of the hospital. For purposes of EMTALA, a department of the hospital does not include a skilled nursing facility, home health agency, rural health clinic, free-standing ambulatory surgery center, private physician office or any other provider or entity that participates in the Medicare program under a separate provider number

- I. **EMTALA** means the Emergency Medical Treatment and Active Labor Act codified in §11866 and 11867 of the Social Security Act (42 U.S.C. §1395dd), and the regulations and interpretive guidelines adopted by CMS thereunder. EMTALA is also referred to as the “patient anti-dumping” law.
- J. **Emergency Medical Condition** means
- 1) A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:
 - a) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
 - b) Serious Impairment to bodily functions; or
 - c) Serious dysfunction of any bodily organ or part; or
 - 2) With respect to a pregnant woman who is having contractions:
 - a) When there is inadequate time to effect a safe transfer to another hospital before delivery; or
 - b) The transfer may pose a threat to the health or safety of the woman or the unborn child.
- K. **Hospital** means a hospital that has entered into a Medicare provider agreement, including a critical access or rural primary care hospital
- L. **Hospital Property** means the entire main hospital campus, including areas and structures that are located within 250 yards of the main buildings, and any other areas determined on an individual case basis by the CMS regional office, to be part of the main hospital’s campus. Hospital property includes the parking lots, sidewalks, and driveways on the main hospital campus.
- M. **Inpatient** means an individual who is admitted to the hospital for bed occupation for purposes of receiving inpatient services with the expectation that he/she will remain at least overnight and occupy a bed, even though the individual may be later discharged or transferred to another facility and does not actually use a hospital bed overnight.
- N. **Labor** means the process of childbirth beginning with the latent or early phase of labor and continuing through the delivery of the placenta. A woman is in true labor unless a physician, certified nurse-midwife or another qualified person acting within the scope of

his/her practice (and the Medical Staff Bylaws), certifies that, after a reasonable period of observation, the woman is in false labor.

- O. **Medical Screening Examination** means the process required to reach within reasonable clinical confidence, the point at which it can be determined whether or not an emergency medical condition exists or a woman is in labor. The medical screening examination is an ongoing process, including monitoring of the individual, until the individual is either stabilized or transferred.
- P. **On-Call List** means the list of physicians who are “on-call” after the initial medical screening examination to provide further evaluation and/or treatment necessary to stabilize an individual with an emergency medical condition.
- Q. **Outpatient** means an individual who has begun to receive outpatient services as part of an encounter, other than an encounter that triggers the EMTALA obligations. An “encounter” is a direct personal contact between an outpatient and a physician or qualified medical person who is authorized by state law to order or furnish hospital services for the diagnosis or treatment of the outpatient.
- R. **Physician** means
- 1) a doctor of medicine or osteopathy; (ii) a doctor of dental surgery or dental medicine;
 - 2) a doctor of podiatric medicine; or (iv) a doctor of optometry, each acting within the scope of his/her respective licensure and clinical privileges.
- S. **Physician Certification** means the written certification by the treating physician ordering a transfer and setting forth, based on the information available at the time of transfer, that the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual and, in the case of a woman in labor, to the unborn child, from effecting the transfer.
- T. **Qualified Medical Person** means an individual other than a licensed physician who
- 1) is licensed or certified by the state in which the hospital is located;
 - 2) practices in a category of health professionals that has been designated by the hospital and the Medical Staff Bylaws and Rules, to perform medical screening examinations within the scope of his/her designation;
 - 3) has demonstrated current competence in the performance of medical screening examinations within his/her health profession; and
 - 4) is applicable, performs the medical screening examination in accordance with protocols, standardized procedures or other policies as may be required by law or hospital policy. A qualified medical person may include registered nurses, nurse

practitioners, nurse-midwives, psychiatric social workers, psychologists and physician assistants.

- U. **Signage** means the signs posted by the hospital in its dedicated emergency department(s) and in a place or places likely to be noticed by all individuals entering the dedicated emergency department(s) (including waiting room, admitting area, entrance and treatment areas), that inform individuals of their rights under EMTALA.
- V. **Stabilized** means, with respect to an emergency medical condition, that no material deterioration of the condition is likely within reasonable medical probability, to result from or occur during the transfer of the individual from the hospital or in the case of a woman in labor, that the woman delivered the child and the placenta. An individual will be deemed stabilized if the treating physician has determined, within reasonable clinical confidence, that the emergency medical condition has been resolved.
- W. **To Stabilize** means, with respect to an emergency medical condition, to either provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from the hospital or, in the case of a woman in labor, that the woman has delivered the child and the placenta.
- X. **Transfer** means the movement (including the discharge) of an individual outside the hospital's facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) the hospital, but does not include such a movement of an individual who has been declared dead or who leaves the hospital against medical advice or without being seen.
- Y. **Triage** means a process to determine the order in which individuals will be provided a medical screening examination by a physician or qualified medical person. Triage is not the equivalent of a medical screening examination and does not determine the presence or absence of an emergency medical condition.

POLICY:

- A. **Compliance.** It is the policy of Mayers Memorial Hospital District (MMHD) to comply with the EMTALA obligations. These policies are mandated by Section 11867 of the Social Security Act, as amended, and regulations adopted by the Centers for Medicare and Medicaid Services (CMS), and applicable state laws governing the provision of emergency services and care.
- B. **Non-Discrimination.** MMHD will provide emergency services and care without regard to an individual's race, ethnicity, national origin, citizenship, age, sex, sexual orientation,

preexisting medical condition, physical or mental disability, insurance status, economic status, ability to pay for medical services, or any other characteristic listed in the Unruh Civil Rights Act, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the patient.

- C. Enforcement.** CMS and the Office of Inspector General (OIG) of the U.S. Department of Health and Human Services are responsible for the enforcement of EMTALA. Violations of EMTALA may be reported to other federal and state agencies and to the Joint Commission.
- D. Sanctions.** Failure to comply with EMTALA may result in termination by CMS of the hospital's participation in the Medicare and Medicaid programs, as well as civil monetary penalties imposed by the OIG for both the hospital and physicians of up to \$50,000 and possible exclusion from Medicare/Medicaid. Failure to comply with state laws on emergency services is subject to a licensing enforcement action. A violation of EMTALA is also subject to civil lawsuits for damages.

Scope of EMTALA

- A. Application to the hospital.** EMTALA is applicable to any individual who comes to the emergency department (see definition F above).
- B. Where EMTALA Does Not Apply.** EMTALA does not apply to the following:
- 1) An outpatient during the course of his/her encounter (even if the outpatient develops an emergency medical condition while receiving outpatient services and is taken to the dedicated emergency department for further examination and treatment);
 - 2) An inpatient (including inpatients who are "boarded" in the dedicated emergency department waiting for an available bed);
 - 3) An individual who presents to an off-campus department of the hospital that is not a dedicated emergency department;
 - 4) An individual who presents to a rural health clinic, skilled nursing facility or home health agency owned or operated by the hospital, whether located on-campus or off-campus, or a private physician's office or other ambulatory care clinic that participates separately from the hospital in the Medicare program;

- 5) Restaurants, private residences, shops or other nonmedical facilities that are not part of the hospital.
- C. **Application of Physicians.** EMTALA is applicable to any physician who is responsible for the examination, treatment or transfer of an individual to whom EMTALA applies, including an on-call physician and other members of the medical staff who provide for the care of such an individual.
- D. **Dedicated Emergency Departments.** The hospital has determined that the following departments of the hospital are dedicated emergency departments: Emergency Department

General Policies

- A. **Signage.** The hospital will post signage conspicuously in lobbies, waiting rooms, admitting areas and treatment rooms where examination and treatment occurs in the form required by CMS that specifies the rights of individuals to examination and treatment for emergency medical conditions and whether the hospital participates in the Medicaid program. Signage will be posted in each dedicated emergency department
- B. **Emergency Room Log.** Each dedicated emergency department of the hospital will maintain an emergency room log. The emergency room log shall be maintained and shall contain *at least* the following information relating to the patient:
- name,
 - date,
 - time and means of arrival,
 - age,
 - sex,
 - medical record number,
 - nature of complaint,
 - disposition and time of departure.

The name of those dead on arrival shall also be entered in the log. The emergency room log will also record whether the person refused treatment, was refused treatment by the hospital or whether the individual was transferred, admitted and treated, stabilized and transferred or discharged. Each dedicated emergency department will establish its own emergency room log policy and procedure

- C. **On-Call Coverage.** The hospital will maintain a list of physicians who are on-call to come to the hospital to consult or provide treatment necessary to stabilize an individual with an emergency medical condition. The on-call list will be maintained in a manner

that best meets the needs of the individuals who are receiving emergency services in accordance with the resources available to the hospital, including the availability of on-call physicians. On-call physician responsibilities to respond, examine and treat emergency patients will be defined in the Medical Staff Bylaws and Rules. Each dedicated emergency department will be prospectively aware of the physicians who are on-call to the department. The notification of an on-call physician will be documented in the medical record and any failure or refusal of an on-call physician to respond to call will be reported to the medical staff.

- D. **Maintenance of Records.** Medical and other records (such as transfer logs, on-call lists and changes to the on-call list and emergency room logs) will be maintained in accordance with hospital record retention policies, but not less than five years.
- E. **Disputes.** In the event of any concern over emergency services to an individual, or a dispute with another facility regarding a transfer or a concern about the hospital's compliance with EMTALA, hospital staff or physicians will refer the dispute to the department or person designated by the hospital.
- F. **Reporting EMTALA Violations.** The hospital department will report to CMS or the state survey agency if it has a reason to believe that it has received an individual who has been transferred in an unstabilized emergency medical condition from another facility. All hospital personnel who believe that an EMTALA violation has occurred will report the violation to the department or person designated by the hospital.
- G. **Retaliation.** The hospital will not retaliate, penalize or take adverse action against any physician or qualified medical person for refusing to transfer an individual with an emergency medical condition that has not been stabilized, or against any hospital employee for reporting a violation of EMTALA or state laws to a government enforcement agency.

Medical Screening Examination

- A. **Policy Statement.** A medical screening examination will be offered to any individual who comes to the emergency department. The medical screening examination must be provided within the capability of the dedicated emergency department, including ancillary services routinely available to the dedicated emergency department (including the availability of on-call physicians). The medical screening examination must be the same appropriate examination that the hospital would perform on any individual with similar signs and symptoms, regardless of the individual's ability to pay for medical care.
- B. **Scope.** The scope of the medical screening examination must be tailored to the presenting complaint and the medical history of the individual. The process may range

from a simple examination (such as a brief history and physical) to a complex examination that may include laboratory tests, MRI or diagnostic imaging, lumbar punctures, other diagnostic tests and procedures and the use of on-call physicians.

- C. **Comparison with Triage.** Triage is not equivalent to a medical screening examination. Triage merely determines the “order” in which individuals will be seen, not the presence or absence of an emergency medical condition.
- D. **Continuous Monitoring.** The medical screening examination is a continuous process reflecting ongoing monitoring in accordance with an individual’s needs. Monitoring will continue until the individual is stabilized or appropriated transferred. Reevaluation of the individual must occur prior to discharge or transfer.
- E. **Personnel Qualified to Perform Medical Screening Examinations.** The categories of qualified medical persons qualified to perform medical screening examinations in the dedicated emergency department and other departments of the hospital will be defined in the Medical Staff Rules and Bylaws.

Patient Registration

- A. **Policy.** The hospital will provide a medical screening examination, and, as clinically indicated, initiate necessary stabilizing treatment, without first inquiring about an individual’s method of payment or insurance status.
- B. **Patient Registration.** The hospital may follow reasonable registration processes for individuals for whom examination or treatment is required under EMTALA.
- C. **Prior Authorization.** The hospital may not seek, or direct an individual to seek, authorization from the individual’s insurance company or health plan for the medical screening examination or stabilizing treatment until the hospital has provided the medical screening examination and initiated any further examination and treatment that may be required to stabilize the emergency medical condition.

Transfer of individuals with an Emergency Medical Condition

- A. **Policy statement.** The hospital will not transfer an individual with an unstabilized emergency medical condition unless
 - 1) the individual makes an informed request for the transfer; or
 - 2) a physician certifies that the medical benefits reasonably expected from the provision of treatment at the receiving facility outweigh the risks to the individual from the transfer. The hospital must provide additional examination and

treatment within its capacity as may be required to stabilize the emergency medical condition until the individual leaves the hospital

B. Requirements for an Appropriate Transfer. An individual with an unstabilized emergency medical condition may be transferred only if the hospital complies with **all** of the following standards:

- 1) The hospital provides medical treatment within its capacity to minimize the risks to the individual's health and, in the case of a woman in labor the health of the unborn child; the medical record will reflect the vital signs and condition of the individual at the time of the transfer;
- 2) The receiving facility has available space and qualified personnel for treatment of the individual; and the receiving facility and receiving physician have agreed to accept the individual and to provide appropriate medical treatment;
- 3) The hospital sends to the receiving facility all medical records (or copies thereof) available at the time of transfer related to the emergency medical condition of the individual, including (i) records related to the individual's emergency condition; (ii) the individual's informed written consent to transfer or the physician certification (or copy thereof); and (iii) the name and address of any on-call physician who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment; and
- 4) The transfer is effected using proper personnel and equipment, as well as necessary and medically appropriate life-support measures.

C. Transfers for Off-Site Tests. If an individual who has or may have an emergency medical condition is transferred to another facility for a test with the intention of the individual returning to the hospital after the test, the hospital will effect and appropriate transfer.

D. Department Policies. Each dedicated emergency department and other departments of the hospital that transfer individuals with emergency medical conditions will adopt policies and procedures that describe the procedure for the transfer of individuals and documentation of the transfer, and conduct ongoing, in-service training of dedicated emergency department personnel.

E. Disputes. The treating physician is responsible to determine whether an individual is stabilized and the mode of transportation for the transfer.

Refusal of Emergency Services or Transfer

- A. **Policy.** An individual retains the right to refuse necessary stabilizing treatment and further medical examination, as well as a transfer to another facility.
- B. **Refusal of Medical Screening Examination.** If an individual leaves the hospital before receiving a medical screening examination, either with or without notice to staff of his/her departure, staff should document the circumstances and reasons (if known) for the individual's departure and the time of departure
- C. **Refusal of Further Examination or Stabilizing Treatment.** If an individual who has received a medical screening examination refuses to consent to further examination or stabilizing treatment, the hospital must offer the examination and treatment to the individual, inform the individual of the risks and benefits of the examination and treatment and request that the individual sign a form that he/she has refused further examination or treatment.
- D. **Refusal of Transfer.** An individual offered a transfer by the hospital to another medical facility in accordance with the EMTALA requirements and the hospital has informed the individual (or his/her representative) of the risks and benefits to the individual of the transfer, the individual (or his/her representative) may refuse the transfer. The hospital must take all reasonable steps to secure the individual's (or his/her representative's) written informed consent to the refusal of the transfer.

Acceptance of Transfers

- A. **Policy Statement.** The hospital has the obligation to accept an appropriate transfer of an individual with an unstabilized emergency medical condition who requires specialized capabilities or facilities if the hospital has the capacity to treat the individual
- B. **Policies and Documentation.** Each department of the hospital that is contacted to accept emergency patient transfers will have policies and procedures for receiving inquiries from other facilities, including documentation of calls, the names (if known) and conditions of individuals, the outcomes of the calls and the reasons if the hospital refuses to accept the transfer.
- C. **Disputes.** The treating physician is responsible to determine whether an individual is stabilized and the mode of transportation for the transfer.

Quality Improvement

Monitoring EMTALA compliance is a responsibility of hospital administration, the medical staff, department heads, performance improvement and risk management. The hospital and medical staff will adopt a monitoring program to evaluate the conduct of the medical screening examinations, transfers, on-call coverage and other areas for which the hospital determines the need for oversight in order to maintain compliance with the EMTALA obligations.

REFERENCES:

§11866 and 1867 of the Social Security Act (42 U.S.C. §1395dd)
22 CCR §70651

COMMITTEE APPROVALS:

MEC: 4/10/2019

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Patient Access



CHIEF EXECUTIVE OFFICER/DIVISION CHIEF DATE: 1/18

Allen Albaugh

GOVERNING BOARD DATE: _____



CHIEF OF STAFF/MEDICAL DIRECTOR DATE: 3-28-19



DEPARTMENT MANAGER DATE: 1/18

I have reviewed this manual and the Policies and Procedures are in place regarding departmental operations.

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Business Office

 DATE: 1/18

CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

Allen Albaugh

GOVERNING BOARD DATE: _____

 DATE: 3-28-19

CHIEF OF STAFF/MEDICAL DIRECTOR

 DATE: 1/18

DEPARTMENT MANAGER

I have reviewed this manual and the Policies and Procedures are in place regarding departmental operations.

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL HIM



DATE: 1/29/19

CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

Allen Albaugh

DATE: _____

GOVERNING BOARD



DATE: 3-28-19

CHIEF OF STAFF/MEDICAL DIRECTOR



DATE: 1-16-19

DEPARTMENT MANAGER

**I have reviewed this manual and the Policies and Procedures are
in place regarding departmental operations.**

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Disaster



DATE: 01/16/2019

CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

Allen Albaugh

DATE: _____

GOVERNING BOARD



DATE: 3-28-19

CHIEF OF STAFF/MEDICAL DIRECTOR



DATE: 1/6/19

DEPARTMENT MANAGER

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MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Anesthesia

Candy Vukobratovic DATE: 3-19-19
CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

Allen Albaugh

GOVERNING BOARD DATE: _____

Dan Wahl DATE: 3-28-19
CHIEF OF STAFF/MEDICAL DIRECTOR

Shota R DATE: 4/17/19
DEPARTMENT MANAGER

**I have reviewed this manual and the Policies and Procedures are
in place regarding departmental operations.**

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Maintenance



CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

Allen Albaugh

DATE: 3/26/19

DATE: _____

GOVERNING BOARD



CHIEF OF STAFF/MEDICAL DIRECTOR

DATE: 3-28-19



DEPARTMENT MANAGER

DATE: 1-17-19

**I have reviewed this manual and the Policies and Procedures are
in place regarding departmental operations.**

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Surgery

Candy Keen DATE: 3-19-19
CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

Allen Albaugh DATE: _____
GOVERNING BOARD

Dan Dahl DATE: 3-28-19
CHIEF OF STAFF/MEDICAL DIRECTOR

Doreen Rn DATE: 4/17/19
DEPARTMENT MANAGER

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MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Emergency Department

Candy Vucich DATE: 3-19-19
CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

Abe Hathaway

GOVERNING BOARD DATE: _____

Dan Dahl DATE: 3-28-19
CHIEF OF STAFF/MEDICAL DIRECTOR

Dr. Lytle DATE: 3/8/19
DEPARTMENT MANAGER

**I have reviewed this manual and the Policies and Procedures are
in place regarding departmental operations.**

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Acute – Med/Surg

Candy Vucich DATE: 3-19-19
CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

Abe Hathaway

GOVERNING BOARD DATE: _____

Dan Dahl DATE: 3-28-19
CHIEF OF STAFF/MEDICAL DIRECTOR

Shirley RN DATE: 1/17/19
DEPARTMENT MANAGER

**I have reviewed this manual and the Policies and Procedures are
in place regarding departmental operations.**

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Environmental Services



DATE: 3/26/19

CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

Abe Hathaway

DATE: _____

GOVERNING BOARD



DATE: 3-28-19

CHIEF OF STAFF/MEDICAL DIRECTOR



DATE: 1/17/19

DEPARTMENT MANAGER

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MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Quality



CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

DATE: 3-19-19

Abe Hathaway

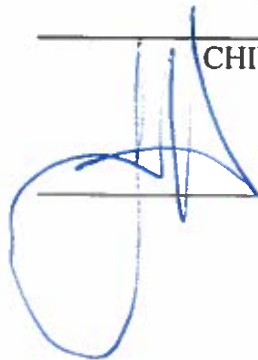
GOVERNING BOARD

DATE: _____



CHIEF OF STAFF/MEDICAL DIRECTOR

DATE: 3-28-19



DEPARTMENT MANAGER


DATE: 3/6/19

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MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Risk



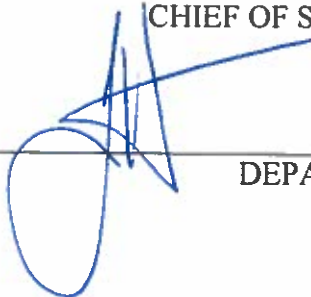
CHIEF EXECUTIVE OFFICER/DIVISION CHIEF DATE: 3-19-19

Abe Hathaway

GOVERNING BOARD DATE: _____



CHIEF OF STAFF/MEDICAL DIRECTOR DATE: 3-28-19



DEPARTMENT MANAGER DATE: 3/6/19

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in place regarding departmental operations.**

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Swing Bed

Candy Vucel DATE: 3-19-19
CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

Abe Hathaway

GOVERNING BOARD DATE: _____

Dan Rohle DATE: 3-28-19
CHIEF OF STAFF/MEDICAL DIRECTOR

Donna Rn DATE: 4/17/19
DEPARTMENT MANAGER

**I have reviewed this manual and the Policies and Procedures are
in place regarding departmental operations.**

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Skilled Nursing

Candy Uccell DATE: 3-19-19
CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

Beatrice Vasquez

GOVERNING BOARD DATE: _____

Dan Wable DATE: 3-28-19
CHIEF OF STAFF/MEDICAL DIRECTOR

Shelley LePew ADON DATE: 2/4/19
DEPARTMENT MANAGER

I have reviewed this manual and the Policies and Procedures are in place regarding departmental operations.

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Volunteer



DATE: 03/19/2019

CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

Beatrice Vasquez

DATE: _____

GOVERNING BOARD



DATE: 3-28-19

CHIEF OF STAFF/MEDICAL DIRECTOR



DATE: 1-18-19

DEPARTMENT MANAGER

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MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Lab

Candy Vasquez DATE: 3-19-19
CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

Beatrice Vasquez

GOVERNING BOARD DATE: _____

Dan Dable DATE: 3-28-19
CHIEF OF STAFF/MEDICAL DIRECTOR

R Hall DATE: 1/21/19
DEPARTMENT MANAGER

I have reviewed this manual and the Policies and Procedures are in place regarding departmental operations.

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Activities

Candis Venzel DATE: 3-19-19
CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

Beatrice Vasquez DATE: _____
GOVERNING BOARD

Dan Dahl DATE: 3-28-19
CHIEF OF STAFF/MEDICAL DIRECTOR

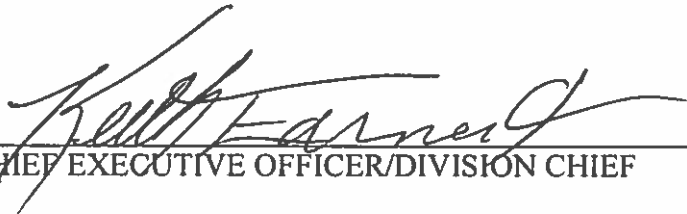
B. Burts Act. Director DATE: 1/17/19
DEPARTMENT MANAGER

I have reviewed this manual and the Policies and Procedures are in place regarding departmental operations.

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Preprinted Orders



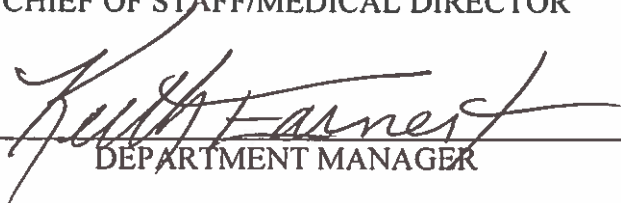
CHIEF EXECUTIVE OFFICER/DIVISION CHIEF DATE: 1/18/19

Beatrice Vasquez

GOVERNING BOARD DATE: _____



CHIEF OF STAFF/MEDICAL DIRECTOR DATE: 3-28-19



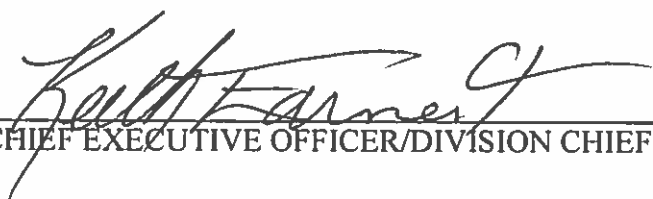
DEPARTMENT MANAGER DATE: 1/18/19

I have reviewed this manual and the Policies and Procedures are in place regarding departmental operations.

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Respiratory Therapy



CHIEF EXECUTIVE OFFICER/DIVISION CHIEF DATE: 1/18/19

Beatrice Vasquez

GOVERNING BOARD DATE: _____



CHIEF OF STAFF/MEDICAL DIRECTOR DATE: 3-28-19



DEPARTMENT MANAGER DATE: 1/18/19

I have reviewed this manual and the Policies and Procedures are in place regarding departmental operations.

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Outpatient Medical

Candy Vasquez DATE: 3-19-19
CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

Beatrice Vasquez

GOVERNING BOARD DATE: _____

Dan Dahle DATE: 3-28-19
CHIEF OF STAFF/MEDICAL DIRECTOR

Michelle Peterson RN DATE: 2/4/19
DEPARTMENT MANAGER

**I have reviewed this manual and the Policies and Procedures are
in place regarding departmental operations.**

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Social Services

Carly Vasquez DATE: 3-19-19
CHIEF EXECUTIVE OFFICER/DIVISION CHIEF
Beatrice Vasquez

GOVERNING BOARD DATE: _____

Dan Wahl DATE: 3-28-19
CHIEF OF STAFF/MEDICAL DIRECTOR

B. Burks SSD DATE: 1/17/19
DEPARTMENT MANAGER

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MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Purchasing



CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

Jeanne Utterback

DATE: 3/20/19

DATE: _____

GOVERNING BOARD



CHIEF OF STAFF/MEDICAL DIRECTOR

DATE: 3-28-19



DEPARTMENT MANAGER

DATE: 1-29-19

**I have reviewed this manual and the Policies and Procedures are
in place regarding departmental operations.**

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Obstetrics

Candy Vaull DATE: 3-19-19
CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

Jeanne Utterback

GOVERNING BOARD DATE: _____

Dan Wahle DATE: 3-28-19
CHIEF OF STAFF/MEDICAL DIRECTOR

Donna R DATE: 1/17/19
DEPARTMENT MANAGER

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MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Telemedicine

Cordy Havel DATE: 3-19-19
CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

Jeanne Utterback

GOVERNING BOARD DATE: _____

Dan Dahl DATE: 3-28-19
CHIEF OF STAFF/MEDICAL DIRECTOR

Arnold Hous DATE: 2-4-19
DEPARTMENT MANAGER

**I have reviewed this manual and the Policies and Procedures are
in place regarding departmental operations.**

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Safety



CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

DATE: 2/16/2019

Jeanne Utterback

GOVERNING BOARD

DATE: _____


CHIEF OF STAFF/MEDICAL DIRECTOR

DATE: 3-28-19


DEPARTMENT MANAGER

DATE: 1/6/19

I have reviewed this manual and the Policies and Procedures are in place regarding departmental operations.

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Imaging



CHIEF EXECUTIVE OFFICER/DIVISION CHIEF DATE: 3-19-19

Jeanne Utterback

GOVERNING BOARD DATE: _____



CHIEF OF STAFF/MEDICAL DIRECTOR DATE: 3-28-19



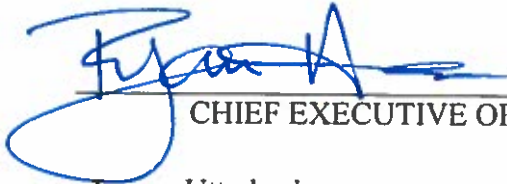
DEPARTMENT MANAGER DATE: 1-29-2019

**I have reviewed this manual and the Policies and Procedures are
in place regarding departmental operations.**

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Dietary



CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

Jeanne Utterback

DATE: 3/26/19

DATE: _____

GOVERNING BOARD



CHIEF OF STAFF/MEDICAL DIRECTOR

DATE: 3-29-19



DEPARTMENT MANAGER

DATE: 4/18/19

**I have reviewed this manual and the Policies and Procedures are
in place regarding departmental operations.**

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL IV Med




CHIEF EXECUTIVE OFFICER/DIVISION CHIEF DATE: 1/18/19

Laura Beyer

GOVERNING BOARD DATE: _____



CHIEF OF STAFF/MEDICAL DIRECTOR DATE: 3-28-19



DEPARTMENT MANAGER DATE: 1/18/19

**I have reviewed this manual and the Policies and Procedures are
in place regarding departmental operations.**

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL HIPAA



CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

DATE: 1/29/19

Laura Beyer

GOVERNING BOARD

DATE: _____



CHIEF OF STAFF/MEDICAL DIRECTOR

DATE: 3-28-19



DEPARTMENT MANAGER

DATE: 1-16-19

I have reviewed this manual and the Policies and Procedures are in place regarding departmental operations.

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Employee



CHIEF EXECUTIVE OFFICER/DIVISION CHIEF DATE: 4/29/19

Laura Beyer

GOVERNING BOARD DATE: _____



CHIEF OF STAFF/MEDICAL DIRECTOR DATE: 3-28-19



DEPARTMENT MANAGER DATE: 1/14/19

**I have reviewed this manual and the Policies and Procedures are
in place regarding departmental operations.**

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Compliance




CHIEF EXECUTIVE OFFICER/DIVISION CHIEF DATE: 3-19-19

Laura Beyer

GOVERNING BOARD DATE: _____



CHIEF OF STAFF/MEDICAL DIRECTOR DATE: 3-28-19



DEPARTMENT MANAGER DATE: 3/6/19

I have reviewed this manual and the Policies and Procedures are in place regarding departmental operations.

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Medical Staff




CHIEF EXECUTIVE OFFICER/DIVISION CHIEF DATE: 3-19-19

Laura Beyer

GOVERNING BOARD DATE: _____



CHIEF OF STAFF/MEDICAL DIRECTOR DATE: 3-28-19



DEPARTMENT MANAGER DATE: 03/02/19

I have reviewed this manual and the Policies and Procedures are in place regarding departmental operations.

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Pharmacy

Keith Farner DATE: 1/19/19
CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

Laura Beyer

GOVERNING BOARD DATE: _____

Dan Dahle DATE: 3-28-19
CHIEF OF STAFF/MEDICAL DIRECTOR

Keith Farner DATE: 1/19/19
DEPARTMENT MANAGER

I have reviewed this manual and the Policies and Procedures are in place regarding departmental operations.

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Pharmacy – Sterile Compounding

Keith Farnest DATE: 1/18/19
CHIEF/EXECUTIVE OFFICER/DIVISION CHIEF

Laura Beyer

GOVERNING BOARD DATE: _____

Dan Dahl DATE: 3-28-19
CHIEF OF STAFF/MEDICAL DIRECTOR

Keith Farnest DATE: 1/18/19
DEPARTMENT MANAGER

I have reviewed this manual and the Policies and Procedures are in place regarding departmental operations.

MAYERS MEMORIAL HOSPITAL DISTRICT

MANUAL REVIEW AND APPROVAL

MANUAL Physical Therapy

Kelly Earnest DATE: 3/18/19
CHIEF EXECUTIVE OFFICER/DIVISION CHIEF

Laura Beyer

GOVERNING BOARD DATE: _____

Dan Dahle DATE: 3-28-19
CHIEF OF STAFF/MEDICAL DIRECTOR

Daryl Schneider DATE: 2/8/19
DEPARTMENT MANAGER

**I have reviewed this manual and the Policies and Procedures are
in place regarding departmental operations.**



Operations Report April 2019

Statistics	March YTD FY19 <i>(current)</i>	March YTD FY18 <i>(prior)</i>	March Budget YTD FY19
Surgeries <i>(including C-sections)</i>	45	96	96
➤ Inpatient	2	15	24
➤ Outpatient	43	81	72
Procedures <i>(surgery suite)</i>	89	150	192
Inpatient	1411	1697	1656
Emergency Room	3051	3141	3175
Skilled Nursing Days	20570	20513	20376
OP Visits (OP/Lab/X-ray)	12302	12110	11781
Hospice Patient Days	1047	971	936
PT	2356	2539	2475

Operations District-Wide Louis Ward, MHA, CEO

Retail Pharmacy

Considerable progress has been made this month in our efforts to bring a community pharmacy to the intermountain area. We are still awaiting our license from the CA Board of Pharmacy however we were made aware we should be receiving the license late April. We have moved the project forward in many areas, we have submitted all of the paperwork needed for a county permit to begin interior construction, selected and purchased a pharmacy inventory and point of sale system, completed a case work design, engaged a signage vendor, obtained credit approval from our drug distributor, executed health mart franchise documents, drafted job descriptions for pharmacy staff, and began designing a new logo for the pharmacy. Staff is also working towards completing additional phases of the project which will be discussed in person at the full board meeting.

Volunteer Luncheon

This month the Mayers Healthcare Foundation and Mayers Administration came together to recognize our fantastic volunteers with a great lunch provided by Crumbs restaurant. The event was very well attended with roughly 40 of our volunteers attending the event. The luncheon was a great opportunity to recognize the valued contributions of our volunteers; our organization would not be the same without their tireless efforts. I want to thank Marlene McArthur, Barb Spalding, and Kandie Decker for organizing this great event.

Dr. Dahle's Award Ceremony

This month the 30+ year career of our very own Dr. Dahle was recognized at the National level. As you are all aware, Dr. Dahle was honored with the Country Doctor of the Year award. Mountain Valley's Health Center's leadership did a wonderful job planning a community event in his honor where the award was presented to Dr. Dahle. I was honored to have been invited as one of Dr. Dahle's guests.

Mayers Healthcare Foundation Health Fair

Earlier this month we held our annual community health fair in collaboration with Mayers Healthcare Foundation. The health fair was very well attended, with both community members and our valued partners. Thanks to our great staff the health fair went extremely smooth and feedback from all was very positive. Thanks to the Mayers Healthcare Foundation for all of their efforts to plan this very important and impactful community health fair.

As part of our "planting seed and growing our own" initiative we are once again attending the areas local schools where our staff is working with the youth of our community in the most positive of ways. At the time of this written report, staff has planned and attended the Burney High School and will be attending the Fall River High School in the coming days. We thank all of the school's faculty and leadership for their willingness to let our staff come to share their passion for healthcare with the students in the community. Thank you to Valerie Lakey for her leadership in the oversight of this unique and valued initiative.

Respectfully Submitted by,
Louis Ward, MHA
Chief Executive Officer

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

Hospital Expansion Project

Current schedule shows construction completion in September 2019 and formal sign off to the owner on October 23, 2019. We are pushing the contractor to come up with ways of getting the project completed and signed off on by late September. This will give us more time for moving in and licensure to license the building. The building is currently 50% complete.

Interior and exterior metal stud framing continues, as well as overhead plumbing, HVAC, and fire sprinkler. Interior denz glass has also started. An inspection of exterior framing was scheduled for 4/17/19 and if passed exterior wall denz glass can start to be installed.

On April 15, 2019 MMHD received a formal letter for cost overages from Layton Construction. This includes all costs and impacts that have occurred beyond what Layton Construction feels they have control over. This includes everything starting with the issuance of NNC001 through March 18, 2019. This was requested by MMHD after an initial meeting was held and only some of their cost overages were

included. We asked that all requested overages be submitted by April 15th to get a clear picture of where we are at on the project.

Facilities, Engineering, Other Construction Projects

Greenbough design has discovered that part of the existing clinic building at the Burney Annex was not permitted. This is going to have some small impact to our design and he is preparing that for the Mayers committee to review. Once we have a final design the engineers will start their work.

The 2015 fire alarm panel has been closed in compliance. No further action is required on this project.

The free energy audit of our HVAC units keeps getting delayed due to scheduling conflicts by the auditor's construction company. This may be something we are going to have to hire out.

Work continues on phase 3 of the SNF refresh project that includes painting all corridors and skinning all cabinets, upgrading the staff breakroom, construction documents will be submitted to OSHPD for the lighting, handrail, sinks, and countertop portion of the project.

We have received comments back on our dining room HVAC submittal from OSHPD. Greenbough design is currently working through the comments. We may have to start looking air conditioning for the dining room.

Preparation of the demolition of the 1956 is underway with site visits by the architect, plumbing, mechanical, structural engineers. We are looking into a possible change order with Layton to complete the demolition, the wall that is already in their contract and the new entry to the existing facility.

As of the time I am writing this we have not heard back whether or not we qualify for the FEMA grant but expect that notification any day now.

The AB2190 extension was submitted and taken in by OSHPD. It is currently under review.

The Burney Annex access control project was completed last month and is completely operational.

The Laundry Facility project received final from the county on Tuesday, April 16th. That project is now complete.

Work continues on the Riverview houses transformation into an on call employee sleep house.

With MVHC relocating to their new clinic soon facilities and engineering will begin work on the current clinic building and converting that into office space as well as remodeling the current finance building into an administration building. We anticipate starting this work in July or August 2019.

IT

One Content has been going very well with several meetings happening with end users and IT over the last month. This is a large project that will bring a lot of change to workflows for staff. Our employees have been doing a great job committing to the project and staying on schedule.

Purchasing

Our purchasing team continues to work on procuring new equipment for the new hospital wing.

Dietary

I am pleased to report that Susan Garcia passed her CDM exam and is now a certified dietary manager. This is a major accomplishment for Susan and will get our dietary compliant as this is a requirement of Susan's position as the dietary manager past 2022.

Per regulation our Dietary Department will now be call Food and Nutrition Services.

Security

I have no security incidents to report.

Environmental Services & Laundry

Our Laundry services has gone very well so far. We are still working through the linen delivery and courier schedule, but we are close to having the most efficient route for our driver figured out. So far the biggest challenge has been damage to our own linen by not using the linen for it normal use. A 60 day follow up meeting is scheduled with Laundry and nursing staff to identify what we are doing well and what we can improve upon.

Uniforms

I am currently working on a facility wide uniform program that will enhance our patient experience and professionalism. This will be a color coded program for scrubs and polo's for the necessary departments. This is becoming the industry standard in medical care and something our staff has shown to be very passionate and excited about. More to come on this new program in future board meetings.

Respectfully Submitted by,
Ryan Harris
Chief Operating Officer

Chief Nursing Officer Report

Prepared by: Candy Vculek, CNO

Verbal report will be provided.

Chief Clinical Officer Report

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

Pharmacy

Compliant retail labels implemented in ER along with education to the medical staff on ER dispensing.

Antibiotic time outs are now being documented in PointClickCare. This is formalized documentation that the sensitivities of an organism match the antibiotic ordered.

The Medical Waste Management Plan has been extensively revised to meet new standards and make corrections necessitated by a recent survey from the county. Mayers will be moving to pharma-sharps containers that will eliminate the need for separate containers in the medication rooms. As the plan has been approved, the Clinical Nurse Educator will be rolling it out to staff.

Physical Therapy

Daryl Schneider, PT manager, will be precepting a PT student from Azusa Pacific on a clinical rotation starting in May.

Student Conclave, the convention for graduating physical therapist, was cancelled. Daryl had planned to recruit at this event. We are currently exploring other options for a recruiting trip.

An onsite interview took place for a physical therapist on 4/16/19.

Telemedicine

Amanda Harris is coordinating Grand Rounds from Mercy Medical Center, Redding. The educational programs address current topics and nurses and physicians can get educational credit.

Respiratory Therapy

Routine maintenance was performed on the Pulmonary Function Testing machine. AirGas is having difficulty providing Mayers with the gasses we need. It should be resolved on April 18th.

We continue to look for a respiratory therapist. Three offers of employment have been made in the last three months. We are working to extend our registry therapist.

Cardiac Rehab

An award application for additional equipment has been submitted to Mayers Healthcare Foundation.

Respectfully Submitted by,
Keith Earnest
Chief Clinical Officer

ACHD Legislative Report

Clinic

AB 769 *Smith D* Federally qualified health centers and rural health clinics: licensed professional clinical counselor.

Authorizes Federally Qualified Health Center (FQHCs) and Rural Health Clinics (RHCs) to provide services provided by licensed professional clinical counselor as a covered benefit under the Medi-Cal program.

Status: 4/10/2019-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (April 9). Re-referred to Com. on APPR.

Position: Support

Community Health

AB 8 *Chu D* Pupil health: mental health professionals.

Requires schools to have on mental health professional accessible on campus for every 400 students.

Status: 4/2/2019-In committee: Set, first hearing. Hearing canceled at the request of author.

Position: Support

AB 138 *Bloom D* California Community Health Fund.

Established the California Community Health Fund to address health equity and reduce health disparities, by placing a .02 cent tax per fluid ounce on sugar-sweetened beverages.

Status: 4/11/2019-From committee chair, with author's amendments: Amend, and re-refer to Com. on REV. & TAX. Read second time and amended.

Position: Support

AB 739 *McCarty D* Flavored tobacco products.

Prohibits the retail sale of all flavored tobacco products in California.

Status: 4/1/2019-Referred to Coms. on G.O. and HEALTH.

Position: Support

AB 765 *Wicks D* Health Checkout Aisles for Healthy Families Act.

Establishes the California Healthy Checkout Aisles for Healthy Families Act, to require stores to make only specified healthy beverage options available in the checkout areas of a store.

Status: 4/11/2019-Re-referred to Com. on HEALTH.

Position: Support

AB 1718 *Levine D* State parks: state coastal beaches: smoking ban.

Makes it an infraction for a person to smoke cigarettes or other tobacco related products, or to dispose of cigarette waste, within the boundaries of state parks.

Status: 4/10/2019-From committee: Do pass and re-refer to Com. on APPR. (Ayes 10. Noes 4.) (April 9). Re-referred to Com. on APPR.

Position: Support

SB 8 *Glazer D* State parks: state coastal beaches: smoking ban.

Makes it an infraction for a person to smoke cigarettes or other tobacco related products, or dispose of cigarette waste within the boundaries of state parks.

Status: 4/8/2019-April 8 hearing: Placed on APPR. suspense file.

Position: Support

AB 683 *Carrillo D* Medi-Cal: eligibility.

Increases the asset limits for seniors and persons with disabilities in the Medi-Cal program.

Status: 4/10/2019-Re-referred to Com. on APPR.

Position: Support

AB 715 *Wood D* Medi-Cal: program for aged and disabled persons.

Would extend the income eligibility for the Aged and Disabled program to 138 percent of the federal poverty level (FPL).

Status: 4/3/2019-From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 0.) (April 2). Re-referred to Com. on APPR.

Position: Support

AB 744 *Aguiar-Curry D* Healthcare coverage: telehealth.

Requires health plans and insurers to reimburse healthcare providers for services delivered through telehealth, if those same services are already reimbursed when provided in-person.

Status: 2/28/2019-Referred to Com. on HEALTH.

Position: Support

SB 29 *Durazo D* Medi-Cal: eligibility.

Extends full-scope Medi-Cal benefits to all income-eligible adults regardless of their immigration status.

Status: 4/11/2019-Set for hearing April 22.

Position: Support

SB 66 *Atkins D* Medi-Cal: federally qualified health center and rural health clinic services.

Requires the state to allow Federally Qualified Health Center (FQHCs) and Rural Health Clinics (RHCs) to bill Medi-Cal for two visits if a patient is provided mental health services on the same day they receive other medical services.

Status: 4/8/2019-April 8 hearing: Placed on APPR. suspense file.

Position: Support

SB 207 *Hurtado D* Medi-Cal: asthma preventive services.

Extends asthma prevention services as a covered benefit under the Medi-Cal program. Additionally, the bill requires the Department of Health Care Services to approve two accrediting bodies with expertise in asthma to approve training curriculum for asthma providers.

Status: 4/8/2019-Read second time and amended. Re-referred to Com. on APPR.

Position: Support

Health Care Services

SB 539 *Caballero D* Mental Health Services Act: workforce education and training funds.

Creates a dedicated Workforce, Education and Training Trust Fund to fund the Office of Statewide Health Planning and Development's mandated five-year plan to increase the state's behavioral health care workforce.

Status: 4/11/2019-From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.

Position: Support

Hospital

AB 389 *Santiago D* Substance use disorder treatment: peer navigators.

Allows acute care hospitals to receive funding for peer navigators to assist emergency department patients with substance abuse. Additionally, the bill would require the Department of Health Care Services to either establish a pilot program or expand an existing program to address the effectiveness of incorporating substance use disorder and/or behavioral health peer navigators in the emergency department

Status: 4/2/2019-In committee: Set, second hearing. Hearing canceled at the request of author.

Position: Support

AB 1253 *Rivas, Robert D* Local agency formation commissions: grant program.

Authorizes a grant program for Local Agency Formation Commissions (LAFCOs) to address known service and governance concerns in disadvantaged communities across the state and dissolve inactive districts identified as such by the state Controller's Office.

Status: 4/3/2019-In committee: Set, first hearing. Referred to APPR. suspense file.

Position: Support

AB 1332 *Bonta D* Sanctuary State Contracting and Investment Act.

Prevents state or local agencies from entering into a new, amended or extended contract or agreement with an entity that also provides to a federal immigration agency unless no reasonable alternative exists.

Status: 4/11/2019-Re-referred to Com. on P.E. & R. Re-referred to Com. on JUD. pursuant to Assembly Rule 96.

Position: Oppose

AB 1486 *Ting D* Local agencies: surplus land.

Expands the types of agencies subject to the Surplus Land Act, creating onerous new requirements on public agencies disposing of surplus land.

Status: 4/11/2019-Read second time and amended.

Position: Oppose unless Amended

ACA 1 *Aguiar-Curry D* Local government financing: affordable housing and public infrastructure: voter approval.

Creates a new voter approved mechanism with a vote threshold of 55% to approve local general obligation (G.O.) bonds and special taxes for certain affordable housing and public infrastructure projects, including hospitals.

Status: 3/28/2019-Coauthors revised. From committee: Be adopted, and re-refer to Com. on APPR. Re-referred. (Ayes 5. Noes 2.) (March 27). Re-referred to Com. on APPR.

Position: Support

SB 287 *Nielsen R* Commission on State Mandates: test claims: filing date.

Revises the test claim filing deadline with the Commission on State Mandates to align with the fiscal year rather than the calendar year.

Status: 4/8/2019-April 8 hearing: Placed on APPR. suspense file.

Position: Support

SB 518 *Wieckowski D* Public records: disclosure: court costs and attorney's fees.

Eliminates the utility of Section 998 settlement offers in California Public Records Act (CPRA) lawsuits against public agencies. This bill will incentivize additional litigation and increase costs to public agencies for CPRA disputes.

Status: 3/21/2019-Set for hearing April 23.

Position: Oppose

SB 749 *Durazo D* California Public Records Act: trade secrets: reverse public records actions.

Eliminates the trade secret exemption to the California Public Records Act (CPRA) and make public agencies liable for attorneys' fees in reverse CPRA actions. These changes to law will expose public agencies to increased exposure to litigation, litigation expenses and hinder the Request for Proposal process.

Status: 4/5/2019-Set for hearing April 23.

Position: Oppose

Workforce

AB 890 *Wood D* Nurse practitioners: scope of practice: unsupervised practice.

Expands the scope of nurse practitioners, and allows them to practice to the full extent of their education and training.

Status: 4/11/2019-From committee: Amend, and do pass as amended and re-refer to Com. on APPR. (Ayes 16. Noes 0.) (April 9).

Position: Support



Legislative Update (Scott)

The Legislature begins its spring recess today and will return on April 22. The activity level in policy committees will be high when legislators return, as hearings are scheduled on several hundred bills that must be acted upon by the April 26 deadline.

Legislative action for this week:

- CHA-supported **AB 890** (Wood, D-Santa Rosa) would authorize a nurse practitioner who meets specified requirements to practice without the supervision of a physician in specified environments. AB 890 passed the Assembly Business and Professions Committee April 9 and will now be heard in the Assembly Appropriations Committee.
- CHA-opposed **AB 1572** (Chen, R-Yorba Linda) would change the definition of “grave disability,” expanding the criteria for involuntary commitment (also referred to as a “5150 hold”). AB 1572 is now a two-year bill.
- CHA-opposed **SB 227** (Leyva, D-Chino) would require the California Department of Public Health to impose administrative penalties for violations of nurse-to-patient staffing ratios and would eliminate the department’s ability to link the penalty amount to the actual risk of harm to patients. SB 227 passed the Senate Health Committee on April 10 and will now be heard in the Senate Appropriations Committee.
- **SB 464** (Mitchell, D-Los Angeles) would require hospitals that provide perinatal care — as well as alternative birthing centers and specified primary clinics — to implement an implicit bias training program for all health care providers involved in perinatal care. SB 464 passed the Senate Health Committee April 10 and will now be heard in the Senate Appropriations Committee.

Other key legislation:

- CHA-opposed, unless amended **AB 1611** (Chiu, D-San Francisco) would prohibit hospitals — as a condition of their state licensure — from balance billing all patients, including those with federally regulated coverage. The bill would establish a default rate for non-contracted emergency and post-stabilization services as the greater of 150 percent of the Medicare rate or the average contracted rate paid by the specific health insurer for the same or similar services in the same geographic area. AB 1611 will be heard in the Assembly Health Committee April 23.
- CHA-opposed **SB 567** (Caballero, D-Salinas and Skinner, D-Berkeley) would define “injury” — for the purposes of workers’ compensation — for a hospital employee who provides direct patient care in an acute care hospital to include infectious disease, cancer, musculoskeletal injuries, post-traumatic stress disorder, and respiratory diseases. SB 567 will be heard in the Senate Labor, Public Employment and Retirement Committee April 24.
- CHA-sponsored **SB 382** (Nielsen, R-Red Bluff and Stern, D-Canoga Park) would clarify health plan responsibilities during times of disaster by asking the plan to help coordinate patient placement, and to reimburse the hospital an extremely modest amount for caring for the patient until that placement happens. SB 382 will be heard in the Senate Health Committee April 24.
- CHA-supported **SB 714** (Umberg, D-Orange) clarifies the process to receive an exemption from the Department of Managed Health Care’s Knox-Keene licensure regulation and would presumptively exempt particularly low-risk payment arrangements that fall below quantitative risk thresholds. SB 714 will be heard in the Senate Health Committee on April 24.