



Mayers Memorial Hospital District

Chief Executive Officer
Louis Ward, MHA

Board of Directors

Abe Hathaway, President
Michael D. Kerns, Vice President
Allen Albaugh, Treasurer
Beatriz Vasquez, PhD, Secretary
Art Whitney, Director

BOARD of DIRECTORS
MEETING AGENDA
August 24, 2016 1:00 pm
Board Room (Burney)

Mission Statement

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

1	CALL MEETING TO ORDER – Abe Hathaway, President	
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 (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). 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	Reports/Recognitions: 3.1 Resolution 2016-09–July Employee of the Month (Exhibit 1) 3.2 Shasta County Department of Child Support Services’ Presentation – Terri Morelock 3.3 401K Annual Report	ACTION ITEM Presentation Report
4	APPROVAL OF MINUTES: 4.1 Regular Meeting – July 27, 2016 (ATTACHMENT A)	ACTION ITEM
5	OPERATIONS ▶ Chief’s Reports (CEO, CNO, CCO, IHF CEO) (ATTACHMENT B) WRITTEN REPORT PROVIDED – ADDITIONAL COMMENTS AS NEED VERBALLY ▶ AD HOC BUILDING COMMITTEE UPDATE	Information Information
6	BOARD COMMITTEES: 6.1 Finance Committee – Chair Allen Albaugh 6.1.1 Committee Meeting Report 6.1.2 July 2016 Financial review, AP, AR and acceptance of financials* (Dispersed Separately) 6.2 Strategic Planning Committee – Chair Abe Hathaway 6.2.1 Committee Meeting Report 6.3 Quality Committee – Chair Mike Kerns 6.3.1 Committee Meeting Report.....	Information ACTION ITEM Information Information

7	<p>NEW BUSINESS 7.1 Policy & Procedure Approval... (Attachment C).....</p> <ul style="list-style-type: none"> • MEC – Governing Board Endorsement for AHP Reappointment • MEC – Governing Board Endorsement for Additional Privileges • MEC – Governing Board Endorsement for Physician Reappointment and Privileges • MEC – Governing Board Endorsement for AHP Appointment • MEC – Governing Board Endorsement for Removal of Privileges • Family Medicine Revision 	ACTION ITEM
8	<p>8.1 INFORMATION/REPORTS/BOARD EDUCATION/ANNOUNCEMENTS</p> <ul style="list-style-type: none"> • Legislative Update – Val Lakey • Board Comments, Upcoming Events, etc. 	
9	<p>ANNOUNCEMENT OF CLOSED SESSION: 9.1 Government Code Section 54952 Quality Assurance: Quality Improvement Issues, Medical Staff Report (Dr. AJ Weinhold, Chief of Staff)</p>	
10	<p>RECONVENE OPEN SESSION: REPORT ACTIONS TAKEN DURING CLOSED SESSION</p>	
11	<p>ADJOURNMENT: Next Regular Meeting September 28, 2016, Fall River Mills</p>	

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, 43553 Highway 299 East, Fall River Mills CA 95028.

This document and other Board of Directors documents are available online at www.mayersmemorial.com.

Posted/Distributed 08/17/16

Quality, Strategic Planning & Finance Minutes attached

***Financials may be incomplete due to the EHR downtime**



Mayers Memorial Hospital District
Always Caring. Always Here.

RESOLUTION NO. 2016-09

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

Christina Catalano, Burney

AS July 2016 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, Christina Catalano is hereby named Mayers Memorial Hospital District Employee of the Month for August 2016; and

DULY PASSED AND ADOPTED this 24th day of August 2016 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

Abe Hathaway, CHAIRMAN
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

Valerie L. Lakey
Clerk of the Board of Supervisors

Date: July 27, 2016
Time: 1:00 P.M.
Location: Mayers Memorial Hospital
Fall River Mills, California

(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: President Hathaway called the regular meeting to order at 1:00 p.m. on the above date with the following present:

Abe Hathaway, President
Mike Kerns, Vice President
Beatriz Vasquez, Secretary
Allen Albaugh, Treasurer
Art Whitney

Board Members Absent:

Staff Present: Louis Ward, CEO; Valerie Lakey; Travis Lakey, CFO; Sherry Wilson, CNO; Keith Earnest, CCO; Jack Hathaway, Suzanne Mason, Justin Sears, Theresa Overton

2. CALL FOR REQUEST FROM AUDIENCE TO SPEAK TO ISSUES OR AGENDA ITEMS:

None

3.

3.1 Resolution 2016-08 June Employee of the Month (Approved) Kerns- Whitney

4. APPROVAL OF MINUTES – A motion/second and carried, the Board of Directors accepted the minutes of the June 22, 2016 Regular Board Meeting.

(Kerns, Whitney) – Approved All

5. OPERATIONS REPORT:

In addition to the written operations report included in the board packet, the following verbal reports and discussions are summarized below:

- ▶ **Louis Ward, CEO** – Reviewed notes as sent out in the board packet.
 - **OB recommendation.** Staffing issues. Lack of resources, quality issues. Have been exploring all options for training, recruiting, etc. Physician shortage at times. This is not a financial decision. Do we have the resources to provide a quality service? No. Recommended to discontinue. **CNO, Sherry Wilson** concurs. We need to have an OB nurse on-call 24/7. Potential nurses are discouraged by this. Our equipment is becoming outdated. **Keith Earnest, CCO** referenced the staff and physician shortage (See Finance notes and Ward's board report) **Travis Lakey, CFO** noted there are a lot of facilities that have gone through this that we can reach out to. Transition timeline:
 - ✓ Talk to MVHC and providers so they can take care of and communicate with their patients.
 - ✓ Would like to continue for 6 weeks to cover those at 33+ weeks
 - ✓ Continue to train so we have skilled nurses and staff in ER
 - ✓ Potentially have current OB nurse do in-services for ER staff
 - **Abe Hathaway** – could still have potential issues in ER, training is critical. It's about patient safety and quality of care. We can't provide a service that we are not staffed to do. We have tried to make the service work. We need the 45+ days on how to transition. **"The board's desire is to shake this liability and proceed with the transition."** Full board concurred.
 - **Mike Kerns** – This does not come as a shock. As hard as we have tried to do this, we felt it would come to this crunch point. Our ability to staff isn't going to get easier. There are parts of this we need to address in the Strategic Plan. Before we come to a complete conclusion – provide a document from the Chief Team for information to be provided by the board, etc. when they are asked

- questions.
 - **Beatriz Vasquez** – This is a quality concern, not a financial concern.
 - **Art Whitney** – The board strongly recommends the discontinuing of the service because of the liability.
 - **Allen Albaugh** – Agrees with the rest of the board
 - ✓ **Hathaway** asked Ward to report back at next meeting on the progress with the transaction.
 - **SEMSA proposal** – see finance notes and Ward’s board notes
 - ✓ Regional ambulance coverage.
 - ✓ MMHD staff would become SEMSA employees
 - ✓ Air Ambulance would be based 10-15 flight time away from Mayers. Flight nurse on the flight.
 - ✓ Contract ground transport through SEMSA – we would still have EMT’s Paramedics in our ER.
 - ✓ Our staff is excited about the opportunity.
 - ✓ Looking at how the new model would look. We are interested in continuing to work with SEMSA. Talk to Burney, Big Valley and Modoc.
 - ✓ Ward will report back to board.
 - ✓ They will have a training center.
 - ✓ Hathaway was in favor and thinks it would be a big benefit for many reasons.
 - ✓ Kerns asked if all others have to participate for us to be included. Ward said no – they want MMHD and Modoc to participate.
 - **Building Project**
 - ✓ Have been looking at other projects completed by design-build contractors that submitted RFP’s.
 - ✓ Ryan Harris gave an overview of Layton’s job site – clean and safe. He checked references (see notes) Layton seems to be best choice for the job and has OSHPD experience.
- ▶ **Keith Earnest, CCO** –Recall handled. Hired a PT that will start in September. Imaging – interviewing for manager and staff.
 - ▶ **Sherry Wilson, CNO** –Valley West visit was cancelled and will be rescheduled. Met as a committee to discuss areas of concern. Annex Quality Care Team meeting with Dr. Watson monthly; will keep us in compliance with the state. State was here on a self-report and a report from previous employees. Excited without findings. Albaugh recognized the increased revenue from LTC. Gave kudos to the department. Kerns noted the quality focus. Working on contract with Mock Survey team. (About \$30,000– 35,000/annual). Vasquez asked about staffing. LVN’s looking good. CNA’s - 5 or 6 signed up for the next class. SNF is using a little bit of registry.
 - ▶ **Ad-Hoc Building Committee Report** – Discussion of RFP’s and the bids. Companies know what the guaranteed maximum budget is.
- ▶ **Selection of Design-Build Firm (ACTION) (Albaugh, Beatriz) – All Approved**
- Recommended to accept Layton Construction as the Design-Build contractor contingent on USDA approval

6. BOARD COMMITTEES:

6.1 Finance Committee –Chair Allen Albaugh

6.1.1 Committee Meeting - Reviewed meeting notes. 43 days cash on hand. On a good path.

6.1.2 June 2016 Financials – (Albaugh, Whitney) – Approved All

6.2 Strategic Planning Committee –Chair Abe Hathaway

6.2.1 Committee meeting – See minutes

6.2.2 SEMSA Report – See above

6.3 Quality Committee – Chair Mike Kerns

6.3.1 Committee Meeting Report – Reviewed minutes. Discussed SNF Quality. Will be working on the Falling Star Program for Acute and SNF. Will be doing an employee in-service. Respiratory reported on new equipment and procedures – testing time is reduced better patient experience. Staff Development report. Getting our staff out of our facilities to collaborate and train. WC – 4 first aid injuries – 3 lost day. One employee off work and will not be able to return to work. Discussion on Compliance. Chargemaster review – item by item increase and small overall increase. Excluded high items and items we were low on brought more to industry standard. Infection Control 257 days no hospital acquired infections. Monthly PRIME report to Quality.

7. NEW BUSINESS

7.1 Review of DRAFT EOP

7.2 Authorization to Bind – Albaugh, Whitney (All Approved)

7.3 Policy & Procedure Approval (Kerns/Whitney) –Approved All

8. INFORMATION/BOARD EDUCATION/ANNOUNCEMENTS

BOARD COMMENTS, UPCOMING EVENTS, ETC. –

- Legislative Update
- Upcoming Events
 - Employee Family BBQ – August 7th – 2:00 pm Fall River Park
 - Golf Tournament – August 20th
- Capital Campaign/ Resale & Thrift Store – re-open first week in August

9.1 Announcement of Closed Session -2:40 p.m.

9.1 Government code section §54952 Quality Assurance

Approved (Kerns, Vasquez)

2:40 p.m. adjourned to closed session

10. ADJOURNMENT: There being no further business, at the hour of 2:50 p.m., President Hathaway declared the meeting adjourned. Next meeting July 20, 2016 – Fall River Mills



Operations Report June 2016

Mayers Memorial Hospital

Statistics	July YTD FY16 <i>(current)</i>	July YTD FY15 <i>(prior)</i>	July Budget YTD FY16
Surgeries <i>(including C-sections)</i>	6	9	6
➢ Inpatient	2	3	1
➢ Outpatient	4	6	5
Procedures <i>(surgery suite)</i>	13	14	14
Inpatient	170	103	178
Emergency Room	287	348	300
Skilled Nursing Days	2513	2163	2400
OP Visits <i>(OP/Lab/X-ray)</i>	1234	1271	1481
Hospice Patient Days	182	109	152
PT	682	878	1100
Ambulance Runs	30	30	37

Operations District-Wide

Prepared by: Louis Ward, MHA, Chief Executive Officer

Building Project

This month we have worked with OSHPD to pull the Seismic Separation Project permit. The application for the permit has been completed; we are now awaiting their comments. We are not expecting any issues with obtaining the permit. We are continuing to work with the USDA as they are reviewing documents in an effort to approve MMHD's selection of Layton Construction / Greenbough as the Design Build Team. The approval from the USDA will solidify the Boards choice to move forward with Layton on the design and construction efforts.

MVHC Health Fair

Once again, Mayers had a great presence at the Burney, FRM, and Big Valley MVHC health fairs. We offered many services to the attendees of the fairs including reduced price labs and blood pressure testing. Many Thanks goes out to Val, Jeanette Rodriguez, Colene Hickman, Theresa Overton, and the entire lab staff all of which represented Mayers very well while they conversed with community members. The Operations team took a quick fieldtrip to the FRM MVHC health fair, it was a great change of pace to get out in the community and talk with patients, MVHC staff, and vendors while at the fair.

Mayers Family BBQ

The family BBQ went very well this month. It was fun to see co-workers outside of work enjoying a great meal and fun in the sun with their kids. Of course we would have liked to see more of the staff and their families at the event but those that did show all had a great time so a job well done. We have taken many notes of what worked, what didn't and so forth and we will work in early summer of next year to plan another event. I have already heard many ideas of what we can do for next year; we look forward to doing it again.

Quality

Jack Hathaway and I have been meeting weekly to discuss his vision for a Quality Program at MMHD. We participate in many quality initiatives but what is lacking at the moment is the program that supports these initiatives. At the moment

there are many disparate workflows and owners of quality initiatives, what we strive to do is the creation of a Quality team, a communication plan specifically for quality, and of course a support structure for ideas related to quality to germinate and thrive. I look forward to meeting with Jack often over the next month while we determine members of the team and an implementation plan for his vision for Quality at MMHD

Computer System

I am happy to report that our computer system is back up, updated with all information missed while in the downtime, and most importantly functioning well for the future. There are countless individuals to thank for their efforts throughout the downtime. The staff responded so well to this “curve ball”. The staff really used the downtime so well, many painted offices, sorted filing cabinets, cleaned the shed, collaborated to create new down time reports for future events, and various other tasks. There was great thought put into a plan to bring the system back up to an operational system as well as how we would catch up on data entry. It really was an all hands on deck effort!

SEMSA

We are still working with SEMSA, Modoc Medical Center, and Wipfli to better understand the proposed plan to bring additional EMS resources to the area. Mike Williams, with SEMSA was out of the country for the past 2 weeks so we did considerable internal research such as an Ambulance Analysis, which we will be presented in BOD finance later this month. Now that Mike Williams has returned we are returning to our efforts negotiating the terms of a ground / Air EMS collaboration.

Burney Outpatient Services.

Ryan Harris, DOO has been meeting with contractors at the right roads building in Burney in our efforts to obtain a competitive bid for the renovation of the building we intend to provide out patients services to the Burney area in. We will be meeting with Tyler Davis from Porter Consulting at the Right Roads building to determine next steps. We will keep moving forward on this front.

Thrift Store

A considerable amount of work has been performed at the Thrift store and it is very noticeable when you are driving by. There are some tasks that still need to be completed but the project is really coming along well. Thanks to Marlene, Barb, Kandie, and Ryan Harris for all of the hard work, it is really paying off.

Respectfully Submitted by,
Louis Ward, MHA
Chief Executive Officer

Chief Clinical Officer Report
Prepared by Keith Earnest, Pharm.D.--Chief Clinical Officer

August 2016 Board Report Clinical Division

All hospital staff worked very hard to provide excellent patient care without interruption during the Paragon outage in July and August. Several opportunities for improvement in manual/paper systems were identified and we are working to be more prepared for future outages.

Cardiac Rehab

- Dr. Dahle has completed the didactic portion of training for cardiac stress treadmills. He will complete his training with Dr Chandramouli, a cardiologist in Redding. We are excited to start this program soon.

Laboratory

- Laboratory personnel participated in MVHC Wellness Week. Drawing 67 patients at health fairs plus many more draws performed on site when patients show up with vouchers. The results are reported to MVHC electronically as soon as orders are received from the clinic.
- There have been issues with quality control in processing ammonia levels. Currently Mayers is sending ammonias to Modoc Medical Center for processing. The service rep for our analyzer will be on site the week of August 15th to perform preventative maintenance on the machine. We are planning on doing this test onsite again starting January 1.

Physical Therapy

- Currently there are 73 new patient referrals of those 38 have been scheduled for evaluations. The physical therapy department is working to get them in as soon as possible. It has been a long process to bring on staff.
 - Yvette Medina, a registry physical therapist, started August 15.
 - Wayne Davis, a new hire physical therapist, will start in September.
 - A second new hire physical therapist and new grad will start in January.
- Physical Therapy department staff have completed painting some accent walls in the department and patients have given positive feedback. Staff have also rearranging storage areas to increase department efficiency.
- Unfortunately, Scott Platko, PTA, will be departing in September.

Respiratory Therapy

- Referrals to pulmonary rehab program are strong with 4 in the queue.
- A respiratory student from Oregon Institute of Technology in Klamath Falls will start clinical experience at Mayers August 22nd.

Imaging

- Extended offer to two techs and a tech manager and they have accepted offers of employment. The techs will start orientation this month. The manager will start upon obtaining his California license.
- We are interviewing candidates for the ultrasound position.

Pharmacy

- As Mayers exits the 340B program, it was necessary to provide manufacturers refunds for medications that did not meet criteria for 340B pricing. A letter to HRSA was sent on August 10th updating them on the process. This table details the current status:

Manufacturer	Status
Eli Lilly & Company	Correspondence received, settlement in process
Merck Sharp & Dohme	No reply
Pfizer INC	No reply
Sanofi US	Correspondence received, settlement in process
Novo Nordisk Pharmaceutical	Correspondence refused
Glaxosmithkline Pharmaceutical	Settled, check issued
Astra/Zeneca Pharmaceutical	Settlement reached, check pending

Boehringer Ingelheim	Correspondence received, settlement in process
Otsuka America Pharmaceutical	Settled, check issued
Teva	No reply
Takeda Pharmaceutical	Settled, check issued
Daiichi Sankyo	Correspondence refused
Valeant	Correspondence received, settlement in process

- The overall of the processes surrounding pharmacy access afterhours (policies and in-services) is complete. The next nursing education project is admixtures performed by nursing staff. The inservices will be followed by observed competency of technique.

Skilled Nursing Facility – Burney & FRM

Submitted By: Sherry Wilson, RN, CNO

- Census has been averaging between 77 and 80
- The CNA class started on 8/17 with four students
- 95% of the staff has been given the falling star in service , we hope to begin the new program the week of 8/22/16 our goal is to reduce falls by at least 80% by the end of the fiscal yr 17.
- We have purchased walkie talkies for the annex to ensure that Nursing staff and CNA staff have full communication as all times throughout their shift. This will promote better patient care and decrease safety concerns at night.

Critical Access Hospital

Prepared by: Sherry Wilson CNO/Acute

Emergency Department

June 2016

Total ER visit- 359

Admitted- 21

Discharged-323

Expired-1

Left without being seen-1

Left prior to discharge—0

AMA-5

Transfer to SRMC-4

Transfer to MMC-Redding-2

Ambulance runs to:

Adin-2

Bieber-3

Fall River Mills/McArthur/Pittville-22

Lookout-1

Total- 29

Runs by county

Shasta- 20
Lassen-6
Modoc-3
Total -29

July 2016

Total ER visit: 291

Admitted -11
Discharged- 257
Expired-0
Left without being seen-3
Left prior to triage-1
AMA- 3
Transfer to SRMC-3
Transfer to MMC Redding-3
Cancelled-1

Ambulance runs to:

Adin- 1
Bieber-1
Burney-2
Lookout-2
Fall River Mills/ McArthur-24
Total-30

Runs by county:

Shasta-23
Lassen- 4
Modoc-3
Total-30

I have recently assumed the position of Lead RN in the Emergency Department. The projects that were being worked on by my processor will be continued and I am working closely with Gonzalo and Dr. Watson to complete those goals. The Emergency Department has been staffed 24/7 with ALS. We have oriented three relief supervisors who take shifts every month. One RN is beginning the OB training at Enloe Medical Center.

Coleen Beck RN, MICN

Outpatient Medical

Outpatient Census remained higher than last years with greater than 100 visits every month in the last quarter. A significant number of Dr. Zittel patients were discharged in July and there has been a marked decrease in patient referrals at the start of the first quarter, resulting in a low census currently.

The MMHD Healthcare Foundation and Volunteers gifted the Oupatient Department with a grant for 2 new vital sign monitors, and a new Joerns bed! This has eliminated the need for nurses to switch beds around to different

rooms in order to accommodate patient needs. The old labor and delivery bed we were using was so un-accommodating for so many patients. The new equipment has been so helpful!

Kay Shannon, RN, Outpatient Manager Attended the CAH seminar on Consent Law in Sacramento in June. From information learned at that conference, The Outpatient informed consent process has been reformatted to align with the new 2016 consent manual guidelines.

Surgery

- Held interviews for the Housekeeping position, offered to potential New Hire. Offer was declined. There have been 2 other inquiries since the interviews, but they have not submitted their application
- We will not be holding any further interviews for the Housekeeping Position due to the proposed restructuring of the Surgery Dept
- As a facility, we have been informed of the upcoming closure of the OB Dept resulting in:
 - Suggested possible changes in the OR Dept by Administration
 - Cutting all Surgical "Call Time", resulting in no Emergency Surgical Services
 - Only "Scheduled" Out Patient Surgical Days on Tuesday and Wednesday (twice a week) with an Orthopedic Day with Dr. Guthrie once a month.
 - Cutting all staffing hours, therefore staff will be utilized elsewhere in the facility (if able)
- In August, surgery will continue to provide OB, Emergent, OP and IP services, unless otherwise informed

MAYERS MEMORIAL HOSPITAL DISTRICT

ENDORSEMENTS

, MD, has applied for reappointment to our medical staff with active privileges in (Specialty).
Appropriate documents have been submitted, reviewed and substantiated.

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATIONS:

Reappointment recommended based on review of his/her individual character, professional performance, experience, judgment and clinical and/or technical skills, as well as his additional training, i.e., Continuing Medical Education (CME) courses.

Reappointment **not** recommended based on: _____

Chief of Staff - A. J. Weinhold, MD

_____ Date

BOARD QUALITY COMMITTEE RECOMMENDATION:

BOARD QUALITY COMMITTEE RECOMMENDATION TO BOD: Upon review, the appropriate documents have been submitted, reviewed and substantiated. Based on recommendation of the Medical Executive Committee and evaluation of the education, training, experience, demonstrated professional competence and judgment, and clinical performance (as confirmed by peers knowledgeable of the applicant's professional performance), BQC:

- Concurs Does NOT concur with the Medical Executive Committee's recommendation.
 Back to Medical Staff for to clarify the following:

Board Quality Committee (Signature)
Date

GOVERNING BOARD:

GRANTS

DOES NOT GRANT

_____ PRIVILEGES

_____ Board President

_____ Date

MAYERS MEMORIAL HOSPITAL DISTRICT

ENDORSEMENTS

(Name & Title), has applied additional privileges to include (Privilege). Appropriate documents have been submitted, reviewed and substantiated.

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATIONS:

Privileges recommended based on review of his/her individual character, professional performance, experience, judgment and clinical and/or technical skills.

Privileges **not** recommended based on: _____

Chief of Staff

Date

BOARD QUALITY COMMITTEE RECOMMENDATION:

BOARD QUALITY COMMITTEE RECOMMENDATION TO BOD: Upon review, the appropriate documents have been submitted, reviewed and substantiated. Based on recommendation of the Medical Executive Committee and evaluation of the education, training, experience, demonstrated professional competence and judgment, and clinical performance (as confirmed by peers knowledgeable of the applicant's professional performance), BQC:

- Concurs Does NOT concur with the Medical Executive Committee's recommendation.
 Back to Medical Staff for to clarify the following:

Board Quality Committee (Signature)

Date

GOVERNING BOARD:

GRANTS

DOES NOT GRANT

_____ PRIVILEGES

Board President

Date

MAYERS MEMORIAL HOSPITAL DISTRICT

ENDORSEMENTS

(Applicant & Title), has applied for Allied Health Professional Status as a (Privileges). Appropriate documents have been submitted, reviewed, and substantiated.

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATIONS:

Appointment recommended based on review of his/her individual character, professional performance, experience, judgment and clinical and/or technical skills, as well as his/her additional training, i.e., Continuing Medical Education (CME) courses.

Appointment **not** recommended based on: _____

Chief of Staff

Date

BOARD QUALITY COMMITTEE RECOMMENDATION:

BOARD QUALITY COMMITTEE RECOMMENDATION TO BOD: Upon review, the appropriate documents have been submitted, reviewed and substantiated. Based on recommendation of the Medical Executive Committee and evaluation of the education, training, experience, demonstrated professional competence and judgment, and clinical performance (as confirmed by peers knowledgeable of the applicant's professional performance), BQC:

- Concurs Does NOT concur with the Medical Executive Committee's recommendation.
 Back to Medical Staff for to clarify the following:

Board Quality Committee (Signature)

Date

GOVERNING BOARD:

GRANTS

DOES NOT GRANT

_____ PRIVILEGES

Board President

Date

MAYERS MEMORIAL HOSPITAL DISTRICT

ENDORSEMENTS

(Applicant & Title), has applied for reappointment to Allied Health Professional status and has been granted approval of his Delineation of Clinical Privileges as **(Privileges)**. Appropriate documents have been submitted, reviewed and substantiated.

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATIONS

Reappointment recommended based on evaluation of this practitioner's education, training, experience, demonstrated professional competence and judgment and clinical performance, as confirmed by peers knowledgeable of the applicant's professional performance.

Reappointment **not** recommended based on: _____

No Change in Staff Category

Change in Staff Category from _____ to _____
based on _____

Chief of Staff - A. J. Weinhold, MD

Date

BOARD QUALITY COMMITTEE RECOMMENDATION:

BOARD QUALITY COMMITTEE RECOMMENDATION TO BOD: Upon review, the appropriate documents have been submitted, reviewed and substantiated. Based on recommendation of the Medical Executive Committee and evaluation of the education, training, experience, demonstrated professional competence and judgment, and clinical performance (as confirmed by peers knowledgeable of the applicant's professional performance), BQC:

Concurs Does NOT concur with the Medical Executive Committee's recommendation.
 Back to Medical Staff for to clarify the following:

Board Quality Committee (Signature)

Date

GOVERNING BOARD

GRANTS

DOES NOT GRANT

_____ PRIVILEGES

Board President

Date

MAYERS MEMORIAL HOSPITAL DISTRICT

ENDORSEMENTS

On behalf of _____, the following change in Staff Privileges is requested:

Amend privileges to exclude the Obstetrics Core.

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATIONS:

Privileges recommended based on review of his individual character, professional performance, experience, judgment and clinical and/or technical skills.

Privileges **not** recommended based on: _____

Chief of Staff or Vice Chief of Staff

Date

BOARD QUALITY COMMITTEE RECOMMENDATION:

BOARD QUALITY COMMITTEE RECOMMENDATION TO BOD: Upon review, the appropriate documents have been submitted, reviewed and substantiated. Based on recommendation of the Medical Executive Committee and evaluation of the education, training, experience, demonstrated professional competence and judgment, and clinical performance (as confirmed by peers knowledgeable of the applicant's professional performance), BQC:

- Concurs Does NOT concur with the Medical Executive Committee's recommendation.
 Back to Medical Staff for to clarify the following:

Board Quality Committee (Signature)

Date

GOVERNING BOARD:

GRANTS

DOES NOT GRANT

_____ PRIVILEGES

Board President

Date

MAYERS MEMORIAL HOSPITAL DISTRICT

Privileges in Family Medicine

Name: _____

Family Medicine Core Privileges

Qualifications

To be eligible for core privileges in family medicine, the applicant must meet the following qualifications:

- Demonstration of the provision of inpatient services to at least 24 patients in the past two years;

and

- Current certification or active participation in the examination process leading to certification in family practice by the American Board of Family Practice or the American Osteopathic Board of Family Practice; or
- Successful completion of a three-year ACGME- or AOA-accredited residency in family practice.

Staff Status Requested *(please check one)*

- Active: must admit at least 10 inpatients per year to the Hospital
- Consulting: may not admit patients to the Hospital
- Courtesy: may not admit more than 10 inpatients per year to the Hospital
- Telemedicine Affiliate: may not admit patients to the Hospital

Privileges included in the Adult Medicine Core

Privileges to evaluate, diagnose, and provide non-surgical treatment to patients at or above the age of 16. Privileges include, but are not limited to, paracentesis¹, thoracentesis¹, chest tube insertion¹, lumbar puncture¹, suture of uncomplicated lacerations, performance of simple skin biopsy or excision, removal of non-penetrating corneal foreign body and management of uncomplicated minor closed fractures and uncomplicated dislocations, except for those special procedure privileges listed below.

¹ If you are new to our organization and request privileges to perform any of the procedures marked with a ¹ above, we ask that you demonstrate prior experience of having done at least 10 of whichever of these procedures you plan to perform.

NAME: _____

<input type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s):		

Privileges included in the Pediatric Core

Privileges to evaluate, diagnose, and provide non-surgical treatment to pediatric patients up to the age of 18; suture uncomplicated lacerations, I & D abscess, perform simple skin biopsy or excision, remove non-penetrating corneal foreign body, and manage uncomplicated minor closed fractures and uncomplicated dislocations, except for those special procedure privileges listed below.

<input type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s):		

Privileges included in the Obstetric Core

~~Privileges to manage female patients with low-risk term pregnancy, labor and delivery, and postpartum condition. Privileges include, but are not limited to, amniotomy, amniocentesis², D&C², induction of labor, management of labor, vaginal deliveries and related procedures, and other procedures related to normal delivery including medical diseases that are complicating factors in pregnancy, except for those special procedure privileges listed below. High-risk pregnancy, labor, and delivery and postpartum patients are to be co-managed with the appropriate specialist. The applicant must provide documentation of at least 20 deliveries performed during the past two years. Practitioner accepts responsibility to supervise CRNA administering anesthesia while exercising those privileges that are requested and approved.~~

~~² If you are new to our organization and requesting privileges to perform any of the procedures marked with a ² above, we ask that you demonstrate prior experience of having done at least 6 of whichever of these procedures you plan to perform.~~

<input type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s):		

NAME: _____

Special Procedures Privileges

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges (see attached "Supporting Documentation Form").

Procedure (Check if requested) →	√	Criteria	Number Completed	Recommend?	
				Yes	No
Paracentesis		Prior experience of 10			
Thoracentesis		Prior experience of 10			
Central Line Placement (Bedside)		2 in 2 years			
Repair of complex lacerations		Prior experience of 6			
Manual removal of placenta		Prior experience of 6			
Vacuum assisted vaginal delivery		2 in 2 years			
Performance of cesarean section		4 in 2 years			
Tubal Ligation, Laparoscopic		4 in 2 years			
Tubal Ligation, Postpartum/Minilap		2 in 2 years			
EKG Interpretation		24 in 2 years			
Cardiac ECHO Interpretation		24 in 2 years			
Treadmill Testing		12 in 2 years			
Use of fluoroscopy*					
Assist in Surgery					

*Must provide copy of current California State Fluoroscopy Operator Certificate

Recommended/Not recommended with the following modification(s) and reason(s):

Additional Privileges Requested (write in below):

To be eligible for the additional privilege(s) requested, the applicant must demonstrate acceptable experience and/or provide documentation of competence in the privileges requested consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges (see attached "Supporting Documentation Form").

NAME: _____

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Mayers Memorial Hospital District, and;

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Applicant

Date

NAME: _____

Recommendations

We have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Credential Committee Chair

Date

Medical Executive Committee Chair

Date