

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

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

Board of Directors
Regular Meeting Agenda

September 25, 2019 11:00 am
Fall River Board Room

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.

				Approx. Time Allotted
1	CALL MEETING TO ORDER			
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS			
	Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.			
3	APPROVAL OF MINUTES			
	3.1 Regular Meeting – August 28, 2019	<i>Attachment A</i>	Action Item	2 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS			
	4.1 Resolution 2019-12 – August Employee of the Month	<i>Attachment B</i>	Action Item	5 min.
	4.2 401K Annual Report		Report	15 min.
	4.3 Director of Nursing - Acute – Theresa Overton	<i>Attachment C</i>	Report	10 min.
	4.4 Director of Quality – Jack Hathaway		Report	10 min.
5	BOARD COMMITTEES			
	5.1 Finance Committee			
	5.1.1 Committee Meeting Report		Report	10 min.
	5.1.2 August 2019 Financial Review, AP, AR, and Acceptance of Financials		Action Item	5 min.
	5.1.3 Mindray Project	<i>Attachment D</i>	Action Item	5 min.
	5.2 Strategic Planning Committee			
	5.2.1 Committee Meeting Report – No Meeting			
	5.3 Quality Committee			
	5.3.1 Committee Meeting Report – Minutes Attached	<i>Attachment E</i>	Report	10 min.
6	NEW BUSINESS			
	6.1 Board By-Law Review	<i>Attachment F</i>	Discussion	10 min.
	6.2 Board Assessment Process (samples attached)	<i>Attachment G</i>		

6.3 POLICY & PROCEDURE APPROVAL**ATTACHMENT H**

1. Alternate Sources of Energy
2. Chemical Spill
3. Chemical Spill - Operating Room
4. Compressed Gas & Oxygen Use
5. Discount Payment Policy
6. Emergency Sewage & Waste Disposal Policy
7. Equipment Cleaning - CR
8. HHS POVERTY GUIDELINES MMH389
9. Internal Reporting Of Overpayments, Self-Disclosure, And Repayments For Federal Health Programs
10. Resident Transfer-Discharge Summary-Plan MMH609

7	ADMINISTRATIVE REPORTS		
7.1	Chief's Reports – <i>Written reports provided. Questions pertaining to written report and verbal report of any new items</i>	<i>Attachment I</i>	
7.1.1	CEO – Louis Ward	Report	10 min.
7.1.2	CCO – Keith Earnest	Report	5 min.
7.1.3	CFO – Travis Lakey	Report	5 min.
7.1.4	CNO – Candy Vculek	Report	5 min.
7.1.5	COO – Ryan Harris	Report	5 min.
7.2	Construction Change Orders	Action Item	5 min.
8	OTHER INFORMATION/ANNOUNCEMENTS	Information	
	LEGISLATIVE UPDATE – Val Lakey		
9	ANNOUNCEMENT OF CLOSED SESSION		
9.1	Government Code Section 54962:		
9.2	Real Property Government Code 54956.8		
9.3	Pending Litigation Government Code 54956.9		
9.4	Personnel Government Code 54957		
10	RECONVENE OPEN SESSION – Report Closed Session Action	Information	
11	ADJOURNMENT: Next Regular Meeting – October 23, 2019 – Burney		

Posted 09/19/2019

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Board of Directors
Beatriz Vasquez, PhD, President
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Laura Beyer, Secretary
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Jeanne Utterback, Director

**Board of Directors
Regular Meeting
Minutes**

August 28, 2019 – 1:00 pm
Boardroom (Burney)



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: Beatriz Vasquez called the regular meeting to order at 1:00 pm on the above date.

BOARD MEMBERS PRESENT:
Beatriz Vasquez, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback

STAFF PRESENT:
Louis Ward, CEO
Ryan Harris, COO
Keith Earnest, CCO
Candy Vculek, CNO
Marlene McArthur, MHF
James Harris
Alex Johnson
Val Lakey, Board Clerk

ABSENT:

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

3 APPROVAL OF MINUTES

3.1 A motion/second carried; Board of Directors accepted the minutes of July 31, 2019 *Utterback/Beyer* *Approved All*

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

4.1 A motion/second carried; James Harris was recognized as June Employee of the Month. Resolution 2019-11 *Hathaway/Beyer* *Approved All*

4.2 **Director of Public Relations** – Val Lakey – (See attached).

4.3 **Safety Report** – Val Lakey – (see attached)

4.4 **MHF Report** – Marlene McArthur – (see attached) October 4th event

5 BOARD COMMITTEES

5.1 Finance Committee

5.1.1 **Committee Meeting Report:** Met August 28, 2019. Had reports from the Emergency Department/Environmental Services.

5.1.2 **July 2019 Financial Review, AP, AR and acceptance of financials.** *Hathaway/Utterback* *Approved All*

5.1.3 **Board Quarterly Finance Review** *Hathaway/Beyer* *Approved All*

5.1.4 **Mindray Project** – postponed to a later date

5.2 Strategic Planning Committee Chair Albaugh

5.2.1 **Committee Meeting Report** – Minutes were attached. Next meeting will be in November. There is progress being made on the facility plan. (HVAC – looking at cost effective replacement plan, buildings, etc.). Looking at an energy survey company to audit our energy use, etc.

5.3 Quality Committee Chair Beyer

5.3.1 Committee Meeting Report – Minutes were attached. We may see our star rating go up after the next cycle. Tags will “fall off” eventually and help our star rating. RN hours have increased. Staffing stars should increase.

6 NEW BUSINESS

6.1 Strategic Planning Review Session – Possibly do a workshop following the September 25th meeting. Finance at 9:00. Regular meeting at 11:00 am – Follow with lunch and workshop.

7 ADMINISTRATIVE REPORTS

7.1 Chief’s Reports

7.1.1 CEO: In addition to the regular report: Soft opening of the Retail Pharmacy will be September 4th. Working through the logistics of the business operations. Will open with most major insurance companies and Partnership. The main one lacking now is CVS/Caremark. Marketing will be important. Total project (shared in Finance) has been about \$500,000 to get pharmacy started.

There will be more discussion on the Day Care at the September workshop.

7.1.2 CCO: In addition to the written report: We have a back-up pharmacist coming onboard (Hospital Pharmacy). Will eventually be able to give immunizations.

7.1.3 CFO: Auditors will be here in September.

7.1.4 CNO: In addition to the written report: We are filling positions. Large improvement over last year. Three vacancies in Acute. Using registry in ER to fill empty positions.

7.1.5 COO: In addition to the written report: Completion date is estimated “by the end of the year”. Licensure will take 30-90 days before we can occupy the new building. Color will be going on over stucco in the next 2-3 weeks.

HVAC over the SNF will be repaired – hopefully next week.

All of the pipes under the kitchen in Fall River have been replaced. Burney will need to be replaced.

Upon completion of Pharmacy the following projects are scheduled to be completed

- Riverview
- Clinic Building
- Finance Building

Will then begin addressing the demolition of the 1956 building.

7.2 Construction Change Orders: Nothing to report

8 OTHER INFORMATION/ANNOUNCEMENTS

Legislative Update

9 ANNOUNCEMENT OF CLOSED SESSION – 2:20 pm

9.1 Government Code Section 54962:
STAFF STATUS CHANGE

Beyer/Utterback Approved All

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

1. William Randazo, MD – Radiology (Telemed)
2. Gregory Taylor, MD – Emergency Care

AHP APPOINTMENT

1. Paula Ann Amacker, NP - Oncology

MEDICAL STAFF REAPPOINTMENT

1. Tikoets Blankenber, MD – Pathology
2. Lloyd Pena, MD – Emergency
3. Michael Maloney, MD – Radiology

MEDICAL STAFF APPOINTMENT

1. Dyanesh Ravindran, MD – Oncology
2. Alireza Abdolmohammadi, MD – Oncology
3. Arun Kalra, MD – Oncology
4. Ayman Ghraawi, MD – Oncology
5. Kevin Keenan, MD – Neurology – (Telemed)
6. Olivia Tong, MD – Neurology – (Telemed)
7. James Haug, DO – Radiology – (Telemed)
8. Charles Gould, MD – Radiology – (Telemed)
9. Yuming Yin, MD – Radiology – (Telemed)
10. Miriam Hulkower, MD – Radiology – (Telemed)
11. William Rusnak, MD – Radiology – (Telemed)
12. Bao Nguyen, MD – Radiology – (Telemed)

9.2 Real Property Government Code 54956.8 – No Action

9.3 Litigation Government Code 54956.9 – No Action

9.4 Personnel Government Code 54957 – No Action

10 RECONVENE OPEN SESSION: 3:41 pm

11 ADJOURNMENT

Next Regular Meeting: September 25, Fall River Mills , 11:00 am

I, _____, Board of Directors _____, certify that the above is a true and correct transcript from the minutes of the regular meeting of the Board of Directors of Mayers Memorial Hospital District

Board Member

Board Clerk

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



Mayers Memorial Hospital District

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Marketing and Public Relations – Valerie Lakey, Director of Public Relations Report – August 2019

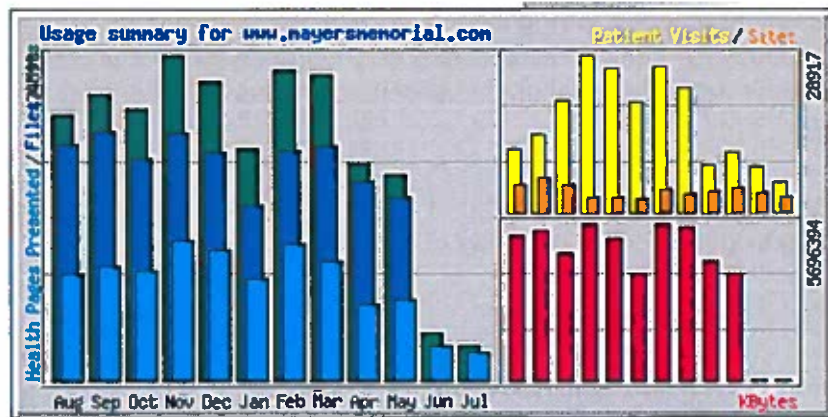
Mayers Memorial Hospital District Public Relations Department focus remains on IMAGE and branding and making sure that everything associated with MMHD is consistent. We have many low-cost/ no-cost avenues for public relations and keep our image in the public eye. Our work with the community and developing relationships with the schools, organizations and businesses has been beneficial.

The department deals with Public, Community, Patient and Employee relations and communications and ultimately leads a variety of projects.

Accomplishments:

- **Budget** – The budget remains consistent with previous years. We are no longer doing television ads. We have designated an amount for the IMAGE budget. These dollars are used for team sponsorships, the fair, local chamber events and school projects.
- **Communications** – Our Mass Notification system is a great way to share information in an instant with staff. It is primarily used for Emergency Notifications, but can be utilized for events and announcements. The “It Pays to Know” newsletter is distributed with the payroll twice a month and is used to provide information to staff. Currently, I am working on building a new email distribution list.
- **Community Outreach – IMAGE BUDGET** - We continue to advertising locally in an effort to reduce out-migration. Keeping MMHD “visible” in the community is a high priority. We participate in health fairs and other community events; like the Intermountain Fair, which is a highly populated event for the Intermountain Area. We remain active in the local high schools with Health Career Days and High School Senior Internships. *“Planting Seeds and Growing Our Own”* has been a focus. We are also active with activities in local elementary schools.
 - I have had the opportunity to share at many organizations, locally and statewide, about the hospital and our projects. MMHD has become a strong voice in rural healthcare.
 - I am active on ACHD Advocacy, Governance Committees and work closely with CHA and the Disaster Committee. These avenues build relationships and the networking is very beneficial.

- I will be speaking at the ACHD Annual Conference about our partnership with Stanford and the Wellness program.
 - I will be presenting at the CHA Disaster Conference in September.
- **Website/Intranet**– We continue to utilize the website. The website is a required component of the District Transparency (as a result of state legislation). Both the internal and external sites are “fluid”. We try to change them to keep up with changes, community and employee needs.



Summary by Month										
Month	Daily Avg					Monthly Totals				
	Max	Files	Health Pages Presented	Patient Visits	Sites	KBytes	Patient Visits	Health Pages Presented	Files	Hits
Jul 2019	608	0	478	178	2825	4505	5518	14831	0	18873
Jun 2019	842	0	617	283	3642	6137	8504	18536	0	25267
May 2019	3568	3167	1393	360	4494	3871446	11189	43199	98177	110619
Apr 2019	3872	3569	1365	289	3992	4307392	8697	40972	107089	116169
Mar 2019	5296	4076	2061	736	3522	5526259	22845	63908	126357	164185
Feb 2019	5957	4415	2629	954	4250	5696394	26720	73623	123630	166810
Jan 2019	4014	3041	1773	647	2463	3878988	20082	54991	94294	124447
Dec 2018	5166	3949	2262	851	2871	5172988	26408	70147	122449	160175
Nov 2018	5819	4435	2514	963	2828	5647287	28917	75423	133072	174593
Oct 2018	4845	3965	1969	684	5170	4646409	20596	59096	118966	145353
Sep 2018	5105	4465	2040	477	6430	5405850	14317	61213	133969	153163
Aug 2018	4585	4088	1845	372	5292	5257497	11547	57195	126757	142161
Totals						49421152	205280	633134	1184760	1501815

- **Social media** - Having a presence on Social Media is very important, as much of our target market uses these avenues. We primarily use Facebook. We have separate pages for Construction, Planting Seeds and a private group for employee challenges, etc. **NO COST – except time. Schedule Posts, etc.**

Mayers Memorial Hospital District
August 13 at 9:43 AM

We are hiring! Learn more about joining our TEAM
<https://www.mayersmemorial.com/getpage.php>

MMH Mayers Memorial Hospital District
Always Caring. Always Here.

EMPLOYMENT Opportunities

Please visit our website **EMPLOYMENT PAGE** for current Employment Opportunities

- **Food & Nutrition Services**
- **Insurance Billing Specialist**
- **Housekeeper**
- **Nurse Practitioner**
- **CNA's, LVN's and RN's**

Ask about our Sign-On Bonus!

www.mayersmemorial.com
(530)336-5511

Get More Likes, Comments and Shares
When you boost this post, you'll show it to more people

929 People Reached 75 Engagements **Boost Post**

Jasna Patel, Felisa Westlake and 6 others 20 Shares

Like Comment Share

929 People Reached

43 Likes, Comments & Shares

22 Likes	8 On Post	14 On Shares
0 Comments	0 On Post	0 On Shares
21 Shares	20 On Post	1 On Shares

32 Post Clicks

5 Photo Views	9 Link Clicks	18 Other Clicks
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NEGATIVE FEEDBACK

2 Hide Post	1 Hide All Posts
0 Report as Spam	0 Unlike Page

Reported stats may be delayed from what appears on posts

- **Department Marketing/Employee Public Relations** – Currently working on projects with Retail Pharmacy, Cardiac and Respiratory. In addition, planning for the opening of the New Hospital Wing.

Safety Report



Board Quality Report Template

<p>Name: Valerie Lakey</p> <p>Department: Safety/Emergency Preparedness</p> <p>Last Quality project reported: Emergency Preparedness and Safety Training for Orientation and Re-Orientation</p> <p>Update on last Quality project reported: Materials for both orientation and re-orientation were reviewed and modified. Resources were placed on the INTRANET and employees are now trained on where to find needed resources and where to find EP/Safety policies, procedures, documents, training resources, personal preparedness resources. All employees are re-quizzed and signed off annually as required by CMS Guidelines.</p>	<p>Current report date to Board Quality: 08/14/19</p> <p>Last report date to Board Quality: 02/12/19</p>
<p>What successes have you seen based on the outcome of previous Quality projects? More involvement in Safety and EP as well as an increased general knowledge amongst all staff.</p>	
<p>What issues have come up in your department relating to Quality? Lack of time and staff availability for training.</p>	
<p>PLAN: What plan was implemented to address those issues? Incorporate more available training on the INTRANET and have a thorough review at reorientation. Information is distributed via email, newsletters and in department meetings.</p>	



DO: How did the implementation of that plan go?

It is working well and we continue to find ways to train and educate necessary and key staff.

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

More awareness of Safety?EP program and more interest involvement

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

In progress

Upcoming Quality Items:

EOP Phone App, EOP Flip Charts, CODE Binder

Quality Related Goals for the Department:

Review and update all documents and educate staff as changes are made.

Data/Graphics supporting project outcomes:



Mayers Memorial Hospital District
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RESOLUTION NO. 2019-12

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

Karina Aceves

As August 2019 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, Karina Aceves is hereby named Mayers Memorial Hospital District Employee of the Month for August 2019; and

DULY PASSED AND ADOPTED this 25th day of September 2019 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

Beatriz Vasquez, President
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

Val Lakey
Clerk of the Board of Directors

Director of Nursing Board Report

ATTACHMENT C

September 19, 2019

Outpatient Medical Services—See monthly report submitted.

Acute Services—ADC 1.83 for FYE 2019 and Swing ADC is 3.31 and LOS for Swing is 12.49.

- Acute services with 6-full time licensed staff and 1-part time (RN is Infection Preventionist and floats to OPS). We continue to utilize several of our nurses to float to OPM and OPS, therefore utilize travel services occasionally. Full-time LVN working on their RN upgrade.
- Retention and incentive program established with Nursing administration and HR. We have retained 1-full time RN through this process. This has not been as successful as hoped. We have interviewed 3-RN's from out of the area that declined our offer. We continue to work on efforts of recruitment.
- Efforts being made to improve the communication from nurses to physicians regarding patient care and change in condition. This starts with effective reporting and communication to Supervisors. We are establishing tools to use daily with supervisors and for change in condition of patient communication to physicians.
- Working with Clinical Nurse Educator to improve and enhance the assessment skills of nursing staff to build confidence in their skill of the critical patient.
- Relias (Learning Management System)-Developed New Hire Orientation Program to assess compatibility, skill and knowledge level prior to interview. An individual based orientation program is then designed to best fit the needs of the new hire building on their weakness and enhancing their strengths. This program has been successful in the orientation of new hires as well as holding compliance with our registry.
- Acute Care Lead out on maternity leave until January.

Outpatient Surgical Services

- Developed a CRNA schedule with 2 full-time CRNA's. Awaiting application and approval of a third CRNA to put into the rotation.
- The authorization process between MVHC, Dr. Guthrie and Mayers is improving with their offices seeking authorization prior to sending referral to Mayers for scheduling. Continue to work on building a positive relationship between MVHC and Mayers.

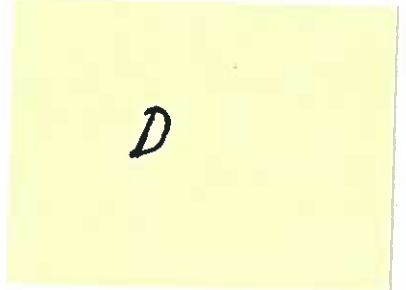
Thank You,

Theresa Overton, RN
Director of Nursing

A GLOBAL LEADER IN PATIENT MONITORING, ANESTHESIA AND ULTRASOUND SYSTEMS

PROPOSAL FOR:
MAYERS MEMORIAL HOSPITAL

PREPARED BY:
Zachary Perez
Aug 12, 2019



Proposal Summary

Proposal Date: Aug 12, 2019
 Proposal Number: Q-07511
 Proposal Exp. Date: Sep 30, 2019
 Sales Rep: Zachary Perez
 Proposal For: MAYERS MEMORIAL HOSPITAL

Mindray DS USA, Inc.
 800 MacArthur Blvd.
 Mahwah, NJ 07430
 Tel: 201-995-8000
 Fax: 800.266.9624

Contact:
 Title:
 Phone:
 Email:

Total Price By Department

Acute Care

Department Name	List Price	Departmental Discount	Net Price
Acute Care	USD 122,010.02	USD -37,793.00	USD 84,217.02
Acute Care TOTAL:			USD 84,217.02

IT

Department Name	List Price	Departmental Discount	Net Price
IT	USD 15,500.00	USD 0.00	USD 15,500.00
IT TOTAL:			USD 15,500.00

ED

Department Name	List Price	Departmental Discount	Net Price
ED	USD 22,721.50	USD -9,478.43	USD 13,243.07
ED TOTAL:			USD 13,243.07

TOTAL: USD 112,960.09

To:
 MAYERS MEMORIAL
 HOSPITAL
 43563 HIGHWAY 299 EAST
 FALL RIVER MILLS, CA 96028

Sales Representative: Zachary Perez
Quote Number: Q-07511

Proposal Date: Aug 12, 2019

Phone: (925) 698-9847
E-mail: z.perez@mindray.com

Affiliation: PRE2

Acute Care

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
1	DPMCS-CREDIT		USD 0.00	USD 0.00	1	USD 0.00
2	115-050935-00	BeneVision DMS Workstation, Mini PC	USD 3,000.00	USD 1,680.00	1	USD 1,680.00
3	121-001375-00	BeneVision WorkStation Server License	USD 3,400.00	USD 1,972.00	1	USD 1,972.00
4	803-040044-00	WorkStation/Vertical Server installation, cable and setup. Includes, installation and setup for one WorkStation and up to three display screens. (Includes cable pulling)	USD 2,850.00	USD 2,565.00	1	USD 2,565.00
5	121-001453-00	BeneVision DMS Widescreen Touch Display	USD 2,975.00	USD 1,725.50	1	USD 1,725.50
6	110-004115-00	BeneVision WorkStation Bed Licenses. Supports 4-32 beds	USD 300.00	USD 168.00	9	USD 1,512.00
7	803-040040-00	Device certification and install, without cable pulling.	USD 731.00	USD 657.90	9	USD 5,921.10
8	803-040046-00	2.4/5GHz Install per 100 SQFT	USD 200.00	USD 143.10	45	USD 6,439.50
9	115-051209-00	BeneVision DMS host package (2U Rack)	USD 6,000.00	USD 3,360.00	1	USD 3,360.00
10	121-001373-00	BeneVision CS Bed License (FD, Bed, Adv) - Per Channel	USD 400.00	USD 232.00	15	USD 3,480.00
11	121-001372-00	BeneVision CS Server License	USD 9,700.00	USD 6,206.00	1	USD 6,206.00
12	803-040043-00	2.4/5GHz Rack/Core Charge	USD 18,000.00	USD 16,200.00	1	USD 16,200.00
13	045-003660-00	BeneVision DMS Software Media kit	USD 0.01	USD 0.01	1	USD 0.01
14	803-070282-00	BeneVision DMS PDF Printing capability	USD 0.01	USD 0.01	1	USD 0.01
15	115-034055-00	CMS Viewer Application for remote review. Includes 16 licenses for historical review	USD 11,900.00	USD 8,925.00	1	USD 8,925.00
16	121-001269-00	BeneVision Central Station - TelePack license Key Package. Includes: One Arrythmia detection, St Segment analysis and QT Monitoring license per TelePack channel.	USD 875.00	USD 490.00	5	USD 2,450.00
17	5000-00-1000	Labor Charges for Upgrades.	USD 260.00	USD 260.00	1	USD 260.00
18	M51AF-PA00027	Masimo MPM w/MindrayST/Arr,3/5/12-L	USD 6,500.00	USD 3,770.00	4	USD 15,080.00
19	803-011989-00	Multi Parameter Module 1 Year Extended Warranty (Included GPO Warranty)	Included	Included	4	USD 0.00
20	115-034809-00	DPM 7+ System Upgrade Kit	USD 1,075.00	USD 806.25	4	USD 3,225.00
21	023-001566-00	HP LaserJet Enterprise M608n Printer	USD 3,700.00	USD 2,072.00	1	USD 2,072.00
22	803-040039-00	Device Certify & Install W/CABL	USD 1,271.00	USD 1,143.90	1	USD 1,143.90
Acute Care TOTAL:						USD 84,217.02

IT						
Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
23	803-070244-00	Spot Check Mapping fees, includes: ADT and Results mapping.	USD 5,500.00	USD 5,500.00	1	USD 5,500.00
24	121-001473-00	eGateway SW Spot Check/Surgery 32 bed	USD 10,000.00	USD 10,000.00	1	USD 10,000.00
IT TOTAL:						USD 15,500.00

ED						
Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
25	045-001302-00	Passport 17m VHM wall mount with standard bracket	USD 1,500.00	USD 1,125.00	1	USD 1,125.00
26	6803F-PA00001	Passport 17m, modular touch screen monitor with the iView subsystem integrated to display PC application, integrated recorder. Includes: Includes CD operators manual, line cord, one roll of paper, quick reference guide. Requires two lithium ion batteries (115-018012-00), sold separately.	USD 10,500.00	USD 5,880.00	1	USD 5,880.00
27	M51AF-PA00027	Masimo MPM w/MindrayST/Arr,3/5/12-L	USD 6,500.00	USD 3,770.00	1	USD 3,770.00
28	803-011989-00	Multi Parameter Module 1 Year Extended Warranty (Included GPO Warranty)	Included	Included	1	USD 0.00
29	115-018012-00	Lithium ion battery	USD 255.00	USD 191.25	2	USD 382.50
30	115-040811-00	Passport 12m/17m Combo Ops Manual CD	Included	Included	1	USD 0.00
31	0436-00-0206	Cable Hooks GCX Cable Hook (mounts under Arm) Compatible with DPM 6, DPM 7, Passport 12m and Passport 17m, when mounted to A-Series anesthesia machines	USD 37.50	USD 28.13	1	USD 28.13
32	803-011968-00	One Year Extended Warranty for Passport 12m and Passport 17m (GPO Included Warranty)	Included	Included	1	USD 0.00
33	115-046938-00	Single CO2 Module(accessory kit)	USD 3,674.00	USD 2,057.44	1	USD 2,057.44
ED TOTAL:						USD 13,243.07

To:
MAYERS MEMORIAL
HOSPITAL
43563 HIGHWAY 299 EAST
FALL RIVER MILLS, CA 96028

Sales Representative: Zachary Perez
Quote Number: Q-07511

Proposal Date: Aug 12, 2019

Phone: (925) 698-9847
E-mail: z.perez@mindray.com

Affiliation: PRE2

Affiliation Notes: Premier – Patient Monitoring Contract # PP-MM-620 – Tier 2 – (PRE2): Standard One Year-On Site Warranty plus an extended one year warranty for a total of two years for parts & labor on Patient Monitors, Gas Module, Central Stations and transmitters. Standard Three Year Mail-In Warranty on Accutorr Monitors.
Premier Anesthesia Contract #PP-MM-431 Anesthesia Machines - Standard three year warranty.
Premier Ultrasound Contract #PP-IM-309: M7, M9, TE5, TE7 Ultrasound Machines & Transducers (Excluding 4D & TEE Transducers - Standard one year) have a standard five year warranty.
DC8 Ultrasound Machine & DC8 Transducers - Standard 1 Year Warranty. DC8 Expert Ultrasound Machine & Transducers - Standard five year warranty. Resona7 Ultrasound Machine & Transducers - Standard 5 Year Warranty. EXCEPTION: DEMO EQUIPMENT & ACCESSORIES (6 MONTHS ONLY)

Payment Terms: NET 45 DAYS

Shipping Terms: F.O.B. SUPPLIERS Dock (Freight & Insurance Prepaid on Contracted Products Only)
"To ensure on-time delivery of your orders, Mindray may drop ship products directly from our overseas factories or distribution warehouses"

Proposal Notes:

Product Notes:

Please complete at time of purchase:

Uncrating Needed: YES / NO

Receiving Dock Hours: _____

Debris Removal: YES / NO

Lift Gate Required: YES / NO

Prior Notification: YES / NO

Inside Delivery Required: YES / NO

Contact Name: _____

Department: _____

Contact Phone #(s) _____

E-mail Address(s) _____

Purchase order acceptance and delivery of Mindray Certified Refurbished products is subject to inventory availability.

This quotation contains no provisions for Biomedical training tuition or credits.

If your terms are Cash-in-advance, please remit check directly to:

Mindray DS USA, Inc. 24312 Network Place, Chicago, IL 60673-1243

Total Price By Department

Acute Care

Department Name	List Price	Departmental Discount	Net Price
Acute Care	USD 122,010.02	USD -37,793.00	USD 84,217.02
Acute Care TOTAL:			USD 84,217.02

IT

Department Name	List Price	Departmental Discount	Net Price
IT	USD 15,500.00	USD 0.00	USD 15,500.00
IT TOTAL:			USD 15,500.00

ED

Department Name	List Price	Departmental Discount	Net Price
ED	USD 22,721.50	USD -9,478.43	USD 13,243.07
ED TOTAL:			USD 13,243.07

TOTAL: USD 112,960.09

Quotation

Total List Amount	USD 160,231.52
Total GPO Discount	USD 47,271.43
Total Additional Discount/TradeIn	USD 0.00
Total Net Amount	USD 112,960.09



Total Net Price For Purchase:

USD 112,960.09

To:
MAYERS MEMORIAL
HOSPITAL
43563 HIGHWAY 299 EAST
FALL RIVER MILLS, CA 96028

Sales Representative: Zachary Perez
Quote Number: Q-07511

Proposal Date: Aug 12, 2019

Phone: (925) 698-9847
E-mail: z.perez@mindray.com

Affiliation: PRE2

Title of Buyer	Printed Name of the Buyer

Purchase Order Number	Date	Signature of the Buyer

Ship to Address:

Bill to Address:

We have selected a non-Masimo SpO2 technology and have requested a proposal using an alternate SpO2 technology.

Although we have been educated on the Masmio SpO2 option by Mindray, we have independently chosen the alternate SpO2 option based upon our business needs.

Signature of buyer _____

**Mindray North America now has a \$150 minimum order policy.
Unless otherwise stated, the total net price of this quotation does not include, freight or sales tax.**

A GLOBAL LEADER IN PATIENT MONITORING, ANESTHESIA AND ULTRASOUND SYSTEMS

PROJECT REVIEW FOR:

MAYERS MEMORIAL HOSPITAL DISTRICT

ED & Acute Care patient monitoring system upgrade per quote Q-07511

PREPARED BY:

Zachary Perez August 26th, 2019



mindray[™]
NORTH AMERICA

PURCHASED EQUIPMENT IN BLACK – MISSING EQUIPMENT IN RED – QUOTE Q-07511

SERVER/IT

- 1 qty. – 15 Bed Central Station, License, 2U server
- 1 qty. – 2.4/5Ghz Rack Core Charge
- 5 qty. – TelePack license keys

EMERGENCY

- 50 qty. – 2.5/5 Ghz coverage (5,000)
- 1 qty. – BeneVision DMS Workstation w/ 15 bed license (supports up to 32)
- 1 qty. – BeneVision DMS 22" Widescreen Touch Display
- 5 qty. – Passport 17M
- 1 qty. – Passport 17M
- 1 qty. – GCX VHM Wall Mount
- 1 qty. – Masimo MPM
- 1 qty. – Cable Hook
- 1 qty. – C02 Module
- 5 qty. – Masimo MPM
- 5 qty. – GCX VHM Wall Mount
- 6 qty. – C02 Module
- 5 qty. – Cable hook
- 5 qty. – Device certify and install w/o cable pull
- 5 qty. – Extended warranty on module
- 5 qty. – 5 lead snap
- 1 qty. – T1 w/12 Lead
- 2 qty. – Batteries for T1
- 1 qty. – UPS

ACUTE CARE

- 5 qty. – 5 lead snap
- 5 qty. – TM80 telepack with install & set up
- 10 qty. – Lithium ion batter for TM80 telepack
- 5 qty. – Masimo SP02 module for telemetry pack
- 10 qty. – Lithium Ion Battery
- 5 qty. – Disposable pouch for telemetry pack
- 1 qty. – Charger pack (charges Telemetry pack batteries)
- 4 qty. – DPM 7+ upgrade kit (Mindray ST/Arr, TI Compatibility, 12L ECG)
- 4 qty. – Masimo MPM with Mindray St/Arr
- 1 qty. – BeneVision DMS Workstation w/ 9 bed license
- 1 qty. – BeneVision DMS 22" Widescreen Touch Display
- 1 qty. – Benevision DMS 2U Rack Server w/ 26 Channels
- 1 qty. – HP Laser/Jet Printer with installation and cable pull
- 4,520 sq. ft. 2.4/5ghz wireless coverage for Acute Care and Hallway to new ED (See floor plans)

IT

- 1 qty. – Software Only eGateway (up to 32 beds)
- 1 qty. – ADT and Results Mapping

Purchased Equipment Snapshot of Salesforce

MAYERS MEMORIAL HOSPITAL 12/2018

currency: MAYERS MEMORIAL HOSPITAL 12/2018

Product	Product Code	Major Product Type	Quantity	Requested Delivery Date	Shipment Date	Shipmen
Del <u>0159 USB upgrade cable</u>	<u>009-005409-00</u>		5.00	12/17/2018	12/26/2018	Partially
Del <u>2.4/5GHz Install per 100 SQFT</u>	<u>803-040048-00</u>		50.00	12/17/2018		Not Yet C
Del <u>5-Lead, New Telemetry, AHA, Snap, 24"</u>	<u>009-004782-00</u>		5.00	12/17/2018	12/26/2018	Fully Del
Del <u>BeneVision Widescreen Display</u>	<u>121-001463-00</u>		1.00	12/17/2018	12/26/2018	Fully Del
Del <u>BeneVision WS Server License</u>	<u>121-001375-00</u>		1.00	12/17/2018	12/26/2018	Fully Del
Del <u>Cable Hook (mounts under arm)</u>	<u>0436-00-0206</u>		5.00	12/17/2018	12/26/2018	Fully Del
Del <u>Charger Package(US cord)</u>	<u>115-030108-00</u>		1.00	12/17/2018	12/26/2018	Fully Del
Del <u>Device Certify and Install W/O CABL</u>	<u>803-040040-00</u>		5.00	12/17/2018		Not Yet C
Del <u>Disposable pouch(25/box)</u>	<u>115-032657-00</u>		5.00	12/17/2018	12/26/2018	Fully Del
Del <u>Docking Station with Pole Mount</u>	<u>115-028371-00</u>		1.00	12/17/2018	12/26/2018	Fully Del
Del <u>Li-ion Bat Pack (11.1V4500mAh L1235002A)</u>	<u>115-018012-00</u>		10.00	12/17/2018	12/26/2018	Fully Del
Del <u>Masimo MPM1 w/MindrayST/Arr 3/5-L</u>	<u>M51AF-PA00030</u>	MPM1-Mas	5.00	12/17/2018	12/27/2018	Fully Del
Del <u>Masimo SpO2 module</u>	<u>009-004936-00</u>		5.00	12/17/2018	12/26/2018	Fully Del
Del <u>Mod Monitor-MI-1YR-XWAR</u>	<u>803-011688-00</u>		5.00	12/17/2018		Not Yet C
Del <u>N1/T1 Install & Setup</u>	<u>803-040049-00</u>		1.00	12/17/2018		Not Yet C
Del <u>OEM UPS APC6R800</u>	<u>0692-00-0002-04</u>		1.00	12/17/2018	12/26/2018	Fully Del
Del <u>Parameter Module WCD2-MI-1YR-XWAR</u>	<u>803-011971-00</u>		6.00	12/17/2018		Not Yet C
Del <u>Passport 12m/17m Combo Ops Manual CD</u>	<u>115-040811-00</u>		5.00	12/17/2018	12/26/2018	Fully Del
Del <u>Passport 17m /E</u>	<u>8803F-PA00001</u>	P17M	5.00	12/17/2018	12/26/2018	Fully Del
Del <u>PP 17M wall mount bracket(VHM)</u>	<u>045-001302-00</u>		5.00	12/17/2018	12/27/2018	Fully Del
Del <u>Single CO2 Module(accessory kit)</u>	<u>115-046938-00</u>		6.00	12/17/2018	12/26/2018	Fully Del
Del <u>T1 batteries (2) Sales BOM</u>	<u>121-001220-00</u>		1.00	12/17/2018	12/26/2018	Fully Del
Del <u>T1 Combo Ops Manual CD</u>	<u>115-040812-00</u>		1.00	12/17/2018	12/26/2018	Fully Del
Del <u>T1 TRANSPORT MONITOR-MI-1YR XWAR GPO</u>	<u>803-010889-00</u>		1.00	12/17/2018		Not Yet C
Del <u>T1 Mas_5G Mind Arr/ST_12L/E</u>	<u>9283F-PA00042</u>	T1	1.00	12/17/2018	12/26/2018	Fully Del
Del <u>TD60 TM80 BP10 Operator's Manuals</u>	<u>115-034334-01</u>		1.00	12/17/2018	12/26/2018	Fully Del
Del <u>Telepack Install & Setup</u>	<u>803-040050-00</u>		5.00	12/17/2018		Not Yet C
Del <u>TM80 Main Unit(FDA)</u>	<u>115-047565-00</u>	TM80	5.00	12/17/2018	12/26/2018	Fully Del
Del <u>TP Li-ion battery Package</u>	<u>115-030107-00</u>		10.00	12/17/2018	12/26/2018	Fully Del
Del <u>Wall Mounting Bracket Package</u>	<u>115-030109-00</u>		1.00	12/17/2018	12/26/2018	Fully Del
Del <u>WS CABL Install & Setup</u>	<u>803-040044-00</u>		1.00	12/17/2018		Not Yet C
Del <u>WS host package (mini PC)</u>	<u>115-050935-00</u>	BVR3-WS	1.00	12/17/2018	12/26/2018	Fully Del
Del <u>WS one bed</u>	<u>110-004115-00</u>		15.00	12/17/2018	12/26/2018	Fully Del

Thank you in advance for your support. We look forward to working with you in the future.

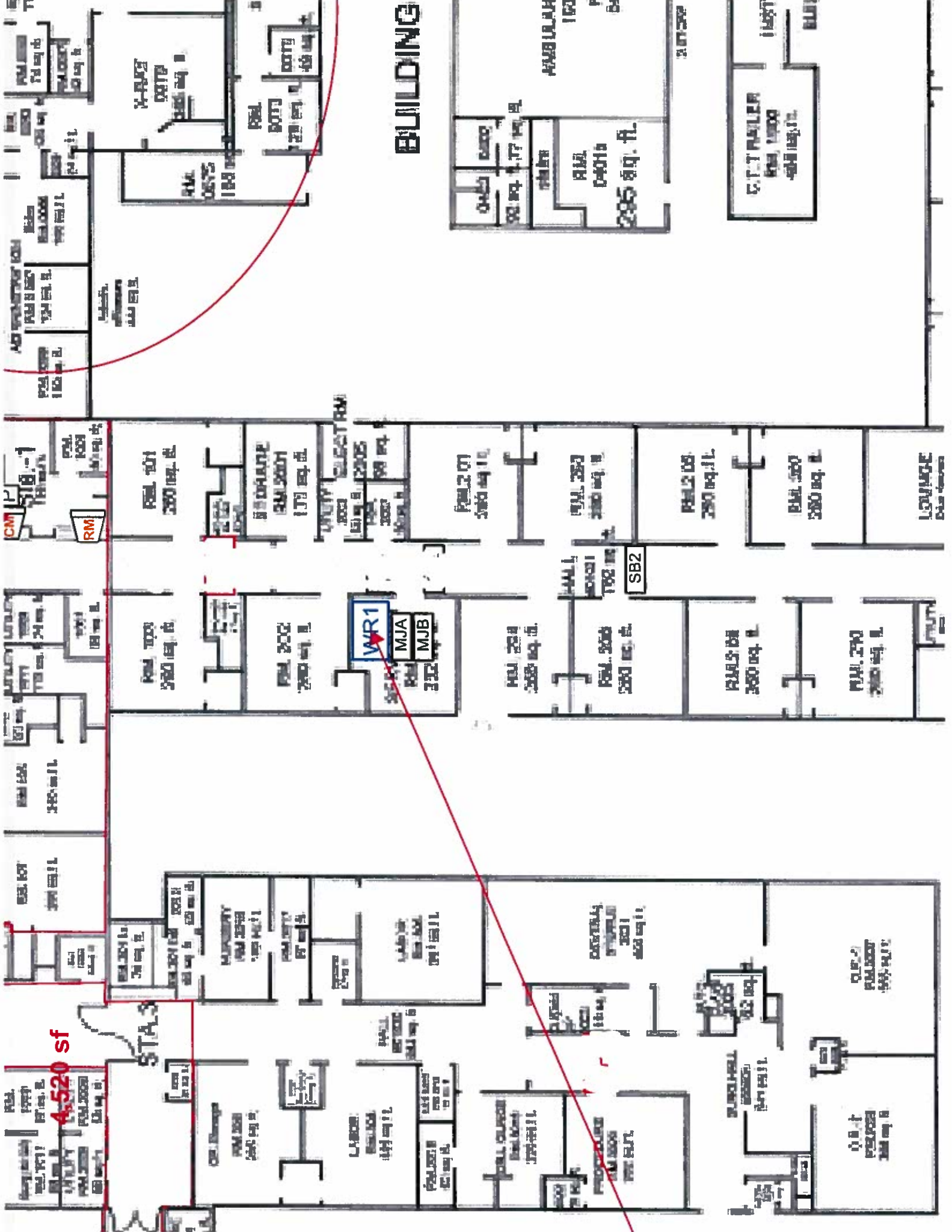
Zachary Perez
Sales Representative

Datascope Patient Monitoring is now Mindray North America

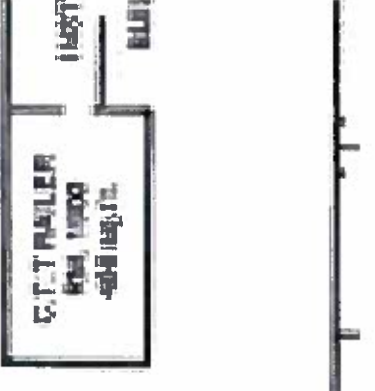
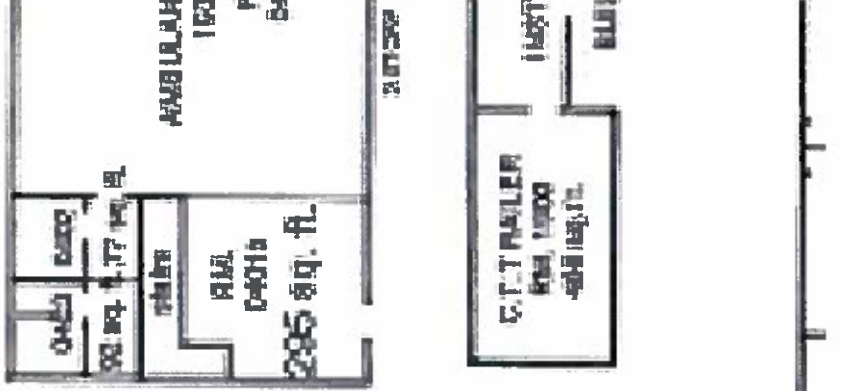
Mindray North America
800 MacArthur Blvd.
Mahwah, NJ 07430

Mobile: 925.698.9847
Support: 800.288.2121
E-mail: z.perez@mindray.com
Web: www.mindray.com

mindray™
NORTH AMERICA



BUILDING

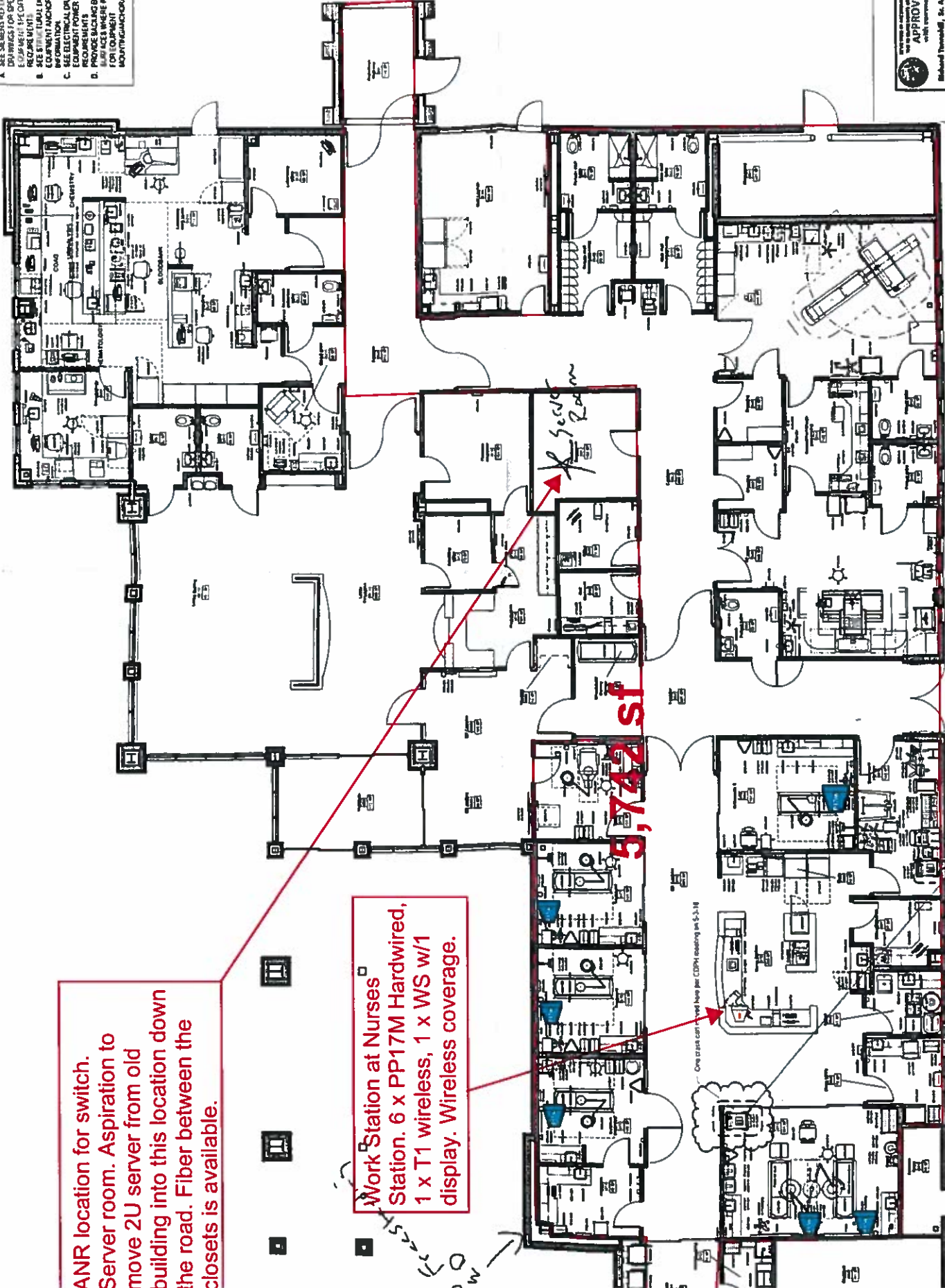


4,520 sf

WR1
MJA
MJB

GENERAL NOTE - EQUIPMENT PLAN

- A. SEE SCHEDULES FOR LINE VOLTAGE REQUIREMENTS FOR SPECIFIC EQUIPMENT.
- B. SEE SCHEDULES FOR LINE VOLTAGE REQUIREMENTS FOR SPECIFIC EQUIPMENT.
- C. SEE ELECTRICAL DRAWINGS FOR EQUIPMENT POWER REQUIREMENTS.
- D. SEE SCHEDULES FOR EQUIPMENT MOUNTING PLACES WHERE REQUIRED FOR EQUIPMENT MOUNTING/ANCHORAGE.



ANR location for switch. Server room. Aspiration to move 2U server from old building into this location down the road. Fiber between the closets is available.

Work Station at Nurses Station. 6 x PP17M Hardwired, 1 x T1 wireless, 1 x WS w/1 display. Wireless coverage.

5,742 sq ft

Server Room

One unit can hold two per CDPM spacing in 5-3-18

Cash and storage

No.	OSHPD No.	OSHPD Title
1	OSHPD 01	OSHPD 01
2	OSHPD 02	OSHPD 02
3	OSHPD 03	OSHPD 03

OSHPD ARTICLES
 Drawn By
 Checked By
 Issue Date
 Issue Purpose

Sheet Name
Equip

Sheet Number

A2

5/4/2018 4:31:49

OSHPD Backcheck 3



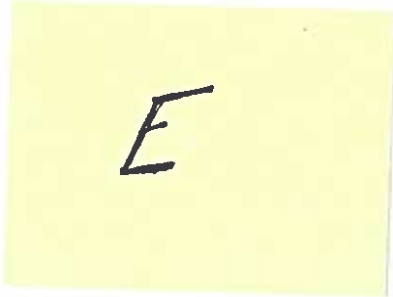
APPROVED FOR THE PROJECT

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

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



Board of Directors
Quality Committee
Minutes

Date and Time
Boardroom (Fall River Mills)

Attachment
DRAFT

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

1 **CALL MEETING TO ORDER:** Board Chair Laura Beyer called the meeting to order at TIME on the above date.

BOARD MEMBERS PRESENT:

Laura Beyer, Secretary
Jeanne Utterback, Director

ABSENT:

Louis Ward, CEO

STAFF PRESENT:

Candy Vculek, CNO
Jack Hathaway, DOQ
Theresa Overton, DON, Acute
Keith Earnest, CCO
Pam Sweet, Board Clerk

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

None

3 **APPROVAL OF MINUTES**

3.1 A motion/second carried; committee members accepted the minutes of August 14, 2019 Vculek/Hathaway **Approved All**

4 **DEPARTMENT REPORTS**

- 4.1 **Facilities & Engineering:** Submitted written report. New organizational system helps in measuring. Goal is to complete the Riverview house and helipad by the end of 2019.
- 4.2 **Purchasing:** Submitted written report. Architects supplied a list of equipment to buy for the new building. Department managers also contribute.
- 4.3 **Personnel:** Submitted written report. Discussed problems getting registry staff to do competencies.
- 4.4 **HIM:** No report. Move to October agenda

5 **QUARTERLY REPORTS**

- 5.1 **Blood Transfusion:** The main issue is that the Pathologist is seeing multiple units transfused without an assessment in between. Need to bring to the doctor's attention. Doing well on documentation and informed consents
- 5.2 **Compliance:** Discussed the 2nd quarter report. Discussed RN staffing. We've made significant adjustments to RN staffing, so the next report (in 3 months) will show we covered those gaps. We are at least a year from seeing the health and safety reports improve. At next meeting, please compare our 5-star rating to 1 or 2 other facilities

6 STANDING MONTHLY REPORTS

- 6.1 **Quality/Performance Improvement:** Working on various programs. Chris & Jack are working on system-wide risk analysis for HIPAA
- 6.2 **PRIME:** Reporting is due the end of September. We have the preliminary numbers in. We are excited to have numerators in our adult population
- 6.3 **SNF Events/Survey:** Working on implementing Lean as our operating system. Starting with Value Stream Mapping. The goal is to look at how we are providing care and improving quality. We will take at least 4 managers and teach them to be Lean facilitators.
We are in the window for a full SNF survey. Hope to do some mock surveys before State comes
Working on Phase 3 (of regulatory changes) preparation. We must be compliant by the end of November.
Good news: Our CNA program can resume after February 1st.
- 6.4 **Infection Control:** Working to get Dawn up to speed

7 ADMINISTRATIVE REPORT: No Report

8 NEW BUSINESS:

- 8.1 Policies and Procedures for Review
- | | | |
|--|------------------------|--------------------------|
| 1. Internal Reporting of Overpayments, Self Disclosure, and Repayments for Federal Health Programs | | |
| A motion/second carried; committee members approved all policies | Utterback/
Hathaway | Approved all
policies |

9 OTHER INFORMATION/ANNOUNCEMENTS: None

10 ANNOUNCEMENT OF CLOSED SESSION:

- 10.1 Pharmacy reported on sterile compounding certification and clean room abatement project.
Sterile Compounding expert will be on site to review our processes

11 RECONVENE OPEN SESSION: Reported closed session action

12 ADJOURNMENT: 12:47 - Next Regular Meeting – October 9, 2019 (Fall River Mills)



Mayers Memorial Hospital District
Always Caring. Always Here.



BYLAWS OF THE MAYERS MEMORIAL HOSPITAL DISTRICT

REVISED DECEMBER 2017

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ARTICLE I PREAMBLE

These District Bylaws are adopted by the Mayers Memorial Hospital District Board of Directors (the "Board") pursuant to and consistent with Division 23 of the California Health and Safety Code, known as the Local Health Care District Law. These District Bylaws are established to further enable the Board to faithfully exercise its powers and fiduciary duties in accordance with applicable law. All provisions contained herein shall conform to and comply with all applicable federal, state, and local laws and regulations. Medical Staff Rules that have been approved by the Board shall be used to further assist in implementing the responsibilities of the Board.

- 1.1 Mission.** 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.
- 1.2 Offices.** The principal office of the District is fixed and located within Mayers Memorial Hospital at 43563 Highway 299 East, Fall River Mills, California, 96028. Branch or subordinate offices may be established by the Board at any time or place.
- 1.3 Definitions.**
 - 1.3.1** "Board" means the Board of Directors of the District.
 - 1.3.2** "Director" means a duly elected or appointed member of the Board of Directors of the District.
 - 1.3.3** "District" means the Mayers Memorial Hospital District.
 - 1.3.4** "Facilities" means the Hospital as well as other health care facilities and services operated by the District.
 - 1.3.5** "Hospital" means Mayers Memorial Hospital.
 - 1.3.6** "Medical Staff" or "Staff" means the organized medical staff of Mayers Memorial Hospital.
 - 1.3.7** "Medical Staff Bylaws" means the Bylaws of the Medical Staff, as approved by the Board.
 - 1.3.8** "Medical Staff Rules" means the Medical Staff Bylaws, Rules and Regulations, and Policies .
 - 1.3.9** "Practitioner" means a person who is eligible to apply for or who has been granted privileges in the Hospital, or another District Facility.

ARTICLE II POWERS AND PURPOSES

The only actions of the Board are those agreed to by a majority of the Board of Directors in publically noticed meetings that are consistent with all applicable laws and regulations. The Board shall have accountability and authority for those powers as set forth in the Local Health Care District Law that are necessary for fulfilling the District's mission. These include but are not limited to the following:

- 2.1 **General.** The Board is the governing body of the District. All District powers shall be exercised by or under the direction of the Board. The Board is authorized to make appropriate delegations of its powers and authority to officers and employees. The Board shall evaluate the performance of the CEO and its own performance. The Board may do any and all things which an individual might do that are necessary or advantageous to the District or the Facilities for the benefit of the communities served by the District, or that are necessary to accomplish any purpose of the District.
- 2.2 **Authority of District Bylaws.**
 - 2.2.1 **Amendment.** These District Bylaws shall be reviewed biannually at the beginning of even numbered years. They may be changed by an affirmative vote of at least three Directors at a regularly scheduled board meeting.
 - 2.2.2 **Conflict.** If there is a conflict between the District Bylaws and any other bylaws, the District Bylaws shall be controlling.
- 2.3 **Facility Operation.** The Board shall be responsible for the operation of all Facilities owned or leased by the District, according to the best interests of the public health. The Board shall make and enforce all rules, regulations and bylaws necessary for the administration, government, protection and maintenance of Facilities and District property under their management. The Board may prescribe the terms upon which patients may be admitted to the Facilities. Minimum standards of operation as prescribed by the Medical Staff Rules shall be established and enforced by the Board.
- 2.4 **Trade Membership.** The District may maintain membership in any local, state, national, or global group or association organized and operated for the promotion of the public health and welfare or the advancement of the efficiency of hospital and health care administration, and in connection therewith pay any necessary dues and fees.

ARTICLE III THE BOARD OF DIRECTORS

The Board shall consist of five (5) Directors, each of whom shall be a registered voter residing in the District and whose term shall be four (4) years. Terms shall be staggered such that three (3) Directors shall be elected in years evenly divisible by four, and two (2) Directors shall be elected in alternating even-numbered years.

3.1 Directors.

3.1.1 Fiduciary Responsibilities. Directors have fiduciary responsibilities to the District, and those living in the District trust the Board to act on their behalf.

- (a) The duty of care requires that Directors act toward the District with the same watchfulness, attention, caution, and prudence as would a reasonable person in the same circumstances.
- (b) The duty of loyalty requires that Directors not place their personal interests above those of the District.
- (c) The Board shall respect privacy of information by not requesting or seeking to obtain information that is not authorized or necessary for conducting the business of the Board. Directors respect confidentiality by not revealing information to others who are not legally authorized to have it or which may be prejudicial to the good of the District. Directors respect information security by requesting and monitoring policies that protect the privacy of individuals served by or doing business with the District.

3.1.2 Orientation. The Board shall ensure an orientation process that familiarizes each new Director with his or her duties and responsibilities, including the Board's responsibilities for quality care and the Facilities' quality assurance programs. Continuing education opportunities shall be made available to Directors.

3.1.3 Resignation and Removal.

- (a) Any Director may resign effective upon giving written notice to the President, the Secretary, or the Board, unless the notice specifies a later time for the effectiveness of such resignation.
- (b) The term of any Director shall expire if the Director is absent from three consecutive regular meetings or from three of any five consecutive meetings of the Board and if the Board by resolution declares that a vacancy exists on the Board, except when

prevented by sickness, or when absent with permission required by law.

- (c) All or any of the Directors may be recalled at any time by the voters following the recall procedure set forth in Division 16 of the Elections Code.
- (d) A Director shall cease to hold Committee membership upon ceasing to be a Board member.

3.1.4 Vacancies. Unless otherwise specified by law, when a vacancy occurs on the Board of Directors, the remaining Directors may fill any vacancy by appointment.

3.2 Officers.

3.2.1 President. The President shall be the principal officer of the District and the Board, and shall perform all duties incident to the office and such other duties as may be prescribed by the Board including but not limited to:

- (a) Serve as the Board's primary liaison with the Chief Executive Officer, the press, and the public;
- (b) Prepare the Board agenda and request necessary support materials for meetings;
- (c) Conduct meetings of the Board;
- (d) Sign documents as authorized by the Board;
- (e) Appoint Directors to Committees subject to approval by a majority of the Board;

3.2.2 Vice President. The Vice President shall serve in the capacity of the President when necessary or as delegated.

3.2.3 Secretary. The Secretary shall provide for the keeping of minutes of all meetings of the Board. The Secretary shall give, or cause to be given, appropriate notices in accordance with these Bylaws or as required by law and shall act as custodian of District records, reports, and the District's seal.

3.2.4 Treasurer. The Treasurer shall be charged with the safekeeping and disbursement of the funds in the treasury of the District.

3.3 Committees. All Committees, whether Standing or Special (ad hoc) shall be appointed by the President. The chairman of each Committee shall be

appointed by the President. All Committees shall only be advisory to the Board unless otherwise specifically authorized to act by the Board. Authorized action requires Committee quorum and a majority vote, unless such action is approved in writing by the absent members. A Committee chairman may invite additional individuals with expertise in a pertinent area to meet with and assist the Committee. Such consultants shall not vote or be counted in determining the existence of a quorum and may be excluded from any Committee session.

3.3.1 Standing Committees. When it is deemed necessary by the Board, Standing Committees may be appointed by the President with the concurrence of the Board. Standing Committees shall limit their activities to the accomplishment of the task for which they are created and appointed. Standing Committees shall continue in existence until discharged by the Board.

- (a) Standing Committees shall be:
 - (1) Finance Committee
 - (2) Quality Committee
 - (3) Strategic Planning Committee
- (b) Standing Committee Participation. Other Directors may attend standing Committee Meetings as members of the public but may not participate in the discussions. The President may remove any member at any time, or designate other Directors to serve in the capacity of any absent Committee members. All appointed members of Committees, including ex officio appointments and recognized alternates, shall be voting members and shall count toward establishing a quorum. Additional members from within the district may be recommended to serve on the committee as a voting member with board approval.

3.3.2 Special (Ad Hoc) Committees. A Special Committee is an advisory committee composed solely of Directors that represent less than a quorum of the Board, does not have continuing authority, and does not have a meeting schedule fixed by resolution or formal action of the Board. Special Committees may be appointed by the President for special tasks as circumstances warrant, and upon completion of the task for which appointed, such Special Committee shall stand discharged. Special Committee action may be taken without a meeting by a writing setting forth the action so taken signed by each member of the committee entitled to vote.

3.4 Meetings. All meetings of the Board and its Standing Committees are conducted in accordance with the Ralph M. Brown Act (the Brown Act). Public comment will be invited and considered at all open meetings and meeting agendas, support materials, and minutes will be available to the public.

3.4.1 Quorum. A majority of the Directors of the Board or Committee members shall constitute a quorum.

3.4.2 Types of Meetings.

(a) An annual organizational meeting shall be held on the first meeting in December at the place designated in a resolution by the Board. This meeting shall include the election of the President, Vice President, and Secretary, as well as the appointment of a Treasurer, and appointment of Standing Committee members.

(b) Regular monthly meetings shall be held on a consistent basis, alternating sites between the Burney Annex and the Fall River Mills campus, in the boardroom, except as otherwise specified by a resolution of the Board. Meeting dates and times are set at the annual meeting in December and if changed will be legally noticed. In the event the regular meeting date falls on a legal holiday, the meeting shall be held on the following day, except as otherwise specified by a resolution of the Board.

3.5 Compensation. The Board shall serve without compensation except that by resolution of a majority vote, the Directors may authorize the payment of up to one-hundred dollars (\$100) per meeting for a maximum of five (5) meetings per month as compensation to each Director. Each Director shall be allowed the Director's actual necessary traveling and incidental expenses incurred by the performance of official business of the District as approved by the Board.

3.6 Indemnification. All instances of indemnification shall adhere to the California Government Code beginning at Section 825. Nothing contained herein shall be construed as providing indemnification to any person in any malpractice action or proceeding arising out of or in any way connected with the practice of such person's profession.

3.6.1 District Agent Indemnification. The District shall, to the maximum extent permitted by law, indemnify each of its agents against expenses, judgments, fines, settlements and other amounts actually and reasonably incurred in connection with any proceeding arising from any act or omission occurring within the agent's scope of authority, as determined by the District. A District agent includes any person who is or was a director, officer, employee or other agent of the District.

3.6.2 Scope of Indemnification. The District may not provide unconditional indemnification to non-employee members of its medical staff involved in litigation arising out of peer review committee activities.

ARTICLE IV DELEGATION OF AUTHORITY

The Board honors the distinction between governance and management and is authorized to make appropriate delegations of its powers and authority to officers and employees at its discretion. The Board shall exercise its responsibilities for oversight by operating at the policy level, setting strategic direction and goals, monitoring key outcomes, and taking corrective action where needed.

- 4.1 Chief Executive Officer ("CEO").** The District shall employ or contract with a CEO for the Hospital who acts on behalf of the District within the constraints of all District bylaws and policies. The Board delegates to the CEO the authority to perform the following functions:
 - 4.1.1 Operation of the District and Its Facilities.** The CEO is responsible for coordination among the Facilities to control costs and to avoid unnecessary duplication in services, facilities and personnel. The CEO is responsible for ensuring the soundness of financial, accounting and statistical information practices including budgets, forecasts, special studies and reports, and proper maintenance of statistical records. The CEO is responsible for data collection as required by governmental, licensing, and accrediting agencies. The CEO shall maintain adequate insurance or self-insurance covering the physical property and activities of the District and the Board. The CEO is responsible for the negotiation and administration of contracts necessary for District operations. The CEO shall maintain all District records including the minutes of Board and Committee meetings.
 - 4.1.2 Communication.** The CEO shall be liaison among the Board, the Medical Staff, and District personnel.
 - 4.1.3 Compliance.** The CEO shall assist the Board in planning services and facilities and informing the Board of governmental legislation, regulations and requirements of official agencies and accrediting bodies, that affect the planning and operation of the Facilities. The CEO is to perform as liaison with governmental, licensing, and accrediting agencies, and shall implement actions necessary for compliance.
 - 4.1.4 Delegation.** The CEO shall designate other individuals by name and position who are authorized to act for the CEO during any period of absence. To the extent the CEO deems appropriate, the CEO shall delegate to management personnel in the Facilities the authority to manage the day-to-day operations of the Facilities, hire and terminate Facility personnel, and administer professional contracts between the District and Practitioners.

- 4.1.5 Human Resources.** The CEO is responsible for ensuring the soundness of all personnel. The CEO shall provide the Board and its Committees with adequate staff support.
 - 4.1.6 Policy Implementation.** By working with Standing and Special Committees of the Board and joint committees of the Medical Staff, the CEO is to participate in the elaboration of District policies.
 - 4.1.7 Public Relations.** The CEO shall coordinate community relations activities, including public appearances and communications with the media.
 - 4.1.8 Reporting.** The CEO shall prepare and distribute to the Board and Medical Staff periodic reports on the overall activities of the District, the Hospital or other Facilities, and pertinent federal, state and local developments that affect the operation of District Facilities.
 - 4.1.9** Any other duties as the Board may direct from time to time.
- 4.2 Medical Staff.** There shall be a Medical Staff for the Hospital established in accordance with legal, regulatory and accreditation requirements, including California Local Healthcare District Law, that is responsible and accountable to the Board for the discharge of those duties and obligations set forth in the Medical Staff Rules and as delegated by the District. The Medical Staff shall be self-governing with respect to the professional work performed in the Hospital and shall have those rights recognized by the California legislature in Senate Bill 1325 (2004). The Board and the Medical Staff shall have the mutual rights and responsibilities as described in that legislation.
- 4.2.1** The Medical Staff is responsible for and accountable to the Board for the quality of care, treatment and services rendered to patients in the Hospital. The Medical Staff shall implement mechanisms to assure the consistent delivery of quality care such that patients with the same health problem all receive the same level of care. The Medical Staff shall be responsible for investigating and evaluating matters relating to Medical Staff applications, membership status, clinical privileges, and corrective action, except as provided by the Medical Staff Rules. The Medical Staff shall adopt and forward to the Board specific written recommendations, with appropriate supporting documentation, that will allow the Board to take informed action. Board procedures for appeals shall comply with procedures set forth in the Medical Staff Rules and applicable law, including the Local Healthcare District Law (Health and Safety Code Section 32150 et seq.).
 - 4.2.2** The Medical Staff is responsible for the development, adoption, and periodic review of the Medical Staff Rules consistent with these District Bylaws, applicable laws, government regulations, and accreditation

standards. The Medical Staff Rules and all amendments, shall become effective only upon approval by the Medical Staff and the Board.

- 4.2.3** Membership in the Medical Staff shall be comprised of physicians, surgeons, dentists, and podiatrists who meet the qualifications for membership as set forth in the Medical Staff Rules and who are duly licensed and privileged to admit or care for patients in the Hospital. Membership shall be a prerequisite to the exercise of clinical privileges in the Hospital, except as otherwise specifically provided in the Medical Staff Rules.

CERTIFICATION

It is hereby certified that attached hereto is a true, complete and correct copy of the current Bylaws of the Mayers Memorial Hospital District, duly adopted by the Board of Directors on December 20, 2017.



December 20, 2017

Mike Kerns, President

Date

Sample 1



Board Self-Evaluation Questionnaire

A Tool for Improving Governance Practice
For Voluntary and Community Organizations

Name _____ (optional) For period from _____ to _____

Non-Profit Sector Leadership Program
College of Continuing Education

VERSION II

 **DALHOUSIE
UNIVERSITY**
Inspiring Minds

Board Self-Evaluation Questionnaire



Questions should be answered by all board members. When completed individually the results of Sections A, B and C should be compiled, shared and discussed by the whole board to determine an average group answer to each question and an overall section rating. Section D should be answered by board members alone but not shared with the group. Sections A, B and C should also be completed by the **Executive Director or CEO**. This version also includes Section E, which provides feedback to the Chair of the Board.

Circle the response that best reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).

A. How Well Has the Board Done Its Job?

- | | | | | | |
|--|---|---|---|---|---|
| 1. Our organization has a three to five-year strategic plan or a set of clear long range goals and priorities. | 1 | 2 | 3 | 4 | 5 |
| 2. The board's meeting agenda clearly reflects our strategic plan or priorities. | 1 | 2 | 3 | 4 | 5 |
| 3. The board has insured that the organization also has a one-year operational or business plan. | 1 | 2 | 3 | 4 | 5 |
| 4. The board gives direction to staff on how to achieve the goals primarily by setting or referring to policies. | 1 | 2 | 3 | 4 | 5 |
| 5. The board ensures that the organization's accomplishments and challenges are communicated to members and stakeholders. | 1 | 2 | 3 | 4 | 5 |
| 6. The board has ensured that members and stakeholders have received reports on how our organization has used its financial and human resources. | 1 | 2 | 3 | 4 | 5 |
| 7. _____ | 1 | 2 | 3 | 4 | 5 |

My overall rating (add together the total of the numbers circled):

- Excellent (28+)
 Very Good (20-27)
 Good (15-19)
 Satisfactory (12-18)
 Poor (7-11)

B. How Well Has the Board Conducted Itself?

Circle the response that best reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).

- | | | | | | |
|--|---|---|---|---|---|
| 1. Board members are aware of what is expected of them. | 1 | 2 | 3 | 4 | 5 |
| 2. The agenda of board meetings is well planned so that we are able to get through all necessary board business. | 1 | 2 | 3 | 4 | 5 |
| 3. It seems like most board members come to meetings prepared. | 1 | 2 | 3 | 4 | 5 |
| 4. We receive written reports to the board in advance of our meetings. | 1 | 2 | 3 | 4 | 5 |
| 5. All board members participate in important board discussions. | 1 | 2 | 3 | 4 | 5 |
| 6. We do a good job encouraging and dealing with different points of view. | 1 | 2 | 3 | 4 | 5 |
| 7. We all support the decisions we make. | 1 | 2 | 3 | 4 | 5 |
| 8. The board has taken responsibility for recruiting new board members. | 1 | 2 | 3 | 4 | 5 |
| 9. The board has planned and led the orientation process for new board members. | 1 | 2 | 3 | 4 | 5 |
| 10. The board has a plan for director education and further board development. | 1 | 2 | 3 | 4 | 5 |
| 11. Our board meetings are always interesting. | 1 | 2 | 3 | 4 | 5 |
| 12. Our board meetings are frequently fun. | 1 | 2 | 3 | 4 | 5 |

My overall rating:

- Excellent (50+)
 Very Good (40-49)
 Good (30-49)
 Satisfactory (20-29)
 Poor (10-19)

C. Board's Relationship with Executive Director

Circle the response that *best* reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).

- | | | | | | |
|---|---|---|---|---|---|
| 1. There is a clear understanding of where the board's role ends and the Executive Director's begins. | 1 | 2 | 3 | 4 | 5 |
| 2. There is good two-way communication between the board and the Executive Director. | 1 | 2 | 3 | 4 | 5 |
| 3. The board trusts the judgment of the Executive Director | 2 | 3 | 4 | 5 | |
| 4. The Board provides direction to the Executive Director by setting new policies or clarifying existing ones. | 1 | 2 | 3 | 4 | 5 |
| 5. The board has discussed as communicated the kinds of information and level of detail it requires from the Executive Director on what is happening in the organization. | 1 | 2 | 3 | 4 | 5 |
| 6. The board has developed formal criteria and a process for evaluating the Executive Director | 1 | 2 | 3 | 4 | 5 |
| 7. The board, or a committee of the board, has formally evaluated the Executive Director within the past 12 months. | 1 | 2 | 3 | 4 | 5 |
| 8. The board evaluates the Executive Director primarily on the accomplishment of the organization's strategic goals and priorities and adherence to policy. | 1 | 2 | 3 | 4 | 5 |
| 9. The board provides feedback and shows its appreciation to the Executive Director on a regular basis. | 1 | 2 | 3 | 4 | 5 |
| 10. The board ensures that the Executive Director is able to take advantage of professional development opportunities. | 1 | 2 | 3 | 4 | 5 |
| 11. _____ | 1 | 2 | 3 | 4 | 5 |

My overall rating:

- Excellent (45+)
 Very Good (39-44)
 Good (29-38)
 Satisfactory (20-28)
 Poor (11-19)

D. Performance of Individual Board Members (Not to be shared)

Circle the response that best reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).

- | | | | | | |
|---|---|---|---|---|---|
| 1. I am aware of what is expected of me as a board member. | 1 | 2 | 3 | 4 | 5 |
| 2. I have a good record of meeting attendance. | 1 | 2 | 3 | 4 | 5 |
| 3. I read the minutes, reports and other materials in advance of our board meetings. | 1 | 2 | 3 | 4 | 5 |
| 4. I am familiar with what is in the organization's by-laws and governing policies | 1 | 2 | 3 | 4 | 5 |
| 5. I frequently encourage other board members to express their opinions at board meetings. | 1 | 2 | 3 | 4 | 5 |
| 6. I am encouraged by other board members to express my opinions at board meetings. | 1 | 2 | 3 | 4 | 5 |
| 7. I am a good listener at board meetings. | 1 | 2 | 3 | 4 | 5 |
| 8. I follow through on things I have said I would do. | 1 | 2 | 3 | 4 | 5 |
| 9. I maintain the confidentiality of all board decisions. | 1 | 2 | 3 | 4 | 5 |
| 10. When I have a different opinion than the majority, I raise it. | 1 | 2 | 3 | 4 | 5 |
| 11. I support board decisions once they are made even if I do not agree with them. | 1 | 2 | 3 | 4 | 5 |
| 12. I promote the work of our organization in the community whenever I had a chance to do so. | 1 | 2 | 3 | 4 | 5 |
| 13. I stay informed about issues relevant to our mission and bring information to the attention of the board. | 1 | 2 | 3 | 4 | 5 |

My overall rating:

- Excellent (55+)
 Very Good (45-54)
 Good (32-44)
 Satisfactory (20-31)
 Poor (13-19)

E. Feedback to the Chair of the Board (Optional)

Circle the response that best reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).

- | | | | | | |
|---|---|---|---|---|---|
| 1. The board has discussed the role and responsibilities of the Chair. | 1 | 2 | 3 | 4 | 5 |
| 2. The Chair is well prepared for board meetings. | 1 | 2 | 3 | 4 | 5 |
| 3. The Chair helps the board to stick to the agenda. | 1 | 2 | 3 | 4 | 5 |
| 4. The Chair ensures that every board member has an opportunity to be heard. | 1 | 2 | 3 | 4 | 5 |
| 5. The Chair is skilled at managing different points of view. | 1 | 2 | 3 | 4 | 5 |
| 6. The Chair can be tough on us as a group when we get out-of-line. | 1 | 2 | 3 | 4 | 5 |
| 7. The Chair knows how to be direct with an individual board member when their behaviour needs to change. | 1 | 2 | 3 | 4 | 5 |
| 8. The Chair helps the board work well together. | 1 | 2 | 3 | 4 | 5 |
| 9. The Chair demonstrates good listening skills. | 1 | 2 | 3 | 4 | 5 |
| 10. The board supports the Chair. | 1 | 2 | 3 | 4 | 5 |
| 11. The Chair is effective in delegating responsibility amongst board members. | 1 | 2 | 3 | 4 | 5 |
| 12. _____ | 1 | 2 | 3 | 4 | 5 |

My overall rating:

- Excellent (45+)
 Very Good (35-44)
 Good (25-34)
 Satisfactory (20-33)
 Poor (11-19)

Board of Directors Self-Assessment Questionnaire

Sample 2

The following questionnaire is designed to obtain your input about the performance and functioning, during the last twelve months, of our Board of Directors (the "Board"). This inquiry is part of the Board's self-evaluation process as recommended by nonprofit corporate governance best practices principles.

The questionnaire is divided into three sections: structure, information, and dynamics. Each section includes a set of statements for which we ask your response on a standard scale ("Strongly Disagree," "Disagree," etc.). You should not feel bound to these questions; you are invited to provide input on all aspects of Board functioning. Space for written

comments is included at the end of the questionnaire, along with a request for any suggestions you have about the evaluation process.

You may complete this document by adding your responses electronically and e-mailing it or by writing on a hard copy and mailing or faxing it back to [the Executive Director] .

We would very much appreciate your completing the questionnaire by [_____, 20XX].

Thank you very much for your assistance.

* * * * *

Topic	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Structure					
1. Board has the right number of members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Board members have the appropriate talent, experience, diversity, independence, character, and judgment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The role and responsibilities of Board members are clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Board has the right number of meetings per year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Board has appropriate input into setting agenda items for the meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. There is enough time at Board meetings for presentation and discussion of topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Board meetings are well organized and planned, and an effective use of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Board's annual retreat is effective in helping the Board focus on strategic issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Board has adequate indemnification and D&O liability protection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Board has the right committees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Committees have the right number of members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Board members have adequate input regarding their committee assignments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Committees have the right number of meetings per year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Topic	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Information					
14. Board receives adequate pre-reading materials, including budget and financial reports when appropriate, in advance of Board meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Board receives pre-reading materials far enough in time before Board meetings to permit thorough review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Board receives relevant and timely information about meeting agendas and logistics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Minutes of Board meetings accurately and thoroughly reflect the decisions, deliberations, and activities that occur at the meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Presentations by officers and staff at Board meetings are data-driven, accurate, and unbiased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Board receives appropriate, responsive, and timely follow-up from staff in response to issues raised by Board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Board benefits from occasional visits to outside locations, such as locations of our partner organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Board has adequate access to external and internal advisors, such as the independent auditor and legal counsel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dynamics					
22. The subjects covered at Board meetings are the right subjects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Board devotes sufficient time to, understands, and influences appropriately Client's mission and strategic direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Committees are effective in communicating to and assisting Board with oversight of their respective areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Board clearly communicates goals, expectations, and concerns regarding Executive Director's performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Board has sufficient input into and effectively oversees Executive Director and staff evaluation, compensation, and succession planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Board adequately monitors financial performance during the year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Board members understand that they are responsible for making personal financial contributions to Client and for supporting other fundraising.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Board members come to meetings well-prepared and focused on the work and all directors are involved in making Board decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Board deliberations are open and constructive, and Board members effectively name and address the most important issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Board has a good sense of the future of Client and its goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Board creates a culture of accountability, for itself and for management, and evaluates both on an annual basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Client's officers and staff respect Board's role and ability to be helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Board is both appropriately challenging of, and supportive of, staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional comments about Board performance and functioning (where appropriate please reference the applicable number):

The best thing about serving on the Client Board:

Suggested improvements:

Do you have comments about this questionnaire or self-evaluation process? Are there other questions we should be asking?

MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE
ALTERNATE SOURCES OF ENERGY

H

Page 1 of 2

POLICY:

Our facility has developed procedures to ensure that we maintain safe temperatures for residents, sanitary storage of perishable provisions, emergency lighting, fire detection, extinguishing and alarms. These are described in the Power Outage P&P, Extreme Weather P&P, and Loss of Life Safety Systems.

We have mitigated the impact of a power outage on these systems through the use of a stand-by generator which complies with all federal, state and local regulations.

The **Fall River Facility** generator is located on the east side of the building.

It is a 100 KW Kohler Generator fueled by diesel with a tank that holds 66 hours of fuel on a 25% load and 24 hours on a 100% load.

This generator powers the following systems in our facility:

Emergency lights and receptacles, heating, fire alarms, vacuum pump and life support systems.

The **Burney Facility** generator is located on the west side of the building.

It is a 125 KW John Deere Generator fueled by diesel with a tank that holds 76 hours of fuel on a 25% load and 26 hours on a 100% load.

This generator powers the following systems in our facility:

Emergency lights and receptacles, heating and fire alarms.

In the event of a generator failure that cannot be repaired in a timely way, the Incident Commander will determine whether a partial or full evacuation is necessary for resident safety.

RAPID RESPONSE GUIDE: POWER OUTAGE

Initial Actions	
<input type="checkbox"/>	Call 9-1-1 if the power outage causes or threatens a medical emergency (e.g., power is lost to a ventilator).
<input type="checkbox"/>	If the power outage poses a risk to the safety of residents, staff or visitors, take actions to reduce/eliminate the threat without jeopardizing the safety of staff.
<input type="checkbox"/>	Report the outage to the appropriate utility company or repair vendor.
<input type="checkbox"/>	Activate facility's Power Outage P&P and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Activate back-up power and/or emergency lighting if necessary.
<input type="checkbox"/>	Comfort and assess residents for signs of distress.
<input type="checkbox"/>	Account for all residents.
<input type="checkbox"/>	Notify the State Survey agency to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	To the extent possible, mobilize emergency back-up power generators and necessary fuel for operation.
<input type="checkbox"/>	Take all reasonable steps to protect food and water supplies and maintain a safe environment of care for residents and staff.

REFERENCES:

<https://www.cahfdisasterprep.com/> Accessed 4/26/19

Kohler <https://kohlerpower.com/en/generators/industrial/products/Diesel+Generators> Accessed 4/26/19

COMMITTEE APPROVALS:

Safety/Disaster: 4/15/2019

P&P: 8/15/2019

BOD:

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

CHEMICAL SPILL

Page 1 of 2

DEFINITION:

Chemical spills are any accidental releases of synthetic chemicals that pose a risk to the environment.

Spill containment is where spills of chemicals, oils, sewage etc. are contained within a barrier or drainage system rather than being absorbed at the surface.

PROCEDURE:

Spill containment and security equipment is stored in the Maintenance shop.

Personal Protective Equipment (PPE) is stored in the Disaster Trailer.

MSDS: MSDS Online Compliance Export MSDS online@ehs.com.

When a large chemical spill has occurred:

- Immediately notify Director of Operations or AOC and the Emergency Coordinator.
- Contain the spill with available equipment (e.g., pads, booms, absorbent powder, towels).
- Secure the area.
- Do not attempt to clean the spill unless trained to do so.
- Attend to injured personnel and call 911, if required.
- Reference Master Contact list for cleanup/restoration contact number.
- Evacuate as necessary.

When a small chemical spill has occurred:

- Notify the Emergency Coordinator or AOC
- If toxic fumes are present, secure the area (with caution tapes or cones) to prevent other personnel from entering
- Deal with the spill in accordance with the instructions described in MSDS.
- Small spills must be handled in a safe manner while wearing the proper PPE.

REFERENCES

<https://medical-dictionary.thefreedictionary.com/chemical+spill> Accessed 2/18/18
<http://www.encyclopedia.com/environment/encyclopedias-almanacs-transcripts-and-maps/chemical-spills> Accessed 2/18/18

COMMITTEE APPROVALS:

New Policy

Disaster: 6/17/2019

P&P 8/15/2019

MEC

BOD

MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE
OPERATING ROOM CHEMICAL SPILL

Page 1 of 2

DEFINITION:

Chemical spills are any accidental releases of synthetic chemicals that pose a risk to the environment .

Spill containment is where spills of chemicals, oils, sewage etc. are contained within a barrier or drainage system rather than being absorbed at the surface.

PROCEDURE:

Spill containment and security equipment is stored in the Maintenance shop.

Personal Protective Equipment (PPE) is stored in the Disaster Trailer.

MSDS: MSDS Online Compliance Export MSDS online@ehs.com.

When a large chemical spill has occurred:

- Immediately notify Nurse Supervisor who will then notify Director of Operations or AOC and the Emergency Coordinator.
- Contain the spill with available equipment (e.g., pads, booms, absorbent powder, towels).
- Secure the area.
- Do not attempt to clean the spill unless trained to do so.
- Attend to injured personnel and call 911, if required.
- Reference Master Contact list for cleanup/restoration contact number.
- Evacuate as necessary

When a small chemical spill has occurred:

- Notify the Nurse Supervisor who will then notify Emergency Coordinator or AOC
- If toxic fumes are present, secure the area (with caution tapes or cones) to prevent other personnel from entering
- Deal with the spill in accordance with the instructions described in MSDS.
- Small spills must be handled in a safe manner while wearing the proper PPE.

REFERENCES

<https://medical-dictionary.thefreedictionary.com/chemical+spill>

<http://www.encyclopedia.com/environment/encyclopedias-almanacs-transcripts-and-maps/chemical-spills>

COMMITTEE APPROVALS:

New Policy

Surgical 7/16/2019

P&P 8/15/2019

BOD

MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE
COMPRESSED GAS & OXYGEN USE

Page 1 of 4

DEFINITION

Medical Gas is defined as: NITROGEN, OXYGEN, NITROUS OXIDE AND MEDICAL AIR. In addition, Waste Anesthesia Gas Disposal (WAGD) and Medical Vacuum are also considered part of the Medical Gas system

PURPOSE: Establish and standardize the safe use of oxygen and medical gas(es).

POLICY:

Personnel concerned with the use and transport of compressed gas shall be trained in the proper handling of cylinder, cylinder truck and supports, and cylinder-valve protection caps. All cylinder storage areas outside and inside, shall be protected from extremes of heat and cold and from access by unauthorized individuals

PROCEDURE:

GENERAL STANDARDS:

- Cylinders must be secured at all times so they cannot fall
- Valve safety covers shall be left on until pressure regulators are attached
- Containers must be marked clearly with the name of the contents. Tanks with **wired on tags or color code** only shall not be accepted
- Hand trucks or dollies must be used in moving cylinders. Do not roll or drag cylinders
- The use of oil, grease or lubricant on valves, regulators or fittings is prohibited
- Do not attempt to repair damaged cylinders or force frozen cylinder valves open.

FLAMMABLE GASES:

Special care must be used when gases are used in confined spaces

- No more than two cylinders shall be **manifolded** together, however, several instruments or outlets are permitted for a single cylinder

PRESSURE REGULATORS AND NEEDLE VALVES:

Needle valves and regulators are designed specifically for different families of gases. Use only the properly designed fitting.

- Throats and surfaces must be cleaned and tightly fitting. Do not lubricate
- Tighten regulators and valves firmly with the proper sized wrench. Do not use adjustable wrenches or pliers. Do not force tight fits.
- Open valves slowly. Do not stand directly in front of gauges (the gauge face may blow out). Do not force valves that stick
- Check for leaks at connection. Leaks are usually due to damaged faces at connection or improper fitting. Do not attempt to force and improper fit (It may only damage a previously undamaged connection and compound the problem).
- Valve handles must be left attached to the cylinders.
- The maximum rate of flow shall be set by the high pressure valve on the cylinder. Fine tuning of flow shall be regulated by the needle valve.
- Shut off cylinder when not in use.

LEAK TESTING

Cylinders and connections shall be tested by “snoop” or a soap solution. First test the cylinders before regulators are attached and test again after the regulator or gauges are attached

EMPTY CYLINDERS:

- Must be marked empty
- Return empty or unused cylinders promptly
- Replace valve safety caps at all times

OXYGEN USE:

POLICY:

Oxygen and other gases are potentially dangerous. Special safety precautions shall be followed at all times while using or storing oxygen.

PROCEDURE

- Post “NO SMOKING” signs and inform patients, residents and visitors of the MMHD no smoking policy and hazards
- ***SNF***
- Ensure cylinders are secure on rack and do not hang or place items on cylinder.
- ***Crack*** valves to clear them before bring tank into patient’s room.
- Read labels, tags and color code before administering any compressed gas.
- Do not use wool or nylon inside the ***tent*** as they may cause sparks
- Check oxygen supply regularly
- Store oxygen cylinders upright and secured

- MMHD inspects, test and maintains critical components of the medical gas system, including alarms, pressure switches, shutoff valves, connectors and outlet annually and documents these activities.
- MMHD tests piped medical gas and vacuum systems for purity, correct gas, and proper pressure when these systems are installed, modified or repaired. All certifications are documented.
- MMHD provides a safe environment of care for patients, visitors, and staff by ensuring that the hazards associated with administering oxygen are controlled and/or eliminated. All requests for Oxygen system service calls and repairs must be made through the Engineering Services Department.

Main valves are accessible and clearly marked.

PROCEDURES:

1. Always use gas regulators that have a “pin index safety system” or “Diameter index safety system”
2. All gas cylinders are secured with approved chains, stands, or carriers, regardless of content
3. Wall oxygen outlets are “keyed” to prevent, oxygen, air, nitrous oxide, and vacuum from being interchanged. These fittings should never be altered.
4. DO NOT USE a wall fitting that appears to be altered, call engineering services to report.
5. DO NOT attempt to make repairs to the wall system. Only authorized personnel may perform these repairs.
6. DO NOT use oil or grease around oxygen connections or have oil or grease on your hands or tools when working with oxygen
7. Oxygen supports combustion, and is therefore considered a dangerous fire hazard when in use. Be aware of the local environment prior to initiation of Oxygen use.
8. Employees must be aware of the properties of oxygen. The medical profession utilizes it in many different ways, and when handled properly and safeguarded, oxygen is of therapeutic value and present little hazard.

Never use oxygen in area with open flame or where potential of electrical sparking or static discharge can occur.

Medical Gas Shut-Off

Location(s)

Medical Gas and other shut-off valves are located in patient care areas near nursing stations and procedure room. The shut-off valves are inside a 12” square cut-out in the wall, cover by

a clear plastic door that can be removed by pulling on the metal ring attached to the center of the plastic door.

Medical gas shut-off valves are generally separated into zones (controlling a group of rooms/suites) or are dedicated to a single room/suite. The zone valves will identify by label and/or placard which rooms/suites they control. Pay attention and identify the right location (zone).

Authorized Personnel

There's authorized personnel that are assigned to properly shut off the medical gas in case of an emergency. Medical gas shut-off authority is assigned to Respiratory Therapy, Healthy system Facilities and the Charge Nurse or Area Supervisor. The decision to shut off the medical gas should be made in consultation with the Charge Nurse or Nursing Supervisor

Steps to consider to properly shut-off valves

Step #1: Identify if medical gases are actually an existing or continuing hazard to the incident /emergency.

Step #2: Staff can verbalize their understanding of whether they can wait for the Fire Alarm Response Team to respond to shut-off the gases.

Step #3: Identify all rooms/suits and/or patients that are being supplied gases and provide alternative sources (i.e. prepare for shut-off with medical gas cylinders and have additional cylinders delivered)

Step #4: Staff can identify which medical gas line shut-off valve controls which group of room/suites.

Step #5: Is the staff competent to perform bag mask ventilation in the event that the medical gases are shut off?

COMMITTEE APPROVALS:

P&P: 8/15/2019

BOD:

**MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE
DISCOUNT PAYMENT POLICY**

Page 1 of 3, plus attachments
HHS Poverty Guidelines MMH389
Discount and Charity Care Application MMH457

Page 1 of 3

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. In determining the extent of the Discount Payment Policy discount, the Patient Financial Counselor shall make all reasonable efforts to obtain from the patient or his or her representative information about whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered by Mayers Memorial Hospital District.
- b. 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.
- c. Upon being submitted for consideration by the Patient Financial Counselor, all properly submitted applications will be reviewed and considered for implementation within 30 business days.
- d. 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.
- e. Verification of accuracy of application information, including contacting employers for verification of employment, will be made.
- f. 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.
- g. 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 upon discharge or upon satisfaction of all third party payers.
- b. Participants are requested to remain current on their outstanding balances. In order to remain current, participants must pay the balance due by 30 days of statement date. 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 Discount Payment 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:
 - Patient information and application
 - A copy of every correspondence between Mayers Memorial Hospital and the participant
 - Detailed bills on all accounts to be included in the application
 - Adjustment form with adjustments taken on accounts
 - Any additional notations and pertinent information

4. Excluded Accounts

- a. Discount Payment Policy shall not be applied to the Cardiac Maintenance Program accounts.

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/14poverty.cfm>

The processes and procedures described above are designed to comply with CA SB 1276 (Chapter 758, Statutes of 2014), CA AB 774 (Statutes of 2006) and SB 350 (Chapter 347, Statutes of 2007). Questions regarding SB 1276, 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:
Chiefs: 9/4/2019

MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE
EMERGENCY SEWAGE AND WASTE DISPOSAL

Page 1 of 1

POLICY:

Our facility will take all possible measures, including collaboration with local response authorities and utilities, to restore the function of our sewage and waste disposal systems as soon as possible. If restoration of these systems cannot be accomplished in a timely manner, the Incident Commander will activate the Evacuation P&P.

While waiting for evacuation of residents, the following emergency waste management procedure may be employed:

Our facility has emergency supplies that include heavy-duty waste disposal bags. During a temporary disruption to our sewage system, immediate measures may be taken to minimize the flushing of toilet wastes using bedside commodes, adult briefs, and if possible, Port a Pots for staff. We will utilize these bags to store the wastes that accumulate. Staff trained in infection prevention, wearing personal protective equipment and using specified carts will gather the bags as needed, and transport them for temporary storage in trailers in the following designated area:

Burney: In the front area of the laundry facility

Fall River: Riverview Garage

Locations are isolated from traffic, pests, and risk to residents from contamination. Arrangements will be made for safe pick-up and disposal of these wastes in accordance with nationally accepted industry standards as soon as possible.

REFERENCES:

<https://www.cahfdisasterprep.com/> accessed 4/26/19

COMMITTEE APPROVALS:

Safety/Disaster: 4/15/2019

P&P: 8/15/2019

BOD:

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

CARDIAC REHABILITATION - EQUIPMENT CLEANING

Page 1 of 1

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, clients and staff.

POLICY:

All persons using the equipment in the Cardiac Rehab gym will be required to sanitize it following each use. This will lower the possibility of spreading germs/viruses. The following guidelines are general rules for ensuring that the workout equipment is adequately cleaned.

PROCEDURE:

1. PDI Super Sani-Cloth Cleaner Disinfectant wipes are found in 4 locations next to or near the exercise equipment.
2. After using the equipment wipe down the handles, screens, buttons, bars, weights, seats and any other area your hands have touched.
3. Dispose of the wipe in a trash can.
4. Wash your hands.
5. Wait 2 minutes for the equipment to dry before the next person begins using it.

REFERENCES:

<https://www.staples.com/PDI-Super-Sani-Cloth-Disposable-Wipes> accessed 6/3/2019
<https://www.infectioncontroltoday.com> Accessed 6/3/2019

COMMITTEE APPROVALS:

MAYERS MEMORIAL HOSPITAL DISTRICT

2019 HHS POVERTY GUIDELINES

Persons in Family or Household	100% US Poverty Level	150% of US Poverty Level	200% of US Poverty Level
	80% Discount	60% Discount	40% Discount
1	\$12,490	\$18,735	\$24,980
2	\$16,910	\$25,365	\$33,820
3	\$21,330	\$31,995	\$42,660
4	\$25,750	\$38,625	\$51,500
5	\$30,170	\$45,255	\$60,340
6	\$34,590	\$51,885	\$69,180
7	\$39,010	\$58,515	\$78,020
8	\$43,430	\$65,145	\$86,860
For each additional person, add	\$4,320		

To determine discount eligibility:

1. Count the number of persons in your family/household
 - a. For persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, whether living at home or not
 - b. For persons under 18 years of age, parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative
2. Calculate the household income
3. Sliding across the row corresponding to the number of persons in your family/household above, stop in the first bucket that has an amount greater than the household income
4. At the top of that column, the % discount is displayed

Approvals: Chiefs: 9/4/2019

HHS POVERTY GUIDELINES MMH389

Attached to policy Discount Payment Policy Page 1 of 2

MAYERS MEMORIAL HOSPITAL DISTRICT

REPAYMENT SCHEDULE

TOTAL PT LIABILITIES	MAX REPAYMENT TERM	MIN MONTHLY PAYMENT
\$50.00 OR LESS	IN FULL	IN FULL
\$ 51 - 100	2 months	\$40
\$ 101 - 300	3	\$55
\$ 301 - 600	6	\$75
\$ 601 - 1,000	9	\$100
\$ 1,001 - 3,000	12	\$150
\$ 3,001 - 6,000	15	\$250
\$ 6,000 AND OVER	18	\$350

To determine repayment schedule parameters:

1. Determine which row applies to your "TOTAL PT LIABILITIES" amount by putting the amount in the appropriate range above.
2. Sliding to the right, the repayment of the discounted Total Patient Liabilities must be performed within the corresponding parameters.
3. In the event the patient does not agree with the parameters set forth above, the Patient Financial Counselor will use the formula for a "Reasonable Payment Plan" described in subdivision (i) of Section 127400 of the California Health and Safety Code, and iterated below:
 - a. "Reasonable Payment Plan" means monthly payments shall not exceed 10 percent of the patient's family income for a month, excluding deductions for essential living expenses. "Essential living expenses" means, for purposes of this formula, expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.
 - b. In order to establish the monthly payment based on the "Reasonable Payment Plan," the patient shall provide an itemization and proof of essential living expenses and attach them to the Discount Payment/Charity Application.

Approvals: Chiefs: 9/4/2019

HHS POVERTY GUIDELINES MMH389

Attached to policy Discount Payment Policy Page 2 of 2

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

INTERNAL REPORTING OF OVERPAYMENTS, SELF-DISCLOSURE, AND REPAYMENTS FOR FEDERAL HEALTH PROGRAMS

Page 1 of 3

DEFINITION:

Credible evidence is defined as any evidence that relates to the allegation or incident, and that is considered believable and reliable.

Federal Healthcare Program (FHP) means a program funded directly by the federal government, in whole or in part, that provides benefits directly, through insurance, or otherwise (other than the health insurance program under chapter 89 of title 5 of the United States Code); or any State healthcare program as defined in 42 U.S.C 1320a-7(h).

Material Overpayment means any Overpayment that a reasonable person would consider to be the result of a possible violation of criminal, civil, or administrative laws applicable to any Federal Healthcare Program for which penalties or exclusion may be authorized because of known intent to defraud the payer, a pattern of practice that might lead to a finding of Intent, deliberate ignorance of the applicable rules, or reckless disregard as to whether conduct was appropriate.

Non-Material Overpayment means any Overpayments other than those defined as a Material Overpayment, as set forth previously.

Overpayment means any amount of money MMHD has received in excess of the amount due and payable under any Federal Health Program.

PROVISIONS

Non-Material Overpayments are addressed in accordance with the written procedures within the District, ensuring that the appropriate documentation and communication regarding the billing errors, and resolution of repayment issues (e.g., cost report adjustment, lump sum repayment, rebilling, etc.) with the appropriate FHP.

Material Overpayments are addressed in accordance with the written procedures within the District, ensuring that the appropriate documentation and communication regarding the type of facility/services implicated, identification of any practitioner, FHP affected, name and address of the disclosing Department's designated representative, and description of the possible violation.

Trigger for Contacting Compliance Officer (CO) for Potential Disclosure. Upon discovery of credible evidence of potential misconduct and a determination that a reasonable person would believe that the conduct may violate administrative, civil or criminal law, the individual reporting immediately forwards information related to the Compliance Office for investigation and analysis by the CO for potential disclosure under this Policy.

CO (and other MMHD departments as appropriate), initiate and complete a prompt and thorough investigation and damages assessment to determine whether the event constitutes misconduct that may violate criminal, civil, or administrative law for which Civil Monetary Penalties are authorized. If it is conduct eligible for the OIG's Provider Self-Disclosure Protocol, the CO (and other MMHD departments as appropriate) will either complete the internal investigation before sending their submission or certify in their submission that the internal investigation will be completed within 90 days of the date of the initial submission to the OIG Provider Self Disclosure Protocol. *Updated OIG's Provider Self-Disclosure Protocol (Apr. 17, 2013).*

CO (and other MMHD departments as appropriate), determine if disclosure to any governmental agencies (e.g., state Medicaid agency, U.S. Department of Justice) is necessary and/or appropriate and initiate such disclosure within the appropriate time frames and guidelines for that governmental agency.

Repayments. In the instance where an investigation into a potential overpayment confirms an overpayment has been received, steps must be taken to repay the FHP by the later of 60 days of the determination or the date on which a corresponding cost report is due, if applicable.

POLICY

Mayers Memorial Hospital District engages in timely internal reporting of overpayments and (1) repayment to the third-party payor of "non-material" overpayments (as defined above) and (2) a coordinated self-disclosure and repayment process with the Office of the Inspector General (OIG) for "material" overpayments (as defined above).

Mayers Memorial Hospital District is an ethical and compliant organization committed to facilitating timely and coordinated internal reporting of non-material overpayments, and a self-disclosure and repayment process for material overpayments that are potential administrative, civil or criminal violations of the Medicare, Medicaid, or other federal health care program reimbursement laws to the OIG, following the voluntary Provider Self-Disclosure Protocol.

This policy applies to all employees of Mayers Memorial Hospital District

REFERENCES/ APPENDICES

Updated OIG's Provider Self-Disclosure Protocol (Apr. 17, 2013).

False Claims Act, 31 U.S.C. §§ 3729-3733.

Reporting Of Overpayments, Self Disclosure, And Repayments For Federal Health Programs
Page 3 of 3

Medicare Program: Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs: Final Rule, 79 Fed. Reg. 29844, 29918 (May 23, 2014) (to be codified at 42 C.F.R. §§ 422.326, 423.360)

Non-Retaliation Policy

Reporting Compliance and Ethics Concerns Policy

Reporting Medicare and Other Compliance Violations to External Agencies through RCO and NOC Policy

National Fraud, Waste and Abuse Control Policy

Identifying and Responding to Ineligible Individuals and Entities Policy

COMMITTEE APPROVALS:

P&P: 8/15/2019

BQC: 9/11/2019



Mayers Memorial Hospital District

NOTICE OF TRANSFER OR DISCHARGE

TO: Name Date Address City, State, Zip

Dear

As per the admission agreement, the facility shall transfer/discharge a resident/patient when the facility determines that such action is appropriate in order to meet the resident/patient's needs for health care services. This is to inform you that

Name of Resident will be transferred/discharged

to Name of Institution or Residence Address City, State, Zip

on Date for the following reason(s):

- The transfer or discharge is necessary for the resident/patient's welfare and the resident's needs cannot be met in the facility.
The resident's health has improved sufficiently that the resident/patient no longer needs the services provided by this facility.
The safety of individuals in the facility is endangered by the resident/patient's being here.
The health of individuals in the facility would be endangered by the resident/patient's being here.
The resident/patient has failed, after reasonable and appropriate notice, to pay for (or has failed to have Medicare or Medicaid pay for) this stay at the facility.
Facility ceases to operate.

You have the right to appeal this decision to the appropriate state long-term care agency at the address shown below. In addition, you may wish to contact the state long-term care ombudsman or the state agencies responsible for the protection and advocacy of developmentally disabled (DD Agency) or mentally ill (MI Agency) individuals (shown below if applicable).

Sincerely Yours, Date

Signature of Administrative Officer

State Long Term Care Appeal Agency
DHCS Office of Administration
1029 N St, Suite 200
Sacramento, CA 95814
Phone: 916-322-5603

Ombudsman - Shasta County
1647 Hartnell Ave #9
Redding, CA 96002
Phone: 530-229-1435

Developmentally Disabled (DD) Agency
Far Northern Regional
1900 Churn Creek Rd
Redding, CA 96002
Phone: 530-222-4791

Mentally Ill (MI) Agency
Department of Mental Health
PO Box 997413, MS 0000
Sacramento, CA 95899-7413
Phone: 888-385-5201

VERIFICATION OF RECEIPT OF NOTICE

This acknowledges that I received a copy of this Notice of Resident/Patient Transfer or Discharge.

X Signature of Resident/Patient or Responsible Party Date

Signature of Staff Member

Signature of Staff Member

If you disagree with this discharge, immediately please call the Ombudsman at 530-229-1435

Committee Approvals: P&P: 3/1/2018

Part of Permanent Record

Page 1 of 1

Patient Label

RESIDENT TRANSFER/DISCHARGE SUMMARY/PLAN MMH609





Operations Report September 2019

Statistics	August YTD FY20 (current)	August YTD FY19 (prior)	August Budget YTD FY20
Surgeries (including C-sections)	4	6	8
> Inpatient	0	0	2
> Outpatient	4	6	6
Procedures (surgery suite)	13	20	16
Inpatient	262	272	338
Emergency Room	800	725	670
Skilled Nursing Days	4708	4330	4623
OP Visits (OP/Lab/X-ray)	2568	2676	2804
Hospice Patient Days	236	407	234
PT	459	431	500

Operations District-Wide
Prepared by: Louis Ward, CEO

Mayers Pharmacy & Gifts

The brand new Mayers Pharmacy opened to the intermountain community on September 4th. We are all so proud of the job well done by the entire team that brought this project to life. The pharmacy opened to a delighted community, many of which have visited in the first couple weeks of operation. We have processed hundreds of prescription transfers to date, with many more to come.

This new addition to our community is sure to assist the public in a multitude of ways as well as combat a number of quality of care issues found within our community. As our hospital moves from a fee-for-service to a pay-for-quality reimbursement model, this pharmacy will aid us in ensuring patients have immediate access to medications. Working with the areas providers and care coordinators our pharmacy can play a huge role in ensuring patients have immediate access to the care plan their caregiver prescribed which will assist in transitioning to a preventive care model rather than the reactionary model often seen today.

Heidi Fletcher, Pharmacist and her team are working through developing day to day operational efficiencies, creating new forms where necessary, and establishing new policy when needed. We are working with a few outstanding insurance companies in an effort to cover a minor portion of the public, all of the larger insurance providers (Medicare Part D, Partnership Health, Blue Cross, CVS Caremark) are all in place and working appropriately.

Employee Meetings

Earlier this month I hosted four meetings, 2 at each facility for our wonderful employees to attend. The format of these meetings have not changed since I began them four years ago. I spend the first 30 minutes updating the staff on the state of the hospital, the second 30 minutes is dedicated to a safe space where the employees can freely talk to me about anything they would like to bring up. I enjoy these meetings as our employees have great ideas, many of which we strive to put in place to assist them in their jobs. This month was no different, we spoke on many topics: Mayers Pharmacy, 401K, Upcoming Surveys, new IT Ticketing system, and construction projects.

WIPFLI Cost Report Conference

Travis Lakey, CFO, Ryan Harris, COO and I attended the WIPFLI Annual cost report conference in Reno. As usual, the conference was jam packed with good information for us to return home with. This year a great deal of emphasis was placed on Cyber security and business continuity plans. I am happy to report much of what the experts reported as preventative measures to avoid a cyber-attack we have already invested in and deployed here at Mayers. Other notable topics presented at the meeting were an update on Rural Health Centers (RHCs), Cost report tips, legislative updates, and strategic planning.

FY20 Goals

Throughout the first few months of the fiscal year, Administration meets with all management to discuss the year's upcoming goals. These goals are tailored to meet the objectives of the overall BOD strategic plan. I expect all goals will have been developed and agreed upon by mid-October. A report will be provided to the district BOD in the October BOD meeting.

Intermountain Fair

Thanks to all who spent time talking with the community in our fair booth. This year we promoted how Mayers is growing to meet the community's needs by highlighting the new Mayers Pharmacy and the new wing under construction. I always appreciate the staff's willingness to spend time in our fair booth conversing with the public as they tour the exhibit buildings. I believe it is a great way to educate the community as well as provide a great space for employee to hear stories of how their dedication and hard work impact people in positive ways.

Upcoming meetings

Throughout the next month, Administration will be meeting with many leaders throughout the state in an effort to assist with current projects and future strategic initiatives. We will be meeting with the Director of the Office of Statewide Health and Planning Development (OSHDP) to discuss our building projects as well as future building plans. We will also be meeting with the CEO of Partnership Health Plan, the areas MediCal managed care provider. We intend to discuss a number of items with Partnership health however one large area of concern for us and other like size hospitals is the lack of representation of small hospitals on the partnership board of directors. More information will be reported in future board meetings.

Respectfully Submitted by,
Louis Ward, MHA
Chief Executive Officer

Chief Operating Officer Report **Prepared by: Ryan Harris, COO**

September has been another very busy month for the operations departments. We continue to manage and prioritize numerous projects that have a significant impact on the District. These projects range from our hospital expansion project to our new uniform program. Most recently the operations departments have implemented a new strategy of project management through the use of project management software to improve productivity, turn around, and communication on the various projects we have ongoing. I look forward to seeing the impact this new process has on our projects and appreciate the continuing efforts from the operations staff and management.

Hospital Expansion Project

- Our current schedule shows construction completion on December 24th, 2019. With continual changes to our project's schedule, I am engaging a 3rd part construction schedule evaluator to assess Layton's project schedule to get an independent view of where the project completion is at. I am hoping to have this information by the October board meeting.
- This month the project team will continue interior framing, drywall, stucco and site concrete. They will also start the exterior stone, glazing, paving, pulling electrical wire and the electrical yard including the placement of our new backup emergency generator.

Facilities, Engineering, Other Construction Projects

- The plans for the Burney Clinic building were submitted to Shasta county and the Burney Fire Protection District on September 13th, 2019. I'm estimating this review to take up to 12 weeks. I anticipate having my building permit by December 6th, 2019 or sooner. During this time we will be drafting a request for qualifications (RFQ) and submitting to potential bidders.

Once we have our stamped drawings we will follow all public contract code bidding procedures and send out a request for proposals to qualifying bidders. I anticipate a 60-day bid process with award happening sometime in February with construction starting in March or April of 2020.

- I am pleased to announce that after months of searching for parts, we were able to repair AC9 and it is fully functional. This ended up costing the district pennies on the dollar compared to replacing the unit. We are still planning on a facility-wide HVAC project as our HVAC infrastructure continues to age and parts are getting harder and harder to come by.
- Greenbough Design and its consultants have started their plans for the demolition of the 1956 and surrounding buildings. A preliminary meeting with the staff and consultants happened last month and it was eye-opening how impactful to our daily operations this project is going to be. This project has to be expertly planned in order to mitigate as much as possible any impacts on patients and staff.
- Siding continues on the Riverview house. The exterior work on the house will be finished by the end of the month with interior work starting in November and going through December.
- Nurse call plans in the acute space are still under review.
- The pharmacy project has been completed from an IT and engineering standpoint.
- We have decided to bring the helistop project in-house. We will self-perform this project and have drawings being drafted this month. Plans are to pour the slab in October.

IT

- All hardware needed for Citrix testing is in place in the current Server Room and will be moved to the new building when possible. Entisys (Contractor) will be visiting the week of 23rd to kick off our implementation, which is estimated to take about 5 weeks. Once we are done with the implementation, we will work on testing with a group of designated Super Users to ensure everything functions as expected and remediate where needed. Currently, we expect Go Live to take place in December.
- One Content is on track, we are expecting to begin Migration of documents from Papervision on Oct 1, followed by a go-live of Oct 14th once the migration is complete. Phase 2 (AP, HR, Purchasing) is expected to begin Jan 16th, and complete by May.
- Our ticketing system is currently in Soft Launch with a Go-Live of Oct 1. We have seen a large uptick in tickets submitted since sending the announcement email to everyone. The new system should provide us with much better analytics into the workload of IT and satisfaction of end-users.

Purchasing

- Madison continues to work on the ED inventory and has been implementing a labeling system in the ED on chargeable items to curtail missed charges. She continues to work in the ED but will be transitioning to other departments to improve inventory in those departments as well.

Food & Nutrition Services

- I am happy to announce that all pipes have been repaired under the kitchen in Fall River and we have had no additional plumbing issues in the facility.
- Due to staffing issues, we have to adjust our hours in the kitchen to be closed during patient and resident dining. This ensures staff can focus on our patients and resident during tray line.
- We have an Express Interview Day scheduled for October 7th for the open Food & Nutrition Services and Environmental Services positions. The event is posted in our local papers as well as the Record Searchlight, our website, and social media.
- We are also working on implementing a point of sale system in the department and evaluating pricing due to minimum wage increases.

Security

- Security continues to be a concern of staff as brought up at our Louis employee meeting this month. With the completion of the new wing and security improvements done at the Burney Annex, I feel that we will have made significant progress in alleviating the staff's concerns.

Environmental Services & Laundry

- Nothing to report at this time.

Uniforms

- I am pleased to announce that as of this month's board meeting all of the operations departments are in uniforms. These departments include Facilities, Engineering, Food & Nutrition Services, Environmental Services, IT and Purchasing. The pharmacy has placed its uniform order, with Nursing up next.
- A group of staff members has been assembled to create a Uniform Program Policy that will be implemented throughout the facility. Human Resources will manage the program when new hires are brought on and when current employees need additional uniforms.
 - Includes predetermined styles and colors for each department.

Chief Nursing Officer Report

Prepared by: Candy Vculek, CNO

SNF has been identified as the first “Value Stream” in the organization that will be assessed followed by an implementation of a lean approach for process improvement and unit management.

Four members of the nursing management team have agreed (and are excited) to be trained in lean methodology so that they can become lean facilitators. The first class was held 9.12.19. The training will take about 6 months and this will greatly increase the standardization and effectiveness of the process improvement initiatives at MMHD

SNF Report

- Census = 74 Residents
- Competency validation for with registry staff continues to be a problem. HR and the nurse educator are both working hard to close this gap with the registries. Registry staff who have failed the complete the appropriate competency assessments are no longer allowed to schedule shifts.
- CMS PHASE III Regulations compliance implementation is in progress. The deadline for complete regulatory compliance for the new CMS rules of participation is the end of November 2019. MMHD SNF is working from a project plan and see no problems with meeting the deadline
- The initial ‘Value Stream Assessment for the SNF occurred on September 18th. This enables the SNF to build the process improvement roadmap for the next year.
- Survey Preparation is in ‘full swing’ at this time! Resident care plans are being examined to ensure they are current – this reflects in the CNA’s ‘kardex’ on plan of care; our Survey Book is being updated, surprise mock survey is arranged.

Acute Care Report

- July Acute ADC 1.65, Swing ADC 1.87; LOS 9.67.
- Acute Care Lead out on maternity leave, DON will be filling in that gap.
- Developing SBAR for effective communication between nurses and physicians regarding change in patient condition.
- Implemented set standards for patient assessment and subsequent documentation
- Finalizing Scorecard Summary Goals

Outpatient Surgery

- July ADC-Procedures=4.65 and ADC-Patients=3.87
- Authorization process through MVHC continues to be work in progress. Less questions being asked and more compliance of authorizations being completed by MVHC.
- Application out to CRNA who submitted interest. This would give us 3-CRNA’s to cycle through.

Emergency Department

- 380 patient visits in August
- Sepsis protocol in draft. This will allow staff to better identify and provide national standard care to sepsis patients. Next steps are committee approval and education provided to staff
- Implementing new process improvement tool in the ED to help with hardwiring change for vitals
- Code blue lessons – will be adding equipment to the crash cart (stethoscope/BP cuff), will be labelling crash cart drawers for easier identification of content, identified areas of the hospital where overhead paging is not heard which effects appropriate response, training to be provided house wide for LifePak 20E monitor/defibrillators
- Will be purchasing equipment for plastics suture trays at MD's request
- As expected, secondary to Southern Cascades closing 911 resource – helicopter transfers out of our ED are up. Southern Cascades believes they will have a 911 resource back up and functional by October 1st.

Laboratory Board Report

- Lab manager and CLS positions posted. HR working on recruiting efforts.
- Progress is being made on development of the Point Click Care interface. Weekly calls continue and will have a completion date soon.
- Testing is underway for the Health Information Hub interface. This is an interface that allows MMHD to share patient data with other facilities. When a patient is transferred to another hospital that hospital has automatic access to lab data performed at Mayers
- New Sed Rate machine purchased with grant from Foundation will go live next week. Drops run time from 1 hour to 20 min.

Radiology Board Report

- Radiology Manager will be having surgery mid-September and will be off work for a period. Staff is available to cover.
- New permanent staff has been hired and started – Jimmy is working on purchasing a house here right now
- The department will have a few weeks of very short staffing due to the above-mentioned surgery. The manager is planning to return to work ASAP even in a light duty capacity in order to minimize the hit.
- ACR accreditation cycle has started. Application and data have been submitted to ACR. – Because of the process of setting up new equipment this is going to be handled differently than originally planned. Now going to hold off and send data using new machines. Because of the window available for renewal we should be able to make this happen. Benefit of waiting is newer scanner produces better quality images

- Active efforts underway for relationship development with MD Imaging Radiology to replace existing radiology group. Existing contract calls for 30-day notice period, which MMHD will not execute until all steps are in place for the new group. This will require HL7 interface between our PACS system and theirs. Should have info soon on HL7 interface cost and contract pricing with MDImaging.

Chief Clinical Officer Report

Prepared by: Keith Earnest, Pharm.D., CCO

Over the next several months, I will be creating a clinical orientation program for new providers. This program will include a one on one tour and meetings with departments to go over services provided and ordering procedures.

Pharmacy

- Pharmacy technicians are being cross-trained between Retail and Hospital.
- Codonix® (the safety labeling system for anesthesia) is scheduled to be installed October 7th.
- Mattea Watkins, Pharm.D., started casually September 18, 2019.
- A consultant to assist with Mayers compliance

Retail Pharmacy

Louis will give this report but subsequent reports will be included in the Clinical Division report.

Physical Therapy

- Big thank you to maintenance for altering the speed bump between cardiac rehab and PT to allow handicapped access.
- A generous community member donated RAPAEL® Smart Gloves to the physical therapy department for rehab of hand motor skills.

Telemedicine

- Nutrition and diabetes education will be provided through Telemed2U. Nutrition has been a popular service and the addition of diabetes education will enhance this program tremendously.
- FRJUSD/Mayers/MVHC Grant application: Counselling will start the last week of October.

Respiratory Therapy

- Outpatient pulmonary function test patients are scheduled. The tests will also indicate if a patient is a candidate for pulmonary rehab and referrals will be requested.
- A quicker system for entering Arterial Blood Gas (ABG) results into Paragon® has been developed. We continue to explore an automated process.
- We are exploring a resuscitation cart to complement the crash cart with respiratory supplies.