



Mayers Memorial Hospital District

Chief Executive Officer

Matthew Rees, MBA

Board of Directors

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

BOARD of DIRECTORS
REGULAR MEETING AGENDA
 January 22, 2014, 1:00 PM
 Board Room (Fall River Mills)

Mission Statement

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

1	CALL MEETING TO ORDER – Allen Albaugh, President	
2	CALL FOR REQUEST FROM THE AUDIENCE: PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.	
3	APPROVAL OF MINUTES: 3.1 Regular Meeting – December 19, 2013 (ATTACHMENT A)	<u>ACTION ITEM</u>
4	OPERATIONS: <ul style="list-style-type: none"> • INDEPENDENT FINANCIAL AUDIT FY 2013 BY WIPFLI • C3 Report (CEO, CNO-Acute, CNO-SNF, CCO) (ATTACHMENT B) • CONSTRUCTION UPDATE 	Reports
5	STAFF PRESENTATION: <ul style="list-style-type: none"> ▶ District Wide Trainings Report by Terry King, RN, DSD, Staff Development and Libby Mee, Human Resources ▶ Physical Therapy Department Presentation, Daryl Marzan, Physical Therapist 	Information
6	BOARD COMMITTEES: 6.1 Finance Committee – Chair Allen Albaugh 6.1.1 Committee Meeting Report 6.1.2 December 2013 Financial Overview 6.1.3 PACS Server Recommendation..... 6.2 Strategic Planning Committee – Chair Abe Hathaway 6.2.1 Self-Assessment Findings and Plan of Action – Kerns 6.2.2 District Bylaws (Attachment C)..... 6.3 Quality Committee – Chair Brenda Brubaker 6.3.1 Committee Meeting Report 6.3.2 Policy Approval (Non-Employee Complaint Process) (Attachment D).....	Information/ Discussion <u>ACTION ITEM</u> Info/Discussion <u>ACTION ITEM</u> <u>ACTION ITEM</u>

7	<p>7.1 INFORMATION/REPORTS/BOARD EDUCATION/ANNOUNCEMENTS</p> <ul style="list-style-type: none"> ▶ Board Education – QHR Webinar 2nd Tuesdays 2014, 10 a.m. ▶ CHAs Health Policy Legislative Day, March 18-19, 2014, Sacramento ▶ CHAs Rural Health Care Symposium, February 26-28, 2014, San Diego ▶ ACHDs Legislative Days, April 7-9, 2014, Sacramento ▶ AHA Annual Membership/California Congressional Action Program, May 4 - 6, 2014, Washington, DC 	Information/ discussion
8	<p>ANNOUNCEMENT OF CLOSED SESSION:</p> <p>8.1 Consider adopting closed session minutes for October 23, November 20, 2013.....</p> <p>Government Code Section 54957: Personnel: Employee Evaluation CEO (Quarterly)</p> <p>Government Code Section 54962</p> <p>8.2 Quality Assurance: Quality Improvement Issues, Medical Staff Report (Dr. Dan Dahle, Chief of Staff)</p>	<i>ACTION ITEM</i>
9	RECONVENE OPEN SESSION: REPORT ACTIONS TAKEN DURING CLOSED SESSION	
10	ADJOURNMENT: Next Regular Meeting February 26, 2014 – Burney, CA	

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

This document and other Board of Directors documents are available online at www.mayersmemorial.com.

Posted/Distributed: 1/15/14

Date: December 16, 2013

Time: 1:00 P.M.

Location: Mayers Memorial Hospital
Burney, California

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

1. CALL MEETING TO ORDER: Vice President Brubaker called the special meeting to order at 1:00 p.m. on the above date with the following present:

Brenda Brubaker, Vice President
Mike Kerns, Secretary
Abe Hathaway, Treasurer
Art Whitney, Director

Board Members Absent: Allen Albaugh, President

Staff Present: Matt Rees, CEO; Sherry Wilson, CNO; Marlene McArthur, Board Clerk; Travis Lakey, Director of Finance; and Erik Nielsen, Facilities Manager.

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

No public comments.

3. APPROVAL OF MINUTES – A motion/second (Kerns/Hathaway), and unanimously carried, the Board of Directors accepted the minutes for the special meeting held November 19, 2013. Whitney abstained.

4. Presentations/Staff Reports:

- ▶ Dietary: Susan Garcia, Dietary Manager, provided the board members a PowerPoint demonstration of the new web-based dietary management system provided by Optima Solutions. The new software includes tray cards, menu system, clinical system, management and supply systems—and is being customized to meet our specific needs and the California standards. The new system cost is only \$25 per month more than the prior card system and will require only one-quarter of the staff time necessary for charting compared to the past system. Currently, three dietary staff members are working to get information implemented and cross-checking to make sure all areas are aligned before being fully converted to new system.
- ▶ EMR Meaningful Use Stage 2: Louis Ward, Project Manager, provided an update on the progress during the past nine weeks of MU 2 services with McKesson including that provides added functionality in the following areas:

- Direct messaging
- Patient portal
- Electronic submission of immunization, syndromic, and reportable labs
- New nursing assessments: stroke, pneumonia, OB, ED throughput

He also updated the board on physician training for lab EHS to access completed lab results ordered through the system. The written orders are not populated automatically and results will be available through Papervision the following day after completion of the lab test.

Ward concluded presentation by announcing recent accolades recognized:

- Mayers was the first hospital in the country to connect EHS success and Paragon
- Mayers will be the first hospital in the country to connect Paragon clinical data interface with outside vendors for electronic submission of vital stats to our HIS
- Mayers will be first hospital in Shasta County to have completed the requirements of the federal government's Direct Project.
- McKesson has asked Mayers if they can do a "Customer Spot Light" on our facilities and its accomplishments associated with EMR

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

▶ Matt Rees, CEO:

- 1) Kerns and Rees both participated in the Shasta Community Health Summit meetings held with eight counties represented throughout the North State to improve health of the populations served. Rees conveyed although the meeting did not take action on anything, it did provide a venue for providers to congregate and start talking about working collaboratively.

Kerns agreed and added that during the discussions the common message recognized was the importance of working together to be successful in the future and the challenges for those working independently—and interesting to hear the varied descriptions of a “rural hospital.” Other discussions included the 299 Collaborative Group and the attempts underway to recruit doctors and specialists and how others have been able to provide specialty physicians to their customers. In conclusion, the meeting was productive in getting the process started and by observation the Shasta County groups are further ahead than other counties as far as coordinating efforts for an HIE.

- 2) Capital Campaign: Training community members to learn primary functions in conducting campaign and informed so that they are familiar with the campaign case for support and able to answer questions.
 - 3) Mayers IHF Executive Director: Interview process for the position had been conducted and Marlene McArthur was hired today to conduct the business of the foundation.
 - 4) Meeting held with Dr. Owens, who was recently hired by Mountain Valleys Health Centers and is awaiting his California license. The purpose for the meeting was to recruit him on a casual basis while he awaits his license to assist in developing strategies to meet the physician component of the EMR Meaningful Use, Phase 2.
 - 5) Announcement: Waist management competition between CEO and OR Supervisor was concluded with weigh-in held today. Mayers’ CEO lost the competition—and the proceeds will go toward naming of the Imaging Department honoring Dr. Matthews.
 - 6) Employee meetings are being planned for after the first of the year.
 - 7) Attended CHA meeting on Friday and received word Monday from CHA that the feds will forgive the clawback monies owed if the State of California will forgive their portion. CHA will provide advocacy work to convince state legislature to include in upcoming state budget. It’s not known how the state could collect the monies because there is no structure organized for them to collect the clawbacks from that time period.
- ▶ Sherry Wilson, CNO: Census down in SNF due to loss of several residents recently. Notice sent out to surrounding facilities of bed availability. Contact has been made with a facility that is closing so Mayers expects to receive some of their residents.
 - 1) SNF Training: 13 staff attended disaster training specifically for SNFs. The staff participating actually did a mock table-top disaster including CNAs and housekeeping staff. Shasta County will pay for 2 staff members to go to San Diego to be trained as trainers in disaster planning. Mayers will be reimbursed for the 13 that attended in an effort to promote disaster training and readiness in Shasta County.
 - 2) Christmas parties for the residents were successful and very well attended.
 - 3) ED: 2 MICN trainees will complete course in January and test at the end of January. Also, one newly-hired RN that had started the course with some hours already completed will go forward to finish and test to obtain license to fill in when short staffed. ED, as well, has posted a float position that is responsible for working ED when there is high census and is to help nurse supervisor fill in all other areas within the acute facility including outpatient medical. To date, three applicants have applied for that position and interviews will be held next week.
 - 4) Acute nursing floor: ward clerk position, recently filled, has put in resignation already due to schedule. Interviews conducted yesterday and most liked filed.
 - 5) Other SNF Activity: Purchased services down \$144,000 compared to last year but struggling with C.NA.s due to the lack of the C.N.A. education program at Mayers due to State licensing restrictions until June 2015. Attempts are being made to get waiver through Feather River to allow Mayers as a clinical site. A letter has been submitted to State L&C describing immense need for in-house program based on geographic remote location. Director Whitney offered to make contact with state office (L&C).
 - ▶ Keith Earnest, Chief Clinical Officer: Absent due to leadership training. In response to question regarding replacement of urinalysis machine, CEO Rees offered to research further and report to the board. On behalf of Keith Earnest, Rees announced that Doreen Parker will take the manager’s position in the Imaging Department on January 1st due to Soda

Khamphoung stepping down for personal reasons but not leaving. He added the department is doing well with EMR conversion but there is a need to purchase a new server to complete the EMR project in the department. It's a specialized server that will cost approximately \$40,000.

Facilities Report/Construction Project: Erik Nielsen, Facilities Manager, reported the following projects:

- ▶ Maintenance offices re-design/remodel project upstairs for the manager, IT staff, break room, and meeting room to be completed in January—the new space will provide better efficiency in the department particularly the space in the bottom of the shop that can be solely utilized as the “maintenance shop”.
- ▶ Changing out cabinetry in outpatient surgery is scheduled for the end of January
- ▶ OB remodel and updated décor is complete
- ▶ Minor maintenance issue with frozen pipe that broke due to freezing temperatures.
- ▶ New Construction Update:
 - Received 41-page report from OSHPD on back-checks—all items were found to be minor in nature with no re-design changes necessary.
 - No ruling yet on fire flow exemption for rural hospitals that was requested by ANOVA. OSHPD is requesting the fire flow to support the fire suppression for both buildings in the event they were to be extinguished at the same time; therefore, architects are requesting that the most critical area fire flow be subjected to the requirement.
 - Fire pump necessary regardless the fire flow—and the final cost is yet to be determined
 - Ready to move forward with construction project once USDA loan financing approved

In response to question by Brubaker how the construction plans correlate with financing, Rees reported we expect a determination by USDA by the end of February. Currently, Mayers is waiting for OSHPD Cal-Mortgage to respond to the financial auditors before closing the audit, which also impacts the USDA financing application.

6. BOARD COMMITTEES:

6.1 Finance Committee

6.1.1 Financial Overview: Travis Lakey, Director of Finance, reviewed and discussed patient payments currently compared to the last 3 years. The December 2013 financial reports were reviewed and keynotes from his verbal report are as follows:

- A lot is booked in the bad debt and the over 90 days categories. Western Healthcare Alliance will start working the accounts over 90 days starting on Monday.
- Internal billing staff is working new accounts.
- Revenue has been down the last 2 months but collections are up.
- Pacific Hospital Management has been contracted to appeal Medicare cost reports from FY02 through FY04 for a percentage of what they collect on behalf of Mayers.
- Bond rating stayed the same BBB- due to having to record the payback to Medi-Cal.

Rees concluded by reporting he feels confident now with all that is in place with the billing department. The business office is fielding calls appropriately with efficient response time that provides the registration staff time and focus at the front-end of registration for accuracy and efficiency. DSG, is a California company and very familiar with Medi-Cal and Partnership Health that replaced Relay and are addressing issues within hours vs. long delays that occurred previously.

Director Whitney expressed concern in decreased trending pattern for revenue. Lakey agreed and basically it's due to the swing bed services and ancillary services that are trending down. Rees conveyed that staff is contacting tertiary care hospitals in Redding to get rehab patients back here to increase length of staff average. The discharge planner is working to increase utilization in swing and also the utilization review coordinators are being trained to assist in better utilization in those areas. Rees announced Dr. Stone will be back in January 2014 for surgical services. In response to question by Whitney regarding collections, Rees conveyed there was an issue with a new code for Medicare that HRG did not advise Mayers on so the internal billing staff has gone back and changed those bills and re-submitted them with expectations to increase collections. Whitney also asked about process for working bad debt. Lakey reported that staff is analyzing bad debt and checking each account closely to make

sure three statements have been mailed before collection process is initiated. Currently there is \$490,000 in bad debt and over \$3 million in 90 days+ that is now being worked by Western Healthcare Alliance with significant write-offs anticipated. Process in place to track billers daily on what's worked and what's not including commercial, care and cal with reports to Paul Eves, Business Office Manager, to review.

In closing, Rees feels confident in the billing process and what has been put in place and the AR goal is 60 days.

A motion/second (Kerns/Hathaway), and unanimously carried, the Board of Directors accepted the November 2013 financial reports as presented.

6.1.2 Resolution 2013-5: Amendment to Section 125 Cafeteria Plan: Rees reported the amendment modifies the plan adopting an FSA Health Care Carryover Amount of \$500 of any amount remaining unused from previous year. ***A motion/second (Hathaway/Kerns), and unanimously carried, the Board of Directors accepted Resolution 2013-5: Amendment to Section 125 Cafeteria Plan.***

6.2 Strategic Planning Committee – Chair Abe Hathaway

Committee Chair Hathaway reported the Strategic Planning Committee met December 16, 2013, and highlighted agenda topics:

- ▶ Mayers IHF Update from Amanda Hutchings, CEO, MIHF
- ▶ Transportation Committee Update and action to be proposed to the board in the near future for the added service
- ▶ Other topics included the following:
 - 6.2.1 Strategic plan quarterly update (also included in the board packet this month)
 - 6.2.2 Board Self-Assessment Results: Hathaway reported the results were reviewed with Walker Company Healthcare consultant (via conference call) at committee. The committee is working on the key areas to address. Board members were commended for participating in the evaluation exercise to make improvements through education at the board retreat.
 - 6.2.3 Retreat Planning: Objectives and dates are still being considered but the medical staff component may tie into another event being planned for them the last Saturday in March. It's possible the other meetings will be held the first week of April to include management. The board members were asked to tentatively schedule March 29th for the medical staff-board retreat meeting. More details on the entire retreat session will be provided as they become available.

6.3 Quality Committee – Chair Brenda Brubaker

Chair Brubaker reported the Chief of Staff was unavailable for December meeting; therefore, there was no Quality Committee held.

6.3.1 CAH Annual Evaluation & Work Plan: ***A motion/second (Kerns/White), and unanimously carried, the Board of Directors accepted the FY13 CAH Evaluation as presented and directed management to finalize FY14 Work Plan.***

6.3.2 Board Policy Review Process: The board agreed to conduct the annual policy and procedure review process as done previously. Specific requests were made by board members that will be assigned for the reviews starting in February. Schedules will be dispersed to board members.

7. ANNUAL ORGANIZATIONAL MEETING:

- ▶ Election of Officers: ***A motion/second (Kerns/Hathaway), and unanimously carried, the Board of Directors accepted the current officer slate as the 2014 officers.***
- ▶ 2014 Board calendar was dispersed and will be forwarded electronically as well by McArthur.

8. INFORMATION/BOARD EDUCATION/ANNOUNCEMENTS

- ▶ Board Education – QHR Webinar 2nd Tuesday each month, 10 a.m. PST
- ▶ ACHD Leadership Development, January 23-24, Sacramento (Hathaway possibly interested)
- ▶ ACHD Legislative Day, April 7-8, 2014, Sacramento (Kerns attending)

9. ADJOURNMENT: There being no further business, at the hour of 3:15 p.m., Vice President Brubaker declared the meeting adjourned.



Mayers Memorial Hospital

Operations Report January 2014

Statistics	December YTD FY14 <i>(current)</i>	December YTD FY13 <i>(prior)</i>	December Budget YTD FY14
Surgeries <i>(including C-sections)</i>	33	68	44
→ Inpatient	2		2
→ Outpatient	3		5
Procedures <i>(surgery suite)</i>	23	82	92
Inpatient Days <i>(Acute/OB/Swing)</i>	930	1106	797
Emergency Room	1846	1929	1961
Skilled Nursing Days	13187	13537	13398
OP Visits (OP/Lab/X-ray)	7880	7634	8101
Hospice Patient Days	1584	679	549
Physical Therapy	4882	3534	3125
Ambulance Runs	202	365	172

Operations District-Wide

Matthew Rees, Chief Executive Officer

- Met with R&S to discuss construction timeline. They would like to start this spring and have steel and wall up by this fall to allow inside work to be done during the winter.
- Replace Amanda. Marlene will do an excellent job.
- Expanded Val's responsibilities and brought in a lower level position to replace Marlene.
- Spoke with Growth Management and Strategic Planning to plan our next retreat and go over results of the board assessment
- Met with 299 Collaborative and discussed specialty physician interest in expanding to this area, not very promising
- Planning Open House for February 14th
- Held several Employee Meeting discussed employee survey, communication plan and current issues
- Revenue Cycle Team is up and operating again to help us improve cash flow and bring A/R days and contractals down.

Critical Access Hospital

Submitted by: Sherry Wilson CNO/Acute

ER/AMBULANCE

2013 Calendar Year:

ER patients total: 3661 (2012: 3874, decrease of 5%)
 Admitted to MMH: 251 (2012: 299)
Transferred: 99 (2012: 116)

- Following the legal requirements and guidance provided by Shasta County Mental Health (SCMH). Happy is currently working on developing guidelines for staff caring for patients on 51-50 holds. Recently there has been a great deal of debate on this topic as well as a large amount of misinformation provided to staff by other staff members. It is an educational issue, and gives us an opportunity to provide education to nursing staff in an area most do not have experience with.
- Staff education for all ER and Acute nursing staff planned for February.\
- Planning for EDIS implementation in March.
- LEAN process update: Several of the processes in ER have been updated directly due to the information gained from the LEAN assessment, these include:
 - Nursing and physician charges are now coded directly from documentation .
 - Education was provided to nursing regarding documentation and how it directly affects billing and payment.
 - Patient charts have been reformatted to only contain the forms we use on every patient. This will encourage physician use of CPOE.
 - Working with admitting to streamline admitting process for ambulance patients.

January 2014-Ambulance Department Update

2013 Calendar Year:

Ambulance patients total:	299	(2012: 333, increase of 16%)
Inter facility transfers:	94	(2012: 121, decrease of 22%)
Big Valley Area	24	(7/1/13-12/31/13-8% of patients).

- Call volume is increased, even prior to our service area increasing
- Decrease in ambulance transfers from our Emergency Department due to lack of coverage for area- more likely to use air transport if available rather than leaving our district without ambulance coverage.
- Continuing to have major equipment problems with aging ambulances. Multiple repairs over the past year.

Happy Barrios, RN, ER Manager

Outpatient Medical

- Patient Census overall has been up for the first half of 2013-14. Outpatient monthly average was 104 last year, and is now 117.
- We have implemented the Outpatient satisfaction survey to assess the new registration process that has been effect since August. The patient care areas are also being evaluated for hygiene and comfort. Nursing and medical treatment, billing, and payment process, and overall patient satisfaction with the Outpatient Department experience will be reviewed. This information will be used to further explore the need for room remodel/equipment upgrades, Staff education budgets, and interdepartmental communication processes that are currently in place, and may need review.

- Val Lakey, MMHD Marketing Director, and Kay Shannon RN, Outpatient Manager, are working together to promote MMHD outpatient services to Surgeons in Redding. Local Surgeons are a target demographic as they may refer more of their patients from the intermountain area, with any post operative complications to Mayer's for wound care if they know these services are available. This is the start of our marketing campaign. New brochures and an education outreach to the community are a few of the other marketing ideas being explored.
- The Outpatient Department is budgeted for an additional RN position. The position has been advertised but without appropriate candidate response, Staffing has been covered sufficiently with "float staff" Sean Sanders RN from the Surgery Department, and Part time staff, Michelle Peterson RN from Hospice. Both are doing a great job, and their assistance makes the Outpatient Department more efficient, and helps MMHD deliver quality care to our patients.

Submitted by,

Kay Shannon RN, Outpatient Department Manager

Surgery

- We had a total of 3 procedures (Colonoscopies), and 5 surgeries. (Two were Inpatient and 3 were Outpatient). One of those inpatients was an ER patient. Dr. Stone is still out. He anticipates return this month. Dr. Guthrie continues to work at MMH 1-2 days a month. One staff member continues out on disability. Another staff member has transferred to another department full time. The rest of the surgery staff continues to work in other areas of the facility during down time. Competencies were completed in December including a moch surgery with surprise fire drill. The drill included the evacuation of the surgery patient from the OR and this was filmed for staff education. The search for another orthopedic and general surgeon continues.

Submitted by Lisa Akin RN, Surgery Manager

Infection Control

- Caleb and Chris in the Lab worked together to allow me access to the Lab site in order to obtain Infection Control reports and Culture reviews. This allows me to report anything pertinent to Public Health in a timely manner, obtain MRSA results much quicker for tracking and interventions, and obtain culture reports that allow me to follow the "Judicious Use of Antibiotics" mandate much better. It also frees up time for Chris to do what she really needs to do in the Lab rather than going through a month's worth of labs to pull culture reports, waiting on a printer to become available to be able to print them out, and then delivering them to me. Finding uninterrupted time in a busy Lab to be able to do this was both time-consuming and frustrating for Chris. So, thank you, thank you to both of them!!!
- Also, the flu bug has bitten. We have had several employees with coughs, runny noses and other respiratory issues. Some have been diagnosed with bronchitis, pneumonia, upper respiratory infection, colds and now, even the flu. One patient that we transferred out to Mercy tested positive for H1N1 or Swine flu. Hand hygiene centers are being stocked at least weekly now and

staff have been education for both themselves and their patients/residents on prevention of colds and flu and what to do if they become sick.

Submitted by Kathy Duncan RN, Infection Control

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

- Census is at 73
 - We have had 5 admissions in the last couple of weeks and approx 2 more in the works.
 - We have had one state visit with no deficiencies.
-

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

Laboratory

- A CLS has been hired and will start the week of January 20th.
- Boston Reed College is closing so the opportunity to train staff phlebotomists has ended. There is no phlebotomy program at Shasta College.
- Staff is working closely with the billing office to resolve billing issues that have arisen since McKesson's Paragon® system went live.

Respiratory Therapy

- Our first pulmonary rehab patient will start soon.
- Jackie Harris, RT, is scheduling PFT scheduling for Dicalite® at the end of January or beginning of February.
- The department will be fully staffed starting January 27th when a registry RT will start.

Imaging

- Doreen Parker, Ultrasound Tech, has been promoted to Imaging Department manager.
- Doreen is exploring the mix of imaging services provided in Burney and the possibility of providing ultrasound in Burney.
- Imaging reports are now loaded and available electronically on the EMR system.

Physical Therapy

- Current staff is working extended hours to meet current patient volumes as the PT manager is out on maternity leave. Jolene will be returning from maternity leave in February.
- The department has hired a new PT Aide.



Mayers Memorial Hospital District
Always Caring. Always Here.

BYLAWS OF THE MAYERS MEMORIAL HOSPITAL DISTRICT

REVISED DECEMBER 2013

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ARTICLE I PREAMBLE

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

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

ARTICLE II POWERS AND PURPOSES

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

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

ARTICLE III THE BOARD OF DIRECTORS

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

3.1 Directors.

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

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

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

3.1.3 Resignation and Removal.

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

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

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

3.2 Officers.

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

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

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

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

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

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

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

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

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

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

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

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

3.4.2 Types of Meetings.

- (a) An annual organizational meeting shall be held on the first meeting in December at the place designated in a resolution by the Board. This meeting shall include the election of the President, Vice President, and Secretary, as well as the appointment of a Treasurer, and appointment of Standing Committee members.
- (b) Regular monthly meetings shall be held on a consistent basis, alternating sites between the Burney Annex and the Fall River Mills campus, in the boardroom, except as otherwise specified by a resolution of the Board. Meeting dates and times are set at the annual meeting in December and if changed will be legally noticed. In the event the regular meeting date falls on a legal holiday, the meeting shall be held on the following day, except as otherwise specified by a resolution of the Board.

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

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

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

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

ARTICLE IV DELEGATION OF AUTHORITY

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

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

4.1.5 Human Resources. The CEO is responsible for ensuring the soundness of all personnel. The CEO shall provide the Board and its Committees with adequate staff support.

4.1.6 Policy Implementation. By working with Standing and Special Committees of the Board and joint committees of the Medical Staff, the CEO is to participate in the elaboration of District policies.

4.1.7 Public Relations. The CEO shall coordinate community relations activities, including public appearances and communications with the media.

4.1.8 Reporting. The CEO shall prepare and distribute to the Board and Medical Staff periodic reports on the overall activities of the District, the Hospital or other Facilities, and pertinent federal, state and local developments that affect the operation of District Facilities.

~~**4.1.9 Task Force.** The CEO may establish a task force to assist in operating the District's Facilities. At the Board's discretion, the CEO shall select task force members from individuals nominated by the Board. Once established, the task force may be dissolved by action of the CEO or the Board. Any action by the Board under this subdivision shall require four votes from a Board on which there are five Directors.~~

4.1.10 Any other duties as the Board may direct from time to time.

~~**4.2 Hospital Administrator.** The District shall enter into a written contract of employment with a Hospital Administrator who may also be designated as Chief Executive Officer. Such contract shall specify that a contract entered into, or renewed, on or after January 1, 2014, shall not authorize retirement plan benefits to be paid to a Hospital Administrator, including a Hospital Administrator who is designated as CEO, prior to his or her retirement.~~

4.3 Medical Staff. There shall be a Medical Staff for the Hospital established in accordance with legal, regulatory and accreditation requirements, including California Local Healthcare District Law, that is responsible and accountable to the Board for the discharge of those duties and obligations set forth in the Medical Staff Rules and as delegated by the District. The Medical Staff shall be self-governing with respect to the professional work performed in the Hospital and shall have those rights recognized by the California legislature in Senate Bill 1325 (2004). The Board and the Medical Staff shall have the mutual rights and responsibilities as described in that legislation.

4.3.1 The Medical Staff is responsible for and accountable to the Board for the quality of care, treatment and services rendered to patients in the Hospital. The Medical Staff shall implement mechanisms to assure the consistent delivery of quality care such that patients with the same

health problem all receive the same level of care. The Medical Staff shall be responsible for investigating and evaluating matters relating to Medical Staff applications, membership status, clinical privileges, and corrective action, except as provided by the Medical Staff Rules. The Medical Staff shall adopt and forward to the Board specific written recommendations, with appropriate supporting documentation, that will allow the Board to take informed action. Board procedures for appeals shall comply with procedures set forth in the Medical Staff Rules and applicable law, including the Local Healthcare District Law (Health and Safety Code Section 32150 et seq.).

- 4.3.2** The Medical Staff is responsible for the development, adoption, and periodic review of the Medical Staff Rules consistent with these District Bylaws, applicable laws, government regulations, and accreditation standards. The Medical Staff Rules and all amendments, shall become effective only upon approval by the Medical Staff and the Board.
- 4.3.3** Membership in the Medical Staff shall be comprised of physicians, surgeons, dentists, and podiatrists who meet the qualifications for membership as set forth in the Medical Staff Rules and who are duly licensed and privileged to admit or care for patients in the Hospital. Membership shall be a prerequisite to the exercise of clinical privileges in the Hospital, except as otherwise specifically provided in the Medical Staff Rules.

CERTIFICATION

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

Allen Albaugh, President

Date

Mike Kerns, Secretary

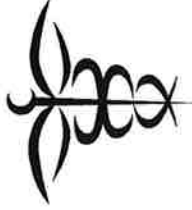
Date

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

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

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

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



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

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



Mayers Memorial Hospital District

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

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

(530) 336-5511, Extension 1134
Risk Management



Mayers Memorial Hospital District

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

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

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

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

1. Request a "Complaint Investigation Form" from the Front Desk, Risk Management, and/or the SNF (Skilled Nursing Facility) Ward Clerk.
Complete and deliver (or request assistance in delivering) the form to one of the above-mentioned department(s).
2. Email your written complaint via the internet to:
info@mayersmemorial.com
3. To make a verbal complaint, ask to speak to the department supervisor or hospital administration at 530-336-5511.

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

(530) 336-5511, Ext 1131

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

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

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

Revised: 12/2013

Concern/Complaint Log

Date of Report	Resident Name	Complaint Name (Resident, Family Member, Visitor, Staff, Dept)	Nature of Concern/Grievance	Date Resolved Complaint Satisfied?

Approvals: Qi: MEC ; GOV. BRD.:
 MMH518
 Page 1 of 2
CONCERN/COMPLAINT LOG - SNF
 Attached to Policy Complaint (Non-Employee)

INVESTIGATIVE PROCESS: COMPLETED BY SUPERVISORY PERSONNEL
Was informal resolution sought? (If yes, describe, including date.) _____ _____ _____
Complainant's Desired Resolution: _____ _____ _____
Other Persons With Knowledge of Incident: _____ _____ _____
Recommendations for Corrective Actions: _____ _____ _____
Resolution/Corrective Actions Taken: _____ _____ _____
DATES/TIMES OF INVESTIGATIVE PROCESS/INFORMATION GIVEN TO PATIENT/RESIDENT/FAMILY MEMBER/VISITOR/REPRESENTATIVE/OTHER
Date: _____ Information Given By: _____ To: _____ Time: _____ Their Response: _____
Date: _____ Information Given By: _____ To: _____ Time: _____ Their Response: _____
Date: _____ Information Given By: _____ To: _____ Time: _____ Their Response: _____

Approvals: QI: P&P: ; GOV. BRD.: MMH55

Page 2 of 2

COMPLAINT INVESTIGATION FORM (NON-EMPLOYEE)

Attached to Policy Complaint (Non-Employee)

Today's Date: _____

TO BE COMPLETED BY PERSON FILING COMPLAINT

Person Filing Complaint: _____

Are you a:

Patient/Resident Visitor Family Member Representative Other

Mailing Address: _____

Phone Number Where You Can Be Reached: _____

Name of Patient/Resident of Concern: _____

Location of Concern:

Acute Hospital SNF – Fall River Mills SNF – Burney SNF – ADCU

Room Number (if known): _____

DESCRIPTION OF PROBLEM/CONCERN:

Date & Time of Alleged Event: _____

What happened? _____

How did it happen? _____

Approvals: QI: P&P: ; GOV. BRD.: MMH55

Page 1 of 2

COMPLAINT INVESTIGATION FORM (NON-EMPLOYEE)

Attached to Policy Complaint (Non-Employee)

8. The findings and recommended correction actions will be reported to the complainant within thirty (30) days of the complaint receipt by Risk Manager.
9. Long Term Care: In the event that the complaint cannot be resolved by the facility to the satisfaction of the complainant, the facility will contact the Ombudsman for further assistance with the complaint. If facility resolution is still not acceptable to the complainant after Ombudsman assistance, the Ombudsman's number will be given for the complainant to contact:

Long-Term Care Ombudsman: 1-866-699-6191(Northern California) or 1-800-231-4024 (Redding, CA).
10. Long Term Care maintains a *Concern/Complaint Log* for centralized, on-going documentation.
11. All original complaints and investigative reports will be kept in the office of the Risk Manager. Copies can be maintained in confidential departmental files.
12. Any staff members and/or medical staff members involved in a complaint will be informed of such complaint during the investigation process.
13. A summary of the grievance will be submitted for CQI (Continuous Quality Improvement) trending/tracking.

SPECIAL CONSIDERATIONS:

HIPAA-Related Complaints must be investigated in good faith and in a timely manner. If it is determined that unlawful or unauthorized access/use/disclosure occurred, the California Department of Public Health must be notified within **five (5) calendar days** of detection of the breach.

HIPAA Brochures are included in admission packets prepared by the patient access department.

REFERENCES:

CMS, CoP, 42CFR, §482.13, Patient Rights

California Civil Code 43.96

BETA Risk Reporter, Volume 15, Jan.-Feb. 2003: "*Complaint Management – Then & Now*"

COMMITTEE APPROVALS:

QI: 01/09/06

MEC: 10/10/12

GOV. BOARD: 10/12/10

phone numbers and addresses for external agencies:

**California Department of
Health Services**

Licensing & Certification
Chico District Office
126 Mission Ranch Blvd.
Chico CA 95926
Phone: (530) 895-6711 or 1-800-554-0350
www.cdph.ca.gov

Medicare

Toll Free: (866) 800-8749
www.Medicare.gov

If the complaint is against a physician, physician assistant, or healthcare provider, related to professional competence or conduct, provide the complainant with the phone numbers and addresses for external agencies:

Medical Board of California

California Toll-Free line
1-800-633-2322
(916) 263-2382 Phone
(916) 263-2435 Fax
2005 Evergreen Street, Suite 1200
Sacramento CA 95815
www.mbc.ca.gov

California Board of Podiatric Medicine

California Toll-Free line
1-800-633-2322
(916) 263-2647 Phone
(916) 263-2651 Fax
2005 Evergreen Street, Suite 1300
Sacramento CA 95815
www.bpm.ca.gov

If the complaint is against an RN, CRNA, or Nurse Practitioner, provide the complainant with the phone numbers and addresses for external agencies:

Board of Registered Nursing

Attn: Complaint Intake
PO Box 944210
Sacramento CA 94244-2100
(916) 557-1213
www.rn.ca.gov

5. The supervisor will immediately forward all complaints to Risk Management.
6. The Risk Manager will investigate the complaint. Ongoing communication to the complainant will occur and be documented. Documentation will include facts, observations, conversations and quotations and will be dated, signed and indicate name, address and phone number on all documentation provided.

MAYERS MEMORIAL HOSPITAL DISTRICT

BOARD POLICY AND PROCEDURE

COMPLAINT (NON-EMPLOYEE)

ORIGINATING DATE: 11/98
REVISED: 05/00, 11/05, 06/12, 9/13
MANUAL(S): Employee

Page 1 of 4, plus the following Attachments:

Complaint Investigation Form – Non-Employee, MMH55;

Concern/Complaint Log – SNF, MMH518

Reporting Concerns and/or Filing a Complaint tri-fold brochure

DEFINITION:

For all intents and purposes, the word “patient(s)” refers to all customers receiving health care services in MMHD facilities, including inpatients, outpatients, residents and clients.

POLICY:

It is the policy of Mayers Memorial Hospital District (MMHD) to support each resident’s, patient’s or family member’s right to voice complaints without discrimination or reprisal and to ensure prompt efforts by the facility to acknowledge and resolve complaints, including those with respect to the behavior of other residents/patients. Information obtained in resolving complaints will be used in departmental and hospital performance improvement process to prevent similar concerns from arising in the future.

PROCEDURE:

When approached with a concern, staff will:

1. Attempt to immediately resolve the issue(s). Non-supervisory personnel shall refer the complaint to his/her immediate supervisor.
2. The supervisor will assist the complainant in documenting the complaint(s) using the Complaint Investigation Form.
3. Inform the complainant that he/she may lodge a complaint with the State agency directly, even if he/she has not first used the hospital’s process. Provide the complainant with the