



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
December 28, 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	APPROVAL OF MINUTES: 3.1 Regular Meeting – November 30, 2016 (Attachment A)	ACTION ITEM
4	ANNUAL ORGANIZATIONAL MEETING: 5.1 Nominating Committee Report (Attachment B)..... 5.2 Election of Officers – <i>Turn over the gavel</i> 5.3 Approval of Annual Board Calendar (Attachment C).....	Report ACTION ITEM ACTION ITEM
4	Department/Operations Reports/Recognitions: 4.1 Resolution 2016-13–November Employee of the Month (Exhibit 1) <i>*Please Note:</i> Chief reports will now be at the end of the agenda in order to expand on discussion or answer questions regarding items that were addressed on the full agenda. 4.2 Director of Operations report – Ryan Harris (Attachment D) 4.3 Scheduled Director Report – Jack Hathaway, Director of Quality (Attachment E)	ACTION ITEM Report Report
6	BOARD COMMITTEES: 6.1 Finance Committee – 2016 Chair Allen Albaugh 6.1.1 Committee Meeting Report 6.1.2 Board Quarterly Finance Review (Binder)..... 6.1.3 November 2016 Financial review, AP, AR and acceptance of financials (Dispersed Separately) 6.1.4 Approval of Resolution 2016-14 Construction Bank Account (Attachment F).....	Information ACTION ITEM ACTION ITEM ACTION ITEM

	<p>6.2 Strategic Planning Committee –2016 Chair Abe Hathaway 6.2.1 Committee Meeting Report 6.2.2 Final Approval of By-Laws (Sent as PDF)..... 6.2.3 Final Approval of Organization Analysis (Sent as PDF)..... 6.2.4 SEMSA Update/Pending Contract Approval (DRAFT contract sent PDF) January Action item.....</p> <p>6.3 Quality Committee – 2016 Chair Mike Kerns 6.3.1 Committee Meeting Report..... 6.3.2 Policies for Approval (Attachment G)</p> <ul style="list-style-type: none"> • Wage Administration • Discipline Corrective Action • MMH60-General Rules of Conduct (Discipline Correction Action P & P) • Discrimination; Non • Check Request • Workshop Request Form • Hours Reduction Policy • HHS POVERTY GUIDELINES - 75% MMH388 • Paid Sick Leave 	<p>Information ACTION ITEM ACTION ITEM Information</p> <p>Discussion ACTION ITEM</p>
7	<p>NEW BUSINESS</p> <p>7.1 Approve revised Med Staff Privileges (Attachment H).....</p> <ul style="list-style-type: none"> • General Surgery • Emergency Medicine • Family Medicine Revision <p>7.2 Approve Med Staff By-Laws (Sent as PDF)..... jes</p>	<p>ACTION ITEM</p> <p>ACTION ITEM</p>
8	<p>8.1 Administration Reports: * <i>Note: Chief reports will now be at the end of the meeting in order to expand on discussion or answer questions regarding items that were addressed on the full agenda. Written report are provided in board packet – additional comments as need verbally</i></p> <ul style="list-style-type: none"> ▶ Chief's Reports (CEO, CNO, CCO, CFO, IHF CEO) (Attachment I) ▶ Ad Hoc building committee update 	
9	<p>9.1 INFORMATION/REPORTS/BOARD EDUCATION/ANNOUNCEMENTS</p> <ul style="list-style-type: none"> • Board Comments, Upcoming Events, etc. 	
10	<p>ANNOUNCEMENT OF CLOSED SESSION:</p> <p>10.1 Government Code Section 54957: Personnel – Public Employee Performance Evaluation – CEO Review</p>	
11	<p>RECONVENE OPEN SESSION REPORT CLOSED SESSION ACTION</p>	<p>Discussion</p>
12	<p>ADJOURNMENT: Next Regular Meeting January 25, 2017 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.maversmemorial.com.

Date: November 30, 2016

Time: 3:00 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 3:00 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: none

Staff Present: Louis Ward, CEO; Travis Lakey, CFO; Ryan Harris DOO; Sherry Wilson, CNO, Keith Earnest, CCO; Valerie Lakey

- 2. CALL FOR REQUEST FROM AUDIENCE TO SPEAK TO ISSUES OR AGENDA ITEMS:** None

3.

3.1 Resolution 2016-12 October Employee of the Month (*Approved*) Kerns/Albaugh – Tyson Wilson

3.2 Hospice Quarterly Report – Mary Ranquist – Candlelight Remembrance Service is December 5th in Burney and December 7th at the Glenburn Church. Census has been low; we have had 532 patient days. Staff has been working on electronic policy and procedure during low census. Annual Chair-ity event went very well. Hathaway noted hearing great things about the Hospice program.

- 4. APPROVAL OF MINUTES** – A motion/second and carried, the Board of Directors accepted the minutes of the October 26, 2016 Regular Board Meeting. Note: DRAFT minutes reflect individual board member votes on item 7.3 (Beyer Appointment 5-0 vote to appoint Beyer to board vacancy) (*Vasquez/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 – *In addition to the written report:***
 - ✓ Congratulated SNF on the Survey. Fire Life Safety went well.
 - ✓ SEMSA – working on a partnership for the EMS services. SEMSA as a regional partner could bring value to the EMS services in the area. Working with staff to get input. Discussion on assets (current and future) Visited Plumas to see what their model with REMSA was. It has been successful at Plumas. There were many questions from the board for Mike Williams from SEMSA. It is suggested to have open session for community questions in Fall River and Burney to explain the pending partnership. We want to make sure to show community and staff the value it will bring to the area. The EMS training center and Air ambulance would be large benefits. We will be working on this and will have a contract next month.
 - ✓ Building Project – a lot of progress this last month. Space plan and cost of the building. We have received a budget. Moving to design development. We should have the guaranteed maximum price in the next 2 months – at that time USDA will begin funding. We will remain at \$50 per \$100K on the bond issue. CT will be moved into the new building. Design was reviewed and key players have signed off on it.
- **Ryan Harris – Director of Operations - *In addition to the written report:***
 - ✓ County Survey – Hazardous Waste – needed EPA ID numbers. We now have numbers for both facilities. Waste will be picked up from both facilities, changed system. County has been very helpful. Permitted for “small”. Whitney noted Stericycle weighs and reports waste. Stay aware of waste size.
 - ✓ SNF survey went well for Harris’ departments.
 - ✓ Fire, Life, Safety – highest tag was an “E” tag. Largest – Hue and Cry had not yet done annual inspection. Overall there were 11 tags.
 - ✓ Dietary - business is increasing (salad bar, soup)
 - ✓ Nothing to report on the Burney Building
 - ✓ Harris also answered questions about Aramark
- **Keith Earnest, CCO - *In addition to the written report:***
 - ✓ BioFire machine – will be able to identify sample within an hour as opposed to 48 hours. When we know what the organism is – we get the antibiotic correct. It will help with antimicrobial program. We will know what we are dealing with faster. On SNF it will help with breakouts. It will advance our care greatly.
 - ✓ PT – down to evaluation is down from 8 weeks to 6 weeks. Ben Wershing is now staff not registry.
 - ✓ Will have to re-do sterile compounding space. Law goes into effect January 1 – we will file a waiver. The process will have to go through OSHPD. We have a consultant. New laws are overwhelming. Carpet is now removed. Will have to have an anti room and a clean room.
- **Sherry Wilson, CNO – *In addition to the written report:***
 - ✓ There were 18 tags on 2567. Many were small, simple fixes. Highest tag was a “D” – self report on a resident abuse – a “dignity” issue. Only 5 tags were related to the Annex; no Med Errors. Staff wants to learn and appreciate the Mock Surveys. Jack Hathaway has been a big help. Staff is encouraged. This group of surveyors was really “quiet”. Talking about rewarding the staff. Whitney noted that it was a great survey.
 - ✓ Theresa Overton, DON – awaiting ACUTE survey. Had Mock Survey recently.

6. BOARD COMMITTEES:

6.1 Finance Committee –Chair Allen Albaugh

6.1.1 Committee Meeting – Travis Lakey Reported on the committee meeting – see Board Finance notes. Numbers in ancillary service are down. (Except ER)

6.1.2 Quarterly Finance Review – Move to December

6.1.3 October Financials –(Albaugh/Whitney) – Approved All

6.1.4 Approval of Capital Expenditure Plan – (Albaugh/Whitney) – Approved All

6.1.5 Review/Approval of Layton Contract – Board just received the 287 page contract. Required by USDA – a lot of “boiler plate” language. Looking at opportunity to provide work to local trades. Tyler Davis is a great resource and has been a lot of help in many areas. May be an action item at the December board meeting.

6.2 Strategic Planning Committee – Chair Abe Hathaway

6.2.1 Committee meeting – SEMSA, Building Project

6.2.2 Board Assessment – Kerns had a report on the board assessment. (Power Point)

6.3 Quality Committee – Chair Mike Kerns

6.3.1 Committee Meeting Report – No Meeting

7. NEW BUSINESS

7.1 Annual Program Evaluation – DRAFT Will approve in December

7.2 Employee Surveys – Received 60 +survey responses. Communication, Training, Benefits were three big areas. Reviewed our methods of communication. Employee meetings were held in October. January 18, 19th will be the next employee meetings. Spending more administrative time in Burney. Training opportunities: ROP CNA program, virtual training, standardized approach with assisting with formal education. Benefits – major topic of upcoming employee meetings. MMHD pays about 75% of insurance. Employee bonus for all staff for Christmas.

7.3 Nominating Committee Appointment for 2017 Board Members – Albaugh, Vasquez

8. INFORMATION/BOARD EDUCATION/ANNOUNCEMENTS**BOARD COMMENTS, UPCOMING EVENTS, ETC. –**

- Art Whitney was presented with a plaque for his service to the board as his term is expiring.
- Val Lakey gave a report on legislation, ACH Transparency and Little Hoover Commission

9.1 Announcement of recess – 4:55 pm**10. Reconvene Open Session - no closed session****11. RECONVENE OPEN MEETING – DISCUSSION OF OB DEPARTMENT****Public Discussion:**

Reconvened – 6:00 pm

Chair Hathaway – 4 annual evening meetings (2 FR, 2 Burney)

The board received a list of 7 questions

1. Recruitment – Hiring physicians – MMHD is unable to do so by law. Recent legislation AB2024 will allow Critical Access Hospitals to recruit and hire after January 1, 2017. MVHC physicians have privileges to see patients at the hospital. Working with MVHC in recruiting.
2. The board (2012) reviewed the number of births and decided to start tracking all aspects of OB (Nov 2012 – Aug 2016). Hospital out of compliance in August 2016 - Board direction to end the OB
3. Equipment and finances – where were those distributed? Foundation acquired – pulled back and put back and used for other department. OB department – no extra revenue.
4. On-Call Surgical staff hours reduced. That practice has been the policy. CRNA not available daily.
5. Nursing staff stepped up...OB certified nurses were asked to step up and help.

Les Cufaude – Questions about recruiting doctors, strategic plan

Sandy Jensen – Thanked the board and Brenda Haines from La Malfa’s office for attending. She noted the importance of hospital and because of young families – OB is important. School enrollment is up. Reaching out to community for answer would be a good thing. Thanks to dedicated healthcare staff.

Natalie Cox - Why are the numbers dropping – said she researched and there is a physician encouraging people to go to Redding. School enrollment is up. Questions about care for OB patients – Hathaway noted that it is MVHC that provides that care. Would like to be involved with brainstorming. Would like to hear from board within next month.

Gary Cox – Community wants to help. Questioned transparency. Wondered where the transparency was on the closure of OB. No community input. Re-iterated what had happened with the OB situation. 54954.2

Jim Reed - Gave a LAFCO scenario – filed a lawsuit. 1255.1 non-compliance – community will file a lawsuit if we don’t re-open and meet compliance.

12. ADJOURNMENT: There being no further business, at the hour of 3:30 p.m., President Hathaway declared the meeting adjourned. Next meeting December 28, 2016 – Burney

Mayers Memorial Hospital District

2016 – Board of Directors Self-Assessment

Assessment

- ▶ **Developed/Administered by ACHD**
- ▶ **10 Major Categories**
- ▶ **29 Sub-Categories**
- ▶ **156 Statements of Performance**

Major Categories:

1. Mission, Values & Vision
2. Strategic Direction
3. Leadership Structures & Processes
4. Quality & Patient Safety
5. Community Relationships
6. Relationship with the CEO
7. Relationship with the Medical Staff
8. Financial Leadership
9. Community Health
10. Organizational Ethics

Assessment Methodology

- ▶ Each Statement described a desired behavior, process or outcome.
- ▶ Participant describes level of agreement. (that the statement describes our board's performance.)
- ▶ Scale:
 - 5 = Strongly Agree
 - 1 = Disagree
 - N/A: Non-Applicable & N/S: Not Sure

2014, 2015, 2016 Comparison

	Rank			Rank			Delta
	2014	2014	2015	2015	2016	2016	2015
Mission Values & Vision	3.51	6	3.76	5	4.24	6	0.48
Strategic Direction	3.71	5	4.28	4	4.19	7	-0.09
Leadership Structure & Processes	4.29	1	4.28	4	4.29	5	0.01
Quality & Patient Safety	4.15	2	4.56	1	4.41	4	-0.15
Community Relationships	3.37	8	3.63	6	4.07	8	0.44
Relationship with the CEO	4.09	3	4.35	3	4.45	2	0.10
Relationships with Medical Staff	3.48	7	3.20	8	3.34	10	0.14
Financial Leadership	4.03	4	4.46	2	4.54	1	0.08
Community Health	3.08	9	3.35	7	3.91	9	0.56
Organizational Ethics	3.71	5	4.28	4	4.44	3	0.16
	3.74		4.02		4.19		

Less than 3.0

- The board regularly assesses physician attitudes and needs (2.25)

Level 1.

- Our organization achieves the Joint Commission's national patient safety goals.
- Members of the **medical staff** offer advice and counsel on strategic issues.
- The board ensures **physician** participation in the development of our organization's mission, values and vision.
- The board and **medical staff** develop and share common goals.
- The board builds trust with **physicians** through collaborative and productive working relationships
- There is an effective method for communicating board decisions that impact **physicians**, their practices and their patients
- There is effective communication between the board and the **medical staff**.
- The board regularly assesses **physician** attitudes and needs.

Findings / Recommendations

- 1. Improve Communications with Physicians**
- 2. Improve Communications with Community (community input)**

Issues & Priorities

Priorities:

- Provide Quality Services
- Complete Financing for new addition.
- Begin construction of new addition

Key Issues:

- New Addition
- Staffing (Physicians, Nurses)
- Work Environment – Personnel Development
- Quality
- Service Profile.

Critical Factors:

- Staffing
- Finance
- Facility

Mayers Memorial Hospital District**Regular Meetings 2017 – Board of Directors**

January 25	Fall River Mills
February 24	Burney
March 22	Fall River Mills
April 26	Burney
May 24	Fall River Mills
June 28	Burney
July 26	Fall River Mills
August 23	Burney
September 27	Fall River Mills
October 25	Burney
November 22	Fall River Mills
December 27	Burney

*All regular meetings start at 1pm with the exception of 4 evening meetings TBD (6 pm)

Note: These dates are the *regular meeting* dates per District Bylaws.

Dates are subject to change specified in a resolution by the Board.

2017 Officers:

Mike Kerns, President
Beatriz Vasquez, PhD Vice President
Abe Hathaway, Secretary
Allen Albaugh, Treasurer
Laura Beyer, Director

Quality Committee – Vasquez, Beyer
Strategic Planning – Kerns, Albaugh
Finance – Albaugh, Hathaway

MAYERS MEMORIAL HOSPITAL DISTRICT
2017 Board of Directors & Term (A=Appointment/E=Elected)

BOARD OF DIRECTORS:

Mike Kerns –President (Term: 12/18-E) Retired Computer Industry Business
PO Box 65
20021 Cassel-Fall River Rd
Cassel, CA 96016
H 335-2056
C 949-5452.....(Ethics Due: 2/14)
ekimsnrek@aol.com BODs Start: 9/06

Beatriz Vasquez, PhD – Vice President (Term: 12/18-E) Retired VP from the California Community College System
PO Box 207
Fall River Mills, CA 96028
H 530.336.5599
C 909.732.5973
bivpro@yahoo.com

Jerry Abe Hathaway - President (Term: 12/20-E) Retired Ag Teacher, EMT, Fire Department
37201 Ontario Avenue
Burney, CA 96013
H 530.335.4170
C 530.604-6092.....Ethics Due: 10/14)
abehat@citlink.net BOD Start: 10/12/11

Allen Albaugh – Treasurer (Term: 12/20-E) Lifelong Fall River Valley Resident, Farmer
PO Box 218
McArthur CA 96056
H 530.336.5557
C 530.941.4371(Ethics Due: 1/13)
aalbaugh@citlink.net BOD Start: 11/08

Laura Beyer (Term: 12/20-A) Risk Management Advisor, Officer, Project Manager
PO Box 273
McArthur, CA 96056
H 530.
C 530.941.4559.....Ethics Due:
laurabeyer22@gmail.com BOD Start: 12/30/16

Clerk of the Board
Valerie Lakey
vlakey@mayersmemorial.com
C 530 276-4250

Committees:
Quality: Vasquez, Beyer
Strategic Planning: Kerns. Albaugh
Finance: Albaugh: Hathaway

**MAYERS MEMORIAL HOSPITAL DISTRICT
2017 Board of Directors & Term (A=Appointment/E=Elected)**

SENIOR CHIEF TEAM:

Louis Ward
Chief Executive Officer
lward@mayersmemorial.com
C (530) 941-3529

Keith Earnest, PharmD
Chief Clinical Officer
kearnest@mayersmemorial.com
C 304-7594

Sherry Wilson, RN
Chief Nursing Officer – SNF, Acute
swilson@mayersmemorial.com
C 530 238-7309

Travis Lakey
Chief Financial Officer
tlakey@mayersmemorial.com
C 530 949-1780



Mayers Memorial Hospital District

Always Caring. Always Here.

BOARD OF DIRECTORS:

Mike Kerns - President
mkerns@mayersmemorial.com

Beatriz Vasquez, PhD – Vice President
bvasquez@mayersmemorial.com

Abe Hathaway – Secretary
ahathaway@mayersmemorial.com

Allen Albaugh – Treasurer
aalbaugh@mayersmemorial.com

Laura Beyer -Director
lbeyer@mayersmemorial.com

BOARD COMMITTEES: 2017

Finance – Albaugh & Hathaway
Quality – Vasquez & Beyer
Strategic Planning – Kerns & Albaugh

OPERATIONS TEAM:

Members in addition to Chief Team

Marlene McArthur, CEO
Mayers Intermountain Healthcare Foundation
mmcarthur@mayersmemorial.com

Valerie Lakey
Director of Public Relations
vlakey@mayersmemorial.com

Theresa Overton
Director of Nursing
toverton@mayersmemorial.com

Libby Mee
Director of Human Resources
lmee@mayersmemorial.com

Adam Dendauw
Director of Clinical Services
adendauw@mayersmemorial.com

Ryan Harris
Director of Operations
rharris@mayersmemorial.com

Jack Hathaway
Director of Quality
jhathaway@mayersmemorial.com

SENIOR (C4) TEAM:

Louis Ward, MHA
Chief Executive Officer
lward@mayersmemorial.com

Keith Earnest, PharmD
Chief Clinical Officer
kearnest@mayersmemorial.com

Sherry Wilson, RN
Chief Nursing Officer – SNF, Acute
swilson@mayersmemorial.com

Travis Lakey
Chief Financial Officer
tlakey@mayersmemorial.com

CONTACT:

Mayers Memorial Hospital District
PO Box 459
Fall River Mills, CA 96028

(530)336-5511

www.mayersmemorial.com

Email: info@mayersmemorial.com

TEAM MAYERS





Mayers Memorial Hospital District

Always Caring. Always Here.

Operations Team Reporting Schedule:

Board Meetings – Provide a written report for the board packet; be present at board meeting to answer any questions.

Director of Nursing	January/July
Director of Public Relations	February/August
Director of Human Resources	March/September
Director of Clinical Services	April/October
IHF Executive Director	May/November
Director of Quality	June/December

Director of Operations***Monthly

TEAM HUDDLES

January 5	Travis Lakey	
February 2	Val Lakey	Workplace Violence
March 2	Libby Mee	Benefits
April 6	Adam Dendauw	
May 4	Theresa Overton	
June 1	Jack Hathaway	
July 6	Marlene McArthur	
August 3	Louis Ward	
September 7	Ryan Harris	
October 5	Keith Earnest	
November 2	Sherry Wilson	

Mayers Memorial Hospital District 2017 Board Calendar

ATTACHMENT
C

January	February	March
<p>9 Mon, 12pm - Strategic Planning 11 Wed, 12pm - Quality Committee 11 Wed, 6pm - Medical Staff Meeting (Albaugh) 16 Mon, 4pm - IHF Board Meeting 25 Wed, 9am - Finance Committee 25 Wed, 1pm - BOARD MEETING</p> <ul style="list-style-type: none"> • Director of Nursing Report <p>29 - Chocolate Festival</p> <p><u>Education/Conferences:</u> 10 - Trustee Webinar, 10 am</p>	<p>P & P Annual Reviews 8 Wed, 12pm - Quality Committee 13 Mon, 12pm - Strategic Planning 22 Wed, 9am - Finance Committee 22 Wed, 1pm - BOARD MEETING*</p> <ul style="list-style-type: none"> • BOD Q Finance Review • Workers Comp/Safety 6-mo • Director of Public Relations/Legislation Report <p><u>Education/Conferences:</u> 2-3 - ACHD Academy 14 - Trustee Webinar, 10 am 22-24 - Rural Health Care Symposium</p>	<p>8 Wed, 12pm - Quality Committee 8 Wed, 6pm - Medical Staff Meeting (Vasquez) 13 Mon, 12pm - Strategic Planning 20 Mon, 4pm - IHF Board Meeting 22 Wed, 9am - Finance Committee 22 Wed, 1pm - BOARD MEETING</p> <ul style="list-style-type: none"> • Director of HR Report <p>TBA - Hospice Dinner/Dance</p> <p><u>Education/Conferences:</u> 14 - Trustee Webinar, 10 am 14-15 - CHA Health Policy Leg. Day</p>
April	May	June
<p>10 Mon, 12pm - Strategic Planning 12 Wed, 12pm - Quality Committee 26 Wed, 9am - Finance Committee 26 Wed, 6pm - BOARD MEETING*</p> <ul style="list-style-type: none"> • Hospice Q Report • Director of Clinical Services Report <p>TBA - Board Retreat TBA - Health Fair</p> <p><u>Education/Conferences:</u> 3 - ACHD Leg Day 11 - Trustee Webinar, 10 am</p>	<p>8 Mon, 12pm - Strategic Planning 10 Wed, 12pm - Quality Committee 10 Wed, 6pm - Medical Staff Meeting (Beyer) 15 Mon, 4pm - IHF Board Meeting 24 Wed, 9am - Finance Committee 24 Wed, 6pm - BOARD MEETING</p> <ul style="list-style-type: none"> • Adoption Budget • BOD Q Finance Review • Director of Operations Report <p><u>Education/Conferences:</u> 3-5 - ACHD Annual Meeting 7-10 - AHA Annual Membership/California Congressional Action Program 9 - Trustee Webinar, 10 am</p>	<p>12 Mon, 12pm - Strategic Planning 14 Wed, 12pm - Quality Committee 28 Wed, 9am - Finance Committee 28 Wed, 1pm - BOARD MEETING*</p> <ul style="list-style-type: none"> • Appt. Ad Hoc Committee - CEO evaluation • IHF Director Report <p><u>Education/Conferences:</u> 13 - Trustee Webinar, 10 am</p>
July	August	September
<p>10 Mon, 12pm - Strategic Planning 12 Wed, 12pm - Quality Committee 12 Wed, 6pm - Medical Staff Meeting (Kern) 17 Mon, 4pm - IHF Board Meeting 26 Wed, 9am - Finance Committee 26 Wed, 1pm - BOARD MEETING</p> <ul style="list-style-type: none"> • 401K Annual Report • Hospice Annual YE Report • Director of Quality Report • Director of Public Relations/Legislation Report <p><u>Education/Conferences:</u> 11 - Trustee Webinar, 10 am</p>	<p>9 Wed, 12pm - Quality Committee 14 Mon, 12pm - Strategic Planning 23 Wed, 9am - Finance Committee 23 Wed, 1pm - BOARD MEETING*</p> <ul style="list-style-type: none"> • BOD Q Finance Review • CEO FYE Evaluation • Workers Comp/Safety Committee FYE Report • Director of Nursing Report • Director of HR Report <p>TBA - IHF Golf Tournament</p> <p><u>Education/Conferences:</u> 8 - Trustee Webinar, 10 am</p>	<p>11 Mon, 12pm - Strategic Planning 13 Wed, 12pm - Quality Committee 13 Wed, 6pm - Medical Staff Meeting (Hathaway) 18 Mon, 4pm - IHF Board Meeting 27 Wed, 9am - Finance Committee 27 Wed, 6pm - BOARD MEETING</p> <ul style="list-style-type: none"> • Annual Board Bylaws Review • Board Assessment Process • Director of Clinical Services Report <p><u>Education/Conferences:</u> 12 - Trustee Webinar, 10 am</p>
October	November	December
<p>9 Mon, 12pm - Strategic Planning 11 Wed, 12pm - Quality Committee 25 Wed, 9am - Finance Committee 25 Wed, 6pm - BOARD MEETING*</p> <ul style="list-style-type: none"> • Annual Program Evaluation • Hospice Q Report • Director of Operations Report <p>TBA - Hospice Chair-ity</p> <p><u>Education/Conferences:</u> 10 - Trustee Webinar, 10 am</p>	<p>8 Wed, 12pm - Quality Committee 8 Wed, 6pm - Medical Staff Meeting (Albaugh) 13 Mon, 12pm - Strategic Planning 20 Mon, 4pm - IHF Board Meeting 22 Wed, 9am - Finance Committee 22 Wed, 1pm: BOARD MEETING</p> <ul style="list-style-type: none"> • Nominating Committee for Board Officers • BOD Q Finance Review • Cost Report to BOD • IHF Director Report <p><u>Education/Conferences:</u> 14 - Trustee Webinar, 10 am</p>	<p>11 Mon, 12pm - Strategic Planning 13 Wed, 12pm - Quality Committee 27 Wed, 9am - Finance Committee 27 Wed, 1pm - BOARD MEETING*</p> <ul style="list-style-type: none"> • Annual Organizational Mtg • Election of Officers • Independent Audit • Director of Quality Report <p><u>Education/Conferences:</u> 12 - Trustee Webinar, 10 am</p>

***Board Meeting Location: Burney**

Please contact Valerie Lakey, at her direct line 336-7504 if you have board calendar updates or changes.

Revised: 12/15/16

Mayers Memorial Hospital District

Holidays and Observances:

Jan 1 New Years Day
Jan 16 Martin Luther King Day
Feb 14 Valentine's Day
Feb 20 Presidents Day
April 16 Easter Sunday
May 14 Mother's Day

May 29 Memorial Day
June 18 Father's Day
July 4 Independence Day
Sept 4 Labor Day
Oct 9 Columbus Day
Oct 31 Halloween

Nov 11 Veterans Day
Nov 23 Thanksgiving Day
Dec 24 Christmas Eve
Dec 25 Christmas Day
Dec 31 New Year's Eve

Mayers Memorial Hospital District

2017 Board Committee Presentation Calendar

January	February	March
<p>3 Tue, 2:30pm - Management Meeting</p> <p>9 Mon, 2pm - Financial Advisory Committee</p> <ul style="list-style-type: none"> • Ambulance/ER • Imaging <p>11 Wed, 12pm - Quality Committee</p> <ul style="list-style-type: none"> • Business Office • Hospice • Respiratory • SNF/Activities • Staff Development <p>25 Wed, 9am - Finance Committee</p> <ul style="list-style-type: none"> • Ambulance/ER • Imaging 	<p>7 Tue, 2:30pm - Management Meeting</p> <p>8 Wed, 12pm - Quality Committee</p> <ul style="list-style-type: none"> • SNF • Lab • Finance • Volunteer Services <p>13 Mon, 2pm - Financial Advisory Committee</p> <ul style="list-style-type: none"> • Lab • Maintenance <p>22 Wed, 9am - Finance Committee</p> <ul style="list-style-type: none"> • Lab • Maintenance 	<p>7 Tue, 2:30pm - Management Meeting</p> <p>8 Wed, 12pm - Quality Committee</p> <ul style="list-style-type: none"> • Pharmacy • Dietary • Maintenance • Personnel • Purchasing <p>13 Mon, 2pm - Financial Advisory Committee</p> <ul style="list-style-type: none"> • Environmental Services <p>22 Wed, 9am - Finance Committee</p> <ul style="list-style-type: none"> • Environmental Services
April	May	June
<p>4 Tue, 2:30pm - Management Meeting</p> <p>10 Mon, 2pm - Financial Advisory Committee</p> <ul style="list-style-type: none"> • Physical Therapy • Staff Development <p>12 Wed, 12pm - Quality Committee</p> <ul style="list-style-type: none"> • Med-Surg/Swing • Environmental Services • Cardiac Rehab • Imaging • Marketing <p>26 Wed, 9am - Finance Committee</p> <ul style="list-style-type: none"> • Physical Therapy • Staff Development 	<p>2 Tue, 2:30pm - Management Meeting</p> <p>8 Mon, 2pm - Financial Advisory Committee</p> <ul style="list-style-type: none"> • Purchasing <p>10 Wed, 12pm - Quality Committee</p> <ul style="list-style-type: none"> • Ambulance/ER • HIM • Med Staff • Outpatient Services • Patient Access <p>24 Wed, 9am - Finance Committee</p> <ul style="list-style-type: none"> • Purchasing 	<p>6 Tue, 2:30pm - Management Meeting</p> <p>12 Mon, 2pm - Financial Advisory Committee</p> <ul style="list-style-type: none"> • Cardiac Rehab • Dietary <p>14 Wed, 12pm - Quality Committee</p> <ul style="list-style-type: none"> • Physical Therapy • Surgery • Social Services - Acute/SNF <p>28 Wed, 9am - Finance Committee</p> <ul style="list-style-type: none"> • Cardiac Rehab • Dietary
July	August	September
<p>4 Tue, 2:30pm - Management Meeting</p> <p>10 Mon, 2pm - Financial Advisory Committee</p> <ul style="list-style-type: none"> • Skilled Nursing • Foundation/Volunteer Services <p>12 Wed, 12pm - Quality Committee</p> <ul style="list-style-type: none"> • Business Office • Hospice • Respiratory • SNF/Activities • Staff Development <p>26 Wed, 9am - Finance Committee</p> <ul style="list-style-type: none"> • Skilled Nursing • Foundation/Volunteer Services 	<p>1 Tue, 2:30pm - Management Meeting</p> <p>9 Wed, 12pm - Quality Committee</p> <ul style="list-style-type: none"> • SNF • Lab • Finance • Volunteer Services <p>14 Mon, 2pm - Financial Advisory Committee</p> <ul style="list-style-type: none"> • Hospice • Infection Control <p>23 Wed, 9am - Finance Committee</p> <ul style="list-style-type: none"> • Hospice • Infection Control 	<p>5 Tue, 2:30pm - Management Meeting</p> <p>11 Mon, 2pm - Financial Advisory Committee</p> <ul style="list-style-type: none"> • Med Staff • Outpatient Services <p>13 Wed, 12pm - Quality Committee</p> <ul style="list-style-type: none"> • Pharmacy • Dietary • Maintenance • Personnel • Purchasing <p>27 Wed, 9am - Finance Committee</p> <ul style="list-style-type: none"> • Med Staff • Outpatient Services
October	November	December
<p>3 Tue, 2:30pm - Management Meeting</p> <p>9 Mon, 2pm - Financial Advisory Committee</p> <ul style="list-style-type: none"> • Personnel • Surgery <p>11 Wed, 12pm - Quality Committee</p> <ul style="list-style-type: none"> • Med-Surg/Swing • Environmental Services • Cardiac Rehab • Imaging • Marketing <p>25 Wed, 9am - Finance Committee</p> <ul style="list-style-type: none"> • Personnel • Surgery 	<p>7 Tue, 2:30pm - Management Meeting</p> <p>8 Wed, 12pm - Quality Committee</p> <ul style="list-style-type: none"> • Ambulance/ER • HIM • Med Staff • Outpatient Services • Patient Access <p>13 Mon, 2pm - Financial Advisory Committee</p> <ul style="list-style-type: none"> • Respiratory • Marketing <p>22 Wed, 9am - Finance Committee</p> <ul style="list-style-type: none"> • Respiratory • Marketing 	<p>5 Tue, 2:30pm - Management Meeting</p> <p>11 Mon, 2pm - Financial Advisory Committee</p> <ul style="list-style-type: none"> • Acute/Nursing • IT <p>13 Wed, 12pm - Quality Committee</p> <ul style="list-style-type: none"> • Physical Therapy • Surgery • Social Services - Acute/SNF <p>27 Wed, 9am - Finance Committee</p> <ul style="list-style-type: none"> • Acute/Nursing • IT



Mayers Memorial Hospital District
Always Caring. Always Here.

RESOLUTION NO. 2016-13

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

Sharon Lyons

As November 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, Sharon Lyons is hereby named Mayers Memorial Hospital District Employee of the Month for November 2016; and

DULY PASSED AND ADOPTED this 28th day of December 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 Directors

Ryan Harris, Director of Operations

Plant Operations & Maintenance:

- During the month of December I looked into energy consumption at the Fall River Facility. We are currently using 18.42kwh per square foot per year compared to the national average for a hospital of 27-31kwh per square foot per year. With that said, I think we can become even more energy efficient and will be focusing on lighting, hot water heaters, heating and cooling.
- I also looked into our current trash disposal process. We are currently paying approximately \$25,168 per year transporting waste to the dump ourselves. If we went to a 2-yard trash bin system we would need 8 bins in Fall River and 4 in Burney that would need to be picked up 3 times a week. That would cost \$29,033.52 per year for Fall River and \$14,516.76 per year for Burney for a total of \$43,550.28. If we went to a dumpster system the dumpster would be \$800/month per location. That would be \$9,600 per year, plus the weight of the trash or \$15,600, for a total of \$25,200. After reviewing these numbers it was concluded that we are disposing of our trash in the most cost-efficient manner.
- I have an outline of what I would like done during the SNF renovations. This includes new privacy curtains, lighting, sinks, cabinets, a 3'6" rigid sheet wall protection system, new baseboard, chair rail, paint, door skins, door protection, blinds, and replacing the workstation at Station 2. I am currently working with vendors and putting a budget together. I am hoping to have a finalized plan by early February.

Dietary:

- With new staff that we have recently hired we will be fully staffed at 25. Susan Garcia and Libby Mee did a great job getting our staffing levels back up in the Dietary department.

Purchasing:

- Over the next 6 months Steve Sweet and I will be working on creating a paperless PO process. This process will give me more oversight on approving orders. I will also be updating our spending limits policy.

Environmental Services:

- We have been tracking "send-backs" (damaged, dirty or stained linen that we can't use) since my meeting with Aramark in October and we are seeing decreased numbers as promised. We went from 94 send-backs in October to 65 in November. This is something we will continue to track and I look forward to seeing further decreases.

December Board Report – Quality

Submitted by Jack Hathaway, Director of Quality

1. HIPAA

We had a couple HIPAA issues come up (which is good on one hand because people are talking about it and reporting it when it comes up – but bad on the other because of LAW issues!) One of the issues on the Burney side was settled with an employee suspension and a coaching/teaching meeting before she could return to work. The other in Fall River was a bit more of an event and ended up having to be reported. We have taken steps to mitigate and instruct where possible and we have instituted some policy changes that are going through the motions as we speak in response to this. We have also done a district wide Letter of Expectation: HIPAA that is being read and signed by staff in staff meetings.

2. Survey SNF – POC done improvement across the SNF kudos to the SNF staff.
3. Acute Mock survey with HealthTech3 – lots of repeat findings, a bit of a reminder that while SNF surveys have been on the mind as of late the acute side cannot waver. Acute Quality Meetings will be the first Monday of every month – Dr. Tom has stepped up to sit on that committee as well as the SNF Quality committee.
4. Matrix built off of the acute findings will lead the approach to finding our way back to a balance of effort maintaining acute and SNF at the highest standard. This matrix will be built into the MMHD QAPI and tracked until we have managed to hold a few quarters of continuous survey readiness.
5. Talks with JCo continue – I believe that the choice has been made to proceed with JCo as our TPS for acute surveys / maybe even SNF as well - down the road. We understand that the standards are high, however, in talking with other hospitals that are members it seems clear to me at least, that this is the next logical step to superior health care delivery in the intermountain area.
6. Qualitick tablets are up and running we are trouble shooting some survey issues and plan to have them on the floor as soon as possible.
7. TV's to display qualitick data are in and we are currently working to find the best delivery system to get the data out to the patients/residents/staff – I am currently looking at Xhibit digital signs and dopublicity – both are about the same, but I am weighing ascetics and ease of management. There are other options as well – however, for the look that we are trying to achieve I feel like Xhibit is the best of the lot – however, because we have dopublicity in house already it may be the best choice being that there is not that much difference and the price point is very good/
8. MMHD QAPI on time to be presented in Jan of 2017 for the new year – more to come on that – I want it to be a surprise!
9. Working for a FLEX grant to assist in sending some of our team to the Western Regional FLEX conference in June – in HI!

10. We are moving towards being a part of CalHIIN a collaboration between NQI (National Quality Institute) and HSAG (Health Services Advisory Group) to increase patient safety and decrease readmits – lots of information to come on this.

**MAYERS MEMORIAL HOSPITAL DISTRICT
BOARD OF DIRECTORS**

**RESOLUTION REGARDING
CONSTRUCTION ACCOUNT**

RESOLUTION 2016-14

WHEREAS, the board has given approval for the MMHD building project, USDA loan and other financial aspects of the project, the board recognizes the need to open a construction bank account to manage and account for all funds related to the MMHD construction project.

NOW, THEREFORE, the undersigned certifies and attests that the above resolution was approved with a unanimous vote at a regular meeting of the Board of Directors, Burney, California, on the 28th day of December, 2016.

PASSED AND ADOPTED on December 28, 2016, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Date: December 28, 2016

Signed _____
Mike Kerns, President
Board of Directors
Mayers Memorial Hospital District

Date: December 28, 2016

Attest _____
Abe Hathaway, Secretary
Board of Directors
Mayers Memorial Hospital District

2016 HHS POVERTY GUIDELINES

Persons in Family or Household	75% US Poverty Level
1	\$ 8,910
2	\$ 12,030
3	\$ 15,150
4	\$ 18,270
5	\$ 21,390
6	\$ 24,510
7	\$ 27,630
8	\$ 30,750
For each add'l person, add	\$ 3,120

To determine charity eligibility according to income level:

1. Count the number of persons in your family/household
 - a. For persons 18 years of age and older, include spouse, domestic partner and dependent children under 21 years of age, whether living at home or not
 - b. For persons under 18 years of age, include parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative
2. Calculate the household income
3. On the row corresponding to the number of persons in your family/household above, compare your household income to the amount in the column labeled "75% US Poverty Level"
4. If your household income is less than 75% US Poverty Level amount, your income supports your eligibility for Charity Care.

Note: Pursuant to AB 774 Sect. 127405(2), Mayers Memorial Hospital has established eligibility levels for financial assistance and charity care at less than 350 percent of the federal poverty level as appropriate to maintain its financial and operational integrity. Mayers Memorial Hospital is a rural hospital as defined in Section 124840.

To determine charity eligibility according to total monetary assets:

1. Calculate your total monetary assets (referred to as "ASSETS" in the equation below)
 - a. Assets included in retirement or deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans **shall not be included**
2. Insert total assets into the following equation:
 - a. $(ASSETS - 10,000)/2$
3. If the remaining amount is less than \$5,000, your total asset level supports your eligibility for Charity Care.

MAYERS MEMORIAL HOSPITAL DISTRICT

CHECK REQUEST

Page 1 of 1, *plus the following attachment:*

[MMH Check Request Form](#)

POLICY:

Check Requests are made out for various business transactions between Mayers Memorial Hospital District and people or vendors. All check requests have to have department manager and Administrative approval and signatures.

Examples include, but are not limited to:

1. Payment for registration of workshop.
2. Payment for speaker's fee.
3. Payment for goods purchased.
4. Payment for books, manuals or other educational materials.
5. Payment for new or renewed subscription fees.

PROCEDURE:

1. Obtain "Check Request" form.
2. Complete appropriate areas of the form.
3. Attach any necessary paperwork/receipts.
4. Submit to department manager.
5. Department manager signs and delivers to Administration for signature and then takes Accounts Payable.

COMMITTEE APPROVALS:

Chiefs:

BOD:

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY & PROCEDURE

DISCIPLINE/CORRECTIVE ACTION

Page 1 of 2, plus Attachments

(*Step-by-Step Employee Warning Report*, and [General Rules of Conduct – MMH60](#))

POLICY:

Mayers Memorial Hospital District (MMHD) supports the concept of progressive discipline, and encourages employees and their supervisors to resolve problems before they become the foundation for disciplinary action. Mayers Memorial Hospital District is an **at will** employer and, as such, either the employee or the employer may terminate the employment relationship without cause by providing notice to the other. Mayers Memorial Hospital District does support progressive corrective action as outlined in the procedure portion of this policy. However, depending on the specifics of the given situation, steps may be skipped. Employees have the right to grieve a corrective action on the basis of the facts, the severity of action or the overall reasonableness of the action.

PROCEDURE:

Prior to entering the progressive disciplinary process it is recommended that department managers have open discussions (Coaching/Counseling) with an employee regarding standards of performance or behaviors at the point in time when the issue first surfaces.

STEPS THAT MAY BE USED IN THE PROGRESSIVE PROCESS:

(The attached *Step-by-Step Employee Warning Report* (Form # 40037) is a pre-printed, 3-part NCR Form)

I. First Disciplinary Report:

This is the formal notice that a behavior or skill deficiency is evident and reiterates the standards of performance expected.

II. Second Disciplinary Report:

This action is taken when it is believed that time off will assist in resolving the identified problem. A standard suspension covers three scheduled workdays and PTO time may not be used to cover this time off. In serious cases a suspension may also be done as necessary while an investigation is conducted. If an employee is found not in violation of standards of performance any suspension may be reversed and become paid time.

III. Third Disciplinary Report:

This final action is the result of failing to meet standards of performance or behavior.

Multiple disciplinary actions (related or unrelated) are sufficient to warrant further progression in the discipline process.

All steps of corrective action must be documented on the form attached to this policy. This is done to assure employee awareness of a problem and to make sure appropriate documentation is maintained in the personnel file.

All corrective action notices are maintained in the personnel file in Human Resources.

IV. General Rules of Conduct

A signed and completed copy of the *General Rules of Conduct* form (see attached) must accompany **EACH** disciplinary report (First, Second and/or Third Disciplinary Reports) when it is forwarded to Human Resources, for a maximum total of three (3) forms.

COMMITTEE APPROVALS:

Chiefs:

BOD:

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY & PROCEDURE

NONDISCRIMINATION

ORIGINATING DATE: Unknown
EFFECTIVE DATE:
REVIEW DATE:
REVISION DATE:
MANUAL(S): Employee

Page 1 of 2

POLICY:

As a recipient of Federal Financial Assistance, Mayers Memorial Hospital District does not exclude, deny benefits to or otherwise discriminate against any person on the grounds of race, color, national origin or on the basis of disability or age in admission to, participation in or receipts of the services and benefits of any of its programs and activities or in employment therein, whether carried out by Mayers Memorial Hospital District directly or through a contractor or any other entity with whom Mayers Memorial Hospital District arranges to carry out its programs and activities.

This statement is in accordance with the provision of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulation Part 80, 84 and 91. (Other Federal Laws and Regulations provide similar protection against discrimination on grounds of sex and creed.)

In case of questions concerning this policy or in the event of a desire to file a complaint alleging violations of the above, please contact:

**Mayers Memorial Hospital
Human Resource Department
(530) 336-5511**

PURPOSE:

Mayers Memorial Hospital has adopted an internal grievance procedure providing prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Health and Human Services regulation (45 C.F.R Part 84), implementing Section 504 of the Rehabilitation Act of 1973 as amended (29 U.S.C. 794), Section 504 states, in part, that "no otherwise qualified disabled individual...shall solely by reason of his/her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial

Nondiscrimination

Page 2 of 2

assistance.” The law and regulation may be examined in the office of Libby Mee – Director of Human Resources, at 43563 Hwy 299 E. Fall River Mills, Ca. or call (530) 336-5511, Ext. 1206, who has been designated to coordinate the efforts of Mayers Memorial Hospital to comply with the regulations.

PROCEDURE:

1. A complaint should be in writing, contain the name and address of the person filing it and briefly describe the discriminatory act.
2. A complaint should be filed in the office of the Section 504 coordinator within 30 days after the person filing the complaint becomes aware of the alleged discriminatory act.
3. The CEO, or designee, will investigate the complaint. The investigation will be informal but thorough, affording all interested persons and their representatives an opportunity to submit evidence relevant to the complaint.
4. The CEO shall issue a written decision determining the validity of the complaint no later than 30 days after its filing.
5. The Section 504 coordinator shall maintain the files and records relating to all complaints filed. The Section 504 coordinator may assist persons with the preparation and filing of complaints, participate in the investigation of complaints and advise the CEO concerning their resolution.
6. An individual who files a complaint may pursue other remedies. This includes filing with:

**The Office of Civil Rights
Department of Health and Human Services**

7. These rules shall be liberally construed to protect the substantial right of interested persons to meet appropriate due process standards and assure Mayers Memorial Hospital’s compliance with Section 504 and the regulations.

COMMITTEE APPROVALS:

P&P:

Author: JW
File/Path Name: P:\Policies and Procedures\Employee Manual\Nondiscrimination.doc
Distribution Date:

Implementation Date: _____ Initial: _____
The department manager or designee to initial and date here when this policy is placed in the appropriate policy and procedure manual, and staff are in-serviced.

**MAYERS MEMORIAL HOSPITAL
HOURS REDUCTION POLICY**

DATE: 10/2/97

REVISED:

FILE: HOURS REDUCTION

MANUAL: ADMINISTRATION / EMPLOYEE

POLICY:

1. During times of low cash flow, the Chief Executive Officer (C.E.O.) may put into effect the Hours Reduction Policy. When activated, all employees will be required to reduce by 10% their hours worked to be reflected as follows:

Usual worked hours per pay period:	Reduced hours:
80	72 (reduced by 8)
72	65 (reduced by 7)
64	58 (reduced by 6)
56	50 (reduced by 6)
48	43 (reduced by 5)
40	36 (reduced by 4)
32	29 (reduced by 3)

2. All employees (hourly, salaried, Managers, Contract etc) will be required to participate, the only exceptions being those identified by the C.E.O.
3. Vacation or sick leave will not be allowed as a substitute for hours reduced.
4. Time cards and schedules will be marked "H.R." to reflect hours reduced.
5. The managers of each department will organize and schedule the hours reduced to ensure vital services are not impaired.
 - A. Managers are encouraged to be innovative in allowing for reduced hours worked.
 - B. Vital services involving patient care are not to be jeopardized.
 - C. Certain job categories will be exempted at the discretion of the C.E.O., if they are scarce or vital to patient care.
 - D. Use of agency personnel will be strictly scrutinized and restricted to direst situations. Managers are encouraged to enlist the help from employees to replace agency help whenever possible.
 - E. During times of low census or low workload departments will send employees home early. The departments, to ensure a fair and equal method of sending employee's home, will establish a system in writing.
 - F. Managers will not use overtime to cover reduced hours.

APPROVED BY:

ADMINISTRATION:


JUDI BECK, C.E.O.

DATE: 10-1-97

GENERAL RULES OF CONDUCT

Some rules are common sense or, by their nature, warrant the most stringent corrective action including possible termination for a first offense. Each situation or incident is reviewed to consider all the facts and circumstances. Department managers have the right to determine what level of discipline is appropriate. There is no standard series of disciplinary step that the manager must follow. In certain circumstances, your conduct may lead to immediate discharge. Further, as stated in policy, both you and the Hospital may terminate your employment at any time, on notice to each other, without cause. Following are incidents or behaviors that would, in most circumstances, result in discipline or even termination:

Explanation of Codes on STEP-BY-STEP EMPLOYEE WARNING REPORT	
Violation Key (Codes)	Description
A	Absenteeism and/or repeated tardiness
C	Horseplay, fighting or unprofessional behavior on the job
DD	On duty under the influence of narcotics, intoxicants or alcohol or the unauthorized possession of the same.
E	Willful violation of Federal or State law, hospital or professional ethics while on duty.
G	Failure or refusal to respond to an emergency call.
H	Job abandonment; absent without notice for three consecutive workdays.
I	Insubordination, the refusal to follow a supervisor's work related directions while on duty.
J	Falsification of information/records such as applications, time cards, patient charts/records, etc.
L	Walking off the job.
M	Discrimination and/or sexual harassment.
O	Other:
PM	Working on personal matters.
PV	1. Violations of company policies and procedures. 2. Solicitation of any kind not in accord with hospital policy.
SV	Creating unsafe or unhealthy conditions or violation of safety rules.
UA	Unauthorized absence from work area.

UB	<ol style="list-style-type: none"> 1. Abuse of a patient, visitor or employee verbal or otherwise. 2. Immoral or indecent conduct on hospital property. 3. Release of or discussion of confidential information. 4. Willful intimidation or interference with the rights and/or duties of others. 5. Obscene or abusive language. 6. Malicious gossip or spreading rumors. 7. Failure to observe dress and appearance code or rules of courtesy toward others. 8. Creating discord or lack of harmony.
UD	Otherwise unfit for duty.
V	Threatening or engaging in violence.
WD	Theft, destruction, willful abuse or misuse of property belonging to the hospital, patients, visitors or other employees.
WQ	<ol style="list-style-type: none"> 1. Sleeping on the job. 2. Insufficient job knowledge or skills.

SUPERVISOR Comments:

Supervisor Signature

Date

EMPLOYEE Comments:

Employee Signature

Date

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

PAID SICK LEAVE

Page 1 of 3

DEFINITION:

As of July 1, 2015, California law provides for mandatory paid sick leave under the Healthy Workplaces, Healthy Families Act. The paid sick policy is intended to comply with the requirements of the Act.

Employees cannot be discriminated or retaliated against for requesting or using accrued paid sick time.

POLICY:

Beginning July 1, 2015, all employees who have worked in California for 30 or more days within a year from the start of their employment will be entitled to paid sick time.

However, employees are not eligible to take paid sick time until they have worked for Mayers Memorial Hospital for 90 days from their date of hire.

Employees hired on or before July 1, 2015:

On July 1, 2015, Mayers Memorial Hospital will provide eligible employees with 24 hours of paid sick time. The full amount will be placed into your Leave Bank at this time. You will need to meet the 90 day employment requirement before taking any leave.

Unused paid sick time will not carry over from year to year. However, Mayers Memorial Hospital will place 24 hours of paid sick time into your Leave Bank on July 1 of each year. Employees will be able to access all 24 hours of paid sick time at the beginning of each 12-month period.

Mayers Memorial Hospital will not pay employees for unused paid sick time.

Employees hired after July 1, 2015:

After an employee has met their 90 day employment requirement, Mayers Memorial Hospital will place 24 hours of paid sick time into your Leave Bank.

Unused paid sick time will not carry over from year to year. However, Mayers Memorial Hospital will place 24 hours of paid sick time into your Leave Bank on July 1 of each year. Employees will be able to access all 24 hours of paid sick time at the beginning of each 12-month period

Mayers Memorial Hospital will not pay employees for unused paid sick time.

PROCEDURE:

If the need for paid sick leave is foreseeable, employees shall provide advance oral or written notification to the Department Manager. If the need for paid sick leave is not foreseeable, employees shall provide notice to the Department Manager as soon as practicable.

An employee's use of paid sick time may run concurrently with other leaves under local, state or federal law.

Qualifying Reasons for Paid Sick Leave

Paid sick time can be used for the following reasons:

- Recovery from injury or illness or caring for covered family member recovering from injury or illness.
- Diagnosis, care or treatment of an existing health condition for an employee or covered family member.
- Preventive care for an employee or an employee's covered family member.
- For certain, specified purposes when the employee is a victim of domestic violence, sexual assault or stalking.

For purposes of paid sick leave, a covered family member includes:

- A child defined as a biological, foster or adopted child; a stepchild; or legal ward, regardless of the age or dependency status of the child. A "child" also may be someone for whom you have accepted the duties and responsibilities of raising, even if he or she is not your legal child.
- A "parent" defined as a biological, foster or adoptive parent; a stepparent; or a legal guardian of an employee or the employee's spouse or registered domestic partner. A parent may also be someone who accepted the duties and responsibilities of raising your when you were a minor child, even if he or she is nor your legal parent.
- A spouse
- A registered domestic partner
- A grandparent

- A grandchild
- A sibling

If you do not have accrued, paid sick leave, or if you have used all of your sick leave, you may choose to substitute vacation/paid time off (PTO) for further absences from work.

REFERENCES

Division of Labor Standards Enforcement - Office of Labor Commissioner
HEALTHY WORKPLACES/HEALTH FAMILIES ACT OF 2014 PAID SICK LEAVE

CalChamber
PAID SICK LEAVE POLICY TEMPLATE

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY & PROCEDURE

WAGE ADMINISTRATION

DATE: 1/26/00
REVISED:
FILE: Wage Administration
MANUAL: Employee

Page 1 of 2

PURPOSE AND SCOPE:

Mayers Memorial Hospital administers a salary program for all employees that provides for internally equitable job and pay relationships, recognizes individual performance and maintains competitive pay levels and practices.

Through the use of its salary structure Mayers Memorial Hospital strives to pay base salaries that are at or above the average of the labor markets in which we compete for talent.

POLICY:

All employees should be advised of their position, job description and positions along their career path. Supervisors should be advised of all salary ranges for positions under their supervision.

Actual salaries earned by individuals within Mayers Memorial Hospital are to be treated confidentially.

PROCEDURE:

The salary administration guidelines herein apply to all employees occupying positions at Mayers Memorial Hospital.

New Hire Procedures:

The depth and scope of an individual's prior work experience as well as the length of time spent performing comparable duties and responsibilities in previous employment shall be considered regarding placement within a salary grade.

Level of previous work experience	Recommended placement in the salary range
No direct experience	Minimum of the range
Minimum to 1 year experience	Base to step 1
1 to 3 years experience	Step 1 or 2
3 to 5 years experience	Step 2 or 3
6 to 10 years experience	Step 3 or 4
More than 10 years experience	All starting rates above step 4 require Administrative pre authorization

Lateral Transfers:

A lateral transfer is defined as moving an employee to a closely related position in job size, scope or function. Although the salary range may be the same the employee may be considered for a wage adjustment following a 3-month trial in their new position.

Promotions:

A promotion is defined as re-assignment to a position that is usually an increase in pay grade assignment and that results in an increase in duties, responsibilities and/or authority.

A normal wage adjustment for a promotion would be an increase of one step for each salary grade advanced.

An upward revision of a pay scale does not constitute a promotion and does not justify a step increase.

Demotions:

If an employee moves to a lower pay grade position as a result of poor performance his or her salary should be reduced in the same manner that is used for promotions. That is one step for each grade assignment.

If the position change is for non-performance related reasons the employee shall stay at the step in the new range that is closest to their current pay rate.

Approved By: _____ Date: _____

Date Typed: 1/26/00
Typist Initials: JFW
Author's Initials: JW
Computer Used: SD

MAYERS MEMORIAL HOSPITAL DISTRICT

**MAYERS MEMORIAL HOSPITAL DISTRICT
WORKSHOP REQUEST FORM**

STEP I:

To Employee: This form is to be filled out by the employee.

To: _____ From: _____ Date: _____
(Department manager) (Employee)

Request to attend (Name of Class): _____

Which will be held on: Date: _____ Time: _____

Registration Deadline Date: _____ Location of Class (Place, City, State): _____

How will this class benefit your job performance? _____

Approximate Costs:

Registration Fee: _____ Meals: _____
Salary: _____ Accommodations: _____
Where Located: _____
Travel: (Specify How): _____
Date: _____ Leaving Time: _____
Return: _____

Department manager Approval: Check (√) boxes that have been approved.

Department manager Signature: _____ **Date:** _____

Department manager : Let Employee know your decision for approval. Give employee a copy. Please send a copy of this form to Staff Development. Keep original for your files.

Employee: If hospital financially supports any employee attending seminars, the employee may be called on to share their newly acquired knowledge.

APPROVALS: STEP II:

Registration Approval:

Employee: Complete the "Check Request" form and attach the seminar's completed registration form. Have Department manager Sign. Make copies of the forms you complete for your files.

Department manager: Department manager gets Administrative signature and takes to Accounts Payable.

Meals, Travel, Accommodations:

Usually, approved expenses for reimbursement are paid after the seminar. Employee completes "Mileage & Expense Voucher" form, submitting receipts attached to form with Department manager signature & give to Accounts Payable desk. **Exception:** Pre approved hotel accommodations paid prior to seminar require a "Check Request Form". (See #7 in "Workshop Request Form" Policy)

APPROVALS: P&P: 03/00

MMH242 / lb

Page 1 of 1

WORKSHOP REQUEST FORM

MAYERS MEMORIAL HOSPITAL DISTRICT

H

Privileges in General Surgery (including Gynecology)

Name: _____

General Surgery Core Privileges (including Gynecology)

Qualifications

To be eligible for core privileges in general surgery, the applicant must meet the following qualifications:

- Documentation of the performance of at least 50 general and/or gynecological surgical procedures total or 25 major general surgical procedures (see accompanying lists) during the past two years or demonstrated successful completion of a hospital-affiliated formalized residency or clinical fellowship in the past two years;

and

- Current certification or active participation in the examination process leading to certification in general surgery by the American Board of Surgery, or the American Osteopathic Board of Surgery; or
- Successful completion of a postgraduate residency in general surgery accredited by the ACGME, AOA, or equivalent.

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 General Surgery Core

Privileges to evaluate, diagnose, consult, provide pre-, intra-, and postoperative surgical care, and perform surgical procedures for patients of all ages—except where specifically excluded from practice and except for those special procedure privileges listed below—to correct or treat various conditions, illnesses, and injuries of the abdomen and its contents (including hollow and solid viscera), breast, skin, soft tissue, head and neck, endocrine system, and minor extremity surgery. Privileges include, but are not limited to, those delineated in the accompanying major and minor general surgery procedure lists. Practitioner accepts responsibility to supervise CRNA administering anesthesia while exercising those privileges that are requested and approved.

<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 Gynecology Core

Privileges to evaluate, diagnose, consult, and provide pre-, intra-, and post-operative care, and perform surgical procedures for patients of all ages—except where specifically excluded from practice and except for those special procedure privileges listed below—to correct or treat various conditions, illnesses, and injuries of the gynecological or genitourinary system. Privileges include, but are not limited to, those delineated in the accompanying gynecology procedure lists.

<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):		

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	Recommend?	
		Yes	No
Advanced Laparoscopic (Bowel, etc.)	2 in 2 years		
Sentinel Node Bx (for cancer)	2 in 2 years		
Use of fluoroscopy	*		
Assist in Surgery			

*Requires 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”).

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

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/Vice-Chair

Date

Medical Executive Committee Chair/Vice-Chair

Date

CORE PRIVILEGES GENERAL SURGERY

MAJOR

~~Abdominoperineal Resection~~

Amputation (Above Knee, Below Knee, Transmetatarsal)

Appendectomy

Biliary Tract Surgery, including Cholecystectomy

Breast Surgery (Lumpectomy, Mastectomy, Operation for Gynecomastia)

Colectomy, Colostomy, Colotomy

~~Emergency Thoracostomy~~

Enteric Fistula, Management

~~Esophageal Resection/Reconstruction~~

~~Esophagogastrectomy~~

~~Gastrectomy~~

~~Gastroduodenal Surgery~~

Gastrostomy/Enterostomy (Decompression, Feeding)

~~Hepatic Resection~~

~~Hysterectomy (as part of General Surgical procedure)~~

I&D Abscess (Abdominal, Pelvic, Deep Tissue)

Intestinal Incision, Excision, Resection and Enterostomy

Intestinal Obstruction, Correction of

Laparoscopic Procedures (Diagnostic, Appendectomy, Cholecystectomy)

Liver Biopsy (Intraoperative)

Lymph Node Dissection

Management of Burns

Management of Trauma

~~Nissen Fundoplication (Open/Laparoscopic)~~

Orchiectomy

~~Pancreatic Surgery~~

~~Parathyroidectomy~~

Perforated Viscus Repair (Gastric, Small Intestine, Colon)

Skin Grafts

~~Splenectomy~~

~~Thyroidectomy, including Retrosternal~~

~~Thyroglossal Duct Excision~~

~~Vagotomy~~

**CORE PRIVILEGES
GENERAL SURGERY****MINOR****Amputation (Finger/Toe)**

Anorectal Exam under Anesthesia
Anorectal Fistulotomy/Fistulectomy
Breast Biopsy
Circumcision (Adult/Child- Operative)
Debride/Repair Minor Injuries/Wounds

Dental Extraction

Excision Anorectal Lesions (Superficial)
Excision Cutaneous/Subcutaneous Lesions
Excision Oral Lesions

Excision Ganglion (Palm/Wrist)

Excision Ingrown Nail
Hernia Repair (Inguinal, Umbilical, Incisional/Ventral)
Hemorrhoidectomy
I&D Abscess (Superficial, Perianal)
Incision/Excision Pilonidal Cyst
Insertion/Management CVP/PA Catheter
Liver Biopsy (Percutaneous)
Lymph Node Biopsy
Paracentesis/Thoracentesis
Polypectomy (Nasal/Rectal/Vaginal)
Rectal Biopsy

Tracheostomy**Varicose Vein Stripping**

NAME _____

**CORE PRIVILEGES
GYNECOLOGY**

Anterior/Posterior Repair
Bartholin Cyst (Excision/Marsupialization)
C-Section
Dilatation and Curretage
Hysterectomy (Abdominal, Vaginal, Lap-Assisted)
IUD Removal
Laparotomy/Laparoscopy
Salpingo-Oophorectomy
Tubal Ligation (Open/Laparoscopic)

MAYERS MEMORIAL HOSPITAL DISTRICT

Privileges in Emergency Medicine

Name: _____

Emergency Medicine Core Privileges

Qualifications

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

- Successful completion of or active participation in (as at least a 2nd year resident leading to successful completion of) an ACGME- or AOA-accredited postgraduate training program in any specialty or sub-specialty involving active patient care of acute medical and/or surgical problems (excludes Pathology, Radiology, Psychiatry, Occupational Medicine, etc.);
and
- Demonstration of active care of 300 patients in the past two years in the ER Setting
and
- Current ACLS, PALS and ATLS CERTIFICATIONS

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 core

Privileges to assess, evaluate, diagnose, and provide initial treatment to patients of all age groups—except where specifically excluded from practice—who present in the emergency department with any symptom, illness, injury, or condition; to provide services necessary to ameliorate minor illnesses or injuries and stabilize patients with major illnesses or injuries; and to assess all patients to determine whether additional care is necessary. Privileges do not include inpatient care on a long term basis or scheduling/performing of elective procedures. Privileges include, but are not limited to, those delineated in the accompanying Emergency Medicine Core Privileges list. Practitioner accepts responsibility to supervise CRNA administering anesthesia while exercising those privileges that are requested and approved.

<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	Recommend?	
			Yes	No
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").

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 or Vice Chair

Date

Medical Executive Committee Chair or Vice Chair

Date

CORE PRIVILEGES EMERGENCY MEDICINE

AIRWAY

Oral Airway
Endotracheal Intubation (Oral, Nasal)
Cricothyrotomy
Needle Catheter Airway (Percutaneous)
Rapid Sequence Intubation Technique

ANESTHESIA

Local Anesthesia
Analgesia/Sedation - For Procedures
Regional Nerve Block (Hand/Finger, Foot/Toe, Facial)

CARDIAC

CPR
Cardiac Pacing (External)
Cardioversion
Defibrillation
Administration of Thrombolytic Agents for Acute MI

CARDIOVASCULAR

Pericardiocentesis
Thoracostomy (Needle, Chest Tube)
Thoracotomy (Emergent)
Thoracentesis

Arterial Blood Gas
Interosseous Cannulation
Venous Access (CVP Placement, Peripheral Venous Cutdown)

GASTROINTESTINAL

Anoscopy
Nasal/Oral Gastric Tube Insertion
Gastric Lavage

GENITOURINARY

Bladder Catheterization (Foley/Suprapubic)
Cystourethrogram

HEAD/NECK

Epistaxis Control
Laryngoscopy
Nasopharyngoscopy

OBSTETRIC/EMERGENCY DELIVERY

Delivery

Dilation and Curettage

Repair episiotomy of laceration

Manual removal of placenta

Vacuum assisted delivery

OPHTHALMIC

Slit Lamp Exam

Tonometry

ORTHOPEDIC

Fracture/Dislocation- Immobilization, Closed Reduction

Spinal Immobilization

Injection, Bursa/Joint

Arthrocentesis

OTHER

Foreign Body Removal

Incision/Drainage

Lumbar Puncture

Peritoneal Lavage

Wound Management/Suture Closure

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, paracentesis[†], thoracentesis[†], chest tube insertion[†], lumbar puncture[†], 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. Privileges include care of post-partum patients of all ages.

~~[†]-If you are new to our organization and request privileges to perform any of the procedures marked with a [†] 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):		

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			
<u>Chest Tube Insertion</u>		<u>Prior experience of 10</u>			
<u>Lumbar puncture</u>		<u>Prior experience of 10</u>			
Central Line Placement (Bedside)		2 in 2 years			
Repair of complex lacerations		Prior experience of 6			
Manual removal of placenta		Prior experience of 6			
Tubal Ligation, Laparoscopic/Minilap					
Dilation and Curettage					
EKG Interpretation		24 in 2 years			
<u>Cardiac ECHO Interpretation</u>		24 in 2 years			
Treadmill Testing		12 in 2 years			
<u>Use of fluoroscopy*</u>					
Assist in Surgery					

*Must provide copy of current California State Fluoroscopy Operator Certificate

NAME: _____

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").

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



Mayers Memorial Hospital

Operations Report December 2016

Statistics	November YTD FY17 (current)	November YTD FY16 (prior)	November Budget YTD FY17
Surgeries (including C-sections)	38	101	90
> Inpatient	14	38	16
> Outpatient	24	63	74
Procedures (surgery suite)	87	210	229
Inpatient	880	786	885
Emergency Room	1554	1681	1500
Skilled Nursing Days	12104	10906	12000
OP Visits (OP/Lab/X-ray)	6296	6783	7259
Hospice Patient Days	480	891	760
PT	3973	5414	4831
Ambulance Runs	163	166	185

Operations District-Wide

Prepared by: Louis Ward, MHA, Chief Executive Officer

Building Project

We have made considerable progress again this month on the building project which will bring a new ER, lab, and imaging center to the district. Two of the notable events are:

1. We have hired an Equipment Planning Firm (MEQA). The owners of this firm were actually on staff with Criterion (the former equipment planner for the past project). They are very aware of our team and project so it was easy to bring them up to speed on the new project. We had a kick off meeting in late December which went very well. I will have a detailed report on their efforts at the January BOD meeting.
2. We have submitted our preliminary plans to Office of Statewide Health and Planning Development (OSHDP). Late this month Ryan Harris, Director of Operations, with the assistance of our Project Management firm (Porter Consulting) and Michael Ryan (Greenbough Design Architects) submitted an application for a new project to OSHDP. This means we are now on the OSHDP radar with the new plans. This is a huge milestone for this project.

District Spending

As reported in prior BOD meetings the District has worked very hard to build up a health financial reserve in an effort to ensure we can weather upcoming changes in the healthcare environment. With the new Presidential Administration we are expecting many changes in how we are currently paid and thus we have decided to freeze all unnecessary spending. We will continue funding our current projects such as the Building Project and the SNF renovation as well as finance all projects related to regulations but will limit all other capital spending.

This spending freeze should not alarm anyone; the district already scrutinizes all large capital purchases and is expected to have a 3.5 million dollar reserve by the end of this calendar year. The Administration just wants to ensure the district is well prepared to be flexible with virtually certain change in the near future.

SEMSA

Late this month the Emergency Medical Services (EMS) staff met with the SEMSA team to discuss a potential partnership. The meetings this month went very well and the district is feeling more confident than ever that this partnership will bring a great deal of benefit to the community and patients. We have received a draft partnership agreement which is currently being looked over by Travis Lakey, CFO and Jack Hathaway, Director of Quality and Compliance. In the December meetings the staff had many questions of the SEMSA leadership, all of which were answered satisfactory. SEMSA is still on track to provide helicopter service to the community in March of 2017. We intend to hold a town hall meeting in mid January to introduce SEMSA to the intermountain community, participate in a questions and answer session, and provide details on the benefits SEMSA will bring to the community we serve.

Time Clock Plus

We will be going live with our electronic time clock system beginning in late December. Libby Mee, Director of HR has been hard at work developing the software and training others for the new workflow. All Management staff has been trained on the back end software. As mentioned in a past BOD meeting we have been piloting this new tech with a small group of employees, all seems to be going very well. As a precaution all employees will be tracking their time manually and electronically for the first pay period while live on the new software.

CDPH SNF & Fire Life Survey Plan of Corrections

As reported in the November BOD meeting the District participated in both the SNF annual Survey and the Fire Life Survey in early November. Also reported in last month's BOD meeting, the District staff performed better than it has in many years. This month the Plan of Corrections (POC) for all noted deficiencies have been completed and submitted to the California Department of Public Health. Thanks to Ryan Harris, Sherry Wilson, Jeanette Rodriguez and the entire SNF team.

Hospitalist coverage

I have had many discussions with our local Physicians over the past month about changes that will be coming to our inpatient rounding. Dr. Dahle and Dr. Watson both would like to see a program that would not be so taxing on them. We have met with a very experienced Nurse Practitioner this month; he is very interested in joining the team here at Mayers. We are working to develop a mutually beneficial contract.

Christmas Party

The Christmas party this year was a great success. The Burney Annex staff showed up in numbers this year which really created a great environment for staff to converse with co-workers they don't often see or speak with. All of the feedback has been very positive. Thanks to the TEAM Mayers Committee for all of their hard work on this event.

Christmas Bonus

The Administrative staff really wanted to recognize the hard work the entire staff put in throughout the past year with a little Christmas gift from Mayers this year. Every employee (full time and part time) had a little something extra in their check this month. They are all so deserving and we were happy to be in a position to be able to recognize their good work and dedication to MMHD.

Respectfully Submitted by,
Louis Ward, MHA
Chief Executive Officer

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

Laboratory

- The laboratory staff is working with the equipment planners (MEQA) and are making good progress in planning the space in the hospital expansion.
- A traveler is scheduled to start on January 9th. Current staff will be working extra until then.

Physical Therapy

- We are happy to welcome new graduate Richia Larson to our PT department. She is scheduled to start her orientation on December 21st and will be working initially as a PTLA until completion of her boards.

Respiratory Therapy

- Respiratory Therapy is the process of renewing the contract with Dr. Panossian to perform diagnostic interpretations of pulmonary function tests.

Imaging

- Allan Northington, Imaging Manager, reports that Interventional Radiology is on track to launch mid-January. The program will start with a varicose vein program and expand from there. We are planning on having the interventional radiologist onsite two times each month.
- Mayers is renewing the contract with Dr. Bleazard to perform fluoroscopy.

Cardiac Rehab

- The new treadmill has arrived and is in use. Patients are enjoying this new equipment. We are expecting a second new treadmill from a community donor. We are still waiting for the arrival of the arm ergo machine.

Pharmacy

- The pharmacy's carpeted flooring has been replaced with vinyl flooring.
- We have retained an architect to formulate plans for a compliant sterile compounding room. The plans will require OSPD approval. As this will take time, Mayers will apply for a waiver as the January 1 deadline will not be met.

Skilled Nursing Facility – Burney & FRM

Submitted By: Sherry Wilson, RN, CNO

Current Census is 73 as of 12/14/16

Our Plan of Corrections was due 12/16/16 and has been completed, staff meetings were held on 12/16/16 and in-services were completed at that time to comply with State and Federal regulations.

We are hoping to begin rolling out our Music and Memory program the first part of January 2017. We have received some of the equipment, but will need to purchase a few more pieces of equipment to begin the program . To date we have had 4 to 5 employees who have completed the training.

In a effort to enhance and create a more peaceful environment in our Alzheimer's unit we are currently in conversation with our local high school in Burney reaching out to art students who would be interested in painting a mural on the unit doors to create a look that displays more of a less-confined appearance to our residents.

Critical Access Hospital

Submitted by: Sherry Wilson CNO/Acute

Acute/Swing Nursing Unit

- Correction for November census: Acute ADC for November 2.83 and Swing ADC 3.77 and LOS 12.6.
- Hired a new FTE RN and received notice of a local RN taking a job at Big Valley Clinic. Will continue to seek RN's.
- Working with Jack in quality for Qualiteck—Pt surveys done at discharge.
- We have changed our shift time in Acute and ER per employee request. This was done through a vote. Our shifts are now 05-1700/1700-0500. We are working together to assure that patient care is continued without any delays with the new change. We will be reevaluating in January.
- HIPAA Compliance—Had all employees do a Read and Sign for "Employee Letter of Expectation" to meet hospital compliance.
- Having a Holiday Fiesta Party for my departments; Acute, ER, OPS and Outpatient Medical Tuesday, Dec. 20, 2016.

Submitted by Theresa Overton, RN
Director of Nursing

Outpatient Medical

- The Outpatient Department participated in the mock survey. There were 4 deficiencies. The identified areas of concern have been corrected or are in the process of correction. All items in review were stored in unlocked cabinets in patient care areas. A new med cart has been ordered to store patient topical medications. A wall has been built between our utility areas so that sharp instruments in enzymatic cleanser can be stored in a dirty utility area. Linens will be stored in the newly created clean utility area. Locks have been place on cabinets that house IV catheters/needles/ IV fluids in cabinets within patient care areas. These changes will bring us into compliance with the regulation guidelines.

- Mayers wound care staff attended the Christmas party hosted by Dr. Zittel, and his wife Vickie. It was a delightful event and provided the opportunity to meet and network with nursing staff and physicians, and others providing wound care services in the Redding area.
- This is my final Board Report, as the Outpatient Manager. Thank you to Mayers Administration Staff, and the Board for your support these last 6 years! It has been a challenging learning opportunity, and a great career goal now achieved! I thank you for this opportunity, and this experience. I am excited with the direction the new manager will take this department. I am happy to still be a part of the Outpatient/Wound care team as a staff RN.

Happy Holidays!

Kay Shannon RN
Outpatient Department Manager

Surgery

- As a team we were able to streamline our Colonoscopy process for Dr. Pafford and his clientele, so that there would be no Pre-Op Visit.
 - Keith and Val worked together and handled the "PR", getting informational pamphlets about the importance of a Screening Colonoscopy, services available at MMHD, and a note of "Thanks" for choosing MMH for you procedure.
 - Ben Nuti, CRNA and Keith Earnest also went to the Canby Clinic and personally met with Dr. Pafford, who was pleased with the efforts of our facility to accommodate his Clinic needs and looked forward to sending referrals to MMHD.
 - Dr. Pafford also informed Keith and Ben during this visit that he is planning on splitting his time between the Canby Clinic and the Surprise Valley Facility
 - The following week Keith was notified that Dr. Pafford would be leaving the Canby Clinic and it was confirmed that December 9th would be his last day.
 - OP Surgery had received in this time, 4 Colonoscopy referrals from Dr. Pafford. When patients were call to be scheduled: 1 was scheduled and has cancelled twice (also patient did not receive the prep kit), 1 was currently in an ICU, and 2 have been contacted in regards to scheduling numerous times with no return calls. Those two patient will be called one more time this week, if they fail to contact us by the end of the week those referrals will be sent back to the Canby Clinic with notifications that they failed to schedule their procedure, despite multiple attempts made by our facility.
 - The admit process for Dr. Guthrie "Totals" have been changed from being admitted directly to the floor and then taken back for Surgery. Patients will now be admitted as Outpatient Surgical status and then after surgery, patients will be admitted to the floor by Dr. Guthrie. It was brought to my attention per Travis Lakey that we were having difficulties receiving adequate reimbursement. It was found to be due to "Bill Type" for the surgical services when patients were admitted via inpatient status. Some of these past accounts were able to be re-billed, however I have yet to be notified of back payments. (Travis Lakey might have more info on that).
 - Mock Survey went well, with findings mostly charting issues with the MD's in regards to H&P timeliness. This will be addressed with the individual MD. Some quick fixes were needed in regards to CRNA medications and those have already been corrected.

Submitted by Stacie Warnock

