

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

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

Board of Directors
Quality Committee
Minutes

March 13, 2019 - 12:00pm
Boardroom (Fall River Mills)

Attachment A
DRAFT

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

- 1 **CALL MEETING TO ORDER:** Board Chair Beatriz Vasquez called the meeting to order at 12:01pm on the above date.

BOARD MEMBERS PRESENT:

Laura Beyer, Secretary
Jeanne Utterback, Director

ABSENT:

OTHERS PRESENT:

Susan Knoch, MVHC

STAFF PRESENT:

Louis Ward, CEO
Jack Hathaway, DOQ
Ryan Harris, DOO
Candy Vculek, CNO
Keith Earnest, CCO
Susan Garcia, Dietary
Alex Johnson, Maintenance
Steve Sweet, Purchasing
JD Phipps, D of ED and Ancillary Services (via phone)
Pam Sweet, Board Clerk

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

None

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- 3 **APPROVAL OF MINUTES**

3.1 A motion/second carried; committee members accepted the minutes of February 12, 2019 Utterback/Beyer **Approved All**

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- 4 **DEPARTMENT REPORTS**

4.1 Pharmacy

- Report attached
- Pharmaceutical labeling in the ED: Label is compliant with state law. Trial was in February and had spotty compliance. Now doing daily audits and JD is following up with the individuals. Potential impact to patient care is the printed expiration date of the drugs.

4.2 Dietary

- 2 initiatives – Hand washing and Tray accuracy.
- Tray Accuracy: Forms attached. Tray cards are managed with a Kardex.
 - The Tray Card follows the tray from the kitchen to the patient
 - Have discussed switching to an electronic process. We tried 1 system that didn't meet our needs. Don't know if an electronic system would be more efficient.

4.3 Maintenance

- Report attached
- Staffing is in focus

- Did a good job of involving the residents in colors and decoration of their spaces

4.4 Personnel

- Report attached
- A concern is that applicants were not getting any response to their applications. Now, every applicant gets some sort of contact
- Working on building a manager orientation program
- Travelers and Orientation:
 - 13 week travelers are oriented just like employees.
 - 1-time drop in travelers: Working with schedulers to orient.
- Doing pre-assessments on all new staff to determine training needs and learning styles
- Manager Orientation will be a formal process with more 1 on 1 training. Now working to assess our manager's current knowledge.

4.5 Purchasing

- Report attached
- This year, we issued more than 1,600 purchase orders with over 7000 lines.
- Have streamlined staffing from 7 people to 3 over the last 10 years

5 QUARTERLY REPORTS

5.1 Blood Transfusion

- Report attached
- Quarterly reporting is required by State
 - Blood transfusions are risky and getting more so. The standard keeps tightening up and the state wants to make sure we are monitoring

Compliance

- Report attached

CMS Core Measures

- Report attached
- HCAHPS puts us at 8th in the state inpatient satisfaction and 2nd in cleanliness, but we have a hard time helping patients help themselves after they go home.
- Premier pulls real time data from our EHR and reports to CMS. Have 1/3 of core measures met.

6 STANDING MONTHLY REPORTS

6.1 Quality/Performance Improvement:

- RL6 will greatly enhance our Quality Review reporting

6.2 PRIME:

- Reporting is due the 31st of March. It is going well. Expect to have the report submitted before it is due.

6.3 SNF Events/Survey:

- Shelley is at Director of Nursing training as part of our succession planning
- An interface between the Lab computer system and PCC has been purchased. It will resolve communication problems between the 2 systems. Should be installed in the next few months.
- Fire/Life/Safety Inspection discovered problem with a couple of doors blocked open by bedside tables. Relias training on this subject was distributed to all staff. Louis gave a short demonstration of the Relias training app.

6.4 Infection Control:

- Coleen is working with a consultant (Margaret) to learn the programs. Margaret has helped her build a program and tracking and reporting. We now meet state requirements. Margaret is still available as needed.
- SNF: performing McGeer Criteria on all antibiotics. That means we're not treating infections that don't exist.
 - Tracking monthly. Now at 50% compliance, but improving. Need to incorporate as part of the culture.

7 ADMINISTRATIVE REPORT:

- Mental Health: We are in the process of applying for a grant. It will be a collaboration with the school district.
 - Plan is to provide free mental health services to students via telemedicine
 - \$200,000 per year for 3 years

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

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- Employee meetings were very successful. About 90 people attended
 - Management meetings were also held
 - See attached results of Manager’s quiz. We have gotten a good idea of what trainings are needed. For instance, Workplace Violence Prevention is an obvious need.
 - Have hired 3 nurses and an NP. We have offers out to 3 additional nurses
 - Community Meetings: Have spoken to Hat Creek Fire and Rotary about what’s happening at the hospital. Scheduled to talk at McArthur Lions club next week.
 - SEMSA: in the last stages of contract negotiations
 - Uniforms: All support departments will be in uniforms by July 1st. Maintenance is already in uniforms.
 - Ryan is working on a policy to define how and when replacement uniforms are supplied

8 **NEW BUSINESS:** None

9 **OTHER INFORMATION/ANNOUNCEMENTS:** None

10 **ANNOUNCEMENT OF CLOSED SESSION:**

10.1 **STAFF STATUS CHANGE**

1. Rhett Wigger, CRNA to Inactive

AHP APPOINTMENT

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

MEDICAL STAFF APPOINTMENT

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

MEDICAL STAFF REAPPOINTMENT

Michael Dillon – Emergency Medicine

A motion/second carried; committee members approved all credentials

Beyer/Utterback

Approved All
Credentials

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

12 **ADJOURNMENT:** 2:20 pm - Next Regular Meeting – April 10, 2019 (Fall River Mills)



Board Quality Report Template

<p>Name:</p> <p>Department:</p> <p>Last Quality project reported:</p> <p>Update on last Quality project reported:</p>	<p>Current report date to Board Quality:</p> <p>Last report date to Board Quality:</p>
<p>What successes have you seen based on the outcome of previous Quality projects?</p>	
<p>What issues have come up in your department relating to Quality?</p>	
<p>PLAN: What plan was implemented to address those issues?</p>	



DO: How did the implementation of that plan go?

STUDY: What kind of results did the implementation of the plan yield?

ACT: What changes were made based on the results of the plan implementation?

Upcoming Quality Items:

Quality Related Goals for the Department:

Data/Graphics supporting project outcomes:



Upcoming Quality Items:

Quality Related Goals for the Department:

Data/Graphics supporting project outcomes:



Board Quality Departmental Report Template

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Upcoming Quality Items:	Quality Related Goals for the Department:
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Data/Graphics supporting project outcomes:



Cardiac Rehab

Board Quality Departmental Report Template

<p>Last Quality project reported: ECG telemetry boxes were broken. Safety concerns with treadmills</p> <p>Update on last Quality project reported: ECG telemetry boxes were broken. New treadmills have added safety features and the staff are very dedicated to ensure each patient adheres to safety restraints.</p>	<p>Current report date to Board Quality:</p> <p>Last report date to Board Quality:</p>
<p>What successes have you seen based on the outcome of previous Quality projects? No falls or injuries Telemetry boxes are working well and ensure the safe monitoring of Cardiac Rehab patients</p>	
<p>What issues have come up in your department relating to Quality? Stress Treadmill use. We don't have a physician to monitor the patients. According to Mayers' policies and procedures there must be an MD in the room monitoring.</p>	
<p>PLAN: What plan was implemented to address those issues? CR sent a physician to Texas for training but (since we are short staffed) he was not able to fit Stress Treadmills into his busy schedule.</p>	
<p>DO: How did the implementation of that plan go? We hit roadblocks on all attempts to start this testing.</p>	
<p>STUDY: What kind of results did the implementation of the plan yield? The treadmill was sold to another facility.</p>	
<p>ACT: What changes were made based on the results of the plan implementation? We are not offering Stress Treadmills at this time. I have been assured that the Treadmill will be replaced if we have a time that we can start offering this testing.</p>	



Upcoming Quality Items: Mats under weight machine are disintegrating. Weight machine is being removed by the owner	Quality Related Goals for the Department: Replacement of mats and weight machine.
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Data/Graphics supporting project outcomes:

I applied for a grant to replace the mats + weight machine.
Awaiting approval now.

SURVEY RESULTS 2019

We have had 24 surveys returned. Most patients come 2-4 days/week with some coming in 5 days/week. We received mostly “excellent” on our ratings for the facility. We only had two “poor” comments. One was on parking space and the other was on the monthly fee. The parking will change when we finish the new building as some of the staff will change their parking places so that will fix the problem. I’m unsure what the monthly fee was about since that person did not explain. Our fees are very reasonable (\$35.00/monthly) but I know some patients are on a very limited income. We have had one anonymous donation for a veteran and that paid 6 months of his maintenance fee. We have some areas we can improve as we received “good” comments. Those were parking, temperature, monthly fee, professional look of the room, more equipment and cleanliness of facility and restrooms. The housekeepers have been transitioning from being short-staffed to training new staff so we are being patient.

Primary Benefits of Cardiac Rehabilitation

- Improve overall health
- After my surgery I needed to exercise on a regular basis to pursue my ranch life
- Weigh less
- Strengthening
- Better breathing, better fitness, better “numbers” on my lab reports, better sleeping
- Keep my heart in good condition and to keep me active and socializing is excellent
- Build lungs and muscle, lower BP, exercise heart muscle and socially good for all patients
- Overall health/fitness/stamina have improved considerably
- Health and social
- Education – improve food and exercise
- Physical and social
- I’m still here!
- Stay active and in shape
- Staying alive
- Convenience, use it frequently, blood pressure monitoring
- Can exercise in bad weather
- Maintain good health
- Social

How Has Fitness Level Changed

- Much stronger
- Now I am able to maintain our 15 acre horse ranch which requires work every day
- Able to increase length and intensity of workouts

- Much more stamina and an increase in energy
- Getting better every day
- More aware of body and mind
- Blood pressure is much better
- There is room for improvement, we have certainly benefited from the program
- Great
- From a "1" to a "7" (working towards a "10")
- Still living
- Maintained fitness
- Firmer muscle tone
- Improved (x3)
- Better
- Have improved a lot
- Good fitness level

Ways to Improve Cardiac Rehab

- Keep up the good work, I am quite happy as it is
- They do a great job
- No improvement needed (x8)
- Keep up with what you are doing
- Keep Trudi and Kelly
- Take out heavy weight equipment, need several new machines
- Need a revised layout to relieve the congestion of the 90 corner where 2 tables meet at right angles
- Put a Cardiac Rehab in Burney
- Wheels (I think this is a joke because the patients talk about wheels on the chairs for races! 😊)
- Always gets better

Overall Impression of Cardiac Rehab program

- Excellent, a great asset to MMH and the folks in the Intermountain area
- Great & extremely needed in our community (x5)
- Excellent (x7)
- Very happy I participated. It has motivated me to continue and maintain a heart healthy diet
- Very professional and helpful
- A lifesaver, great program
- I am very pleased with the program
- Well designed and well managed

- First rate
- Convenient and effective

Comments

- I would like to thank MMH for providing this program for the community. I would also like to thank Trudi and Kelly for their dedication to this program
- Thank you MMH, Trudi & Kelly for providing and overseeing this service
- Cardiac Rehab is a necessity for this area. Both Trudi & Kelly are friendly, professional and fun. I come for the vitals, exercise and social atmosphere. It is always a good experience to exercise & feel good. It would be good to have more room for our equipment.
- Very good
- Could use several additional machines
- Excellent staff – extremely interested in folks
- Last year I came here at 182 pounds, now I am 156. I have more energy and feel very good.
- Everyone is very friendly and the staff is great. A great environment
- The social aspects cannot be overemphasized. The “group” welcomes all new patients and “older” patients are always ready to help the “newer” patients. Install wheels on all chairs to mitigate difficulty in moving chairs and to silence one “senior” patient who wants wheels on his chair
- Trudi and Kelly are awesome people

We had 100% “excellent” comments on our staff being kind, considerate, respectful, professional and knowledgeable about healthcare of patients. We consider this the most important feedback of all. We will continue to do our best for Mayers Memorial Hospital and most importantly for our patients!



Board Quality Report Template

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ACT: What changes were made based on the results of the plan implementation?

Upcoming Quality Items:

Quality Related Goals for the Department:

Data/Graphics supporting project outcomes:



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Data/Graphics supporting project outcomes:



Upcoming Quality Items:

Quality Related Goals for the Department:

Data/Graphics supporting project outcomes:



Board Quality Report Template

<p>Name: Libby Mee - Director of Human Resources</p> <p>Department: Human Resources/Work Comp</p> <p>Last Quality project reported: 4th Quarter 2018 Injury/Reportable stats 2018 in Review Injury/Reportable stats CARE Fund 2019 money available - \$2,000</p> <p>Update on last Quality project reported: 1st Quarter 2019 (3) First Aide Injuries resulting in zero days away from work (2) Reportable Injuries Still have \$2,000 of CARE Funds left to use</p>	<p>Current report date to Board Quality: 04/17/19</p> <p>Last report date to Board Quality: 01/09/19</p>
<p>What successes have you seen based on the outcome of previous Quality projects?</p> <p>NA</p>	
<p>What issues have come up in your department relating to Quality?</p> <p>Due to multiple departments being involved in the employee injury process (Employees, Department Managers, Admitting, Billing, Emergency Department, Providers, Medical Records, Infection Control and Employee Health) I see a need to review currently policies and practices and do some education and training do to incomplete and untimely filing of claims.</p>	
<p>PLAN: What plan was implemented to address those issues?</p> <p>First, I personally plan to review our current policy and procedures, working with our insurance to be sure our current practices are up to date. I would then like to hold a meeting with all involved in the comp process to obtain feedback on how we could better the process or troubleshoot any problems that arise. Lastly, I will retrain manager of the updated policy and be available to present at department specific meetings.</p>	



DO: How did the implementation of that plan go?

To be determined

STUDY: What kind of results did the implementation of the plan yield?

To be determined

ACT: What changes were made based on the results of the plan implementation?

NA

Upcoming Quality Items:

Employee Safety and Wellness Initiative - Program attached

Quality Related Goals for the Department:

Compliance in reporting/following policy and procedure
Meet metrics for new Employee Safety and Wellness Init.

Data/Graphics supporting project outcomes:

BETA HEALTHCARE GROUP

Employee Safety and Wellness Initiative



BETA*WC



Employee Safety and Wellness Initiative

BETA Healthcare Group (BETA) Employee Safety is focused on minimizing injuries, controlling cost and protecting human capital within the health care environment. As your partner in employee safety, BETA provides its members the opportunity to participate in an incentive-based program designed to imbed best practices in your healthcare environment. The Employee Safety and Wellness Initiative provides a structured and supportive approach to reduce injury in all healthcare settings. BETA Workers' Compensation members are eligible to participate on an annual basis in improvement work designed to enhance worker safety and health and once all criterion on met through an annual validation survey, receive incentive credits applicable to the following year contribution.

Value of Participation:

BETA's Employee Safety and Wellness Initiative focuses on four key loss prevention areas; Ergonomics, Slips, Trips and Falls, Safe Patient Handling and Mobility and Workplace Violence Prevention. You will find best-practice strategies are outlined in the attached Guideline which serves as the basis of our incentive program. Keeping our workforce safe is not only the right thing to do, but there is a significant return on investment which can impact your Ex-Mod factor. For example:

Slips, trips, and falls (STF) are the second leading cause of injury in healthcare workers comprising 27% of the frequency (Bureau of Labor Statistics 2016). Environmental hazards as well as human factors can cause a STF. These same hazards can also lead to patient and visitor injury. The outcome can be severe in both physical harm to the individual and financial loss for the member organization. For the combined BETA pool of members, STF is currently (10/2018) the second leading loss leader for injury severity.

California's Ergonomics Standard (CCR Title 8, Section 5110 – Repetitive Motion Injuries) requires employers to perform worksite evaluations of each job, process, or operation if there are one or more injuries from the same repetitive motion job task. Computer work has become a commonplace in healthcare since the inception of electronic medical records. Repetitive keyboarding can be a risk factor for upper extremity injuries. Having a good plan in place for handling worksite assessments, policies, procedures, and staff education can help mitigate the harm to employees and cost to employers. BETA's ergonomics toolkit can assist you in developing your own internal program.

The regulations from OSHA and Cal/OSHA §5120 Health Care Worker Back and Musculoskeletal Injury Prevention and Hospital Patient and Health Care Worker Injury Protection Act under California's Labor Code 6403.5 is the law that requires all general acute hospitals to comply. Direct patient care requires the handling, lifting and mobilization of patients daily, increasing the risk musculoskeletal injuries. According to statistics from the Bureau of Labor and Statistics, in 2016, 32.9 per 10,000 full time workers reported injuries related to overexertion and bodily reaction. The number of sprains, strains and tears reported are 36.3 per 10,000 workers. Safe patient handling



programs can reduce injuries related to musculoskeletal disorders (MSDs). Providing a program to reduce injuries not only helps employees, but also will improve patient care and the bottom line.

Today more than 5 million U.S. hospital workers from many occupations perform a wide variety of duties and are exposed to many safety and health hazards, including violence. This violence can range from offensive or threatening language to homicide. According to estimates of the Bureau of Labor Statistics (BLS), health care workers sustain workplace violence (WV) injuries at a rate of 8.3 assaults per 10,000 workers, a rate over four times higher than full-time employees in the private sector. Psychiatric hospitals had WV injury rates 64 times higher than private industry, while nursing and residential care facilities had rates 11 times higher than private industry. Seventy-nine percent of the violent injuries were caused by interactions with patients. Although most events are non-fatal, there were 14 fatal events due to homicide in the sector. Healthcare workers (HCWs) who provide direct care have a high risk for WV due to the populations they serve, including those who may have altered mental status related to the influence of drugs and alcohol, psychiatric disorders, pain, multiple psychosocial stressors or grief.

Incentive Structure

Members are required to opt in and meet specific requirements to be considered eligible for incentive credits. Members may receive credit for up to two domains per contract year. Once a member qualifies for incentive credits in a domain, no future credits will be awarded. Renewal credits will be based on meeting specified criteria within each domain and include the following:

Domain	Incentive/Renewal Credit
Ergonomics Program	2%
Safe Patient Handling Program	2%
Slip, Trip and Fall Prevention Program	2%
Workplace Violence Prevention Program	2%
Total potential renewal credits	8%

Get Started:

Please review the Employee Safety and Wellness Initiative Guidelines carefully. Each domain toolkit contains tools and resources that represent best practice models.



Validation Process

- BETA will complete onsite validation assessments measuring the extent to which the member/insured has successfully achieved individual domain criteria
- Validation assessments will be completed, and findings provided to member at least one month prior to contract/policy renewal
- The results of the validation assessment will determine the incentive/renewal credit the member receives

We value our members and appreciate your continued interest in BETA's Employee Safety and Wellness Initiative. By executing the document below, you have expressed interest in participating in our Employee Safety and Wellness Initiative in the 2018 contract year.



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Upcoming Quality Items:	Quality Related Goals for the Department:
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Data/Graphics supporting project outcomes:

**MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE**

ACCESS TO PUBLIC RECORDS

Page 1 of 4, with attachment
Application for Inspection of Public Records MMH585

DEFINITIONS:

"Person" includes any natural person, corporation, partnership, firm or association.

"Public records" includes any writing containing information relating to the conduct of the business of Mayers Memorial Hospital District prepared, owned, used or retained by the District regardless of physical form or characteristics.

"Writing" means handwriting, typewriting, printing, electronic communications, copying, photographing, and every other means of recording upon any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combination thereof, and all papers, maps, magnetic or paper tapes, photographic films and prints, and other documents.

POLICY:

It is the policy of the Board of Directors of Mayers Memorial Hospital District to encourage public participation in the governing process and to provide reasonable accessibility to all public records except those documents that are exempt from disclosure by express provisions of law or considered confidential or privileged under the law.

The following Guidelines and procedures shall govern the accessibility for inspection and copying of all of the public records of Mayers Memorial Hospital District. These guidelines are to be administered by the Chief Executive Officer of the District.

Certain requirements of law must be observed relating to disclosure of records and to the protection of the confidentiality of records. These Guidelines set forth the general rules contained in such laws.

Questions of Interpretation

In case of any question as to the accessibility of the records of the District under this policy, records should not be made accessible to the public until such question has been determined by the Chief Executive Officer of the District. The decision of such officer is final unless overruled by the Board of Directors.

The District shall justify the withholding of any record by demonstrating that the record requested and withheld is exempt under policy, or that on the facts of the particular case, the public interest served by not making the record public outweighs the public interest served by the disclosure of such record.

In the case of any denial of an Application for Inspection or Copying of Records, the District shall notify the applicant of the decision to deny the application for records and shall set forth the names and positions of each person responsible for the denial of the request.

Following Procedures for Inspection and Copying:

The Procedures referred to shall be followed in all of their specifics at all times. Records of inspections shall be accurately maintained.

Records Subject to Inspection

All public records of the District are subject to inspection pursuant to this policy except as follows:

- Records set forth hereinafter as records subject to inspection only without authorization;
- Records NOT SUBJECT to inspection (unless by Court order); or
- Records that may be withheld by exercise of discretion.

Waiver of Exemption

If the District discloses a public record that is otherwise exempt from disclosure under the California Public Records Act, the disclosure may constitute a waiver of the exemption otherwise applicable to such record.

Records Subject to Inspection Only with Authorization

Any records relating to clients of the District (including but not limited to the client's records of admission and discharge, medical treatment, diagnosis and other care and services) shall only be made available for inspection and/or copying under the following conditions:

- Upon presentation of a written authorization therefore signed by an adult client, by the guardian or conservator of his person or estate, or, in the case of a minor, by a parent or guardian of such minor, or by the personal representative or an heir of a deceased patient or client, and then only upon the presentation of the same by such person above-named or an attorney-at-law representing such person.
- Upon presentation of a written order therefore issued by a Court of the State of California or of the United States of America (see reference to Subpoena Duces Tecum hereinafter) that specifically commands the District to disclose specified records.

Records Not Subject to Inspection (Unless by Court Order)

The following Records of the District are not subject to inspection by any person without a written order therefore issued by a Court of the State of California or of the United States of America (see reference to Subpoena Duces Tecum hereinafter):

- Records pertaining to pending litigation to which the District is a party, or to claims made pursuant to Division 3.6 (commencing with Section 810) of Title I of the Government

Code of California, until such litigation or claim has been finally adjudicated or otherwise settled.

- Personnel, medical or similar files of non-clients, the disclosure of which would constitute an unwarranted invasion of personal privacy of the individual or individuals concerned.
- Records of complaints to or investigations conducted by, or investigatory or security files compiled by the District for correctional, law enforcement or licensing purposes.
- Test questions, scoring keys, and other examination data used to administer a licensing examination, examination for employment or academic examination.
- The contents of real estate appraisals, engineering or feasibility estimates and evaluations made for or by the District relative to the acquisition of property, or to prospective public supply and construction contracts, until such time as all of the property has been acquired and all contract agreements obtained.
- Confidential documents relating to trade secrets of the District. Trade secrets are of unique value to the District, are important to the functioning of District plans and are considered to be confidential documents.
- Records the disclosure of which is exempted or prohibited pursuant to provisions of federal or state law, including, but not limited to, provisions of the Evidence Code of California relating to privilege. (Privileges are conditionally provided for all communications between lawyer and client, physician and patient and psychotherapist and patient).
- Preliminary drafts, notes, or interdistrict, intradistrict or other memoranda, between districts, departments of the District, and/or other agencies, which are not retained by the District in the ordinary course of business, and provided that the public interest in withholding such records outweighs the public interest in disclosure.
- Records in the custody of or maintained by legal counsel to the District.
- Statements of personal worth or personal financial data required by any licensing agency and filed by an applicant with the licensing agency to establish his or her personal qualifications for the license, certificate or permit applied for.
- Records of state agencies related to activities governed by Articles 2.6, 2.8, and 2.91 of Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, pertaining to MediCal provider contracting, which reveal the special negotiator's deliberative processes, discussions, communications, or any other portion of the negotiations with providers of healthcare services, impressions, opinions, recommendations, meeting minutes, research, work product, theories, or strategy, or that provide instruction, advice or training to employees.
- Employment contracts between the District and any public official or public employee, pursuant to Government Code Section 6254.8.
- Government Code SS6254.6 states that collection of private industry wage data for salary purposes, when such data is supplied under contract by the Bureau of Labor Statistics, shall remain confidential and the identity of the employers shall not be open to the public.
- Government Code SS6254.9 states that computer software developed by the District is not, in itself a public record. The District may sell, lease, or license the software for commercial or noncommercial use. Any computer software that might be developed by

the District is entitled to copyright protection and need not be disclosed as a public record. This Section also provides, however, that information stored in a computer does not necessarily become confidential because of this Section.

- Any other records of the District that are not required to be disclosed pursuant to the California Public Records Act or other applicable statute as such statutes may be amended from time to time.

Discretionary Withholding of Records

In addition to the limitations upon disclosure of records set forth in this policy, the District may, in its discretion, withhold inspection of any record or writing when the District determines that on the facts of the particular case the public interest served by not making the record public clearly outweighs the public interest served by disclosure of the record. Such discretion shall be exercised by the District by and through the Chief Executive Officer, whose decision shall be final unless overruled by the Board of Directors.

Compliance with Subpoena Duces Tecum

Upon receipt, the Subpoena Duces Tecum (a notice to appear and to bring records, or to produce records without appearance) should be forwarded to the Chief Executive Officer. While a Subpoena Duces Tecum is issued by a court, it is not an order of the court declaring that the particular records are subject to disclosure. Such records may still be subject to protection against disclosure by reason of the existence of a privilege or other legal excuse. Therefore, receipt of such a subpoena does not permit disclosure of records in and of itself and the following rules should be followed:

- Subpoena in action where District is a party: Immediately consult with legal counsel representing the District as to the proper response.
- Subpoena in other actions: If the records sought to be discovered (which are ordered to be produced) fall within one of the categories above, consult with the District's counsel prior to responding to the subpoena.
- If the records sought to be discovered are those that can be inspected, it is sufficient compliance with the subpoena (if it seeks only records and does not specify that "testimony" or "examination upon such records" will be required) to deliver a copy by mail or otherwise, following the procedure set forth in Form MMH585 attached hereto.
- If only a portion of the records may be disclosed or inspected: If only portions of any requested records may be disclosed or inspected, the disclosable portions should be segregated from the non-disclosable portions, and the segregated non-disclosable portions should be withheld unless and until a court orders their production.

REFERENCES:

ACHD/Alpha Fund policy Access to Public Records
Beach Cities Health District

APPROVALS:

BOD:

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

BOARD OF DIRECTOR – INDIVIDUAL BOARD MEMBER JOB DESCRIPTION

Page 1 of 3

Job Description: MMHD Individual Board Member

The Fundamental Duty of Oversight

The board is both responsible and liable for Mayers Memorial Hospital District (MMHD). The MMHD board and the law require every board member to follow the rule of the reasonably prudent person and the principle of good faith, and in accordance with the Brown Act, District Law, and all other applicable local, state and federal laws.

The board must supervise and direct its own officers and govern the District's efforts in carrying out its mission. The duties of care, loyalty, and obedience describe the manner in which the directors are required to carry out their fundamental duty of oversight.

Duty of Care

Duty of Care requires board members to have knowledge of all reasonably available and pertinent information before taking action. The board member must act in good faith, with the care of an ordinarily prudent businessperson in similar circumstances, and in a manner he or she reasonable believes to be in the best interest of the District.

Duty of Loyalty

Duty of Loyalty requires board members to candidly discharge their duties in a manner designed to benefit only the District, not the individual interests of the board member. It incorporates the duty to disclose situation that may present a potential for conflict with the District's mission, as well as a duty to avoid competition with the District.

Duty of Obedience

Duty of Obedience requires board members to ensure that the District's decisions and activities adhere to its fundamental corporate purpose and charitable mission, as stated in its articles of incorporation and bylaws.

Each board member is also entrusted with individual responsibilities as a part of his or her board membership. The obligations of board service are considerable; they extend well beyond the basic expectation of attending meetings or participating in hospital events. Individual board members are expected to meet higher standards of personal conduct on behalf of the District than what is usually expected of other types of community volunteers.

Yet, despite all of these “special” responsibilities, board members as individuals have no special privileges, prerogatives, or authority. They must meet in formal sessions to negotiate and make District decisions.

A clear statement of individual board member responsibilities adapted to the District’s needs and circumstances can serve at least two purposes:

- It can help with the process of recruiting new board members by clarifying expectations before candidates accept nomination.
- It can provide criteria by which the committee responsible for identifying and recruiting prospective nominees can review the performance of incumbents who are eligible for reelection.

General Expectations

Prospective and incumbent board members should commit themselves with regards to the following:

- Demonstrate commitment to Mayers Memorial Hospital District’s mission/vision/values.
- Know and understand the District’s bylaws, board policies, goals, programs, services, history, strengths, and needs.
- Perform the duties of board membership responsibly and conform to the level of competence expected from board members as outlined in the duties of care, loyalty, and obedience.
- Prepare for the policy discussions and decision making required for governance excellence within the District.
- Serve in leadership positions and undertake special assignments willingly and enthusiastically.
- Suggest possible nominees to the board who are individuals of achievement and distinction and who can make significant contributions to the work of the board and the District’s progress.
- Avoid prejudiced judgments on the basis of information received from individuals and urge those with grievances to follow established policies and procedures through their supervisors (all matters of potential significance should be called to the attention of the CEO and the board’s elected leader as appropriate).
- Avoid asking for special favors of the staff, including special requests for extensive information, without prior consultation with the CEO, board, or appropriate committee chairperson.
- Know the difference between the board’s role and the role of the CEO.
- Counsel the CEO as appropriate and support him or her through difficult relationships with groups or individuals.
- Consider an annual gift according to personal means.
- Assist the development committees or affiliated foundation and staff by implementing fundraising strategies through personal influence with others (e.g., corporations, individuals, and foundations).
- Participate annually in educational opportunities to remain current on changing trends and issues affecting governance.

Meetings

Under the Brown Act, the board only exists, in both a legal and functional sense, when it meets. Consequently, board meetings are the center of governance. The ways they are planned and conducted – in addition to the dynamics that emerge in them – significantly influence the quality of governance. Therefore, individual board members are expected to:

- Prepare for board and committee meetings, including appropriate organizational activities.
- Participate in board and committee meetings with the forethought, courtesy, critical thinking and analyses, and attention to results.
- Ask timely and substantive questions at board and committee meetings consistent with the board member's conscience and convictions, while at the same time supporting the majority decision on issues decided by the board.
- Maintain confidentiality of the board's closed sessions, and speak for the board or District only when authorized to do so.
- Suggest agenda items periodically for board and committee meetings to ensure that significant, policy-related matters are addressed.

Conflict of Interest

Conflict of interest, confidentiality, disclosure – these concepts figure prominently in the understanding of governance responsibilities. They do not tell a board, or an individual director, how to govern; rather, they imply a code of conduct and ethical behavior. In order to prevent using the power, position, or information derived from their situations to influence organizational activities and decisions, individual board members must adhere to the Mayers Memorial Hospital District policy covering Conflict of Interest.

REFERENCES:

<http://www.fppc.ca.gov/>

<http://www.cacities.org/Resources-Documents/Resources-Section/Open-Government/Ralph-M-Brown-Act-11-2-15.aspx>

Mayers Memorial Hospital District Conflict of Interest Policy

COMMITTEE APPROVAL: Board Quality Committee (Kerns/Brubaker): 6/8/2010

BOARD APPROVAL: Regular Board Meeting 7/28/10

MAYERS MEMORIAL HOSPITAL DISTRICT

BOARD POLICY AND PROCEDURE

CHIEF EXECUTIVE OFFICER PERFORMANCE EVALUATION

POLICY:

It is the policy of MMHD to annually evaluate the work performance of the Chief Executive Officer (CEO).

The evaluation will be given at the September board meeting to follow fiscal year end, and so that all board members participating in the evaluation will have had a full year of interacting with and observing the CEO's performance.

Compensation of the CEO will be determined after completion of the evaluation. Any increase in compensation will be effective beginning with the pay period following completion of the annual CEO performance evaluation.

Although the evaluation will be facilitated by the Board Quality Committee or a special committee appointed by the board chairperson, the entire board will participate in the evaluation process.

PROCEDURE:

The process begins with a review of the current job description to determine accuracy and appropriateness. The team next develops an evaluation checklist based on the work plan and chief executive officer objectives. Respondents will be asked to rate the CEO's performance utilizing the evaluation checklist.

The team mails the checklist to all board members with the request that the evaluation form be completed within ten days and returned to board chairperson. Constructive criticism from board members should be specific so that the CEO may take appropriate corrective action.

A copy of the evaluation checklist is also provided to the CEO with the request to complete a self-evaluation and recommend performance objectives for the coming year. The form completed by the CEO will not be included in the board's compilation of results.

When the board members have returned the evaluation forms, the chairperson of the board makes up a composite checklist, which by line item indicates the number of responses for each rating.

Next, the full board meets, without the CEO present, to review the composite evaluation. The board must reach consensus on an evaluation for each item in the checklist.

The board will submit a copy of composite evaluation to CEO prior to full board evaluation. Then, the full board meets with the CEO to present the full board's conclusions about the evaluation. Should the CEO be in serious disagreement with part or all of the evaluation, the right to respond to

the full board must be available. Such a response should lead to a dialogue in which the problem area can be resolved in a candid and professional way.

Both the CEO and the board chairperson should sign the final agreed upon evaluation. A copy of the evaluation is given to the CEO, and the original evaluation is to be kept on file by the board in safe deposit box and to be passed on to the next board chairperson. A copy of the evaluation is not kept in the personnel office.

COMMITTEE REVIEW:

Board Quality Committee (Kerns/Knoch) - 7/20/09