



**Mayers Memorial Hospital District**

**Chief Executive Officer, Interim**  
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 (amended)  
March 30, 2016 1:00 PM  
Board Room (Fall River Mills)

*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	<b>CALL MEETING TO ORDER – Abe Hathaway, President</b>	
2	<b>CALL FOR REQUEST FROM THE AUDIENCE: PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS:</b> 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. <b>Comments should be limited to matters within the jurisdiction of the Board.</b> Pursuant to the Brown Act (Govt. Code section 54950 et seq.) <b>action or Board discussion cannot be taken</b> 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	<b>3.1 Resolution 2016-02 –February Employee of the Month (Exhibit 1)</b>	<b>ACTION ITEM</b>
	3.2 Job Descriptions Website HR Overview Presentation – Libby Mee HR Director	Information
4	<b>APPROVAL OF MINUTES:</b> 4.1 Regular Meeting – February 25, 2016 and March 8, 2016 Workshop <b>(ATTACHMENT A)</b>	<b>ACTION ITEM</b>
5	<b>OPERATIONS</b> ▶ Chief's Reports (CEO, CNO, CCO, IHF CEO) <b>(ATTACHMENT B) WRITTEN REPORT PROVIDED – ADDITIONAL COMMENTS AS NEED VERBALLY</b>	Information
6	<b>BOARD COMMITTEES:</b>  <b>6.1 Finance Committee – Chair Allen Albaugh</b> 6.1.1 Committee Meeting Report 6.1.2 Feb 2016 Financial review, AP, AR and acceptance of financials ..... <b>(Dispersed Separately)</b> 6.1.3 Approval of Policies <b>(Attachment C)</b> ..... • Prompt Pay Discount Policy • Charity Care Policy • Discount Payment Policy  <b>6.2 Strategic Planning Committee – Chair Abe Hathaway</b> 6.2.1 Committee Meeting Report ..... 6.2.2 Next Workshop – April 12, 2016 – 9:30 am – Fall River Board Room..... 6.2.3 Policy & Procedure Manual Review.....	Information <b>ACTION ITEM</b> <b>ACTION ITEM</b>        Information Information Information

	<b>6.3 Quality Committee – Chair Mike Kerns</b> 6.3.1 Committee Meeting Report.....	Information
7	<b>OLD BUSINESS</b> <b>7.1 Building Project Update</b> ..... <b>7.2 Clinic Grant Update</b> .....	Discussion Discussion
8	<b>NEW BUSINESS</b> <b>8.1 July Regular Meeting Date</b> .....	<i>ACTION ITEM</i> Information
9	<b>9.1 INFORMATION/REPORTS/BOARD EDUCATION/ANNOUNCEMENTS</b> <ul style="list-style-type: none"> <li>• <b>Legislative Update – Val Lakey (Attachment D)</b></li> <li>• <b>Board Comments, Upcoming Events, etc.</b></li> </ul>	
10	<b>ANNOUNCEMENT OF CLOSED SESSION:</b>  <b>10.1 Government Code Section 54952</b> Quality Assurance: Quality Improvement Issues, Medical Staff Report (Dr. AJ Weinhold, Chief of Staff)  <b>MEDICAL STAFF REAPPOINTMENT</b> 1. William Dykes, MD 2. Dale Syverson, MD  <b>AHP STAFF APPOINTMENT</b> 1. Jessica Miller, PA-C  <b>AHP Staff Reappointment</b> 1. Fred Jones, PhD	<i>ACTION ITEMS</i>
11	<b>RECONVENE OPEN SESSION: REPORT ACTIONS TAKEN DURING CLOSED SESSION</b>	
12	<b>ADJOURNMENT:</b> Next Regular Meeting April 27, 2016, Burney	

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43553 Highway 299 East, Fall River Mills CA 95028.

This document and other Board of Directors documents are available online at [www.mayersmemorial.com](http://www.mayersmemorial.com).

Posted/Distributed 03/23/16

Attachments: Quality, Strategic Planning, Finance Committee Meeting minutes



**Mayers Memorial Hospital District**  
*Always Caring. Always Here.*

**RESOLUTION NO. 2016-02**

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

**Lisa Akin, Surgery Department**

**AS FEBRUARY 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 Lisa Akin, Surgery Department is hereby named Mayers Memorial Hospital District Employee of the Month for February 2016; and

**DULY PASSED AND ADOPTED** this 30<sup>th</sup> day of March 2016 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

**AYES:**  
**NOES:**  
**ABSENT:**  
**ABSTAIN:**

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

**ATTEST:**

\_\_\_\_\_  
Valerie L. Lakey  
Clerk of the Board of Supervisors

Attachment A  
DRAFT

Mayers Memorial Hospital District  
Board of Directors – Regular Board Meeting

Date: February 25, 2016  
Time: 1:00 P.M.  
Location: Mayers Memorial Hospital  
Burney, California

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

**1. CALL MEETING TO ORDER:** President Hathaway called the regular meeting to order at 1:00 p.m. on the above date with the following present:

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

**Board Members Absent:** none

**Staff Present:** Louis Ward, CEO; Travis Lakey, CFO; Sherry Wilson, CNO; Keith Earnest, CCO;;  
Marlene McArthur, IHF CEO

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

**3. RESOLUTION 2016-01** – Presented to Sherry Green (*Vasquez, Kerns*) *Approved All*

**4. Quarterly Worker's Compensation Report** – Written report submitted

**5. APPROVAL OF MINUTES** – A motion/second and carried, the Board of Directors accepted the minutes of the January 27, 2016 Regular Board Meeting  
(*Kerns, Vasquez*) – *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** – Ward reported that it has been a busy month and a busy patient care month. He noted the scorecard and provided an overview of the metrics we are tracking. We will be adding some quality metrics and we will be utilizing graphs.

We are working on a clinic liaison. Ward noted that all of the chiefs have similar reports because they are working on many projects as a team. We have been working closely with MVHC and have developed a Provider Relations Committee.

Dr. Pafford from Canby Clinic will be at MMHD tomorrow.

We met with Partnership on Tuesday. We are looking at having one of our providers at the Partnership Med Exec meeting.

Regarding the Building project and capital campaign: Timeline may be sped up a bit. RFP and RFQ is happening a little faster. We may have construction firm selected by June. Hathaway asked if the moving of the power poles are included in RFP. The answer is "Yes".

- ▶ **Keith Earnest, CCO** – Referrals are up. There are a few notable items and additions.  
PT – Marzan will become a clinical instructor. She is waitlisted on the class at the moment. We are looking at venues to recruit PT's – we will eventually need 4 when we move over to Burney.

Pulmonary Function machine has not arrived yet.

Attachment A  
DRAFT

Mayers Memorial Hospital District  
Board of Directors – Board Workshop

Date: March 8, 2016  
Time: 9:00 A.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:** Secretary Vasquez called the workshop meeting to order at 9:00 am on the above date with the following present:

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

**Board Members Absent:** none

**Staff Present:** Louis Ward, Travis Lakey, Sherry Wilson, Keith Earnest, Marlene McArthur, Valerie Lakey

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

None

**3. OB Update** – CRNA adjustments have been made. We have negotiated a new contract of \$1000/day; this will amount to an \$80,000 annual savings. There is discussion to reduce call rate in surgery to \$6/hr call rate. Lisa Akin is leaving the first part of April. In regards to OB – we have manager and 3 trained nurses. Not all are comfortable. Manager has gone back to school to be a certified nurse midwife. It would be beneficial in our area. Schooling will be complete in 2 years. We put in a request for financial assistance to Partnership. Working with Enloe for training opportunities.

Working with Partnership to be a "pilot program". Develop HRSA grant application process.

We are looking at an "every other week" surgery schedule. Will help to cover other areas of the hospital.

**Board Workshop – Laura Dolman Facilitating – 9:30 am**

Dolman went over agenda and process. Albaugh spoke about needing to stay in the present.

Objectives covered: (See attached)

- Facilities – (see picture) 2020
- Personnel –
- Patient Services –
- Financial Stability –

Success Indicators: (See Attached)

**10. ADJOURNMENT:** There being no further business, at the hour of 12:30 p.m. President Hathaway declared the meeting adjourned.

## Success Indicators

- ① • Construction begins by April 2018
  - Construction completed by May 2019
  - Wall completed by ~~July~~ 2019
  - Close USDA loan 08/2016
- ② • Meet turnover target by 2018
  - Develop exit survey that measures satisfaction by mid-2016
  - Develop educational/growth plan by 2017
- ③ • No findings above a D on annual surveys
  - Have 3-star rating by 2017
  - Have 4-star rating by 2018
  - Develop quality data reporting plan by <sup>end</sup> 2016
- ④ • Have 45 days average C.O.H. by 2017  
70 2019

# OBJECTIVES

- Facilities  
1. Open new square footage meeting all state & federal reg. that will house Emergency, Lab & Imaging Services by 2020
- Personnel  
2. Be seen as the employer of choice in the area by providing <sup>staff</sup> growth opportunities, flexible working arrangements and maintaining a turnover rate commensurate with similar hospitals.
- Patient  
3. Be a five-star hospital and meet all HCHP requirements
- Financial  
4. By 2021, will maintain 90 days cash on hand



## Operations Report February 2016

Mayers Memorial Hospital

Statistics	February YTD FY16 <i>(current)</i>	February YTD FY15 <i>(prior)</i>	February Budget YTD FY16
Surgeries <i>(including C-sections)</i>	74	74	89
➤ Inpatient	25	25	10
➤ Outpatient	49	49	79
Procedures <i>(surgery suite)</i>	146	129	135
Inpatient	1564	1381	1427
Emergency Room	2693	2662	2640
Skilled Nursing Days	17599	17849	17780
OP Visits (OP/Lab/X-ray)	10926	10198	10948
Hospice Patient Days	1217	806	679
PT	7307	8062	7800
Ambulance Runs	291	265	264

### Operations District-Wide

Prepared by: **Louis Ward, MHA, Chief Executive Officer**

The District staff has been busy with a number of projects throughout the last month; add that to a very busy patient care month and one could say a lot has been accomplished over the past month. We have worked closely as Management Team while discussing and implementing many of our open projects. Below I have outlined in detail many of the current projects the district staff is currently working on.

#### **Community Health Needs Assessment (CHNA)**

We talked at length in a past BOD meeting about better understanding the population we serve. Generally, a firm would be retained and a CHNA would be performed to assist with this goal. Many counties, health systems, or stand alone hospitals will perform a CHNA once every 3 years to better understanding the changing needs of a population and how services are perceived in the area. I have reached out to the other members of the 299 collaborative to discuss the use of the 299 grant to renew our 2013 CHNA in 2016-17. The group is very interested in partnering with us to perform the CHNA. We will be working with Mountain Valleys Health Centers over the next couple of months to plan our next steps.

#### **Bringing Services to Burney**

We are moving forward with utilizing the partnership innovation grant (99K) to renovate the right roads building in Burney. We have met with a contractor and in his professional experience this project is very viable. We intend to reach out to the County next week to discuss permits, timelines, and such. We have also reached out to NMR (An architectural firm) in Redding to discuss an OSHPD 3 review of the building. It is imperative that the building meet OSHPD 3 requirements as this will give us the ability to perform hospital based outpatient services within the building. NMR will likely have a resource onsite at the building late March. As



this building is not directly attached to the Burney Annex, they will be much more flexible on construction and fees. We will have to publicize the construction portion of this job publically per our by-laws which will allow for reputable contractors to bid the project; we will be working to accomplish this in the next month. We have also written a summary of changes and submitted it to Partnership which they have accepted the new timeline and changes.

#### **Meaningful Use:**

We have met the CMS meaningful use program for the 3<sup>rd</sup> straight year. We are on to the next stage (Program year 2016). At this point we are now going to collect all of the invoices of product / services needed to meet the requirements; we have been keeping a file so this should no issue. Once we have all appropriate invoices we will begin working with our intermediary on our Medicare Payment. We also submitted our MU attestation to the Medicaid program earlier this month. This is the last year of payment for MU from the Medi-Cal program.

#### **PRIME Project**

Over the past few weeks we have been relaying information to you all about or participation in the Medi-Cal PRIME project. This is an initiative that could bring the district \$750,000 per year for the next 5 years, totaling \$3,500,000. We are participating in 3 projects, they are as follows:

1. Antimicrobial Stewardship
2. ED Transfer Communication
3. Million Hearts Initiative

The final application is due before April 4<sup>th</sup> so we are actively working on the application at the moment. We submitted a draft application on March 18<sup>th</sup> to the District Hospital Leadership Forum.

#### **Telemedicine**

We are still working to grow our telemedicine presence in our ER. I was very happy with a few comments made by Dr. Dahle and Dr. Watson at this week's Med Exec meeting. They expressed great satisfaction of their use of the telemedicine system in our ER on a recent pediatrics case. We have strengthened our relationship with UC Davis by participating in a telemedicine study specific to pediatric cases in our ER. The Doctors were very impressed with the ease of use and the immediate access to the specialist in need. They are very interested in other opportunities to better meet the needs of the patients in our ER. Earlier this month Dr. Watson, Sherry Wilson, BJ Macey-Burks, Cathy Drenon, Dr. Jones, and I met with Dean True from Shasta County here at Mayers. He came up to talk specifically about Mental Health patients and ER holds. We again shared with him that we do not have the resources to provide the appropriate care these patients are in need of. We stressed that Shasta county needs to partner with us in our efforts of finding the appropriate setting for these patients to receive the treatment they are in need of and it needs to happen faster than it currently does. As you are all aware many times we are using one of our acute beds for multiple days to house and ER hold. Not only is this a financial draw on the hospital, it has impact on staffing, and most importantly the patient is not receiving the treatment they need so they tend to enter into a cycle of readmission. At this point, I have asked for access through telemedicine to the Shasta county sponsored Mental Health personnel staff in both Redding ERs in our efforts to provide treatment to the patient in a timely manner as well as working with the county to place the patient in the case it is needed. We could do this through the use of telemedicine. This will hopefully allow us to mitigate some of the draw on resources as well as help the patient in a timely manner.

#### **Regional Health Information Exchange (HIE)**

We have kicked off our HIE implementation project to start sending data to a regional repository (Sac Valley Med Share) in our efforts to provide patient data to the right person at the right time. We have talked at length about this but this is the start of what EMR was always designed to be (if you show up in a hospital in Hawaii, they should be able to see your medical record from MMHD) Of course this is a very long project so we are starting regionally, we will be the first 299 member to submit data as we are most prepared to do so. Once we

are live it will just be us, Enloe Medical Center, and a Radiology group in Chico Live on the portal so initially it won't be of much help to us but I am happy to say that we are the most prepared out of all of our Redding counterparts thus the reason we were chosen. Mountain Valleys Health Centers will be implementing their HIE connection shortly behind us, allowing the Clinics and the Hospital to share data easier than we already do.

### **Chief Clinical Officer Report**

**Prepared by Keith Earnest, Pharm.D.—Chief Clinical Officer**

#### *Respiratory Therapy*

- The new PFT machine is installed, staff is oriented and it is in use.
- The department is receiving 2-3 referrals for testing a day.
- Adam Dendauw, Director of Clinical Services, has met with Dr. Pafford from the Canby Clinic to facilitate referrals.

#### *Laboratory*

- The interface between the new analyzer and Paragon® is up and running!
- Jude Demore, CLS applicant, is working to complete Mayers 2015 antibiogram.
- Chris Hall, CLS—lab manager, has worked with Fairchild Medical Center to get there old microscan machine. This machine automates the identification and MIC of bacteria.
- Modoc Medical Center is bringing their microbiology back in-house and will no longer be contracting with Mayers for this service.

#### *Physical Therapy*

- Daryl Marzan, PT manager, has interviewed and hired a physical therapist, who will graduate December 2016 and start her employment here January 2017.
- The department is purchasing seven pieces of equipment from IMPT in Burney. This equipment will be utilized when Mayers provides PT services in Burney.
- Daryl is in negotiations to hire a PT Assistant, which will increase our ability to see more patients.

#### *Imaging*

- Dr. Anwar, an interventional radiologist based in Mt Shasta City, presented to the Medical Staff on March 15. He can perform several procedures at Mayers preventing patients from out migrating.
- The imaging department is gearing up to restart the interface project with Mountain Valley's Health Centers. The project will relaunch as soon a Viztek has a technician available.

#### *Cardiac Rehab*

- The PRIME application for the million hearts initiative has been submitted. This project is worth 250K annually.
- A grant for rehab equipment for the department requesting 15K has been submitted through the Intermountain Healthcare Foundation.

- Trudi Burns, RN—department manager, has started to audit the revenue cycle for Holter Monitors.
- Training and orientation to the cardiac stress treadmill will start mid-April.

### *Pharmacy*

- Mayers is expecting a 340B audit May 17<sup>th</sup> 19. We have been on a call with the auditor and are preparing the documents they have requested.

### *Hospice*

- Hospice had a very successful Hippie/1960s themed dinner on March 19<sup>th</sup>. Thank you to everyone who participated and contributed.

### **Critical Access Hospital**

**Prepared by: Sherry Wilson CNO/Acute**

### ***Obstetrics***

The OB department is up on census and expecting 8 deliveries that we are aware of this month. The next few months will follow suit. I am happy to see this increase in census and hope that this trend will continue to increase. The Halo sleep sacks that we ordered from our Shasta First 5 grant are finally here and turned out real nice. We have started to give them as a gift last week to our moms and babies, a nice touch for allowing us to share in their birthing experience. Lastly, station 3 is coming along in its remodel and looks beautiful. This will be so nice when our patients arrive to check in and see that we are taking pride in our appearance. It will also assist the OB nurse with managing labor patients once we are able to achieve the goal with obtaining our new equipment in central monitoring making privacy for our patients reality. I look forward to being able to be part of the growth and success of our newly blooming OB department and will continue to work hard to achieve our goals.

Thank you, Holly Green BSN, RNC  
OB/Quality Director

### ***Quality Improvement***

The Quality department received its first two final published reports from our vendor Healthstream for patient satisfaction surveys. These same reports will be uploaded to CMS and on hospital compare very soon. Overall we are doing well only falling out in a couple areas such as noise control, discharge instruction, and cleanliness. These are the areas we will focus on for quality improvement. Next, I am still awaiting for Jennifer Brooks from the California Flex program MBQIP to schedule a visit to assist with some much needed guidance regarding CAH reporting and the program therein. I received an email from her last week stating that they would try to schedule for May or June. Lastly, all of our data

data for Patient safety first for all quarters 2015 are in and complete. I look forward to continued education and growth regarding the quality piece and feel that we can work together to make MMH the star performer of CAHs in state.

Holly Green BSN, RNC OB/Quality Director

### ***Outpatient Medical***

Patient Census continues to rise! Last month our patient census was 142 patients, and 197 procedures! This is a welcome trend.

We are in desperate need of one new bed in Fall River, as we are currently running 3 rooms for outpatient services. In one room is the “discarded” Labor and Delivery bed donated in 1993. This bed does not move down low enough for our fragile ambulators or elderly patients to get up into the bed. We currently have several patients that weigh 300 to 400 plus pounds. This bed will not work at all to raise or lower with this weight as it was never intended for such use. (As well it is an old motor on the bed.) Staff must change beds around room to room to accommodate the patient’s needs, despite attempts to organize the schedule to prevent this. The additional moving of beds is resulting in back strain for staff.

In addition the old beds in the Burney urgent care clinic, used once a month for Dr. Zittel’s wound care clinic, present the same problem. However at that site, we are not able to move beds to accommodate the patient needs. Staff work bent over to reach the patient, or we prop the patient with lots of pillows! Additional equipment needs are vital sign monitors. We have been using the Surgery Department’s old ones. They are over 12 years old, and they are starting to show some wear, i.e. difficult electric connections and broken knobs. Now that equipment has to be transported back and forth between the Burney Wound Clinic and Fall River, they are taking quite a beating! All new equipment requests have been put on the Capital Expenditure list and submitted to the Intermountain Healthcare Foundation. In addition these requests are being brought before the hospital’s finance committee.

Lastly, it is time to revisit our need for cabinets in the patient care area. Currently, patient supplies are stored on a cloth covered storage cart in one of our patient rooms and a clean laundry cart with a cloth cover is stored in another room. This looks dated and unprofessional. As well it poses an infection control concern which has been brought before administration in the past. We were asked to wait with ordering any expensive items at the time so it was tabled. With all the new upgrades that have occurred hospital wide, it is time to finish the upgrades in the Outpatient Department, with the addition of cabinets and discard the storage carts!

### ***Surgery***

- Feb 8<sup>th</sup> Dr. Guthrie preformed 6 surgical procedures, this is the most he has done in one day since he started here
- Surg continues to need an additional RN Circulator (to fill the FT RN position vacated by Autumn)
- In addition, a FT Surg Manager Position was posted as well, vacated by myself
- Printed Surgical Patient Surveys were distributed at discharge from OPS
- Those received back thus far have been overwhelmingly positive. Most of the surveys report being treated like a “real person, not a number like at large hospitals”.
- Currently working with Margaret Truan for a Grant for an Autoclave Control Panel (that is on its last leg), for an Auto-Reader, and for 2 medication syringe pumps required by CRNAs

### ***Skilled Nursing***

- The Skilled nursing current census is at 77. We have had one visit from CDPH in reference to a self report, resulting in no deficiencies.
- Our CNA class will be completed by the second week in May, and Shasta College will have four LVN students on site in April for a clinical rotation on our Acute floor as well as in our Skilled Nursing.
- Registry use is up slightly over the last month, staff continue to pick up extra shifts to cover call-ins and uncovered shifts.

**MAYERS MEMORIAL HOSPITAL DISTRICT**

**POLICY AND PROCEDURE**

**PROMPT PAY DISCOUNT POLICY**

ORIGINATING DATE: 10/31/11  
REVISION DATE: 05/24/13  
MANUAL(S): Business Office, Admitting

Page 1 of 2

**DEFINITION:**

For all intents and purposes, the word "patient(s)" refers to all customers receiving health care services in our facilities, including inpatients, outpatients, residents and clients.

**POLICY:**

This policy will allow a discount of up to 25% off patient liabilities provided that certain prompt pay criteria (outlined below) are met. When used appropriately, this program allows prompt payment resolution, thereby improving the financial position of both the patient and Mayers Memorial Hospital District.

**PROCEDURE:**

**1. Determination of Discount**

- a. A representative of Patient Access or Patient Financial Services may collect payment at a discounted rate according to the following criteria:
  - i. At or before the time of service: 25% discount
    1. Applies to amounts \$100 or more; and
    2. Automatic discount – the patient does not need to request the discount
  - ii. At the time of first billing to the patient: 15% discount
    1. Applies to amounts \$100 or more; and
    2. Applies for the remainder of the month in which patient receives his/her first statement; and
    3. If the patient applied a good-faith payment at the time of service, any remaining unforeseen amounts present at the time of first billing may receive a 25% discount.

- iii. The patient may be eligible for a larger discount if his/her guarantor lives within Mayers Memorial Hospital District (see District Resident Discount Policy). The prompt pay discount and the district resident discount are mutually exclusive.
- iv. At no time may a representative apply the prompt pay discount to a Medi-Cal recipient's share of cost, as prohibited by Centers for Medicare & Medicaid Services, HHS Regulations [42 C.F.R. Section 435.831 (d)].
- v. At no time may a representative apply the prompt pay discount to a Long-Term Care account, as prohibited by the discriminatory billing provisions of California Code of Regulations (CCR), Title 22, Section 51501(a) and Section 51480(a).

## 2. Application of Adjustment

- a. The representative of Patient Access or Patient Financial Services shall write a receipt upon payment through the prompt pay discount program, and will include the following information on the written receipt:
  - i. Patient name
  - ii. Account number
  - iii. Amount received
  - iv. Discount applied
- b. A copy of the receipt shall be forwarded to the Cash Posting Department.
- c. The Cash Poster shall apply the discount amount to the account, using Adjustment Code 61002 – PROMPT PAY DISCOUNT.
  - i. The discount dollar amount will be entered in the amount column;
  - ii. The discount percentage amount will be entered in the reference column;

**Note:** Adjustment Code 61002 – PROMPT PAY DISCOUNT is considered a routine adjustment code, and does not require the Patient Access Manager's signature authority to apply.

## REFERENCES:

**42 C.F.R. Section 435.831 (d)** - Federal Regulation requiring a patient's share of cost obligation be "incurred" before Medi-Cal benefits become available. Accordingly, if Mayers Memorial Hospital District were to waive a part of a patient's share of cost, the patient would not have "incurred" expenses adequate to satisfy the patient's share of cost obligation.

**COMMITTEE APPROVALS:**

BOD: (XX/XX/XX)

Author: CJ, RP

File/Path Name: (P&P Coordinator will complete this field when the policy is released.)



## MAYERS MEMORIAL HOSPITAL DISTRICT

### POLICY AND PROCEDURE

### CHARITY CARE POLICY

ORIGINATING DATE: Unknown  
REVISION DATE: 2/15/11  
MANUAL(S): Business Office, Admitting

Page 1 of 4, plus the following attachments  
*2010 HHS Poverty Guidelines MMH388*

#### DEFINITION:

For all intents and purposes, the word "patient(s)" refers to all customers receiving health care services in our facilities, including inpatients, outpatients, residents and clients.

#### POLICY:

Mayers Memorial Hospital District realizes the need to provide service to patients who cannot otherwise afford health care. This policy applies to all patients with non-coverage of service on the date performed who meet the guidelines of this policy and who agree to its terms. A graduated schedule based on the annual HHS Poverty Guidelines, as well as assessment of the patient's monetary assets will be used to determine the qualifying income and asset levels of applicants. Guidelines are subject to change yearly based on the HHS Poverty Guidelines. Understanding this need, the hospital has chosen to fulfill their responsibility to the community by adopting the following Charity Care Policy.

#### PROCEDURE:

##### 1. Eligibility Criteria for Participation in the Charity Care Program:

- a. A patient qualifies for Charity Care if all of the following conditions are met:
  - i. The patient does not have third party coverage from a health insurer, Medicare, or Medi-Cal as determined and documented by the hospital;
  - ii. The patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital;
  - iii. The patient's household income does not exceed 75% of the Federal Poverty Level; **and**
  - iv. The patient's allowable monetary assets do not exceed \$5,000;
    1. In determining a patient's monetary assets, the hospital **shall not** consider: retirement or deferred compensation plans qualified under the Internal Revenue Code; non-qualified deferred compensation plans; the first ten thousand dollars (\$10,000) of monetary assets, and fifty percent

(50%) of the patient's monetary assets over the first ten thousand dollars (\$10,000).

**Enrollment Process:**

- b. An informal determination of Charity Care eligibility will be determined by the Patient Financial Counselor, and the applicant may choose to fill out an application based on the recommendation of the Patient Financial Counselor; however, the recommendation of the Patient Financial Counselor is not required in choosing to fill out the Charity Care Application.
- c. Upon being submitted for consideration by the Patient Financial Counselor, all properly submitted applications will be reviewed and considered for implementation within 10 business days.
- d. All application packets must be filled out completely and accurately with each of the following required documentation attached, to be considered:
  - i. Documentation of non-coverage from Medi-Cal and/or County Medical Services Program (CMSP) for the service on the date performed;
  - ii. Documentation of household income, as provided by:
    - 1. Current W-2 withholding form or Income Tax statement form from the previous year, **or**
    - 2. Pay stubs from the previous three months
  - iii. Documentation of monetary assets, to include:
    - 1. Most current bank statement, and any additional information or statements on all monetary assets
      - a. Statements on retirement or deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans **shall not** be included
    - 2. Signed waiver or release from the patient or the patient's family, authorizing the hospital to obtain account information from financial and/or commercial institutions, or other entities that hold or maintain monetary assets, to verify their value.
  - iv. Completed Medicare Secondary Payer (MSP) Questionnaire indicating the patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance
- e. Any additional accounts with outstanding balances at time of application will be screened for Charity Care eligibility using the same information collected above.
- f. Verification of accuracy of application information, including contacting employers for verification of employment, will be made.
- g. A letter of either approval or denial will be submitted to each applicant.

- i. The approval letter will include a demand statement for the service in question with adjustments and a balance of zero dollars (\$0), and contact information for any questions that may arise;
  - ii. The denial letter will include: reason for denial; indication of potential eligibility under the Discount Payment Program, Payment Plan Program, or other self-pay policy; and information and request to contact the Patient Financial Counselor as soon as possible.
- h. Any additional services rendered up to a year after the submission date of an approved Charity Care Application will additionally require: updated documentation of non-coverage for the service on the date performed; and a completed MSP Questionnaire indicating the patient's injury is not a compensable injury.
- i. Any disputes regarding a patient's eligibility to participate in the Charity Care Program shall be directed to the Patient Access Manager and will be resolved within 10 business days.
  - i. If it is determined that the patient is ineligible to participate, the number of days spent on dispute resolution shall not be counted toward the minimum 150 days prior to reporting any amount to a credit reporting bureau.

**2. Participant Accounts Maintenance:**

A folder for each Charity Care applicant will be created, and will include the following items:

- a. Patient information and application
- b. A copy of every correspondence between Mayers Memorial Hospital and the participant
- c. Detailed bills on all accounts to be included in the application
- d. Adjustment form with adjustments taken on accounts
- e. Any additional notations and pertinent information

**3. Availability of the Charity Care Policy:**

- a. Notice of the Charity Care Policy shall be posted in the following locations:
  - i. Emergency department
  - ii. Billing office
  - iii. Admissions office
  - iv. Laboratory
  - v. Imaging
  - vi. Station III
- b. In the event of the hospital providing service to a patient who has not provided proof of coverage by a third party at the time the care is provided or upon discharge, the hospital shall provide a notice to the patient that includes, but is not limited to:

- i. A statement that indicates the patient may qualify for Charity Care if they meet the eligibility criteria set forth in this policy; and
- ii. The name and telephone number of the Patient Financial Counselor from whom the patient may obtain information about the Charity Care policy and other assistance policies, and about how to apply for that assistance.

**REFERENCES:**

The processes and procedures described above are designed to comply with CA AB 774 (Statutes of 2006) and SB 350 (Chapter 347, Statutes of 2007). Questions regarding AB 774 and SB 350 can be addressed by the Patient Financial Counselor or by California's Office of Statewide Health Planning and Development's website, at

<http://www.oshpd.ca.gov/hid/products/hospitals/fairpricing/index.html>.

<http://aspe.hhs.gov/poverty/10poverty.shtml>

**APPROVALS:**

BOD: 2/23/11  
P&P: 6/1/11

Author: CJ

File/Path Name:

Insurance & Billing - Policy of Procedures and Procedures - Business - Office of Human  
Care & Pricing 2011

**MAYERS MEMORIAL HOSPITAL DISTRICT**

**POLICY AND PROCEDURE**

**DISCOUNT PAYMENT POLICY**

ORIGINATING DATE: Unknown  
REVISION DATE: 1/25/11  
MANUAL(S): Business Office, Admitting

Page 1 of 3, plus attachment  
*HHS Poverty Guidelines MMH389*  
*HHS Poverty Guidelines to post MMH389A*

**DEFINITION:**

For all intents and purposes, the word "patient(s)" refers to all customers receiving health care services in our facilities, including inpatients, outpatients, residents and clients.

**POLICY:**

Mayers Memorial Hospital District realizes the need to provide service to patients who cannot otherwise afford health care. This policy applies to all uninsured or underinsured patients who meet the guidelines of this policy and who agree to its terms. A sliding fee schedule based on the annual HHS Poverty Guidelines will be used to determine the qualifying income levels of applicants. Guidelines are subject to change yearly based on the HHS Poverty Guidelines. Understanding this need, the hospital has chosen to fulfill their responsibility to the community by adopting the following Discount Payment Policy.

**PROCEDURE:**

**1. Enrollment Process**

- a. An informal determination of Discount Payment eligibility will be determined by the Patient Financial Counselor, and the applicant may choose to fill out an application based on the recommendation of the Patient Financial Counselor; however, the recommendation of the Patient Financial Counselor is not required in choosing to fill out the Discount Payment Application.
- b. Upon being submitted for consideration by the Patient Financial Counselor, all properly submitted applications will be reviewed and considered for implementation within 10 business days.
- c. All applications must be filled out completely and accurately with one of the following required documentation attached, to be considered:
  - i. Current W-2 withholding form or Income Tax statement form from the previous year, or
  - ii. Pay stubs from the previous three months

- d. Verification of accuracy of application information, including contacting employers for verification of employment, will be made.
- e. A letter of either approval or denial will be submitted to each applicant. The letter will contain: the percent discount; adjusted balance (if more than one account, each will be combined into one account for accounting and billing/statement purposes); and the required monthly payment due each month. Also included in the envelope will be a payment schedule and a discount card.
- f. Updates will be conducted at the end of each calendar year for continued eligibility, or as needed with updated information/changes to guarantor accounts.

## **2. Discount Payment Account Billing Process, Terms and Settlement**

- a. All accounts will be billed on the 15th of the month of discharge or of the following month, whichever is earlier.
- b. Participants are requested to remain current on their outstanding balances. In order to remain current, participants must pay the balance due by the 15th of the following month. If unable to meet these requirements, prior arrangements must be made with the Business Office/Patient Financial Counselor.
- c. If participant information changes, the participant shall submit changes to the Business Office/Patient Financial Counselor to update their applications or to complete/submit a new application.
- d. If participant does not pay within 15 days past due, without prior arrangements with the Business Office/Patient Financial Counselor, he/she will be removed from the program.
- e. Upon removal from the program, a 6-month grace period will be enforced where all amounts will be due and the patient will not be eligible for the program. Accounts on the program will have the discounted amount removed, original balance reinstated minus any payments, and prepared for collections. These accounts will not be considered a part of the new application once the participant is eligible for the program again.
- f. A new application on new accounts may be submitted after the grace period for consideration.
- g. Accounts that are removed from the program and that still contain a positive balance after the 6-month grace period will be forwarded to an outside collection agency who will, at their discretion and in accordance with rules and regulations put forth by California Assembly Bill 774, notify credit reporting bureaus. Under no circumstances will an account be reported to a credit reporting bureau under 150 days from the first bill date.

**3. Participant Accounts Maintenance**

- a. All accounts will be reviewed monthly for fee adjustments, monthly payments and co-payments.
- b. Notices will be sent for all accounts which are non-compliant.
- c. Collections efforts may be pursued for accounts that violate the terms set herein.
- d. In the folder for each application the following items are required:
  - i. Patient information and application
  - ii. A copy of every correspondence between Mayers Memorial Hospital and the participant
  - iii. Detailed bills on all accounts to be included in the application
  - iv. Adjustment form with adjustments taken on accounts
  - v. Any additional notations and pertinent information

**REFERENCES:**

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.

<http://aspe.hhs.gov/poverty/10poverty.shtml>

The processes and procedures described above are designed to comply with CA AB 774 (Statutes of 2006) and SB 350 (Chapter 347, Statutes of 2007). Questions regarding AB 774 and SB 350 can be addressed by the Patient Financial Counselor or by California's Office of Statewide Health Planning and Development's website, at <http://www.oshpd.ca.gov/hid/products/hospitals/fairpricing/index.html>.

**APPROVALS:**

BOD: 2/23/11  
P&P: 6/1/11

Author: CJ

File/Path Name:

Mayers Memorial Hospital Board of Directors Meeting  
Office Discount Payment Policy v. 2

ATTACHMENT  
D



**Mayers Memorial Hospital District**  
*Always Caring. Always Here.*

## LEGISLATIVE UPDATE

Contact: Valerie Lakey [vlakey@mayersmemorial.com](mailto:vlakey@mayersmemorial.com) (530)336-5511 Ext. 1136

### Key Legislation:

#### **AB1300 (Ridley-Thomas) Support**

Specifies that a trained Emergency room physician in non-designated hospitals, after conducting and assessment, have the authority to write and release individuals from a 72-hour involuntary hold. Currently, there is no consistent statewide policy for the involuntary hold process.

#### **AB2467 (Gomez) Oppose**

Would require annual reports of executive compensation for every executive officer whose annual compensation exceeds \$250,000 per year. Compensation and benefits are already currently available.

#### **SB1365 (Hernandez) Oppose**

Would require that an entity that operates or controls a hospital –that also operates, controls or leases real property for use as an outpatient treatment setting – to ensure that the outpatient facility does not charge a fee to or impose costs on a patient or other payer for inpatient care or hospital care (No facility fee can be charged)

#### **SB1252 (Stone) Oppose**

Would require a hospital to provide:

- Written notification to a patient, in advance of treatment, if any of the physicians providing medical services to the patient are not contracted with the patient's health plan
- The net cost to the patient for the medical procedure





## Involuntary Detainment: Help Expedite Care for Patients with Behavioral Health Needs

### ► Support AB 1300

- Physicians see more than 1 million individuals with behavioral health diagnoses in EDs annually and are fully capable of assessing and referring patients.
- No consistent statewide policy exists for the involuntary hold process.
- Patients are often kept in hospital EDs, which are chaotic by nature, and therefore not a good environment for individuals experiencing a behavioral health crisis.
- AB 1300 will help unclog California's crowded EDs to the benefit of patients and the community.

#### Issue

California law authorizes individuals to temporarily be held against their will in certain "designated" hospitals for psychiatric evaluation and treatment if certain professionals believe that, due to a mental disorder, they are a danger to themselves, a danger to others or gravely disabled. The law for placing a 72-hour involuntary hold on individuals is meant to ensure due process and protect the patient from unlawful detainment while safeguarding the public.

This law — part of Section 5150 of the Welfare and Institutions Code — is commonly known as a "5150" and was enacted nearly 50 years ago. Currently, there is no consistent statewide policy for the involuntary hold process, resulting in a patchwork system of care and fragmented application of due process laws in California's 58 counties. Current law inhibits qualified emergency department (ED) physicians from assessing and referring these patients to the care they need.

The result is that patients are often kept in hospital EDs, which are chaotic by nature, and therefore not a good environment for individuals experiencing a behavioral health crisis. No one should face involuntary detention for up to 72 hours without a timely assessment and referral to an appropriate level of care. Patients are often left languishing for hours, days or sometimes weeks awaiting psychiatric assessment from entities outside of the hospital system, and their conditions often worsen.

#### Position

CHA is a co-sponsor of AB 1300 (Ridley-Thomas, D-Los Angeles), along with the California American College of Emergency Physicians (CalACEP), California Emergency Nurses Association (CalENA) and the California Psychiatric Association (CPA). The outdated 5150 law does not meet the needs of the behavioral health patient who would be best served by a behavioral health professional outside of an ED setting.

AB 1300 will ensure that individuals are given due process, safeguard their civil rights and avoid unwarranted hospital detention. AB 1300 will, in specified instances, give emergency department physicians the authority to release individuals from an involuntary hold after conducting an assessment. AB 1300 will also reduce hospital emergency room overcrowding, increase public safety, and provide better and more timely patient care by delivering emergency behavioral health services to those who actually need it.

(Continued next page)

# Involuntary Detainment: Help Expedite Care for Patients with Behavioral Health Needs (cont.)

## ► Support AB 1300

- Physicians see more than 1 million individuals with behavioral health diagnoses in EDs annually and are fully capable of assessing and referring patients.
- No consistent statewide policy exists for the involuntary hold process.
- Patients are often kept in hospital EDs, which are chaotic by nature, and therefore not a good environment for individuals experiencing a behavioral health crisis.
- AB 1300 will help unclog California's crowded EDs to the benefit of patients and the community.

AB 1300 updates and strengthens existing law by:

- Specifying that trained emergency room physicians in non-designated hospitals, after conducting an assessment, have the authority to write and release individuals from a 72-hour involuntary hold.
- Extending existing civil and criminal liability protections to non-designated emergency room clinicians and emergency transportation providers involved in the detainment process.
- Requiring hospitals to notify the county in which the non-designated hospital is located of an individual on a 72-hour hold.
- Authorizing professionals involved in the detainment process — including those at the scene of an emergency or during transport to a hospital — to communicate patient information, including the historical course of the person's mental disorder.
- Encouraging the use of telehealth in the detention, assessment and treatment process.

### Analysis

AB 1300 upholds the Lanterman-Petris-Short (LPS) Act's original intent to end the inappropriate, indefinite and involuntary commitment of mentally disordered persons; to provide prompt evaluation and treatment; to guarantee and protect public safety; to encourage the full use of all existing agencies, professional personnel and public funds to accomplish these objectives; and to prevent duplication of services and unnecessary expenditures.

The involuntary care and behavioral health delivery system in California has evolved since the 1960s, from most psychiatric care being provided in large state institutions to a focus on community-based services, primarily in non-traditional hospital settings. However, involuntary commitment laws never considered individuals first being taken to non-designated hospital emergency departments prior to their involuntary commitment.

Currently, more than 1 million individuals with a behavioral health diagnosis are brought to California hospital emergency rooms each year. Between 2006-2011, the use of emergency department services increased by 47 percent for individuals with a behavioral health diagnosis. According to published research, approximately 70 percent of individuals brought to emergency departments don't meet the threshold for requiring hospital-based inpatient psychiatric care and can be better served in community-based treatment settings.

AB 1300 is a critical first step in addressing the significant challenges hospital emergency departments face in delivering behavioral health care. This measure is incremental by design and does not add new mandates or requirements for more beds or services. Rather, it allows for the more efficient use of limited emergency resources, provides a more consistent statewide application of the law and will help ensure patients receive the most appropriate care in the least restrictive environment appropriate to their needs.

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## Hospital Management Compensation: Unnecessary Reporting

### ► Oppose AB 2467

- Compensation and benefits data are currently publicly available for the C-Suite and other key staff.
- AB 2467 would expand current reporting obligations to include mid-level staff who reach the threshold simply because they are highly skilled and work in a competitive market.
- This duplicative reporting obligation unnecessarily increases administrative costs and reduces resources for patient care without any real public policy benefit.
- Private compensation and benefit information would be publicly disclosed based solely on an arbitrary threshold, without regard to level of responsibility.

#### Issue

AB 2467 would require a broad array of hospitals, health systems, and hospital-affiliated medical foundations and physician groups to report to the Office of Statewide Health Planning and Development (OSHPD) the names, positions and total compensation amounts for any exempt employee whose total compensation exceeds \$250,000 per year. In addition, covered hospitals and medical entities would be required to provide compensation-related data if an exempt employee receives more than \$1,000 per year for serving on the board of directors of another entity.

#### Position

CHA opposes AB 2467 (Gomez, D-Los Angeles), which would expand existing compensation reporting obligations to include mid-level staff who reach the threshold simply because they are highly skilled and work in a competitive market, but have no organizational authority. Thus, it would unnecessarily divert resources from patient care without any real public policy benefit.

#### Analysis

Sponsors of this bill contend that the reporting requirements would improve transparency. Hospitals and health systems are not opposed to transparency, and currently publicly report much of the information sought. This bill only increases hospitals' administrative costs by expanding the reporting obligations and disclosing private compensation information without justification.

Nonprofit entities are required to file an Internal Revenue Service Form 990, which is then posted on the publicly available Guidestar website. This form was updated in 2015 and requires that all officers, directors and trustee compensation be reported. In addition, key employees — which is broadly defined, but includes employees receiving compensation in excess of \$150,000 — former officers and highest-compensated employees must be reported. Publicly-traded for-profit hospitals must file executive compensation information with the Securities and Exchange Commission. District hospital compensation data is subject to the Public Records Act.

AB 2467 poses privacy issues that are two-fold. First, the scope of the bill extends to any exempt employee — not just the C-Suite. For example, nurse managers or information technology personnel whose total compensation meets or exceeds \$250,000 annually would be reported. As hospitals traditionally offer generous benefits to attract the highly skilled workforce needed, a salary of \$200,000 plus benefits (pension, paid time off, bonus, etc.) would likely trigger reporting. In many organizations, particularly in urban areas, this reporting threshold would reach deep into the organization. Posting these reports on the OSHPD website could also raise safety concerns for some employees as their names and hospital employers would be listed.

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## Hospital Management Compensation: Unnecessary Reporting (cont.)

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### ► **Oppose AB 2467**

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- Compensation and benefits data are currently publicly available for the C-Suite and other key staff.
- AB 2467 would expand current reporting obligations to include mid-level staff who reach the threshold simply because they are highly skilled and work in a competitive market.
- This duplicative reporting obligation unnecessarily increases administrative costs and reduces resources for patient care without any real public policy benefit.
- Private compensation and benefit information would be publicly disclosed based solely on an arbitrary threshold, without regard to level of responsibility.

Further, the requirement that an employer determine the outside compensation for any exempt employee who serves on the board of another entity violates most employees' expectations for personal privacy. This is exacerbated when that information is also made public.

Given that compensation and benefit information for highly-compensated hospital and health system employees is already publicly available, it is unreasonable to require a duplicative reporting obligation of hospitals and health systems, diverting resources from patient care. It is also unnecessary to expand the reporting obligation to include mid-level staff who reach the threshold simply because they are highly skilled and work in a competitive market.

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CHA  
Health Policy  
Legislative Day  
2016



Advocating  
for patients  
and your  
hospitals

## Hospital Outpatient Charges: Protect Access to Care

### Oppose SB 1365

- Outpatient clinics are part of a hospital's license and must comply with greater regulatory requirements compared to physician offices or ambulatory surgery centers.
- Failing to recognize the cost structure inherent in hospitals meeting community needs would exacerbate the existing access crisis.
- The federal government, Congress and Medicare support hospital outpatient payment rates that include a facility fee.

#### Issue

SB 1365 would not allow hospitals to charge a facility fee for services provided in a hospital outpatient setting.

#### Position

CHA opposes SB 1365 (Hernandez, D-Azusa) because outpatient clinics are included on hospital licenses and provide needed health care services to Medi-Cal patients who are struggling to gain access to primary and preventive care.

#### Analysis

SB 1365 fails to recognize the critical role hospitals play in our health care system and would only exacerbate the access issues that proliferate across California. Off-campus facilities are part of a hospital's license and must comply with applicable laws and regulations. Hospital outpatient settings operate with higher cost structures due to greater regulatory requirements compared to physician offices or ambulatory surgery centers.

Hospital outpatient departments are often licensed under 1206(d) of the Health and Safety Code and must adhere to rigorous standards for patient care, facility infrastructure and operational procedures as if they were directly on a hospital campus. This increases the cost of care – which the federal government, Congress and the Medicare program recognize and, accordingly, support payment rates inclusive of a facility fee and a professional fee.

Because of the severe shortage of primary care and specialty physicians who will accept Medi-Cal patients, hospitals are leaders in pursuing innovative approaches for ensuring access to care – especially in underserved communities. Failing to recognize the cost structure inherent in hospitals meeting these community needs puts patients at risk and would exacerbate the access crisis already facing Californians.

#### Contact:

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## Health Care Costs: Patient Notification

### ► Oppose SB 1252

- Hospitals do not have access to information SB 1252 would require them to provide to patients.
- Existing law prevents most hospitals from employing physicians and ensuring they are in the same insurance networks as the hospital.
- Physicians are not required to disclose which plans they contract with and at what rates. Therefore, a hospital cannot determine a patient's out-of-pocket cost.
- Hospitals cannot predict which physicians may be involved in a patient's care since treatment plans may change.
- Hospitals work with patients to provide as much information as is available and coordinate with health plans to the greatest extent possible.

#### Issue

SB 1252 (Stone, R-Murrieta) would require a hospital to provide written notification to a patient in advance of treatment if any of the physicians providing medical services to the patient are not contracted with the patient's health plan. In addition, hospitals would be required to notify a patient of the net costs to the patient for the patient's medical procedure.

#### Position

CHA opposes SB 1252 (Stone, R-Murrieta) because hospitals do not manage physician financial arrangements and therefore do not have access to the information they would be required to provide to patients.

#### Analysis

Existing law, known as the ban on the corporate practice of medicine, prohibits most hospitals from employing physicians. In addition, Health & Safety Code Section 1322 prohibits hospitals from economic credentialing, which means that hospitals cannot require physicians to contract with health plans. Physicians are also under no legal obligation to inform hospitals of which plans they are contracted with and their respective contracted rates. Hospitals are therefore unable to notify a patient that their physician is not contracted with the patient's health plan, or provide net cost estimates to a patient on the physician's behalf.

SB 1252 fails to recognize the limitations hospitals face and the resulting delays it would create in providing care. Many hospitals and health systems have hundreds, if not thousands, of physicians and specialists with privileges to practice medicine. These physicians are organized in a variety of ways, including hospital-based, independent, medical group, IPA, etc. Hospitals are not informed of which health plan(s) a particular physician or organization is contracted with at any particular time.

Take for example that a patient is admitted to the hospital for a procedure by a private physician. Since treatment plans may change during the course of treatment, SB 1252 would require a hospital employee to determine the various specialists that could conceivably be involved in the patient's care and obtain an estimate of the expected services from each of those physicians. The physicians would have to predict what services they might provide to a patient they have not yet examined. These cost estimates are likely to be unreliable and could delay the procedure until all estimates are collected.

(Continued next page)

## Health Care Costs: Patient Notification

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### ► **Oppose SB 1252**

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- Hospitals do not have access to information SB 1252 would require them to provide to patients.
- Existing law prevents most hospitals from employing physicians and ensuring they are in the same insurance networks as the hospital.
- Physicians are not required to disclose which plans they contract with and at what rates. Therefore, a hospital cannot determine a patient's out-of-pocket cost.
- Hospitals cannot predict which physicians may be involved in a patient's care since treatment plans may change.
- Hospitals work with patients to provide as much information as is available and coordinate with health plans to the greatest extent possible.

This issue was the subject in recent emergency regulations by the California Department of Insurance (CDI). After extensive information was provided by the California Hospital Association, CDI removed the requirement of hospitals to disclose non-contracted physicians and the respective estimated costs to the insured person in its draft permanent regulation. Policymakers should encourage hospital and physician alignment strategies that would result in better coordination of care and benefits.

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**COMMITTEE  
MEETING  
MINUTES**

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**MAYERS MEMORIAL HOSPITAL DISTRICT  
QUALITY COMMITTEE MEETING  
MINUTES – MARCH 9, 2016**

<b>DRAFT Attachment A</b>
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QC Attendance

Mike Kerns, Board Chair  
Beatriz Vasquez, PhD, Committee  
Louis Ward, CEO  
Laura Dolman-Beyer, Community

Other Staff Present

Susan Garcia  
Dave Burks  
Holly Green  
Libby Mee  
Sherry Wilson (by phone)  
Dr. Weinhold (by phone)

Absent

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

SUBJECT	DISCUSSION	
CALL TO ORDER	The meeting was called to order at 12:03pm by Kerns in Fall River Mills	
Public Request to Speak	None	
Opening Remarks by Chairman Kerns	None	
Minutes	Minutes from the February 11, 2016 quality committee meeting were approved. <b>M/S/C (Vasquez/Ward)</b> . All Approved	<b>Approved</b>
Department Reports	<p><b>Dietary, Susan Garcia:</b> Discussed process for when equipment breaks down (Feb. 26 freezer broke down); procedures to follow/chart, the steps that were taken after break down, are part of written procedure; official procedure is to move items to Burney, implement as much product as possible into menu; lost approx \$1600 (biggest loss was ice cream); what other equipment could cause major problems if broken? Walk-in and freezer most important pieces of equipment.</p> <p><b>Maintenance, Dave Burks:</b> (provided handout); recent projects: screens replaced at Annex so windows can be opened for ventilation, required by state survey, continually check on screens for future visits, look into adding to check off list as part of regular maintenance; handrails, wall, doorjams were cleaned, painted, etc; replaced cove base at Annex; acute rooms &amp; Station 3 renovations done; dietary renovations still in progress.</p> <p><b>Personnel, Libby Mee:</b> (provided handout); discussed recruiting and advertising efforts, relocation assistance is a big part of recruiting; advertising north into Oregon as well as south.</p> <p>Health career fair with all 3 local high schools (Burney in April, FR and BV in May); inviting vendors to health career fair (appreciation and relationship building).</p>	<b>Reports</b>

**MAYERS MEMORIAL HOSPITAL DISTRICT  
QUALITY COMMITTEE MEETING  
MINUTES – MARCH 9, 2016**

	<p>End of March going to schools for presentation on summer intern program (intern program: 20 paid hours, 10 volunteer), letters of recommendation by end of internship; Team Mayers committee will review applications, May 1<sup>st</sup> deadline; will present intern at graduation; could lead into scholarship or sign on bonus in the future;</p>	
<p><b>Quarterly Reports</b></p>	<p><b>Patient Safety First:</b> (provided handout); down on elective deliveries, sepsis is same, Cdiph up but only by one case, safety checklist has been zero, Blue Shield follows up quarterly.</p> <p><b>CMS Core Measures, Holly Green:</b> Working on MERP (medication error reduction plan); a binder will be placed in each department.</p>	<p><b>Reports</b></p>
<p><b>Standing Reports</b></p>	<p><b>SNF Events/Surveys, Sherry Wilson:</b> Resident came in full code in chart, needed to be coded, family showed up stating he was DNR, searched chart for advanced directive, it was done 2 days prior and stated DNR, ambulance and nurses did what they were supposed to, Ombudsman was told that patient wanted CPR, she documented that statement but not on advance directive; should we audit other DNRs? Need to update form, make sure nurses change info in all required places in charts.</p> <p>6 patients currently diagnosed with pneumonia, waiting to hear from state about quarantine.</p> <p>Updated fall policy – has been implemented, 3 weeks decrease in falls.</p> <p>April 2015 incidents (tied wheelchair to rail, resident to resident abuse, which resulted in having to transfer one patient and 5 months w/sitter); received write-up on incidents (wheelchair was deficiency, abuse was g-tag); pulling all info on the residents, want to appeal (fines of \$550 per day); threaten to take CNA program; need to make a plan, want to meet with them.</p> <p><b>Administrative Report, Louis Ward:</b> (electronic document provided); met meaningful use, 3<sup>rd</sup> year in a row; provided 2016 program requirements (in attestation currently); medical records is always a tough area, most concern.</p> <p>Prime projects – approved for \$750k per year, 3 years for three projects, extensive document need to prepare, will have Prime projects on next agenda (ER, Antimicrobial Stewardship, Million Hearts)</p>	<p><b>Reports</b></p>

**MAYERS MEMORIAL HOSPITAL DISTRICT  
QUALITY COMMITTEE MEETING  
MINUTES – MARCH 9, 2016**

	<b>Quality/Performance Improvement Holly Green:</b> MERP manuals are done, being labeled then can be distributed; patient satisfaction scores – discussed areas to be improved on (sound and cleanliness in hospital is big concern, discharge instructions and follow up); need to show scores in break room or public area for staff to see clearly, present performance improvement action plan.	
<b>Policies and Procedures</b>	<b>Prompt Pay Discount Policy</b> <b>Charity Care Policy</b> <b>Discount Payment Policy</b> <i>(should be finance committee, add to agenda)</i>	<b>Action</b>
<b>New Business</b>		
<b>Closed Session</b>	Approved credentials Dr. Dykes, Dr. Jones, Jessica Miller, no other actions taken	
<b>Announcements;</b>	Next meeting: Wednesday, April 13, 2016 in Fall River Mills	
<b>Adjournment</b>	Meeting adjourned 1:50pm	

Minutes By: Jessica Stadem

**Closed Session**

**MEDICAL STAFF REAPPOINTMENT**

1. William Dykes, MD
2. Dale Syverson, MD

**AHP STAFF APPOINTMENT**

1. Jessica Miller, PA-C

**AHP Staff Reappointment**

1. Fred Jones, PhD

**MAYERS MEMORIAL HOSPITAL DISTRICT  
INFECTION CONTROL**

Fiscal Year 2015 SCORE CARD

INFECTION CONTROL	INDICATORS
	Cathetar Associated Urinary Tract Infection (CAUTI) Central line associated blood stream infection (CLABSI)

GOAL %	1ST Q2015	2ND Q2015	3RD Q2015	4TH Q2015
Less than 1.6%	1 event 0.17%	0%		
*Less than 1%	0%	0%		

INFECTION CONTROL	INDICATORS
	Inpatient Surgical site Infection Colon
	Inpatient Surgical Sight Infections Hip/Knee
	In patient Surgical Site Infections C-Section

GOAL %	1ST Q2015	2ND Q2015	3RD Q2015	4TH Q2015
Less than 1%	1 event 0.17%			
Less than 3.10%	0%	0%		
Less than 1%	1 event 0.17%	0%		

INFECTION CONTROL	INDICATORS
	Hospital Aquired Clostridium-difficile (C.diff)
	Methicilin Resistant Staphylococuss aureus (MRSA) Blood Stream Infection

GOAL %	1ST Q2015	2ND Q2015	3RD Q2015	4TH Q2015
Less than 1%	1 event 0.17%	1 event 0.17%		
	0%	0%	0%	0%

INFECTION CONTROL	INDICATORS
	Vancomycin Resistant enterococcus (VRE)

GOAL %	1ST Q2015	2ND Q2015	3RD Q2015	4TH Q2015
	0%	0%	0%	0%

\* National Average percentage rate

# Mayers Memorial Hospital District

Quality Committee March 9, 2016

## Engineering Department

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**Engineering, (Maintenance) is a full service department providing a safe, clean and comfortable environment to residents, patients, staff and visitors that use our facilities. We abide by Federal, State and Life & safety Regulations. We are available 24 hrs a day 7 days a week to for repairs and services. Our department provides a courier service twice a day from Fall River Mills to Burney for medication, laboratory mail and supply transport. The engineering department manages the trash disposal for our facilities. Further responsibilities include grounds maintenance and snow removal.**

**: ( Burney Annex) State surveyors noticed a number of window screens in disrepair, all screens were replaced, windows can be opened for ventilation in the event of a catastrophic failure to our H.V.A.C. units.**

**: (Burney Annex) Handrails were examined, those in disrepair were sanded and refinished making a safer environment for residents, staff and visitor.**

**:( Burney Annex) Walls and doorjambes were repainted enhancing the environment, and professionalism of our facility.**

**: ( Burney Annex) the 20 Year old cove base in our hallways were replaced enhancing the environment and professionalism of the facility.**

**: (Fall River Mills) at station #1 the acute room renovations have been completed providing an increased degree of professionalism for our patience, visitors and staff.**

**: (Fall River Mills) Handrails in the S.N.F. area were removed, sanded and resealed to add increased environmental appeal and safety for our residents.**

**: (Fall River Mills) All doorjambs were repainted to enhance the environmental and professionalism of our facility.**

**: (Fall River Mills) Station #3 is being renovated, a time sensitive project to enhance the professionalism of our facility.**

**: (Fall River Mills and Burney Annex) Long overdue renovations are in the process on this time sensitive project, the dietary kitchen areas and dining rooms will be repainted, wall coverings installed under the assistance of Susan Garcia (Dietary Director), who was awarded a grant to renovate and purchase new equipment for these areas.**

**Respectfully Submitted by David Burks (Maintenance / Manager)**

**Board Quality Committee Meeting**  
**Wednesday March 9, 2016**

**Personnel Department Report – Libby Mee**

**Recruiting/Retention**

Presence at Career/Employment Fairs

Oregon Institute of Technology – February

Simpson College – February

Burney Community Center – March

Institute of Tech Redding – April

In touch with Chico State, College of the Siskiyous, and Shasta College

Establishing official bonus programs for Relocation Assistance and Retention with 2 year commitment

HRSA Loan Repayment Program

Redevelopment of Wage Scale and Employee Evaluation Process

**Advertising/Marketing**

Advertising hard to fill open positions

Sacramento Bee – Includes online post on Indeed

Record Searchlight – Includes online post on Monster

The Herald News – Klamath Falls OR

The Bulletin – Bend OR

Linked In

Advertise all open positions

MMHD website

Direct Marketing

Sending marketing information to all local Nursing schools

Sending marketing information to all CA Physical Therapy schools

“Planting Seeds and Growing Our Own”

Health Career Fair – Please see attached

MMHD Intern Program – Please see attached

**Training Program**

FY 16 – Intro to Excel and Sexual Harassment

Develop training program calendar for FY 17

Utilize SMART Business Center, ALPHA Fund, BETA and Fred Pryor



**HEALTH CAREER FAIR**  
**"Planting Seeds and Growing Our Own"**  
May 2016

Fall River, Big Valley and Burney High Schools (2 Hour events)

**Purpose:** To make contact with Jr./Sr. High School students and educate them on the many different career opportunities there are in the Healthcare Field. Many students start thinking about their career as early as Jr. High. This will be a great opportunity to "plant some seeds and grow our own!"

**Format:** Set up in the high school gyms or cafeterias. Have as many departments (clinical and non-clinical) represented with a table.

**Vendor Attendees:** To promote collaboration and community liaison invite MVHC, Canby, Pit River and Hill Country to each have a table. Depending on time of event – have a social gathering (appetizers) with vendors to promote collaboration between facilities.

**Department Participation:** Each department will have a representative that will be physically available to answer questions about their field. Handouts to provide information on:

- Education needed college prep and beyond.
- Information about the field
- Skills required, etc.
- Information about Mayers department
- Interactive activity if appropriate
- Have a table explain wages, etc of different fields (Libby)

**Student Participation:** Have a drawing of some sort that would require students to visit "x" number of booths and get specific questions answered before they can be entered in the drawing.





## TEAM MAYERS INTERN/SCHOLARSHIP PROGRAM

### “Planting Seeds and Growing Our Own”

**Purpose:** To provide an intern/scholarship program for local high school seniors, while providing the opportunity to obtain skills, knowledge and insight to career opportunities at Mayer Memorial Hospital District.

**Process:** Graduating seniors will submit application by May 1, 2016 to MMHD designating their 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice of intern departments. Application will include a brief statement explaining their interest, college/career goals and why they would like to be a part of MMHD's intern program.

*\*MMHD will determine which departments to include on the list (clinical/non-clinical) and have manager's consent.*

**Selection:** TEAM MAYERS will select determined interns with management input. Selections will preferably be one each from Fall River, Big Valley and Burney High Schools. Recipients will be recognized at respective graduations

**Internship:** Intern will be offered 20 hours per week for 8 weeks over the summer. Recipient will also be required to volunteer 10 hours. (Thrift Store, etc?) Each intern will have a mentor. An evaluation and LOR will be presented at the end of the process.

**Other:** Assist with how to fill out employment applications, resume, etc.

Quality-March 2016

When equipment breaks down

What is the procedure (explain)

Transport to Burney/Fall River

- Most expensive products first
- Items that will hold during travel
- Implement products on menu/snacks

Re ordering to replace products

Update on grants

- Driscoll's
- McConnell

Susan Garcia  
Dietary Department

**MAYERS MEMORIAL HOSPITAL  
STRATEGIC PLANNING COMMITTEE MEETING  
MINUTES – FEBRUARY 16, 2016 – FALL RIVER MILLS**

**BSPC Attendance:**     **Staff Present:**  
 Abe Hathaway             Travis Lakey, CFO  
 Mike Kerns                 Sherry Wilson, CNO  
 Louis Ward, CEO         Val Lakey

**Other:**  
 Beatriz Vasquez, PhD

*(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.)*

<b>SUBJECT</b>	<b>DISCUSSION</b>	
<b>CALL TO ORDER</b>	The meeting was called to order by Hathaway at 1105 am in Fall River Mills	
<b>Requests Audience to Speak</b>	None	
<b>Minutes</b>	January 11, 2016 Strategic Planning Committee meeting minutes. <i>Approved (Kerns, Hathaway) (no objections)</i>	<b>Approved</b>
<b>PT Staffing</b>	<ul style="list-style-type: none"> <li>• Daryl Marzan, PT Manager, updated the committee. She is the only permanent employee. There is a 13 week traveler. Ben Wershing is on until June 23<sup>rd</sup>. By end of June hope to have another permanent. Marzan is taking a class in Fremont to become a credentialed clinical instructor and she can have and train students. There are 46 patients. Booked out until mid-April. There are 25 patients that will start, 23 are waiting. (48 on wait list) LTC has 2 regular patients. There are 2 SNF in Fall River – seen twice per week. Seeing 6 in Burney. Total are a total of 106 being seen and on wait list.</li> <li>• There is someone in school currently that Marzan will contact to see when she will be finishing school. We would be able to offer employment as a licensed applicant.</li> <li>• Managing a wait list to fill cancellations.</li> <li>• 5-9 evaluations per week</li> <li>• Prioritizing patients by need, situation</li> <li>• Hathaway asked if we are competitive on salary – Lakey said we are and have looked at other facilities.</li> <li>• Would like to grow our PT business in the community.</li> <li>• Right Roads building could be a possibility if the sale doesn't go through. Could use Partnership grant possibly. Earnest and Marzan will go down to look at the building.</li> </ul>	
<b>P &amp; P Review</b>	<ul style="list-style-type: none"> <li>• Val Lakey discussed P &amp; P review– will get assignments out</li> </ul>	<b>Report</b>
<b>Strategic Planning Retreat - Date, Topics, Format</b>	<ul style="list-style-type: none"> <li>• Laura Dolman has agreed to facilitate. We will get dates established. Step one will be at workshop at the Thursday, Feb. 25<sup>th</sup> board meeting</li> </ul>	<b>Report</b>
<b>Building Project</b>	<ul style="list-style-type: none"> <li>• Porter is working on RFQ – Federal USDA needs to approve</li> </ul>	<b>Update</b>

**MAYERS MEMORIAL HOSPITAL  
STRATEGIC PLANNING COMMITTEE MEETING  
MINUTES – FEBRUARY 16, 2016 – FALL RIVER MILLS**

	<p>design-build. Waiting on that before we can send out RFQ. USDA has approved Porter.</p> <ul style="list-style-type: none"> <li>• Ward sent out images of the planned building. We needed cleaner images to use for capital campaign. The visual images may change a bit – the general images will stay consistent.</li> <li>• OSHPD fees are due – hopefully they will wait until August so we can maintain our cash on hand. We have seen a reduction after negotiating fees. Hoping to get it down to around \$190,000</li> <li>• USDA will look at payments that we are making that will help us – they may translate into days of cash on hand. It is showing fiscal responsibility.</li> </ul>	
<b>Burney Outpatient Services</b>	<ul style="list-style-type: none"> <li>• No new information since last meeting. Trying to get a meeting with Partnership to get a re-appropriation of the grants</li> <li>• Discussion of current Burney PT scenario</li> <li>• Potential for CHAFFA funding at a long interest rate. (2%)</li> </ul>	<b>Update</b>
<b>Other</b>	<ul style="list-style-type: none"> <li>• Paid \$355,000 overpayment for Meaningful Use. Paid it off to save the 10% interest fee. USDA was okay with the reduction of our cash on hand.</li> <li>• Medi-cal Managed Care IGT –Lakey is working on this project. It will count as a receivable.</li> <li>• Dr. Watson update – eager to be involved with hospital. Things are going well. Getting input from him on a variety of topics. He is involved in our provider relations committee. Assisting with Meaningful Use and LTC Quality.</li> <li>• Hathaway had questions about when we will be reviewing medical insurance.</li> <li>• Capital Campaign – trying to schedule sit down meetings with some potential donors.</li> <li>• Anything over 41 million can be used for other related projects. USDA has approved this.</li> <li>• We have \$725,000 currently. Letters have been sent and will go to employees.</li> <li>• Talk about scheduling surgery every other week</li> <li>• OB nurse staffing</li> </ul>	
<b>Board Education Legislation, Advocacy, CEO Report</b>	Abe, Beatriz and Val signed up for ACHD Leg Days Val gave an update on IGT legislation	<b>Report/ Discussion</b>
<b>Adjournment</b>	Meeting was adjourned at 12:32 pm	

By: Valerie Lakey, Board Clerk

**MAYERS MEMORIAL HOSPITAL DISTRICT**  
**BOARD FINANCE COMMITTEE MEETING**  
**MINUTES – FEBRUARY 25, 2016 9:00 A.M.**

<b>DRAFT</b> <b>Attachment A</b>
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BFC Attendance:  
 Allen Albaugh  
 Art Whitney

Louis Ward, CEO  
 Travis Lakey, CFO

Valerie Lakey, Clerk of the Board

Other:  
 Marlene McArthur  
 Beatriz Vasquez

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

SUBJECT	DISCUSSION	
CALL TO ORDER	The meeting was called to order by Albaugh at 9:06 AM in Fall River Mills.	
Requests from Audience to Speak	None	
Minutes	The minutes from the BFC meeting held 01.27.16 were approved. <i>(Whitney, Ward)</i>	<b>Approved</b>
Financials	Approval of January Financials, A/R, A/P <i>(Whitney/Albaugh)</i> <ul style="list-style-type: none"> <li>• Questions on A/R days</li> <li>• Revenue has dropped</li> <li>• Questions on billing process – same initial billers are doing their own follow-up</li> <li>• A lot of talk about collections</li> </ul> Quarterly Binder review <i>(Whitney/Albaugh)</i>	<b>Action</b>
Department Reports	<p><b>Ambulance/Emergency Department – Donna Cova – (See Attached)</b> Cova presented a Power Point presentation regarding the emergency department. There were a few questions regarding collections. Lakey will get numbers on collections. Collection percentage is up over last year. Whitney asked about collection on private pay – Lakey said that is the biggest “bucket” of unpaid. Additionally, our rate went up for ER physicians through EmCare.</p> <p>Discussion about the oldest ambulance and what we will be doing with it. It could be used as a SNF transport. Albaugh said we need to come up with a plan within a year. We are looking at a Pyxis system for supplies – would cost \$900/month. The cost would be re-cooped on savings of overstocking.</p> <p>It was suggested to do a RN satisfaction survey to boost our retention.</p>	

**MAYERS MEMORIAL HOSPITAL DISTRICT**

**BOARD FINANCE COMMITTEE MEETING  
MINUTES – FEBRUARY 25, 2016 9:00 A.M.**

	<p>Our ER charges are below average. We need to look at this and get our charges lined up with other facilities. We need to get our charges closer to average. Lakey will get information from Caleb Johnson at Plumas. Do a March 1, 2016 review/increase for ER.</p> <p>We have been fully staffed on ALS crew</p> <p><b>Maintenance – Dave Burks: (See Attached)</b> Presented a written report. There was discussion on water cost difference between Fall River and Burney. We didn't do some watering of lawn last season at Fall River to save on water cost and to conserve. Plan to do low maintenance landscaping. We have looked at solar options. OSHPD isn't in big favor of solar. Potentially look at it with new structure. For cost efficiency on electricity, a weekly check is performed on room temperatures.</p> <p><b>Lab – Adam Dendaaw (See Attached)</b> We are streamlining lab process for codes and referrals. Clinics do some draws for Quest. Looking at placing a phlebotomist at MVHC in BV. There is a lot of push back on the cost of our labs. Looking at having a more calculated approach to pricing instead of a standard percentage. For example our ER costs are lower, possibly make price modifications. Lakey has a comparison Lab spreadsheet. We are looking a payor mix. Quest prices are a lot lower. Whitney asked about how Partnership pays. Whitney asked what capacity are we at for drawing labs. How much more can we handle? When we have additional CLS, we should be able to do a lot more. 950 lab visits in January. Lab is 4<sup>th</sup> highest for actual collections. Partnership pays 115% of medi fee scale.</p> <p>Chris Hall stopped by also to talk about licensing fees, etc. New analyzer- will save over \$24,000 Staffing is the issue on handling more volume</p>	
<p>USDA Capital Campaign Building Project</p>	<ul style="list-style-type: none"> <li>• RFQ Timeline – there were some corrections made to RFQ</li> <li>• Possibility of working on designs with contractor by June</li> <li>• Mis-information printed in IM News</li> </ul>	
<p>Review of old project invoices</p>	<ul style="list-style-type: none"> <li>• Talked to attorney about Armor Steel invoices</li> <li>• We are on a payment plan for R &amp; S</li> <li>• Negotiating with OSHPD on \$220,000 invoice.</li> </ul>	
<p>Administrative Report</p>	<ul style="list-style-type: none"> <li>• Right Roads building – idea to put the Burney Outpatient Services – use Partnership grant.</li> </ul>	
<p>Adjournment</p>	<p>Meeting was adjourned at 11:35 am</p>	

By: Valerie Lakey

# FINANCE COMMITTEE PRESENTATION

## Maintenance Department

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The maintenance department's expenditures vary due to a variety of different scenarios,

1. Seasonal changes require higher utility cost due to rising and lowering temperatures. We are required to maintain room temperatures between 71 & 81 degrees for our patient's and residents per Federal and State requirements. Winter months require extra cost to remove snow, and to apply ice melt. Summer months require extra cost for grounds maintenance and irrigation.
2. As our facilities age we cannot predict equipment failure repairs or replacement. The Burney Annex has 14 HVAC units that are 22 years old. The F.R.M. facility has 36 HVAC units, some dating back to the 1970's. Monthly inspections and services are performed on these units along with filter changes, catastrophic failures are repaired by Intermountain Heating.
3. The month of December was extremely cold. On New Year's Day 5 fire sprinklers froze and broke under the cover between the Hospital and Mountain Valley Medical Center. This required 2 men from the maintenance department to repair the system on holiday. Last year in the Burney kitchen, after investigating a foul odor under the floor, we found several places in the cast iron sewer plumbing that had rotted out, about 60% of the sewer pipe had to be replaced.
4. As our facilities are under Federal and State jurisdiction. Surveyors can do an inspection at any time and we must repair deficiencies promptly. Life & Safety presented a regulation 2 yrs ago that a roof eave over 48 inches had to be equipped with fire sprinklers. Fortunately the Burney Annex eaves were 47.5 inches.

PG&E rate charges 2013 / \$307,093.33

2014 / \$352,397.49 increase of \$45,3034.16

2015 / \$354,277.22 increase of \$1,879.73

Rate increases of 15.5% between 2013 and 2015

Fall River Valley CSD (water) charges

2013 / \$25,795.19

2014 / \$43,150.29 increase of \$17,355.10

2015 / \$42,014.79 decrease of \$1135.50

Charges increased from 2013 to 2014 6.8%. Charge decrease in 2015 due to less irrigating of grounds

Burney Water District charges 2013 / \$3,360.69

2014 / \$3,648.82

2015 / \$3,497.79

Intermountain Heating charges 2013 / \$15,703.41

2014 / \$28,231.62 an increase of 12,528.21 at 8%

2015 / \$16,384.61 a decrease of \$11,847.01 at minus 7%

Rates fluctuate due to parts and repair cost during H.V.A.C. outages.

Respectfully Submitted by David Burks Maintenance Manager



### Lab Financial

- Roughly 180K spent on registry in FY 15
- Stopped in last quarter of FY 2015
- We have added an FTE CLS (Clinical Laboratory Scientist) to combat use of registry
  - When fully certified and licensed in California will greatly reduce overtime and help eliminate need for registry-issues finding acceptable staff
- Registry has dropped to \$0 so far in FY 2016
- Lost an FTE when Mickey left
- Added FTE phlebotomist when Jessica when on maturity
- Will move Jessica into Mickey's old position to help with Lab orders, ICD10 codes, ambulatory accounts and relations with MVH
- We have gone up only \_\_\_\_ FTEs with these changes
- First goals for FY 2016 will be to eliminate registry and drastically cut down on overtime by having fully trained and licensed staffing in all areas.
- Second goal will be to have the ICD10, referral and order set situation streamlined in order to eliminate ABN need and be paid properly by Medicare.