

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

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

Board of Directors
Regular Meeting Agenda

July 31, 2019 1:00 pm
Fall River Board Room

Mission Statement

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

				Approx. Time Allotted
1	CALL MEETING TO ORDER			
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS	Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.		
3	APPROVAL OF MINUTES			
	3.1 Regular Meeting – June 24, 2019	Attachment A	Action Item	2 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS			
	4.1 Resolution 2019-10 – June Employee of the Month	Attachment B	Action Item	5 min.
	4.2 Hospice Quarterly Report – Mary Ranquist		Report	10 min.
	4.3 Director of Nursing – SNF Report – Diana Groendyke	Attachment C		
	4.4 Director of Human Resources and Workers Comp Report – Libby Mee	Attachment D	Report	10 min.
5	BOARD COMMITTEES			
	5.1 Finance Committee			
	5.1.1 Committee Meeting Report		Report	10 min.
	5.1.2 June 2019 Financial Review, AP, AR, and Acceptance of Financials		Action Item	5 min.
	5.1.3 401K Plan – Waiting Period Changes		Discussion/ Action	5 min.
	5.2 Strategic Planning Committee			
	5.2.1 Committee Meeting Report – No July Meeting			
	5.3 Quality Committee			
	5.3.1 Committee Meeting Report – No July Meeting		Report	10 min.
6	NEW BUSINESS			

6.1	Policies And Procedures <i>Acute Stroke Protocol</i> <i>Business Associates</i> <i>Conservative Sharp Instrumental Wound Debridement</i> <i>Nursing Ventilator Management In The Absence Of Respiratory Therapy</i> <i>Phone Reimbursement</i> <i>Scope Of Services MMHD</i>	Attachment E	Action Item	10 min.
6.2	AB2190 Attestation	Attachment F	Action Item	5 min.
7	ADMINISTRATIVE REPORTS			
7.1	Chief's Reports – <i>Written reports provided. Questions pertaining to written report and verbal report of any new items</i>	Attachment G		
7.1.1	CEO – Louis Ward		Report	10 min.
7.1.2	CCO – Keith Earnest		Report	5 min.
7.1.3	CFO – Travis Lakey		Report	5 min.
7.1.4	CNO – Candy Vculek		Report	5 min.
7.1.5	COO – Ryan Harris		Report	5 min.
7.2	Construction Change Orders		Action Item	5 min.
8	OTHER INFORMATION/ANNOUNCEMENTS		Information	
	LEGISLATIVE UPDATE – Val Lakey			
9	ANNOUNCEMENT OF CLOSED SESSION			
9.1	Government Code Section 54962:			
9.2	Real Property Government Code 54956.8			
9.3	Pending Litigation Government Code 54956.9			
9.4	Personnel Government Code 54957 CEO Evaluation			
10	RECONVENE OPEN SESSION – Report Closed Session Action		Information	
11	ADJOURNMENT: Next Regular Meeting – August 28, 2019 - Burney			

Posted 07/23/2019

Exhibit A

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Mayers Memorial Hospital District

Board of Directors
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Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback, Director

**Board of Directors
Regular Meeting
Minutes**

June 26, 2019 – 1:00 pm
Boardroom (Burney)

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

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

BOARD MEMBERS PRESENT:

Beatriz Vasquez, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Jeanne Utterback

ABSENT: Allen Albaugh, Treasurer

STAFF PRESENT:

Louis Ward, CEO
Ryan Harris, COO
Keith Earnest, CCO
Candy Vculek, CNO
Val Lakey, Board Clerk
Chris Broadway
Ryan Nicholls

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

3 APPROVAL OF MINUTES

3.1 A motion/second carried; Board of Directors accepted the minutes of May 20, 2019 *Utterback/Hathaway* **Approved All**

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

4.1 A motion/second carried; Julene Howard was recognized as May Employee of the Month. Resolution 2019-09 *Hathaway/Beyer* **Approved All**

4.2 Emergency Preparedness Update – Val Lakey gave an update on the Emergency Preparedness Program

5 BOARD COMMITTEES

5.1 Finance Committee

5.1.1 **Committee Meeting Report:** Met on Monday, June 24, 2019. SNF staffing was covered. Discussion on our memory care unit. Negotiated with Partnership on rates. We have 21 beds in the memory care unit. (Usually full census)

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

5.1.3 **Resolution 2019-07 FY20 Budget** *Hathaway/Utterback* **Approved All**

5.1.4 **Resolution 2019-08 Local Agency Investment Fund** *Utterback/Hathaway* **Approved All**

5.2 Strategic Planning Committee

5.2.1 **Committee Meeting Report – No Committee meeting**

5.3 Quality Committee Chair Beyer

5.3.1 **Committee Meeting Report** – DRAFT minutes attached to board packet. Beyer reported that there was a lot of discussion on the 5-Star rating. This will be added to the Quality agenda Quarterly.

6 NEW BUSINESS

6.1 **July Meeting Date** – Move to July 31 *Beyer/Utterback* *Approved All*

6.2 **IT Infrastructure 10-Year Plan** – A plan was presented to Quality and Finance regarding IT infrastructure. Many of the licenses are no longer supported. Citrix is an option which is a virtual environment in which you can log in anywhere on any computer. \$1.1 million over 10 years. If we upgrade computers it will be the same or more. Initial outlay is about \$600,000 the rest will be covered over the next 9 years. New servers will go into the new building. Need to make a change prior to end of 2019 as some licenses will expire. *Hathaway/Beyer* *Approved All*

6.3 **Daycare Discussion** – There has been a lot of discussion about daycare. Reached out to Tri-Counties Community Network. Looking at grant opportunities through First 5. Working with School District. Looking at Fall River Seventh Day Adventist Church. There would be some work that needs to be done. Looking at establishing a budget. The biggest expense will be the required fenced play area. Keep the price structure the same as Burney Day Care facility. Looking at the hours. Rough estimates including rent. Looking for approval to rent the building and a budget to exterior work. Will be beneficial on recruitment and retention of employees. Looking at grants. Trying to collaborate with Shasta College with Early Childhood Education. *Approved budget of up to \$50,000 and the rental of the building* *Utterback/Hathaway* *Approved All*

6.4 **Ad Hoc Committee for CEO Evaluation- Appointed by Chair** *Laura Beyer/Beatriz Vasquez*

7 ADMINISTRATIVE REPORTS

7.1 **Chief's Reports**

7.1.1 **CEO:** In addition to the written report: Retail Pharmacy is getting exciting. Cabinetry needs to go in. Flooring will go in next week and décor has been decided. Parking lot will be on the 15th. Tour the pharmacy at the July meeting. Hiring staff.

Noted the Employee Appreciation Days July 2-3

SEMSA contract is almost finalized.

7.1.2 CCO:

IN addition to the written report: State Board of Pharmacy was Monday, June 24. It went very well with no citations and no plan of corrections. Will probably have another visit when the new building is opened.

Highlighted that we hired an RT. We have a registry. Re-Launching PFT program. We finally got diffusion gas.

There are 3 FT PT's

Telemedicine program is going very well. Goals were exceeded. Telephysc in SNF has been so useful. Neurology has been a great program also. There is a lot of "down-stream" revenue. (Labs, imaging, etc.)

Possibility in the future to do portable MRI

Thanked the maintenance staff for an air conditioner failure fix.

7.1.3 CFO: In Redding at the CHA IGT Meeting. The staff will be up with Travis this evening and Louis and Travis will have dinner with them.

7.1.4 CNO: In addition to the written report: Staffing is improving. There are a couple out with an injury and a death in the family. Interviewing potential candidates.

Consultant was in for the skilled nursing. Survey should be soon. Looks like we have filled the gaps. Phase 3 regulations will be put in place this fall with new competencies, etc. There is a project plan in place.

7.1.5 COO: In addition to the written report: HVAC continues to be an issue. We had another one fail today. We will start looking at this project at Strategic Planning. Most units are late 70's models.

Helistop plan is in process. Looking at using some volunteers and our own staff.

Will be looking at 10-year plan at Strategic Planning.

Ryan showed a sample on the uniform. Make a poster to show what color=department

7.2 Construction Change Orders: Seismic separation – would be \$235,000 since we are demolishing. Responded to the change order that our responsibility is \$99,440+ No reply received from Layton yet. Increasing tonnage from 2 ton to 4 ton of unit of HVAC, adding a couple of security cameras, Headwall changes.

8 OTHER INFORMATION/ANNOUNCEMENTS

Legislative Update – Val Lakey gave an update on SB227
ACHD District re-certification

9 ANNOUNCEMENT OF CLOSED SESSION – 2:53 pm

9.1 Government Section Code 54962

- Quality Assurance: Quality Improvement Issues, Medical Staff Report – *Approved Beyer/Utterback*
 - AHP REAPPOINTMENT
 - 1. Sara Marchessault, NP
 -
 - MEDICAL STAFF REAPPOINTMENT
 - 1. Rebecca Dyson, MD – Radiology
 - 2. Latisha Smith-Chase, MD – Family Medicine
 - 3. Scott Zittel, DO – Wound Care
 - 4. Allen Morris, MD – Pathology
 - 5. Peter Halt, MD – Radiology
 - 6. Mark Ramus, MD – Pathology
 - 7. Sean Pitman, MD – Pathology
 - 8. Scott Bleazard, MD - Radiology
 -
 - AHP APPOINTMENT
 - 1. Adam Gardizi, CRNA

9.2 Real Property Government Code 54956.8 – No Action

9.3 Litigation Government Code 54956.9 – No Action

9.4 Personnel Government Code 54957 – No Action

10 RECONVENE OPEN SESSION: 3:00 pm – Privileges approved

11 ADJOURNMENT

Next Regular Meeting — July 31 - Fall River Mills – 1:00 pm

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

Board Member

Board Clerk



Mayers Memorial Hospital District

Always Caring. Always Here.

RESOLUTION NO. 2019-10

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

James Marlow

As June 2019 EMPLOYEE OF THE MONTH

WHEREAS, the Board of Trustees has adopted the MMHD Employee Recognition Program to identify exceptional employees who deserve to be recognized and honored for their contribution to MMHD; and

WHEREAS, such recognition is given to the employee meeting the criteria of the program, namely exceptional customer service, professionalism, high ethical standards, initiative, innovation, teamwork, productivity, and service as a role model for other employees; and

WHEREAS, the MMHD Employee Recognition Committee has considered all nominations for the MMHD Employee Recognition Program;

NOW, THEREFORE, BE IT RESOLVED that, James Marlow is hereby named Mayers Memorial Hospital District Employee of the Month for June 2019; and

DULY PASSED AND ADOPTED this 31st day of July 2019 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

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

ATTEST:

Val Lakey
Clerk of the Board of Directors

SNF BOARD REPORT

7/31/19

1. Census = 79 Residents
2. MMHD Employee Appreciation Days (7/2-7/3/19) were extremely successful and appreciated by all Staff!
3. 'Plan of Correction' for any noted deficient practices has been implemented. (Mock Survey occurred May 28 –May 30, 2019.)
4. FACILITY ASSESSMENT 2019 has been written by our Leadership Team.
5. Implementation of 'Training for CMS PHASE III Regulations' is occurring. It will continue throughout the Summer and Fall of 2019. Our deadline is November 28, 2019 for Regulatory Compliance.
6. NOC Shift Contract RN is working out well and doing good work at the Burney Annex.
7. Interviews this week for 4 LVN's; two of these are long-time Registry Nurses that we are so happy to have become our own (as a result of our Recruitment and Retention Program).
8. Recognition of reaching Goals set for 2018-2019 being met or not. Competency Based Orientation – Goal Met! Implementation of Studer Practices—Goal Met! Recruitment and Retention Program—Goal Met!
9. Setting new challenging Goals for 2019-2020 at this time

DIANA GROENDYKE, RN, DON SNF

Board Meeting

Wednesday July 31, 2019

Human Resources Report – Libby Mee, Director of Human Resources

Recruitment

Primary focus in recruiting is elimination of registry use. The below have been hired since January 1 2019:

- 1 Med/Surg Acute RN
- 2 ED RNs
- 2 SNF LVNS
- 2 SNF CNAs
- 1 Respiratory Therapist
- 1 Physical Therapist

We are also fully staffed with 1 Pharmacist and 2 Pharmacy Techs for the new Retail Pharmacy

We have offers of employment out to, or are in the interview phase with the following staff:

- 6 SNF LVNs
- 2 Radiology Techs
- 1 Respiratory Therapist
- 2 RNs

We are also currently working with 5 students that are planning to attend the Fall semester of the Shasta College CNA program.

Updating and Implementation of new Orientation and Re-Orientation process

The HR department was tasked with updating and modernizing the current General Orientation and Annual Re-Orientation Process. All paper materials have been eliminated. Going forward, employees will primarily use Relias, the MMHD webpage and Intranet via a provided iPad for General Orientation. The full Annual Re-Orientation is on Relias, and is electronically sent out to employee on their anniversary month for completion. Please see attached for an agenda of training materials.

General Orientation

Duration	Title	Content Location	Test/Acknowledgment
	WELCOME (HR)		
	Agenda	Paper	SIGNATURE
	Mission/Vision/Values	MMHD Web	NA
	MMHD Services	MMHD Web	NA
	Board Members	MMHD Web	NA
	Org Chart - Admin/Ops/Managers	MMHD Web	NA
	Intranet	MMHD Web	NA
	Employee Email	INTRANET	NA
	MCN Policy Manager	MCN	NA
	Relias Learning System	INTRANET	NA
	GENERAL EMPLOYMENT INFORMATION (HR)		
	Employee Handbook	Relias	ACK
	Equal Employment Opportunity	MCN	NA
	Harassment, Discrimination and Retaliation Prev	MCN	NA
	Sexual Harassment	INTRANET	NA
	Victims Rights	INTRANET	NA
	Internal Complaint Procedure	MCN	NA
	Attendance	MCN	NA
	Smoke and Tobacco Free Campus	MCN	NA
	Code of Conduct	Relias	ACK
	AIDET	MCN	NA
	Solicitation	MCN	NA
	WORK ENVIRONMENT (VAL)		
	Safety Guidelines	MCN	NA
0.25	Workplace Violence Prevention	Relias	TEST
	CODE Lavender	INTRANET	NA
	Your Rights - Work Comp Benefits	INTRANET	NA
	Workers' Compensation Insurance	MCN	NA
	EMERGENCY/DISASTER PREPAREDNESS (VAL)		
	Disaster Preparedness	Relias	ACK
	Emergency Preparedness Program	INTRANET	NA
	Disater Call Tree	INTRANET	NA
	Emergency Notification Plan	INTRANET	NA
	SAFETY (HR)		
0.75	Life Safety Code Basics	Relias	TEST
	Codes, Paging	MCN	NA
	Internal Disaster Plan - Fire/Fire Drill	MCN	NA
	RACE & PASS	Relias	NA
	Site Maps	INTRANET	NA
0.5	FOUNDATION (MARLENE)	Web	NA
	INFECTION CONTROL (DAWN)		
0.25	Partnering to Heal Teaming up against healthcare-associated infections	Web	NA
	Medical Waste Management Plan	Relias	TEST
0.25	Hand Hygiene	Relias	TEST
	Personal Protective Equipment	PPE	NA
	Requirements for Transmission-Based Isolation Precautions	CARDS/Intranet	NA
	Is it a cold or a flu?	Intranet	NA
	Exposure/Needle Sticks	Intranet	NA
	PATIENT AND RESIDENTS RIGHTS (STAFF DEV)		
	Notification of Patient's Rights and Responsibilities	Intranet	TEST
0.5	California Law-Reporting Elder and Dependent Adult Abuse	Relias	TEST
	SOC 341 & Acknowledgment	Relias	ACK
	"Fall" program	Verbal/Visuals	NA
	Basic Needs of the Individual	INTRANET	NA
	Philosophy of Patient Care	INTRANET	NA
	QUALITY/RISK/COMPLIANCE (JACK)		
	Corporate Compliance in Healthcare	INTRANET	NA
	Risk Management/Quality	INTRANET	NA
	RL-6 - Reporting	RL 6	NA
	INFORMATION/SECURITY (JACK)		
0.5	HIPAA - The Basics	Relias	TEST
	Confidentiality & Non-Disclosure Agreement	Relias	ACK
	CLOSING (HR)		
	Medical Records Signature Sample	Paper	SIGNATURE
	Employee Questions, Clarifications and Comments		NA



OVERVIEW

MMHD General Re-Orientation

Dashboard

[Back to Training Plan List](#)

SOLUTION

Learning

Training Plans

Training Plan List

Training Plan Search Filters

Modules

Policies & Procedures

External Training Templates

Video Files

Career Paths & Enrollment

Certificates

MANAGE

Users

Reports

Settings

HELP

Connect

Relias Support

Basics

Scheduling

Modules

Settings

Search Filters

Add & Arrange Modules

+ Module(s)

Title	Credit Hours	Due Date
Hand Hygiene The Basics <small>REL-ALL-0-HHB</small>	0.25	0 day(s)
HIPAA The Basics <small>REL-ALL-0-HBASIC</small>	0.5	0 day(s)
California Law - Reporting Elder and Dependent Adult Abuse <small>REL-RED-MIC</small>	0.5	0 day(s)
Life Safety Code Basics <small>REL-SRC-0-LSCB</small>	0.75	0 day(s)
Learn the Acronyms RACE & PASS <small>Lifesafety02</small>	0	0 day(s)
Paging Quick Reference <small>MMH010</small>	0	0 day(s)
Emergency Preparedness <small>MMHEmergency</small>	0	0 day(s)
Work Place Violence <small>MMHD10</small>	0	0 day(s)
Total: 8	2	

Close

Previous

Save

Board Meeting

Wednesday July 31, 2019

Work Comp Report

Presented by Libby Mee – Director of Human Resources

2019 Injuries

- 9 First Aide injuries resulting in zero days away from work
- 4 Reportable injuries

Two of the reportable claims are closed and employees have returned to work. We are currently working with another employee with a reportable claim and will be returning them to work on modified duty. The last reportable claim is currently off work but is expected to return by August 1

The 2019-2020 payroll increased by 1.4% compared to 2018-2019, but the Ex-Mod improved by 1.7% which has reduced the overall net rate by 27.5%. MMHD earned a 2.0% credit off base rates for timely reporting of claims and Travis worked to have employee reclassified into different class codes. All of this resulted in our monthly premiums going from \$39,807 a month to \$29,232 a month.

Just Culture Implementation – On Tuesday July 23, 2019 the Operations team had a presentation from BETA leadership on what the Just Culture program would look like and next steps for implementation. Please see attached Just Culture FAQ sheet for details of the program.

2019 CARE Fund - \$2,000.00 used to improve employee ergonomics in the new laundry facility but purchasing smaller linen bags and altering floors of the linen carts so the floor raises as linen is removed.

We intend to use our 2020 CARE Funds to purchase resource materials for the Just Culture program.



Just Culture FAQs

As organizations consider opting in to BETA Healthcare Group's (BETA) Just Culture program, the following FAQs are provided to help leaders understand what Just Culture is and what implementation means for their organization.

What is Just Culture in healthcare? How does it differ from other traditional philosophies?

Just Culture is built upon an organization's commitment to look at interactions between human operators and systems with which they work to identify error prone process or practice. What sets Just Culture apart from the traditional "blame" or "blame free" culture is that it is based on the expectation of accountability. In a Just Culture environment, organizations recognize that competent professionals make mistakes and acknowledge that even competent professionals will develop unhealthy norms (i.e. shortcuts, routine violations). When analyzing error, organizations that adopt a Just Culture philosophy first look at their systems in an effort to learn about, then correct, the defects. Organizations also consider behavioral choices for which consequences are clearly defined.

What is BETA's Just Culture program?

BETA's certified trainers will work with your organization to develop organization-based Just Culture trainers. Understanding the goal of sustainability, train-the-trainer methodology will be deployed in an effort to assist you in adopting, then implementing the model organization-wide. Commitment of executive leaders is key to the success of the program. BETA's certified trainers will provide executive leadership with training (one-hour program) as well as a two-day train-the-trainer program. A toolkit will assist in-house Just Culture trainers with implementation.

How much time will it take?

Following the completion of *core training* which consists of executive leadership training and train-the-trainer coursework, the organization shall consider time (which will vary by organization size, number of staff, and readiness) for the following:

- Committee hours to review and revise organization wide policies and procedures, working closely with Human Resources
- Training for the Just Culture trainers (facility-based) with an associated competency to include a "teach-back"
- Four-hour training sessions to be budgeted for all management and supervisory staff within the organization
- Two-hour training sessions to be budgeted for all frontline staff within the organization
- Organizations will be provided with a two-hour training program for frontline staff and a four-hour training program for management and supervisory staff
- Time set aside to coach and mentor staff across departments to ensure the philosophy is imbedded in behaviors, structure and metrics

Where does an organization start?

The structure must be in place prior to the training. Executive leaders including human resources, quality, and risk management, shall commit to revision of policies and procedures to ensure alignment in language and approach across the organization.

BETA recommends a top-down approach to training and, therefore, requires leaders to be trained in the concepts prior to its formal roll-out. This training shall be followed by education for department managers, local managers, clinical leads, and frontline staff.

How many people from my organization need to be trained as trainers?

The answer is dependent upon the size and makeup of your organization. It is a difficult to set a firm number. Some small organizations may train as few as three; others will train 20-30. Those trained shall

include operational leaders, the human resources team, quality managers, risk managers and patient safety personnel. In addition, you will want enough persons with the skill to influence and spread the philosophy of Just Culture across the organization to be advocates of change.

What is the role of a Just Culture Champion?

- Serve as an internal resource for managers and staff
- Maintain visibility and momentum around Just Culture
- Model the behaviors that are key to success
- Monitor and measure compliance to core concepts
- Provide updates to senior leaders on an ongoing basis
- Commit to participation in BETA's collaborative calls among participating organizations

What is required for implementation?

- The organization's commitment to the process after all points above have been considered
- A fully executed Opt-In Agreement returned to BETA
- A completed BETA Readiness Assessment to identify and evaluate the organization's current state of readiness
- Agreement on policy changes
- Leadership education followed by train-the-trainer course content
- Implementation plan established in collaboration with BETA certified trainers
- An education plan for ongoing monitoring

How will we know if we have reached a Just Culture?

Just Culture is an evolutionary process and is one in which departments will develop at different rates. The goal is to promote a psychologically safe environment where staff members fully understand the consequences of their actions, yet trust the organization to address the system defects that cause them to commit error. Once staff members feel safe to speak up, the organization will learn more quickly of their defects that exist and have the ability to institute system improvements and redesign before patient injury occurs. This is defined as a learning organization which then evolves into one of high reliability.

Who within our organization should receive the Just Culture training?

A Just Culture philosophy requires implementation throughout an organization and all staff should be educated to the philosophy. This may be accomplished over a period of time so organizations should develop a plan for implementation that includes training of all departments and all staff.

How do we approach developing the implementation plan?

At the completion of executive leadership training and train-the-trainer program, BETA's trainers will work with Just Culture sponsors and organizational trainers to develop a plan for implementation across their organizations.

MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE
ACUTE STROKE PROTOCOL

Page 1 of 8, plus the following Addendums

- *tPA Criteria*
- *tPA Dosing Chart*
- *Algorithm for Potential Stroke Patients*

POLICY:

Patients experiencing potential acute stroke symptoms shall be cared for in an organized, rapid, coordinated, and multidisciplinary fashion. Standardized stroke care shall be provided in order to achieve best practice and improve patient outcomes, safely decrease length of stay, decrease morbidity, and improve patient and family satisfaction.

PROCEDURE:

- I. Immediate general assessment: < 10 minutes from arrival or discovery of the neurological event by RN or physician
 - A. Assess ABC's and vital signs
 - B. Provide supplemental oxygen if indicated (SaO₂ < 94%)
 - C. Obtain IV access (preferably two 18 gauge) and obtain blood samples for lab testing (CBC, electrolytes, and coagulation studies)
 - D. Check blood sugar, treat if indicated
 - E. Perform general neurological screening assessment
 - F. Determine last known well time
 1. If less than 4.5 hours – Level 1
 2. If within 4.5 – 24 hour – Level 2 ED physician will evaluate for possible large vessel occlusion (LVO) and consider transfer to appropriate center
- II. Order emergent non-contrast CT scan of the brain. Consider obtaining immediate CT Angiogram if it will not result in delay of tPA administration and/or transfer. Assure CT Tech is obtaining Stat read from Radiologist
- III. If in-patient – immediately notify ED physician followed by primary care physician
- IV. Obtain Telehealth cart and place at bedside – do not initiate contact until CT scan is complete and scans sent to UC Davis by Imaging Department
- V. Immediate physical and neurological assessment by ED physician or primary care physician (<25 minutes from arrival/identification of symptoms for in-patient, < 10 minutes for ED patient)
 - A. Review patient history
 - B. Establish onset (< 3 hours required for thrombolytic, but in select patients can be extended to 4.5 hours after symptom onset)
 - C. Review tPA inclusion/exclusion criteria (Addendum A)

- VI. Physician review of CT scan
- VII. Radiology technician to send scans to UC Davis
- VIII. Initiate Telehealth consultation with UC Davis Neurology
 - A. Evidence of intracerebral or subarachnoid hemorrhage – consider transfer for appropriate care
 - B. Probable acute ischemic stroke
 - 1. Review inclusion/exclusion criteria
- IX. If patient remains candidate for thrombolytic therapy
 - A. Neurologist, ED physician, or primary care physician will review risks/benefits with patient and family
 - B. If acceptable candidate
 - 1. Begin thrombolytic therapy (door/onset to treatment goal < 60 minutes)
 - 2. Monitor neurologic status; emergent CT if deterioration
 - 3. Monitor BP; treat as indicated
 - 4. Begin transfer process to Stroke Receiving Facility
 - 5. Do not administer anticoagulants or antiplatelet treatment or the for the next 24 hours
- X. Monitor During and after IV tPA infusion:
 - A. Maintain BP below 180/105 mmHg for at least 24 hours per guidelines
 - B. BP every 15 minutes for 2 hours, then every 30 minutes for 6 hours, then Q1hour until 24 hours after IV-tPA
 - C. Neuro checks Q15 minutes during IV-tPA infusion, then Q30 minutes for 6 hours, then Q1hour until 24 hours after IV-tPA infusion
 - D. Pulse oximeter O2 sat > 94% using oxygen cannula or mask
 - E. Tylenol 650mg PO/PR Q4H Temp>99.4; cooling blanket PRN T>102, set to avoid shivering
 - F. Obtain non-contrast Head CT 24 hours after completion of IV-tPA infusion
 - G. No antiplatelet agents or anticoagulants until 24 hours post tPA infusion
 - H. No foley catheter, nasogastric tube, arterial catheter or central venous catheter for 24H post IV tPA or unless absolutely necessary
 - I. If during or after IV tPA administration patient has acute neurologic deterioration or new headache, or acute hypertension, or nausea and vomiting:
 - 1. Notify physician
 - 2. Discontinue IV rtPA infusion
 - 3. Send labs stat (PT/PTT/CBC/PLT/Fibrinogen/Type and Cross x3 units)
 - 4. Obtain stat non-contrast Head CT
- XI. Acute stroke levels – based on last known normal/time of onset
 - A. Level 1 – Patients arriving within 4.5 hours of onset of stroke symptoms or stuttering TIA symptoms, or ANY in-hospital stroke
 - B. Level 2 – Patients arriving outside of the 4.5 hour window or with TIA that is resolved
- XII. Individual Roles and Responsibilities
 - A. Primary RN

1. Assess ABC's and vital signs
 2. Provide supplemental oxygen if indicated (SaO₂ < 94%)
 3. Check blood sugar, treat if indicated
 4. Perform general neurological screening assessment
 5. Obtain time patient last seen normal
 6. Assure recent weight obtained
 7. Notify Physician
 8. Obtain order and place IV access (preferably two 18 gauge) saline lock and obtain blood samples for lab testing (CBC, electrolytes, and coagulation studies)
 9. Obtain order for Stat labs
 10. Obtain order for Stat non-contrast CT brain. Consider obtaining immediate CT Angiogram if it will not result in delay of tPA administration and/or transfer (transported within 30 minutes).
 11. Obtain order and acquire 12-lead ECG and portable chest x-ray – do not delay CT Head
 12. Obtain Telemedicine cart and place at bedside
 13. Document vital signs every 15 minutes
 14. Document neuro and ongoing assessments
 15. Keep patient NPO
- B. ED or In-patient physician
1. Evaluate patient (< 25 minutes for in-patient, < 10 minutes for ED patient)
 2. Rapid evaluation of patient to rule out acute MI, aortic dissection, other co-morbid conditions or non-stroke etiology and medical contraindications to tPA
 3. If intubation required, attempt to perform neuro assessment prior to intubation
 4. Complete tPA inclusion/exclusion checklist
 5. Provide appropriate order sets for lab, radiology, and nursing
 6. Review treatment plan with Telemedicine Neurology
 7. Begin transfer process if indicated
- C. Phlebotomist (CPT and/or ED Staff)
1. Draw stroke panel (CBC, Chem 8, PT INR)
 2. Immediately return specimens to lab and notify CLS of stroke patient
- D. Radiology Technologist
1. Obtain consent for infusion of IV Contrast
 2. Facilitate the immediate access of acute stroke patients into the scanner
 3. Perform non-contrast CT head
 4. Post physician confirmation of negative bleed, Perform CT Angiogram if indicated if it will not result in delay of tPA administration and/or transfer
 5. Assure that scans are sent stat to radiologist and UC Davis neurology transmitting information that patient is an acute stroke
- E. Telemedicine Neurologist
1. Provide prompt response to request for consult (< 10 minutes)
 2. Examine patient, establish time of onset

3. Review CT scans
4. Determine eligibility for tPA
5. Discuss risks/benefits of tPA and other treatment options with referring MD/family/patient
6. Provide consultation/orders to manage BP

COMMITTEE APPROVALS:

ER: 5/30/2019

MEC: 6/4/2019

Addendum A

tPA Criteria

If the CT scan is negative for hemorrhage, the patient may be considered for fibrinolytic therapy. Immediately perform further eligibility and risk stratification:

- If the CT scan shows no hemorrhage, the probability of acute ischemic stroke remains
- Review inclusion and exclusion criteria for IV fibrinolytic therapy and repeat neurologic exam
- If the patient's neurologic function is rapidly improving toward normal, fibrinolytic therapy may be unnecessary

TPA for Stroke Inclusion Criteria

- Diagnosis of ischemic stroke causing measurable neurologic deficits.
- Onset of symptoms < 3 hours before beginning treatment
- Age greater than or equal to 18 years

TPA for Stroke Exclusion Criteria

- Significant head trauma or prior stroke in previous 3 months
- Symptoms suggest subarachnoid hemorrhage
- Arterial puncture at non-compressible site in previous 7 days
- History of previous intracranial hemorrhage
 - Intracranial neoplasm, arteriovenous malformation, or aneurysm
 - Recent intracranial or intra-spinal surgery
- Elevated blood pressure (systolic > 180mm Hg or diastolic > 105mm Hg)
- Active internal bleeding
- Acute bleeding diathesis, including but not limited to
 - Platelet count < 100,000/mm
 - Heparin received within 48 hours, resulting in a PTT greater than the upper limit of normal
 - Current use of anticoagulant with INR >1.7 or PT >15 seconds
 - Current use of thrombin inhibitors or direct factor Xa inhibitors with elevated sensitive laboratory tests (such as a PTT, platelet count, and ECT, TT or appropriate factor Xa activity assays)
- Blood glucose concentration <50 mg/dl (2.7mmol/L)
- CT demonstrates multi-lobar infarction (hypodensity >1/3 cerebral hemisphere)

Relative Exclusion Criteria

Recent experience suggests that under some circumstances-with care consideration and weighing of risk to benefits-patients may receive fibrinolytic therapy despite one or more relative contraindication. Consider risk to benefit of tPA administration carefully if any one of these relative contraindications is present:

- Only minor or rapidly improving stroke symptoms (clearing spontaneously)
- Pregnancy
- Seizure at onset with postictal residual neurologic impairments
- Major surgery or serious trauma with previous 14 days
- Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)
- Recent acute myocardial infarction (within previous 3 months)

NOTES

1. The checklist includes some US FDA-approved indications and contraindications for administration of t-PA for acute ischemic stroke. Recent AHA/ASA guidelines revisions may differ slightly from FDA criteria. A physician with expertise in acute stroke care may modify this list
2. Onset time is either witnessed or last known well
3. In patients without recent use of oral anticoagulants or heparin, treatment with tPA can be initiated before availability of coagulation study results but should be discontinued if INR is >1.7 or PT is elevated by local Laboratory standards
4. In patients without history of thrombocytopenia, treatment with tPA can be initiated before availability of platelet count but should be discontinued if platelet count is < 100,00mm

Extended IV tPA window 3 to 4.5 hours

Inclusion Criteria

- Diagnosis of ischemic stroke causing measurable neurologic deficit
- Onset of symptoms 3 to 4.5 hours before beginning treatment

Exclusion Criteria

- Age >80 years
- Severe stroke (NIHSS score >25)
- Taking an oral anticoagulant regardless of INR
- History of both diabetes and prior ischemic stroke

Addendum B

tPA (Alteplace) Dosing Chart

IV tPA for Stroke – Administration Protocol

IV – tPA Dosing

- 1. Dose: 0.9 mg/kg (maximum of 90mg)**
- 2. Give 10% as IV bolus over 1 minute followed by the remaining 90% as an IV infusion over 60 minutes.**

IV tPA Dosing Table

Weight (lbs)	Weight (kg)	Total IV-tPA Dose at 0.9mg/kg (mg=ml)	IV-tPA Bolus Dose (mg=ml)	Infusion Rate (ml/hr)
100	45.5	41.0	4.1	36.9
110	50.0	45.0	4.5	40.5
120	54.5	49.1	4.9	44.2
130	59.1	53.2	5.3	47.9
140	63.6	57.2	5.7	51.5
150	68.2	61.4	6.1	55.3
160	72.7	65.4	6.5	58.9
170	77.3	69.6	7.0	62.6
180	81.8	73.6	7.4	66.2
190	86.4	77.8	7.8	70.0
200	90.9	81.8	8.2	73.6
210	95.5	86.0	8.6	77.4
220+	100.0	90.0	9.0	81.0

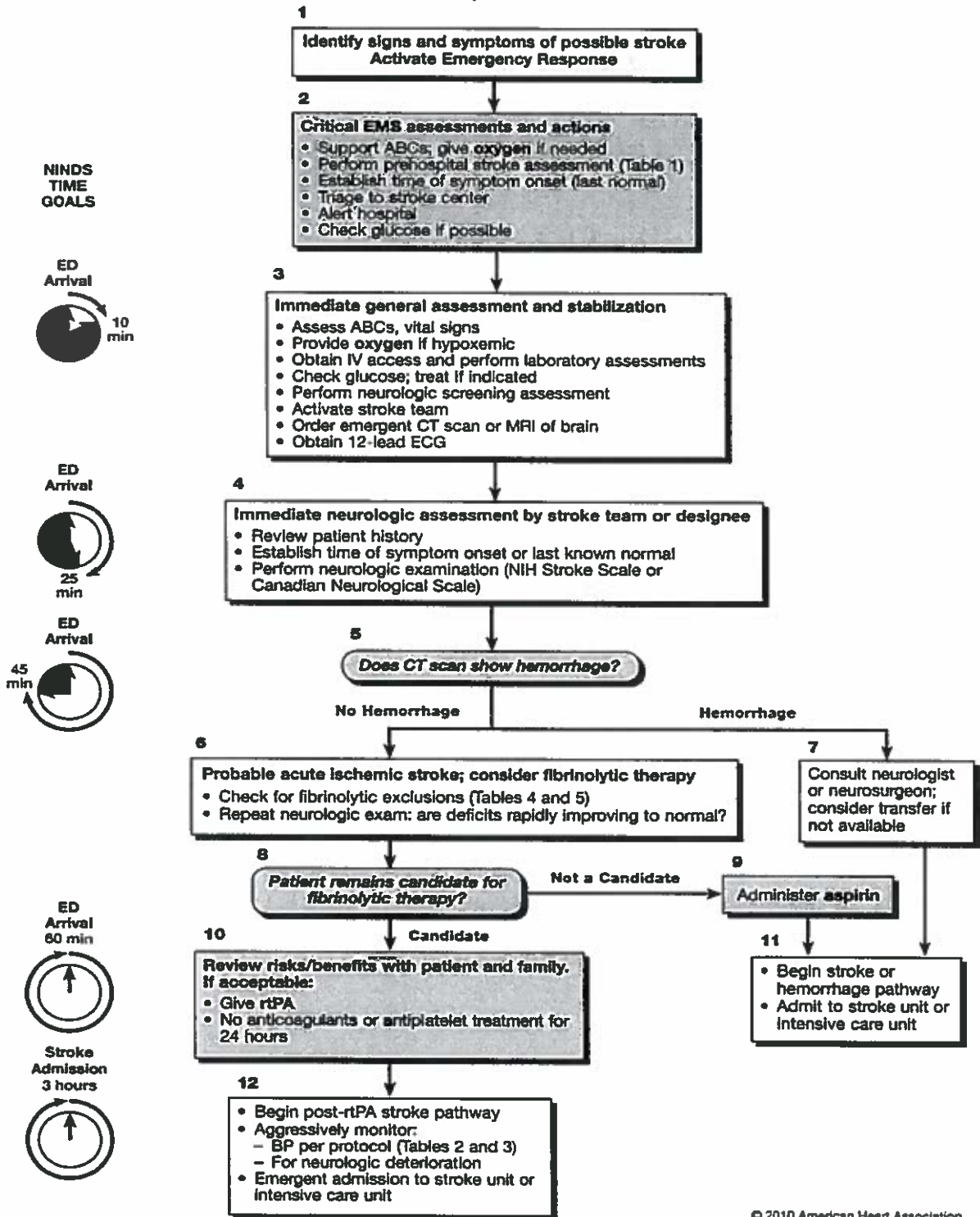
IV tPA Administration

- 1. Verify the bolus dose, and the infusion rate**
- 2. Verify the patency of IV site and tubing connections**
- 3. Verify the blood pressure cuff is attached to the other arm**
- 4. Give the bolus dose IV push over 1 minute**
- 5. Administer infusion dose IV over 60 minutes**
- 6. Document start date and time of bolus dose and infusion**

Addendum C

Adult Stroke Algorithm

Adult Suspected Stroke



MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE
BUSINESS ASSOCIATES

Synopsis of Policy: HIPAA Regulation: Business Associates § 160.103; § 164.502(e); § 164.504(e) and § 164.532(d) & (e)

Health plans and providers routinely hire other companies and consultants to perform a wide variety of functions for them. Health plans and providers, for example, may work with outside attorneys, bill collectors, computer specialists, or accreditation organizations. All of these entities need access to some patient information, but these persons are not directly subject to the privacy regulation. To allow information to be shared with these "business associates" and to protect the information that is disclosed to them, the regulation establishes specific conditions on when and how covered entities may share information with these entities. A "business associate" is a person or entity who:

- ◆ On behalf of a covered entity performs or assists in the performance of a function or activity involving the use or disclosure of individually identifiable health information, such as claims processing or administration, data analysis, utilization review, quality assurance, billing, practice management; or*
- ◆ Provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for a covered entity.*

A business associate does not include a member of the covered entity's workforce. Neither does it include the circumstance where two covered entities participate in an organized health care arrangement, such as a hospital where a doctor has privileges (See later discussion of "Organized Health Care Arrangement" for more information). Furthermore, the rule is not intended to cover anyone who merely acts as a conduit for protected health information, such as the U.S. Postal Service. A covered entity is permitted to disclose protected health information to a business associate or to allow the business associate to create or receive protected health information on its behalf if the covered entity obtains satisfactory assurance that the business associate will appropriately safeguard the information. Generally, this safeguard will take the form of a written contract which, among other things, requires the business associate not to use or disclose the information other than as permitted or required by the contract or as required by law, and to implement appropriate safeguards to prevent inappropriate uses and disclosures. A contract is not required in certain circumstances where the covered entity and the business associate both are governmental agencies or where the business associate is required by law to perform a function.

DEFINITIONS:

Business Associate (BA): Under the HIPAA Privacy and Security Rules, a person (or entity) who is not a member of the covered entity's workforce and performs any function or activity involving the use or disclosure of individually identifiable health information, or who provides services to a covered entity that involves the disclosure of individually

identifiable health information, such as legal, accounting, consulting, data aggregation, management, accreditation, etc.

Business Associate Agreement (BAA): Under the HIPAA Privacy and Security Rules, a legally binding agreement entered into by a covered entity and BA that establishes permitted and required uses and disclosures of PHI, provides obligations for the BA to safeguard the information and to report any uses or disclosures not provided for in the agreement, and requires the termination of the agreement if there is a material violation. Refer to 45 CFR § 164.502(e)(1) to determine when the standard is not applicable.

Electronic Protected Health Information (ePHI): Any individually identifiable health information protected by HIPAA that is transmitted by or stored in electronic media.

Protected Health Information (PHI). Individually identifiable health information that is created by or received by the organization, including demographic information, that identifies an individual, or provides a reasonable basis to believe the information can be used to identify an individual, and relates to:

- Past, present, or future physical or mental health or condition of an individual;
- The provision of health care to an individual; or
- The past, present, or future payment for the provision of health care to an individual.

PURPOSE:

This policy is to establish guidelines for Mayers Memorial Hospital District to identify those vendor/business relationships, which meet the HIPAA definition of a “business associate” and provide direction in establishing formalized business associate agreements.

Mayers Memorial Hospital District shall implement the required procedures and ensure documentation to establish satisfactory assurance of compliance. HIPAA requirements for business associates are addressed in the following standards:

- 45 CFR § 164.308(b)(1) – HIPAA Security Rule Administrative Safeguards Business Associate Contracts and Other Arrangements
- 45 CFR §164.314 – HIPAA Security Rule Organizational Requirements Business Associate Contracts or Other Arrangements
- 45 CFR § 164.502(e)(1) – HIPAA Privacy Rule Uses and Disclosures of Protected Health Information: General Rules – Disclosures to Business Associates
- 45 CFR §164.504 – HIPAA Privacy Rule Uses and Disclosures: Organizational Requirements

The standards define the concept of a business associate relationship and outline the required elements to be addressed in a business associate agreement (as addressed in this policy).

Responsible for Implementation:

- Privacy & Security Officers
- Administration

Applicable To:

- The Organization and all Involved with External Business Associates

PROCEDURES:

- 1) Mayers Memorial Hospital District shall determine responsible oversight for the management BA relationships and agreements. Responsibility may be delegated to:
 - a) Privacy Officer;
 - b) Security Officer; or
 - c) HIPAA Privacy & Security Team.

- 2) Mayers Memorial Hospital District departments/business units are responsible for facilitating the assessment of both existing and future vendor/business relationships to determine whether the relationship meets the criteria for a HIPAA BAA. The following criteria defines a business associate under HIPAA regulation:
 - a) The vendor/business' staff members are not members of Mayers Memorial Hospital District workforce;
 - b) The vendor/business' is doing something on behalf of Mayers Memorial Hospital District;
 - c) That "something" involves the use and/or disclosure of PHI; and
 - d) Note that there are certain disclosures to vendors/businesses that do not require establishment of a BAA (see 45 CFR § 164.502(e)(1)). These disclosures include:
 - i) Disclosures by a covered entity to a health care provider concerning the treatment of the individual;
 - ii) Disclosures by a group health plan or a health insurance issuer or HMO with respect to a group health plan to the plan sponsor, to the extent that the requirements of § 164.504(f) apply and are met; and
 - iii) Uses or disclosures by a health plan that is a government program providing public benefits, if eligibility for, or enrollment in, the health plan is determined by an agency other than the agency administering the health plan, or if the PHI used to determine enrollment or eligibility in the health plan is collected by an agency other than the agency administering the health plan, and such activity is authorized by law, with respect to the collection and sharing of individually identifiable health information for the performance of such functions by the health plan and the agency other than the agency administering the health plan.

- 3) Mayers Memorial Hospital District may determine the need for BAAs through:
 - a) Mapping the flow of PHI and identifying where PHI is used, disclosed, or created by external entities;

Business Associates

Page 4 of 9

- b) Reviewing contract management documents/software and identifying where PHI is disclosed to external entities;
 - c) Reviewing 1099 tax forms to identify vendors and then identify vendors with business arrangements where PHI is disclosed to external entities or used internally by vendors; and
 - d) Assessing new vendor/business arrangements to determine if PHI will be used and/or disclosed.
- 4) When it has been determined that a BA arrangement exists, the Mayers Memorial Hospital District's leader shall contact the responsible individual/team to initiate a BAA document. The Mayers Memorial Hospital District's leader shall provide the following information to "customize" the BAA:
- a) The name and contact information of the BA;
 - b) A general description of the type of service being provided by the BA;
 - c) Permitted uses and disclosures as applicable to the arrangement (See 6 a);
 - d) The name of the organization's department/business unit and leader who established the BAA;
 - e) Date of establishment of the BA relationship and BAA;
 - f) Name/signature line for the department/business unit leader or Privacy Officer; and
 - g) Name/signature line for the BA contact.
- 5) If a vendor/business relationship requiring a BA agreement/addendum is in the process of contract negotiation and development, the provisions of the BAA may be incorporated into the contract as an option (a separate BAA would not be required).
- 6) Obligations and activities which must be addressed in the BAA document include:

Privacy Rule Provisions (45 CFR § 164.504(e)(2):

- a) Stated Purposes for Which BA May Use or Disclose PHI: BA is permitted to use and disclose PHI it creates or receives for or from Mayers Memorial Hospital District for the purposes as described in the addendum. BA may also use the PHI it creates or receives for or from Mayers Memorial Hospital District as minimally necessary for BA's proper management and administration or to carry out BA's legal responsibilities.
- b) Limitations on Use and Disclosure of Protected Health Information: BA agrees it shall not use or disclose, and shall ensure that its directors, officers, employees, contractors and agents do not use or disclose, Protected Health Information for any purpose other than as expressly permitted by the BAA, or required by law, or in any manner that would constitute a violation of the Privacy Standards if used by Mayers Memorial Hospital District.
 - i) The BAA may permit the BA to use and disclose protected health information for the proper management and administration of the BA; and

- ii) The BAA may permit the BA to provide data aggregation services relating to the health care operations of Mayers Memorial Hospital District.
- c) Disclosure by Others: To the extent BA is authorized by this Agreement to disclose Protected Health Information to a third party, BA must obtain, prior to making any such disclosure, reasonable assurances from the third party that the Protected Health Information will be held confidential as provided pursuant to the Agreement and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and an agreement from the third party to immediately notify BA of any breaches of confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d) Minimum Necessary: BA shall disclose to its subcontractors, agents or other third parties (and request from Mayers Memorial Hospital District) only the minimum PHI necessary to performing or fulfilling a specific required or permitted function.
- e) Safeguards Against Misuse of Information: BA will establish and maintain all appropriate safeguards to prevent any use or disclosure of PHI other than pursuant to the terms and conditions of the Agreement.
- f) Reporting of Disclosures of PHI: BA shall, within twenty [20] days of discovery of any use or disclosure of PHI in violation of the Agreement, report any such use or disclosure to Mayers Memorial Hospital District.
- g) Agreements by Third Parties: BA shall enter into an agreement with any agent or subcontractor that will have access to PHI that is received from, or created or received by BA on behalf of, Mayers Memorial Hospital District pursuant to which such agent or subcontractor agrees to be bound by the same restrictions, terms and conditions that apply to BA pursuant to the Agreement with respect to PHI.
- h) Access to Information: Within thirty [30] days of a request by Mayers Memorial Hospital District for access to PHI about an individual contained in a Designated Record Set, BA shall make available to Mayers Memorial Hospital District the PHI it requests for so long as that information is maintained in the Designated Record Set. If any individual requests access to PHI about the individual directly from BA, BA shall make available and provide a right of access to the PHI to the individual, at the times and in the manner required by the Privacy Standards (see 45 C.F.R. § 164.524, or its successor as it may be amended from time to time). After receiving the request, BA shall notify Mayers Memorial Hospital District within thirty [30] days of such request.
- i) Availability of PHI for Amendment: BA agrees to make PHI available for amendment and to incorporate any such amendments in the PHI, at the times and in the manner required by the Privacy Standards (see 45 C.F.R. § 164.526 or its successor as it may be amended from time to time).
- j) Accounting of Disclosures: Within thirty [30] days of notice by Mayers Memorial Hospital District to BA that it has received a request for an accounting of

disclosures of PHI regarding an individual during the six years prior to the date on which the accounting was requested, BA shall make available to Mayers Memorial Hospital District such information as is in BA's possession and is required for Mayers Memorial Hospital District to make the accounting required by the Privacy Standards (see 45 C.F.R. § 164.528, or its successor as it may be amended from time to time). At a minimum, BA shall provide Mayers Memorial Hospital District with the following information: The date of the disclosure; The name of the entity or person who received the PHI, and, if known, the address of such entity or person; A brief description of the PHI disclosed; And a brief statement of the purpose of the disclosure which includes an explanation of the basis for the disclosure. If the request for an accounting is delivered directly to BA, BA shall within zero [0] days forward the request to Mayers Memorial Hospital District. Mayers Memorial Hospital District is responsible for preparing and delivering the accounting requested. BA agrees to implement an appropriate record keeping process to enable it to comply with the requirements of this Section.

- k) Availability of Books and Records: BA agrees to make its internal practices, books and records relating to the use and disclosure of PHI received from, or created or received by BA on behalf of Mayers Memorial Hospital District available to the Secretary for purposes of determining Mayers Memorial Hospital District and BA's compliance with the Privacy Standards.
- l) If Mayers Memorial Hospital District (covered entity) and the BA are both governmental entities, additional implementation specifications must be addressed (See 45 CFR § 164.504(e)(3)).

Security Rule Provisions (45 CFR § 164.314):

- m) Implementation of Safeguards: BA agrees to implementation of administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the ePHI that it creates, receives, maintains, and transmits on behalf of Mayers Memorial Hospital District.
- n) Agents and Subcontractors: BA agrees that any agent, including a subcontractor, to which the BA provides ePHI, agrees to implement reasonable and appropriate safeguards to protect the ePHI.
- o) Security Incidents: BA agrees to report to Mayers Memorial Hospital District any security incident of which it becomes aware.
- p) Termination: BA agreement authorizes termination of the contract by Mayers Memorial Hospital District, if Mayers Memorial Hospital District determines that the BA has violated a material term of the contract.

Other Provisions:

- q) Mayers Memorial Hospital District may want to seek guidance by legal counsel prior to entering into a BAA that includes language addressing:
 - i) Insurance responsibilities; and
 - ii) Indemnification requirements.
 - r) If Mayers Memorial Hospital District chooses to terminate the arrangement with the BA or the BA chooses to terminate the arrangement with Mayers Memorial Hospital District the agreement must be terminated as outlined in the provisions of the BAA/addendum or contract.
 - s) Upon termination or expiration of the business arrangement between the BA and Mayers Memorial Hospital District, the BA shall either return or destroy all PHI received from Mayers Memorial Hospital District or created or received by BA on behalf of Mayers Memorial Hospital District that the BA still maintains in any form as outlined in the provisions of the BAA/addendum or contract.
- 7) Mayers Memorial Hospital District does not have a statutory obligation to monitor the activities of its BAs, but does have a statutory responsibility to gain knowledge and assurances of the BAs compliance with the HIPAA Security Rule. Mayers Memorial Hospital District, however, must respond to reported privacy breaches and security incident events, should they occur, and take reasonable steps to cure any potential breach or end the violation.
- 8) Mayers Memorial Hospital District may serve as a BA to another covered entity and may be asked to review and sign that covered entity's external BA agreement/addendum or contract. As a BA, Mayers Memorial Hospital District should:
- a) Forward the external information to the Privacy Officer to review the submitted BA agreement to ensure that the provisions outlined are consistent with those set forth in this policy or as documented on the attached; and
 - b) If the BA agreement is not consistent with this policy or contains additional provisions or provisions that are inconsistent with the privacy regulation, the Privacy Officer may recommend to the following alternatives:
 - (1) Agree to the additional provisions and sign the agreement;
 - (2) Refer the agreement to legal counsel to determine appropriateness before signing; and
 - (3) Refuse to agree to the provisions and notify the covered entity to establish a resolution.
- 9) To meet the documentation requirements of the Security Rule, the responsible individual/team shall maintain a file/electronic spreadsheet BAAs/addendums/contracts. This file shall include the following information, and shall be available for review as needed:
- a) Date BAA need identified/received by responsible individual/team;
 - b) Name of Individual/organization which forwarded the agreement/identified need;
 - c) Name of organization for which BAA is needed;

- d) Description of Mayers Memorial Hospital District operations that the BA is involved with;
 - e) Initiation date of original contract (if applicable);
 - f) Term of contract;
 - g) Date BAA signed by responsible individual;
 - h) Location of BAA; and
 - i) Any additional notes.
- 10) All BAA documentation shall be maintained for a period of six years beyond the date of when the BAA relationship is terminated.
- 11) The BAA shall be effective for the length of the relationship between the BA and the organization, unless otherwise terminated under the provisions outlined in the agreement.

EXAMPLES OF BUSINESS ASSOCIATES

EXAMPLES OF BUSINESS ARRANGEMENTS THAT MAY INVOLVE DISCLOSURE OF PHI & REQUIRE BA AGREEMENTS/ADDENDUMS OR CONTRACT PROVISIONS

- | | |
|---|---|
| Accrediting/Licensing Agencies (JCAHO) | Pathology Services Contracts |
| Accounting Consultants/Vendors | Paper Recycling Contracts |
| Actuarial Consultants/Vendors | Patient Satisfaction Survey Contracts |
| Agents/Contractors Accessing PHI (Consultants) | Payer-Provider Contracts (Provider for Health Plan) |
| Application Service Providers (i.e., prescription mgmt.) | Physician Billing Services |
| Attorneys/Legal Counsel | Physician Contracts |
| Auditors | Practice Management Consultants/Vendors |
| Benchmarking Organizations | Professional Services Contracts |
| Benefit Management Organizations | Quality Assurance Consultants/Vendors |
| Claims Processing/Clearinghouse Agency Contracts | Radiology Services Contracts |
| Coding Vendor Contracts | Record Copying Service Vendor Contracts |
| Collection Agency Contracts | Record Storage Vendors |
| Computer Hardware Contracts | Release of Information Service Vendor Contracts |
| Computer Software Contracts | Repair Contractors of Devices Containing PHI |
| Consultants/Consulting Firms | Revenue Enhancement/DRG Optimization Contracts |
| Data Analysis Consultants/Vendors | Risk Management Consulting Vendor Contracts |
| Data Warehouse Contracts | Shared Service/Joint Venture Contracts with Other
Healthcare Organizations |
| Emergency Physician Services Contracts | Statement Outsource Vendors |
| Hospitalist Contracts | Telemedicine Program Contracts |
| Insurance Contracts (Coverage for Risk, Malpractice,
etc.) | Third Party Administrators |
| Interpreter Services Contracts | Transcription Vendor Contracts |
| IT/IS Vendors | Waste Disposal Contracts (Hauling, Shredding) |
| Legal Services Contracts | |
| Medical Staff Credentialing Software Contracts | <u>Health Plan Relationships:</u> |
| Microfilming Vendor Contracts | Pharmaceutical Benefits Management Contracts |
| Optical Disc Conversion Contracts | Preauthorization Management Contracts |
| | Case Management Contracts |
-

Third Party Administrator (TPA) Contracts
Wellness Promotion Contracts

REFERENCES:

- 45 CFR § 164.308(b)(1) – HIPAA Security Rule Administrative Safeguards Business Associate Contracts and Other Arrangements
- 45 CFR §164.314 – HIPAA Security Rule Organizational Requirements Business Associate Contracts or Other Arrangements
- 45 CFR § 164.502(e)(1) – HIPAA Privacy Rule Uses and Disclosures of Protected Health Information: General Rules – Disclosures to Business Associates
- 45 CFR §164.504 – HIPAA Privacy Rule Uses and Disclosures: Organizational Requirements

COMMITTEE APPROVALS:
HIM/HIPAA: 7/17/2019

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

CONSERVATIVE SHARP INSTRUMENTAL WOUND DEBRIDEMENT

Page 1 of 4

POLICY:

- Physician's order for sharp debridement is required.
- Physician debridement is a surgical procedure.
- Clean procedure using sterile instruments
- The certified wound nurse, ostomy and continence nurses CWOCN, registered nurse trained in the procedure, may perform conservative sharp debridement. Competency for sharp debridement will include, but is not limited to the following criteria:
 - Observation of procedure: ten hours.
 - Demonstration with cadaver/pigs foot: one hour.
 - Practice under direct supervision of CWOCN or approved validator.
 - Successful completion of sharp debridement competency.
- Contraindications:
 - Patients with impaired clotting mechanisms and increased risk of bleeding.
 - Non-infected ischemic ulcer covered with dry eschar when tissue oxygenation is sufficient to support infection control and wound healing. Examples include, but are not limited to, arterial ulcers or diabetic ulcers with dry gangrene.
 - Stable heel ulcers with dry eschar if they do not have edema, erythema, fluctulance, or drainage.
 - Patients with multiple medical conditions, immunosuppression, and risk factors, which place the patient at risk for delayed healing or an infectious complication.
 - If the goal of patient care is not wound healing.

Advantages:

- Rapid removal of necrotic tissue.
- Will not harm health tissue when performed by skilled professional

Disadvantages:

- Requires availability of health-care professional who has demonstrated the clinical requirements.
- May cause bleeding, even when performed with correct procedure.
- Extensive (surgical) debridement of tissues should be performed by a physician in an acute care setting/operating room/special procedures room.

PROCEDURE:

EQUIPMENT:

- Equipment for standard precautions
- Dressing to be used
- Supplies for wound cleansing method to be used
- Clean gloves
- Debridement tray or #10 scalpel, forceps, curette, and/or scissors, and/or nippers
- Topical antiseptic: chlor-prep

1. Verify physician order for debridement and obtain consent.
2. Assess patient and verify that the medical condition permits debridement.
3. Perform full wound assessment to include wound measurements, appearance, with verification that wound is appropriate for debridement.
4. Wash hands, put on gloves
5. Explain the procedure to the patient.
6. Gather and prepare equipment
7. Position patient for procedure; use a drape, if needed.
8. Remove dressing and dispose of in biohazard trash, remove gloves, wash/sanitize hands with alcohol based hand rub.
9. Perform wound-cleansing care per standard procedure. Prepare periwound skin and area to be debrided with antiseptic swab.

NOTE: Tissue to be debrided should be loosely adherent to necrotic as well as avascular.

10. Grasp tissue with forceps and hold with tension
11. Debride the tissue by cutting slowly and in layers with either scalpel, curette or scissors.
12. Identify line of demarcation between viable (healthy) tissue and necrotic tissue
13. Terminate debridement if:
 - Patient no longer tolerates procedure
 - Bleeding is encountered
 - Necrotic tissue has been removed
 - Impending exposure of tendon/bone
 - Location of facial plane is identified
 - Location of vital structure is identified
 - Clinical fatigue
14. Control bleeding:
Unless specified, a physician order for CSIWD includes an order for the following measures:

Conservative Sharp Instrument Wound Debridement

Page 3 of 4

- Minor blood Loss:
 - Apply direct pressure
 - Silver Nitrate applicator sticks
 - Surgical dressing
- Major blood loss:
(If brisk source cannot be seen)
 - Apply direct pressure
 - Cal for help immediately, activate the EMS

AFTER DEBRIDEMENT:

- Clean wound with saline
- Apply wet saline dressing if wound is dry and/or a dry dressing if drainage is present, for first 24 hours

PHYSICIAN NOTIFICATION for the following:

Patient is or has:

- Febrile or deteriorating medical condition
- Wound fails to improve after multiple debridements
- Cellulitis
- Gross purulence or infection
- Impending exposure of vital structures
- Abscess
- Extensively undermined ulcers/wounds
- Bleeding that does not stop

DOCUMENT in Progress Notes:

- Wound assessment
- Debridement performed
- Supplies used
- Difficulties during procedure, if any
- Type of dressing applied
- Physician notification, if applicable
- Patient response
- Patient education

REFERENCES:

Lippincott Nursing Procedures, Eleventh Edition Philadelphia, PA 2019;

Wound, Ostomy and Continence Nurses Society Core Curriculum Wound Management 2016

WoundSource (<https://www.woundsource.com>)
Wound Debridement Options: The 5 Major Methods
retrieved from: WoundSource on April 19th, 2018

COMMITTEE APPROVALS:

OP Med: 1/14/2019
P&P: 4/4/2019
MEC: 6/4/2019

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

**NURSING VENTILATOR MANAGEMENT IN THE ABSENCE OF
RESPIRATORY THERAPY**

Page 1 of 4

POLICY:

In the absence of a respiratory therapist, nurses who have been trained and met annual competency may utilize the LTV 1200 ventilator to provide patients with optimum ventilatory management under the guidance of the on-duty physician.

DEFINITIONS:

LTV 1200: The type of transport ventilator used at Mayers

Leak Check: A procedure performed prior to ventilator operation on a patient to assure the integrity of the ventilator circuit.

Respiratory Rate (RR): The amount of breaths taken/given over 1 minute

FIO₂: Fraction of inspired oxygen measured as a percentage.

PEEP: Positive End Expiratory Pressure is the measure of the pressure in the lungs at the end of expiration. In mechanical ventilation represents amount of continuously applied pressure throughout the respiratory cycle whose purpose is to recruit and maintain alveolar function.

Pressure Support (PS): In the spontaneous breathing patient pressure support is utilized to decrease resistance by overcoming ventilator accessory dead space such as the circuitry and its components and endotracheal tube

Pressure Control (PC): A mode of ventilation that provides each breath until a set pressure is reached

Tidal Volume (V_t): Volume of air inspired in a single breath measured in ML

Expired Tidal Volume (eV_t): Volume of air expired in a single breath measured in ML

Minute Volume (MV): Total volume inspired or expired depending on method of measurement that occurs over 1 minute measured in LPM. Formula for calculating
 $MV = \text{rate} \times V_t$

SIMV: Synchronized Intermittent Mandatory Ventilation. A mode where a set volume of ventilation will be delivered in a method that synchronizes ventilation from the machine with a patient's spontaneous breathing efforts

Assist Control: Ventilator mode whereby the same amount of volume is delivered regardless of initiation by the ventilator or the patient

Inspiratory Time: The amount of time it takes to deliver the tidal volume of air to the lung

I:E Ratio: The ratio of inspiratory time to expiratory time

ETCO₂: The partial pressure of carbon dioxide at the end of an exhaled breath

Ideal Body Weight: A calculation of ideal weight based on gender and height as lung size does not change with quantity of fat in the body

CPAP: A method of ventilation provided to spontaneous breathing patients that provides a constant amount of pressure

BiPap: A method of ventilation provided to spontaneous breathing patients that provides different pressures during the inhalation phase and expiratory/end phase of breathing

PROCEDURE:

Ventilator Set Up

Initial

1. Remove plastic covering unit and confirm proper vent circuit is attached (greater than 20kg = adult, 5kg –less than or equal to 20kg = peds, less than 5kg = do not use)
2. Plug in power and green high pressure oxygen hose to wall outlets

Power up and circuit check

1. Press and Hold – “Select” button while pressing and releasing “On/Standby” button – MUST hold select button until vent alarms and display says “Remove Patient”
2. Press “Silence” button to mute alarm
3. Display will say “Vent Check” – Press “Select”
4. Rotate nob until display reads “Leak” – Press “Select” and occlude end of tubing for duration of test. When complete, display MUST say “Leak Pass” in order to continue using system. If failed look for disconnected pieces of circuit or change circuit out.
5. Press “Select” – display will change to “Exit”
6. Press “Select” – display will change to “Vent Check”
7. Rotate nob until display says “Exit” – Press “Select” – Vent will power up in normal mode

Settings for Patient

1. Display will read “Same Patient” – Only use this if all settings have previously been set (i.e. – patient returning from CT who was previously on vent).
2. Rotate nob until display reads “New Patient” – Press “Select”
3. Rotate nob until display reads proper pt (Adult, Pediatric, Infant) – Press “Select”
 - a. NOTE – For adult settings vent automatically chooses volume ventilation. For pediatric and infant vent automatically chooses pressure ventilation

Volume Ventilation Settings (Generic Adult) - Set appropriate vent settings based on Physician orders

1. Set Rate: 12 – 18
2. Set Tidal Volume – based on Ideal Body Weight (See Chart)
 - a. 6-8 ml/kg

3. Set Insp Time to 1:2 ratio unless told otherwise
 - a. Press "Select" until display reads "I:E"
 - b. Press "Insp Time" button to highlight this function
 - c. Display changes to "I:E Calc"
 - d. Rotate nob until display reads 1:2 or closest possible
 - e. NOTE – I:E ratio must be reset after every respiratory rate change
4. Set O₂ %
5. Set PEEP
6. Check preset alarms for appropriateness
7. Attach vent to patient
8. Check for appropriate chest rise
9. Verify effectiveness of ventilation –
 - a. continuous ETCO₂ monitoring
 - b. maintaining O₂ saturation
 - c. minute volume obtained as expected

Does patient have spontaneous breathing effort? Yes – Next steps

10. Change vent to "SIMV" mode
 - a. Press the select button under SIMV until green light moves from Assist Ctrl to SIMV
11. Set Pressure Support to 5-10 if not already set by vent
12. Set alarms

Pressure Ventilation Settings (Generic Pediatric) - Set appropriate vent settings based on Physician orders

1. Set Rate: Age dependent
2. Calculate Tidal Volume – based on actual pt weight in pediatrics (beware the obese child and adjust accordingly)
 - a. 6-8 ml/kg
3. Set Pressure Control – Lowest pressure to obtain expected tidal volume – Vent defaults to 15
 - a. Note: Pressure Control = Pressure + PEEP (PS 15 + PEEP 5 = total pressure of 20 or 15/5 for documentation)
4. Set Insp Time to 1:2 ratio unless told otherwise
 - a. Press "Select" until display reads "I:E"
 - b. Press "Insp Time" button to highlight this function
 - c. Display changes to "I:E Calc"
 - d. Rotate nob until display reads 1:2 or closest possible
 - e. NOTE – I:E ratio must be reset after every respiratory rate change
5. Set O₂ %

6. Set PEEP
7. Check preset alarms for appropriateness
8. Attach vent to patient
9. Check for appropriate chest rise
10. Verify effectiveness of ventilation –
 - a. continuous ETCO₂ monitoring
 - b. exhaled V_t as calculated obtained
 - c. minute volume obtained as expected
 - d. maintaining O₂ saturation

Does patient have spontaneous breathing effort? Yes – Next steps

11. Change vent to “SIMV” mode
 - a. Press the select button under SIMV until green light moves from Assist Ctrl to SIMV
12. Set Pressure Support to 5-10 if not already set by vent
13. Set alarms

CPAP/BiPAP Ventilator Settings - Set appropriate vent settings based on Physician orders

1. Set ventilator settings per Pressure Ventilation Sheet
 - a. In CPAP/BiPAP mode these settings become the backup or apnea settings
 2. Press the mode button until “NPPV” light flashes
 3. Press the mode button one additional time
 - a. Display now reads “Set IPAP” and Pressure Support is highlighted
 4. Rotate nob until desired IPAP
 5. Press “Pres. Support” button
 - a. Display now reads “Set EPAP” and Peep is highlighted
 6. Rotate nob until desired EPAP
 7. Press “PEEP” button
 8. Vent automatically switches to BiPAP at settings entered
 9. Set oxygen percentage
 10. Apply face mask and secure appropriately
- CPAP is PEEP only – Pres. Support at 0
 - If pt stops breathing vent will automatically switch back to Pressure Ventilation settings.
If pt resumes breathing vent will automatically resume CPAP/BiPAP mode

Ventilator Adjustments

1. ABG's should be performed post intubation and 20 minutes post ventilator changes
2. Changes to ventilator settings based on ABG results are Physician driven

REFERENCES:

LTV 1200 Operators Manual
Ventilation, Weaning & Extubation with the LTV 1200 Transport Ventilator Policy
Arterial Puncture and Analyzation

COMMITTEE APPROVALS:

ER: 2/29/2019

P&P: 3/14/2019

MEC: 6/4/2019

MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE
PHONE REIMBURSEMENT

Page 1 of 1

It is necessary for Administrators on Call (AOC) to maintain landline telephones and to be available to the Hospital as needed. In addition, AOC's are responsible for obtaining their own cellular telephone and the cost of such devices is not to be reimbursed by the hospital. This policy is to help compensate AOC's by subsidizing a portion of the landline telephone monthly service expense.

POLICY:

Mayers Memorial Hospital District will pay a flat-rate reimbursement to designated Administrators on Call to offset part of their telephone expenses incurred monthly.

PROCEDURE:

1. The Administrators on Call are eligible for the reimbursement.
2. Payments of these reimbursements will be issued on a monthly basis.
3. In order to receive the reimbursement, eligible employees are required to submit a copy of their telephone bill annually to Accounts Payable. Requests submitted without a copy of the bill will not be honored.
4. Reimbursement of \$100 maximum per month

COMMITTEE APPROVALS:

P&P: 6/7/2019

**MAYERS MEMORIAL HOSPITAL DISTRICT
SCOPE OF SERVICES**

Section: Critical Access Hospital

Topic: Scope of Services/Services Provided

Date Adopted: April 22, 2009 (Board of Directors); July 25, 2012 (Board of Directors)

REVISIONS: 7/16/12, 7/15/13, 1/5/2017, 1/14/2019

Authorized by: Louis Ward, MHA, CEO

PURPOSE – to delineate basic scope of services provided by Mayers Memorial Hospital District

A. ACUTE CARE SERVICES

Mayers Memorial Hospital District provides inpatient medical care to moderate acuity, acutely ill patients including: newborn, pediatric, adolescent, adult and geriatric. Medical care generally includes: medical history, physical examination, specimen collection, assessment of health status, diagnosis and treatment of a variety of medical conditions. The anticipated length of stay average is less than 96 hours. **Primary diagnoses** include but not limited to:

Acute pancreatitis	Exacerbation of COPD
Anemia	Fever
Blood in stool	Gastroenteritis
Cellulitis	Hypertension
Chest pain	Intestinal obstruction (bowel obstruction)
Cholelithiasis with cholecystitis (Gall Stones)	Infections
Congestive heart failure	Pneumonia
Convulsions (seizures)	Septicemia
Dehydration	Unspecified cerebral artery occlusion w/cerebral infarction (Stroke)
Diabetes	Urinary track infection (UTI)
<p>Acute patients have access to the following services: Medical Imaging ~ Laboratory ~ Therapeutic Services ~ Other Diagnostics ~ Pharmacy Services ~ Dietary Services ~ Professional Services</p>	
<p>Services provided through agreement or arrangement: Patient conditions requiring a higher level of care than can be provided by the CAH are transferred to facilities with such capabilities and services. Top five referral hospitals include:</p> <ul style="list-style-type: none"> • Shasta Regional Medical Center, Redding • Mercy Medical Center, Redding (Dignity Health) • Mercy Medical Center, Mt. Shasta (Dignity Health) • UC Davis Medical Center, Davis • Renown Medical Center, Reno, Nevada • 	

Scope of Services, MMHD

B. SWING BED SERVICES

Mayers Memorial Hospital District provides extended stay/intermediate stay medical care that includes: medical history, physical examination, specimen collection, assessment of health status, diagnosis and treatment of a variety of medical conditions. Swing bed services are available to patients whose conditions require continued in-patient services at a lesser acuity.

Swing Bed Services:	Primary diagnoses are:
IV therapy	Acute renal failure
Medication regimen management/adjustment	Aftercare traumatic fractured hip
Physical therapy/rehabilitation	Aftercare traumatic fractured upper leg
Wound care	Atrial fibrillation
Non-hospice palliative care	Chronic obstructive pulmonary disease (COPD)
Evaluation for facility placement (not to exceed five days)	Congestive heart failure
	Pneumonia
	Type II diabetes
	Unable to care for self
Swing bed patients have access to the following services: Medical Imaging ~ Laboratory ~ Therapeutic Services ~ Other Diagnostics ~ Pharmacy Services ~ Dietary Services ~ Professional Services ~ Respiratory Therapy	
Services provided through agreement or arrangement: Patient conditions requiring a higher level of care than can be provided by the CAH are transferred to facilities with such capabilities and services. In return, MMHD agrees to accept patients back once they meet Swing-bed criteria. Top five referral hospitals include: <ul style="list-style-type: none"> • Shasta Regional Medical Center • Mercy Medical Center Redding • Mercy Medical Center Mt. Shasta • UC Davis Medical Center • Renown Medical Center • 	

C. SURGICAL

The Surgical Services Department of Mayers Memorial Hospital District provides services for operative and other invasive procedures and immediate postoperative care on a 24-hour basis. Services are provided to pediatric, adolescent, adult and geriatric patient populations.

Staffed to Operate:	
Operating room (OR) suite	
Outpatient surgery suite	
PAR (post anesthesia recovery room)	
Procedure room	
Scope and Complexity of Patient Care Needs:	
Category:	Frequently Performed Procedures:

Scope of Services, MMHD

Endoscopy	Colonoscopy – with or without biopsy Colonoscopy with polypectomy Esophagogastroduodenoscopy – with or without biopsy Esophagogastroduodenoscopy with H-Pylori biopsy
General	Hernia Repair Hernia Repair with mesh placement Laparoscopic Cholecystectomy Fistulectomy Incision and Drainage of Abscess Appendectomy Laparoscopic Appendectomy Groshong Catheter Placement Excision of Lesions
Gynecological	Dilation and Curettage Laparoscopic
Orthopedic	Knee Arthroscopy – with or without: - Meniscetomy - Lateral extensor retinacular release Shoulder Arthroscopy – with or without: - Open Rotator Cuff Repair Carpal Tunnel Release Thumb Carpometacarpal Joint Reconstruction
Surgical patients have access to the following services: Medical Imaging ~ Laboratory ~ Therapeutic Services ~ Other Diagnostics ~ Pharmacy Services ~ Dietary Services ~ Professional Services ~ Respiratory Therapy	
Services provided through agreement or arrangement:	
<ul style="list-style-type: none"> • Dr. Dale Syverson – General Surgeon • Dr. Todd B. Guthrie – Orthopedic Surgeon • CRNA Anesthesia Providers 	

D. EMERGENCY SERVICES

Emergency Services provides stabilization, diagnosis, and treatment, or transfer, of any pediatric, adolescent, adult or geriatric patient who enters the facility requesting emergency services. These services are provided 24 hours/day – 7 days/week – 365 days/year:

Available Resources:	Services Provided (Included but not limited to):
Emergency room	Airway management
	Resuscitation
	Oxygen therapy
Physician on duty	Pharmacological therapy
	Intravenous therapy
	Cardiac monitoring
	Trauma care
	Minor surgical procedures

Scope of Services, MMHD

	Tetanus and other anti-microbial prophylaxis
	Pain management
<p>Emergency Room patients have access to the following services: Medical Imaging ~ Laboratory ~ Other Diagnostics ~ Pharmacy Services ~ Professional Services ~ Respiratory Therapy</p>	
<p>Services provided through agreement or arrangement:</p> <ul style="list-style-type: none"> • EmCare – Physician provider contract • Sierra-Sacramento Valley Emergency Medical Services Agency – Modified Base Hospital Agreement (Shasta County); • Nor-Cal Emergency Medical Service Agency – Base Hospital Agreement (Lassen and Modoc Counties) <p>Base Station Hospital functions for multiple local pre-hospital emergency medical providers, including but not limited to:</p> <ul style="list-style-type: none"> • Mayers Memorial Hospital District Ambulance Service • Burney Fire Department Emergency Medical Service • Soldier Mountain Fire Department Emergency Medical Service • Hat Creek Fire Department Emergency Medical Service • Adin Fire Protection District (non-transport) • Lookout Fire Protection District (non-transport) 	

E. AMBULANCE SERVICE

Mayers Memorial Hospital District provides ambulance services for sick and injured patients within our response area 24 hours/day – 7 days/week – 365 days/year. Services provided by District or via contract.

Services Provided:
9-1-1 Advanced Life Support
9-1-1 Basic Life Support
Critical Care Transportation
Inter-facility Transfers
Patient transfers to tertiary facilities are provided by Mayers' ground ambulance or arranged air ambulance. The selection of transportation is made in conjunction with the receiving physician with regard to patient's condition, weather conditions and availability.
Licensed and Regulated by:
<ul style="list-style-type: none"> • Sierra-Sacramento Valley Emergency Medical Services Agency • California Highway Patrol • State of California Department of Transportation

F. OUTPATIENT MEDICAL CARE UNIT

The Outpatient Care Unit renders non-emergency health care services to patients who remain in the hospital for less than 24 hours. Nursing services are available Monday through Friday 9:00 am

Scope of Services, MMHD

to 4:00 pm. Nursing services may be performed beyond these hours upon special arrangement and according to available resources. Physician services are available twice a month.

Services Include (but are not limited to):
Blood and blood product transfusions
Therapeutic phlebotomy
Central and PICC line care/education
Ostomy care
Parenteral medication administration
Wound Care including dressing changes, Wound-Vac treatment, and debridement

G. CLINICAL LABORATORY IMPROVEMENT ADMENDMENTS (CLIA)

Mayers Memorial Hospital provides clinical laboratory testing services for both inpatients and outpatients of the hospital. Acute hospital laboratory testing is available seven (7) days a week from 6:00 am to 6:00 pm. A Clinical Laboratory Scientist (CLS) is available on-call for emergency testing seven (7) days a week 6:00 pm to 6:00 am. Outpatient laboratory testing is available seven days a week (7) 7:00 am to 5:00 pm.

Laboratory tests performed in-house include (but are not limited to):	
Arterial Blood Gases	
Blood Bank & Transfusion Service: blood bank antibody screening, cross-match, transfusion	
Cardiac Testing	
Coagulation Testing	
Comprehensive Chemistry	
Hematology	
Microbiology	
Pathology Services	
Prenatal Testing	
Serology	
Therapeutic Drug Monitoring	
Urinalysis	
Urine Drug Screening and DOT collections	
Mayers Memorial Hospital CLIA provides contracted services for the following sample of companies:	
<ul style="list-style-type: none"> • Carpenter Trucking • Burney Mountain Power • California Department of Transportation • Constellation Engineering • Del Oro Water Company • Dicalite • EBI • Frontier Phone Company • Hostess 	<ul style="list-style-type: none"> • E-Screen • Pacific Gas and Electric • United States Forest Service • Pacific Corp • Rite-Aid • Rays Supermarket • Shasta Green • Gepetto's Restaurant • Sierra Pacific Industries

Scope of Services, MMHD

Services provided through agreement or arrangement:

- Blood Bank of the Pacific ~ Shasta Blood Bank – provides blood and blood products
- Shasta Pathology Associates – provides diagnostic pathology assessments for specimens obtained through procedures performed at the hospital
- Lab Corp – provide specialty testing for labs the hospital is unable to perform.

Most common specialty laboratory tests performed for Mayers Memorial Hospital by Lab Corp include:

<ul style="list-style-type: none"> • Vitamin D, 25-Hydroxy • Lead, Blood (Pediatric & Adult) • Antinuclear Antibodies Direct • Testosterone, Serum • HBsAg Screen • PTH, Intact • Vitamin B12 and Folate • Ova + Parasite Exam • Testosterone, Free and Total • Tacrolimus (FK506), Blood 	<ul style="list-style-type: none"> • Triiodothyronine, Free, Serum • FSH, Serum • Valproic Acid (Depakote, S) • Estradiol • Hep C Antibody • Iron, Serum • Hepatitis Panel (4) • Prolactin • Lithium (Eskalith [R]), Serum • LHd
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H. MEDICAL IMAGING (GENERAL DIAGNOSTICS):

Mayers Memorial Hospital District provides medical imaging services for both inpatients and outpatients of the hospital. Medical imaging services are available for acute hospital patients Monday through Friday 7:00 am to 5:00 pm. Medical imaging services are available on-call Monday through Friday 5:00 pm to 7:00 am and twenty-fours (24) hours per day Saturday and Sunday.

Services Provided (but not limited to):
X-Radiation (X-Ray) imaging CT Scan (24/7) (diagnostic reads through contracted services)
Fluoroscopy imaging Echocardiography (diagnostic over-reads contracted service)
Sonography
Computed Tomography (CT) Scanning
Services provided through agreement or arrangement:
<ul style="list-style-type: none"> • Peter Halt, MD, General Diagnostic. • Rebecca Dyson, MD, General Diagnostic. • Michael Maloney, MD, General Diagnostic. • Scott Bleazard, MD, General Diagnostic.

Scope of Services, MMHD

I. OTHER DIAGNOSTICS

Mayers Memorial Hospital provides the following additional diagnostic services:

Ambulatory Electrocardiography Monitoring (Holter Monitoring)
Pulmonary Function Testing
Services provided through agreement or arrangement: Northern Heart and Vascular Institute – Holter monitor diagnostic interpretation

J. THERAPEUTIC SERVICES

Physical Therapy
Respiratory Therapy
Cardiac Rehabilitation & Maintenance Programs

K. OTHER PROFESSIONAL SERVICES

Dietary Services – provides nutritional assessments and meals for acute and skilled inpatients
Nutritional Counseling – provides professional dietary assessment and counseling on an outpatient basis
Pharmacy <ul style="list-style-type: none">➤ Medication distribution➤ Medication Management/Monitoring➤ Parenteral Therapy
Social Services: Hospice, Acute, Swing & SNF
Health Information Management
Services provided through agreement or arrangement: <ul style="list-style-type: none">• Lani Martin, RD – provides healthcare dietary consulting services which include, but are not limited to: dietary department assessments and monitoring, patient nutritional assessments and counseling, dietary staff inservicing, menu approval, and policy and procedure review.• CPS Telepharmacy. – provides after-hours medication review and therapeutic dosing• Siskiyou County Family Health – Psychiatric tele-health evaluation and consulting• U.C. Davis Medical Center and Clinics – Dermatological and Pediatric tele-health evaluation and consulting• Anthelio Health Information Management Services – provides healthcare services coding• Healthcare Resource Group Inc. – provides hospital business office/patient accounting• Professional Medical Copy – provides medical record copying services

L. SKILLED NURSING CARE

Mayers Memorial Hospital District provides skilled nursing care. Skilled nursing care patients may receive diagnostic and therapeutic services through the critical access hospital (CAH).

Scope of Services, MMHD

24-Hour Nursing
Alzheimer's Unit – Burney Facility
Activities
Hospice Care
Podiatrist
Registered Dietitian
Pharmacy
Vision
Dentist/Hygienist
Audiology
Respite Care
Social Services
Skilled Nursing Care patients have access to the following services: Medical Imaging ~ Laboratory ~ Therapeutic Services ~ Other Diagnostics ~ Pharmacy Services ~ Dietary Services ~ Professional Services
Services provided through agreement or arrangement:
<ul style="list-style-type: none"> Lani Martin, RD – provides healthcare dietary consulting services which include, but are not limited to: dietary department assessments and monitoring, patient nutritional assessments and counseling, dietary staff in-servicing, menu approval, and policy and procedure review.

M. HOSPICE

Mayers Memorial Hospital District provides hospice service 24 hours/day – 7 days/week – 365 days/year with anticipated length of stay average less than 6 months:

Services:	Primary Diagnoses:
Bereavement Services	Cancer
Chaplain	End Stage Congestive heart failure
Dietary	End Stage COPD
Durable Medical Equipment (DME)	HIV/AIDS
Home Health Aide in the home	Kidney Failure
Social Worker	Dementia
Nursing care in the home	Amyotrophic Lateral Sclerosis (ALS)
Volunteer Services	End Stage Renal Disease
Pharmacy	Stroke & Coma
	Debility, NOS

OSHDP Office of Statewide Health Planning and Development

Facilities Development Division
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
(916) 440-8300
(916) 324-9188 Fax
www.oshpd.ca.gov/fdd



July 23, 2019

Louis Ward
CEO
Mayers Memorial Hospital
PO Box 459
Fall Rivers Mills, CA 96028

RE: AB 2190 Attestation Reminder
Mayers Memorial Hospital - 11000
43563 State Highway 299 E, CA 96028

Dear Mr. Ward:

This letter is to advise you that Assembly Bill 2190 (2018) requires the governing board for each hospital facility that is not in full compliance with the Hospital Facilities Seismic Safety Act to submit an attestation of their awareness of the January 1, 2030 deadline in a form of their choice to the Office of Statewide Planning and Development.

Health & Safety Code Section 130066: Before January 1 2020, the owner of an acute care inpatient hospital whose building does not substantially comply with the seismic safety regulations or standards described in Section 130065 shall submit to the office an attestation that the board of directors of that hospital is aware that the hospital building is required to meet the January 1, 2030, deadline for substantial compliance with those regulations and standards.

You are receiving this reminder because one or more of the buildings at your facility has performance ratings less than SPC-3 or NPC-5 as required by January 1, 2030.

Attestations may be mailed to the address above or emailed to SeismicComplianceUnit@oshpd.ca.gov not later than January 1, 2020. Please specify the facility name and number for each facility for which attestation is made.

If you need further information regarding AB 2190, you may visit our web site at <http://www.oshpd.ca.gov>.

Sincerely



Operations Report July 2019

Statistics	June YTD FY19 <i>(current)</i>	June YTD FY18 <i>(prior)</i>	June Budget YTD FY19
Surgeries <i>(including C-sections)</i>	52	96	96
➤ Inpatient	2	15	24
➤ Outpatient	50	81	72
Procedures <i>(surgery suite)</i>	118	150	192
Inpatient	1880	2118	2208
Emergency Room	4186	4258	4280
Skilled Nursing Days	27520	27859	27168
OP Visits (OP/Lab/X-ray)	15003	15003	15708
Hospice Patient Days	1213	1340	1248
PT	2992	3338	3300

Operations District-Wide

Prepared by: Louis Ward, CEO

Retail Pharmacy

Mayers Pharmacy is fast approaching its opening to the community. The team has worked diligently throughout this month on many facets of the project. At the time of this report the asphalt renovation which will bring a new parking lot, curbs, and drive thru is underway at the site. The completion of the installation of the cabinetry is fast approaching, a new monitored alarm and video system has been completed, and a new front door is scheduled to be installed. Paint and carpet have been installed as well as linoleum in all staff areas. We are set to begin work on landscape and signage in the next week once the parking lot has been completed. As mentioned in past board reports we are working with the software vendor to ensure training occurs with employed staff, as well as all Information Technology needs are completed prior to opening. Again this month the district worked to execute contracts with insurance companies in our effort to ensure Mayers pharmacy can accept a variety of insurances upon our opening. We are anticipating a late august opening.

Day Care

Representatives of the school district, Shasta County Childhood Development, and Mayers Memorial Hospital will meet late this month to discuss bringing a daycare center to the Fall River area. We have spent considerable time researching the staffing needs and qualifications necessary for the day care. A PowerPoint has been attached to this report. This report and a summary of the discussion with the school district and the county will be reported verbally at the July Board meeting.

HRSA Telemedicine Grant *attached*

Earlier this year the Hospital District worked with the Fall River Joint Unified School District to develop an innovative solution to a problem that plagues many rural school districts, a lack of funding to support mental health and talk therapy sessions for students. After much discussion, a detail plan was developed and funding sources were explored. Additional information will be reported verbally at the June Board meeting about this innovative program however, I am excited and proud to announce the Hospital District was awarded \$471,000 over the next 3 years to do this impactful work. A huge Thank You and Congratulations to Amanda Harris and Sheba Sawyer for their work on this extremely competitive grant.

Employee Appreciation Day

In early July the hospital celebrated the fantastic staff that makes up the great Team Mayers. The event was very well attended and an amazing opportunity to pause and congratulate each other on many of the successes the hospital has experienced over the past few years. A great deal of thanks is owed to Shaylene Herndon and Lisa Zaech for their contribution to the event, we truly could have done it without them. A huge thank you to the hospital leadership team for assisting throughout the event. One final Thank You is owed to the District Board for their support of and participation in such a wonderful event, without your support we would not have been able to show our appreciation to all of the MMH Staff in such an impactful way.

Respectfully Submitted by,
Louis Ward, MHA
Chief Executive Officer

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

Hospital Expansion Project

·Our current schedule shows construction completion on November 26th. This is 56 days calendar days later than reported at the board meeting last month. We anticipate it taking licensure and OSHPD 30-90 days to license and give an occupancy permit for the building. I do have an extension on the 1956 building and will be discussing with OSHPD potential impacts to the hospital's operations past 2020.

Over the past month, the construction team has the roof 95% complete, has started drywall in the interior of the building, started pouring curbs and cutters, as well as started site work in preparation for paving. They have also started on the exterior stucco system

Facilities, Engineering, Other Construction Projects

·We have finalized our design for the new Burney Clinic. The architect and engineers will continue to work on construction documents. We are still on pace to submit to the county for a permit in August. I anticipate a building permit issued in November of 2019. We will start the RFP process after permitting to get the most accurate bid possible. We would prefer to start construction in March/April of 2020.

We have submitted drawings to OSHPD and are awaiting their approval on new plumbing fixtures, countertops, and lighting. Work on skinning the existing cabinets has also resumed in the Fall River Skilled Nursing Facility.

We received approval of our HVAC drawings from OSHPD last week. We are currently sending out the plans for bidders. Bids have come back significantly higher than anticipated. We currently reviewing bids to find out cost-saving opportunities.

Greenbough Design and its consultants have finalized their assessment of the 1956 and surrounding buildings and what steps will be involved with the demolition of the building. They presented a demolition plan and a space concept for after the building is removed.

Work has started back up on the Riverview house transformation into an on-call employee sleep house.

With MVHC relocating to their new clinic, facilities and engineering will soon begin work on the current clinic building and converting that into office space as well as remodeling the current finance building into an administration building. We anticipate starting this work in August or September. We are currently looking at the best way to approach the project and gauging the size of the project.

Nursing leadership is currently reviewing the drawings for new nurse call in the acute space. Once their review is done we will submit to OSHPD. This will be a 7-8 week project with most of the disruption happening during the first two weeks with rough-in electrical. I will do my best to keep the impacted departments informed of schedules and disruptions so we can prepare for changes in workflows and availability of rooms.

Work on the pharmacy is well on its way. Flooring is complete, cabinets were installed the week of 7/15/19, paving is ongoing. We did have some issues with the cabinets and some were reordered which will delay the project 1-2 weeks.

We have decided to bring the helistop project in-house. We with either send the project out to bid to a new contractor or perform the work with the engineering department.

IT

One Content implementation has been going very well with several meetings happening with end-users and IT over the last month. This is a large project that will bring a lot of change to workflows for staff. Our employees have been doing a great job committing to the project and staying on schedule. This is still expected to be completed in October 2019 with no delays to the project as of today. The MMHD and Hyland project teams have done a great job of keeping on task and maintaining the project schedule.

Purchasing

Our purchasing team continues to work on procuring new equipment for the new hospital wing. We have delayed the purchase of the NHW supplies and equipment until August of 2019 so we are not storing the equipment for months.

Dietary

Emergency repairs to the pipes under our kitchen have begun. This continues to be an issue with cast iron pipes corroding and needing to be replaced.

Security

The Fall River Campus did have one security incident with two suspicious individuals roaming the hospital entering areas they shouldn't have. The staff did a very good job getting the individuals out of the hospital with no incident.

Environmental Services & Laundry

Nothing to report at this time.

Respectfully Submitted by,
Ryan Harris
Chief Operating Officer

Chief Nursing Officer Report

Prepared by: Candy Vculek, CNO

Preparation under way to implement Lean process improvement methodology in the SNF this year. Goal will be to improve quality processes and reduce risk related to CDPH tags. This will be one of SNF Leadership's primary goals this year.

Emergency Department Current State Process Map completed.

- Gives a baseline of current processes and how work is being accomplished
- Key gaps in performance identified. Team will work to close these gaps before the new E.D. is ready so that broken processes can be corrected before the move.

Acute Care Board Report

•Census

May Acute ADC 1.35

Swing ADC 3.35

LOS 11.56

- RL6 (new quality review report) implemented. Improvement of process noted with successful review of reports.
- New paint and floor in St. 1 breakroom. Team funds used to purchase new microwave, staff appreciative of updated room.
- New hire off orientation and doing well on NOC shift.
- Dawn Jacobson completed LVN to RN bridge and has taken her boards. Filling void in OPS and Med/Surg as well as Infection Preventionist.
- Employee Appreciation received well by all staff members. Very grateful!

Surgery Board Report

•Outpatient Procedures

17 Procedures

16 Patients

•Inpatient Surgeries

None

•Outpatient Surgeries

4

- Dr. Guthrie did not schedule an Ortho day for the month of June
- CRNA coverage is going great and we have successfully covered all needed days

Outpatient Medical Board Report

•Outpatient Medical Census

March 114 patients, 131 procedures,

April 122 patients, and 141 procedures,
May 129 patients and 161 procedures.

- Mercy Oncology physicians are being privileged in OPM per Mercy Oncology Managers request. There will be five new physicians with privileges in OPM once the privileging is complete. The process will be more streamlined for patients and drive more local business to Mayers OPM instead of Redding.
- OPM received a grant from the MHF to fund a treatment chair. This will be a big improvement for employee safety as it powers up and down for treatment, and it is easily cleaned for infection control.
- Dr. Rasmussen from Physicians Wound Center is now privileged at MMHD and will be seeing patients. This will increase the times that the wound care physicians will be rounding at MMHD.

Emergency Department Board Report

•Census

408 patients in June

- VersaBadge has been installed in the ED. This audits the movements/work of the ED MD's. This is expected to result in higher reimbursement for "standby" time for the facility

Laboratory

- Job description for Lab Manager has been rewritten
- Market analysis for CLS wages has been completed and is in front of C's. We are several dollars off of market and need to adjust to remain competitive, limit use of travelers, and recruit new manager

Radiology

- Ambra PACS transition has completely occurred. It is operating smoothly. This was a very large lift by the Radiology department so our thanks to them
- Alan will be having surgery in Aug and will be off for an extended period of time. Tyson is able to stand in for Alan during this time.
- ACR accreditation cycle has started. Due January and process is a 6 month process. Starting with data collection. Failure to renew accreditation would impact billing/reimbursement
- Will likely have to change Radiology group and efforts are underway now to evaluate other groups. Existing group is struggling to maintain a high enough quality, responsiveness, and professionalism to continue service. Existing contract calls for 30-day notice period that we will not execute until all steps are in place for a new group.

Chief Clinical Officer Report

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

Pharmacy

- New standards for USP797 (sterile compounding) have been published and extensive policy revision will be needed to comply.
- Pharmacy is working with finance department to be able to bill Medicare B. Some Medicare D plans do not cover nebulized breathing treatments, enteral feedings, or glucose testing machines that are billable under part B.
- Pharmacy's end of fiscal year inventory was completed. FY2019 was \$228,425, up from \$171,833 in FY2018 mostly due to the implementation of the stroke program and the increase in stock/use of biologicals.

Physical Therapy

- Mitchell Pena completed his Physical Therapy clinical rotation. He graduates with his doctorate in PT in 2020. Daryl Schneider, PT manager, completed all the steps to precept students and we are hopeful that other students will complete their rotations at Mayers.
- Daryl Schneider has reviewed HIPPA compliance around the patient registration area in the department and made some changes to how patient files are handled.
- Refining process for pre-authorizations with Anthem Blue Cross.
- Daryl Schneider completed the LEAD academy through the California Hospital Association.

Telemedicine

- WE GOT THE GRANT! Great work Amanda Harris, Sheba Wilson, Jack Hathaway, and Candy Vculek! The collaboration between Mayers and the FRJUSD will improve the mental health of our districts young people. (*Exhibit A*)

Cardiac Rehab

- Trudi Burns, Cardiac Manager, has two new monitored patients.
- Trudi is currently the only employee of the department.

Respiratory Therapy

- Preventative maintenance has been completed on the ventilator.
- A training with Care Fusion is scheduled in August to train both Ronald and the RT traveler, David on the PFT machine. Mayers has a back log of referrals and we are pushing for the soonest date the trainer is available. The pulmonary rehab program can re-launch after once the PFT is up and going.

Respectfully Submitted by,
Keith Earnest
Chief Clinical Officer

1. DATE ISSUED: 07/11/2019		2. PROGRAM CFDA: 93.912	
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 1 G20RH33265-01-00		4b. GRANT NO.: G20RH33265	5. FORMER GRANT NO.:
6. PROJECT PERIOD: FROM: 08/01/2019 THROUGH: 07/31/2022			
7. BUDGET PERIOD: FROM: 08/01/2019 THROUGH: 07/31/2020			



NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
 Section 330A(g), Title III of the Public Health Service Act
 Title III, Public Health Service Act, Section 330A(g) (42 U.S.C. 254c(g)), as amended
 Public Health Service Act, Title III, Section 330 A (g) (42 U.S.C. 254c (g)), as amended. ; P.L. 114-53.
 Public Health Service Act, Title III, Section 330A(g) (42 U.S.C. 254c(g)), as amended; P.L. 115-245.

8. TITLE OF PROJECT (OR PROGRAM): Small Health Care Provider Quality Improvement

9. GRANTEE NAME AND ADDRESS:
 MAYERS MEMORIAL HOSPITAL DISTRICT
 PO BOX 459
 Fall River Mills, CA 96028-0459
 DUNS NUMBER:
 071564231

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
 Amanda Harris
 MAYERS MEMORIAL HOSPITAL DISTRICT
 P.O. Box 459
 Fall River Mills, CA 96028-9787

11. APPROVED BUDGET: (Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages :	\$121,580.00
b. Fringe Benefits :	\$20,631.00
c. Total Personnel Costs :	\$142,211.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$0.00
f. Supplies :	\$900.00
g. Travel :	\$3,500.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$36,607.00
j. Consortium/Contractual Costs :	\$0.00
k. Trainee Related Expenses :	\$0.00
l. Trainee Stipends :	\$0.00
m. Trainee Tuition and Fees :	\$0.00
n. Trainee Travel :	\$0.00
o. TOTAL DIRECT COSTS :	\$183,218.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$183,218.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$183,218.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$183,218.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$183,218.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
02	\$144,191.00
03	\$144,191.00

14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
 A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A]
 Estimated Program Income: \$0.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
 a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached [X]Yes []No)

Electronically signed by William Davis , Grants Management Officer on : 07/11/2019

17. OBJ. CLASS: 41.45 18. CRS-EIN: 1941634940A1 19. FUTURE RECOMMENDED FUNDING: \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
19 - 3704139	93.912	19G20RH33265	\$183,218.00	\$0.00		19SHCPQI

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Condition(s)

1. Due Date: Within 90 Days of Award Issue Date

The budget submitted in the application for this award contained a line item for Indirect Costs; however your organization did not provide a current Federally-negotiated indirect cost rate agreement that covers the activities to be funded with the application. Since your organization did not provide an agreement, charges for these funds have been allocated to the "Other" category. In order to claim indirect costs on this award, provide the agreement within 90 days of this Notice and the budget will be revised accordingly.

If the Division of Grants Management Operations is not in receipt of either a Federally-negotiated indirect cost rate agreement or a request to re-budget, funds that were requested for indirect costs may not be used and should appear as an un-obligated balance on the Federal Financial Report (SF425) for this period.

Grant Specific Term(s)

1. Effective December 26, 2014, all references to OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75.
2. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at www.fsrs.gov by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <http://www.hrsa.gov/grants/ffata.html>.
3. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds.
You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: http://www.dpm.psc.gov/grant_recipient/grantee_forms.aspx and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://www.dpm.psc.gov/contacts/contacts.aspx>.
4. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
5. Equipment is any article of tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. (Uniform Guidance 45 CFR Part 75.2 Definitions). All items with an acquisition cost per unit less than the capitalization threshold are considered supplies. If a non-Federal entity chooses to define equipment using a lower threshold, it will appear as supplies for Federal purposes but as equipment in the non-federal entity records. Items identified in the budget that do not meet

the Federal definition have been allocated to the Other category.

Program Specific Term(s)

1. The Performance Improvement Measurement System (PIMS) Report

The PIMS System is used to develop grantee baseline measurements, track progress, and develop an evidence-base for effective rural health interventions. Award recipients are required to report to FORHP's PIMS in the Electronic Handbook System (EHB) annually within 30 days of the budget period end date. Additional information will be provided by your Project Officer. Non-compliance will result in further programmatic and financial oversight at the discretion of HRSA. Failure to submit timely PIMS data may affect funding subsequent years of the grant period.

2. Partnership Meeting Participation

Award recipients are required to ensure travel expenses are budgeted for attendance to annual program meetings held for each year of the project period. If travel funds have not already been allotted for a maximum of two (2) program staff members to attend, please submit a revised budget which includes the expenses for this travel.

Standard Term(s)

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
2. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
3. "This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$XX with xx percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government."
Recipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA-supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.
4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or itemFor which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 75 [Note: 75 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 75 must be submitted as a Prior Approval action via Electronic Handbooks (EHBs). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.

In addition to the prior approval requirements identified in Part 75, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval). For recipients subject to 45 CFR Part 75, this requirement is in lieu of that in 45 CFR 75 which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action

identified in Part 75 unless HRSA has specifically exempted the grantee from the requirement(s).]

6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or PMSSupport@psc.hhs.gov. For additional information please visit the Division of Payment Management Website at <https://pms.psc.gov/>.
7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htips@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
8. Submit audits, if required, in accordance with 45 CFR Part 75, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800) 253-0696 toll free <https://harvester.census.gov/facweb/default.aspx/>.
9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at [HHS Limited English Proficiency \(LEP\)](#).
10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to: <https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/trafficking-in-persons.pdf>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
11. The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019, Division H, § 202, (P.L. 115-245), enacted September 28, 2018, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements to the Federal Executive Pay Scale Level II rate set at \$192,300, effective January, 2019. This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to sub-recipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.
12. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/civil-rights/for-individuals/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 75). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.
13. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit <https://www.sam.gov>. It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees ([System for Award Management User Guide](#)), an entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.
14. In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms

as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. This term applies to all grant programs except block grants governed by 45 CFR part 96 or 45 CFR Part 98, or grant awards made under titles IV-A, XIX, and XXI of the Social Security Act; and grant programs with approved deviations.

15. §75.113 Mandatory disclosures.

Consistent with 45 CFR 75.113, applicants and non-federal entities must disclose, in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following address:

Department of Health and Human Services
Health Resources and Services Administration
Office of Federal Assistance Management
Division of Grants Management Operations
5600 Fishers Lane, Mailstop 10SWH-03
Rockville, MD 20879

AND

U.S. Department of Health and Human Services
Office of Inspector General
Attn: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW, Cohen Building
Room 5527
Washington, DC 20201

Fax: (202)205-0604 (Include: "mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321). The recipient must include this mandatory disclosure requirement in all sub-awards and contracts under this award.

Non-Federal entities that have received a Federal award including the term and condition outlined in Appendix XII are required to report certain civil, criminal, or administrative proceedings to www.sam.gov. Failure to make required disclosures can result in any of the remedies described in §75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

Recipient integrity and performance matters. If the total Federal share of the Federal award is more than \$500,000 over the period of performance, [Appendix XII to CFR Part 200](#) is applicable to this award.

Reporting Requirement(s)

1. Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.

The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR:

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

2. Due Date: 04/20/2020

Progress Report

The award recipient is required to submit a non-competing continuation progress report no less than 30 days prior to the budget period end date for noncompetitive budget years within the grant award project period. The Federal Office of Rural Health Policy will provide

further details upon receipt of award.

3. Due Date: Within 90 Days of Project End Date

Final Report

The award recipient is required to submit a final progress report within 90 days of the project period end date. The Federal Office of Rural Health Policy will provide further details.

4. Due Date: 06/01/2022

Final Sustainability Plan

Award recipients are required to submit a final sustainability plan for their project by June 1, 2022. Additional information will be provided by the Federal Office of Rural Health Policy.

5. Due Date: 07/01/2020

Year One Data Dashboard

The award recipient is required to submit a data dashboard reflecting resulting outcomes for key project measures no less than 30 days prior to the end of the year one budget period end date. Data reported should reflect funded project data outcomes covering the period of 8/1/2019-7/1/2020. Further information will be provided upon receipt of the award.

6. Due Date: 07/01/2022

Year Three Data Dashboard

The award recipient is required to submit a data dashboard reflecting resulting outcomes for key project measures no less than 30 days prior to the end of the year three budget end date. Further information will be provided upon receipt of the award. Data reported should reflect funded project data outcomes covering the period of 8/1/2019-7/1/2022. Further information will be provided upon receipt of the award.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

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Amanda Harris	Point of Contact	aharris@mayersmemorial.com
Alexandria Sawyer	Authorizing Official, Business Official	alexandriawilson07@gmail.com

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Katherine Lloyd at:

Mail Stop Code: 17W53A

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Division of Grants Management Operations:

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5600 Fishers Ln

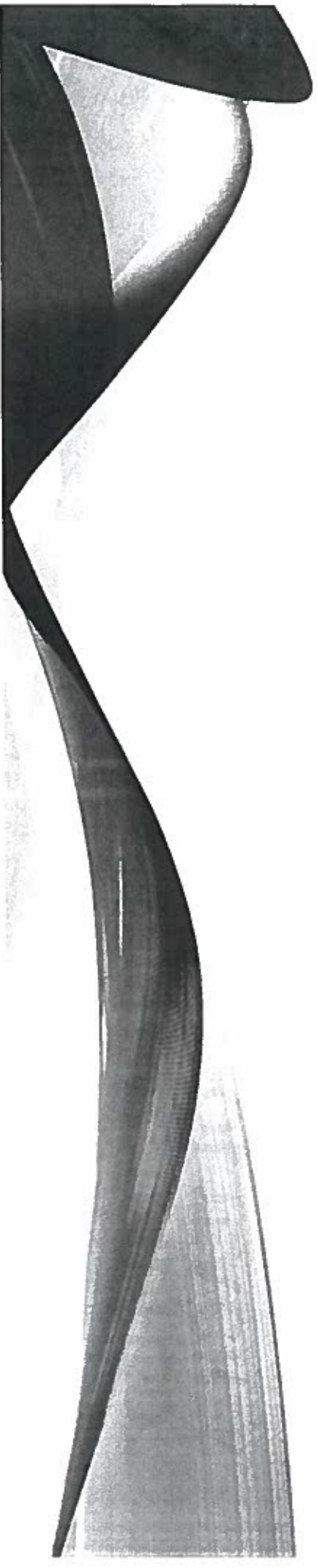
Rockville, MD, 20852-1750

Email: aoladele@hrsa.gov

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STAFF QUALIFICATIONS AND RATIOS



“FULLY QUALIFIED” PRESCHOOL TEACHER

- 12 core semester units
 - **Child Development**
 - **Child, Family & Community**
 - **Curriculum (age appropriate)**
 - **Any other ECE**
- 6 months experience working in a Child Care Center
 - **Minimum 3 hours per day for 50 days in 6 months**
- Alternatives*
 - **Child Development Associate Credential with appropriate age endorsement & 6 months experience**
 - **Child Development Associate Teacher Permit/Teacher Permit/ Master Teacher Permit**
- **CAN:**
 - **Supervise 12 children alone**
 - **Supervise 18 children with a “qualified aide”**
 - **Supervise 15 with an aide**
 - **Can fill in for the Director for 30 days**

“FULLY QUALIFIED” TEACHER CONT.

- **Infant Teacher**
 - **12 core semester units -**
 - **3 units MUST be related to infant care**
 - **9 units – any ECE**
 - **6 months experience in a Child Care Center with children under age 5 years**
 - **CAN:**
 - **Have 4 infants alone**
 - **Supervise two aides for a total of 12 infants**
 - **Only infant ratios allow a teacher to supervise 2 aides**
- **Toddler Options**
 - **On infant license – teacher HAS to have infant class**
 - **On preschool license – teacher does not have to have infant class**
 - **Can have 6 alone or 12 with an aide.**

“FULLY QUALIFIED” TEACHER CONT.

- **School Age Teacher**
 - **Meets preschool teacher requirements**
 - **Can substitute certain other college units and experience with older children**
- **CAN:**
 - **Supervise 14 children alone**
 - **Supervise 28 with an aide**

“TEACHER IN PROGRESS”

- **6 COMPLETED** semester units of early childhood education
- **ENROLLED** in at least **2** semester units of needed classes
 - Have proof of enrollment!
- **CAN:**
 - Supervise 12 alone
 - Supervise 15 with an aide
- **CAN NOT:**
 - Open or close
 - Supervise 18 with a qualified aide
 - Fill in for the Director

AIDE

- **Aide**
 - **No units required**
 - **18 years, High School Graduate or enrolled in a ROP at an accredited High School**
 - **Alone - can escort children to/from restroom**
 - **Alone – can supervise 24 napping preschoolers or 12 infant/toddlers**
 - **Staffing must be on site and available to meet ratios if children wake up**
 - **Under the direct supervision of a Teacher**
 - **Can aide preschool teacher in supervising an additional 3 preschoolers (total 15)**
 - **Can aide infant teacher in supervising an additional 4 infants**
 - **Can aide toddler teacher in supervising an additional 6 toddlers**
 - **Can aide in supervising an additional 14 school-agers**
- **CAN NOT – aide in supervision of 18 preschool children**

“QUALIFIED AIDE”

- **COMPLETION** of any 6 units in ECE
- **OR**
- **COMPLETION** of at least 2 ECE units AND enrolled/continuing education until 6 units are completed
 - Have proof of enrollment
- **In addition to normal Aide duties, CAN:**
 - Aide preschool teacher in su



PRE-SCHOOL DIRECTOR QUALIFICATIONS

- **12 core semester units**
- **3 semester units in Administration or Staff Relations**
- **4 years teaching experience in a supervised group Child Care Center**

Alternatives

- **AA degree in child development, 3 units Administration & 2 years teaching experience**
- **BA degree in child development, 3 units Administration & 1 year teaching experience**
- **Child Development Site Supervisor Permit or Program Director Permit**
www.ctc.ca.gov



DIRECTOR QUALIFICATIONS CONT.

- **Infant Director**
 - 12 core semester units
 - 3 semester units in Infant Care
- 3 semester units in Administration
- 4 years teaching experience with children under age 5 years
- **School Age Director**
 - Meets the preschool director's requirements
- Substitute certain alternative coursework and experience

Telemedicine Update as of July 22, 2019

Respectfully submitted by Amanda Harris for Keith Earnest, CCO and Dr. Aaron Babb, Medical Director and Louis Ward, CEO (included quarterly)

We have completed a total of 461 consults via Telemedicine since August 2017.

Endocrinology:

- We had 13 Endo consults in June 2019. We are currently anticipating 11 for July with my last block scheduled for tomorrow, 7/23/19.
- We've had 165 consults since the start of this specialty in August 2017.

Nutrition:

- We had 2 Nutrition appointments completed in June. Diana was off for the month of July and continues her vacation through August.
- We've had 59 consults so far since we started this specialty in November 2017.

Psychiatry:

- We had 8 patients seen for Psychiatry clinic this month.
- We've had 144 consults since the beginning of the program in August 2017.

Infectious Disease:

- Dr. Siddiqui has clinic scheduled for 7/25/19 with 7 patients on the schedule.
- ID continues to have the most consistent benefit as far as ancillary revenue.
- We have submitted our first treatment through Premier Pharmacy per the request of MVHC for our non-PHC patients. So far, so good. Patient has meds in hand and is scheduled to begin treatment on 7/25/19.
- We've had 51 consults since the start of this specialty in September 2017.

Neurology:

- Dr. Kurian's next clinic is scheduled for August 27 with what will be a very full schedule as he took July off.
- We've had 42 consults since the start of the program in November 2018.

ER UCD Cart:

- The UCD Cart located near the ER will now be used for Peds Critical Care AND Adult Neurology cases. Cases can be presented in the ER itself in an urgent scenario or in acute.
- The cart has now been used for both specialties in both ER and acute scenarios.

CME Friday Events:

- I've taken over the responsibility of CME broadcasting and tracking for the Dignity Health events that we host here at Mayers. It used to fall under Telemed so it was agreed I would run it again now that they're being held via webex.

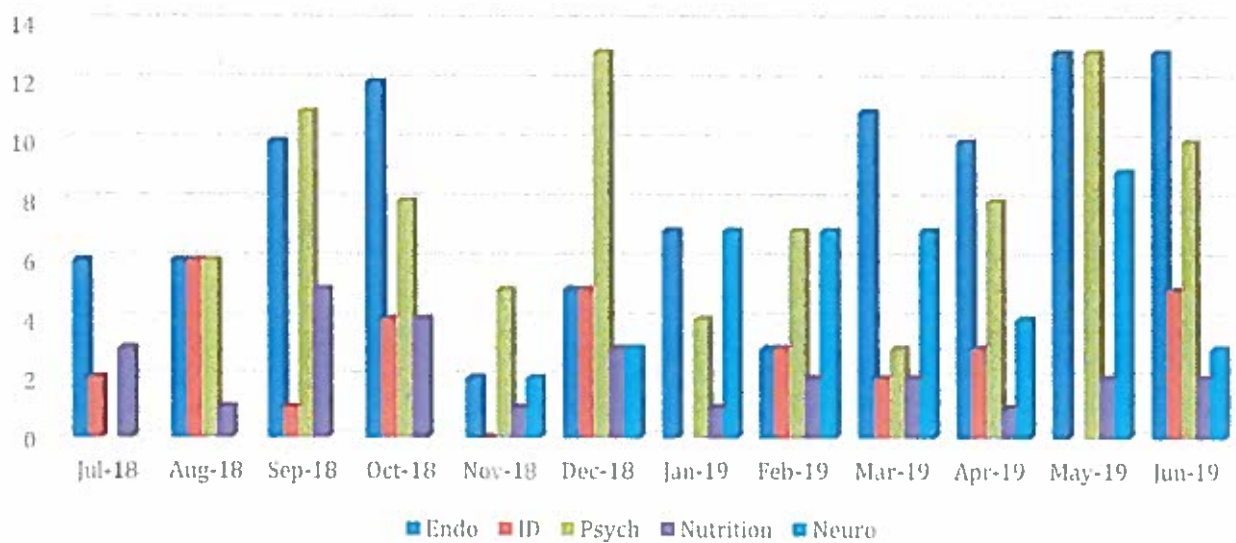
FRJUSD/Mayers/MVHC Grant application:

- We found out that we were awarded this grant on 7/18/19. Very exciting stuff! Now Sheba and I will start getting everything together and rolling out with steps within the school district and training before the school year begins on 8/21/19.

FRJUSD/Mayers BLS Training:

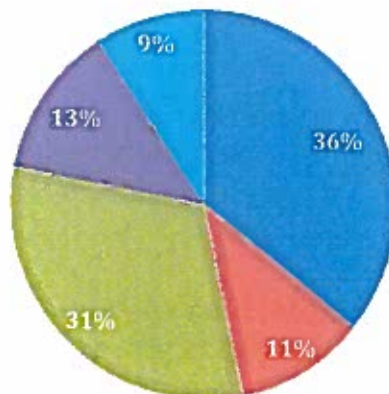
- BLS Training has been organized for the following schools for interested staff:
 - Big Valley High School – 8/9/19
 - FRJUSD – 8/20/19 (2 sessions)

Telemed Consults by Specialty

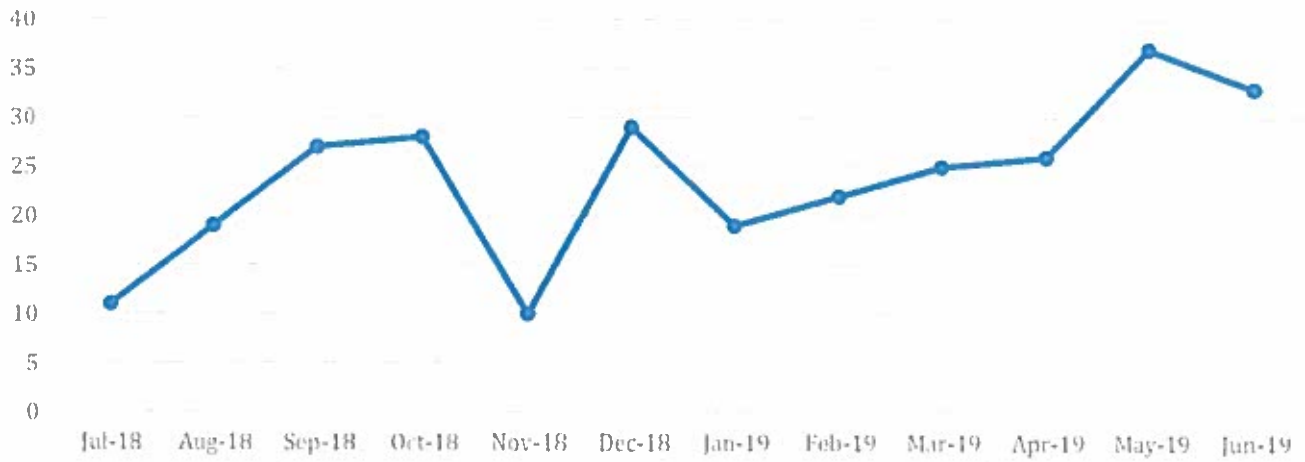


TOTAL VISITS

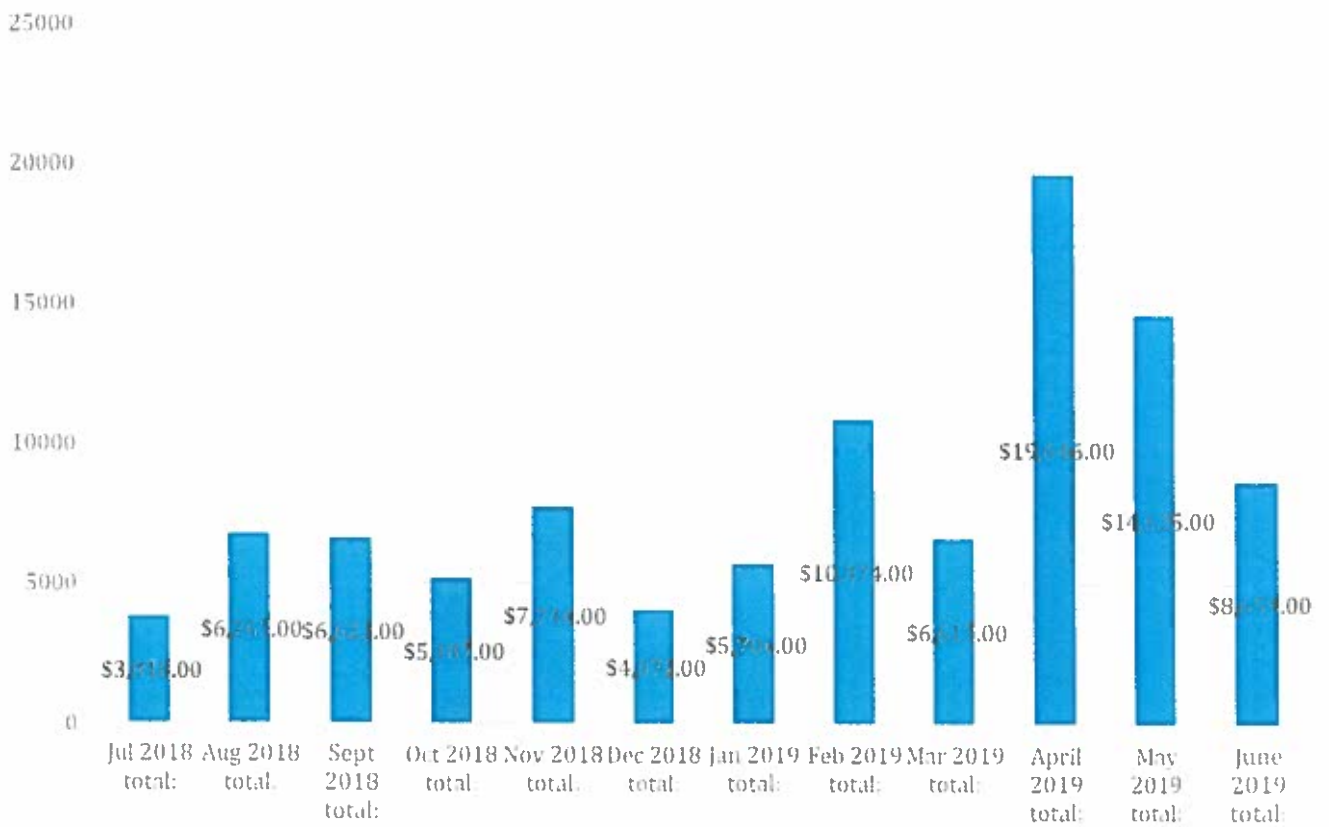
■ Endo ■ ID ■ Psych ■ Nutrition ■ Neuro



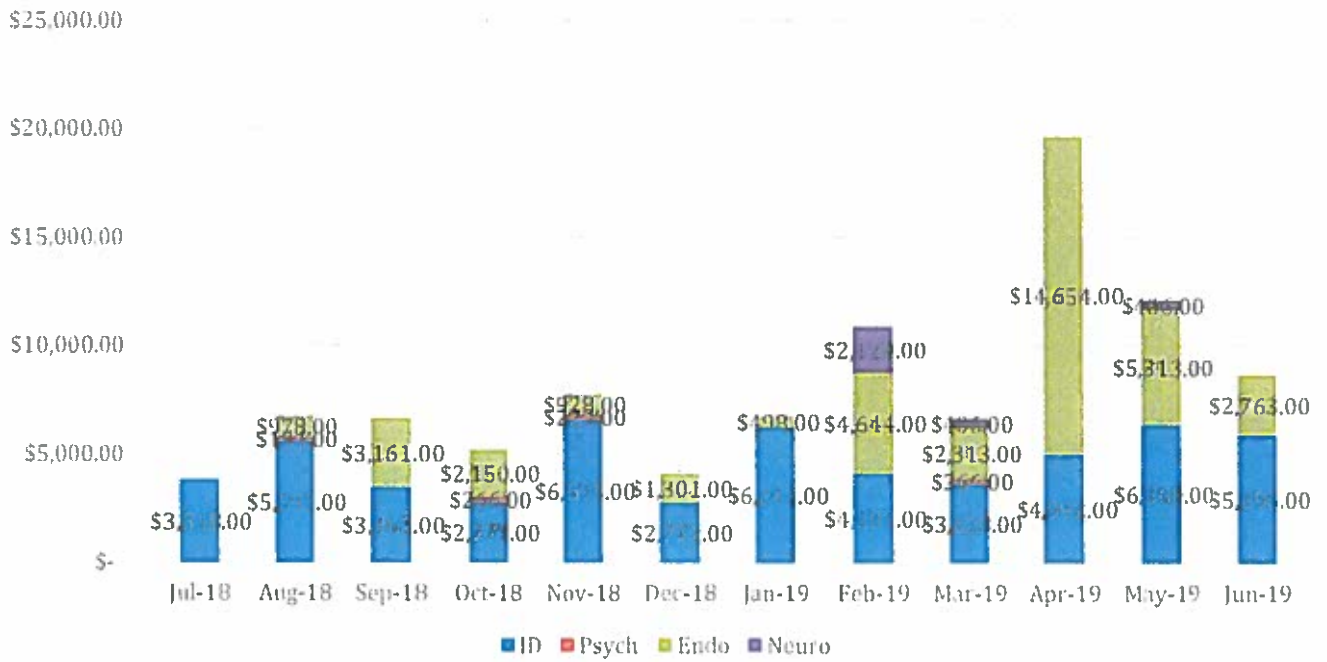
Total Telemed consults



Total ancillary services billed post-Telemed services



Telemed Ancillary Billing by Specialty



Total Telemed Ancillary Billing by Specialty

