Mayers Memorial Hospital District

Chief Executive Officer

Matthew Rees, MBA

Board of Directors

Allen Albaugh, President
Brenda Brubaker, Vice President
Abe Hathaway, Treasurer
Michael D. Kerns, Secretary
Art Whitney, Director

BOARD of DIRECTORS
MEETING AGENDA
October 29, 2014, 1:00 PM
Board Room (Burney)

Mission Statement

Mayers Memorial Hospital District serves the Intermountain area providing outstanding patient-centered healthcare to improve quality of life through dedicated, compassionate staff and innovative technology.

1	**CALL MEETING TO ORDER – Allen Albaugh, President**	
2	**CALL FOR REQUEST FROM THE AUDIENCE: PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS:** Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. **Comments should be limited to matters within the jurisdiction of the Board.** Pursuant to the Brown Act (Govt. Code section 54950 et seq.) **action or Board discussion cannot be taken** on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.	
3	**APPROVAL OF MINUTES:** 3.1 Regular Meetings – September 24, 2014 **(ATTACHMENT A)**	***ACTION ITEM***
4	**OPERATIONS** ▶ C3 Report (CEO, CNO, CCO) FACILITIES MANAGEMENT, SUPPORT SERVICES, COMPLIANCE**(ATTACHMENT B, C)** **WRITTEN REPORT PROVIDED – ADDITIONAL COMMENTS AS NEED VERBALLY**	Information
5	**REPORTS:** Insurance Update	Information
6	**BOARD COMMITTEES:** **6.1 Finance Committee – Chair Allen Albaugh** 6.1.1 Committee Meeting Report 6.1.2 August, Sept 2014 Financial review and acceptance of financials (*dispersed separately)* 6.1.3 USDA Loan Update..... 6.1.4 Increase and Extension of Credit Line Recommendation..... **6.2 Strategic Planning Committee – Chair Abe Hathaway** 6.2.1 Committee Meeting Report **6.3 Quality Committee – Chair Brenda Brubaker** 6.3.1 Committee Meeting Report 6.3.2 MERP PLAN recommendation and approval with changes (***Attachment D)***.....	 Information ***ACTION ITEM*** Information ***ACTION ITEM*** ***ACTION ITEM***
7	**NEW BUSINESS** 7.1 Trustee Appointment Update.....	Information

	7.2 Annual Board Bylaws Review – 2nd reading – Final approval in December **(Sent previously)**..... 7.3 Disaster Backup Recovery ***(Attachment E)*** (Ward, Johnson)..... 7.4 Change November Meeting Date to November 19, 2014.....	***ACTION ITEM*** ***ACTION ITEM*** ***ACTION ITEM***
8	**8.1 INFORMATION/REPORTS/BOARD EDUCATION/ANNOUNCEMENTS** ▶ Board Education – QHR Webinar 2nd Tuesdays 2014, 10 a.m. ▶ Board Assessments (Due in October 31st) ▶ Annual Program Evaluation/Organizational Analysis – will be presented in November	Information/ discussion Information
9	**ANNOUNCEMENT OF CLOSED SESSION:** 9.1 **Government Code Section 54962** Quality Assurance: Quality Improvement Issues, Medical Staff Report (Dr. Dan Dahle, Chief of Staff) 9.2 **Government Code Section54957: Personnel** 9.2.1 Finalize CEO Evaluation and Bonus Criteria..... 9.3 **Approve minutes of the September 24, 2014** Closed Session minutes.....	 ***ACTION ITEM*** ***ACTION ITEM***
10	**RECONVENE OPEN SESSION: REPORT ACTIONS TAKEN DURING CLOSED SESSION**	
11	**ADJOURNMENT:** Next Regular Meeting November, 2014 (?) – Fall River Mills, CA	

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.

Posted/Distributed: 10/22/14

Attachment A
DRAFT

Mayers Memorial Hospital District
Board of Directors – Regular Board Meeting

Date: September 24, 2014
Time: 1:01 P.M.
Location: Mayers Memorial Hospital
Fall River Mills, California

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

1. CALL MEETING TO ORDER: President Allen Albaugh called the regular meeting to order at 1:04 p.m. on the above date with the following present:

Allen Albaugh, President
Brenda Brubaker, Vice President
Mike Kerns, Secretary
Abe Hathaway, Treasurer

Board Members Absent: Art Whitney, Director
Staff Present: Matt Rees, CEO; Keith Earnest, CCO; Valerie Lakey, Board Clerk; Travis Lakey, CFO; Louis Ward, Director of Support Services; Sherry Wilson, CNO; Caleb Johnson, Chief Compliance Officer

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

3. APPROVAL OF MINUTES – *A motion/second (Kerns/Hathaway), and carried, the Board of Directors accepted the minutes for the regular meeting – August 27, 2014 and September 10, 2014 Special Meeting - Approved All*

President Albaugh deviated from the regular agenda to accommodate time schedules

Insurance Presentation 6.1.4 – Louis Ward - (***Exhibit A***)

Cal Pers coverage will end December 31, 2014. The increased cost of CalPers caused the board to decide at a previous meeting to opt out of this coverage in an effort to meet the needs of the hospital and employees.

The insurance committee has actively been looking at a variety of plans. One is through CSAC – California State Associations of Counties. We are eligible because we are a district hospital – this plan increases our network of providers. It will amount to a savings of $20,452 per month for the hospital. The committee is recommending the CSAC Dividend Plan. For the future, CCHAN is working on a self-funded program which we may be able to be a part of eventually. This plan will help us move to the self-funded plan which focuses on community health, population health and wellness.

CSAC Dividend Plan – Dental/Vision- Guardian
By a motion/second ***(Brubaker/Kerns)*** and carried, the board accepted the CSAC Dividend Plan. ***Approved All***

4. OPERATIONS REPORT:

In addition to the written operations report included in the board packet, the following verbal reports and discussions are summarized below:

- ***Matt Rees, CEO:*** Rees noted that we have been receiving referrals from Canby. Also, the 299 Collaborative received grant for HIE $300,000/year for 3 years. We will be working with other involved entities to formulate the plan. This will be of a great service to all involved.

  Rees was in Seattle for the RPB9 meeting. He is a committee member representing rural and critical access hospitals and will be on the committee for one more year. Topics of discussion included:
  – ***Population Health*** – rural hospitals are in a better position than larger hospitals.
  -Social Media

Rees also noted that there is a JPA Workshop in Modoc tomorrow (September 25) at 6 pm at Niles Hotel in Alturas. Agreement between districts to help offset costs and share overhead. Kerns will attend.

- ***Keith Earnest, CCO:*** Annual Pharmacy inspection this morning – went well. Weed Skilled Nursing facility patients went back home. There were some complications with medication transports on the Weed end, but we got it all worked out.
- ***Sherry Wilson, CNO:*** We took 6 evacuated patients from Weed – Wilson noted what is was like to be on the other side of the evacuation and said we did well. Census is at 72 today. We will be getting one patient tomorrow and possibly 2 more.

Brubaker asked about on-call EMT's. Wilson said we hired 3. Terry King is resigning as Ambulance Director. Will be interviewing next week.

A big priority is to get something going on the new ambulance purchase

OB Department is making good progress

Kerns asked about flu shots. It is required of all staff. The vaccine is not in yet.

Wilson reported on the BETA Conference and the Award for Excellence received by the ED Department.

- ***EMR – Louis Ward, Director of Support Services***
  We are off of Fire Watch; we were on it for 45 days. Ward noted that the Staff was very helpful; as we had to do fire checks every hour. OSHPD, State Fire Marshal reviewed/inspected the new fire panel and we received a certificate of acceptance last Friday. All documentation has been sent to CDPH. POC has been accepted. Maintenance has been great getting things done.
- ***Caleb Johnson, Chief Compliance Officer***
  ICD 10 – RHIT will be here next week – will be starting up again in preparation for ICD10.
  Revenue Cycle – Caleb presented a report at Finance explaining revenue cycle reports.

5. REPORTS

Hospice – Mary Ranquist was introduced by Keith Earnest as the new Hospice Manager – Hospice reports quarterly to the board. Ranquist has 35 years nursing experience. She has been working on learning Hospice software and the staff just finished last training. They have implemented medication billing system. The quality assurance program is tied to the new software – Ranquist is working with CMS daily to get a number to submit quality measures. She is also learning Hospice regulations. Chair-ity tickets are available at Riverview House and in Admitting.

6. BOARD COMMITTEES:

6.1 Finance Committee – Chair Allen Albaugh

6.1.1 Committee Report – Reviewed the finance committee meeting notes (Minutes

distributed separately)

6.1.2 August 2014 Financials – postponed as auditors have been on site and the financials are not complete. T. Lakey will get reports out ASAP. Kerns had questions on the surgery report. It was also noted that the SNF reimbursement rate hasn't changed yet – Lakey and Rees will follow-up with the CFO of Partnership. The administrative team has been working on cost savings and has currently saved about $48,000/month – see notes from finance.

6.1.3 USDA loan – there has been no news

6.1.4 Health Insurance Plan Recommendation (see above)

6.2 Strategic Planning Committee – Chair Abe Hathaway

6.2.1 Committee Meeting Report – (Minutes dispersed separately) The highlights of the committee included discussion about Population Health, MMHD's relationship with MVHC, family practice physicians, referrals, specialty physicians and expansion of services. We are working with LAFCO again – on a possibility of District Expansion. There is an upcoming meeting – a revised application is going through the approval process.

6.3 Quality Committee – Chair Brenda Brubaker

6.3.1 Committee Meeting Report (Minutes dispersed separately)
Highlights included the correction of a Lab specimen labeling problem with samples coming from the ER – The issue was rectified and training was completed with staff. Cyber Security a real issue and will continue to be addressed.

7. NEW BUSINESS

7.1 Trustee Appointment – The board clerk will be posting the vacancy left by Trustee Brubaker. Trustee Kerns was the only one who filed for election; therefore no election will be needed. The remaining seat will be appointed by the board.

7.2 Biennial Review of Conflict of Interest Policy – *A motion/second (Hathaway/Brubaker), approved all* – To submit signed FCCP letter indicating there will be changes made on the Conflict of Interest Code. Changes will include the list of designated positions as follows:

- Directors
- Chief Executive Officer
- Chief Financial Officer
- Chief Nursing Officer
- Chief Clinical Officer
- Chief Compliance Officer
- Chief Operations Officer

CEO to sign and submit by October 1, 2014

7.3 By Laws Review – Upon the first review – it was decided to remove the portion of the bylaws regarding the removal of a board member for lack of attendance. There is some potential legality since it is an elected position.

New board orientation process was questioned – need to have a good system in place.

7.4 Preliminary Report on backup solutions

Caleb Johnson gave a presentation on disaster backup of electronic information. They are researching an offsite option and are working with a company back east. Paragon servers have offsite storage on tapes – they are backed up and taken to Burney. (This is only Paragon

information) We have nothing in place for non-Paragon. We are looking at real time backup on servers on their side – 24 hours back. $2500/month. There is the option of having separate servers in Burney. There are a lot of different options that we need to explore. We need to evaluate the risk – determine the value of that risk and put a budget in place. More information will be forthcoming.

8. INFORMATION/BOARD EDUCATION/ANNOUNCEMENTS

- Board Education – QHR Webinar 2nd Tuesday each month, 10 a.m. PST
- Board Assessments – can work through ACHD again if we choose.
  Board Clerk will request link from ACHD for the assessment.
  Mike Kerns will be on the Advocacy Committee for ACHD for another year

9. ANNOUNCEMENT OF CLOSED SESSION: 2:47 pm

9.1 Government Code Section 54962

Quality Assurance: Quality Improvement Issues, Medical Staff Report (Dr. Dan Dahle, Chief of Staff)
None

9.2 Government Code Section54957: Personnel – CEO Bonus criteria/Evaluation

9.3 Approve minutes of the August 27, 2014 Closed Session *(All) (Hathaway/Kerns)*

10. RECONVENE OPEN SESSION: 3:15 PM - REPORT ACTIONS TAKEN DURING CLOSED SESSION

11. ADJOURNMENT: There being no further business, at the hour of 3:17 p.m., President Albaugh declared the meeting adjourned.

Attachment B

Mayers Memorial Hospital

Operations Report
September 2014

Statistics	September YTD FY15 *(current)*	September YTD FY14 *(prior)*	September Budget YTD FY15
Surgeries (*including C-sections)*	21	16	15
➢ Inpatient	6	5	5
➢ Outpatient	15	11	10
Procedures *(surgery suite)*	35	19	12
Inpatient (Acute/OB/Swing) Days	394	498	489
Emergency Room	1051	1057	1050
Skilled Nursing Days	6809	6704	6546
OP Visits (OP/Lab/X-ray)	3712	4026	4230
Hospice Patient Days	316	624	250
PT	3074	2482	25
Ambulance Runs	95	102	102

Operations District-Wide

Matthew Rees, Chief Executive Officer

Administration/CEO activities during the past month:

- Have had a meeting and several conversations about a JPA between Surprise Valley Hospital, Lake View Hospital, Modoc Hospital and Mayers. This JPA would be formed to look at shared overhead, doctor recruitment, bringing specialists into the area and other projects.
- SHARC met and discussed physician recruitment, HIE and reenrollment into the insurance exchange, Covered California. SHARC in connection with Partnership Health will decide how to use the $300,000 Partnership set aside for physician recruitment for the north state. HIE is moving slowly forward with SHARC.
- Had a couple of meetings regarding the grant of $900,000, for the 299 Collaborative to do HIE and other coordinated efforts.
- Employee meetings were held both in Fall River and Burney on Wednesday and Friday. Discussed USDA, poor cash position and morale as well as answered questions that they had.
- Attended LAFCO hearing on our Sphere Of Influence SOI. I spoke briefly about the reasons why and a little about our current financial position which is not good and the things we are doing to remedy it.

- Met with Dr. Syverson to discuss how to make his time more effective and the possibility of him going to Susanville once or twice a month to see patients and bring them up here for procedures and surgeries.

- Attended CHA Annual Meeting and Board Meeting. CCAHN will also be meeting to discuss population health and other CAH issues.

- Shared information from CHA annual meeting with Department Heads and ER staff – about patient perception

- Attended meeting regarding insuring the uninsured and the effects it is having on us and other providers within the north. Everyone agreed that there needs to be improvements in the rural areas. There will be lobbying done to make improvements.

- Will be chairing the Northern Sierra Section CEO's meeting. We will be talking about Federal and State issues, modern pricing and meet Assembly Candidate Jim Gallagher.

- Will be attending CHA Board Meeting Discussing Medicaid Reform Proposal of California, Propositions 1, 2, 45 and 46. SEIU agreement and other state and federal issues.

- Meeting with Nexxus and R&S to discuss the differences between Willows and our project.

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Critical Access Hospital

Keith Earnest, Pharm.D., Chief Clinical Officer

Laboratory

- With the addition of two registry clinical laboratory scientists, the staffing crunch in the lab is temporarily abated. One registry CLS will be able to work independently the week of October 13th.
- The lab is running parallels and will soon bring lipase testing on-site.

Respiratory

- Recent promotions to the Canby Clinic have resulted in referrals for pulmonary function testing.
- A respiratory therapist is on-call afterhours for emergencies. Nursing staff has been calling in a respiratory therapist as necessary in emergency situations.
- The contract with a pulmonologist in Klamath Falls to perform diagnostic interpretations of pulmonary function tests should be signed by October 17th.
- The respiratory department is preparing a respiratory showcase for Respiratory Week (October 19-25).
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Imaging

- The PACS install continues. The first live PACS to Paragon® transaction took place October 6th.
- As with any interface, there are bugs to be worked out. Reports should upload automatically to Paragon® and this is still a manual process but it should be worked out in the next couple of weeks.

Pharmacy

- The annual Sterile Compounding inspection took place September 26th. Some deficiencies were noted and a plan of corrections was submitted October 7th.
    - Pharmacist competencies now include a mathematic portion.
    - Technician competency program is now in place.
    - The hospital wide hand washing policy was revised.
    - The Clean Room is being painted with non-porous paint and the shelving is being replaced with metal to bring it into compliance.

Hospice

- Mary Ranquist, RN, has spent many hours trying to obtain an ID number so hospice can report quality data electronically. Hospice payment rates are tied to quality ratings. This has been a difficult process to come into in the middle. She is hoping to have the number and start submitting data by the first of November.
- Hospice Chair-ity Affair fundraiser was October 4, 2014 at the Vet's Hall in Burney. The event raised over $6000. A big thank you to Evalee Nelson who organized this event.

Critical Access Hospital

Submitted by: Sherry Wilson CNO/Acute

Acute Manager Report

- Attended the Beta Conference and Mayers ER again received an award for their commitment to increase safety and quality.
- Census remaining consistent.
- 3 FTE leaving. Will only require to hire 1 FTE with the return of an employee and a staff member moving from quality to Acute care.
- In process of learning new reporting measures for quality for the Acute Care.

Submitted by Theresa Overton, RN, Acute Care Manager.

Outpatient Medical

- The Outpatient Department is looking forward to offering wound care clinics, under the direction of Dr. Scott Zittel, in Burney. Matt Rees, CEO, Dr. Zittel, Outpatient Medical Director, Sherry Wilson, CNO, and Kay Shannon, RN Outpatient Department Manager have reviewed locations within the Burney Annex. The previously designated urgent care area has been the selected as the site for the Burney wound care clinic. The tentative target date to offer the clinic at the Burney location is in

spring 2016. The initial plan is to offer the wound care clinic at alternating sites between Fall River and Burney. Dr. Zittel holds clinic at Mayers every other Thursday currently.

- Adaptation and use of MCN, the electronic version of policy and procedure manuals, is currently utilized for revisions and initiation of new policies. We are working to integrate competency check offs in MCN as policy revisions occur.

- It has been reported the Outpatient Department has been very successful using the EMR to capture patient supply charges with a greater than 80% capture of our medical supply costs.

- EMR documentation for Outpatient Dept. has been developed and is 98% functional for documentation of assessment/evaluation/implementation of the nursing process as applied to wound care and infusion patients. This is a huge step as McKesson/Paragon was never originally built for the outpatient population, and charting electronically was inadequate and time consuming prior to this EMR build by Sean Sanders RN.

Report Submitted by Kay Shannon, RN. Outpatient Manager

Infection Control

- Dr. Syverson has accepted the Hospital Epidemiologist position.

- Infection Control continues to work closely with CDPH and CDC with the Ebola virus crisis updates and mandates with reporting. Along with the Manager of the ED, Infection Control attended Shasta Medical and Health Emerging Infectious Disease Tabletop Exercise. The scenario was based on an infected patient presenting to the ED or outlying clinic setting. We will follow the algorithm produced by the CDC as a tool to identify and triage patients who may have Eboli. Although it is highly unlikely that we will encounter patients with the Eboli in our area, it is not impossible. MMHD will be prepared in the event of this scenario. Infection Control will also be attending CDPH Healthcare Associated Infection Liaison Program on the basics of infection prevention in the hospital setting.

Submitted by Shelley Lee, RN, Infection Control Manager

Louis Ward, Director of Support Services

Facilities:

- The Plan of Corrections (POC) was submitted to the California Department of Public Health (CDPH) on September 6th. This plan encompasses 43 pages of deficiencies, building code, and corrections.
- The approved Post-Certification Revisit Report was delivered to the Director of Support Services on October 6th, 2014. All Tag #'s (deficiencies) have been completed and meet the requirements of the California Department of Public Health (CDPH) Fire, Life, and Safety Division. (attached)
- Expected visit from Jose Gallegos, OSHPD State Fire Marshall to sign off permits in the field in the near future (next 30 days)
- Dave Burks, Dept. Lead has returned from 6 weeks off, staff is back to full.
- The entire Maintenance Staff was awarded "employees of the month" for September 2014

Information Technology:

- EMR Stage 2 attestation is began Oct 1, 2014
    - 1 year reporting period
    - Patient Portal continues to be a consideration as it seems unreasonable for many of our patients to be provided with 2 separate portals (Mayers, MVHC)
        - This continues to be a topic at Mayers/MVHC collaborative meetings.
        - HIE meeting may pose a solution in coming months.
- Investigation vendors that will strengthen our backup solutions in times of information disasters.
    - Current workflow does allow for significant risks
    - With the introduction of offsite backup of medical information and data vital to business continuity we could significantly lower risks of critical information loss.
    - Contract with Tri-Delta Resources acquired (attached)
        - This solution will backup 40 critical servers in an effort to continue business operations in the case of a major disaster.

Dietary

- With the introduction of electronic charting it is now necessary to provide Dietary access to electronic notes pertaining to diet plans and diet orders.
    - Lani Martin, R.D has been provided with a computer and will be able to access patients remotely.
    - Assessments have been built to meet the requirements of a nutritional risk assessment and likes/dislikes needed on all acute patients within a 48 hour window per policy. With new plan we will be able to get vital diet information within the first 8 hours.
    - A Registered Nurse R.N, is required to perform initial dietary assessment to collect information such as:
        - Priority Level

- Food allergies
- Past medical history

Purchasing

- Have increased minimum inventories on items related to influenza.
    - Gloves, sanitizers, solutions, masks, N95 respirators, isolation gowns, etc.
- Due to the recent Ebola scare, precautions are being taken including stocking the Emergency Disaster trailer with Personal Protective Equipment (PPE)

Environmental Services

- Filled positions for both Fall River and Burney Facilities.
- Met with Aramark Representatives to modify inventory levels
    - $600 expected savings weekly, will be monitoring closely.

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
056416	A. Building 02 - BURNEY ANNEX B. Wing	10/6/2014

Name of Facility	Street Address, City, State, Zip Code
MAYERS MEMORIAL HOSPITAL	43563 HWY 299 E FALL RIVER MILLS, CA 96028

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix Reg. # NFPA 101 LSC K0012	Correction Completed 10/06/2014	ID Prefix Reg. # NFPA 101 LSC K0018	Correction Completed 10/06/2014	ID Prefix Reg. # NFPA 101 LSC K0027	Correction Completed 10/06/2014
ID Prefix Reg. # NFPA 101 LSC K0038	Correction Completed 10/06/2014	ID Prefix Reg. # NFPA 101 LSC K0052	Correction Completed 10/06/2014	ID Prefix Reg. # NFPA 101 LSC K0054	Correction Completed 10/06/2014
ID Prefix Reg. # NFPA 101 LSC K0062	Correction Completed 10/06/2014	ID Prefix Reg. # NFPA 101 LSC K0064	Correction Completed 10/06/2014	ID Prefix Reg. # NFPA 101 LSC K0066	Correction Completed 10/06/2014
ID Prefix Reg. # NFPA 101 LSC K0067	Correction Completed 10/06/2014	ID Prefix Reg. # NFPA 101 LSC K0069	Correction Completed 10/06/2014	ID Prefix Reg. # NFPA 101 LSC K0143	Correction Completed 10/06/2014
ID Prefix Reg. # NFPA 101 LSC K0147	Correction Completed 10/06/2014	ID Prefix Reg. # NFPA 101 LSC K0154	Correction Completed 10/06/2014	ID Prefix Reg. # NFPA 101 LSC K0155	Correction Completed 10/06/2014

Reviewed By State Agency	Reviewed By	Date: 10/6/14	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 8/13/2014

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
056416	A. Building B. Wing 01 - MAIN BUILDING 01	10/6/2014

Name of Facility	Street Address, City, State, Zip Code
MAYERS MEMORIAL HOSPITAL	43563 HWY 299 E FALL RIVER MILLS, CA 96028

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix Reg. # NFPA 101 LSC K0012	Correction Completed 10/06/2014	ID Prefix Reg. # NFPA 101 LSC K0018	Correction Completed 10/06/2014	ID Prefix Reg. # NFPA 101 LSC K0027	Correction Completed 10/06/2014
ID Prefix Reg. # NFPA 101 LSC K0051	Correction Completed 10/06/2014	ID Prefix Reg. # NFPA 101 LSC K0052	Correction Completed 10/06/2014	ID Prefix Reg. # NFPA 101 LSC K0054	Correction Completed 10/06/2014
ID Prefix Reg. # NFPA 101 LSC K0062	Correction Completed 10/06/2014	ID Prefix Reg. # NFPA 101 LSC K0064	Correction Completed 10/06/2014	ID Prefix Reg. # NFPA 101 LSC K0066	Correction Completed 10/06/2014
ID Prefix Reg. # NFPA 101 LSC K0143	Correction Completed 10/06/2014	ID Prefix Reg. # NFPA 101 LSC K0144	Correction Completed 10/06/2014	ID Prefix Reg. # NFPA 101 LSC K0147	Correction Completed 10/06/2014
ID Prefix Reg. # NFPA 101 LSC K0154	Correction Completed 10/06/2014	ID Prefix Reg. # NFPA 101 LSC K0155	Correction Completed 10/06/2014	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date: 10/6/14	Signature of Surveyor:	Date:	
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:	

Followup to Survey Completed on: 8/13/2014

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

ATTACHMENT C

Compliance Report
Caleb Johnson, Chief Compliance Officer

Revenue Cycle

- Revenue Cycle Health Report. Attached. Noteworthy: (1) Total Charges exceeded budget for September and Total Payments posted was 3.7% below benchmark of $1.5M; (2) Total AR is slightly higher than benchmark, in large part due to lingering old accounts (nearly a third of Total AR is over 120 days old); and (3) Clean Claim Rate remains very low (23%), which translates into less time available to work old claims. Efforts to improve efficiencies through system/process improvement are ongoing.

- Denials Analysis. The Revenue Cycle Team is currently focusing on top denial reasons by volume (top 3 for September were "Duplicate Claims"; "Claim Not Covered by Payer"; and "Claim Lacks Information for Payment"). Root causes are being identified and feedback provided to those that can prevent future denials. Overall, 2,462 claims were filed in September and we received denials on 140 claims (5.7%).

- Chargemaster Review. Received proposal from PPS – Prospective Payment Specialists to perform a Comprehensive Chargemaster Review, which would cost $9,000 - $15,000. Last chargemaster review was performed in 2011 in a pre-Paragon environment. Review would ensure accurate and complete charge coding and capture. PPS states, on average, clients experience a 300% return on investment.

HIPAA

- ICD-10. Will restart ICD-10 preparation in November by sending weekly education emails to local caregivers. Also, received a proposal from PPS to provide on-site ICD-10 Physician and Nursing Staff Education as well as Chart Reviews, which could start as early as January 2015.

Other

- Six Sigma Training. Received week 1 of two-week Six Sigma training course in San Francisco with Louis Ward, Director of Support Services, to result in Green Belt certification. This training was made possible through a SHIP grant awarded to Mayers, with the major objective of reducing the average time spent in the Emergency Department before a patient is sent home (CMS Quality Measure OP-18b) by 20%. The Six Sigma methodology can be used throughout the organization to improve consistency in processes / quality; already we are looking at opportunities to use Six Sigma in the Revenue Cycle.

Org-Wide

Revenue Cycle Health Report

September 2014

	Current	Prior	Benchmark
Total Charges	2,749,427.00	2,658,540.56	2,700,000.00
Total Payments	1,443,375.63	1,325,144.45	1,500,000.00
Total Adjustments	1,025,714.92	1,721,931.66	1,200,000.00
Average Daily Revenue	91,647.57	85,759.37	90,000.00
Average Daily Payments	48,112.52	42,746.60	50,000.00
Average Daily Adjustments	34,190.50	55,546.18	40,000.00
Total AR	6,199,232.95	6,094,569.87	5,850,000.00
Total Credit Balance	(518,339.33)	(458,206.29)	(58,500.00)
Total Bad Debt	1,055,090.78	1,059,260.91	585,000.00

Adjustment Analysis

Contractual	916,442.76	1,102,771.98	960,000.00
Non-Covered	10,386.34	12,820.83	60,000.00
Untimely	31,691.13	17,052.82	60,000.00
Special Programs	35,377.00	114,058.48	60,000.00
To Bad Debt	31,817.69	475,227.55	60,000.00

Key Indicators	Current	Prior	Benchmark
Gross AR Days	72.12	72.42	65.00
Percent Over 120 Days	31.0%	28.7%	12.0%
DNFB	9.68	7.03	7.00
Number of Denied Claims	140	131	130
Clean Claim Rate	23%	24%	60%
Adjusted Collection Rate	80.3%	91.9%	97.0%
Cost to Collect, per Claim			

ATB Payor Mix

BLUE CROSS	8.1%	9.0%
COMMERCIAL	9.6%	11.1%
MEDICAID	37.3%	40.3%
MEDICARE	22.0%	23.5%
MEDICARE ADVANTAGE	3.9%	4.2%
PRIVATE PAY	11.4%	10.4%
SELF PAY AFTER INSURANCE	5.1%	5.8%
UNKNOWN	0.0%	0.0%
WORKMANS COMP	2.7%	2.9%

Payor Class	Unbilled	0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	121 - 180 Days	181 - 365 Days	366 + Days	Total Amount
BLUE CROSS	128,410.87	136,687.94	75,700.60	57,295.66	14,802.86	38,770.01	45,577.06	4,587.71	501,832.71
COMMERCIAL	38,531.07	162,466.32	92,292.25	67,440.36	36,018.95	70,449.74	117,951.65	8,977.21	594,127.55
MEDICAID	155,058.10	592,970.62	296,239.39	202,279.84	139,311.22	336,788.76	557,818.20	31,243.95	2,311,710.08
MEDICARE	405,304.98	734,574.75	51,390.45	14,390.97	29,683.50	65,994.90	58,079.67	4,548.35	1,363,967.57
MEDICARE ADVANTAGE	2,487.00	29,606.02	16,826.80	4,019.76	55,970.53	55,005.00	65,163.95	10,156.40	239,235.46
PRIVATE PAY	89,713.69	115,122.69	101,297.68	71,337.75	101,071.93	62,267.42	132,843.00	31,608.25	705,262.41
SELF PAY AFTER INSURANCE	176.00	26,050.29	40,911.44	40,677.00	23,560.61	54,925.56	113,266.04	17,197.80	316,764.74
UNKNOWN	-	663.00	-	-	-	-	-	-	663.00
WORKMANS COMP	10,831.70	63,625.53	11,128.81	22,500.00	18,174.30	15,451.95	24,359.43	(402.29)	165,669.43
Totals	830,513.41	1,861,767.16	685,787.42	479,941.34	418,593.90	699,653.34	1,115,059.00	107,917.38	**6,199,232.95**

5-10%
10-15%
15-20%
20%+

ATTACHMENT D

Mayers Memorial Hospital District Medication Error Reduction Plan

August 2013

43563 State Hwy 299 E Fall River Mills, CA 96028

Introduction

The following represents Mayers Memorial Hospital's (MMHD) Plan for Medication Error Reduction. A previous version of this document was submitted to the Department of Public Health Center for Healthcare Quality Licensing and Certification Program in compliance with California Senate Bill 1875 in 2001.

Purpose

The purpose of this document is to describe the processes through which the organization assures the safe delivery and administration of medications to patients. The Plan for Medication Error Reduction will be referred to herein as the "Plan." The Plan is based on patient needs and rights, the mission and vision of the hospital, and standards of professional practice, with a goal to eliminate or substantially reduce medication related errors.

This document also contains a description of the scope of services, oversight and management, delivery methodology including technology, interdisciplinary collaboration, patient assessment and reassessment, patient and family or significant other involvement, patient and family or significant other education, and plan for orientation, training and education of staff.

The Plan will be reviewed annually and updated when appropriate on an ongoing basis in consideration of the changing needs of patients, staff, physicians, and the facility. Therapeutic outcomes, performance improvement, and risk management processes will also be considered. The review of the Plan's progress and revision will be accomplished on a continuous basis as part of a multidisciplinary team. The goal of the Plan is to reduce, modify, eliminate, and control conditions or practices that may cause medication errors.

Scope

The Plan applies to all patients receiving care within the facility or under the licensure of the facility, including both inpatients and outpatients. The elements include prescribing, prescription order communications, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use.

Leadership Function

At Mayers Memorial Hospital safety is our number one value for our patients, employees, physicians, and visitors. We demonstrate integrity by doing the right thing ethically, legally, and morally. We hold ourselves to the highest standards of quality. We treat everyone with dignity and respect. We are accountable for our results and actions.

The leaders of the organization are committed to maintaining an environment that emphasizes patient safety and supports ongoing error reduction activities. Leaders actively encourage error identification and reporting by all staff. When identified, errors are given high priority. All errors are analyzed, and processes, functions and services are established or changed when appropriate to prevent recurrence and reduce risk to patients.

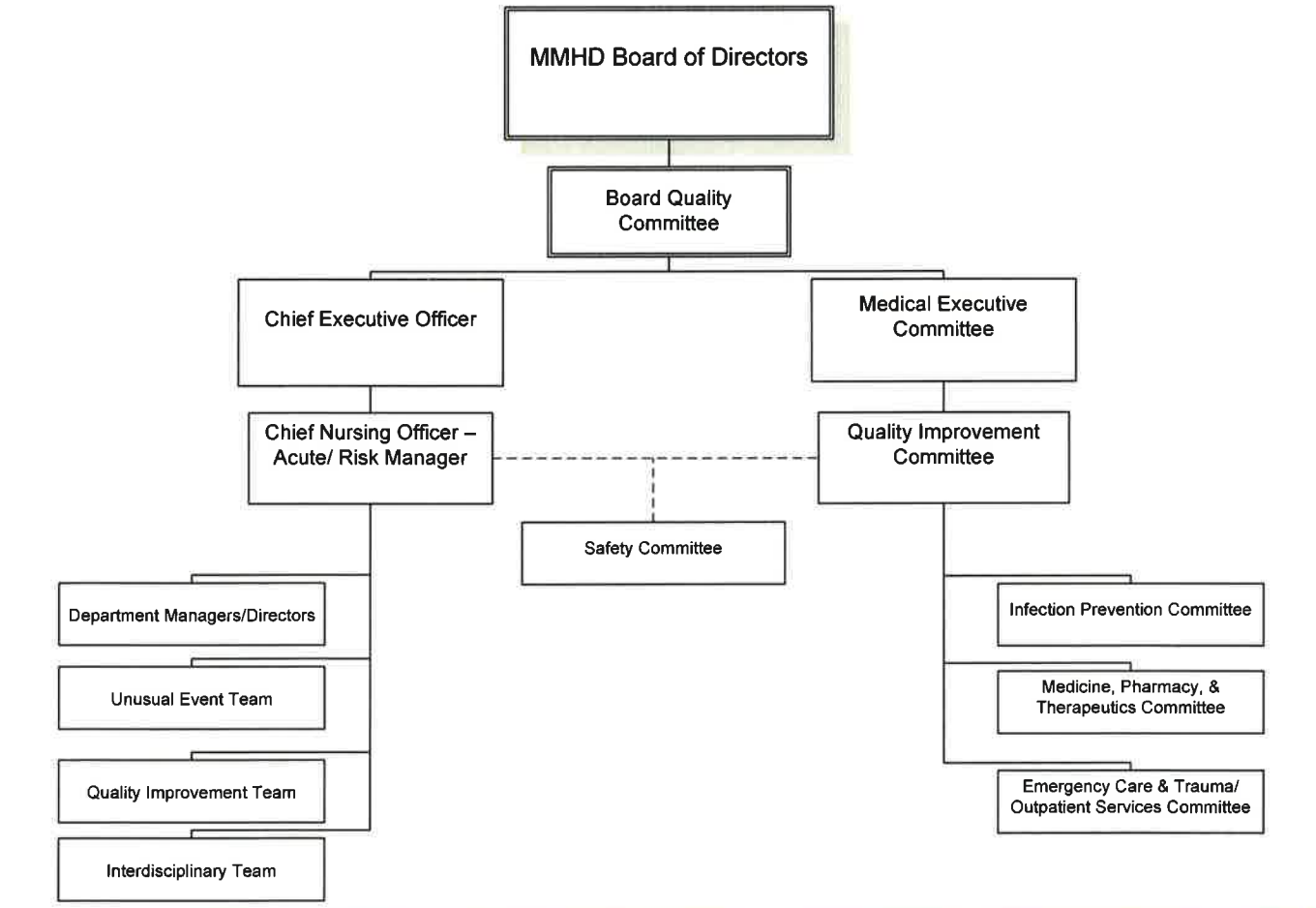
Oversight of the Plan is the responsibility of the Medicine, Pharmacy and Therapeutics Committee. This committee derives its authority from the Medical Executive Committee and the Board of Directors.

Assessment

Hospital Administration, with the support of the Medication Management Team, assembled a multi-disciplinary Minimization of Medication Related Errors Task Force in 2000. Current literature, industry, available technology, and various organizations were used as resources in order to perform a hospital-wide assessment. The Institute for Safe Medication Practice (ISMP) and The California Institute for Health Systems Performance guidelines were used to establish a baseline for this assessment. The Plan will be reviewed on a continuous basis as part of the hospital's Quality Assurance (QA) Program as new information and analysis of ongoing data collection is indicated.

Reassessments are made using information provided by the Institute for Healthcare Improvement (IHI), the Joint Commission (JC), the Food and Drug Administration (FDA), American Society of Health-System Pharmacists (ASHP) and other organizations as appropriate.

QUALITY IMPROVEMENT AND PATIENT SAFETY ORGANIZATIONAL STRUCTURE



MEDICINE, PHARMACY, THERAPEUTICS AND PAIN MANAGEMENT COMMITTEE

Composition

The Medicine, Pharmacy, Therapeutics and Pain Management Committee shall be comprised of one member of the medical staff who shall be the Chairperson and the Director of Pharmacy Services, all of whom shall be voting members of the Committee. Other attendees may include as needed for consultation the Director of Quality/Risk, the Infection Preventionist, Director of Acute Care and the Manager of Surgical Services, Manager of Outpatient Medical, the Laboratory Services Manager, all of whom shall be non-voting members of the Committee.

Purpose

The purpose of the Medicine, Pharmacy, Therapeutics and Pain Management Committee is to develop, implement and monitor professional policies regarding evaluation, selection, and procurement of drugs comprising the Hospital formulary, distribution, administration, safety, and effect (including reactions and interactions) of drug usage, patient education and other matters pertinent to drug use in the Hospital. The Medicine, Pharmacy, Therapeutics and Pain Management Committee has overall responsibility for the Mayers Memorial Hospital District Pain Management Program. The Committee develops and implements policies and procedures relative to the care of medical patients.

- Defining and evaluating all significant untoward drug reactions and medication errors
- Making recommendations and approval of the drugs to be stocked throughout the hospital
- Evaluation and approval of all standardized drug procedures and preprinted drug orders
- Coordinating and conducting medication usage evaluation (MUE) activities and ongoing review of data related to medication MUE studies
- Reviewing instances where drug product defects have been identified or where medications have been recalled by their manufacturer or FDA
- Review of the ISMP alerts and Quarterly Action Agenda to determine potential applicability to the hospital

Accountability and Relationships

- The Medicine, Pharmacy, Therapeutics and Pain Management Committee shall be accountable to its Chairperson.
- The Chairperson of the Medicine, Pharmacy, Therapeutics and Pain Management Committee shall be accountable to the Medical Executive Committee and the Chief of Staff.
- The Chairperson of the Medicine, Pharmacy, Therapeutics and Pain Management Committee shall regularly report the business of the Committee to the Medical Executive Committee.
- The Medicine, Pharmacy, Therapeutics and Pain Management Committee will meet a minimum of four times in a calendar year.

Quality

Medication Error Reduction Plan

This is a multidisciplinary committee including pharmacy, administration, nursing, quality management, risk management, and ancillary departments and services. The team coordinates and provides information and recommendations on medication safety issues within the organization reporting directly to the MP&T Committee.

- Provides medication safety assessments, reviews current literature and recommends actions to improve the safety of the medication use system.
- Monitors alerts and recommendations from various organizations that offer valuable resources related to medication safety. (ISMP, ASHP, JC, NCCMERP etc.)
- Develops strategies to minimize the possibility of errors with drug products that have similar or confusing manufacturer labeling or packaging and/or drug names that look and sound alike.
- Limits the amount of floor stock on various units.
- Assures the safe storage of hazardous chemicals and materials in cooperation with the hospital's Safety Committee.
- Standardizes medication delivery devices whenever possible
- Standardizes prescription writing and prescribing rules.
- Standardizes IV solutions, drug concentrations, doses and administration times where appropriate.
- Provides staff education on medications and medication safety.
- Functions as a facilitator for Medical Staff, nursing and other departments to discuss issues related to medication usage.
- Reviews adverse drug reactions.
- Reviews medication administration error data. This data is tracked and trended for subsequent focus study.

Medication Error Reporting System

The Medication Error Reporting System is a non-punitive, system-based approach to error reduction supported by management, senior administration, and the Board of Directors. Practitioners are encouraged to detect and report errors. MERP teams analyze errors that have occurred within the organization and in other organizations for the purpose of redesigning systems to best support safe practitioner performance.

When a medication error or near miss occurs, a Quality Review Report (QRR) is completed. Information from this report is used to track and trend errors.

The National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) classification, indexing and severity ratings for medication error reporting may be used in assessing errors. The goal is to improve the recognition of trends and relationships between medication errors, adverse drug reactions (ADR) and adverse drug events (ADE). Continuous improvement is provided through monitoring of all types of medication errors by type, severity, location, and personnel.

Quality Management Plan

The plan encompasses planning, designing, measuring, assessing and improving the organization's systems and processes.

Risk Management Program

Goal

The goal of the Risk Management Program is to reduce, modify, eliminate, and control conditions and practices that may cause loss. The safety and well being of patients, personnel, and the public shall have the highest priority.

Integration of Quality Management and Risk Management

An effective and integrated Quality Management and Risk Management Program that integrates and coordinates all quality improvement, patient safety and risk reduction activities to focus on the identification and correction of problems to the degree of adverse impact on patient care is essential.

Incident Reporting System

The Medical Staff of Mayers Memorial Hospital's internal Risk Management Program will include the following:

- An incident-reporting system, which is based upon the duty of all health care providers, employees, and medical staff members to report adverse incidents.
- The investigation and analysis of the frequency and cause of specific types of adverse incidents causing injury to patients.
- The development of appropriate measures to minimize the risks of injuries and adverse incidents to patients.

Unusual Event Policy

The purpose of the Unusual Event Policy is to:

- Ensure compliance with the mandated reporting requirements of Health and Safety Code 1339.63, which require reporting of any death or serious disability associated with a medication error.
- Support the improvement of patient safety and quality improvement initiatives, including those involving medication safety.

- Describe the process for disclosure of an adverse medication related event to the patient or the patient's representative.
- Assign responsibility for reporting to CDPH.
- Describe the process for conducting an investigation into the cause of the event, using root cause analysis, intensified review or other approved investigative process.

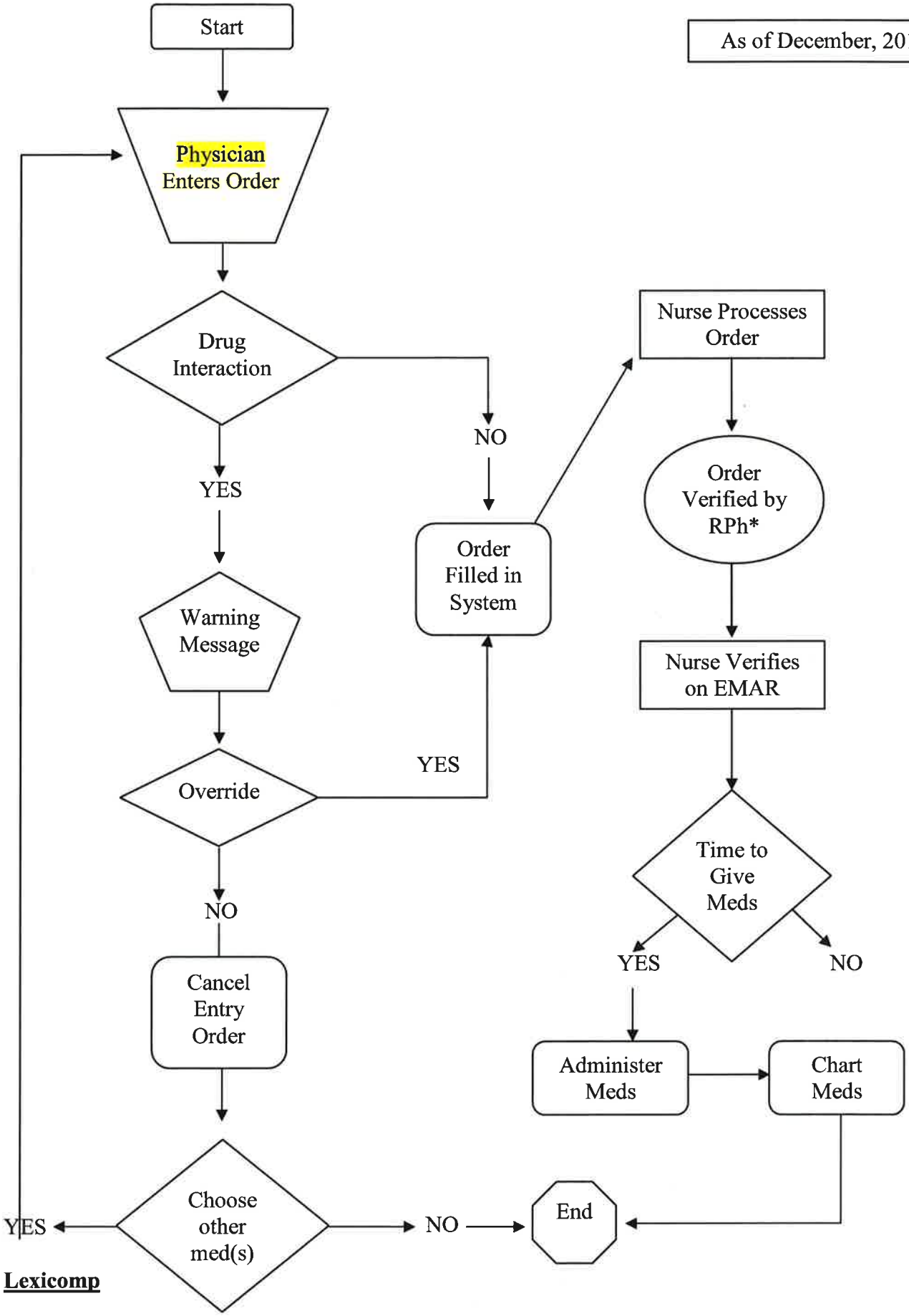
Medical Device Safety Act and Program

Mayers Memorial Hospital District has an Environment Patient Safety Committee that ensures that the hospital's environment is safe and that equipment operates safely, accurately, and reliably.

Biomedical inspects all new medical equipment entering the hospital for both electrical safety and functional operation before the equipment is placed into service. All medical equipment that is essential, directly or indirectly, for life support or is associated with higher than normal risk incidents during routine operation or requires, by reason of its complexity, a more intensive maintenance schedule is entered into the medical equipment database for preventive maintenance scheduling. All medical equipment requiring corrective maintenance is repaired and the service performed is documented.

All non-hospital owned equipment (rentals, doctor-owned, demonstration, leased, consignment, and patient-owned) is inspected for electrical safety and function prior to its initial use. Outside vendors must comply with all hospital equipment management policies and procedures. The Engineering Department shall ensure compliance.

All medical equipment related incidents are reported and processed in accordance with hospital policy and the Safe Medical Device Act of 1990. All medical devices recalls and hazard alerts are reviewed and if it is determined that corrective action is required, appropriate steps to ensure patient and staff safety will be taken.


Start
As of December, 2012
Physician Enters Order
Drug Interaction
NO
YES
Nurse Processes Order
Order Verified by RPh*
Order Filled in System
Warning Message
Nurse Verifies on EMAR
Override
YES
Time to Give Meds
NO
YES
NO
Cancel Entry Order
Administer Meds
Chart Meds
Choose other med(s)
YES
NO
End
Lexicomp

Lexicomp is the leading provider of clinical decision-support tools designed to address the information needs of healthcare facilities and their professional staff. From the basics of drug identification to the impact of alternative medicine therapies, Lexicomp drug information is authoritative, accurate, and updated regularly. The information available on Lexicomp undergoes extensive review by an international editorial board of practicing professionals to ensure it is relevant, up-to-date, and reflects the most current clinical practices and research.

Drug Information

The drug information databases contain:

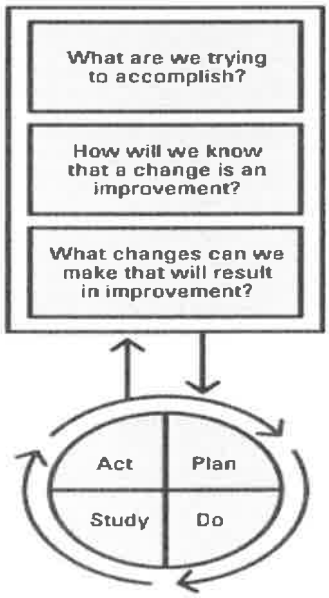
- Domestic and international data on drug ingredients, identification, dosing, cautions and effects.
- Information regarding pharmacokinetics, clinical applications, comparative efficacy, and place in therapy.
- Special emphasis on drug interactions and minimizing adverse drug events.

Patient Education

Easy-to-understand customizable documents, available in both English and Spanish, written for a sixth-grade reading level covering all aspects of medication usage.

Aim - PDSA

The goal of performance improvement programs is to measure, assess, and improve processes that relate to the outcomes of patient care. Performance improvement efforts are multidisciplinary or cross organizational in nature and may affect outcomes such as clinical status, satisfaction of patients or other customers, safety or risk reduction, cost containment, etc. The Quality Improvement/Patient Safety Program has selected Plan, Do, Change and Act as the model for improving performance.



Medication Safety Program

Abbreviations

A defined list of abbreviations, which are authorized for use in the Medical Record, is maintained by the facility.

Adverse Drug Reactions

Adverse consequences to medication therapy can result in morbidity, mortality and increased cost of care. Some adverse events due to medications are predictable and sometimes preventable. It is the goal of the Quality Improvement Patient Safety Plan to identify, analyze, trend, and reduce the number of adverse events to medications that occur in this institution, thereby improving patient outcomes.

Clarifying Medication Orders

It is the responsibility of the prescriber to assure medication orders are written in a way that results in the safe and rational use of the drug. Occasional pharmacist intervention may be necessary to document the intent of the prescriber and/or assist with adjusting the proposed therapy to obtain the intended results.

Competency Assessment

Competency assessment activities are performed for each staff member. These assessments determine the individual's ability to achieve job expectations as stated in their job description. The employee must also perform their duties while considering the special needs and behavior of specific age groups with respect to clinical interventions. Practitioners are provided with ongoing education about the safe use of drugs and error prevention.

Drug Information

The Pharmacy Department serves as the central point for information regarding drugs, their safe administration, side effects, and storage requirements. The pharmacy maintains current materials sufficient to meet the reference needs of the hospital and State and Federal regulations.

Drug Storage Areas

The Pharmacy Department is responsible for assuring medications are properly stored and accounted for throughout the hospital. Proper storage and accountability are intended to assure the availability of medications for patients that are within the manufacturer's intended potency and safety standards.

Floor Stock

The Department of Pharmacy is responsible for maintaining medication stock supplies in patient care areas throughout the hospital, as well as certain ancillary departments. Unit-based floor stock is to provide a means of obtaining medications quickly for the immediate needs of a patient.

Food/Drug Interactions

Some food and drugs interact to alter the intended actions of medications or produce undesirable adverse effects. The impact of food/drug interactions may vary from "mild and annoying" to "life threatening" in nature. A goal of the MERP is to identify potential food/drug interactions, modify the patient's diet or

medication regimen, and when appropriate, to educate the patient about their diet and medication regimens before discharge from the hospital. This is a collaborative effort between Clinical Pharmacy, Physician, Clinical Dietician and Nursing.

Infection Control

Infection control practices are followed when storing, preparing and administering medications. This process is a collaborative effort with the Epidemiologist, Medical Staff, Nursing, and Infection Prevention Committee.

Medication Administration

For a medication regimen to be most effective, medications must be administered appropriately. Medications are administered pursuant to a physician's order; the right medication, at the appropriate dose, to the patient for whom they were ordered, by the route ordered, and at times appropriate to the dosage frequency. All medication administration is documented in the patient's medical record.

Patients are identified by using two separate identifiers. Medications are administered exactly as ordered by the physician. The nurse giving the medication is responsible to visualize that the medication has been taken.

Medication Security

All medication storage areas shall be either locked or otherwise secured in such a way to prevent access to medications by unauthorized persons or diversion of medications to unintended persons; and to assure that they will be available to the patient when needed. Only licensed pharmacists or pharmacy personnel under the direct supervision of a pharmacist will have access to the pharmacy.

Medication Stop Orders

In accordance with regulatory agencies and in the interest of the welfare of the patient, automatic stop orders are necessary for individual and selected classes of medications.

Metric System

A standard weight and measurement system is used throughout the hospital to provide consistency with dosing and measuring practices while enhancing patient safety.

Patient and Family Education

The goal of patient/family education is to improve patient outcomes by promoting recovery, quick return to function, healthy behavior, and to involve patients in their care. Teaching the patient and/or their family members or caregivers about the medications being prescribed, while hospitalized and at discharge, is a multidisciplinary process. Medication teaching is intended to improve compliance with prescribed therapy, reduce adverse effects of medications, and assess the understanding of the prescribed therapy.

Physical Environment

Medications are prescribed, transcribed, prepared, dispensed, and administered in a physical environment that allows practitioners to remain focused on medication use without distractions.

Unit Dose System

A unit dose system is provided where appropriate and available.

Product Labeling

Labeling of medications is standardized according to MMHD policy, applicable to law and regulations and standards of practice. Unit Dose medications will include name, strength, lot number and expiration date. Compounded sterile products will include patient name, date of manufacture, name and amount of additive, and beyond use date.

Verbal/Telephone Orders

At times, it may not be possible for the physician to physically write or enter a medication order for a patient when it is needed. The verbal order process allows medication therapy to begin through a mechanism meant to give the physician a method of caring for the patient, although they may not be physically present. Healthcare practitioners utilize Verbal Order Read Back when confirming orders. All verbal orders for medications are to be authenticated by the prescribing physician.

Clinical Pharmacy Program

Centralized Intravenous Admixture Service

The Department of Pharmacy is responsible for the preparation of intravenous admixtures intended for patient administration. The provision of this service is according to all standards relating to aseptic technique and is under the direct supervision of a pharmacist at all times. The preparation of sterile intravenous admixtures requires a comprehensive knowledge of aseptic technique, including attention to detail and uniformity of technique. Procedures for the safe handling and distribution of chemotherapeutic agents are necessary to assure the safety of the patient, as well as the health care worker. It is imperative that all personnel involved in the use of these agents understand the danger of these products and the policy and procedures required in their handling. Commercially prepared, premixed IV solutions in standard concentrations are utilized whenever available. All other IV admixtures are prepared in the pharmacy and distributed in individual patient specific doses, except in emergent situations.

Clinical Guidelines

The Clinical Pharmacy will develop medication utilization guidelines to provide for consistent intervention, maximization of drug therapy, improved outcomes, and efficient use of resources. The Medical Staff will approve all clinical guidelines that involve dosing of medications to patients.

Clinical Pharmacy Dose Monitoring System

To utilize the clinical pharmacy services in a consultative capacity, the medical staff member shall indicate such intent by using the Pharmacy to dose/monitor order either verbally or in writing. A clinical pharmacist shall act as a consultant under Medical Staff approved guidelines on the physician's behalf for the specific therapy indicted and make adjustments to the dosage, dosage interval, and/or order laboratory tests as deemed appropriate to ensure optimum therapy and patient safety. A clinical pharmacist shall

make entries into the Physician Progress Notes of each monitored patient's chart in such a fashion that all physicians and other care providers associated with the case will be clearly aware of the therapeutic goals and the dosing or monitoring currently being utilized to attain them. Open communication will be maintained at all times with the physicians and nurses associated with the case.

Clinical Pharmacy Operations

Pharmacists operate under the Interdisciplinary Plan of Care and a set of Clinical Guidelines approved by the Medical Staff.

Drug/Drug Interactions

McKesson's Paragon System includes an automated software program for drug/drug interactions. This system monitors both inpatient and outpatient drug therapy. The system provides information/warnings on all potential drug/drug interactions and severity levels.

Drug Product Defects

Drug product defects must be identified and reported by the Pharmacy Department to the appropriate regulatory agency such as U.S.P., F.D.A., and/or N.R.C. These defects must be identified to eliminate the potential for compromising patient safety.

Drug Recalls

The Pharmacy Department has designed a mechanism to ensure the retrieval and safe disposition of recalled medications.

Dual Check

Medications undergo a series of double-check mechanisms before administration to the patient. These orders are also checked by the RN caring for the patient. Non-emergent medications are checked by a pharmacist prior to dispensing, and these medications are checked by the RN prior to administration.

Expired Medication and Other Unusable Medications

Expired medications and other unusable medications are stored in a manner that prevents their use and distribution and ensures that they are disposed of safely.

Medical and Hospital Committees

Pharmacists will serve as members and consultants on interdepartmental and Medical Staff committees where appropriate.

Pharmacist Participation

Participation on a regular basis ensures the availability of pharmaceutical decision support in patient therapeutic assessments, the goal being to make relevant patient information available at the point of patient care.

Elements of Medication Management
Appendix 1

Prescribing

- Physician's Orders P&P
- "Thou Shall Not Use List"
- Approved abbreviations list
- "Write out Morphine"
- Reporting critical & non-critical test results

Prescription Order Communications

- Physicians Orders-Verbal and/or Telephone P&P
- SBAR communication program

Product Labeling

- ISMP Recommended Tall Man Leters
- Use of Multidose Vials P&P
- Unit dose packaging P&P
- Performance Improvement-saline flushes
- PharmTrak-Patient Risk Warning Label
- Concentration changed label
- Surgery/Anesthesia syringe/basin labels
- Medication Added Label
- Hand written label
- PCA label (PharMEDium)

Packaging and Nomenclature

- Look-Alike or Sound-Alike Medications/ Confused Drug Names P&P
- Vitamin K Performance Improvement
- Epidural Label (PharMEDium)

Compounding

- Sterile Admixture End Product Testing P&P
- Sterile Admixture Performed by Nursing Staff P&P
- Sterile Compounding License
- Admixture Guidelines and Expiration Dates
- Admixture Guidelines and Expiration Dates for Antibiotics
- Compounding Self Assessment
- Premixed Magnesium-Performance Improvement

Dispensing

- Patient Controlled Analgesia (PCA) P&P
- Use of Oral Syringes P&P
- Look-Alike or Sound-Alike Medications and Confused Drug Names P&P
- Potassium Pre-mixed IV solutions list
- Potassium Parenteral P&P
- Heparin Pump Warning
- Admixture Guidelines

Distribution

- Floor Stock Lists
- Pyxis Stock List

Administration

- High Alert Medications P&P and Flowsheet
- Medication Administration Times
- Sample Medication Worksheet
- Epidural tubing with stripe
- PCA Flow Sheet
- Medications Flow Sheet
- Continuous Narcotic Drip Record

Education

- Med-Surge (Acute Care) Orientation
- Medication Reconciliation
- Medication Error Non-Punitive Environment Survey

Monitoring

- Unusual Events P&P
- Adverse Drug Reaction P&P
- Adverse Drug Reaction Report

Use

- Unusual Events
- Opiod Tolerant-Fentanyl Patches
- Handbook on injectable drugs
- Demerol® Use
- Promethazine Action Plan
- Promethazine Performance Improvement
- Formulary Policy-Droperidol

ATTACHMENT E

TRI-DELTA RESOURCES, CORP.
DISASTER RECOVERY SERVICES AGREEMENT

This Agreement (***"Agreement"***) is between Tri-Delta Resources, Corp., a corporation incorporated under the laws of the State of New York, with principal offices located at 15 North Street, Canandaigua, NY 14424 (hereinafter ***"TDR"***), and Mayers Memorial Hospital District, located at 43563 Highway 299 East, Fall River Mills , CA 96028 (the ***"Customer"***).

The purpose of this Agreement is for TDR to provide services, software and computer hardware to allow the Customer to continue computer operations in the event of a ***"Disaster"*** at the Customer's site. As used herein, a Disaster is defined as any event, natural or otherwise, which suddenly causes the Customer to not be able to use a site or a computer for normal processing.

NOW, THEREFORE, in consideration of the premises, the terms and conditions set forth herein, the mutual benefits to be gained by the performance thereof and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

1. **Recovery Services, Support and Equipment.** The ***"Recovery Services,"*** including support and equipment, to be provided are as set forth in Schedule A annexed hereto, the terms and conditions of which are incorporated herein by reference.

2. **Software.** It is the Customer's responsibility to ensure that, in the event of a Disaster, it has proper data backups and functional media. Further, it is the Customer's responsibility to provide all of the software required to run its system and to obtain proper licensing and software keys (if any) to run its software, where applicable.

3. **Term of Agreement.** This Agreement (including Schedule A) shall commence on the Effective Date stated in Schedule A and shall remain in effect for the Term stated in Schedule A. At the end of the Term, this Agreement will automatically renew on a month-to-month basis unless agreed otherwise in writing by both parties at least thirty (30) days prior to the end of the Term.

4. **Termination.**

A. Termination by the Customer. The Customer may, upon thirty (30) days written notice with no penalty, cancel this Agreement at any time for any reason. In addition, in the initial year of this Agreement, TDR will perform a test with the assistance of the Customer of TDR's ability to restore the Customer's environment. If the Customer indicates in writing within thirty (30) days of the commencement of such test that it is dissatisfied with TDR's capabilities, for any reason, then the Customer shall have to right to cancel this Agreement and TDR shall refund all monies paid to TDR by the Customer.

B. Termination by TDR. TDR may terminate this Agreement upon thirty

(30) days written notice if the Customer fails to pay any amount when due, unless such failure is remedied within said thirty-day period. Additionally, TDR may cancel this Agreement at any time upon ninety (90) days written notice.

5. **Confidentiality; HIPAA.** TDR shall take all reasonable measures to protect the confidentiality of and to avoid disclosure and unauthorized use of any confidential information. However, the Customer understands that confidential information will be transmitted to and from the TDR data center either over the Internet or by delivery companies (UPS, Federal Express, etc.) and consents to such transmission of confidential information. The Customer agrees that TDR shall not be liable to the Customer or to any person or entity if confidential information is lost or disclosed during or as a result of being transmitted over the Internet or by delivery companies. The Customer shall defend, indemnify and hold harmless TDR from and against any and all claims, losses, damages, suits, fees, judgments, costs and expenses (including reasonable legal fees) arising out of or in connection with any disclosure or loss of the confidential information that is not the result of TDR's gross negligence.

6. **Audits**. At any time except when the Recovery Services are in use during a Disaster or a confidential test, the Customer may, at its expense and upon reasonable notice to TDR, audit the equipment to verify TDR's compliance with this Agreement.

7. **Customer's Cooperation.** It is understood by the Customer that successful and timely restorations of its systems is a collaborative process by both parties. Accordingly, in order to assist TDR in the performance of its obligations hereunder, the Customer shall provide technical assistance to TDR and/or access to its software vendors. Further, at least once each year, the Customer shall contact TDR to schedule a test. The Customer recognizes that TDR's ability to restore the Customer's systems may be negatively impacted unless regular tests are conducted at least once annually.

8. **Limitation of Liability.** TDR's obligations under this Agreement are in lieu of any and all warranties, express or implied. Except for TDR's gross negligence and/or intentional misconduct, TDR shall not be liable to any person or entity for incidental, special, indirect or consequential damages of any nature including, but not limited to, third party claims, loss of profits or income, loss of data, delay in use of data, loss of business opportunities, damage to reputation or increased overhead arising out of or in connection with this Agreement.

TDR's entire liability and the Customer's exclusive remedy for damages from any cause whatsoever, and regardless of the form of action, whether in contract or tort, including negligence, shall be limited to actual direct damages up to the amount that the Customer has paid TDR in the twelve (12) months immediately preceding the event giving rise to liability.

Any action against TDR must be brought within six (6) months after the date of the alleged act or omission giving rise to the claim, or within six (6) months after the date that the Customer discovered or should in the exercise of ordinary care have discovered the act or omission giving rise to the claim.

9. **Force Majeure**. Neither party shall be liable for, nor shall either party be

considered in breach of this Agreement due to, any failure to perform its obligations under this Agreement as a result of a cause beyond its control, including any natural calamity, act of God (including severe weather), war or act of a public enemy, act of any military, civil or regulatory authority, change in any law or regulation, disruption or outage of communications, power or other utility. If, due to a force majeure, TDR is unable to provide to the Customer a material part of the Recovery Services and such inability continues for a period of more than thirty (30) consecutive days, then the Monthly Fees for the Recovery Services for such period of non-service shall be waived.

10. **Notices.** Except as provided in Schedule A hereto for declaring a Disaster by telephone, all notices or other communications required or permitted hereunder shall be in writing.

11. **Entire Understanding; Waiver; Amendment**. This Agreement, including Schedule A hereto, contains the entire understanding of the parties hereto with respect to the subject matter hereof and supersedes all prior descriptive materials, proposals, discussions, understandings, arrangements, written and oral communications between the parties and agreements. There are no restrictions, representations, warranties, covenants, obligations or undertakings of the parties hereto except those expressly set forth herein. No waiver of any breach of any provision in this Agreement shall constitute a waiver of any subsequent breach of the same provision. No amendment or modification of this Agreement, and no waiver of any breach of this Agreement, shall be effective unless in writing and signed by a duly authorized representative of the party against whom enforcement is sought.

12. **Choice of Law; Jurisdiction; Venue.** This Agreement shall be governed by, and construed and enforced in accordance with, the laws of Maryland, without giving effect to the provisions, policies or principles thereof respecting conflict or choice of laws. Any legal or equitable action or proceeding with respect to or arising out of this Agreement may be filed only in New York or in the United States District Court for New York, and in no other court or state. The Customer expressly consents to the personal jurisdiction of the aforesaid courts and shall not seek to transfer venue therefrom.

13. **Facsimile Signatures.** This Agreement may be executed by facsimile signatures.

IN WITNESS WHEREOF, and intending to be legally bound, the parties hereto have duly executed this Agreement as of the Effective Date specified in Schedule A hereto.

Tri-Delta Resources, Corp.	Mayers Memorial Hospital District [Customer]
By: _____	By: _____
Title: _____	Title: _____
Date: _____	Date: _____

SCHEDULE A

DISASTER RECOVERY SERVICES PLAN FOR "MAYERS MEMORIAL HOSPITAL DISTRICT"

Overview.

Tri-Delta Resources, Corp. (***"TDR"***) provides disaster recovery and backup services (the ***"Recovery Services"***) for organizations located across the United States and in Canada. TDR's programs are specifically designed to assist organizations in increasing their business continuity capabilities. TDR's Disaster recovery facilities are located in Canandaigua, NY, in the Finger Lakes region of Upstate New York.

This plan is designed to provide Disaster Recovery Services for Mayers Memorial Hospital District (***"Customer"***) and its business critical systems.

Disaster Recovery Services.

To declare a Disaster, the Customer must call TDR's 24/7 service line at 1-800-724-4201 and state that the Customer is declaring a Disaster. The Customer will receive a call back within thirty (30) minutes to confirm that the Customer has declared a Disaster and that the person calling is authorized by the Customer to declare a Disaster.

The Disaster recovery declaration fee is Three Thousand Five Hundred and 00/100 Dollars ($3,500.00) and is applicable only in the event that the Customer declares a Disaster. This fee will be invoiced to the Customer at the time a Disaster is declared and is payable within thirty (30) days of invoice.

The Recovery Services and equipment to be provided by TDR in the event of a Disaster are as follows:

- Hardware and software engineers will be available 24/7 to assist with reloading the Customer's systems from tape.
- The Customer will be able to use the equipment at no charge for thirty (30) days after the Disaster has been declared. After the thirty-day period, the daily charge is Seven Hundred Fifty and 00/100 Dollars ($750.00).
- Desks, telephones and PC's with internet access will be available for ten (10) people in Canandaigua.
- Remote users will be able to access the equipment via the Internet through a VPN connection and/or a Citrix portal.

Disaster Recovery Tests.

Disaster recovery tests are encouraged and will provide the basis for increasing TDR's efficiencies in restoring the Customer's environment. It is anticipated that the Customer will test at least once per year. There is no charge for an annual test, which must be scheduled at least four (4) weeks in advance. TDR will make every effort to accommodate an annual test on shorter notice (at no additional cost), but its ability to do so is dependent upon facilities and staff availability at the time requested.

Annual tests include TDR's engineering support to load the Customer's systems and data on physical and virtual servers as well as to provide secure remote access to these systems and data.

Monthly Total:	$ 2,510 per month, including Veeam and Server implementation (see below)
Payment Terms:	Net 30 days, billed quarterly in advance
Effective Date:	Upon Customer signature
Term:	Thirty-six (36) months.

The Customer's Equipment to be protected by TDR:

TDR will provide replication based coverage for the Customer's systems which include approximately 40 file virtual server instances and 3.5 TB of data.

Narrative:

-TDR will supply a new Tier 1 server (Dell, HP, etc) with 10TB of disk storage (8TB after Raid-5)
-TDR will supply Veeam licenses for 40 virtual servers. Veeam will be used to backup all 40 serveers to the server above.
-TDR engineers will actively assist Mayers engineers in the installation of the Veeam product and the directing of backups to the Veeam server
-A VPN will be established between Customer site and the TDR data center and TDR engineers will enable the replication to data to the TDR site.
-TDR will provide a repository in its data center to receive the replicated images and the equipment necessary to support Mayers in the event of a test or an actual disaster.
-In the event of a disaster, it is estimated that within 24 hours after declaration, Mayers will be able to begin accessing their data

Monthly Charge:	$2,510, minimum 36 month term
Assumes:	Up to 40 servers protected, up to 3.5TB of data protected. This proposal does not include DR coverage for the PACS environment and does not provide for long term retention of data