

**MAYERS
MEMORIAL
HOSPITAL
DISTRICT**

**Quality Committee Meeting
Wednesday, June 14, 2017 (12:00 pm)**

| | | | |
|---------------------------|---|--|---------------|
| Meeting called by: | Vasquez | Type of meeting: | BOD Committee |
| | | Board Clerk: | Valerie Lakey |
| Attendees: | Beatriz Vasquez, PhD, Committee Chair, Board Member Laura Beyer, Board Member Louis Ward, CEO | Tom Watson, MD, Chief of Staff Sherry Wilson, CNO, Quality Designee Jack Hathaway, Director of Quality | |
| Please bring: | Agenda & Attachments | | |

----- Agenda Topics -----

| | | | |
|---|------------|---|--|
| Meeting Called to Order | | Vasquez | |
| Requests from audience to speak to issues/agenda items | | Vasquez | |
| Approval of Minutes – May 17, 2017 (Attachment) | A | Vasquez | Action |
| Departmental Reports (Physical Therapy, Surgery, Social Services – Acute, Social Services – SNF)) <ul style="list-style-type: none"> Report on quality data Report on quality issues and/or quality projects | | Schneider, Warnock, May, Burks | Report |
| Quarterly Reports <ul style="list-style-type: none"> Compliance | | Hathaway | Reports |
| Standing Reports: Monthly— <ul style="list-style-type: none"> SNF Events/Survey Quality – Performance Improvement Infection Control PRIME Administrative Report | | Wilson Hathaway Lee Hathaway Ward | Report Report Report Report Report |
| New Business: Policies for Approval Sterility Monitoring Log, End Product Testing MMH41 History and Physical Responsibility on Patients Admitted thru the Emergency Dept Procedure for Discontinued Medications and Controlled Substance Disposal: SNF Initial Application Process to the Medical Staff Board Compensation & Reimbursement CEO Compensation Disbursement of Funds | PDF | | Action |
| Announcements, Other, Future Agenda Items | | Vasquez | Discussion |
| Closed Session Announcement, Government Code 54962, Medical Staff: <ul style="list-style-type: none"> Chief of Staff Report (Health & Safety Code §32155) | | Watson, Wilson, Overton | Reports/Action |
| Reconvened to Open Session – Report Action(s) | | Vasquez | |
| Announcements: Next meeting: Wednesday, July 12, 2017 – Fall River | | | |
| Adjournment | | Vasquez | |

Posted
06/07/2017

**MAYERS MEMORIAL HOSPITAL DISTRICT
QUALITY COMMITTEE MEETING
MINUTES – MAY 17, 2017**

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| DRAFT Attachment A |
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QC Attendance

Beatriz Vasquez, PhD, Board
Chair
Laura Dolman-Beyer, BOD
Committee
Jack Hathaway
Theresa Overton
Dr. Tom Watson

Other Staff Present

Valerie Lakey
Travis Lakey
Michelle Peterson
Keith Earnest
Other: Sue Reed (Consultant)

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 12:03 pm by Vasquez in Fall River Mills | |
| Public Request to Speak | None | |
| Opening Remarks by Chairman Vasquez | None | |
| Minutes | Minutes from the April 17, 2017 quality committee meeting were approved. M/S/C (Beyer, Hathaway). All Approved | Approved |
| Department Reports | <p>Pharmacy, Keith Earnest: Introduced Sue Reed, Consultant who is working with Pharmacy on Mock Survey. Earnest presented a Power Point showing a quality issue they have identified with Non-Stocked Medication Labeling. With some of these Med Errors, the label is the root cause. Reed has helped staff to find solutions. Earnest noted that Survey deficiencies were related to Crash Cart.</p> <p>Med-Surg, Theresa Overton: See attached written report. Overton went over survey results. Overton noted that they had a 100% med pass during survey. Other things that were evaluated included the insulin drip; working on changing protocols and process.</p> <p>Cardiac Rehab, Trudi Burns: See attached written report</p> <p>ER, Theresa Overton: Visits are slightly down. Staffing with transition of SEMSA has been a little bit of a challenge. The department has hired a</p> | Reports |

**MAYERS MEMORIAL HOSPITAL DISTRICT
QUALITY COMMITTEE MEETING
MINUTES – MAY 17, 2017**

| | | |
|---------------------------------|---|-----------------------|
| | <p>resource RN. Currently reviewing staffing for ER, interviews and patient care. EKG machine was sent out to repair. During the survey – the main issue was the crash cart.</p> <p>HIM, Travis Lakey - See attached written report</p> <p>Patient Access, Travis Lakey – See Written report Lakey noted that they are doing training with Billing, HIM and Financial Counselor so they can see how the process works.</p> <p>Med Staff , Pam Sweet : See attached written report</p> <p>Outpatient, Michelle Peterson: See attached written report. Peterson reviewed Mock Survey results and showed patient survey results. She is currently working on quality of billing process. It was suggested by Chair Vasquez to form a committee group on ER/Outpatient visits (Earnest suggested to include Kristi from pharmacy) Looking at a new EMR for Outpatient; this would eliminate paper charting.</p> | |
| <p>Quarterly Reports</p> | <p>Patient Safety First – no report CSM Core Measures – Submitted 14 cases, 2 were rejected.</p> | <p>Reports</p> |
| <p>Standing Reports</p> | <p>SNF – Sherry Wilson: Absent Administrative – Louis Ward: Survey went well; We are still waiting on 2567. Fire, Life Safety surveyors are currently here.</p> <p>Washington D.C. trip was good; atmosphere is tough out there with current healthcare bill.</p> <p>We will be working on management goals which are related to quality, finance, clinical and operational</p> <p>Computer virus going around right now, IT is paying close attention to our security.</p> <p>Quality – Jack Hathaway: See Written report. We should start having data on the Hospital Compare site. HCAP reporting is a work in progress – we are working toward being about to do our own reporting.</p> <p>Looking into items based on Plan of Corrections.</p> <p>Hathaway talked about the LTC QIP Program through Partnership. Infection Control – Shelley Lee: Absent</p> | |

**MAYERS MEMORIAL HOSPITAL DISTRICT
 QUALITY COMMITTEE MEETING
 MINUTES – MAY 17, 2017**

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| | PRIME – Adam Dendauw/Jack Hathaway: Going fantastic! We are at 26 of the 30 | |
| New Business | <p>Policies for Approval: (Beyer, Ward) – Approved All</p> <ul style="list-style-type: none"> • Counting -- Sponges Sharps and Instruments • Items Issued from Inventory • Annual Program Evaluation • Administrator On Call <p>Compliance Plan Review – will continue fine-tuning the plan and report back as needed.</p> | |
| Announcements, Other, Future Agenda Items | <p>Dr. Watson reported on a potential physician coming from Texas. Inquiring about hospitalist and radiologist – looking at total care – ER Physician being the hospitalist through (Envision) Issue would be continuity of patient care</p> | Discussion |
| Closed Session | <p>(Tabled) MEDICAL STAFF REAPPOINTMENT Scott Bleazard, MD - Radiology Scott Ramus, MD - Radiology Sean Pitman, MD - Pathology</p> <p>AHP APPOINTMENT Sharon Hanson, FNP</p> | |
| Announcements; | Next meeting: Wednesday, June 14, 2017 in Fall River Mills | |
| Adjournment | Meeting adjourned 1:36 pm | |

Minutes By: Valerie Lakey

**MAYERS MEMORIAL HOSPITAL DISTRICT
QUALITY COMMITTEE MEETING
MINUTES – MAY 17, 2017**

Acute Care St. 1 Board Report May 2017

- The main pressing news in the last month was our Acute State Survey that went well from my point of view having never been on this side of it before. We have a few items to work on but overall we had no major deficiencies.
 - The main points we need to work on are a few policy adjustments and education to staff.
- Continue to work in cross training staff for Outpatient and ER.

ER

- We continue to work on the staffing for the ER. We interviewed an LVN for a possible position for noc shift and float as needed. Also, in the process of interviewing techs to complete the Tech positions at night in the ER. Will be evaluating ER and work flow for the Supervisors and Resource nurses. Will be positing job description for ER Lead as our current Lead gave notice.

Submitted by:

Theresa Overton, RN
Acute Care Manager
Director of Nursing

QUALITY REPORT—APRIL 2017

Challenges and Successes In Cardiac Services

Safety

- No falls on treadmills. We have the new treadmills that are actual medical treadmills with double safety features on them.
- Treadmills start at 0.1 mph – no matter where the last patient left it. (Old ones started at 0.6 mph and started where the last patient left off, so they had a dangerous element to them.)
- Walking with unsteady patients out to their cars
- We received a grant (\$11,527.00) from The Sierra Health Foundation and purchased a treadmill and an Arm Ergo machine.
- The Arm Ergo machine is well used/loved and is easy to use without hurting your upper extremities.
- The treadmill was so impressive that Marty and Mary Horn decided we needed another one and donated the money for a second **medical** treadmill specifically made for Cardiac Rehab and/or Physical Therapy. Not only do they have TWO emergency stops but they also feature two longer arm rails for easy on and off, 5 hp motor for commercial use, uses 32% less electricity...sleep mode when not in use, super low start speed, heart rate measuring tool, can work in reverse and at a decline, (this makes it suitable for various rehab applications).
- We have had a safety issue with our chairs having sharp edges where the weld has come apart. I have thrown away at least 4 chairs (maybe more) with no further injuries. I have replaced one chair with an expensive (\$108.00) chair that has padding (for the people that are frail without padding on their back side), arms to

assist those that have a hard time getting up out of the chairs, and the chair sits up straighter for those that have back issues. I'm hopeful that we will get a grant for the chairs we still need. If we don't get it....plan B (there's always a plan B!)

NUMBERS

- We have qualified for Million Hearts program but, due to the restrictive criteria, many of my patients do not qualify. Most of the patients and their information are gathered from RT or Michele King. The benefit will be great as it increases preventative services for cardiac and respiratory patients to reduce mortality. For example:
 - *Encouraging healthier living
 - *Education re: decreasing blood pressure by exercise, medications and diet changes. Medication effects and side effects. High blood pressure interpretation. Genetic role and how to be aware of it and combat it. Also encourages self monitoring bp for those with white coat syndrome, and to assist people to be more proactive with their particular health issues. We check their bp measuring device for accuracy, teach them how to use it, have them demonstrate proficiency, provide written guidance, encourage diary use for tracking bp instead of action based on one bp, provide phone access for questions, reimbursement for bp devices. (These services are all offered for ALL CR patients as well.)
 - *Prevention of future heart attacks
- ECGs – Monitored patients. At present we have 3 and 2 are waiting to finish the processing (Interview, insurance clearance). We have been clearing our patients with more efficiency and have

been able to get them in to our program quicker. This serves them well since it is imperative that the exercises start as soon as possible after a Cardiac Event. 2 monitored patients have just graduated from the 36 visit program! We are very proud of them!

Stress Treadmill Testing

- Dr. Dahle will finally be able to go to Redding in June to work with a cardiologist for OJT. This has been a slow process due to the added responsibility at Mayers with fewer doctors.
- We have the contract with Dr. Khan completed and signed for stress treadmill ECG interpretations.
- We have Susie Lorenzen that is willing to be the assisting staff for the testing. She is very qualified as she used to do them with Dr. Adams, is a licensed Respiratory Therapist and will have her ACLS in place. We are hopeful about hiring her but haven't finished the job requirements, posting the job and interviewing.
- The Stress Treadmill has been sitting for a while so the power supply died. IT replaced it and we are ready to start some test patients. This is a very expensive treadmill and does not take well to being moved or interrupted in any way. We have had to fix it twice (once after it was moved to the present room and the second time after someone had been in this room and piled things on it and next to it). At the present, we have a good working relationship with Kelly using her desk in this room to do QA on Wednesdays and Thursdays and we will begin using it on Tuesdays. This allows us to utilize the room on Mondays if need be.

Quality Updates on HIM and Admitting

HIM

- Lori has completed her schooling and passed her test to become a Registered Health Information Technician. A finding from the 2012 Acute Survey was that we were required to have an RHIT on staff. We worked out an arrangement for quarterly visits from an RHIT for review and oversight while Lori finished her education and testing. Ironically we just had an Acute Survey where we had proof of all the quarterly visits and Lori passing her exam and they didn't even ask about it.
- We are slowly transitioning year by year to a mostly paperless records storage. Each year we can destroy paper charts that are over 7 years old. Considering we will be 5 years in December most of our records 3 years from now will be SNF patients (just went live with an EMR) and minors (18 year retention requirement).
- Most coding is done in house with just Inpatients and some surgeries being sent out for coding.
- Dr Watson has instituted that all ER doctors visit HIM before they leave to complete any unfinished documentation. We have issues with a certain Emcare physician leaving for 4-6 weeks with incomplete work.

Admitting

- Admitting is my highest employ turnover rate as the pay is lower and the schedules fluctuate due to being 24/7 department.
- Amy Parker who's a lead in that department is great at training and was instrumental in recreating 2+ weeks of visits when we had an extended EMR downtime last summer.
- Currently we are looking at software that will reduce mistakes and billing denials. I had called our billing software company that has great edits on the back end to see if they have similar edits on the front end so we can be proactive in fixing mistakes rather than reactive which slows down the reimbursement process.

Overarching

- I'm currently in talks with Mckesson about them allowing us to have other rural hospitals use our software as different corporations. Larger hospitals with Mckesson can have multiple corporations so we may just have to come up with agreements between hospitals. Plumas has come over to check out the clinical modules and Caleb is very familiar with the financial pieces. The thought is if we can get multiple hospitals on our platform we can reduce our annual maintenance fees and afford to get modules like One Content which would be a replacement to the oft broken work intensive Papervision. The training for the other hospitals could actually happen in a real world environment vs the traditional web based training. Mckesson is much nicer than what most small rural hospitals went with so there are more than a few hospitals

looking to switch from a NextGen or CPSI system. Being a better system also means it's more expensive so if we could share the costs it would be mutually beneficial for all the parties involved.

Med Staff Report to Quality Committee
May 17, 2017

Physicians:

38 credentialed physicians, including 4 Mid-Levels (NP and PA) with Temporary privileges
10 of the 38 are currently in some stage of the reappointment process

Policies:

We have 2050 active policies.

Roughly $\frac{1}{2}$ (952) of those are currently in process.

Roughly $\frac{1}{4}$ (446) are at step 1 waiting on managers to review them.

Board Quality Report
May 2017

Last report conducted November 2016:

- Patient satisfaction surveys are being taking care of by Qual-Tek program and being used hospital wide
- Cost-capture effort between Outpatient and Billing. Found two areas of concern that launched two separate projects
 - Outpatients that are seen in the ED. Lost revenue, insurance authorizations, follow up care, etc.
 - Collaborative effort of Administration and Outpatient looking into Wound Expert software program to capture diagnosis codes in ICD-10 format that drives CPT codes for billing. The billing is CMS compliant, and updates automatically in the system. Currently, the physician completes a written superbill

Mock Survey: All areas of the mock survey have been addressed and are in progress i.e. medication carts ordered, treatment cart ordered, cabinets ordered, locks placed in rooms for sharps and medications. Infection control products were ordered thanks to a special infection control grant through the IHF. Operations department is ordering a locked cabinet for Rm 403. Please see Mock survey results attached. Power Point.

Patient satisfaction surveys have been made available to Outpatients at the time of their discharge from Outpatient Services. Patient satisfaction surveys will be under the direction of the Transitional Care Nurse. All patient responses are tracked and graphed as part of the Qual-Tek program being used hospital wide. Eight responses were collected with 100% satisfaction! No medication errors reported. We hope to gain more data to increase patient satisfaction survey numbers. Please see responses attached. Power Point.

The cost-capture collaborative effort between Outpatient and Billing, continues to prove to be valuable in capturing missing charges which in turn relates directly to the quality of a clean bill and/or lost revenue. From March 15th through May 1st approx 6 weeks, \$5,000+ dollars in revenue had been identified and recouped at that time. This however, does not include medication charges. The last few weeks several missed medication charges were noted and captured to create a clean bill. I have emailed key players in capturing cost to try to identify problems in our system. Medication administration training/ order input by RN training, ED training of Med Admin will happen again in the near future to prevent missed medication charges on OPM part. This process continues to prove to be a valuable quality issue to capture a clean bill and missed charges.

Outpatients that are seen in the ED as OPM. There is a revenue loss when physicians order patients to return to the ED and be seen as an Outpatient. Ongoing attempts at RN staff training to chart in order to capture correct charges has had a small amount of success. Also, without the proper insurance authorizations, services can and have been denied. This is revenue loss issue and becomes a quality issue when patients are unaware that they may be responsible for the bill they thought their insurance would cover. A small sample of patients seen in the ED as an Outpatient from July 2016 to January 2017. Approximately \$3,000 in lost charges. Two patients with Rabies were run through the ED, one with no insurance and the other? This is \$9,400X4 visits. This sample is only patients that received medications in ED as an OP. This leaves an OPM population of just wound care or treatment/procedures that is not being captured in the data. I have had no luck being able to capture this data.

Next project is a collaborative effort of Administration/IT and Outpatient regarding a custom build of our current EMR system to meet the needs in OPM charting. We have now tabled the idea of purchasing the Wound Expert ® software program. After having a demo of the product in November, it was decided that the cost is too high. This program is one that Dr. Zittel is familiar with. It will capture diagnosis code in the ICD-10 format that drives the CPT codes for billing. The billing is CMS compliant, and updated automatically within the system. Use of this

program will assure that we are billing appropriately, and not losing revenue from the physician visits. Our current practice is the wound care physician completes a written charting and written superbill. Next, I was asked to get other quotes from EMR wound companies. I did get a quote from Intellicure, and began to set up a demo when it was brought to my attention that we were going to look at our current system McKesson. Chris in IT, Keith, Kay and I have initially met to show how our current system works and what our needs are. Dr Zittel would like to be involved in the process and has set some time aside to meet. We are moving forward now with a custom McKesson build to help streamline our current tedious paper charting process of the wound clinic. We hope this expedites charting, auto loads nursing documentation for the physician, and keeps OPM in compliance.

Next Steps re: Quality:

- Complete all mock survey tasks i.e. receive all ordered equipment and get set up
- Gain more data through satisfaction surveys
- Continue cost-capture collaborative and find ways to improve quality of clean bills, medication administration training, and RN order input training, Pharmacy medications all entered in system
- Continue education for staff on charting in the ED as an OP
- Continue education for policy and procedures of patients seen as an OP in the ED
- Work with IT with the support of Administration on the custom build of OPM EMR
- Continue efforts to promote OPM with the help of Marketing for physicians to receive privileges at MMHD OP. Include Hill Country Community Clinic in our efforts. Have Dr Zittel conduct an in-service and meet physicians and staff at MVHC



2017 LTC QIP Summary of Measures

| Measure | Source | Threshold ¹ | Points |
|---|----------|---|--------|
| CLINICAL | | | |
| 1. Percent of high-risk residents with pressure ulcers | NQF 0679 | Lower is better Pay for performance based on being better than the average US performance of 5.7% | 10 |
| 2. Percent of residents who lose too much weight | NQF 0689 | Lower is better Pay for performance based on being better than the average US performance of 7.0% | 5 |
| 3. Percent of residents with diagnosis of dementia with feeding tube in place | | None; pay for reporting | 5 |
| FUNCTIONAL STATUS | | | |
| 4. Percent of residents experiencing one or more falls with major injury | NQF 0674 | Lower is better Pay for performance based on being better than the average US performance of 3.3% | 10 |
| 5. Percent of residents who have/had a catheter inserted and left in their bladder | NQF 0686 | Lower is better Pay for performance based on being better than the average US performance of 2.8% | 10 |
| RESOURCE USE | | | |
| 6. Transfers resulting in admission to hospital as an inpatient | | None; pay for reporting | 10 |
| 7. Transfers resulting in ED visit only | INTERACT | None; pay for reporting | 10 |
| OPERATIONS/ SATISFACTION | | | |
| 8. CMS Five-Star Quality Rating | | CMS Stars rating with 4 and above for full credit, 3 for half credit | 15 |
| 9. Implementation plan for INTERACT 4, Advancing Excellence program, or Project Improvement Plan Charter for QAPI | | None, pay for reporting | 10 |
| 10. QI Training by Health Services Advisory Group (HSAG), QAPI Self-Assessment, and NHQCC Participation agreement | | None, pay for reporting | 15 |

¹ All clinical and functional measure thresholds are based on data on December 1, 2016 listed on <http://www.medicare.gov/NursingHomeCompare/compare.html#cmprTab=3&cmprID=555227%2C555694&cmprDist=1.7%2C3.6&loc=94960&lat=37.9885355&lng=-122.5655549>





Partnership HealthPlan of California
2016 Long-Term Care Quality Improvement Program: Performance Summary

Site Name:
Mayers Memorial Hospital District

| Measure | Target | Result | Points Earned |
|---|-------------------------------------|-------------------------------|---------------|
| <u>Clinical</u> | | | |
| % of high-risk residents with pressure ulcers | 10 pts: lower than 5.9% | 2.1 | 10 |
| % of residents who lose too much weight | 5 pts: lower than 7.0% | 5 | 5 |
| % of residents with diagnosis of dementia with feeding tube in place | 5 pts: pay for reporting | Parts 1&2 Received | 5 |
| <u>Functional Status</u> | | | |
| % of residents experiencing one or more falls with major injury | 10 pts: lower than 3.2% | 5.8 | 0 |
| % of residents who have/had a catheter inserted and left in their bladder | 10 pts: lower than 3.1% | 4.1 | 0 |
| <u>Resource Use</u> | | | |
| Transfers resulting in admission to hospital as inpatient | 10 pts: pay for reporting | Parts 1&2 Received | 10 |
| Transfers resulting in ED visit only | 10 pts: pay for reporting | Parts 1&2 Received | 10 |
| <u>Operations/Satisfaction</u> | | | |
| CMS Five-Star Quality Rating | 15 pts: 4 or above 7.5 points: 3 | 1 | 0 |
| Implementation plan (INTERACT 4, or Advancing Excellence, or Program Improvement Charter) | 10 pts: pay for reporting | Interact 4.0 Part 1 Part 2 | 10 |
| QI Training by Health Services Advisory Group | 15 pts: pay for reporting | COAs, QAPI | 10 |
| Total Points | 100 pts | | 60 |

| Incentive Calculation | |
|--|---------------------|
| Total Reimbursed in 2016 | \$ 7,028,761.70 |
| Potential 2016 QIP Incentive (2% of total reimbursement) | \$ 140,575.23 |
| QIP Points Earned | 60 |
| Percent of Incentive Earned | 60.0% |
| 2016 QIP Incentive Amount | \$ 84,345.14 |

Mayers Memorial Hospital District

Code of Conduct

Mission: To serve our community providing excellent patient centered healthcare.

Vision: To be the provider of choice in our community.

PURPOSE OF CODE OF CONDUCT

Mayers Memorial Hospital District intends to maintain a patient care and business environment that is compliant with legal and regulatory requirements and that operates according to the highest professional and ethical standards. We require members of the hospital's workforce, defined below, to hold this same high standard as they care for patients and conduct their work activities at or for the hospital. This Code of Conduct sets out standards that have been adopted by the hospital board of commissioners, or that are established by laws and regulations that apply to the hospital district. It has been designed to assure that every workforce member will be aware of what is expected of them when they do their work. Many of the requirements summarized in this Code of Conduct are addressed more fully in the hospital's policies, or in training and materials made available by the hospital's compliance program.

The standards discussed in this Code of Conduct apply to all of the hospital's workforce members, including the hospital's leaders, employees, medical staff members, credentialed practitioners, contracted service providers, volunteers and others who work at or for the hospital. Individuals subject to this Code of Conduct are required to:

- Read the Code and sign the attached acknowledgement card;
- Understand any Code requirements that impact their duties and responsibilities at the hospital;
- Conduct themselves in a manner that is consistent with standards and requirements outlined in this Code; and
- Report any issues of suspected non-compliance with the Code of Conduct to their direct supervisor, their medical staff leader or the Compliance Officer so that the issues can be investigated and resolved.

RESPONSIBILITY OF LEADERS

While all workforce members are obligated to follow the Code of Conduct, our leaders are charged with special responsibility. Our leaders are expected to model ethical and compliant behavior—to set an example that other workforce members can follow. Hospital leaders are expected both to understand the Code requirements that apply in their areas of responsibility, and to know how to manage and lead so that the hospital's compliance and ethics goals are met.

Leaders are expected to be kind, sensitive, thoughtful, and respectful, and to balance their other leadership responsibilities with the hospital's goals of ethical behavior and compliance with laws and

regulations. It is part of their job to assure that ethical and compliant behavior is never sacrificed in the pursuit of other business objectives.

OUR CODE OF CONDUCT

Mayers Memorial Hospital District has adopted the following standards to further its purpose to conduct patient care and business activities in a professional and ethical manner—one that is consistent with legal and regulatory requirements:

I. PATIENT WELL BEING AND QUALITY OF CARE

- We respect the dignity of each individual and will work to treat our patients and customers with consideration, courtesy and respect; to assure their comfort and convenience; and to recognize accept and respect their diversity.
- We will demonstrate sensitivity and responsiveness to our patients and their family members and domestic partners by listening attentively and patiently, and making an effort to fully understand and respond as we are able to their needs.
- We will inform patients about treatment alternatives and about the risks associated with each treatment.
- We will base care decisions on what is medically necessary and in the best interests of our patients.
- We will assure that patient care personnel are properly licensed, credentialed and experienced.
- We will support medical decision making by assuring that medical record documentation is legible, accurate, timely and complete, and will only amend or correct medical records in accordance with hospital policy.
- We will provide patients with the rights outlined in the conditions of participation for Medicare and Medicaid hospitals.
- We will work to create a care environment that supports patient safety and quality health care. Recognizing that errors and adverse events may occur, we will strive to create an atmosphere that encourages inquiry and appropriate disclosure, as well as one in which we learn, and apply lessons learned in developing systematic approaches to preventing error and harm.
- We will not distribute unauthorized materials and information, nor solicit our co-workers, customers or visitors for any purpose that has not been approved by the hospital.

II. COMPLIANCE WITH LAWS AND REGULATIONS

EMTALA

- We will provide a screening exam and stabilizing treatment to every person who comes to our hospital campus requesting examination and/or treatment for an emergency condition (including pregnant women who are in labor).
- We will not delay a medical screening examination or stabilizing care in order to request patient financial information.

- We will only transfer unstable emergency patients who request transfer or for whom we lack the capability or capacity to provide treatment, and only after we have provided necessary stabilizing care.

KICKBACK AND SELF-REFERRALS

- We will not offer, give, ask for, or accept anything that has economic value in exchange for referring, arranging for, purchasing or otherwise dealing in any items or services.
- We will maintain our business and financial relationships with physicians in a manner that is consistent with the law.

GOVERNMENTAL DISTRICT REQUIREMENTS

- We will conduct our activities for the benefit of our patients and of the communities that we serve. Our decisions will be based on what is good for the hospital and will benefit our patients. Our business dealings will be conducted at arms-length.
- We will not use hospital resources to support candidates for political office or to lobby for changes in the law.
- We will not participate in political campaigns as representatives of the hospital, and will not make political contributions with hospital funds.
- We will not allow campaign activities for political candidates on hospital property.

III. BILLING AND CODING INTEGRITY

- We will only bill insurers and government programs for items and services that have been properly ordered and have been provided to a patient, and that are supported by necessary medical record documentation. Items and service provided for patient convenience may be billed directly to the patient or customer if all required notices of non-coverage are provided as required by applicable law or regulation.
- We will work to ensure that our billing and coding is accurate and in compliance with legal requirements.
- We will promptly correct any discovered billing or coding error.

IV. PRIVACY AND SECURITY OF INFORMATION

- We will handle confidential information carefully, in accordance with legal requirements and hospital policies. We will only share such information with those who have a need and/or right to know.
- We will treat confidential patient information with special care. We will only discuss or share protected patient information with those who have a right or need to know, only if necessary authorizations have been received, and only in a manner consistent with legal requirements. We will avoid discussing protected patient information in public areas.

V. CONFLICTS OF INTEREST

- We will disclose any potential conflicts of interest as required by hospital policy, and will not participate in decision making when a conflict of interest exists.
- We will not give or accept gifts or gratuities from business associates that might create an appearance of impropriety, or might improperly influence business decisions.

VI. MAINTAINING A SAFE HEALTH CARE AND WORK ENVIRONMENT

- We will not discriminate in hiring or employment matters against anyone on the basis of their race, color, national origin, sex, religion, age, sexual orientation, mental or physical disability or veteran's status.
- We respect the dignity of each individual and will work to treat our colleagues, associates and team members with consideration, courtesy and respect; and to recognize accept and respect their diversity.
- We will not engage in harassment of co-workers through unwelcome abusive or offensive conduct, whether verbal, physical or visual.
- We will not use drugs or alcohol in an unauthorized or inappropriate manner in the workplace.
- We will not engage in any violence or threats of violence in the workplace.
- We will not use, carry, store or otherwise have in our possession any weapons in the workplace without the prior written approval of hospital management.
- We will not employ, grant privileges to or contract with persons or entities who we know are excluded from participating in Federal Health Care Programs, and will take prompt steps to suspend or terminate our relationship with any person or entity upon learning that they have been excluded.
- We will not employ, grant privileges to or contract with persons or entities who have shown abusive behavior as validated by a fair and hospital board approved hospital or medical staff process. We will take prompt steps to suspend or terminate our relationship with any person or entity upon learning that they have been abusive to patients, hospital staff or medical staff colleagues.

VII. RESEARCH

- We will conduct all research activities in manner that is consistent with the highest ethical and moral standards, and in accordance with legal and regulatory requirements.

VIII. STEWARDSHIP OF HOSPITAL PROPERTY AND INTERESTS

- We are personally responsible and accountable for the proper expenditure of hospital fund, and the proper use of hospital property and equipment that is entrusted to us.

IX. FINANCIAL REPORTING AND RECORD KEEPING

- We prepare and maintain all patient and business records and reports accurately and truthfully, following applicable standards for record keeping.
- We comply with financial reporting and accounting requirements that pertain to our business, including requirements pertaining to preparation and filing of cost reports with Medicare and other federal health care programs.
- We retain records for the periods required by law or hospital policy, and destroy records in a manner that ensures continued security of protected or confidential information.

X. REPORTING OBLIGATION AND NON-RETALIATION

- We will report any concerns about possible non-compliance with this Code of Conduct, or with any hospital policy or legal or regulatory requirement that applies to the hospital, to a supervisor, to the compliance officer or to the compliance hotline.
- We will not retaliate against anyone who in good faith reports a concern about possible non-compliance.

If you believe that you have seen or are aware of a situation that violates the requirements of this Code of Conduct, or of any hospital policy or legal requirement, you are required by hospital policy and by this Code of Conduct to take appropriate steps to discuss or report your concern to the hospital so that it can be investigated and, if necessary, appropriate steps can be taken to resolve it.

You can meet your obligation to report in any of the following ways:

- Discuss the concern with your immediate supervisor. When possible, the existing management structure and lines of authority should be utilized to resolve problems. Your supervisor, in turn, has an obligation to discuss possible serious compliance violations with the hospital's compliance officer.
- Contact the hospital's compliance officer to discuss your concern. In some situations, it may not be possible to discuss concerns directly with your supervisor—for instance, if a concern involves your supervisor it may not be comfortable or appropriate to discuss the concerns directly. It is always an appropriate alternative to contact the hospital's compliance officer to discuss your concerns. You may reach the hospital compliance officer at extension 1141. Discussions with the compliance officer will be treated as confidential, and your identity will be protected to the extent allowed by law.
- Call the compliance hotline. You can also use the hospital's compliance hotline to report your concern. The compliance hotline can be called toll free from anywhere in the United States at 866-485- 2521. Reports to the hotline can be made anonymously and/or confidentially, and anonymity and/or confidentiality will be protected to the extent that the law allows.

HOSPITAL'S POLICY AGAINST RETALIATION

The hospital's policies prohibit retaliation against anyone who in good faith reports a concern about possible or actual non-compliance. Every report of retaliation by hospital workforce members will be promptly investigated and if the investigation results in a finding that retaliation did occur, it will result in discipline up to and including termination of the retaliating individual's employment or other relationship with the hospital.

FALSE CLAIMS

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. An "entity" refers to any employer who received Medicaid (MediCal in California) payments greater than Five-Million Dollars and 00/100 (\$5,000,000.00) per year for health care items and services. "Health facility" refers to any facility defined in Chapter 2 of Division 2 of the Health and Safety Code, including, but not limited to, the facility's administrative personnel, employees, boards and committees of the board, and medical staff. An "employee" refers to employee of the entity. A "contractor" or "agent" refers to any contractor, subcontractor, agent or other person involved in the actual delivery of health care, which includes members of the medical staff and other health care workers, or otherwise authorized the furnishing of Medicaid/MediCal health care items or services, performs billing or coding functions including inpatient, outpatient and residents.

Under the False Claims Act (FCA) the term "knowingly" is defined to mean that a person, with knowledge of falsity of information:

- Has actual knowledge of falsity of information in the claim.
- Acts in deliberate ignorance of the truth of falsity or the information in a claim; or
- Acts in reckless disregard of the truth or falsity of the information in a claim.

Improper Governmental Activities:

1. According to Government Code Section 8547.2, an improper governmental activity is:

a. Any activity that is in violation of any state or federal law or regulation, including but not limited to; corruption, malfeasance, bribery, theft of government property, fraudulent claims, fraud, coercion, conversations, malicious prosecution, misuse of government property or willful omission to perform duty.

b. Economically wasteful, or involves gross misconduct, incompetence or inefficiency. "Discriminatory treatment" includes, but is not limited to, discharge, demotion, suspension, or any unfavorable changes in, or breach of, the terms or conditions of a contract, employment, or privileges of the employee, member of the medical staff, or any other health care worker of the facility, or the threat of any of these actions.

Protected Disclosure:

1. According to California Government Code Section 8547.2 a protected disclosure is:

a. Any good faith communication that discloses or demonstrates an intention to disclose information that may evidence:

i. Any condition that may significantly threaten the health or safety of employees or the public if the disclosure or intention to disclose was made for the purpose of remedying that condition.

ii. Any improper governmental activity.

iii. Whistleblower – a person or entity making a protected disclosure is commonly referred to as whistleblower. Whistleblower may be a Mayers Memorial Hospital District employee, contractor, agent, medical staff, other health care workers, patients or the general public. The whistleblower's role is as a reporting party. He is not an investigator or fact finder nor does he determine the appropriate corrective or remedial action that may be warranted.

iv. Qui Tam lawsuit refers to a private person who brings a claim on behalf of the state government.

v. A person receiving a whistleblower report is hereafter referred to as a "recipient."

vi. A subject is a person who is the focus of investigative fact either by virtue of an allegation made or evidence gathered during the course of an investigation.

AB 632 expands and extends the provision of Health and Safety Code Section 1278.5:

- Includes a rebuttable presumption that the health facility has retaliated against employees if it takes adverse action against them within 120 days of their filing a grievance or complaint or participating in an investigation relating to the care, services or conditions of that facility.
- Provides that an employee who has been discriminated against in employment in violation of these provisions shall be entitled to reinstatement, reimbursement for lost wages and work benefits caused by the acts of the employer, and legal costs associated with pursuing the case or to any remedy deemed warranted by the court that is authorized by this statute, another statute or case law.
- Entitles a health care worker who has been discriminated against in violation of these provisions to reimbursement for lost income and legal costs associated with pursuing the case, or to any remedy deemed warranted by the court that is authorized by this statute, another applicable statute or case law.

CONCLUSION

This Code of Conduct is a tool designed to communicate standards that apply to patient care and business activities at the hospital. The Code is intended to assure that every hospital workforce member understands the standards and can help the hospital meet its obligation to comply. It is intended to help create and support a culture where, when problems do arise, they are identified quickly and resolved. Every hospital workforce member has an important role to play. If you have questions about the Code of Conduct and what it requires, please talk to your supervisor or to the compliance officer. If we work together, we can make Mayers Memorial Hospital District a patient care environment and workplace of which we can all be proud.

COMPLIANCE PLAN

MAYERS MEMORIAL HOSPITAL DISTRICT

I. PURPOSE AND INTRODUCTION

Mayers Memorial Hospital District is committed conducting its business with integrity and in accordance with all federal, state and local laws. The Compliance Program provides guidance and rules that protects and support this commitment. In conjunction with the Compliance Program, Mayers Memorial Hospital District has also instituted a Code of Conduct Policy to specifically address the conduct expected from all employees and for conduct of all aspects of its business and affairs in accordance with the law and with high ethical standards.

The Compliance Program includes the following key elements:

1. Mayers Memorial Hospital District will designate a Compliance Officer with direct reporting authority to the Board of Directors and the CEO and with substantial authority to implement and monitor the program.
2. Mayers Memorial Hospital District will establish compliance standards and procedures that are reasonably capable of eliminating the potential for criminal and inappropriate conduct.
3. Mayers Memorial Hospital District will use due care in hiring or delegating substantial authority to individuals who may have the propensity or potential to engage in suspect activities. Monitoring will take place to assure greater awareness and compliance.
4. Mayers Memorial Hospital District will take reasonable steps to communicate its standards and procedures to all employees, medical staff; vendors and contractors and will establish needed training programs.
5. Mayers Memorial Hospital District will take reasonable steps to achieve compliance with its standards by utilizing monitoring and auditing systems, and by having in place a reporting system allowing employees to report matters not in compliance with the Compliance Program.
6. Mayers Memorial Hospital District will consistently enforce its standards through appropriate disciplinary guidelines and procedures.
7. Mayers Memorial Hospital District will take reasonable steps to respond appropriately, if an offense is detected, and to prevent further similar offenses from occurring.
8. Mayers Memorial Hospital District will have a "Compliance Hotline" for employees to report instances of possible non-compliance and a procedure for follow-up, review, and resolution of such reported conduct.

II. MISSION

Mission: To serve our community providing excellent patient centered healthcare.

Mayers Memorial Hospital District is a designated special healthcare district which partners with its physicians, employees and the communities it serves, to provide quality patient centered care and promotes wellness and education. The Compliance program upholds the mission, vision and values of Mayers Memorial Hospital District by establishing and supporting a hospital-wide culture of honesty and respect to guide everyone's actions by developing standards, increasing awareness and promoting honest behavior and professional responsibility through education, awareness and shared accountability that promotes compliance with applicable laws, regulations and hospital policies.

III. VISION/VALUES

Vision: To be the provider of choice in our community.

The vision and values of Mayers Memorial Hospital District serve as guideposts for all individuals to measure action and decision when operating and serving within their scope in the District.

Values -

Teamwork: Working with and helping others to accomplish the Mission and Vision of Mayers Memorial Hospital District.

Honesty: Demonstrating professionalism, integrity, ethical behavior and commitment to the Mission, Vision and Values of our organization.

Respect: Protecting the dignity of others.

Quality: In the totality of our efforts to operate according to the highest professional and ethical standards.

Compassion: Ability to show compassion and concern for the difficulties of others.

IV. COMPLIANCE OVERSIGHT

The Mayers Memorial Hospital District Governing Board shall maintain ultimate responsibility for the effectiveness of the Compliance Program. The Board delegates operational authority and responsibility to the Compliance Officer.

The Governing Board will:

1. Receive periodic reports of findings, follow-up and resolutions of any Compliance Complaint or Activity
2. Evaluate the effectiveness of the Compliance Program
3. Support the Compliance Program through allocation of sufficient resources

The Compliance Officer will have ultimate administrative authority for implementation, monitoring and enforcement of the Plan. The Compliance Officer will also perform an annual review and, as needed, update the Code of Conduct Policy and Compliance Program. The operational authority of the Compliance Officer shall be as follows:

- Review, revise, formulate policies and procedures for targeted areas;
- Coordinate departmental efforts to implement compliance objectives;
- Assist with development of relevant education and training processes;
- Review and approve education and training materials;
- Initiate and supervise internal and external audits to evaluate compliance;
- Establish and administer a "Compliance Hotline" for reporting instances of possible noncompliance;
- Assist in addressing compliance issues that arise from audits or reporting mechanisms;
- Receive and investigate reports of possible illegal conduct or other conduct that violates the Code of Conduct or any departmental compliance policies;
- Assist in developing corrective action plans and sanctions to address compliance issues;
- Prepare reports, as directed by the Board, to evaluate compliance and to recommend improvements to the overall effort;
- Provide leadership for the organization's compliance efforts; and
- Provide periodic updates regarding compliance activities to the Compliance Committee.

Conduct Risk Assessments

A Compliance Committee shall be established. The oversight responsibility of this committee shall be:

Supervision of the Compliance Officer in carrying out his or her duties; Periodic review of audit reports and reports of the Compliance Officer concerning investigations, disciplinary actions, etc. Approval of various Plan-related activities such as initiating an investigation, disclosing information to government agencies or law enforcement officials, or imposing disciplinary measures.

V. KEY ELEMENTS OF THE PLAN (CODE OF CONDUCT)

For a successful program to be in place, Mayers Memorial Hospital District expects its medical staff, senior management, department directors, managers and leads to understand the Compliance Program and to comply with the Code of Conduct. These individuals are also expected to set an example for all other employees by following the Code of Conduct and ensuring that their employees understand and follow the Code of Conduct. Additionally, vendors and contractors are expected to comply with the Code of Conduct.

The Code of Conduct applies to all employees of Mayers Memorial Hospital District. In addition to policies concerning general employee conduct, the Code of Conduct focuses on employee conduct with respect to the laws that most frequently and directly impact the business conduct of an organization.

1. Commitment to Compliance

All employees, vendors and contractors are expected to conduct themselves in a manner that adheres to and promotes both the letter and spirit of the code of Conduct Policy. Adherence to that commitment shall be an element of each employee's annual evaluation.

2. Financial Accounting and Billing

Periodic audits may be performed to evaluate compliance with policies regarding proper billing and financial accounting. The following are key matters concerning billing:

- Only reasonable and necessary services are billed,
- Coding of services and items are appropriate,
- Billing is to appropriate payer source, and
- Documentation of services is sufficient.

3. Conflicts of Interest

All employees are expected to abide with Mayers Memorial Hospital District's current Conflict of Interest Policy.

4. Fraud and Abuse/Physician Relations

Mayers Memorial Hospital District has established procedures to monitor compliance with these types of matters. Such procedures will ensure that all employees understand Mayers Memorial Hospital District's policies with respect to the offer, payment or receipt of any money or gifts or services in return for the referral of patients or to induce the purchase of items or services.

The following transactions shall be monitored on a continuous basis to detect violations of state and federal fraud and abuse laws:

- Oral and written agreements with physicians or their immediate family members.
- Loans, leases or other financial or investment relationships/arrangements with physicians or their immediate family members.
- All payments and gifts to physicians and their immediate family members

5. Confidentiality/Business Information

The Compliance Officer will direct Department Directors to ensure that employees in their departments understand policies with respect to the disclosure to unauthorized persons of confidential business information including trade secrets, commercially sensitive information and financial information about Mayers Memorial Hospital District.

6. Employee Rights

Mayers Memorial Hospital District's policies on employees' rights and obligations require a working environment free from harassment, illegal drugs, alcohol and unlawful discrimination. Accordingly, Mayers Memorial Hospital District shall have procedures in place to ensure compliance with certain federal laws governing employment and the workplace as issued by the Human Resource Department.

7. Patient/Resident's Rights

Department Directors/Managers shall ensure that each employee in their department is aware of state and federal laws and facility licensing requirements concerning patient/resident rights.

8. Antitrust and Trade Regulations

Mayers Memorial Hospital District shall implement policies to prevent employees from intentional or inadvertent violations of the antitrust laws.

9. HIPAA

Mayers Memorial Hospital District shall implement policies pertaining to the Privacy and Security Regulations of the Health Insurance Portability and Accountability Act (HIPAA). In addition to the general Code of Conduct, standards and policies will address Mayers Memorial Hospital District's standards for, and guide the conduct of, employees with respect to certain issues and certain departmental activities that are especially complex or have been otherwise identified as areas of potential non-compliance. The Standards of Conduct shall include policies addressing at least the following:

- Billing
- Physician Contracting
- Discrimination (in provision of services and/or employment)
- Substance Abuse
- Confidentiality
- Occupational Safety and Health
- Sexual Harassment
- Conflicts of Interest
- Business Gifts and Gratuities
- Antitrust
- Fraud and Abuse
- Tax-Exempt Status
- Environmental Safety
- Human Resource Issues (hiring, firing, ADA, FMLA, ERISA, etc.)
- Medical Staff Issues (Quality Improvement, Peer Review, Antitrust, etc.)
- EMTALA

VI. EDUCATION AND TRAINING

For the Compliance Program to work effectively there will be education and training of the Compliance Plan and Program for all employees so that each has a clear understanding of his or her responsibilities and rights under the Plan. Each employee will receive education and training on an annual basis.

The Compliance Committee will determine what topics to be done on an annual basis for education and training. Also, the Compliance Committee in conjunction with the Compliance Officer will determine if individual departments will need additional training on specific topics.

The Compliance Officer shall also establish a mechanism for employees to raise questions and receive prompt, appropriate guidance on compliance issues. As part of education and training for the Compliance Plan and Program, communication or any changes in the Plan, Goals, Policies or other relevant information will be disseminated throughout the hospital in a timely manner by memo, in-services or announcements at department meetings. Any changes will be based on the hospital's Mission, Vision and Values.

VII. MONITORING COMPLIANCE

The Compliance Officer shall conduct or direct periodic audits of all departments to assess compliance with the standards and policies established within the Compliance Plan. Such audits shall be conducted and the results reported to Board not less than annually. As part of the ongoing monitoring and auditing of the Plan, the Compliance Officer in conjunction with the Compliance Committee will ensure that policies and procedures are updated to reflect current regulatory issues and additional training is provided as necessary to assure continued compliance.

VIII. STEPS TAKEN FOR POTENTIAL VIOLATIONS

1. REPORTING NONCOMPLIANCE

Any employee, vendor or contractor who is or should be aware of a potential violation of the law occurring with Mayers Memorial Hospital District or involving Mayers Memorial Hospital District's assets on any violations of the Compliance Plan or Code of Conduct must report that information immediately to their supervisor, the Compliance Officer or the Chief Executive Officer.

As part of its commitment to the success of the Plan, Mayers Memorial Hospital District shall fully support any employee in his or her efforts to fulfill these duties and shall protect the employee from any potentially adverse consequences including retaliation.

The Compliance Officer shall develop and oversee a mechanism for employees, vendors and contractors to report instances of possible non-compliant conduct without fear of retaliation. This reporting mechanism shall consist of the implementation of a "Compliance Hotline." All reports of possible non-compliant conduct shall be immediately forwarded to the Compliance Officer for investigation and resolution.

2. INVESTIGATIONS OF VIOLATIONS

All employees are expected to assist, as needed, in the investigation of an alleged violation of the Code of Conduct. It is essential, however, that even preliminary investigation be conducted with assistance and direction from the Compliance Officer.

The investigation process consists of the following activities:

- Interview of the complainant and others
- Review of relevant documents
- Review of applicable law/regulations
- Report to the Compliance Committee and the Board of Directors (including nature of the problem, investigation procedure, persons who acted inappropriately and their degree of culpability, estimate of nature and extent of liability or overpayment due, if any).

A written report describing the facts and circumstances surrounding the alleged problem shall be completed by the investigator and submitted to the Compliance Officer and the Compliance Committee. If the identity of the complainant is known, the Compliance Officer shall report to the complainant that an investigation has been completed and, if appropriate, corrective action will be taken.

3. NOTICE TO EMPLOYEES

If the need arises, it may be appropriate to inform Mayers Memorial Hospital District personnel that the government is conducting an investigation of certain matters. In this instance, Mayers Memorial Hospital District will inform employees of their rights and obligations with respect to requests for interviews from governmental investigators. In addition, employees are requested to refer any contact from a government official regarding an investigation to the Compliance Officer.

4. PRESERVATION OF DOCUMENTS

Mayers Memorial Hospital District has instituted a document retention policy that needs to be complied with by all employees. Each department director shall ensure compliance with this policy within his or her department.

5. CORRECTIVE ACTION

If, upon conclusion of the investigation, it appears that there are genuine compliance concerns, the Compliance Officer shall immediately formulate and implement a corrective action plan. The Compliance Officer shall obtain the advice and guidance of legal counsel, if applicable, in formulating and implementing the corrective action plan. The corrective action plan shall be designed to ensure that the specific issue is addressed and, to the extent possible, that similar problems do not occur in other departments or areas. Any issue for which a corrective action plan is implemented shall be specifically targeted for monitoring and review in all future audits of the department or area.

6. SANCTIONS

Any employee who violates the Code of Conduct or policies and procedures authorized by this Plan (including failure to report known violations) will be appropriately disciplined. The Director of Human Resources shall establish procedures for discipline of employees for such violations. Any discipline shall be appropriately documented in the employee's personnel file, along with a statement of reasons for imposing such discipline. In addition, the Compliance Officer shall be informed of compliance related disciplinary actions and periodically review those records to ensure that discipline is being administered to a consistent manner. The Compliance Officer shall report annually to the Board concerning the conduct of the disciplinary aspect of the Plan.

IX. CONCLUSION

Mayers Memorial Hospital District believes that by implementing an effective compliance plan it will achieve better quality control and reduce the risk of future criminal and civil liabilities. Mayers Memorial Hospital District recognizes that the implementation of a compliance program may not entirely eliminate fraud, abuse and waste. However, a sincere effort by Mayers Memorial Hospital District to comply with applicable federal and state standards through the establishment of an effective compliance program significantly reduces the risk of unlawful or improper conduct.

X. REAPPRAISAL OF PLAN

This plan will be reviewed on an ongoing basis and annually. The review process occurs in order to evaluate the effectiveness of the Compliance Plan and Program, to reflect current practices and changes, to ensure that appropriate services are monitored, delivered, and evaluated in accordance with the Compliance Program.