



Mayers Memorial Hospital District

Chief Executive Officer

Matthew Rees, MBA

Board of Directors

Abe Hathaway, President
 Michael D. Kerns, Vice President
 Allen Albaugh, Treasurer
 Beatriz Vasquez, PhD, Secretary
 Art Whitney, Director

BOARD of DIRECTORS
MEETING AGENDA
 April 22, 2015 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 – Abe Hathaway, 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 – March 25, 2015; Special Meeting – April 3, 2015 (ATTACHMENT A)	ACTION ITEM
4	OPERATIONS ► Chief's Reports (CEO, CNO, CCO, COO,CCO) (ATTACHMENT B) WRITTEN REPORT PROVIDED – ADDITIONAL COMMENTS AS NEED VERBALLY	Information
5	BOARD COMMITTEES: 5.1 Finance Committee – Chair Allen Albaugh 5.1.1 Committee Meeting Report 5.1.2 March 2015 Financial review and acceptance of financials (<i>dispersed separately</i>) 5.1.3 Building/USDA Update (Alternative options as requested at 3/25/15 meeting)..... 5.1.4 Clinic Update..... 5.2 Strategic Planning Committee – Chair Abe Hathaway 5.2.1 Committee Meeting Report – (Hathaway)..... 5.2.2 Strategic Planning Retreat Report..... 5.3 Quality Committee – Chair Mike Kerns 5.3.1 Committee Meeting Report..... 5.3.2 Policies & Procedures (Attachment C)..... 1. Application for Medical Staff Reappointment 2. Reporting Concerns and/or Filing a Grievance Brochure	Information ACTION ITEM Information Information Information Information Information ACTION ITEM

6	<p>6.1 INFORMATION/REPORTS/BOARD EDUCATION/ANNOUNCEMENTS</p> <ul style="list-style-type: none"> ▶ Board Education – QHR Webinar 2nd Tuesdays 2015, 10 a.m. 	Information/ Discussion
7	<p>ANNOUNCEMENT OF CLOSED SESSION:</p> <p>7.1 Government Code Section 54962 Quality Assurance: Quality Improvement Issues, Medical Staff Report (Dr. AJ Weinhold, Chief of Staff), and to consider and approve Medical Staff Credentials:</p> <p style="text-align: center;">STAFF STATUS CHANGE</p> <p>Michael Figueroa, MD</p> <ul style="list-style-type: none"> • Failed to return the reappointment packet • Move to Inactive <p>Robert Fox, MD</p> <ul style="list-style-type: none"> • Failed to return the reappointment packet • Move to Inactive <p>James Freeman, MD</p> <ul style="list-style-type: none"> • Failed to return the reappointment packet • Move to Inactive <p>Martin Kernberg, MD</p> <ul style="list-style-type: none"> • Failed to return the reappointment packet • Move to Inactive <p>Andrew Knapp, DO</p> <ul style="list-style-type: none"> • Resigned • Move to Inactive <p>Okechukwa Nwangburuka, MD</p> <ul style="list-style-type: none"> • Lack of activity • Move to Inactive <p>Michael Owens, MD</p> <ul style="list-style-type: none"> • Relocated; lack of activity • Move to Inactive <p>Kevin Millet, CRNA</p> <ul style="list-style-type: none"> • Contract expired; lack of activity • Move to Inactive <p style="text-align: center;">AHP REAPPOINTMENT</p> <ol style="list-style-type: none"> 1. Tom Harmon, CRNA <p style="text-align: center;">MEDICAL STAFF REAPPOINTMENT</p> <ol style="list-style-type: none"> 1. Rebecca Dyson, MD- Radiology 2. Scott Bleazard, MD - Radiology <p>7.2 Government Code Section 54957: Personnel – Public Employee Performance Evaluation – Quarterly review CEO</p>	ACTION ITEM
8	RECONVENE OPEN SESSION: REPORT ACTIONS TAKEN DURING CLOSED SESSION	
9	ADJOURNMENT: Next Regular Meeting May27, 2015 – Fall River Mills	

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.

Date: March 25, 2015
Time: 1:00 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: Vice President Kerns called the regular meeting to order at 1:01 p.m. on the above date with the following present:

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

Board Members Absent: Abe Hathaway

Staff Present: Valerie Lakey, Board Clerk; Travis Lakey, CFO; Sherry Wilson, CNO; Keith Earnest, CCO, Louis Ward, COO;

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

Rod McArthur addressed the board regarding a letter that was in the Mountain Echo from local Fire Chiefs. He is concerned about the loss of experienced employees in the Emergency Department. He emphasized we need staff that knows the area and the people. He feels like it is personality conflicts. He concluded that the Fire Departments depend on MMHD Ambulance Service.

3. APPROVAL OF MINUTES – A motion/second (**Albaugh, Vasquez**), and carried, the Board of Directors accepted the minutes for the regular meeting – February 18, 2015 **Approved All – (Whitney Abstain)**

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:** In addition to written report. Rees attended state Senate budget hearing. Rees represented hospitals regarding the “claw-back” money.
- ▶ **Keith Earnest, CCO:** Had launch for PACS MVHC interface today – there are delays on the Paragon side. He said he is a little disappointed that we are behind schedule. When it is all functional, MVHC will be able to process orders from their site.

Earnest also noted that Managers are establishing relationships at other clinics for the referral process. The Respiratory Referral form has been re-done. It has helped. PT has more numbers than we have staff. There will be a pharmacy IT on site this month. Albaugh asked about after-hours pharmacy – it is going well and costing less. We are paying about 1/3 of what the other company was charging. The on-site supervisor has to have a California Pharmacy license. Whitney had a lot of questions regarding SNF prescriptions, plans, reimbursement; dollars being billed and dollars being collected. Earnest will get the information.

- ▶ **Sherry Wilson, CNO:** Current census is 75; 3 of them are at the rate of \$350/day and they will be here longer than the projected 10 days.

CNA class is in 2nd week; there are 13 students – all have expressed interest in being

employed with MMHD.

The Acute department is staying busy. April 16 - 17 is scheduled for hospital wide competencies which are mandatory. We will be doing this every 3 months.

We have had one state visit on outstanding reports; they exited with no problems (these were self-reported issues) The next survey could come in May. We have been doing chart checks. Currently we only have 2 patients that exceed psychotropics. One has a consult on the charts; we are working to get the other one complete. On the last survey we had 4. We have gone down in percentage and are still working to bring it down. When we bring in new admits, if they are already on meds, we re-evaluate for 7 days at beginning with patients off of the meds. We document what patient was on before admit.

There was discussion regarding Swing versus restorative skilled rates with Partnership. There is a patient now in Sherry's old office. We will be freeing up BJ's old office. We can have a census of 87. There are intakes that we are working on. Physician reviewed 15 and took 10 last week between swing and SNF. We have hired 4 new LVN's.

- ▶ **EMR – Louis Ward, Chief Operating Officer:** Highlights – working on Acute Rooms; donated by staff. ADA toilets in the rooms. Have completed 3 of the rooms.

A lot has happened with IT; stage 3 has been announced. Ward has been reviewing the criteria. Albaugh asked what the extra costs will be – Ward said there will be less capital cost. The largest cost will be HIE. There are some grants that have already been awarded in that area. There is also legislation in Congress about reducing requirements this year. Only 4% physicians and 35% of hospitals have met criteria in first. They are considering making the requirements 90 day instead of 365 day attestation. Meaningful Use Stage 3 will be 365 days.

Ward reviewed other items on his report. There were some questions about LEAN training.

Albaugh had concerns about organization and cleanliness of new storage building. Need a new process of how to organize building.

Vasquez asked about the PG&E program. Ward is doing additional research to see how we can benefit most.

- ▶ **Caleb Johnson, Chief Compliance Officer: Absent (Jury Duty)**

5. Hospice Report – Mary Ranquist, Manager was present for the quarterly Hospice report. From 12/1/14 to 2/1/15 there was an average of 4 to 6 patients; 15 admitted to services 239 patient days. Currently there are 4 patients. We may be exempt from the CMS survey – a 47 question survey sent out. (Because we serve less than 50 patients.) Ranquist noted that this will save time and money. The department will continue to send their own satisfaction survey. They are up to a 50% return rate (previously 30 %.) The goal is to revamp the survey. Ranquist is working with T. Lakey on break even census. The department hired Linda Brotherton as a Hospice RN. They are now fully staffed and have now eliminated overtime.

Health Fair is coming up and Hospice will be there focusing on Advance Directives. Bereavement class will start in May. They have also been working on reminding Physicians of Hospice services.

6. BOARD COMMITTEES:

5.1 Finance Committee – Chair Allen Albaugh

6.1.1 Committee Meeting – The committee met today. Albaugh noted that untimely billing was a big concern. Last 6 months amounted to \$800,000. He noted that managers need to review what has been billed and what has been collected.

6.1.2 February 2015 Financials – *Approved All (Whitney, Vasquez)*

6.1.3 Expenditure Reduction Plan – An expenditure reduction plan was presented. Albaugh said he would prefer to see it sooner than day of meeting and would like more detail as to how it is going to flow into cash flow; to show some indication of what it will look like 6 months from now. Rees said items were addressed based on historical data and will be updated every month. Albaugh wants to see it projected out for 6 months at a time.

6.1.4 USDA Update – Rees reported that we have been working with USDA. There are options with New Market Tax Credits and other grants. We still have the option of Design-Build. There was a representative from Anova present to go over questions. He said Anova is waiting on the decision for the Fire water tank before we can move forward for OSHPD permit approval on project as designed currently. “Shelling” the second floor won’t save much money.

It was asked if we take out the Acute floor what would we save? Changing to single story – would be a redesign. It was noted that May 1, 2015 is the deadline to be permitted. (We later found out that was a self-imposed deadline and it has been extended) As for the seismic wall; it is OSHPD approved and a permit could be pulled – but Imaging and ER would still be in a non-compliant space. Albaugh asked what could be built for \$20 million. It was noted that we would be starting over. The Design-Build is the most advantageous- but could be 2 years out to permit. There would be \$250,000 in fees for bridging documents. Rees said there are other financing options. If we prove to OSHPD we are actively working toward goal – it will help. Kerns wants a decision by **April 22 meeting**. ANOVA will provide information by April 22. We will continue to work on Design-Build (AB1290) legislation.

6.1.5 MMHD Support Letter for AB1290 (Kerns/Whitney) Approved All

6.1.6 Clinic Update – Resolution 2015-1 (**Vasquez/Kerns) Ayes – 4 (Kerns, Whitney, Albaugh, Vasquez) Nays – 0** Budgets were presented. Albaugh had a lot of questions regarding break even points. One surgery resulting from Fall River Clinic will cover loss.

6.1.7 AP Solutions – Commerce Bank gave a presentation at Finance regarding Accounts Payable credit card program. There was no action taken.

6.2 Strategic Planning Committee – Vice Chair Kerns

6.2.1 Committee meeting – Kerns gave a report on the committee meeting. Caring Wheels has been on hold. Val Lakey and Margaret Truan are meeting to get the

project rolling again.

Ward reported on the AHA Washington DC trip. Ward and Johnson were able to meet with Congressman LaMalfa; the congressman is willing to help us with projects. They also met with Congresswoman Pelosi’s office and they are willing to help. The trip was paid for by AHA.

6.2.2 Strategic Planning Retreat – The retreat is scheduled for April 2 – 3 at the Heritage Building at the Inter-Mountain Fairgrounds in McArthur. Vasquez will attend the ACHD Annual Meeting May 6-8

6.3 Quality Committee – Chair Mike Kerns

5.3.1 Committee Meeting Report – Kerns reported on the Quality meeting and noted there were reports from various departments.

7. NEW BUSINESS

7.1 Approval of Oversight Committee Annual Report – (Albaugh, Whitney) Approved All

7.2 Approval of Capital Expenditure Plan – Marlene McArthur presented the Capital Expenditure Plan. This is a CAH regulation. The plan should link with strategic plan. The Foundation uses the list for grant writing. **(Albaugh/Whitney) Approved All**

7.3 LAFCO Update – Marlene McArthur was present to give an update on LAFCO. The district expansion will have to go to the board again for approval and will have to be approved by each county. There is zero dollar tax exchange with counties LAFCO will be present at April or May board meeting (look back to Jan 2012)

8. INFORMATION/BOARD EDUCATION/ANNOUNCEMENTS

- ▶ Board Education – QHR Webinar 2nd Tuesday each month, 10 a.m. PST

9. ANNOUNCEMENT OF CLOSED SESSION: 3:13 PM

10. RECONVENE OPEN SESSION – ANNOUNCE ACTION TAKEN IN CLOSED SESSION

11. ADJOURNMENT: There being no further business, at the hour of 3:40 p.m., Vice President Kerns declared the meeting adjourned. Next meeting April 22, 2015 – Fall River Mills

Date: April 3, 2015

Time: 8:30 A.M.

Location: Heritage Room, 44218 A. St., Inter-Mountain Fairgrounds
McArthur, California

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

1. CALL MEETING TO ORDER: Secretary Beatriz Vasquez, PhD called the special meeting to order at 8:50 am. on the above date and location with the following present:

Beatriz Vasquez, PhD, Secretary
Allen Albaugh, Treasurer
Art Whitney, Trustee

Board Members Absent: Mike Kerns, Vice President. Abe Hathaway, President (joined meeting at 10:00 am)

Staff Present: Matt Rees, CEO; Keith Earnest, CCO; Sherry Wilson, CNO; Valerie Lakey, Board Clerk; Travis Lakey, CFO; Louis Ward, COO; Caleb Johnson, CCO; Theresa Overton, Acute Care Manager; Julie Thompson, Personnel Manager

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

No public comments.

3. STRATEGIC PLANNING RETREAT SESSION:

A recap of the management planning session that held earlier on April 2, 2015 was provided by Rees and the Operations Team. Included were accomplishments from FY2014 and an overview of the Strategic Plan direction. Top achievements were highlighted by the team. Department managers will be finalizing goals by the end of April; Strategic Plan will be finalized by the end of May and presented to the board for approval at the June 2015 regular meeting.

Strategic Planning Discussion and concerns were addressed by the board and Operations Team. Topics including Finance, Facility, Physicians, Clinic and Mountain Valleys relationship were discussed and prioritized.

4. ADJOURNMENT: There being no further business, at the hour of 2:07 p.m., President Albaugh declared the meeting adjourned.



Mayers Memorial Hospital

Operations Report March 2015

Statistics	March YTD FY15 <i>(current)</i>	March YTD FY14 <i>(prior)</i>	March Budget YTD FY15
Surgeries <i>(including C-sections)</i>	85	43	86
➤ Inpatient	28	18	14
➤ Outpatient	57	25	72
Procedures <i>(surgery suite)</i>	151	26	117
Inpatient <i>(Acute/OB/Swing) Days</i>	1607	1262	1467
Emergency Room	2972	2648	2660
Skilled Nursing Days	20001	19639	19638
OP Visits <i>(OP/Lab/X-ray)</i>	11493	11305	12229
Hospice Patient Days	947	2055	902
PT	9654	7310	7614
Ambulance Runs	291	305	306

Operations District-Wide

Prepared by: **Matthew Rees, Chief Executive Officer**

Administration/CEO activities during the past month:

At the end of March I attended the RPB9 meeting in Marina Del Ray. The following items were discussed at the meeting:

- Integrated health care leadership
- Improving community behavioral health
- Reforming the health care delivery system
- Maintaining a health care presence: maintaining critical access hospital viability (Ability to contract and USDA loan) and inner city hospitals with high Medi-Cal usage

I also attended the Strategic Planning Retreat. There was great cooperation between department management, employees and board members.

Chaired Northern Sierra Section CEO meeting/Hospital Council board meeting:

- Updates on legislation concerning 5150s, ambulance arrival times, Medi-cal reimbursement for ambulance services

I attended legislative days. I met with representatives and had a productive conversation with Assemblyman Dahle's staff about AB1290, and also testified at a hearing regarding Assembly Bill 366 about claw-back. I met with OSHPD about current and future projects and also met with Cal Mortgage about funding our project.

We will be meeting with Partnership Health to strengthen relationships and improve payments.

Chief Clinical Officer Report
Prepared by Keith Earnest, Pharm.D.--Chief Clinical Officer

Respiratory Therapy

- We welcomed aboard Curtis Echevarria, Respiratory Therapist, to Team Mayers.
- Adam Dendauw, Respiratory Manager, has negotiated the reading fee down to \$25 for industrial screening PFT's.
- The new ventilator was used during a recent code and transport was performed with it. Having this device will make it easier to maintain and transport critical patients.

Physical Therapy

- As of 4/9/15, 31 patients were waiting to be evaluated by physical therapy and of those, 21 are on the schedule for an evaluation. Felicity Neel has joined the department as an assistant and is helping the work flow and reducing overtime of our therapists.
- Jolene Platko, PT manager, is researching *Direct Access* for physical therapy. Direct access allows patients to refer themselves for physical therapy and many insurances pay for physical therapy based on the PT evaluation.

Cardiac Rehab/Telemedicine

- Trudi Burns, RN, manager is arranging neuro-psych consults for skilled patients that exceed the dosage thresholds for psychotropic medications.
- She will be meeting with the Sierra Consortium for Tele-medicine as we plan for the future of the program.
- Initial plans are underway to incorporate tele-medicine into the specialty clinic.

Laboratory

- Phlebotomist are preparing for the Health Fair scheduled for April 18th. Mayers employees can have their labs drawn after the Health Fair this year.
- We are looking for an additional CLS as the current registry CLS is nearing the end of his term.
- The consent for non-routine release of information has been revised and the laboratory staff has been trained on the scenarios that require the additional consent.
- A team has been assembled to get the Paragon auto fax functionality working.

Pharmacy

- A Paragon pharmacy IT will be on site the week of April 27th. We have started preliminary discussions already to make her time on site as productive as possible.
- Testing 340B transmissions has been successful with the prescriber data base and the bugs in the patient encounter data set should be worked out by April 10th. A "go live" date will be set shortly thereafter.
- Pre-printed paper for CII prescriptions via e-prescribe is in the proofing stage. The printer for this process has been selected. E-prescribe is working with just a few glitches and it is hoped to be fully implemented by April 30th.

Imaging

- The process to integrate PACS with Mountain Valleys' system was delayed due to a contract disagreement with McKesson. Louis Ward has resolved the dispute and is scheduling a launch call.
- Stephanie Baker, one of our sonographers, has accepted a position in Medford. We will be partnering with Modoc Medical Center to find a replacement.

Hospice

- The *Medieval Knights* Hospice Dinner was a success. Dinner tickets and raffle tickets sold out. A big thanks to the organizing team, Gail Leonard, Erla Reed, and Sherry Rodriguez, and all the staff and volunteers who helped.
- Gail Leonard, Hospice Social Worker, is filling in for BJ Macey's role with swing patients while she is out on medical.

Critical Access Hospital

Prepared by: Sherry Wilson CNO/Acute

Performance Improvement

- The Quality department is currently undergoing some growing pains. We have signed up with CalNoc, Collaborative Alliance for Nursing Outcomes, and CHPSO – California Hospital Patient Safety Organization to ensure quality reporting and initiate the steps to improve the patient experience. I have received a quote from Healthstream so that we can institute HCAHPS –Hospital Consumer Assessment of Healthcare Providers and Systems Star Ratings, and have forwarded this to Matt for further evaluation. This vendor will be providing and obtaining the surveys to our patients and provide MMH with the data and our star rating among other facilities in state.
- Also, I am working on getting MMHD onto the Hospital Compare site which is a huge part of consumer research for hospitals, and is part of the CMS resources and data that will be used in the quality based care and reimbursement from CMS by 2017. It is my hope to attend the Quality training seminar in May to better understand how best to build the quality/ risk / performance improvement program at MMHD, so please bare with me as this is a new area of nursing, but very interesting and I look forward to learning all that I can to assist our facility in providing the best practices and outcomes.

Outpatient Medical

- The Outpatient Department is looking forward to Mayers Memorial Health Fair. We have invited the local KCI representative Lorenzo Jackson to join us at the Mayers Outpatient table. He will bring new advances in Wound VAC therapy such as the "VAC Vera-Flow" which instills antibiotics or other wound cleansing agents directly into the wound bed and "vacuums" it out via negative pressure wound therapy...aka "wound VAC". This is an advance in wound care we are anxious to share with the community and local physicians.
- We are pro-actively preparing for ICD-10 diagnosis coding changes coming in October. The educational webinar "ICD10-wound care; coding, billing, and getting paid" was well attended by

Outpatient Management, HIM Coding, Station 3 Admissions, and several staff from the Billing Department. We are making plans to be prepared, anticipating some of the changes this new system will bring.

- Attempts to set up the area that was to be used as the Wound Care Clinic in Burney have been delayed due to a viral outbreak at the Annex. But, within the week, we hope to continue with the plans to establish Dr. Zittel's monthly wound care clinic in Burney.

Infection Control

- *IC continues to work on gathering material for the Antimicrobial Stewardship Program, implementation date July 1st.*
- *IC department will be participating in the Health Fair, April 18th.*
- *IC with HR completing data to submit to NHSN regarding employee Influenza vaccination compliance.*
- *IC will be participating the quarterly skills lab.*

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**Skilled Nursing Facility – Burney & FRM**  
*Submitted By: Sherry Wilson, RN, CNO*

- Census is at

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Operations Report
Prepared by: Louis Ward, MHA, Chief Operating Officer

Facilities:

- **Burney and Fall River Clinic – 1206(b)**
 - Worked with Margaret Truan, Grant Coordinator to establish a budget for Partnership Health grant.
 - Grant was submitted Jan 31, 2015 to Partnership Health.
 - Grant has been awarded, awaiting funds
 - Renovations have started in the **Fall River Clinic**.
 - Lobby texturing, paint and flooring will be done 4/17
 - Exam rooms, hallways completed 4/24
 - Exam tables installed the week of the 27th
 - Exterior paint week of the 4th
 - Opening May 1
 - **Burney Clinic**
 - Met with Hat Creek Construction and Don Garloff (draftsman) to determine drawings to allow for a bid process if need be.
 - Planning for an ADA and Department of Transportation (DOT) compliant bathroom.
 - Expected opening date of August 1, 2015

Information Technology:

- **Electronic Submittal of Prescriptions**
 - Software allowing Physicians to electronically submit prescriptions to receiving pharmacies has been installed.
 - Currently testing the functionality.
 - Moving to meet the requirements of the 340B Drug Pricing Program
 - <http://www.hrsa.gov/opa/>
 - Worked with McKesson to develop templates for Class 2 Drugs requiring a tangible written prescription.
- **Connecting to State Immunization and Reportable Lab Registries.**
 - Worked with a McKesson resource an I.T here to develop a automated process to send immunization and reportable lab data to state registries automatically upon submittal.
 - Currently are operating in the State Registry's TEST system and plan to be moved to their full production site by April 1, 2015
- **Health Information Exchange**
 - Attended the joint meeting between the North State Health Connect and Sac Valley Med Share to view a demo of the ICA HIE portal on 04/08/15
 - The product was generally accepted by the group and at initial glance does look to provide a great deal of value to our facility in the future.
 - The participating hospitals and clinics will publish patient information to a secure portal that will be viewable to other participating hospitals and clinics if they have a shared patient relationship.
 - Our Critical Access status will greatly reduce the cost of development and ongoing utilization and submission.

Dietary:

- **Working with Margaret Truan on a new Grant opportunity to assist in healthier lifestyle choices for employees**
 - Grant funds up to \$50,000
 - We are looking to provide a employee dining area that will attract employees to get up from their work environments for a brief moment while choosing from healthy food choices, improving their awareness to healthy eating and exercise choices in a friendly and comfortable environment.
 - We intend to purchase:
 - New seating
 - New food display cases
 - Employee communication boards
 - New salad bar
 - New furniture to house cutlery and other dining related material
 - New paint & framed art/photographs
 - Awaiting information from the funder on how to move forward.
- **Healthy Lunch options for employees**
 - Beginning discussions to provided quick and healthy meal options to employees such as a wider variety of salad and sandwich options, healthy snacks, and low sugar beverage alternatives.

Purchasing:

- Working with new company to send all outdated supplies to a 3rd world country free of charge to the hospital.
- Developing a plan to tackle inventory issues that have been found in the Emergency Department
 - We would like to assist in a large scale inventory overhaul in the ER. This project will take the full cooperation and collaboration from the ER Management,.

Environmental Services:

- Implemented a new patient centered process using a bi-fold card stating the room was proudly cleaned by a member of the environmental staff prior to the patient's admission.
 - The card also provides the Chief Operating Officer's contact information if they would like to share any concerns or positive comments about the cleanliness of their rooms, as well as the hospital.
- EVS Manager will provide in-service to all EVS staff to ensure a standardized as well as thorough cleaning of all patient rooms,

Compliance Report

Prepared By: Caleb Johnson, Chief Compliance Officer

Revenue Cycle

- Revenue Cycle Health Report. Attached. Noteworthy:
 1. Average Daily Revenue for March reached above \$100,000 once again, for the third time in the last four months. This sustained above average revenue trend resulted in continued above average collections, with March payments climbing above \$1,800,000 for the second month in a row. As March's Total Charges were the highest this fiscal year, we can expect collections to remain strong into April and/or May.
 2. The overall health of our AR continues to improve, as evidenced by a drop in our Gross AR Days (from 57.37 to 56.54), a drop in Total AR (from \$5.685M to \$5.619M), and an improvement in our Total Credit Balance (from \$554K to \$412K). These improvements coincided with a drop in Untimely Adjustments from previous months, as we are coming across fewer accounts that clearly qualify for that write-off.
 3. Percent Over 120 Days stalled in March, growing one percentage point to 23.8%. The remaining four percentage points to reach our goal will likely be captured in adjudicating old commercial accounts; however, this may take several months, as our commercial biller will be out on leave for half of April and half of May.

Other

- OB Outmigration. Attached is a summary report of Mayers' market share of births in our Primary Service Area market and our Extended Service Area market. If we were to focus only on those babies who ultimately reside within our Primary Service Area, Mayers is host to about 56% of their births; in turn, if we were to focus on our Extended Service Area, that percentage drops to about 50%. To better understand which communities are having their babies born elsewhere; page 2 breaks down what towns the babies that are born at Mercy Medical Center (our primary competitor) call home. From that data we can see that the largest share (about 45%) of outmigration mothers reside in Burney.

	Current	Prior	Benchmark
Total Charges	3,247,684.46	2,596,320.46	2,700,000.00
Total Payments	1,808,809.79	1,840,001.54	1,500,000.00
Total Adjustments	1,506,670.12	1,599,550.53	1,200,000.00
Average Daily Revenue	104,764.01	92,725.73	87,096.77
Average Daily Payments	58,348.70	65,714.34	48,387.10
Average Daily Adjustments	48,602.26	57,126.80	38,709.68

Total AR	5,619,068.36	5,685,972.08	5,412,442.40
Total Credit Balance	(412,383.89)	(554,935.29)	(54,124.42)
Total Bad Debt	1,374,897.20	1,323,882.53	270,622.12

Adjustment Analysis

Contractual	1,335,486.59	1,318,236.26	960,000.00
Non-Covered	28,867.18	59,573.97	60,000.00
Untimely	64,428.73	139,836.05	60,000.00
Special Programs	26,026.91	49,787.47	60,000.00
To Bad Debt	51,860.71	32,116.78	60,000.00

Key Indicators	Current	Prior	Benchmark
Gross AR Days	56.54	57.37	60.00
Percent Over 120 Days	23.8%	22.8%	20.0%
DNFB	9.34	11.28	10.00
Number of Denied Claims	320	219	130
Clean Claim Rate	95.9%	44%	60%
Adjusted Collection Rate		149.8%	97.0%

ATB Payor Mix

BLUE CROSS	8.2%	7.1%
COMMERCIAL	12.4%	12.3%
MEDICAID	24.2%	29.6%
MEDICARE	34.1%	29.9%
MEDICARE ADVANTAGE	3.2%	3.7%
PRIVATE PAY	7.7%	6.7%
SELF PAY AFTER INSURANCE	8.5%	8.4%
UNKNOWN	0.0%	0.0%
WORKMANS COMP	1.6%	2.3%

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	63,972.72	122,310.36	39,457.13	75,000.15	27,434.35	38,412.81	87,737.82	9,053.32	463,378.66
COMMERCIAL	73,445.52	199,238.02	80,903.91	68,070.17	37,438.60	68,024.17	114,628.85	54,384.68	696,133.92
MEDICAID	146,683.80	694,094.68	262,434.54	22,144.95	20,588.16	72,021.67	114,806.92	26,977.18	1,359,751.90
MEDICARE	575,217.23	752,128.82	137,873.94	231,738.99	18,745.42	59,612.71	121,456.80	19,105.64	1,915,879.55
MEDICARE ADVANTAGE	7,750.04	14,237.70	5,129.00	-	994.00	1,637.60	87,700.99	64,296.46	181,745.79
PRIVATE PAY	49,032.39	165,098.37	56,713.60	8,981.30	18,776.55	36,634.35	50,864.70	47,006.81	433,108.07
SELF PAY AFTER INSURANCE	1,372.00	27,281.33	68,462.82	80,033.62	107,528.61	63,091.06	86,385.92	43,238.11	477,393.47
UNKNOWN	-	-	-	-	-	-	-	-	-
WORKMANS COMP	10,558.40	6,976.00	1,502.00	2,988.00	795.40	2,298.00	35,969.86	30,589.34	91,677.00
Totals	928,032.10	1,981,365.28	652,476.94	488,957.18	232,301.09	341,732.37	699,551.86	294,651.54	5,619,068.36

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

**OB Outmigration Report
CY2008-2013**

Primary Service Area (District) Babies, by Hospital

Hospital	2008	2009	2010	2011	2012	2013	Grand Total
MAYERS MEMORIAL HOSPITAL	54	47	57	49	42	38	287
MERCY MEDICAL CENTER	36	47	32	31	25	31	202
MERCY MEDICAL CENTER MT. SHASTA	-	3	2	-	-	-	5
UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER	1	1	-	1	1	-	4
BANNER LASSEN MEDICAL CENTER	-	1	1	1	1	-	4
FEATHER RIVER HOSPITAL	-	-	1	1	-	-	2
ST. ELIZABETH COMMUNITY HOSPITAL	1	-	-	1	-	-	2
FAIRCHILD MEDICAL CENTER	-	-	1	1	-	-	2
ALTA BATES SUMMIT MED CTR-ALTA BATES	1	-	-	-	-	-	1
SUTTER ROSEVILLE MEDICAL CENTER	1	-	-	-	-	-	1
SUTTER MATERNITY AND SURGERY CENTER OF SANTA CRUZ	-	-	1	-	-	-	1
UKIAH VALLEY MEDICAL CENTER/HOSPITAL DRIVE	-	-	1	-	-	-	1
COLUSA REGIONAL MEDICAL CENTER	-	1	-	-	-	-	1
KAISER FND HOSP - SOUTH SACRAMENTO	-	-	-	1	-	-	1
ENLOE MEDICAL CENTER-ESPLANADE CAMPUS	-	1	-	-	-	-	1
SANTA ROSA MEMORIAL HOSPITAL-MONTGOMERY	1	-	-	-	-	-	1
Grand Total	95	101	96	86	69	69	516
Mayers Market Share	56.8%	46.5%	59.4%	57.0%	60.9%	55.1%	55.6%

Extended Service Area Babies, by Hospital

Hospital	2008	2009	2010	2011	2012	2013	Grand Total
MAYERS MEMORIAL HOSPITAL	82	73	88	64	57	53	417
MERCY MEDICAL CENTER	56	70	52	47	41	51	317
BANNER LASSEN MEDICAL CENTER	3	7	7	7	5	3	32
ST. ELIZABETH COMMUNITY HOSPITAL	1	2	3	3	3	1	13
UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER	1	3	2	2	3	1	12
MODOC MEDICAL CENTER	4	1	1	1	1	-	8
MERCY MEDICAL CENTER MT. SHASTA	-	3	3	1	1	-	8
FAIRCHILD MEDICAL CENTER	1	-	1	1	1	-	4
FEATHER RIVER HOSPITAL	-	-	1	1	-	1	3
KAISER FND HOSP - SOUTH SACRAMENTO	-	1	-	1	-	-	2
SUTTER MEMORIAL HOSPITAL	-	-	-	-	-	2	2
SANTA ROSA MEMORIAL HOSPITAL-MONTGOMERY	1	-	-	-	-	-	1
MARSHALL MEDICAL CENTER (1-RH)	-	-	-	-	-	1	1
SUTTER DAVIS HOSPITAL	-	1	-	-	-	-	1
ALTA BATES SUMMIT MED CTR-ALTA BATES	1	-	-	-	-	-	1
PLUMAS DISTRICT HOSPITAL	1	-	-	-	-	-	1
COLUSA REGIONAL MEDICAL CENTER	-	1	-	-	-	-	1
ENLOE MEDICAL CENTER-ESPLANADE CAMPUS	-	1	-	-	-	-	1
SUTTER MATERNITY AND SURGERY CENTER OF SANTA CRUZ	-	-	1	-	-	-	1
EL CAMINO HOSPITAL	-	1	-	-	-	-	1
SUTTER ROSEVILLE MEDICAL CENTER	1	-	-	-	-	-	1
METHODIST HOSPITAL OF SACRAMENTO	-	-	-	-	1	-	1
KAISER FND HOSP - SACRAMENTO/ROSEVILLE-EUREKA	-	-	-	-	1	-	1
UKIAH VALLEY MEDICAL CENTER/HOSPITAL DRIVE	-	-	1	-	-	-	1
ENCINO-TARZANA REGIONAL MED CTR-TARZANA	-	-	-	-	-	1	1
OROVILLE HOSPITAL	-	-	1	-	-	-	1
Grand Total	152	164	161	128	113	115	833
Mayers Market Share	53.9%	44.5%	54.7%	50.0%	50.4%	46.1%	50.1%

**OB Outmigration Report
CY2008-2013**

Extended Service Area Babies Born at Mercy Medical Center, by Zip Code

Zip Code	2008	2009	2010	2011	2012	2013	Grand Total
96013 - BURNEY	27	29	25	21	18	21	141
96101 - ALTURAS	4	8	5	3	2	2	24
96069 - OAK RUN	4	2	3	5	7	3	24
96096 - WHITMORE	5	4	2	5	2	4	22
96084 - ROUND MOUNTAIN	4	4	5	1	2	4	20
96056 - MCARTHUR	3	4	2	4	5	2	20
96028 - FALL RIVER MILLS	5	3	2	2	1	4	17
96065 - MONTGOMERY CREEK	3	3	3	1	2	3	15
96016 - CASSEL		4	3	1	1	3	12
96040 - HAT CREEK		5		2		1	8
96104 - CEDARVILLE		2	1	1		1	5
96006 - ADIN	1	1		1			3
96112 - FORT BIDWELL					1	1	2
96015 - CANBY			1			1	2
96009 - BIEBER						1	1
96071 - OLD STATION		1					1
Grand Total	56	70	52	47	41	51	317
<u>Burney Market Share</u>	48.2%	41.4%	48.1%	44.7%	43.9%	41.2%	44.5%
<u>Alturas Market Share</u>	7.1%	11.4%	9.6%	6.4%	4.9%	3.9%	7.6%

MAYERS MEMORIAL HOSPITAL DISTRICT

P.O. Box 459
43563 Highway 299E
Fall River Mills, CA 96028
(530) 336-5511

APPLICATION FOR MEDICAL STAFF REAPPOINTMENT

Name: _____

Date: _____

Instructions:

1. All information must be typed or legibly printed. (Please insert "N/A" if a particular question is not applicable to you.) No questions should be left blank, unless you checked the box indicating that there has been no change in the past two years.
2. If more space is needed, attach additional sheets and make reference to the question being answered.
3. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**; all information must be current.
4. Current copies of the following documents **MUST** accompany this application:
 - a. Current medical license to practice your profession
 - b. Current certificates, e.g., ACLS, ATLS, CPR, PALS (if applicable)
 - c. Current DEA registration and State-controlled substance license (if applicable)
 - d. Current certificate of professional liability insurance coverage from insurance carrier
 - e. Evidence of board certification (if applicable)
 - f. Evidence of CMEs (if applicable)
 - g. Core Privileges and/or request for Special Privileges (see attachment)
 - h. Evidence of negative PPD TB test
 - i. Evidence of current influenza vaccination or declination of vaccination
5. Submit the completed, signed application form to the Medical Staff Office, along with all requested Documentation and the completed clinical privileges request form.

MAYERS MEMORIAL HOSPITAL DISTRICT

APPLICATION FOR MEDICAL STAFF REAPPOINTMENT

I. INSTRUCTIONS:		
This form should be typed or legibly printed. If more space is needed than provided, attach additional sheets and reference the question(s) being answered.		
II. IDENTIFYING INFORMATION:		
Last Name:	First:	Middle:
Are there any other names under which you have been known? If so, please list former name(s) below:		
Home Mailing Address:	City:	
	State:	ZIP:
Home Telephone #: ()	E-mail Address: _____	
Home Fax #: ()	Cell Phone/Pager #: ()	
Specialty:	Subspecialties:	
III. STAFF STATUS REQUESTED (see attached descriptions)		
<input type="checkbox"/> Active: must admit at least 10 inpatients per year to the Hospital		
<input type="checkbox"/> Consulting: may not admit patients to the Hospital		
<input type="checkbox"/> Courtesy: may not admit more than 10 inpatients per year to the Hospital		
<input type="checkbox"/> Telemedicine Affiliate: may not admit patients to the Hospital		
IV. PRACTICE INFORMATION WITHIN THE LAST TWO YEARS: If nothing has changed, please check here: <input type="checkbox"/>		
Practice Name:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Office Address:	City:	
	State:	ZIP:
Telephone #: ()	Fax #: ()	
Office Manager/Administrator:	Telephone #: ()	
	Fax #: ()	
Name Affiliated with Tax ID #:	Federal Tax ID #:	
What are your plans for coverage of your patients when you are unavailable?		
V. RESIDENCIES/FELLOWSHIPS WITHIN THE LAST TWO YEARS: If nothing has changed, please check here: <input type="checkbox"/>		
Please include residencies, fellowships, preceptorships, teaching appointments (indicate whether clinical or academic), and postgraduate education completed within the last two years, in chronological order, giving name, address, city and ZIP code, and dates. Include all programs you attended, whether or not completed.		
Institution:	Program Director:	
Mailing Address:	City:	
	State & Country:	ZIP:
Type of Training:	From:	To:
Specialty:		
Did you successfully complete the program? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please explain on separate sheet)		
Institution:	Program Director:	
Mailing Address:	City:	
	State & Country:	ZIP:
Type of Training:	From:	To:
Specialty:		
Did you successfully complete the program? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please explain on separate sheet)		

VI. BOARD CERTIFICATION WITHIN THE LAST TWO YEARS. If nothing has changed, please check here:
 (Evidence/copies of certification or eligibility must be attached to application)

Name of Issuing Board:	Specialty:	Date Certified / Recertified:	Expiration Date (if any):

Have you applied for board certification other than those indicated above? Yes No

If so, list board(s) and date(s):

If not certified, describe on separate sheet your intent for certification, if any, and date of eligibility for certification.

VII. OTHER CERTIFICATIONS WITHIN THE LAST TWO YEARS. If nothing has changed, please check here:

Type:	Number:	Expiration Date:
Type:	Number:	Expiration Date:

VIII. MEDICAL LICENSURE/REGISTRATIONS: (Please complete all sections below, or write "N/A" if not applicable.)

<u>California State Medical License #:</u>	<u>Issue Date:</u>	<u>Expiration Date:</u>	
<u>Drug Enforcement Administration # (DEA):</u>	<u>Issue Date:</u>	<u>Expiration Date:</u>	
<u>Medicare Provider #</u>	<u>UPIN #</u>	<u>NPI # (National Provider Identifier)</u>	<u>Medi-Cal/Medicaid #:</u>
Controlled Dangerous Substances (CDS) Certificate (if applicable):	<u>Issue Date:</u>	<u>Expiration Date:</u>	
ECFMG Number (applicable to foreign medical school graduates):	<u>Issue Date:</u>	<u>Valid through:</u>	

IX. ALL OTHER STATE MEDICAL LICENSES (list all medical licenses now or previously held)

State:	License #:	Expiration Date:
State:	License #:	Expiration Date:
State:	License #:	Expiration Date:

X. PROFESSIONAL LIABILITY Coverage amounts must be at least \$1,000,000 per claim/\$3,000,000 aggregate.

Current Insurance Carrier:	Policy #:	Original Effective Date:
Mailing Address:		City: State: ZIP:
Per claim Amount: \$	Aggregate Amount: \$	Expiration Date:
Please list all other professional liability carriers used during the past two years:		
Name of Carrier:	Policy #:	From: To:
Mailing Address:		City: State: ZIP:
Name of Carrier:	Policy #:	From: To:
Mailing Address:		City: State: ZIP:

XI. CURRENT HOSPITAL AND OTHER INSTITUTIONAL AFFILIATIONS: (Attach additional sheet if necessary)		
Please list all current and previous two years of hospital affiliations, starting with most current (include assistantships, appointments, hospitals, surgery centers, institutions, corporations, military assignments etc.).		
Name and mailing address of hospital/institution, etc.:	City: _____	State: _____ ZIP: _____
Department/Status:	Appointment Date: _____	
Name and mailing address of hospital/institution, etc.:	City: _____	State: _____ ZIP: _____
Department/Status:	Appointment Date: _____	
Name and mailing address of hospital/institution, etc.:	City: _____	State: _____ ZIP: _____
Department/Status:	Appointment Date: _____	
XII. WORK HISTORY WITHIN LAST TWO YEARS. If nothing has changed, please check here: <input type="checkbox"/>		
Chronologically list all work history activities within the last two years. This information must be complete. A curriculum vitae is sufficient provided it is current and contains all information requested below. Please explain any gaps in professional work history on a separate page.		
Current Practice:	Contact Name:	Telephone #: () Fax #: ()
Mailing Address:	City: _____ State: _____ ZIP: _____	
From:	To:	
Name of Practice/Employer:	Contact Name	Telephone #: () Fax #: ()
Mailing Address:	City: _____ State: _____ ZIP: _____	
From:	To:	
Name of Practice/Employer:	Contact Name:	Telephone #: () Fax #: ()
Mailing Address:	City: _____ State: _____ ZIP: _____	
From:	To:	
Name of Practice/Employer:	Contact Name:	Telephone #: () Fax #: ()
Mailing Address:	City: _____ State: _____ ZIP: _____	
From:	To:	
XIII. PEER REFERENCES		
Please list three professional references, preferably from your specialty area, not including relatives, and only one who is an associate . If possible, include at least one member from the Medical Staff of each facility at which you have privileges. Note: References must be from individuals who are directly familiar with your work, either via direct clinical observation or through close working relations.		
Reference #1:	Specialty:	Telephone #: ()
Mailing Address:	City: _____ State: _____ ZIP: _____	
Reference #2:	Specialty:	Telephone #: ()
Mailing Address:	City: _____ State: _____ ZIP: _____	
Reference #3:	Specialty:	Telephone #: ()
Mailing Address:	City: _____ State: _____ ZIP: _____	
XIV. CONTINUING MEDICAL EDUCATION: Please attach copies of CME certification in the last two years or attach a copy of information submitted with your CA License renewal application.		
To what official recording body do you report your CME hours: _____		
Date of Class	Name of Class	Provider No. Credit Units
_____	_____	_____
XV. HEALTH STATUS CONFIRMATION FORM: Please complete the attached Health Status form		
XVI. STATEMENT OF AUTHORIZATION AND RELEASE FROM LIABILITY TO MEDICAL LIABILITY COVERAGE PROVIDER: Please complete the attached "Release From Liability" letter		

XVII. INFORMATION RELEASE-ACKNOWLEDGEMENTS: Please sign the attached Information Release-Acknowledgements form
XVIII. SPECIFIC PRIVILEGES REQUESTED: Please complete the attached request for privileges
Has your license to practice medicine in any jurisdiction, your Drug Enforcement Administration (DEA) registration or any applicable narcotic registration in any jurisdiction ever been denied, limited, restricted, suspended, revoked, not renewed or subject to probationary conditions, or have you voluntarily or involuntarily relinquished any such license or registration or voluntarily or involuntarily accepted any such actions or conditions, or have you been fined or received a letter of reprimand, or is such action pending? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been charged, suspended, fined, disciplined, or otherwise sanctioned, subjected to probationary conditions, restricted or excluded, or have you voluntarily or involuntarily relinquished eligibility to provide services or accepted conditions on your eligibility to provide services, for reasons relating to possible incompetence or improper professional conduct, or breach of contract or program conditions, by Medicare, Medicaid, or any public program, or is any such action pending? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have your clinical privileges, membership, contractual participation or employment by any medical organization (e.g., hospital medical staff, medical group, independent practice association [IPA], health plan, health maintenance organization [HMO], preferred provider organization [PPO], private payer [including those that contract with public programs], medical society, professional association, medical school faculty position or other health delivery entity or system), ever been denied, suspended, restricted, reduced, subject to probationary conditions, revoked or not renewed for possible incompetence, improper professional conduct or breach of contract, or is any such action pending? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever surrendered, allowed to expire, voluntarily or involuntarily withdrawn a request for membership or clinical privileges, terminated contractual participation or employment, or resigned from any medical organization (e.g., hospital medical staff, medical group, independent practice association [IPA], health plan, health maintenance organization [HMO], preferred provider organization [PPO], medical society, professional association, medical school faculty position or other health delivery entity or system) while under investigation for possible incompetence or improper professional conduct, or breach of contract, or in return for such an investigation not being conducted, or is any such action pending? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever surrendered, voluntarily withdrawn, or been requested or compelled to relinquish your status as a student in good standing in any internship, residency, fellowship, preceptorship, or other clinical education program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your membership or fellowship in any local, county, state, regional, national or international professional organization ever been revoked, denied, reduced, limited, subjected to probationary conditions, or not renewed, or is any such action pending? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been denied certification/recertification by a specialty board or has your eligibility, certification or recertification status changed (other than changing from eligible to certified)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any crime (other than a minor traffic violation)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have any judgments been entered against you, settlements been agreed to by you within the last seven (7) years in professional liability cases, or any filed/served professional liability lawsuits/arbitrations against you pending? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your professional liability insurance ever been terminated, not renewed, restricted or modified (e.g., reduced limits, restricted coverage, surcharged), or have you ever been denied professional liability insurance, or has any professional liability carrier provided you with written notice of any intent to deny, cancel, not renew, or limit your professional liability insurance or its coverage of any procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No

Physician Signature (stamped signature is unacceptable)

Date

SIGNATURE VERIFICATION

Please provide your signature and initials below in the same way that you will write prescriptions and/or sign Medical Records.

Name (type or print): _____

Signature: _____

Initials: _____

Professional License #: _____

DEA Number: _____

UPIN Number: _____

NPI Number: _____

HEALTH STATUS CONFIRMATION FORM

The purpose of this form is to confirm whether you are safely and competently capable of performing the duties and responsibilities of appointment and exercising the clinical privileges requested.

You are encouraged, but not required, to complete this form and return it to the Medical Staff Office, sealed in the enclosed envelope, along with your application and clinical privileges request. ***The completed form shall remain in the sealed envelope and shall not be reviewed until a determination has first been made by the Medical Staff Leadership that you are professionally qualified for appointment and the clinical privileges requested.***

If you choose not to submit this form with your application, you will be required to submit it following a determination by the Medical Staff Leadership that you are professionally qualified for appointment and the clinical privileges requested. However, please note that this may cause some delay in the processing of your application. Completion of this form is a necessary component of the application process and final action on your application will not be taken until this form is received and reviewed.

1. Do you have any physical or mental condition which could affect your ability to exercise the clinical privileges requested and perform the duties of staff appointment, or that would require an accommodation in order for you to safely and competently exercise the privileges requested? YES NO
2. Have you been hospitalized at any time during the past five years? YES NO
3. Have you ever been denied health, life or disability insurance? YES NO
4. Do you have any limitations on your health, life or disability insurance? YES NO
5. Have you ever had any problems with alcohol or drug dependency? YES NO
6. Are you currently taking any medication that may affect either your clinical judgment or motor skills? YES NO
7. Are you currently under any limitations concerning your activities or workload? YES NO
8. Are you currently under the care of a physician? YES NO

If the answer is "YES" to any question, please explain and submit a report from your treating physician specifically addressing how the condition may affect your ability to exercise the privileges you have requested. Please also explain any proposed accommodation.

AFFIRMATION

I understand that my reappointment and clinical privileges are conditional upon my demonstrating that I am capable of exercising my privileges safely and competently and performing the duties of appointment. I affirm that all my responses provided above are accurate in accordance with the terms and conditions on the application form I submitted. I understand that the burden is on me to request any proposed accommodation and to justify its reasonableness.

Date: _____

Physician's Signature

Printed or Typed Name of Physician

FROM LIABILITY TO MEDICAL LIABILITY COVERAGE PROVIDER

(Name and Address of Insurance Entity)

RE: Policy # _____

To Whom It May Concern:

I am applying for reappointment to the Medical Staff of Mayers Memorial Hospital and hereby authorize my carrier to release to the Hospital all information regarding my claims history occurring during the past ten (10) years, but not necessarily limited to:

1. Judgments entered
2. Claims settled, and
3. Cases and lawsuits pending.

Please return this information to: Mayers Memorial Hospital
P.O. Box 459
Fall River Mills, CA 96028
Attention: Medical Staff Office

- or -

Fax to: (530) 336-7335
Attention: Medical Staff Services

In authorizing the release of such information to the hospital, I hereby release you from liability and indemnify you for acts performed in good faith and without malice in connection with supplying of this information needed for the processing of my application for reappointment to Mayers Memorial Hospital Medical Staff.

Sincerely,

Physician's Signature

Date

Mayers Memorial Hospital District

INFORMATION RELEASE/ACKNOWLEDGMENTS

I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications, background and performance ("credentialing information and peer review information") by and between Mayers Memorial Hospital District and other healthcare organizations (e.g., hospital medical staffs, medical groups, IPAs, HMOs, PPOs, other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies {with respect to certification of coverage and claims history}, license authorities, and businesses and individuals acting as their agents) for the purpose of evaluating my licensure, professional training, experience, current competence and ability to perform the privileges requested, as well as my character, conduct and judgment, ethics and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of patient records, and to protect peer review information from being further disclosed except as required by law.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including Mayers Memorial Hospital District, Medical Staff and authorized representatives engaged in quality assessment, peer review and credentialing on behalf of this healthcare organization, and all persons and entities who, in good faith and without malice, provide peer review and other information relevant to the appointment application to such representatives of this healthcare organization, from any liability they might incur for their acts and/or communications in connection with evaluation of my appointment application and/or qualifications for participation at Mayers Memorial Hospital District, to the extent that those acts and/or communications are protected by state or federal law.

I understand that I shall be afforded such fair procedures with respect to my participation at Mayers Memorial Hospital District as may be required by state and federal law and regulation, including but not limited to, California Business and Professional Code Section 809 et seq., if applicable.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubt about such qualifications. By filing an application for appointment/reappointment, and in connection with this application, I agree to be bound by the Bylaws of the hospital, and the Bylaws, Rules and Regulations of the Medical Staff, as adopted by the Governing Board and the laws of the State of California and Hospital compliance policy. During such time as this application is being processed, I agree to update the application should there be any change in the information provided. I also agree to notify Mayers Memorial Hospital immediately in writing of the occurrence of any of the following:

- (i) the unstayed suspension, revocation or nonrenewal of my license to practice medicine in California;
- (ii) any suspension, revocation or nonrenewal of my DEA or other controlled substances registration; or
- (iii) any cancellation or nonrenewal of my professional liability insurance coverage.

I further agree to notify Mayers Memorial Hospital District in writing, promptly and no later than fourteen (14) calendar days from the occurrence of any of the following: (i) receipt of written notice of any adverse action against me by the Medical Board of California taken or pending, including but not limited to, any accusation filed, temporary restraining order, or imposition of any interim suspension, probation or limitations affecting my license to practice medicine; or (ii) any adverse action against me by any Healthcare Organization which has resulted in the filing of a Section 805 report with the Medical Board of California, or a report with the National Practitioner Data Bank; or (iii) the denial, revocation, suspension, reduction, limitation, nonrenewal or voluntary relinquishment by registration of my medical staff membership or clinical privileges at any Healthcare Organization; or (iv) any material reduction in my professional liability insurance coverage; or (v) my receipt of written notice of any legal action against me, including, without limitation, any filed and served malpractice suit or arbitration action; or (vi) my conviction of any criminal law (excluding minor traffic violations); or (vii) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

I hereby affirm that the information submitted in this application and any addenda thereto is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement. A photocopy of this document shall be as effective as the original; however, a stamped signature is not acceptable.

Print Name Here: _____

Signature: _____ Date: _____

(Stamped signature is unacceptable)

MAYERS MEMORIAL HOSPITAL DISTRICT
MEDICAL STAFF PEER REVIEW ACTIVITY
CONFIDENTIALITY STATEMENT

As a member of the Medical Staff Committee involved in the evaluation and improvement of the quality of care rendered in the hospital, I recognize that confidentiality is vital to the free and candid discussions necessary to effective Medical Staff Peer Review activities. Therefore, I agree to respect and maintain the confidentiality of all discussions, deliberations, records and other information generated in connection with these activities and to make no voluntary disclosures of such information except to persons authorized to receive it in the conduct of Medical Staff affairs.

Furthermore, my participation in peer review and quality management activities is in reliance on my belief that the confidentiality of these activities will be similarly preserved by every other member of the Medical Staff or other individual involved. I understand the hospital and the Medical Staff are entitled to undertake such action as is deemed appropriate to ensure that this confidentiality is maintained, including application to a court for injunctive or other relief in the event of a threatened breach of this agreement.

Date: _____ **Signature:** _____

Printed Name: _____

I hereby affirm that all information furnished by me to the staff is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that willful and substantial omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement.

I hereby make formal application for Medical Staff membership and Privileges at Mayers Memorial Hospital District.

Printed Name

Physician Signature (Stamped signature is unacceptable)

Date

Categories of Medical Staff Membership¹

Mayers Memorial Hospital District

- **Active Staff:** The Active Staff shall be composed of Practitioners who utilize the Hospital on a regular basis, who must admit at least 10 inpatients per year, and who have completed their Provisional Staff term(s) satisfactorily. Active Staff members may vote on all matters presented at general and special Staff meetings, are expected to attend meetings as required under Rule VIII-4, and may hold office in the Staff organization and committees, except that limited license members shall only have the right to hold office or vote on matters within the scope of their licensure. In the event of a dispute over a limited license member's right to vote or hold office, the issue shall be determined by the chairperson of the meeting, subject to final decision by the Medical Executive Committee. Active Staff members must pay dues.
- **Consulting Staff:** The Consulting Staff shall consist of Practitioners who possess ability and knowledge so as to constitute an important adjunct in the care of difficult cases. Consulting Staff members shall be members of the active or provisional Medical Staff of another licensed hospital (in or out-of-state) or another hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations. Consulting Staff members may not admit patients to the Hospital. A Consulting Staff member may attend meetings of the Staff and the department or service of which he/she is a member, and may attend any Staff or Hospital educational programs. Consulting Staff members are not eligible to vote or hold office in the Medical Staff organization, the departments, or the committees. Consulting Staff members need not pay dues.
- **Courtesy Staff:** The Courtesy Staff shall consist of Practitioners who admit/attend not more than 10 inpatients per year, and who are members of the Medical Staff of another hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations, where such Staff member is subject to a patient care audit program and other quality maintenance activities similar to those required by this Hospital. A Courtesy Staff member may attend meetings of the Staff and the department or service of which he/she is a member and any Staff or Hospital education programs. Courtesy Staff members are not eligible to vote or to hold office in the Medical Staff organization, the departments, or the committees. Courtesy Staff members must pay dues.
- **Telemedicine Affiliate Staff:** The Telemedicine Affiliate Staff shall consist of Practitioners who are not otherwise members of the Medical Staff but who participate in telemedicine interactions involving Hospital patients. Except as next provided, telemedicine interactions are defined as interactive (involving real time [synchronous] or near real time [asynchronous] two-way transfer of medical data and information) audio, video, or data communications, and may include consultations, diagnosis, treatment, transfer of medical data and medical education. Telemedicine interactions exclude interactions in which the patient is not directly involved, such as informal consultations between Practitioners, as well as telephone or electronic mail communications between Practitioner and patient. Telemedicine Affiliate Staff may serve upon committees with or without vote at the discretion of the Medical Executive Committee. They may attend Medical Staff meetings, including open committee meetings and education programs. Telemedicine Affiliate Staff members may not give orders, and may not admit patients to the Hospital or have ultimate authority over the care or primary diagnosis of a Hospital patient. Telemedicine Affiliate members must pay dues.

¹ From *Mayers Memorial Hospital District Medical Staff Rules, 2007*
Application for Medical Staff Reappointment
Revised: October 2012

Mayers Memorial Hospital District

**TO: Patients, Residents, Family
Members and/or Visitors**

It is our desire that you be treated in a caring, respectful manner. We will make every effort to meet your expectations of care and service in a timely, reasonable and consistent manner. If we fail to meet your expectations, please take a moment to let us know.

To report your concern, ask to speak to the department supervisor or hospital administration. They will work to resolve the complaint or describe the actions necessary to pursue resolution. Our goal is to handle complaints expediently so as to protect patient safety.

If a complaint about care is not resolved or if it involves issues of abuse, neglect or noncompliance, you may submit a formal complaint in the following ways:

1. Request a "Complaint Investigation Form" from the Front Desk, Risk Management, and/or the SNF (Skilled Nursing Facility) Ward Clerk.

Complete and deliver (or request assistance in delivering) the form to one of the above-mentioned department(s).
2. Email your written complaint via the internet to:
info@mayersmemorial.com
3. To make a verbal complaint, ask to speak to the department supervisor or hospital administration at 530-336-5511.

If you choose, you may also voice your concern/complaint anonymously by calling the Mayers Memorial Hospital **HOTLINE:**

(530) 336-5511, Ext 1131

You also have the right to file a complaint with any (or all) of the following organizations:

1. California Department of Health Service, Licensing & Certification
1-530-895-6711 or 1-800-554-0350
www.cdph.ca.gov
2. Medicare
Toll Free: (866) 800-8749
www.Medicare.gov
3. Long-Term Care Ombudsman:
1-866-699-6191
1-800-231-4024 (Redding, CA)
4. Central Complaint Unit for Physicians, Physician Assistants and Podiatrists
1-800-633-2322 (Sacramento, CA)
5. Board of Registered Nursing for RNs, CRNAs
1-916-557-1213 (Sacramento, CA)
www.rn.ca.gov

Reference: §482.13(a)(2)
Form – Reporting Concerns
and/or Filing a Complaint

Revised: 12/2013

**THE CARING STAFF OF
MAYERS MEMORIAL
HOSPITAL FEEL HONORED
WHEN WE RECEIVE
COMPLIMENTS FROM OUR
PATIENTS AND/OR THEIR
FAMILY MEMBERS AND
FRIENDS.**

**WE APPRECIATE IT WHEN
SOMEONE TAKES THE TIME
TO SHARE HOW WE COULD
HAVE IMPROVED THEIR
EXPERIENCE.**

**IF YOU HAVE A CONCERN
ABOUT THE CARE YOU
RECEIVED, PLEASE BRING IT
TO OUR ATTENTION BY ANY
OF THE METHODS WE HAVE
OUTLINED IN THIS
BROCHURE.**

**MAYERS MEMORIAL HOSPITAL
WANTS TO KNOW IF YOU ARE NOT
SATISFIED WITH THE
CARE/TREATMENT YOU RECEIVED.**



**IF WE FAILED TO MEET
YOUR EXPECTATIONS,
PLEASE ASK TO SPEAK WITH A
DEPARTMENT SUPERVISOR
OR HOSPITAL ADMINISTRATION.**

**A COMPLAINT IS CONSIDERED
RESOLVED ONLY AFTER YOU ARE
SATISFIED WITH THE ACTION(S)
TAKEN ON YOUR BEHALF.**



Mayers Memorial Hospital District

**REPORTING CONCERNS
AND/OR
FILING A COMPLAINT**

Mayers Memorial Hospital
P.O. Box 459
43563 Highway 299 East
Fall River Mills, CA 96028

(530) 336-5511, Extension 1131
Risk Management