TRI-CITY HEALTHCARE DISTRICT AGENDA FOR A REGULAR MEETING June 29, 2023 – 3:30 o'clock p.m.

Assembly Rooms 2 & 3 – Eugene L. Geil Pavilion 4002 Vista Way, Oceanside, CA 92056

The Board may take action on any of the items listed below, unless the item is specifically labeled "Informational Only"

	Agenda Item	Time Allotted	Requestor
1	Call to Order	3 min.	Standard
2	Roll Call / Pledge of Allegiance		
3	Approval of Agenda	2 min	Standard
4	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Board Agenda at the time the item is being considered by the Board of Directors. Per Board Policy 19-018, members of the public may have three minutes, individually, to address the Board of Directors. NOTE: Members of the public may speak on any item not listed on the Board Agenda, which falls within the jurisdiction of the Board of Directors, immediately prior to Board Communications.	2 min.	Standard
5	May 2023 Financial Statement Results	10 min.	CFO
6	New Business – a. Consideration of Chief Executive Employment Agreement with Gene Ma, M.D.	5 min.	Chair
7	Old Business - None		
8	Chief of Staff - a) Consideration of June 2023 Credentialing Actions and Reappointments Involving the Medical Staff and Allied Health Professionals as recommended by the Medical Executive Committee on June 26, 2023.	5 min.	cos

Note: This certifies that a copy of this agenda was posted in the entrance to the Tri-City Medical Center at 4002 Vista Way, Oceanside, CA 92056 at least 72 hours in advance of the meeting. Any writings or documents provided to the Board members of Tri-City Healthcare District regarding any item on this Agenda is available for public inspection in the Administration Department located at the Tri-City Medical Center during normal business hours.

Note: If you have a disability, please notify us at 760-940-3348 at least 48 hours prior to the meeting so that we may provide reasonable accommodations.

	Time	
Agenda Item	Allotted	Requestor

9. Consent Calendar -

- (a) Approval of Resolution No. 823, A Resolution of the Tri-City Healthcare District Establishing the Appropriations Limit for Tri-City Healthcare District for the Fiscal Year Commencing July 1, 2023 and ending June 30, 2024.
- (b) Approval of the renewal of an agreement with Dr. David Spiegel as a Cardiovascular Health Institute Operations Committee member for a term of 12 months, beginning July 1, 2023 and ending June 30, 2024, not to exceed 2 hours per month at an hourly rate of \$210 for an annual and term cost of \$5,040.
- (c) Approval of the renewal of an agreement with Dr. Yuan Lin as a Cardiovascular Health Institute Operations Committee Member for a term of 12 months, beginning July 1, 2023 and ending June 30, 2024, not to exceed 2 hours per month at an hourly rate of \$210 for an annual and term cost of \$5,040.
- (d) Approval of the renewal of an agreement with Dr. Mohammad Jamshidi-Nezhad as a Cardiovascular Health Institute Operations Committee Member for a term of 12 months, beginning July 1, 2023 and ending June 30, 2024, not to exceed 2 hours per month at an hourly rate of \$210 for an annual and term cost of \$5,040.
- (e) Approval of the renewal of an agreement with Dr. Mohammad Jamshidi-Nezhad as the Cardiovascular Health Institute Vascular Surgery Medical Director for a term of 12 months, beginning July 1, 2023 and ending June 30, 2024, not to exceed an average 12 hours per month or 144 hours annually, at an hourly rate of \$210 for an annual and term cost of \$30,240.
- (f) Approval of the renewal of an agreement with Dr. Donald Ponec as the Cardiovascular Health Institute Medical Director for a term of 12 months, beginning July 1, 2023 and ending June 30, 2024, not to exceed an average of 8 hours per month or 96 hours annually, at an hourly rate of \$210 for an annual and term cost of \$20,160.
- (g) Approval of the renewal of an agreement with Dr. Donald Ponec, as a Cardiovascular Health Institute Quality Committee member for a term of 12 months, beginning July 1, 2023 and ending June 30, 2024, not to exceed 2 hours per month at an hourly rate of \$210 for an annual and term cost of \$5,040.
- (h) Approval of the renewal of an agreement for Dr. Aaron Yung as a Cardiovascular Health Institute Quality Committee Member for a term of 12 months, beginning July 1, 2023 and ending June 30, 2024, not to exceed 2 hours per month at an hourly rate of \$210 for an annual term cost of \$5,040.
- (i) Approval of the renewal of an agreement with Dr. Andrew Deemer, as a Cardiovascular Health Institute Quality Committee member for a term of 12 months, beginning July 1, 2023 and ending June 30, 2024, not to exceed 2 hours per month at an hourly rate of \$210 for an annual and term cost of \$5,040.
- (j) Approval of the renewal of an agreement with Dr. Aaron Yung as the Invasive Cardiology Medical Director for a term of 12 months, beginning July 1, 2023, and ending June 30, 2024, not to exceed an average of 12 hours per moth or 144 hours annually, at an hourly rate of \$210 for an annual and

Agenda Item	Time Allotted	Requesto
term cost of \$30,240.		<u>,</u>
(k) Approval of the renewal of an agreement with Dr. Ashish Kabra as the Non-Invasive Cardiology Medical Director for a term of 12 months, beginning July 1, 2023 and ending June 30, 2024, not to exceed an average of 12 hours per month or 144 hours annually, at an hourly rate of \$210 for an annual and term cost of \$30,240.		
(I) Approval of the renewal of an agreement with Dr. Marcus Contardo for North Coast Medical Group (NCPMG) for Clinical and Anatomic Pathology Laboratory service for a term of 36 months, beginning July 1, 2023 and ending June 30, 2026, for an annual cost of \$1,084,200 and a total cost for the term of \$3,252,600.		
(m) Approval of the renewal of an agreement with Rady Children's Specialists of San Diego for Retinopathy of Prematurity (ROP) testing for a term of 12 months, beginning May 1, 2023 and ending April 30, 2024, for a cost of \$3,713 per month and a total cost for the term of \$44,555.		
(n) Approval of the renewal of the Professional and General Liability Insurance Agreements with various carriers as reflected on the accompanying Executive Summary through McGriff Insurance Services, LLC, for a term of 12 months, beginning July 1, 2023, and ending June 30, 2024, for a total term cost of \$2,224,987.		
(o) Approval of the renewal of an ED On-Call Agreement for Gastroenterology – General and ERCP with Dr. Hellen Chiao, Dr. Christopher Devereaux, Dr. Thomas Krol, Dr. Javaid Shad, Dr. Michael Shim and Dr. Matthew Viernes, for a term of 24 months, beginning July 1, 2023 and ending June 30, 2025, with an annual cost not to exceed \$622,200 and a total term cost of \$1,242,700.		
(p) Approval of the renewal of an agreement with Dr. Karim El-Sherief, as the Medical Director of Cardiac Rehabilitation for a term of 24 months, beginning July 1, 2023 and ending June 30, 2025, not to exceed an average of 44 hours per month or 528 hours annually, at an hourly rate of \$185.50, for an annual cost of \$97,944 and a total term cost not to exceed \$195,888.		

- (q) Approval of the renewal of an agreement with Dr. David Spiegel, Dr. Ashish Kabra, Dr. Karim El-Sherief, Dr. Mohammad Pashmforoush, Dr. Samani Pargol, Dr. Aaron Yung, Dr. Anitha Rajamanickam, and Dr. Hanh Bui for the Cardiology Physician EKG and Echocardiology Panel Agreement for a term of 12 months, beginning July 1, 2023 and ending on June 30,
- (r) Approval of an agreement with North County Neonatology Specialists for amended NICU coverage for a term of three months, beginning May 28, 2023 and ending August 28, 2023, for a cost of \$19,500 per month and a total cost for the term of \$58,500.
- (s) Approval of the renewal of an agreement with Dr. Hamid Movahhedian as the Pediatric/NICU EKG Coverage Panel Physician for 12 months, beginning June 1, 2023 and ending on May 31, 2024, for an annual and term cost, not to exceed \$91,500.
- (t) Administrative Committees
 - 1. Patient Care Services Policies & Procedures

2024, for an annual term, not to exceed \$216,320.

a. Conflict Ethical Issues in Managing Patient Care

	Agenda Item	Time Allotted	Requestor
	 b. Discharge Planning Policy c. End of Life (Comfort Care) Policy d. Justice Involved Patents Policy e. Standards of Care Audit 		
	2. Administrative 200 District Operations a. Control for Locks and Keys 243 b. Signage 215 3. Weapons on Medical Center Campus		
	Environmental Services a. Cleaning Guidelines Policy		
	4. Home Care a. Infection Prevention Guidelines for Home Health Care Policy b. Laboratory Services		
	(u) Minutes 1) June 2, 2023 - Special Meeting 2) June 5, 2023 - Special Meeting 3) June 6, 2023 - Special Meeting 4) May 25, 2023 - Special Meeting 5) May 25, 2023 - Regular Meeting		
	(v) Meetings and Conferences – None		
İ	(w) Dues and Memberships – None		
	 (x) Reports – (Discussion by exception only) 1) Lease Report – (May, 2023) 2) Reimbursement Disclosure Report – (May, 2023) 		
10	Discussion of Items Pulled from Consent Agenda	10 min.	Standard
11	Comments by Members of the Public NOTE: Per Board Policy 19-018, members of the public may have three (3) minutes, individually and 15 minutes per subject, to address the Board on any item not on the agenda.	5-10 minutes	Standard
12	Comments by Chief Executive Officer	5 min.	Standard
13	Board Communications (three minutes per Board member)	18 min.	Standard
14	Report from Chairperson	3 min.	Standard
15	Total Time Budgeted for Open Session	1.5 hours	
16	Adjournment		

CHIEF EXECUTIVE OFFICER EMPLOYMENT CONTRACT WITH TRI-CITY HEALTHCARE DISTRICT

This agreement is made and effective as of the 7th day of June, 2023, between Tri-City Healthcare District ("District"), a California local health care district, and Dr. Gene Ma ("Employee").

WHEREAS, District is the owner and operator of the Tri-City Medical Center; and

WHEREAS, District desires to secure the services of Employee as its Chief Executive Officer and Employee desires to accept such employment.

NOW, THEREFORE, in consideration of the mutual covenants contained in this agreement, and intending to be legally bound, District and Employee agree as follows:

- 1. Position and Duties. Employee will render fulltime services to District in the capacity of Chief Executive Officer ("CEO"). Employee will not undertake any other employment of any kind without the written authorization of the District Board of Directors, which shall not be unreasonably withheld. Employee will at all times faithfully, industriously, and to the best of Employee's ability, perform all duties that may be required by law and as delegated by the District's Board of Directors ("Board") pursuant to its bylaws, rules, regulations, and policies. It is understood that these duties shall be similar to those of a chief executive officer of a business corporation, but shall be subject to the limitations imposed upon public officials under California law, including but not limited to those imposed under the Local Healthcare District Law, and further shall be subject to the direction of the Board, as evidenced by adopted bylaws, policies, resolutions, and other formal actions of District. Employee shall perform any special duties assigned or delegated to Employee by the Board.
- 2. <u>Base Compensation: Annual Review.</u> In consideration for these services as CEO, District agrees to pay a base salary of Five Hundred Seventy-Five Thousand (\$575,000) per annum. Upon the first anniversary of this agreement in 2024 (the start of the second year of this agreement), Employee shall be eligible for and entitled to an additional Twenty-Five Thousand Dollars (\$25,000) in base salary each year, provided that the Board in its sole discretion concludes, based upon its annual review of Employee's performance, that Employee has achieved seventy-five percent (75%) of Employee's goals, as such goals are approved by the Board. This annual review should occur not later than the regular meeting in June. The parties

will endeavor to establish such goals and objectives within sixty (60) days of the effective date of this agreement, and then annually by no later than July. Salary shall be payable in accordance with the payroll policies of District. Employee may elect to defer such portion of Employee's salary to the extent permitted by law in accordance with policies or plans established by District.

3. Vacation and Leaves.

- (a) Employee shall be entitled to the maximum accrual rate of thirty-six (36) days of paid time off for vacation, holidays, illness, injuries, and family leave each year, per District Policy Number 8610-433 (except as provided in this paragraph), with vacation to be taken at times approved by the Chairman of the Board.
- (b) In addition, Employee will be permitted to be absent during working days to attend business and educational meetings and to attend to such outside duties in the healthcare field as have been agreed upon by the Chairman of the Board or approved by the Board. Attendance at such approved meetings and accomplishment of approved professional duties shall be fully-compensated service time and shall not be considered vacation time. District shall reimburse Employee for reasonable expenses incurred by Employee incident to attendance at approved professional meetings and such approved entertainment expenses incurred by Employee in furtherance of District's public purposes; provided, however, that such reimbursement is approved by the Chairman of the Board and is consistent with Board policy and California law.
- 4. <u>Dues</u>. District agrees to pay dues to professional associations and societies and to such service organizations of which Employee is a member, approved by the Board Chairman as being in the best interests of District.

5. Benefits and District Obligations. District also agrees to:

- defend, indemnify, and insure Employee under its general liability coverage for all acts within the course and scope of Employee's duty performed throughout the term of this agreement, to the extent required by law;
- ii. provide, throughout the term of this agreement, a group life insurance policy for Employee in an amount equivalent to \$350,000 or the maximum group life benefit available to other executives (currently as described in Exhibit A);

- iii. provide comprehensive health and major medical insurance for Employee and Employee's family;
- iv. furnish an automobile allowance in the amount of \$1,000 per month for Employee's use; Employee will be responsible for all insurance, maintenance, operating, mileage, and other expenses incurred, notwithstanding any District policy to the contrary;
- v. contribute on behalf of Employee to retirement plans and pay for deferred compensation plans, as elected by Employee and for which Employee is eligible, as described in Exhibit A;
- vi. provide a laptop computer, which shall remain the property of District, and reimburse Employee for cellular telephone expenses incurred for business use, as described in Exhibit A.
- (b) In addition, except as otherwise set forth in this agreement including Exhibit A. Employee shall be entitled to those fringe benefits to which all other executive employees of District are currently entitled, as described in this paragraph 5 and as updated from time to time.

6. Termination by Board; Severance.

(a) At Will. The Board may, in its discretion, terminate this agreement and Employee's duties hereunder. Such action shall require a majority vote of the entire Board then serving and become effective upon ninety (90) days' written notice to Employee or at such time as may be specified in said notice. After such termination of employment, District shall continue to pay Employee's then base salary for the month in which Employee's duties were terminated and for at least nine (9) consecutive months thereafter as a severance payment. This amount shall be reduced if required by Government Code section 53260 et seq. (e.g., based upon the terms and conditions of the notice period). No severance payment is due unless Employee has executed a Severance Agreement in a form satisfactory to District. During the period in which severance is paid, Employee shall not be required to come to, or to perform any duties for, District. Neither shall the fact that Employee seeks, accepts, and undertakes other employment during this period affect such payments, except as may be required by law. Also, for the period during which such payments are being made, District agrees to keep Employee's health and major medical insurance coverage paid up and in effect, to the extent permitted by law.

(b) Good Cause Termination. The severance arrangements described in this paragraph 6 shall not be payable in the event that Employee's employment is terminated based upon good cause. Good cause shall include, but not be limited to, any one or more of the following events or acts on the part of Employee: (1) gross or willful misconduct; (2) conviction of a felony or any misdemeanor criminal offense related to substance abuse, healthcare fraud or abuse, violent crimes, sexual misconduct, crimes involving children or the operations of District, or has been excluded from Medicare, Medicaid, or any other federal healthcare program; (3) failure to abide by or comply with the terms of this agreement, District bylaws, or Board policies or directives within ten (10) days of having received notice from the Board, provided that Employee has not fully cured such failure or noncompliance.

7. Termination by Employee.

- (a) Diminution of Duties or Compensation. Should the Board in its discretion materially change Employee's duties or authority so it can reasonably be found that Employee is no longer performing as the CEO, or should Employee's total compensation be materially reduced for any other than good cause as defined in paragraph 6(b) of this agreement, then Employee shall have the right, within forty-five (45) days of such event, in Employee's complete discretion, to terminate this agreement by written notice delivered to the Chairman of the Board; and, provided the Board shall have twenty (20) days from receipt of such notice to restore to Employee the duties or compensation of the CEO.
- (b) Right to Severance. Upon such termination by Employee, Employee shall be entitled to the severance payment described in paragraph 6, in accordance with the same terms of that paragraph, including the requirement that Employee execute a Severance Agreement.
- (c) Administrative Leave. Placement of Employee on administrative leave pending any investigation shall not be considered a material change or diminution in duties or authority so long as Employee's compensation is not diminished or otherwise adversely affected during such leave.
- (d) Recoupment Following Conviction. Notwithstanding any other provision of this agreement, as required by Government Code section 53243 et seq., any salary during paid administrative leave, cost of criminal defense, or cash severance payments provided to Employee pending or following an investigation of Employee's conduct shall be fully reimbursed by Employee if Employee is convicted of a crime

- involving abuse of Employee's office as defined in Government Code section 53243.4.
- 8. Change of Control. If District is merged, consolidated, or dissolved, or more than fifty percent (50%) of District's assets are transferred to any organization, or the Tri-City Medical Center is closed, then Employee may, at Employee's discretion, terminate this agreement or, in the alternative, the Board shall determine whether Employee shall be offered the opportunity to be retained as CEO of District or any successor to District that operates Tri-City Medical Center. If Employee elects to terminate employment at such time, Employee shall be entitled to the same severance arrangement as would be applicable under paragraph 6 if District had terminated Employee's employment at such time. Any election to terminate employment under this paragraph must be made not less than thirty (30) days prior to District's merger, consolidation, dissolution, or the transfer of more than fifty percent (50%) of District's assets, or closure of the hospital, as applicable. If Employee is offered the opportunity by the Board to, and Employee elects to. continue to be employed by District or its successor, all of the terms and conditions of this agreement shall remain in effect; provided that (1) the parties acknowledge that in the event the Board is not responsible for making such a determination under the terms of the merger, consolidation. dissolution, or other disposition of District's assets, the successor in interest shall have no obligations hereunder; and (2) further provided that if Employee rejects such opportunity. Employee shall have the right to elect to terminate employment as described above.
- 9. Termination by Employee At Will; Notice. Should Employee, in Employee's discretion, elect to terminate this agreement for any other reason than as stated in paragraphs 7 or 8, Employee shall give the Board ninety (90) days' written notice of the decision to terminate. At the end of 90 days, all rights, duties, and obligations of both parties to the contract shall cease and Employee shall not be entitled to severance benefits.
- 10. <u>Severance Agreement Required</u>. If an event described in paragraphs 6, 7, or 8 occurs, as a condition of obtaining any of the severance benefits or payments described therein, Employee shall be required to execute a Severance Agreement in a form satisfactory to the District.
- 11. <u>Confidentiality</u>. Employee shall maintain confidentiality with respect to information that Employee receives in the course of employment by District, and Employee shall not disclose any such information except to the extent required by law. The obligations of confidentiality shall include all privileged material and trade secrets of District, including but not limited to contract terms, customer lists, strategic plans, and methods of doing business.

Employee shall not, either during the term of this employment or thereafter, use or permit the use of any confidential information of or relating to District in connection with any activity or business and shall not divulge such information to any person, firm, or corporation whatsoever, except as may be necessary in the performance of Employee's duties hereunder or as may be required by law or legal process.

- 12. Conflicting Activities and Employment. During the term of this employment, Employee acknowledges that the provisions of Health & Safety Code section 32110 prohibit the ownership of or participation in the management of any competing hospital. Employee is also prohibited from engaging in any activities inconsistent with or inimical to Employee's employment pursuant to Government Code sections 1125 and 1126 and pursuant to District policy.
- 13. <u>Term: Renewal</u>. This agreement shall be effective for a term of twenty-four (24) months commencing July 15, 2023, provided that this contract may be renewed or extended at any time to the extent permitted by law.
- 14. <u>Complete Contract</u>. This agreement constitutes the entire agreement between the parties and contains all the agreements between them with respect to the subject matter hereof. It also supersedes any and all other agreements or contracts, either oral or written, between the parties with respect to the subject matter hereof.
- 15. <u>Amendment</u>. Except as otherwise specifically provided, the terms and conditions of this agreement may be amended at any time by mutual agreement of the parties, provided that before any amendment shall be valid or effective it shall have been approved by the Board, reduced to writing and signed by the Chairman of the Board, Board Secretary, and Employee.
- 16. <u>Severability</u>. The invalidity or unenforceability of any particular provision of this agreement shall not affect its other provisions, and this agreement shall be construed in all respects as if such invalid or unenforceable provision had been omitted.
- 17. <u>Binding on Successors</u>. This agreement shall be binding on District, its successors and assigns, including without limitation any organization into which District may be consolidated, merged, or by which it may be acquired, and shall inure to the benefit of Employee and Employee's administrators, executors, legatees, heirs, and assigns.
- 18. <u>State Law: Venue</u>. This agreement shall be construed and enforced under and in accordance with the laws of the State of California. Venue to any

action or proceeding arising out of this agreement shall be San Diego County, California.

19. Notices. Any notices required or permitted to be sent under this agreement may be personally delivered, sent by overnight mail, overnight delivery service (e.g., Federal Express), or mailed by registered or certified mail, return receipt required. Receipt of any notice shall conclusively be deemed complete according to the following: (i) personal delivery shall be deemed received the same day; (ii) overnight mail or overnight delivery service shall be deemed complete the next day, Sundays and holidays excepted; (iii) certified or registered mail shall be deemed complete upon recipient's execution of the receipt. Notices shall be sent to the following addresses until and unless changed by a party's written notice to the other party:

If to District:	Jeffrey G. Scott Esq., Board Counsel	
	16935 W. Bernardo Drive, Suite 170	
	San Diego, CA 92127	
If to Employee:	Dr. Gene Ma	
	4002 Vista Way	
	Oceanside, CA 92056	

- 20. <u>Captions</u>. The captions of the paragraphs of this agreement are solely for the convenience of the parties, are not a part of this agreement, and shall not be used for interpretation of any provision of this agreement.
- 21. <u>Continuing Obligations</u>. The rights and obligations of the parties set forth in the section on Arbitration shall survive the termination of Employee's employment and the expiration of this agreement.
- 22. <u>Non-Waiver</u>. The failure of either party to insist on strict compliance with any of the terms and conditions of this agreement by the other party shall not be deemed a waiver of that term or condition. The waiver or relinquishment of any right or power at any one time or times shall not be deemed a waiver or relinquishment of that right or power for all or any other times.
- 23. <u>Photocopies and Counterparts</u>. This agreement may be executed counterparts, each of which shall be deemed an original and together shall constitute one complete instrument. Photocopies and facsimiles of such signed counterparts may be used in lieu of the originals for any purpose.

- 24. <u>Interpretation of Agreement</u>. In determining the meaning of, or resolving any ambiguity with respect to, any word, phrase, or provision of this agreement, this agreement shall be construed with the understanding that both parties were responsible for and participated in its preparation. Section 1654 of the Civil Code shall not apply.
- 25. <u>Separate Counsel Encouraged</u>. Employee represents that Employee has been advised to review this agreement with Employee's own attorney before executing this agreement. *District makes no representations regarding the taxability of any benefit, benefit plan, or severance payment that may be offered to Employee.*
- 26. <u>Arbitration</u>. Any controversy, dispute, or disagreement arising out of or relating to this agreement, or the breach thereof, shall be settled by arbitration, as approved by the District.

Employee:

Dated: June 7 . 2023

Gene Ma
Printed Name

District:

Dated: _______, 2023

By: _______

Print Name: Chairman of the Board

Print Name: Secretary of the Board

EXHIBIT ASummary of Compensation and Benefits

(This Summary of Compensation and Benefits is intended to comply with the requirements of Health & Safety Code section 32121.6 to include all material terms and conditions regarding compensation and benefits of any type or description to be provided to Employee under the employment agreement of which this is an integral part.)

Base compensation:

\$575,000.

Automobile allowance of \$1,000 per month.

Cell phone and laptop to be provided by District.

Benefits, available to other employees except as noted, including:

Group life, accidental death and dismemberment insurance as provided to other employees and paid by District

Individual disability insurance policy

Group medical plan, provided that no contribution by Employee is required Group dental plan, provided that no contribution by Employee is required Vision plan, except District shall cover full cost, if elected

ArmadaCare or similar plan if offered

Travel expenses and reimbursements, provided that Employee's expenses do not exceed the limits described in the then current Board adopted reimbursement policy. Educational and related professional expenses, per the employment agreement, as approved by the Board Chairman

Retirement plans:

457b voluntary deferred compensation plan NSRP employer required contribution or Social Security may be elected MAPP employer paid contribution of \$15,000

Annual leave (per Policy No. 8610-433)

Notwithstanding such policy, CEO entitled to maximum accrual rate of 36 days per year

Employee elected flexible benefit plan or similar cafeteria or deferred compensation plan providing benefits of 25% of base pay, which may include:

Long term care

Long term disability

Capital accumulation account or other deferred compensation plan Individual universal life insurance of up to four (4) times base salary

Cafeteria discounts/privilege

TRI-CITY MEDICAL CENTER MEDICAL STAFF INITIAL CREDENTIALS REPORT June 14, 2023

Attachment A

INITIAL APPOINTMENTS (Effective Dates: 6/30/2023 - 5/31/2025)

Any items of concern will be "red" flagged in this report. Verification of licensure, specific training, patient care experience, interpersonal and communication skills, professionalism, current competence relating to medical knowledge, has been verified and evaluated on all applicants recommended for initial appointment to the medical staff. Based upon this information, the following physicians have met the basic requirements of staff and are therefore recommended for appointment effective 6/30/2023 through 5/31/2025:

- BOWNDS, Shannon MD/Teleradiology (StatRad)
- CORSON, Neal MD/Teleradiology (Imaging Healthcare)
- DUNN, William MD/Teleradiology (SHPS)
- GOOTNICK, Susan MD/Teleradiology (The Radiology Group)
- KIM, Eric MD/Teleneurology (Real Time Neuromonitoring)
- LAUW, Marietya MD/Pathology (North Coast Pathology)
- LeBEAU, Jacob DO/Family Medicine (Sound Physicians)
- SAMEE, Ali MD/Telepsychiatry (Array)
- SANGHI, Amit DO/Teleradiology (The Radiology Group)
- SILVA, Patricia MD/Teleradiology (The Radiology Group)
- STEPHENS. Benjamin MD/Ophthalmology (Greider Eve)
- WRIGHT, Brenton MD/Neurology (The Neurology Center)
- ZAIDI, Saivid-Naufal MD/Family Medicine (Sound Physicians)



TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT - Part 1 of 1 June 14, 2023

Attachment B

BIENNIAL REAPPOINTMENTS: (Effective Dates 07/01/2023 -06/30/2025)

Any items of concern will be "red" flagged in this report. The following application was recommended for reappointment to the medical staff office effective 07/01/2023 through 06/30/2025, based upon practitioner specific and comparative data profiles and reports demonstrating ongoing monitoring and evaluation, activities reflecting level of professionalism, delivery of compassionate patient care, medical knowledge based upon outcomes, interpersonal and communications skills, use of system resources, participation in activities to improve care, blood utilization, medical records review, department specific monitoring activities, health status and relevant results of clinical performance:

- ADHANOM, Teamrat, MD/Internal Medicine/Active
- ANTOUN, David, MD/Internal Medicine/Active
- COHEN, David, MD/Cardiology/Active
- CORONA, Frank, MD/Pulmonary/Active
- CURRAN, Perrin, MD/Internal Medicine/Refer and Follow
- DEMBITSKY, Zachary, MD/Emergency Medicine/Active
- HANRAHAN, David, MD/Telepsychiatry/Provisional
- KAO, Jerry, MD/Pathology Anatomic/Active
- KASED, Norbert, MD/Radiation Oncology/Active
- KHARADJIAN, Talar, MD/Nephrology/Provisional
- KHOSLA, Ankaj, MD/Interventional Radiology/Active
- LEONARD, Lisa, MD/Obstetrics & Gynecology/Active
- LI. Xiangli, MD/Internal Medicine/Refer and Follow
- MA. Gene, MD/Emergency Medicine/Active
- NIEDZWIECKI, Matthew, MD/Telepsychiatry/Provisional
- OH, Irene, MD/Neurology/Active
- PEREZ, Ronald, MD/Family Medicine/Refer and Follow
- PREGERSON, David, MD/Emergency Medicine/Active

TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 1 of 1 June 14, 2023

Attachment B

- SHALI, Reyzan, MD/Internal Medicine/Refer and Follow
- VILCHIS, Caroline, MD/Urology/Active
- WONG, Amy, DPM/Podiatric Surgery/Active

CHANGE OF STATUS:

GEORGY, Bassem, MD/Interventional Neuroradiology

RESIGNATIONS:

Automatic:

KUTZ, Craig, MD/Emergency Medicine

Voluntary: Physicians

- CHAMSUDDIN, Abbas, MD/Teleradiology
- PATEL, Priya, MD/Diagnostic Radiology
- PAZ. Pedro. MD/Neonatology
- PHAM, Alise, DO/Neurology
- PRASAD, Rupa, MD/Pain Medicine
- RUSSELL-ROY, Lydia, MD/Obstetrics & Gynecology
- STEWART, RYAN, MD/Internal Medicine
- SULLIVAN, Jessica, DO/Hematology/Oncology

Voluntary: Allied Health Professionals:

- HEINEN, John, PA/Allied Health Professional
- SENGUPTA, Pushpa, NP/Allied Health Professional



TRI-CITY MEDICAL CENTER MEDICAL STAFF CREDENTIALS REPORT – Part 2 of 3 June 14, 2023

CHANGE OF STATUS:

BUONO, John, MD

Anesthesiology

AUTOMATIC RELINOUISHMENT OF PRIVILEGES

The following practitioners were given six months from the last reappointment date to complete their outstanding proctoring. These practitioners failed to meet the proposed deadline and therefore the listed privileges will automatically expire as of **June 23, 2023**

• <u>CIZMAR, Branislav, MD</u> <u>OB/GYN</u>

LIU. Richard. MD
 Otolaryngology

SHIH, Angela, MD
 Internal Medicine



TRI-CITY MEDICAL CENTER CREDENTIALS COMMITTEE REPORT - Part 3 of 3

June 14, 2023

PROCTORING RECOMMENDATIONS

ARAMIN, Hermineh, MD **Pathology**

BARVALIA, Mihir, MD **Interventional Cardiology**

EL-AKKAD, Samih, MD Radiology

FAKHRO, Sameeh, MD **Internal Medicine**

GUERENA, Michael, MD **Urology**

HERMANN, Matthew, MD Radiology

IACOBS, David, MD Radiology

LINGENFELTER, David, MD **OBGYN**

NALABOFF, Kenneth, MD Radiology

PARK, Young, DO **Internal Medicine**

SHAPIRO, Robert, MD <u>Urology</u>

SHAMSINEJAD BABAKI, Arash, MD **Telemedicine/Internal Medicine**

SERRY, Rod, MD **Interventional Cardiology**

WALKER, Christopher, MD Radiology

ZAWADA, Nicole, MD **Emergency Medicine**

RESOLUTION NO. 823

A RESOLUTION OF THE BOARD OF DIRECTORS
OF TRI-CITY HEALTHCARE DISTRICT
ESTABLISHING THE APPROPRIATIONS LIMIT
FOR TRI-CITY HEALTHCARE DISTRICT FOR THE FISCAL YEAR
COMMENCING JULY 1, 2023 AND ENDING JUNE 30, 2024
IN ACCORDANCE WITH ARTICLE XIII B OF THE
CONSTITUTION OF THE STATE OF CALIFORNIA; CODE OF THE
STATE OF CALIFORNIA

WHEREAS, Section 1 of Article XIII B of the Constitution of the State of California provides that the total annual appropriations of each local government shall not exceed the appropriations limit of such entity of government for the prior year, adjusted for changes in the cost of living and population, subject to certain specified exceptions in said Article; and

WHEREAS, Section 8 of Article XIII B of the Constitution of the State of California defines "Appropriations subject to limitation" of an entity of local government as "any authorization to expand during a fiscal year the proceeds of taxes levied by or for that entity and the proceeds of state subventions to that entity" (other than subventions made pursuant to new programs or services mandates by the State Legislature) "exclusive of refunds to taxes"; and

WHEREAS, Section 7910 of the Government Code of the State of California provides that each year the governing body of each local jurisdiction shall, by resolution, establish its appropriations limit for the following fiscal year pursuant to Article XIII B of the Constitution of the State of California at a regularly scheduled meeting or noticed special meeting; and

WHEREAS, the documentation used in determining the appropriations limit adopted in this resolution has been available to the public for fifteen (15) days prior to the adoption of this resolution.

NOW, THEREFORE, THE BOARD OF DIRECTORS OF TRI-CITY HEALTHCARE DISTRICT DOES HEREBY RESOLVE AND ORDER AS FOLLOWS:

- 1. The appropriations limit for TRI-CITY HEALTHCARE DISTRICT, pursuant to Article XIII B of the Constitution of the State of California for the fiscal year commencing July 1, 2023 and ending June 30, 2024 is not to exceed \$19,014,348.
- 2. In accordance with Section 2, Article XIII B of the Constitution of the State of California, any revenues received by TRI-CITY HEALTHCARE DISTRICT in excess of that

amount, which is appropriated in compliance with Article XIII B of the Constitution of the State of California, during the fiscal year shall be returned by a revision of tax rates or fee schedules within the next two subsequent fiscal years.

ADOPTED, SIGNED AND APPROVED this 29th day of June, 2023.

Tracy M. Younger, Chairperson of the TRI-CITY HEALTHCARE DISTRICT and of the Board of Directors thereof

ATTEST:

Gigi S. Gleason, Secretary of the TRI-CITY HEALTHCARE DISTRICT and of the Board of Directors thereof



PHYSICIAN AGREEMENT for CARDIOVASCULAR HEALTH INSTITUTE - OPERATIONS COMMITTEE

Type of Agreement	Medical Directors	Panel	х	Other: CVHI Operations Committee
Status of Agreement	New Agreement	Renewal – New Rates	х	Renewal – Same Rates

Vendor's Name:

Dr. David Spiegel

Area of Service:

Cardiovascular Health Institute - Operations Committee

Term of Agreement:

12 months, Beginning, July 1, 2023 - Ending, June 30, 2024

Maximum Totals:

Rate/Hour	Hours Per	Hours per	Monthly	Total Term
	Month	Year	Cost	Cost
\$210	2	24	\$420	\$5,040

Description of Services/Supplies:

 Physician shall serve as an Operations Committee Member and shall be responsible for the services as outlined in the previously approved Co-Management Agreement for the Institute

Document Submitted to Legal for Review:	х	Yes		No
Approved by Chief Compliance Officer:	Х	Yes		No
Is Agreement a Regulatory Requirement:		Yes	х	No
Budgeted Item:	х	Yes		No

Person responsible for oversight of agreement: Eva England, Sr. Director-Ancillary Services / Dr. Gene Ma, Chief Executive Officer

Motion:

I move that the TCHD Board of Directors authorize the agreement with Dr. David Spiegel as a Cardiovascular Health Institute – Operations Committee member for a term of 12 months, beginning July 1, 2023 and ending, June 30, 2024, not to exceed 2 hours per month at an hourly rate of \$210 for an annual and term cost of \$5,040.



PHYSICIAN AGREEMENT for CARDIOVASCULAR HEALTH INSTITUTE - OPERATIONS COMMITTEE

Type of Agreement	Medical Directors	Panel	x	Other: CVHI Operations Committee
Status of Agreement	New Agreement	Renewal – New Rates	x	Renewal – Same Rates

Vendor's Name:

Dr. Yuan Lin

Area of Service:

Cardiovascular Health Institute - Operations Committee

Term of Agreement:

12 months, Beginning, July 1, 2023 - Ending, June 30, 2024

Maximum Totals:

Rate/Hour	Hours Per	Hours per	Monthly	Total Term
	Month	Year	Cost	Cost
\$210	2	24	\$420	\$5,040

Description of Services/Supplies:

 Physician shall serve as an Operations Committee Member and shall be responsible for the services as outlined in the previously approved Co-Management Agreement for the Institute

Document Submitted to Legal for Review:	X	Yes		No
Approved by Chief Compliance Officer:	х	Yes		No
Is Agreement a Regulatory Requirement:		Yes	х	No
Budgeted Item:	х	Yes		No

Person responsible for oversight of agreement: Eva England, Sr. Director-Ancillary Services / Dr. Gene Ma, Chief Executive Officer

Motion:

I move that the TCHD Board of Directors authorize the agreement with Dr. Yuan Lin as a Cardiovascular Health Institute – Operations Committee member for a term of 12 months, beginning July 1, 2023 and ending, June 30, 2024, not to exceed 2 hours per month at an hourly rate of \$210 for an annual and term cost of \$5,040.



PHYSICIAN AGREEMENT for CARDIOVASCULAR HEALTH INSTITUTE - OPERATIONS COMMITTEE

Type of Agreement	Medical Directors	Panel	x	Other: CVHI Operations Committee
Status of Agreement	New Agreement	Renewal – New Rates	х	Renewal – Same Rates

Vendor's Name:

Dr. Mohammad Jamshidi-Nezhad

Area of Service:

Cardiovascular Health Institute - Operations Committee

Term of Agreement:

12 months, Beginning, July 1, 2023 - Ending, June 30, 2024

Maximum Totals:

Rate/Hour	Hours Per	Hours per	Monthly	Total Term	
	Month	Year	Cost	Cost	
\$210	2	24	\$420	\$5,040	

Description of Services/Supplies:

 Physician shall serve as an Operations Committee Member and shall be responsible for the services as outlined in the previously approved Co-Management Agreement for the Institute

Document Submitted to Legal for Review:	х	Yes		No
Approved by Chief Compliance Officer:	×	Yes		No
Is Agreement a Regulatory Requirement:		Yes	х	No
Budgeted Item:	Х	Yes		No

Person responsible for oversight of agreement: Eva England, Sr. Director-Ancillary Services / Dr. Gene Ma, Chief Executive Officer

Motion:

I move that the TCHD Board of Directors authorize the agreement with Dr. Mohammad Jamshidi-Nezhad as a Cardiovascular Health Institute – Operations Committee member for a term of 12 months, beginning July 1, 2023 and ending, June 30, 2024, not to exceed 2 hours per month at an hourly rate of \$210 for an annual and term cost of \$5,040.



FINANCE, OPERATIONS & PLANNING COMMITTEE DATE OF MEETING: June 21, 2023 PHYSICIAN AGREEMENT for CVHI VASCULAR SURGERY MEDICAL DIRECTOR

Type of Agreement	Х	Medical Directors	Panel		Other:
Status of Agreement		New Agreement	Renewal – New Rates	х	Renewal – Same Rates

Physician's Name:

Mohammad Jamshidi-Nezhad, M.D. - Vascular Surgery, Medical Director

Area of Service:

Cardiovascular Health Institute

Term of Agreement:

12 months, Beginning, July 1, 2023 - Ending, June 30, 2024

Maximum Totals:

Within Hourly and/or Annualized Fair Market Value: YES

Rate/Hour	ate/Hour Hours per Month		Monthly Cost	12 Month Term Cost
\$210	12	144	\$2,520	\$30,240

Position Responsibilities:

 Physicians shall service as Medical Director and shall be responsible for the medical direction of the listed specialty area and the performance of the other medical administrative service as outlined in the previously approved Co-Management Agreement for the Institute.

Document Submitted to Legal for Review:	Х	Yes		No
Approved by Chief Compliance Officer:	х	Yes		No
Is Agreement a Regulatory Requirement:		Yes	х	No
Budgeted Item:	х	Yes		No

Person responsible for oversight of agreement: Eva England, Sr. Director-Ancillary Services / Dr. Gene Ma, Interim Chief Executive Officer

Motion:

I move that the Finance, Operations and Planning Committee recommend that the TCHD Board of Directors authorize Mohammad Jamshidi-Nezhad, M.D. as the CVHI Vascular Surgery Medical Director for term of 12 months, beginning July 1, 2023 and ending, June 30, 2024, not to exceed an average 12 hours per month or 144 hours annually, at an hourly rate of \$210 for an annual and term cost of \$30,240.



PHYSICIAN AGREEMENT for CARDIOVASCULAR HEALTH INSTITUTE MEDICAL DIRECTOR

Type of Agreement X		Medical Directors		Panel		Other:	
Status of Agreement		New Agreement		Renewal – New Rates	х	Renewal – Same Rates	

Physician's Name:

Dr. Donald Ponec, Cardiovascular Health Institute Medical Director

Area of Service:

Cardiovascular Health Institute

Term of Agreement:

12 months, Beginning, July 1, 2023 - Ending, June 30, 2024

Maximum Totals:

Within Hourly and/or Annualized Fair Market Value: Yes

Rate/Hour	Hours per	Hours per	Monthly	12 Month (Term)		
	Month	Year	Cost	Cost		
\$210	8	96	\$1,680	\$20,160		

Position Responsibilities:

 Physicians shall service as the Institute Medical Director and shall be responsible for the medical direction of the Institute and the performance of the other medical administrative service as outlined in the previously approved Co-Management Agreement for the Institute.

Document Submitted to Legal for Review:	Х	Yes		No
Approved by Chief Compliance Officer:	Х	Yes		No
Is Agreement a Regulatory Requirement:		Yes	х	No
Budgeted Item:	х	Yes		No

Person responsible for oversight of agreement: Eva England, Sr. Director-Ancillary Services / Dr. Gene Ma, Chief Executive Officer

Motion:

I move that the TCHD Board of Directors authorize Dr. Donald Ponec as the Cardiovascular Health Institute Medical Director for term of 12 months, beginning July 1, 2023 and ending June 30, 2024, not to exceed an average 8 hours per month or 96 hours annually, at an hourly rate of \$210 for an annual and term cost of \$20,160.



PHYSICIAN AGREEMENT for CARDIOVASCULAR HEALTH INSTITUTE - QUALITY COMMITTEE

Type of Agreement	Medical Directors	Panel	х	Other: CVHI Quality Committee
Status of Agreement	New Agreement	Renewal – New Rates	х	Renewal – Same Rates

Vendor's Name:

Dr. Donald Ponec

Area of Service:

Cardiovascular Health Institute - Quality Committee

Term of Agreement:

12 months, Beginning, July 1, 2023 - Ending, June 30, 2024

Maximum Totals:

Rate/Hour	Hours Per	Hours per	Monthly	Total Term	
	Month	Year	Cost	Cost	
\$210	2	24	\$420	\$5,040	

Description of Services/Supplies:

Physician shall serve as a Quality Committee Member and shall be responsible for the services as outlined in the
previously approved Co-Management Agreement for the Institute

Document Submitted to Legal for Review:	х	Yes		No
Approved by Chief Compliance Officer:	Х	Yes		No
Is Agreement a Regulatory Requirement:		Yes	х	No
Budgeted Item:	Х	Yes		No

Person responsible for oversight of agreement: Eva England, Sr. Director-Ancillary Services / Dr. Gene Ma, Chief Executive Officer

Motion:

I move that the TCHD Board of Directors authorize the agreement with Dr. Donald Ponec, as a Cardiovascular Health Institute – Quality Committee member for a term of 12 months, beginning July 1, 2023 and ending June 30, 2024, not to exceed 2 hours per month at an hourly rate of \$210 for an annual and term cost of \$5,040.



PHYSICIAN AGREEMENT for CARDIOVASCULAR HEALTH INSTUTE - QUALITY COMMITTEE

Type of Agreement		Medical Directors	Panel	х	Other: CVHI Quality Committee
Status of Agreement	х	New Agreement	Renewal – New Rates		Renewal – Same Rates

Vendor's Name:

Dr. Aaron Yung

Area of Service:

Cardiovascular Health Institute - Quality Committee

Term of Agreement:

12 months, Beginning, July 1, 2023 – Ending, June 30, 2024

Maximum Totals:

Rate/Hour	Hours Per	Hours per	Monthly	Total Term	
	Month	Year	Cost	Cost	
\$210	2	24	\$420	\$5,040	

Description of Services/Supplies:

Physician shall serve as a Quality Committee Member and shall be responsible for the services as outlined in the
previously approved Co-Management Agreement for the Institute

Document Submitted to Legal for Review:	х	Yes		No
Approved by Chief Compliance Officer:	Х	Yes		No
Is Agreement a Regulatory Requirement:		Yes	х	No
Budgeted Item:	Х	Yes		No

Person responsible for oversight of agreement: Eva England, Sr. Director-Ancillary Services / Dr. Gene Ma, Chief Executive Officer

Motion:

I move that the TCHD Board of Directors authorize the agreement with Dr. Aaron Yung as a Cardiovascular Health Institute – Quality Committee member for a term of 12 months, beginning July 1, 2023 and ending June 30, 2024, not to exceed 2 hours per month at an hourly rate of \$210 for an annual and term cost of \$5,040.



PHYSICIAN AGREEMENT for CARDIOVASCULAR HEALTH INSTITUTE - QUALITY COMMITTEE

Type of Agreement	Medical Directors	Panel	Х	Other: CVHI Quality Committee
Status of Agreement	New Agreement	Renewal – New Rates	х	Renewal – Same Rates

Vendor's Name:

Dr. Andrew Deemer

Area of Service:

Cardiovascular Health Institute - Quality Committee

Term of Agreement:

12 months, Beginning, July 1, 2023 - Ending, June 30, 2024

Maximum Totals:

Rate/Hour	Hours Per	Hours per	Monthly	Total Term	
	Month	Year	Cost	Cost	
\$210	2	24	\$420	\$5,040	

Description of Services/Supplies:

Physician shall serve as a Quality Committee Member and shall be responsible for the services as outlined in the
previously approved Co-Management Agreement for the Institute

Document Submitted to Legal for Review:	х	Yes		No
Approved by Chief Compliance Officer:	х	Yes		No
Is Agreement a Regulatory Requirement:		Yes	х	No
Budgeted Item:	Х	Yes		No

Person responsible for oversight of agreement: Eva England, Sr. Director-Ancillary Services / Dr. Gene Ma, Chief Executive Officer

Motion:

I move that the TCHD Board of Directors authorize the agreement with Dr. Andrew Deemer as a Cardiovascular Health Institute – Quality Committee member for a term of 12 months, beginning July 1, 2023 and ending, June 30, 2024, not to exceed 2 hours per month at an hourly rate of \$210 for an annual and term cost of \$5,040.



TCHD BOARD OF DIRECTORS DATE OF MEETING: June 29, 2023 PHYSICIAN AGREEMENT for INVASIVE CARDIOLOGY MEDICAL DIRECTOR

Type of Agreement	х	Medical Director	Panel		Other:
Status of Agreement		New Agreement	Renewal – New Rates	х	Renewal – Same Rates

Physician's Name:

Aaron Yung M.D. - Invasive Cardiology, Medical Director

Area of Service:

Cardiovascular Health Institute

Term of Agreement:

12 months, Beginning, July 1, 2023 - Ending, June 30, 2024

Maximum Totals:

Within Hourly and/or Annualized Fair Market Value: Yes

Rate/Hour	Hours per Month		Monthly Cost	12 Month (Term) Cost		
\$210	12	144	\$2,520	\$30,240		

Position Responsibilities:

 Physicians shall service as the Institute Medical Director and shall be responsible for the medical direction of the Institute and the performance of the other medical administrative service as outlined in the previously approved Co-Management Agreement for the Institute.

Document Submitted to Legal for Review:	Х	Yes	_	No
Approved by Chief Compliance Officer:	х	Yes		No
Is Agreement a Regulatory Requirement:		Yes	х	No
Budgeted Item:	Х	Yes		No

Person responsible for oversight of agreement: Eva England, Sr. Director-Ancillary Services / Dr. Gene Ma, Chief Executive Officer

Motion:

I move that the TCHD Board of Directors authorize Aaron Yung M.D. as the Invasive Cardiology Medical Director for term of 12 months, beginning July 1, 2023 and ending, June 30, 2024, not to exceed an average 12 hours per month or 144 hours annually, at an hourly rate of \$210 for an annual and term cost of \$30,240.



TCHD BOARD OF DIRECTORS DATE OF MEETING: June 29, 2023 PHYSICIAN AGREEMENT for NON-INVASIVE CARDIOLOGY MEDICAL DIRECTOR

Type of Agreement	х	Medical Directors	Panel		Other:
Status of Agreement		New Agreement	Renewal – New Rates	x	Renewal – Same Rates

Physician's Name:

Ashish Kabra, M.D. - Non-Invasive Cardiology Medical Director

Area of Service:

Cardiovascular Health Institute

Term of Agreement:

12 months, Beginning, July 1, 2023 - Ending, June 30, 2024

Maximum Totals:

Within Hourly and/or Annualized Fair Market Value: Yes

Rate/Hour	Hours per	Hours per	Monthly	12 Month (Term)	
	Month	Year	Cost	Cost	
\$210	12	144	\$2,520	\$30,240	

Position Responsibilities:

 Physicians shall service as the Institute Medical Director and shall be responsible for the medical direction of the Institute and the performance of the other medical administrative service as outlined in the previously approved Co-Management Agreement for the Institute.

Document Submitted to Legal for Review:	Х	Yes		No
Approved by Chief Compliance Officer:	Х	Yes		No
Is Agreement a Regulatory Requirement:		Yes	х	No
Budgeted Item:	Х	Yes		No

Person responsible for oversight of agreement: Eva England, Sr. Director-Ancillary Services / Dr. Gene Ma, Chief Executive Officer

Motion:

I move that the TCHD Board of Directors authorize Dr. Ashish Kabra as the Non-Invasive Cardiology Medical Director for term of 12 months, beginning July 1, 2023 and ending June 30, 2024, not to exceed an average 12 hours per month or 144 hours annually, at an hourly rate of \$210 for an annual and term cost of \$30,240.



TCHD BOARD OF DIRECTORS DATE OF MEETING: June 29, 2023 PHYSICIAN AGREEMENT for CUNICAL & ANATOMIC BATHOLOGO

PHYSICIAN AGREEMENT for CLINICAL & ANATOMIC PATHOLOGY SERVICES

Type of Agreement	х	Medical Directors	Panel Panel		Х	Other: Pathology Services
Status of Agreement		New Agreement	Х	Renewal – New Rates		Renewal – Same Rates

Physician's Name:

Marcus Contardo, M.D. (North Coast Pathology Medical Group, NCPMG)

Area of Service:

Clinical & Anatomic Pathology Services

Term of Agreement:

36 months, Beginning, July 1, 2023 - Ending, June 30, 2026

Maximum Totals:

Within Hourly and/or Annualized Fair Market Value: Yes

Monthly Cost	Annual Cost	36 Month (Term) Cost
\$90,350	\$1,084,200	\$3,252,600

Position Responsibilities:

- NCPMG will exclusively provide all anatomic pathology and clinical pathology (laboratory medicine) professional services in the Department.
- NCPMG will provide an exclusive full-time pathologist Laboratory Director for the Clinical Laboratory and Department of Pathology.
- NCPMG will ensure that there are sufficient physicians available as needed and/or on-call for the Department seven days per week, 24 hours per day.
- NCPMG will provide oversight of all professional services in the Department.
- Assist TCHD in developing, implementing and evaluating a utilization review program, a quality assurance program and a risk management program for the Department.
- Assist TCHD in establishing and evaluating policies, procedures, and protocols for patient care in Pathology and Lab.
- Assist TCHD in meeting accreditation and licensing requirements of the College of American Pathologists, the Joint Commission, the FDA and the CA DHS.
- Assist TCHD in negotiating contracts with providers of outside materials and reference services to the Clinical Laboratory.

Document Submitted to Legal for Review:	х	Yes	No
Approved by Chief Compliance Officer:	Х	Yes	No
Is Agreement a Regulatory Requirement:	х	Yes	No
Budgeted Item:	х	Yes	 No

Person responsible for oversight of agreement: Eva England, Sr. Director-Ancillary Services / Dr. Gene Ma, Chief Executive Officer

Motion:

I move that the TCHD Board of Directors authorize the agreement with Dr. Contardo as North Coast Pathology Medical Group (NCPMG) for Clinical & Anatomic Pathology Laboratory services for a term of 36 months, beginning July 1, 2023 and ending June 30, 2026 for an annual cost of \$1,084,200, and a total cost for the term of \$3,252,600.



TCHD BOARD OF DIRECTORS DATE OF MEETING: June 29, 2023 NICU-RETINOPATHY of PREMATURITY (ROP) TESTING PROPOSAL

Type of Agreement	Medical Director	Х	Panel	Other:
Status of Agreement	New Agreement	х	Renewal – New Rates	Renewal – Same Rates

Vendor's Name:

Rady Children's Specialists of San Diego

Area of Service:

NICU- Retinopathy of Prematurity (ROP) Testing

Term of Agreement:

12 months, Beginning, May 1, 2023- Ending, April 30, 2024

Maximum Totals:

Monthly Cost	Total Term Cost
\$3,713	\$44,555

Description of Services/Supplies:

Ophthalmic Consultation Services for NICU - Retinopathy of Prematurity (ROP) Testing

Negotiations took place during March-April 2023: 4.5% increase in monthly rate

Document Submitted to Legal for Review:	х	Yes	No
Approved by Chief Compliance Officer:	х	Yes	No
Is Agreement a Regulatory Requirement:	х	Yes	No
Budgeted Item:	х	Yes	 No

Person responsible for oversight of agreement: Melissa Terah, MBA, MSN, RN, CCRN, Director of Women & Newborn Services / Donald Dawkins, Interim Chief Nurse Executive

Motion:

I move that the TCHD Board of Directors authorize the agreement with Rady Children's Specialists of San Diego for Retinopathy of Prematurity (ROP) testing for a term of 12 months, beginning May 1, 2023 and ending April 30, 2024, for a cost of \$3,713 per month, and a total cost for the term of \$44,555.



TCHD BOARD OF DIRECTORS DATE OF MEETING: June 29, 2023 PROPERTY & CASUALTY INSURANCE CARRIERS PROPOSAL

Type of Agreement	Medical Directors		Panel	х	Other: Property & Casualty Insurance Renewal
Status of Agreement	New Agreement	X	Renewal – New Rates		Renewal – Same Rates

Vendor's Name:

McGriff Insurance Services, LLC - Property & Casualty Insurance Carriers - See Attached

Executive Premium Summary

Area of Service:

Legal / Finance Department

Term of Agreement:

12 months, Beginning July 1, 2023 - Ending, June 30, 2024

Maximum Totals:

Total Term Cost
\$2,224,987

Description of Services/Supplies:

- Umbrella Professional and General Liability Insurance (Chubb)
- Property Insurance (AIG)
- Management Liability Insurance (Markel, RSUI, AIG)
- Automobile Insurance (Non-Profits United)
- Pollution Insurance (Tokio Marine)
- Others: Volunteers, Employed Lawyers, Heli-Pad Liability, Cyber Liability, Crime

Document Submitted to Legal for Review:	х	Yes		No
Approved by Chief Compliance Officer:		Yes	N/A	No
Is Agreement a Regulatory Requirement:		Yes	Х	No
Budgeted Item:	х	Yes		No

Person responsible for oversight of agreement: Susan Bond, General Counsel / Ray Rivas, Chief Financial Officer

Motion:

I move that the TCHD Board of Directors authorize the Professional and General Liability Insurance Agreements with various carriers as reflected on the accompanying Executive Summary through McGriff Insurance Services, LLC for a term of 12 months, beginning July 1, 2023 and ending June 30, 2024, for a total term cost of \$2,224,987.





Executive Summary 2023

We anticipated continued challenges heading into your renewal cycle based on historically poor underwriting performance for property, excess liability, management liability and cyber liability insurers. Adding to this market turmoil, an exploding Cyber Marketplace and increase in litigated claims in California. Unfortunately, increasing premium rates, reduced underwriting capacity, increasing premium rates, reduced underwriting rates.

increased retentions and scaled back coverages are the new normal.

Coverage	Expiring Premium	Renewal Premium	% Change	Insurance Carrier	AM Best Rating
Umbrella - GL/PL	(\$15M) \$564,349	(\$15M) \$640,976	14%	Federal (Chubb)	A+ (Superior) X\
	(\$5M) \$114,075	(\$5M) \$129,475		TDC	
Claims TPA - Two Year Term	\$32,712	N/A	-	Gallagher Bassett- Ended 01/15/23	
Premium Subtotal	\$711,136	\$770,451	71173		
Directors & Officers Employment Practices Fiduciary Liability \$5M Primary	\$457,772	\$457,461	-2%	Markel	A (Excellent) XV
Management Liability Excess \$5m	\$210,000	\$210,000		RSUI	A+ (Superior) XIV
ML Side A Excess	\$102,100	\$85,000		National Union (AIG)	A (Excellent) XV
Cardiovascular Institute	\$25,813	\$25,795	0%	Markel	A (Excellent) XV
Property	\$403,792	\$443,896	10%	AIG	A (Excellent) XV
Pollution	\$36,174	\$37,019	2%	Tokio Marine (Philly)	A+ (Superior) XV
Cyber	\$98,735	\$133,855	36%	Coalition	
Automobile	\$36,871	\$40,223	10%	Non-Profits United	
Crime – 3 Year Term 2021 / 2024	-	_	570	Fidelity & Deposit Companies (Zurich)	A+ (Superior) XV
Heli-Pad Liability	\$9,396	\$10,805	15%	American Alternative	
Employed Lawyers	\$9,999	\$9,999		Federal (Chubb)	A++ (Superior) XV
Volunteer Accident	\$515	\$483	-6%	Axis	A (Excellent) XV
Total Premium	\$2,102,303	\$2,224,987	6%		



TCHD BOARD OF DIRECTORS DATE OF MEETING: June 29, 2023 PHYSICIAN AGREEMENT for ED ON-CALL-GASTROENTEROLOGY - GENERAL & ERCP

Type of Agreement	Medical Directors	Х	Panel	Other:
Status of Agreement	New Agreement	х	Renewal – New Rates	Renewal – Same Rates

Physicians' Names:

Hellen Chiao, M.D., Christopher Devereaux, M.D., Thomas Krol, M.D., Javaid Shad, M.D.,

Michael Shim, M.D., Matthew Viernes, M.D.

Area of Service:

Emergency Department On-Call: Gastroenterology- General and ERCP

Term of Agreement:

24 months, Beginning July 1, 2023 - Ending June 30, 2025

Maximum Totals:

Within Hourly and/or Annualized Fair Market Value: YES

Service	Rate/Day	Days	Total Term Cost	
Castraantaralas	¢1.000	FY24: 366	\$366,000	
Gastroenterology	\$1,000	FY25: 365	\$365,000	
ERCP	¢700	FY24: 366	\$256,200	
ERCP	\$700	FY25: 365	\$255,500	
	187	Total Term Cost:	\$1,242,700	

Description of Services/Supplies:

- Provide 24/7 patient coverage for all Gastroenterology specialty services in accordance with Medical Staff Policy #8710-520 (Emergency Room Call: Duties of the On-Call Physician)
- Complete related medical records in accordance with all Medical Staff, accreditation, and regulatory requirements

Document Submitted to Legal for Review:	х	Yes	No
Approved by Chief Compliance Officer:	х	Yes	No
Is Agreement a Regulatory Requirement:	х	Yes	No
Budgeted Item:	Х	Yes	No

Person responsible for oversight of agreement: Jonathan Gonzalez, Director-Medical Staff Services / Dr. Gene Ma, Chief Executive Officer

Motion:

I move that the TCHD Board of Directors authorize the ED On-Call Coverage Agreement for Gastroenterology-General and ERCP with Hellen Chiao, M.D., Christopher Devereaux, M.D., Thomas Krol, M.D., Javaid Shad, M.D., Michael Shim, M.D., and Matthew Viernes, M.D., for a term of 24 months, beginning July 1, 2023, and ending June 30, 2025, with an annual cost not to exceed \$622,200 and a total term cost of \$1,242,700.



TCHD BOARD OF DIRECTORS DATE OF MEETING: June 29, 2023 PHYSICIAN AGREEMENT for CARDIAC REHAB SERVICES MEDICAL DIRECTOR

Type of Agreement	х	Medical Directors	Panel	Ti-	Other:
Status of Agreement		New Agreement	Renewal – New Rates	Х	Renewal – Same Rates

Physician's Name:

Karim El-Sherief, M.D.

Area of Service:

Cardiac Rehabilitation Services

Term of Agreement:

24 months, Beginning, July 1, 2023 - Ending, June 30, 2025

Maximum Totals:

Within Hourly and/or Annualized Fair Market Value: YES

Rate/Hour	Hours per Month	Hours per Year	Monthly Cost	Annual Cost	24 Month (Term) Cost	
\$185.50	44	528	\$8,162	\$97,944	\$195,888	

Position Responsibilities:

- Cardiac Rehabilitation Program Medical Director
- Maintain TCMC's main-campus cardiac rehabilitation program as the physician directed clinic.
- Providing medical supervision of patients receiving services in the Department, and clinical consultation for the Department as requested by attending physicians including, without limitation, daily review and monitoring of patients receiving services in or through the Department.
- Ensuring that all medical and therapy services provided by the Department, Program or Service are consistent with Hospital's mission and vision.
- Evaluation of all Phase 2 patients enrolled in the Cardiac Rehabilitation Program and ongoing supervision and evaluation of monitored exercise sessions.

Document Submitted to Legal for Review:	х	Yes	No
Approved by Chief Compliance Officer:	х	Yes	No
Is Agreement a Regulatory Requirement:	х	Yes	No
Budgeted Item:	х	Yes	No

Person responsible for oversight of agreement: Eva England, Sr. Director-Ancillary Services / Dr. Gene Ma, Chief Executive Officer

Motion:

I move that the TCHD Board of Directors authorize Dr. Karim El-Sherief as the Medical Director of Cardiac Rehabilitation for a term of 24 months beginning July 1, 2023 and ending June 30, 2025, not to exceed an average of 44 hours per month or 528 hours annually, at an hourly rate of \$185.50, for an annual cost of \$97,944 and a total term cost not to exceed \$195,888.



TCHD BOARD OF DIRECTORS DATE OF MEETING: June 29, 2023

CARDIOLOGY PHYSICIAN EKG / ECHOCARDIOLOGY PANEL COVERAGE AGREEMENT RENEWAL

Type of Agreement	Medical Directors	irectors X Panel Other:		Other:	
Status of Agreement	New Agreement		Renewal – New Rates	х	Renewal – Same Rates

Physician's Name:

David Spiegel, Ashish Kabra, Karim El-Sherief, Mohmmad Pashmforoush, Samani Pargol,

Anitha Rajamanickam, Aaron Yung, and Hanh Bui

Area of Service:

Cardiology

Term of Agreement:

12 months, Beginning, July 1, 2023 - Ending, June 30, 2024

Maximum Totals:

Within Hourly and/or Annualized Fair Market Value: YES

Weekly Cost Not to Exceed	Total Term Cost Not to Exceed
\$4,160	\$216,320

Position Responsibilities:

- Panel Physician shall interpret echocardiographic studies of unassigned patients for which the attending physician does not specify an interpreting cardiologist.
- Electrocardiograms are to be interpreted twice daily on weekdays (Monday-Friday) and at least once per day on weekends (Saturday, Sunday or holidays).
- The final report for all echocardiograms is to be dictated within twenty-four (24) hours of the performance of the study.
- For exercise of pharmacological stress test, if the scheduled panel physician cannot be available within 15 minutes of the scheduled start time to personally supervise the test, it is that panel physician's responsibility to assure that another cardiologist will do so. The final report shall be dictated on the day of the study.

Document Submitted to Legal for Review:	х	Yes	No
Approved by Chief Compliance Officer:	Х	Yes	No
Is Agreement a Regulatory Requirement:	Х	Yes	No
Budgeted Item:	х	Yes	No

Person responsible for oversight of agreement: Eva England, Sr. Director-Ancillary Services / Dr. Gene Ma, Chief Executive Officer

Motion:

I move that the TCHD Board of Directors authorize Dr. David Spiegel, Dr. Ashish Kabra, Dr. Karim El-Sherief, Dr. Mohmmad Pashmforoush, Dr. Samani Pargol, Dr. Aaron Yung, Dr. Anitha Rajamanickam, and Dr. Hanh Bui for the Cardiology Physician EKG and Echocardiology Panel Agreement for a term of 12 months beginning July 1, 2023 and ending on June 30, 2024, for an annual and term amount not to exceed \$216,320.



TCHD BOARD OF DIRECTORS DATE OF MEETING: June 29, 2023 NICU COVERAGE PROPOSAL

Type of Agreement	Medical Directors	Х	Panel	Other:
Status of Agreement	New Agreement	х	Renewal – New Rates	Renewal – Same Rates

Vendor's Name:

North County Neonatology Specialists

Area of Service:

NICU Coverage

Term of Agreement:

3 months, Beginning, May 28, 2023 - Ending, August 28, 2023

Maximum Totals:

Monthly Cost	Total Term Cost
\$19,500	\$58,500

Description of Services/Supplies:

Group will provide the following NICU services to Hospital:

- Implement a locum/physician temporary agreement to be managed by Dr. Movahhedian
- Locum/physician(s) will provide coverage a maximum of 15-days to support / supplement Dr. Movahhedian
- Provide \$1,300.00/day for fifteen (15) days/month to assure coverage is maintained while Board finalizes decision regarding maternal-fetal medicine.
- In the event existing credentialed physicians can support call, the compensation of those physicians will be managed by Dr. Movahhedian
- Insurance coverage will be the responsibility of Dr. Movahhedian

Document Submitted to Legal for Review:	х	Yes	No
Approved by Chief Compliance Officer:	Х	Yes	No
Is Agreement a Regulatory Requirement:	Х	Yes	No
Budgeted Item:	Х	Yes	No

Person responsible for oversight of agreement: Melissa Terah, MBA, MSN, RN, CCRN, Director of Women & Newborn Services / Donald Dawkins, Interim Chief Nurse Executive

Motion:

I move that the TCHD Board of Directors authorize the agreement with North County Neonatology Specialists for amended NICU Coverage for a term of 3 months, beginning May 28, 2023 and ending August 28, 2023, for a cost of \$19,500 per month, and a total cost for the term of \$58,500.



TCHD BOARD OF DIRECTORS DATE OF MEETING: June 29, 2023 PEDIATRIC/NICU EKG PANEL PHYSICIAN COVERAGE AGREEMENT

Type of Agreement	Medical Directors	Panel		Other:
Status of Agreement	New Agreement	Renewal – New Rates	х	Renewal – Same Rates

Physician's Name:

Hamid Movahhedian, M.D.

Area of Service:

Cardiology (Pediatric / NICU)

Term of Agreement:

12 months, Beginning, June 1, 2023 - Ending, May 31, 2024

Maximum Totals:

Within Hourly and/or Annualized Fair Market Value: YES

Panel Days	Daily Rate Not to Exceed	Term Cost Not to Exceed
FY2024 (366 days)	\$250	\$91,500

Position Responsibilities:

- Panel Physician shall provide cardiac consultations per the request of a pediatrician or neonatologist. These consults are to be provided within 24 hours of request and the final report documented with 24 hours of performance.
- Panel Physician shall be scheduled for coverage periods from one day to one-week periods beginning Mondays at 0700
 hours through the following Monday at 0700 hours, during which time such Panel Physician shall be personally responsible
 for supervising and interpreting
- All non-invasive cardiology tests on a timely basis, or by assigning another Panel Physician (with that Panel Physician's
 agreement) to do so. Please note, however, that the compensation set forth in the Agreement will remain constant,
 regardless of the number of panel physicians.
- Furnishing Services in a given week.
- ECGs are to be interpreted twice daily on weekdays (Monday-Friday) and at least once per day on weekends (Saturday, Sunday or holidays).

Document Submitted to Legal for Review:	х	Yes	No
Approved by Chief Compliance Officer:	Х	Yes	No
Is Agreement a Regulatory Requirement:	х	Yes	No
Budgeted Item:	Х	Yes	No

Person responsible for oversight of agreement: Eva England-Sr., Director-Ancillary Services / Dr. Gene Ma, Chief Executive Officer

Motion:

I move that the TCHD Board of Directors authorize Dr. Hamid Movahhedian as the Pediatric / NICU EKG coverage panel physician for a term of 12 months, beginning June 1, 2023 and ending on May 31, 2024, for an annual and term cost not to exceed \$91,500.



ADMINISTRATION CONSENT AGENDA June 20th, 2023

CONTACT: Donald Dawkins, CNE

Policies and Procedures	Reason	Recommendations
1. Patient Care Services Policies & Procedures		
a. Conflict Ethical Issues in Managing Patient Care	3 year review	Forward to BOD for Approval
b. Discharge Planning Policy	3 year review, practice change	Forward to BOD for Approval
c. End of Life (Comfort Care) Policy	3 year review, practice change	Forward to BOD for Approval
d. Justice Involved Patients Policy	3 year review	Forward to BOD for Approval
e. Standards of Care Adult	3 year review, practice change	Forward to BOD for Approval
2. Administrative 200 District Operations		
a. Control for Locks and Keys 243	3 year review	Forward to BOD for Approval
b. Signage 215	3 year review, practice change	Forward to BOD for Approval
c. Weapons on Medical Center Campus 284	3 year review, practice change	Forward to BOD for Approval
3. Environmental Services		
a. Cleaning Guidelines Policy	3 year review	Forward to BOD for Approval
4. Home Care		
Infection Prevention Guidelines for Home Health Care Policy	NEW	Forward to BOD for Approval
b. Laboratory Services	3 year review, practice change	Forward to BOD for Approval



ISSUE DATE:

10/75

SUBJECT: Conflict/Ethical Issues in Managing

Patient Care

REVISION DATE: 09/91; 01/97; 06/97; 04/00, 07/03,

POLICY NUMBER: 8610-344

03/06, 06/09; 03/11, 01/15,

04/2003/23

Patient Care Services Content Expert Approval: Clinical Policies and Procedures I: 06/14

04/2004/23

Nursing Executive Committee Approval:

05/2005/23

Pharmacy & Therapeutics Committee Approval:

n/a

Medical Executive Committee Approval:

05/2005/23

Administration Approval:

06/2006/23

Professional Affairs Committee Approval:

n/a

Board of Directors Approval:

06/20

Α. **PURPOSE:**

To provide guidelines for the hospital staff, patients and/or families when patient care is questioned and/or if there are concerns regarding ethical issues in patient care.

B. **POLICY:**

Guidelines addressing concerns regarding optimal patient care:

- The attending Medical Staff member is responsible for the medical care and treatment of his/her patients while they are in the hospital. The District, together with the Medical Staff. has established guidelines for Medical Staff members to ensure the highest quality of patient care. District staff is responsible for ensuring these guidelines are maintained.
- When a staff member, patient or family member has concerns regarding Medical Staff b. care or treatment of a patient, or if an attending Medical Staff member cannot be located within a reasonable time, employee should notify the management team membersupervisor/designee in charge who will contact the Director or the Administrative Supervisor (AS).
- The Director, Supervisor or AS will first discuss the case with the attending Medical Staff C. member if available, or his/her designee. The Director, Supervisor or AS will then use their judgment as to whether the information should be reported to the Medical Staff Leadership using the following order of notification:
 - Chief/Chair of Division/Department involved i.
 - ii. Chief of Staff
 - iii. Immediate Past Chief of Staff
 - Chief of Staff-Elect
- The Director, Supervisor or AS will notify the Chief Medical Officer, or his/her designee, of d. any actions taken (directly or in writing).
- Guidelines for addressing ethical issues in patient care: 2.
 - The primary health care team has an obligation to provide medical care within the a. framework of the ethical codes of the profession as a whole.
 - The responsibility for addressing ethical problems in medical care resides with the primary b. health care team to include as appropriate, the patient, the patient's family, or an appropriate representative with the patient's best interests in mind.
 - Staff or family member concerns regarding ethical issues in patient care must first be C. discussed among the primary health care team.
 - If following discussion with the primary health care team, the ethical dilemma persists, the d. staff member should discuss the problem with the Director and/or the AS who will contact

Patient Care Services Conflict/Ethical Issues in Managing Patient Care Page 2 of 2

- the chair of the Bioethics Committee. A member list of the Bioethics Committee is available through the Medical Staff Office. The Chair or a designated member of the Bioethics Committee is available 7 days a week, 24 hours a day, for consultation.
- e. A Committee member may attempt to resolve the conflict independently or refer the issue to the full Committee.
- f. The Bioethics Committee functions in a consultative and advisory capacity, not as a decision making body. When the members of the Bioethics Committee are asked to consult on a specific case, the Committee's recommendation is made to the attending Medical Staff member. The attending Medical Staff member shall determine how to apply the committee's recommendation(s) to the treatment plan.

ISSUE DATE:

12/01

SUBJECT: Discharge Planning, Inpatient

REVISION DATE(S): 06/03, 07/05, 02/10, 04/11, 02/16.

02/19

Patient Care Services Content Expert Approval:

08/1804/22

Clinical Policies & Procedures Committee Approval:

09/1806/22

Nursinge Leadership Executive Council Approval:

11/1807/22

Utilization Review Committee Approval:

12/1811/22

Pharmacy & Therapeutics Committee Approval:

n/a

Medical Executive Committee Approval:

01/1905/23

Administration Approval:

01/1906/23 n/a

Professional Affairs Committee Approval: Board of Directors Approval:

02/19

Α. **DEFINITION:**

Discharge Planning/Transition Planning: A systematic, multidisciplinary and coordinated process that begins upon admission to the facility and continues throughout the patient's stay. It is an integral part of the inpatient Care Management process and serves to identify those patients who require continued healthcare services after acute hospitalization. The Interdisciplinary Team may be composed of the Physician, RN Case Manager, Social Workers, Nursing, Dietary, Physical, Occupational and Speech Therapy, Pulmonary Therapists, wound care staff, and any other staff that would be able to contribute to the development of a comprehensive discharge plan.

B. **PURPOSE:**

- To collaborate with patient and/or family and/or their representative(s) to assess, facilitate, plan and advocate for the patients' ongoing needs on an individual basis. Through collaboration with the multidisciplinary team members as needed, the Case Manager and Social Worker shall initiate and implement an individualized transition plan (discharge plan) as necessary, through monitoring and re-evaluation to accommodate changes in treatment or progress.
- 2. The discharge planning process applies to all Inpatients; discharge planning is not required for outpatients.
- 3. To provide a comprehensive and safe discharge plan that strives to meet each patient's present needs.

2.C. **POLICY:**

Discharge planning is based on an assessment of the patient's physical, cognitive, and functional abilities; as well as their emotional, spiritual, psychological, and financial needs. The RN Case Managers and Social Workers aid in discharge planning for patients. The discharge planning process addresses transitions between levels of care with an emphasis on continuity of care, assures that a safe and appropriate discharge plan is in place and ensures patients in need of post-acute services have free choice in selecting providers agreeable to offer services. The hospital will-utilize an "8-Point-Risk Assessment Tool" (Adapted from BOOST) that herein after is identified as "Risk Tool" to identify those patients at high risk-for readmission. Inpatients who score six-(6) or higher on the "Risk Tool", will be considered at high risk for readmission and "at risk of adverse health consequences post-discharge if they lack discharge planning".

- 5.2. Physicians, patients or their identified representative(s) may ask for discharge planning assistance. Assistance will be provided as available and/or appropriate regarding the availability of community resources and how those resources may be accessed and utilized to provide the most effective transition of care for those patients identified as having discharge planning needs.
- 6.3. Patients and/or their identified representative(s) will be asked for input into the transition of care plan (discharge plan) and will be kept informed of discharge plans throughout the transition of care process.

G.D. PROCEDURE:

- Initial Patient Assessment:
 - Initial Screening: All patients admitted to an Inpatient level of care will be screened by a Case Management representative for assessment of their post discharge needs. The assessment includes screening for high-risk criteria. patient's risk for readmission or "risk of adverse health consequences post-discharge". (Refer to TCMC Policy Referrals to Social Services for Patients Identified to be High Risk). Assessment shall be documented in ALLSCRIPTS using the "8-Point Risk Assessment Tool.
 - b. A Case Management representative will also perform an evaluation of postdischarge needs at the request of a patient, family, and/or patient representative or physician/health care team member. Inpatients identified as being at High Risk for Readmission-will receive an "evaluation of the post-discharge needs of inpatients identified in the first-stage, or of inpatients who request an evaluation, or whose physician requests one."
 - c. This evaluation The Transition Plan Initial Assessment (TPIA) will-be documented can be found in the Case Management folder in Cerner. "Care Management Assessment"

 Section of ALLSCRIPTS:
 - i. The TPIATransition Planning-Assessment will be based on information from the following, as appropriate:
 - 1) Review of the hospital record
 - 2) Interview with patient/family/caregiver
 - 3) Interdisciplinary team
 - 1)4) Conference with patient/family/caregiverThe "Gare-Management Assessment" should consider the patient's illness, psychosocial, educational needs, and care and treatment required upon discharge as appropriate (this is not intended to be an all-inclusive list).
 - ii. Consideration will also be given to:
 - 1) Patients' plan for meeting needs
 - 2) Patients' goals of care and treatment preferences
 - 3) Availability of post-acute services needed
 - 4) Patients ability to the patient and/or designated representative(s) may also be interviewed as indicated to assure appropriate identification of; and coordination of necessary after hospital services access post-acute services needed
 - 5) Patients' ability to address all required care needs
 - 6) Possibility of patient being cared for in the environment from which he or she entered the hospital
 - 7) Medical treatment required post transition
 - 8) Financial resources and insurance coverage
 - 9) Patients' health literacy
 - 10) Cognitive ability
 - 11) Functional ability
 - 2)12) Risk of readmission

- 3)13) Availability of family or friends who, if willing, could be trained by the hospital to provide the required care
- 4)14) Need for specialized equipment or home modification
- 5)15) Appropriate community services
- a. The Care Management Assessment—shall be updated and re-evaluated as needed and documented appropriately to adequately reflect appropriate discharge planning—and collaboration with other disciplines as required; which may include but not be limited to: Social Services and Physical Therapy for example.
 - i. Initial Care Management Assessment:
 - 1) —An initial discharge planning assessment will be performed when assessment criteria is met or upon receipt of an electronic health record (EHR) generated Consult (Referral) for Case Management intervention.
- 2) Referrals for Discharge Planning may-be initiated by physicians, patients and/or their designated representative(s), families, nursing staff and other ancillary staff as indicated.
- ii-2. Initial Social Worker Assessment:
 - d.a. Social Service TPIATransition Planning Assessments shall be initiated on a referral basis.
 - e.b. The Initial Social Service Assessment will be performed upon performed upon receipt of an electronic health record (EHREHR) generated Consult (Referral) for Social Services intervention and as needed thereafter in order to identify potential psychosocial needs that may adversely impact the discharge plan.
 - c. Social Work Initial Assessment will be documented in TPIA can be found in the Case Management folder in Cerner.
 - 1) ALLSCRIPTS: "Care Management Assessment".
- 2-3. Provision of Post-Hospital-Services (Home Health, Hospice & SNF, etc.) Development of the Discharge Plan
 - f.a. The RN Case Manager and/-or Social Werker may Worker may collaborate with the physician, patient, family and other pertinent health care providers (that may include but not be limited to the RN caring for the patient at any given time) in an attempt to determine a patient's individual needs.
 - g.b. If the RN Case Manager and/or /-Social Worker assesses a need for home health care but there is no order, the Case Manager / Social Worker will suggest these services to the physician.
 - h.c. The Hospital identifies patients requiring post-hospital services and informs the patient and/or family and/or their representative(s) of their right to choose post-hospital services among Medicare providers for Home Care, Hospice & Skilled Nursing Facilities that serve the geographic area requested by the patient and/or family and/or their representative(s).
 - The Hospital shall maintain and make available a list of:
 - 2)1) Medicare Certified Agencies that provide Home Health services
 - 2) Hospice services and
 - 3) Skilled Nursing services
 - 4) Inpatient Rehab Facilities
 - 3)5) Long Term Acute Care Hospitals that serve the geographic area in which the patient resides.
 - 4) Skilled-Nursing services, that serves the geographic area in which the patient resides.
 - ii. In the case of Home Health Agencies (HHA) the geographic area served is defined by the HHA.
- 2.4. Patient Choice of After Care Providers:
 - a. The RN Case Manager or Social Worker will ascertain whether the patient has had home healthpost-acute services in the past and confirm agency/facility preference(s) of preference.

- b. The Hospital shall document the patient's choice and that the appropriate list was provided to the patient and/or the patient's designated representative(s) in the patient's medical record, using the appropriate Ccase mManagement charting system.
 - Patient, families and/or their representative(s) should be informed of possible issues that may limit patient choice that may include but not be limited to:
 - 1) Insurance Coverage issues or
 - 2) Provider Capability (for example: bed availability or inability of HHA or Hospice to meet patient needs or limited service area).
- Post-Acute Care provider-/-agency of choice will be notified of referral with specific orders and any other pertinent patient information, utilizing the aAppropriate rReferral mManagement sSystem.
- d. The Hospital discloses any financial interest Hospital (or Hospital's parent corporation) has in any Post-Acute Care Provider(s).
 - iv.i. This disclosure is identified by BOLD-FONT on the list provided to the patient.
- 3.5. Provision of Durable Medical Equipment (DME)
 - a. If the RN Case Manager/Social Worker identifies a need for DME and if there is not a physician order, the RN Case Manager/Social Worker may make a recommendation to the physician.
 - b. When an order for DME is received, the RN Case Manager shall provide DME provider choice to the patient, family and/or their representative(s) in keeping with patient's preferred providers and providers as directed by payer contract.
 - c. RN Case Manager-/-Social Worker will make every reasonable effort to coordinate delivery of DME with patient, and/or their designated representative(s).
- 4.6. Provision of Weekend & Holiday Case Management & Social Service Coverage
 - a. Case Management & Social Service are available Monday-Friday during business hours and Saturday-Sunday 0830-1630.Friday, 0830-1700-and ED Case Management-coverage available until 0300
 - b. Case Management & Social Work will be onsite in a reduced number on weekends and holidays-0830 -- 1700.
- 5.7. Transfer or Referral of Patients for Post-Hospital services
 - a. The hospital must transfer or refer patients, along with necessary medical information, to appropriate facilities, agencies, or outpatient services, as needed, for follow-up or ancillary care.
 - b. Upon creating a referral for post-hospital service(s) hospital will endeavor to provide clinical information to the post-hospital provider necessary to make a clinical determination as to the appropriateness of the patient.
 - c. Clinical information accompanying a referral to post-hospital provider may include but not be limited to:
 - Patient diagnosis
 - ii. Dictated physician reports, when available
 - 1) History and Physical (H&P), Operative Reports, Consultations for example
 - iii. Therapy notes / assessments when available & appropriate
 - 2)1) Physical Therapy (PT)
 - 3)2) Occupational Therapy (OT)
 - 4)3) Speech Therapy (ST)
 - iv. Most recent Medication Administration Record (MAR) appropriate lab results
 - v. Advance Directive, when available for patients transferring to another facility
 - vi. Treatment Plan
 - d. Transition of Care Document includes but is not limited to:
 - i. Reason for hospitalization (Patient's Diagnosis/Problem List)
 - ii. Hospital Course & Treatments(s)
 - iii. Treatment Plan

Patient Care Services Discharge Planning Policy Page 5 of 5

iv. Pain Treatment and Management

v. Medication List

vi. Dietary Requirement vii. Rehabilitation Potential

viii. Known Allergies

ix. Medical History & Physicalx. Medical Discharge Summary

D.E. REFERENCE(S):

- 1. 42 CFR Ch, IV §482.43; CMS State Operations Manual Appendix A
- 2. The Joint Commission, Hospital: PC 04.01.01, PC 04.01.03 & PC 04.02.01
- 3. Health and Safety Code, 1262.5 "Discharge Planning"
- CADPH, AFL 09-09, Subject: Hospital Discharge Policies, Senate Bill: (SB) 633. Letter pertains to "Discharge planning policy and process requirements pursuant to Health and Safety Code (HSC) 1262.5."

F. RELATED DOCUMENT(S):

3.1. Patient Care Services: Referrals to Social Services for Patients Identified to be High Risk



ISSUE DATE:

12/05

SUBJECT: End of Life (Comfort Care)

REVISION DATE: 01/06, 06/08, 10/10, 02/16, 12/17

POLICY-NUMBER: -IV.P.3

Patient Care Services Content Expert Department ReviewApproval:

05/1707/20

Clinical Policies and Procedures Committee Approval:

06/1708/20

Nursinge Leadership Executive Committee Approval:

07/1710/20

Pharmacy and Therapeutics Approval:

n/a

Utilization Review Committee Approval: Medical Executive Committee Approval:

08/1711/22 10/1705/23

Administration Approval:

Professional Affairs Committee Approval:

06/23

Board of Directors Approval:

11/17 n/a 12/17

A. **PURPOSE:**

To provide interventions in caring for the dying patient that is directed toward maximizing comfort, maintaining dignity, and providing support for the patient/family/significant others.

2. To provide emotional, spiritual, and cultural support with respect for patient/family/significant others values and preferences.

B. POLICY:

Tri-City Healthcare District (TCHD) declines to participate in the End of Life Option Act (AB X2-15), which permits an adult with a terminal disease and the capacity to make health care decisions to request and be prescribed an aid-in-dying drug if specified conditions are met.

If the individual transfers care to a new health care provider, the individual may request a a. copy of his or her medical records per the Administrative Policy: Patient Access to Protected Health Information in the Designated Record Set - 516.

C. PROCEDURE:

- Assess for the following:
 - a. Pain
 - Other uncomfortable symptoms (e.g. nausea, restlessness, excess secretions, dyspnea) b.
 - Patient/family awareness of prognosis C.
 - d. Family expectations of treatment plan, including Do Not Resuscitate (DNR) order and evidence of patient wishes
 - Patient/family coping and spiritual needs
- 2. Implement the following comfort measures:
 - Pain management interventions: a.
 - i. Administer adequate analgesia.
 - ii. Administer other medications as ordered for restlessness symptoms, nausea, respiratory distress or pooling secretions.
 - Obtain vital signs as needed. b.
 - Avoid using automatic blood pressure machines if possible and do not leave cuff in place for long periods.
 - Reposition patient as needed. C.
 - If turning patient hinders comfort, reduce frequency of turning.
 - d. Limit procedures to only those needed to enhance comfort.
 - Provide frequent oral care. e.

- f. Assess intravenous (IV) sites every shift.
 - i. Avoid routine IV starts and restart IV only if access is needed, consider alternate routes.
- g. Consider obtaining Foley catheter order or incontinence device.
- h. Avoid aggressive interventions for high temperatures such as cooling blankets and ice packs.
- i. Offer food and/or fluids to patient if appropriate.
- j. Review all existing orders with physician to ensure that unnecessary or uncomfortable procedures or treatments are discontinued including:
 - i. Routine labs and x-rays
 - ii. Routine medications not related to comfort
 - iii. Blood glucose monitoring, pulse oximetry, hydration IVs, antibiotics, and blood products
- 3. Licensed healthcare provider or designee shall provide information to the family about what to expect during the dying process and the care the patient is receiving.
- 4. The healthcare team shall ensure the family/next of kin is provided reasonably brief period of accommodation prior to discontinuing cardiopulmonary support.
- 5. Recognize and support patient/family/significant other's grieving behaviors.
 - a. Provide support and reassurance that the goal of care is patient comfort.
 - b. Consider referral to hospice.
 - c. Refer to social worker for patient/family support.
 - d. Refer to Chaplain as appropriate.
 - e. Provide support and reassurance and allow time for all involved to express emotions and share concerns. Be sensitive to emotional reactions of patient/family.
 - f. Provide privacy for families as needed.
 - g. Obtain contact information of family members and place in chart in event they need to be contacted when patient deteriorates or dies.
 - h. Consider ordering "Comfort Care Cart" from Dietary.
- 6. Be sensitive and open to cultural diversities related to the grieving process. Support a healing atmosphere.
- 7. If a family member is alone, offer to contact other family members and/or outside support.
- 8. When a family is preparing to leave, provide them with information regarding funeral arrangements and support services.
- 9. Prepare patient and room after death. If appropriate:
 - a. Place signage on door directing visitors to see nurse before entering
 - b. Place pillow under patient's head
 - c. Place patient in position of comfort with fresh linen over them
 - d. Dim lights
 - e. Ask the patient/family about keeping door closed for privacy
- 10. A Physician, Administrative Supervisor, or designated Registered Nurse will pronounce the patient's death and document in the electronic health record.

D. RELATED DOCUMENT(S):

 Administrative Policy: Patient Access to Protected Health Information in the Designated Record Set – 516

E. REFERENCE(S):

California Hospital Association. (20172019). California Hospital: Consent Manual, 46th ed.. CHA Publications: Sacramento.



ISSUE DATE: 4/97 SUBJECT: Justice Involved Patients

REVISION DATE: 10/99, 06/03, 08/05, 08/07, 04/12

02/13, 02/17, 06/20

Patient Care Services Content Expert Approval: 02/2004/23
Clinical Policies & Procedures Committee Approval: 04/2004/23
Nursing Leadership Approval: 05/2005/23

Medical Staff Department/Division Approval:

Pharmacy & Therapeutics Committee Approval:

Medical Executive Committee Approval:

Administration Approval:

Professional Affairs Committee Approval:

Board of Directors Approval:

n/a n/a

05/2005/23 06/2006/23

n/a 06/20

A. <u>PURPOSE</u>:

 To establish guidelines for the responsibility of patients who are justice involved individuals receiving medical care, and/or are admitted to Tri-City Healthcare District (TCHD) facility.

B. **DEFINITIONS:**

- 1. Law Enforcement Personnel: Any Federal, State, or Local Peace Officer or Correctional Officer or their contract agencies that has the responsibility for the custody of justice involved individual.
- 2. Justice Involved Individual: Any individual who is under lawful physical arrest/ in the custody of a Law Enforcement Officer and brought to TCHD to receive medical care, evaluation, treatment, or admission.

C. POLICY:

- Law Enforcement personnel, in consultation with TCHD personnel, are responsible for considering issues related to the use of restraint for non-clinical purposes; imposition of disciplinary restrictions and the restriction of rights.
- 2. Law Enforcement shall be responsible for maintaining the security and the detention of any justice involved individual seen or admitted for medical care of the duration of the admission. The TCHD Security Department shall be the contact liaison between the custodial agency and the Medical Center. TCHD Security Department personnel shall not assume any custodial duties as they relate to justice involved individual.
- 3. The Admitting Physician is responsible for determining the justice involved individuals plan of care while in the Medical Center, including the length of stay for medical treatment, the discharge plan, and consulting with the law enforcement agency in the continuing care and discharge plan.
- 4. Patient care shall be delivered to the justice involved individual as determined by the Clinical Staff, following the admitting Physician's orders and hospital or departmental standards of care, that also meets and respects security concerns and restrictions
- 5. TCHD recognizes the American Civil Liberties Union and will ensure that justice involved individuals receive adequate medical care while admitted to TCHD.
- Registration Department Responsibilities:
 - a. The Registration Department shall notify Security via Private Branch Exchange (PBX) when a justice involved individual is admitted to either the Emergency Department or the Medical Center with the following information:

- i. Patient Name
- ii. Location of justice involved individual
 - Law Enforcement Agency responsible for patient
- 7. Security Department Personnel Responsibility:
 - a. Security personnel shall:

iii.

- Contact the Law Enforcement Officer responsible for guarding the justice involved individual.
- ii. Establish communications.
- iii. Orient the Law Enforcement Officer using the "Progressive Care Service Training" form (attachment 1).
- iv. Obtain Custodial Officer's signature indicating they have read the "Forensic Services Training" form.
- b. Security shall liaison with the Nursing Leadership or designee and the Administrative Supervisor (AS) to verify that the proper measures are being used by the agency responsible for the justice involved individual as it relates to the safety, security, and welfare of all patients, visitors, and staff members.
- c. Any situation that puts the safety, security, and welfare of any patient, visitor, or staff member at risk shall be immediately reported to the Lead Security Officer on duty. The Lead Security Officer shall inform the Security Supervisor and Risk/Legal Services.
- 8. Law Enforcement Officer Responsibilities:
 - Law Enforcement Officers shall maintain custodial restraints on the justice involved individual at all times, unless the medical condition or prescribed treatment indicates otherwise.
 - b. Should medical restraints or seclusion of a justice involved individual for behavioral or medical issues become necessary, TCHD policies shall be followed.
- 9. Security Supervisor Responsibilities:
 - a. If the Lead Security Officer informs the Security Supervisor of a safety issue, the Security Supervisor shall contact the law enforcement agency involved in the incident to resolve the issue.
 - b. The Security Supervisor shall contact the Administrator of the Law Enforcement agency responsible for the Law Enforcement Officer regarding any violation of this policy.
 - c. The Security Supervisor shall maintain a file regarding the involved Law Enforcement Officer and incident.

D. RELATED DOCUMENT(S):

1. Custody Officer Orientation Sample



1. Medical Evaluation and Treatment:

The primary concern for TCHD's Clinical Staff is the proper treatment and care of the justice involved individual and the safety, security, and welfare of all patients, visitors, and staff members.

2. Custodial Restraints:

Law Enforcement Officers are required to remain with the justice involved patient at all times while in the Medical Center. The justice involved patients must remain in custodial restraints at all times and the Law Enforcement Officer must have a key in his/her possession.

3. Evacuation:

Medical Center personnel are familiar with the evacuation routes. In the event an evacuation becomes necessary, the Law Enforcement Officer must remain with the justice involved patients at all times. TCHD personnel shall direct you and the justice involved patients out of the Medical Center.

4. <u>Facility Orientation:</u>

The Security Officer conducting this orientation shall show you where the restrooms, phones, and exits are located. Smoking is not permitted inside the Medical Center and only permitted in designated areas on the campus.

5. Cell Phones:

The use of personal cell phones shall follow TCHD policy as well as the Law Enforcement Agency Policy regarding use while on duty. Cell phones may not be used to photograph patients or any Individual including self without permission from TCHD admistration.

6. <u>Security Codes:</u>

Internal and external disasters or security codes are communicated to Medical Center personnel by overhead paging using the below listed codes. It is not necessary for the Custody Officer Law Enforcement Officer to respond in any way to a code unless directed by a ANM or designee, Security, or the Administrative Supervisor.

Code Blue: Adult Arrest/Medical Emergency Code Adam: Infant Abduction
Code Pink: Infant Arrest/Medical Emergency Code Gray: Hostage Situation
Code Vollage: Registrica Disperses: Code Adam: Infant Abduction
Code Vollage: Registrica Disperses: Code Adam: Infant Abduction
Code Vollage: Registrica Disperses: Code Adam: Infant Abduction
Code Adam: Infant Abduction
Code Adam: Infant Abduction
Code Adam: Infant Abduction
Code Order Code Adam: Infant Abduction
Code Order Code Adam: Infant Abduction
Code Order Code Adam: Infant Abduction
Code Order Code Order Code Order Code Adam: Infant Abduction
Code Order Code Orde

Code Yellow: Radiation Disaster Code Orange: Internal/External Disaster

Code Green: Oxygen Emergency Code Red: Fire

Dr. Strong: Violent Person Code Caleb: Severely ill infant
Code OB STAT Team Mobilization Code Silver: Active shooter situation

7. Phones:

To contact the operator in case of an emergency dial "66." Dial "80" and then "911" to contact the local police department in case of an emergency. Dial "80" for an outside line for non-emergency calls. Personal calls are not allowed. The custodial Law Enforcement Officer is required to call Security and notify them if the justice involved patient is transferred within the Medical Center. To contact the operator, Administrative Supervisor, or Security, dial "0."

8. Relief:

The custodial Law Enforcement Officer's agency is responsible for providing relief for the on-duty Officer. Medical Center staff, including Medical Center Security Officers, may not take custody of any prisoner. The on-duty custodial Law Enforcement Officer must call the Security Department and have an Officer dispatched to your location to orientate the relief custodial Law Enforcement Officer. Each custodial Law Enforcement Officer shall be required to sign a copy of the "Progressive Care Services Training" form.

9. Patient Confidentiality:

In the course of medical treatment for the prisoner, the custodial Law Enforcement Officer may become aware of the justice involved patient's personal history, medical history, diagnosis, and treatment plan. This information is confidential and may not be shared with anyone including the Law Enforcement Officer's agency. Violations of the justice involved individual's confidential information could result in legal action.

I certify that I have read and understand the above requirements and that I have received a copy of this document for my records.

Signature	Print Name	Date
Agency Name	Patient Name	Room Number

STANDARDS OF CARE ADULT

I. PREAMBLE:

A. Health care providers at Tri-City Medical Center (TCMC) shall ensure that each adult patient and their family are treated equally, with dignity, and respect. Cultural, racial, language, life-style customs, and ethnic diversity of each patient shall be considered when providing care. Adult patients shall receive care based on disease, injury prevention, health promotion, health restoration and/or health maintenance. The nursing process shall be used to implement all patient care. Health care providers shall use TCMC Administrative Policy Manual, Patient Care Services Policies (PCS), PCS Procedures, Online Skills, and unit specific Standards of Care, policies and procedures to provide patient care.

II. <u>DEFINITION(S)</u>:

- A. Scope and Standards of Practice: "Describe what nursing is, what a nurse does, responsibilities for which nurses a nurse is are accountable, and the outcomes of that practice (American Nurses Association (ANA))".
- B. Standards of Care: "Authoritative statements by which the nursing profession describes the responsibilities for which its practitioners are accountable (ANA, p.77)". "Standards of care describe a competent level of nursing care as demonstrated by the nursing process (ANA, p. 78) and are examples of the nursing professional expected roles and responsibilities for providing patient care.
- C. Nursing Process: "The essential core of practice for the Registered Nurse (RN) to deliver holistic, patient-focused care. The nursing process as outlined by the ANA (2016) includes the following:
 - 1. Assessment: "A systematic, dynamic way to collect and analyze data about a clientpatient i.e., patient. Assessment includes not only physiological data, but also psychological, sociocultural, spiritual, economic and life-style factors".
 - a. An assessment includes subjective and objective data
 - i. Subjective what the patient says
 - ii. Objective observation based on assessment findings
 - 2. Diagnosis: A nurses' clinical judgment about the elientpatient's response to actual or potential health conditions or needs.
 - Outcomes/Planning: "Based on the assessment and diagnosis. Outcomes are measurable and achievable short – and long-range goals".
 - a. Planning: Care Plan i.e., Plan of Care: A comprehensive outline of care to be delivered to attain expected outcomes
 - 4. Implementation: "Nursing care is implemented to the care plan. This is "continuity of care from the patient during hospitalization and in preparation for discharge needs".
 - 5. Evaluation: The process of determining both the "patient's status and the effectiveness of nursing care. It is a process that involves continuous evaluation of the patient and the modifications to the Plan of Care".
- D. Patient: Recipient of nursing care.
- E. Health Care Providers: Individuals with special expertise who provide health care services or assistance to clientpatients
- F. Significant Others: Family members and/or those significant to the clientpatient

Patient Care Services Content Expert Review	Clinical Policies & Procedures Committee	Nursinge Leadership Executive Committee	Medical Staff Department or Division	Pharmacy & Therapeutics Committee	Medical Executive Committee	Admini stration	Professional Affairs Committee	Board of Directors
02/16, 03/19, 07/22	11/16, 05/19, 04/23	01/17, 05/19, 05/23	n/a	n/a	03/17, 06/19, 05/23	07/19, 06/23	10/17, n/a	03/13, 10/17, 08/19

G. Reasonable and a timely manner: Defined as within 4 hours after completion of assessments or care provided.

III. POLICY:

A. "Registered nurses use the nursing process to plan and provide individualized care to their patients. Nurses use the theoretical and evidence-based knowledge of human experiences and responses to collaborate with patients to assess, diagnose, identify outcomes, plan, implement, and evaluate care. Nursing interventions are intended to produce beneficial effects, contribute to quality outcomes, and above all, do no harm. Nurses evaluate the effectiveness of their care in relation to identified outcomes and use evidence-based practice to improve care (ANA, 2010)".

IV. GENERAL NURSING ASSESSMENT:

- A. Standards of Care: Vital Signs:
 - 1. Vital signs shall include:
 - a. Temperature, documented in Celsius
 - b. Blood Pressure (BP)
 - c. Heart Rate (HR)
 - d. Respiratory Rate (RR)
 - e. Oxygen Saturation (SpO2)
 - 2. Vitals signs shall be obtained on admission, transfer to a unit, at discharge, per physician's orders and as follows:
 - a. Intensive Care Unit (ICU): every 1 hour until stable then every 2 hours and as needed (PRN)
 - i. For patients on vasopressors, every 15 minutes until stable
 - b. Telemetry: every 4 hours while patient is awake and PRN
 - c. Acute Care Services (ACS): every 8 hours and PRN
 - d. Emergency Department: every 2 hours or more frequently for Emergency Severity Index (ESI) of 1 and 2
 - e. Progressive Care Unit (PCU): Obtain vital signs based on the ordered Patient Admission Status i.e., ACS, Telemetry, Postpartum, and Rehabilitation
 - f. Obstetrical patient not in Labor and Delivery (L&D): Obtain vital signs based on the ordered medical service and level of service.
 - e.g. Postpartum patient not in Postpartum: Obtain vital signs based on the ordered medical service and level of service.
 - 3. Document values in the medical record
- B. Standards of Care: Pain Assessment:
 - Assessment: Pain A general pain assessment shall be performed as outlined in the Pain Management Policy
- C. Standards of Care: Intake and Output:
 - 1. Intake and output shall be monitored as ordered and as follows:
 - a. ICU: at least every hour and PRN
 - b. Telemetry: at least every four hours and PRN
 - c. ACS: at least every 8 hours and PRN
 - Oncology: at least every 6 hours and PRN
 - d. PCU: Obtain intake and output based on the ordered Patient Admission Status i.e., ACS, Telemetry, Postpartum, and Rehabilitation
 - e. Obstetrical patient not in L&D: document I&O based on the ordered medical service and level of service
 - d.f. Postpartum patient not in Postpartum: document I&O based on the ordered medical service and level of service
 - Intake and output shall be documented in the medical record after collecting and as follows:
 - a. Prior to transfer to another level of care
 - b. Prior to the end of the shift
 - c. As ordered by a physician

- d. Zero/clear infusion pumps every shift and prior to transferring to another level of care
- 3. Review patient's intake and output for baseline urine output
 - a. Patients 14 years and older assess a minimum of 0.5 mL per kilogram per hour (example if the patient weighs 70 kg multiply 70 x (times) 0.5 equals 35 mL per hour or per physician order. Notify physician of fer abnormal findings.
- D. Standards of Care: Height and Weight
 - All patients shall be weighed on admission if not contraindicated and every seven days thereafter until discharge. Exceptions are as follows.
 - a. All ICU patients shall be weighed daily in the AM
 - b. Patients with the following diagnoses shall be weighed daily in the AM at or prior to 0600 after voiding, if indicated
 - i. Acute and chronic kidney failure e.g., renal failure, renal insufficiency, acute renal injury
 - ii. Heart Failure this includes patients with cardiomyopathy receiving diuretics
 - iii. Post cardiovascular surgery patients
 - c. Patients receiving nutrition support i.e., enteral or parenteral feedings shall be weighed every 3 days after admission.
 - d. Medications shall be calculated using the patient's admission weight unless ordered otherwise by a physician.
 - e. Patient's weight shall be documented in the medical record in kilograms.
 - f. Patient's height shall be documented in the medical record in centimeters.
 - Height shall be obtained on admission; stated, estimated or measured.
- E. Standards of Care: Aspiration Assessment:
 - Assess on admission, initial shift assessment, and PRN peras-outlined in Online Skills: Aspiration Precautions Procedure
 - Perform a swallow screening PRN based on assessment findings as outlined in the Swallow Screening in the Adult Patient Procedure
 - b. Maintain head of bed (HOB) at 30 to 45 degrees and as ordered, unless contraindicated
 - c. Ensure suction equipment is readily available at the bedside at all times.
- F. Standards of Care: Patient Safety:
 - 1. The health care team shall provide measures to ensure patient safety.
 - Patient safety shall be assessed per the following:
 - a. The RN shall observe the patient's physical condition on admission and/or transfer to their unit, prior to and after transport to procedures and as needed.
 - b. Patients shall be identified per Patient Care Services (PCS): Identification, Patient Policy.
 - c. Orders shall be obtained, reviewed, and implemented per PCS: Physician Orders Policy.
 - d. Critical test values shall be reported per PCS Procedure: Critical Results and Critical Test/Diagnostic Procedures.
 - e. Patient's specimens shall be handled per PCS: Specimen Handling Procedure or by selecting the appropriate Online Skills Specimen Collection Procedure.
 - f. Electronic or medical equipment brought to TCMC shall be evaluated, used, and stored per PCS: Medical Equipment Brought into the Facility Policy.
 - i. Respiratory Care Practitioner shall be responsible for setting up home CPAP equipment.
 - g. Patients shall be assessed for falls per PCS: Falls Risk Procedure.
 - h. -Hand-off Communication shall be provided per PCS: Hand-off Communication Policy and unit specific hand-off policies.
 - i. Medication shall be reconciled per PCS: Medication Reconciliation Policy.
 - j. Line connectors for IVs, epidurals, or enteral feedings cannot be used for a type other than the type intended.

k. All alarms shall be reviewed for appropriateness as outlined in the Clinical Alarm Management policy.

V. <u>SYSTEM REVIEW:</u>

- A. All adult patients will have a general system review in all systems completed and documented. Detailed system assessments shall be completed and documented as indicated by the patient's condition as outlined in this document.
- B. Standards of Care I: Assessment:
 - 1. All patients admitted to inpatient nursing areas shall be assessed by a RN as outlined in this document.
 - 2. Admission and/or Transfer Assessment
 - All patients admitted or transferred to a higher level of care shall have a brief assessment to identify patients' safety considerations, general well-being and immediate needs initiated within the following time frames
 - i. ICU Patients: approximately 15 minutes upon arrival to unit
 - ii. Telemetry Patients: approximately 30 minutes upon arrival to unit
 - iii. ACS Patients: approximately 1 hour upon arrival to unit
 - iv. Emergency department per unit specific policy
 - v. PCU Patients: Based on the ordered level of care (i.e., Medical Surgical, Telemetry, Postpartum, and Rehabilitation)
 - vi. Obstetrical patient not in Labor and Delivery (L&D): based on the ordered medical service and level of service
 - v.vii. Postpartum patient not in Postpartum: based on the ordered medical service and level of service
 - 3. Admission Head to Toe Assessment:
 - a. The RN shall perform a head to toe assessment as follows:
 - i. ICU Patients: approximately 1 hour after the patient's arrival to the unit
 - ii. Telemetry Patients: approximately 2 hours after the patient's arrival to the unit
 - iii. ACS Patients: approximately 3 hours after the patient's arrival to the unit
 - iv. PCU Patients: Based on the ordered level of care (i.e., Medical Surgical, Telemetry, Postpartum, and Rehabilitation)
 - v. Obstetrical patient not in Labor and Delivery (L&D): based on the ordered medical service and level of service
 - iv.vi. Postpartum patient not in Postpartum: based on the ordered medical service and level of service
 - 4. Admission Assessment- Patient History
 - a. All inpatients shall have the Admission Assessment-Patient History completed and documented within 24 hours of admission to the unit.
 - Medication Patient History
 - a. All patients shall have a Medication Patient History completed as soon as possible upon arrival to the unit per the Medication Reconciliation Policy.
 - 6. Initial Shift Assessment (including upon Transfer to the unit)
 - a. The RN shall perform a head to toe assessment as follows:
 - i. ICU Patients: approximately 1 hour of the start of the shift
 - ii. Telemetry Patients: approximately 2 hours of the start of the shift
 - iii. ACS Patients: approximately 3 hours of the start of the shift
 - iv. PCU Patients: Based on the ordered level of care (i.e., Medical Surgical, Telemetry, Postpartum, and Rehabilitation)
 - v. Obstetrical patient not in Labor and Delivery (L&D): based on the ordered medical service and level of service
 - iv.vi. Postpartum patient not in Postpartum: based on the ordered medical service and level of service
 - 7. Reassessment:

- a. After completion and documentation of an admission, initial shift or transfer head to toe assessment, all patients will be reassessed as follows. Document only the reassessment changes in the electronic health record
 - ICU: approximately 4 hours after completion of the initial assessment and every 4 hours thereafter
 - ii. Telemetry: approximately 6 hours after completing the initial shift assessment
 - iii. ACS: approximately 8 hours after completing the initial shift assessment
 - iv. PCU Patients: Based on the ordered level of care (i.e., Medical Surgical, Telemetry, Postpartum, and Rehabilitation)
 - v. Obstetrical patient not in Labor and Delivery (L&D): based on the ordered medical service and level of service.
 - iv.vi. Postpartum patient not in Postpartum: based on the ordered medical service and level of service.
- 8. Night Shift Reassessments
 - a. During the night shift, the reassessment shall be performed during the shift and no later than with the AM vital signs.
 - b. If the patient refuses a reassessment, document their refusal in the medical record.
- 9. PRN Focus assessment (i.e., system specific assessment) shall be completed as follows:
 - a. Change in patient's condition from the initial shift assessment or reassessment
 - b. Response to treatment provided to a patient
- C. Standards of Care I.1: Assessment Neurological System Review
 - Neurological: System Review
 - a. Assess the following:
 - i. Orientation Assessment
 - ii. Level of consciousness
 - iii. Affect/Behavior
 - iv. Characteristics of Speech
 - v. Characteristics of Communication
 - vi. Extremity movement and strength right and left upper and lower
 - vii. Facial symmetry
 - viii. Hearing
 - ix. Pupil checks (pupil description, size, reaction to light, and accommodation)
 - 1) Pupil Checks
 - 2) Pupil checks shall be performed as follows to establish a baseline:
 - a) On admission, initial shift assessments, and PRN
 - b) As ordered by physician
 - 2. Neurological: Detailed System Review
 - a. The National Institute of Health Stroke Scale (NIHSS) will be performed by RNs who have met TCMC's criteria.
 - b. A NIHSS assessment is required for:
 - Patients admitted with signs and symptoms of a Cerebral Vascular Accident (CVA) or Transient Ischemic Attack (TIA)
 - ii. Inpatients admitted or inpatient presenting with new signs and symptoms of a CVA or TIA
 - c. A complete NIHSS assessment will be performed in the Emergency Department (ED), ICU, Telemetry, ACS as follows:
 - i. Upon arrival to the ED
 - ii. Admission
 - iii. Transfer
 - iv. Every shift
 - d. A complete NIHSS assessment will be performed in ICU:

- i. Every four (4) hours for the first seventy-two (72) after diagnosis
 - Recommended times 0400, 0800, 1200, 1600, 2000, and midnight
 - 2) On Discharge
- e. A modified NIHSS assessment will be performed in Telemetry and ACS as follows:
 - ii.i. 0400, 1200, 1600 and midnight for the first 72 hours (72) after diagnosis
- e.f. Modified Rankin Assessment:
 - A Modified Rankin Assessment shall be completed on admission and discharge.
- f.g. Neurological: Assessment: Spinal Cord Injury
 - i. All patients with a spinal cord injury shall have the following assessed every four (4) hours::
 - 1) Neurological: System Assessment
 - 2) Neurological: Detailed Assessment
 - 3) Assess motor and sensory function from level of spinal cord injury using dermatomes.
- g.h. Neurological: Spinal Cord Injury Nursing Interventions
 - To decrease worsening of neurological deficits, the following interventions shall remain in place unless otherwise ordered by a Physician:
 - 1) Immobilization (stabilization) of the injury as soon as possible
 - 2) Reposition patient as follows:
 - a) Changing position in bed: full log roll with three (3)
 healthcare providers, including one (1)a-second nurse,
 to stabilize the patient's neck
 - 3) Assist patient out of bed as ordered or as follows:
 - a) Full log roll with assistance
 - b) Dangle patient's legs
 - c) Ask patient to use arms to push up to a sitting position
 - d) Assist patient to chair or with ambulation as ordered
 - 4) Mattress to remain flat at all times (reverse Trendelenburg with physician order); do not place a pillow, rolled blanket or towel under the patient's head
 - 5) Bed rest only (transport off unit in bed or stretcher, do not use a wheelchair)
 - 6) Use slide board when transferring and stabilize neck with three (3) healthcare providers, including one (1) second-nurse
 - 7) Observe autonomic dysreflexia precautions
 - 8) Avoid bowel and bladder distention
 - Apply supportive devices as ordered prior to getting patient out of bed
- h-i. Neurological: Intracranial Pressure (ICP) Monitoring: ICU
 - Neurological assessment per physician order or every hour and PRN
- i.j. Neurological: ICP Nursing Interventions
 - Post an intracranial pressure tracing every shift and PRN with changes in patient status in the patient's chart.
 - ii. Shut device off to drain when recording ICP value and obtaining tracing
 - iii. Document ICP and Cerebral Perfusion Pressure (CPP) every hour and PRN
 - iv. Fluid may be removed but never instilled
 - v. All fluid filled ICP monitoring devices shall have the transducer air/fluid interface leveled at the Foramen of Monroe (2 fingers breadths above the ear)
 - vi. Do not attach flush devices to the ICP monitoring system

- vii. All ICP monitoring devices shall have sterile, occlusive dressing at insertion site
- j.k. Neurological: Comatose Patients in the ICU
 - Comatose and pharmaceutically paralyzed patients shall have their eyes taped shut with non-allergic tape to prevent corneal abrasion or injury unless otherwise ordered. Obtain an order to administer lubricating eye ointment to both eyes.
- k.l. Neurological: Neuromuscular Blockade (NMB): [CU
 - . Assess patient per Online Skills Peripheral Nerve Stimulator.
- D. Standards of Care I.2: Assessment Cardiovascular System Review:
 - Cardiovascular System Review
 - a. Cardiovascular symptoms
 - b. Assess the following:
 - i. heart sounds in all auscultatory areas; note regular or irregular
 - ii. Nail Bed color
 - iii. Check capillary refill
 - iv. Check edema location and grade
 - v. Palpate bilateral peripheral pulses: radial and dorsalis pedis
 - vi. skin temperature
 - vii. A presence of cardiovascular implantable electronic devices i.e., permanent pacemaker or defibrillator
 - 2. Cardiovascular: Detailed System Review
 - a. All patients admitted to ED, ICU, and Telemetry shall have the following assessed on admission initial shift, and reassessment.
 - i. Heart sounds note S1,S2 or presence of abnormal sounds
 - ii. Cardiac rhythm
 - iii. Jugular venous distension
 - b. Pacemaker Temporary
 - Check temporary transvenous/epicardial pacer stimulation and sensitivity thresholds every shift. Check thresholds with physician for patients with underlying complete heart block or extreme bradyarrhythmias. Assess the following:
 - 1) Type
 - 2) Function
 - Percent paced
 - 4) Connection status i.e., on or off
 - 5) Presence of atrial, ventricular or both wires
 - 6) Mode
 - 7) Rate
 - 8) Output settings
 - 9) Site, dressing
 - 10) Side effects i.e., coughing of hiccups, or muscle twitching
 - 11) Distal pulses for transvenous femoral site
 - c. Lead Placement and Rhythm interpretation for ED, ICU, and Telemetry; this includes PCU patients with Telemetry orders
 - Standard lead selection shall be leads II and V1. V1 shall be used to assess Supraventricular Tachycardia's, Bundle Branch Blocks, and wide QRS complexes
 - Cardiac rhythm ECG shall be monitored continuously unless otherwise ordered.
 - iii. A six (6) second ECG strip shall be recorded, interpreted and posted in the patient's chart on:
 - 1) Admission
 - 2) Transfer

- 3) At the beginning of the shift and per unit specific policies and procedures
- 4) As needed with rhythm and rate changes
- 5) Alarms shall be set per the Clinical Alarm Management policy
- 6) Heart rate alarms shall be set 10-20 beats above or below the patient's baseline heart rate.
- 7) The following shall be documented in the electronic health record (EHR), if present:
 - a) Ventricular heart rate
 - b) Lead interpreted
 - c) Wave form measurements of the following:
 - i) PR Interval
 - ii) QRS Interval
 - iii) QT Interval
 - d) Presence of ectopic beats
 - e) Documentation of the following is recommended but not required:
 - i) ST segment elevation or depression
 - ii) Morphology of P waves and T waves
 - iii) presence of U waves
- iv. ED: Cardiac Monitoring
 - 1) All patients requiring cardiac monitoring shall be placed on a cardiac monitor on arrival to the unit
 - 2) All patient requiring cardiac monitoring shall be transported with an ECG monitor and RN
- v. ICU: Cardiac Monitoring
 - 1) All patients shall be placed on a cardiac monitor on arrival to the unit
 - 2) All patients shall be transported with an ECG monitor and RN
- vi. Telemetry: Cardiac Monitoring
 - 1) All patients shall be placed on a cardiac monitor as outlined in the Management of Telemetry Patients unit specific policy.
 - 2) PCU patients with Telemetry admission orders shall follow the requirements outlined in Telemetry unit specific policy.
 - 3) All patients shall be transported with an ECG monitor and RN unless otherwise ordered. Review the following unit specific policies:
 - a) Management of Telemetry Patients
 - b) Admission and Discharge Criteria
- vii. Medically Monitored Lead Placement and Rate Monitoring
 - 1) Standard lead selection shall be leads II and V1
 - 2) The monitor technician (MT) shall record and analyze a six (6) second strip on:
 - a) Admission, At the beginning of the shift
 - b) As needed with rate changes or new ectopic beats
 - The MT shall communicate the analyzed strip to the primary RN or designee
 - 4) The Unit Secretary or designee identified by the Nurse Manager or relief charge RN will post the strips in the appropriate patient chart.
- d. Invasive Pressure Monitoring Lines (Arterial, Pulmonary Artery, and Central Venous Pressure (CVP).)
 - i. Alarms
 - 1) All invasive pressure lines must be monitored with alarms on.

- 2) All arterial line alarms shall be set according to the parameters and limits specified in the physician orders. If the physician orders do not address limits, alarms shall be set based on systolic pressure.
- Pulmonary artery lines shall be set according to the diastolic parameter and shall be set 10 mm/Hg above and below the diastolic pressure.
- 4) CVP/RA alarms shall be set at "Mean" with limit set per physician order or 50% above and below baseline when port is not being used for infusions.
- ii. Invasive Pressure Line Maintenance
 - 1) Transducers shall be leveled to and maintained at the phlebostatic axis (supine or prone position), 4th intercostal space, ½ anterior-posterior diameter of the chest for all pressure measurements.
 - All pressurized transduced indwelling catheters shall be maintained with a 2 unit-per mL concentration heparin-flush bag pressurized at 300 mm/Hg orwith normal saline-based on the patient condition or-physician-preference.
 - a) 2 unit per mL concentration heparin flush bag if ordered by physician
 - 2)3) The flush bag shall be assessed for adequate volume every shift and PRN. Change bag every 4 days and when empty.
 - 3)4) Needleless system shall be used for drawing blood from all invasive lines.
 - 4)5) A safety transfer device shall be used when filling blood tubes.
 - 5)6) All arterial and pulmonary artery catheters shall be attached to a transducer.
 - 6)7) All transduced lines shall have pressure waveforms continuously displayed on the bedside monitor.
 - 7)8) All transduced lines shall have accuracy of the system checked by performing a square waveform test at the beginning of each shift and any time the system is disturbed (e.g. blood draw).
 - 8)9) Patient shall be positioned supine, head of bed (HOB) between 0-60 degrees, lateral position 20, 30 or 90 degrees or supine for all pulmonary artery pressure (PAP), pulmonary artery occlusion pressure (PAOP) and central venous pressure (CVP) measurements. Patient shall be stabilized 5-15 minutes after a position change before readings are obtained.
 - 9)10) Obtain PAP/PAOP/CVP measurements from a graphic tracing at end-expiration Q shift and PRN using a simultaneous ECG tracing to assist with proper waveform identification.
- e. Pulmonary Artery Catheter Monitoring
 - i. Cardiac Output (CO) shall be measured at least every 4 hours and PRN
- E. Standards of Care I.3: Assessment Pulmonary System Review
 - Pulmonary: System Review
 - a. Assess the following:
 - i. Oxygen delivery devices
 - ii. Oxygen flow/FiO2
 - iii. Respiratory Symptoms
 - iv. Respirations
 - v. Respiratory Pattern
 - vi. Chest Motion
 - b. Auscultate breath sounds, all lobes
 - c. Assess the following if present:
 - i. Sputum amount, color, and consistency

- ii. Cough
- iii. Artificial airway, tubes, and drains
- 2. Pulmonary: Detailed System Review
 - Pulmonary: Chest Tubes
 - Assess the following:
 - 1) Insertion location
 - a) Palpate insertion site for crepitus, document if present
 - 2) Dressing condition
 - 3) Color and consistency of drainage
 - 4) Amount of suction or gravity drain i.e., water seal
 - 5) Suction chamber fluid level
 - 6) Water seal chamber fluid level, presence of air leak, tidling
 - 7) Complications i.e., air leaks, indications of bleeding etc.
 - b. Pulmonary: Chest Tube Nursing Interventions as outlined in the following:
 - i. Chest Tube Management Procedure
 - ii. Online Skills Chest Tube: Closed Drainage Systems
 - c. Pulmonary: Bi-Level Positive Airway Pressure (BiPAP) Assessment
 - i. Patients receiving BIPAP shall have skin assessed as follows:
 - 1) Area under headgear
 - 2) Bridge of nose, around perimeter of mask and along course of headgear straps
 - a) Ensure mask has a tight seal
 - ii. Place patient in a room near the nurse's station when possible
 - iii. Elevate head of bed 30 degrees unless contraindicated
 - iv. Remove BIPAP mask when patient is eating or drinking to prevent aspiration as tolerated
 - v. Readjust mask as appropriate to maintain oxygenation parameters as ordered and for patient comfort
 - vi. Provide communication equipment, i.e. picture boards
 - vii. Monitor continuous pulse oximetry and respiratory rate per physician's order
 - Ensure continuous pulse oximetry is ordered for patients on Telemetry
 - d. Pulmonary: Artificial Airway
 - The RN is primarily responsible for ensuring the tracheostomy tube is secured
 - ii. Patients with tracheostomy tubes shall have a tracheal change set and an extra tracheostomy tube of the same size readily available at their bedside.
 - iii. Manual self-inflating resuscitation bags shall be used in the adult patients with endotracheal tubes (ETT) or tracheostomy patients for temporary ventilation whenever patient cannot be effectively ventilated by his/her own efforts.
 - iv. Two licensed health care providers are required when taping, manipulating, or cutting an endotracheal tube.
 - v. Trach care shall be done every shift and PRN by a licensed nurse or Respiratory Care Practitioner (RCP).
 - 1) Trach care shall include evaluation and cleaning of the site
 - a) Trach holders shall be changed PRN by a licensed nurse or RCP with the assistance of a second healthcare provider
 - Disposable inner cannula shall be changed every shift and PRN by the RN or RCP
 - vi. The head of the bed will be elevated 30 degrees unless contraindicated
 - vii. Oral care will be provided every 2-4 hours

- e. Artificial Airway Nursing/Mechanical Ventilation Interventions
 - i. Ensure ICU and Telemetry patients with mechanical ventilation have continuous pulse oximetry.
 - ii. Ensure continuous pulse oximetry is ordered and monitored on patients with tracheotomies on Telemetry.
 - iii. Verify mechanical ventilation settings every shift and PRN with changes
 - Assess tidal volume with routine vitals assessments in ICU and PRN with changes in condition
 - iv. Ensure ICU patients with mechanical ventilation have continuous end tidal carbon dioxide (EtCO₂) monitoring (preferred).
 - v. Collaborate with respiratory therapy to assess patient's readiness for extubation daily except for patients receiving paralytic agents, ICP monitoring, pressure control inverse ratio ventilation, and/or immediate post-op open heart surgery
 - 1) Stop all sedation prior to 0800 between 0800 and 1000
 - 2) Assess readiness to extubate
 - a) Patient is awake and calm with a Richmond Agitation Sedation Scale (RASS) of 3 to 4
 - b) Obtain rapid shallow breathing index (RSBI) as appropriate for RCP
 - c) Initiate spontaneous breathing trials as appropriate
 -) Monitor patient for signs of fatigue
 - ii) Continue for up to 2 hours or as ordered
 - vi. Collaborate with physician regarding patient's readiness to extubate
 - vii. Monitor patient for signs of weaning failure during all weaning trials
 - 1) Notify the physician if patient is unable to reach or maintain physician set goals.
 - viii. Ensure ETT placement is confirmed with a chest x-ray.
 - ix. Documentation of oral endotracheal tube placement shall be in cm at the lip line. Make every adjustment to an ETT with the aid of an RCP or additional RN.
 - x. Perform oropharyngeal suctioning prior to making adjustments to the ETT.
 - xi. Standard oral endotracheal tube position shall be changed (from side to side) every 24 hours.
 - xii. Auscultate and document after any ETT repositioning or manipulation.
 - 1) Never re-tape, move, or adjust an ETT without assistance.
 - xiii. Suction patient only when necessary and do NOT instill normal saline while suctioning unless necessary.
- f. Pulmonary: Passy Muir Speaking Valve
 - . Requires a physician order for application
 - ii. Initial application and evaluation shall be completed by Speech Therapy
 - iii. Tracheostomy cuff must be deflated prior to the application of the Passy Muir
- g. Pulmonary: Respiratory Procedures
 - Nasotracheal/Orotracheal suctioning requires a physician order except in the ICU
 - ii. Nasal airway (trumpet) may be used per RN/RCP discretion for patient comfort or airway protection
- F. Standards of Care 1.4: Assessment Gastrointestinal (GI) System Review
 - GI: System Review
 - Assess contour of abdomen
 - b. Assess for nausea and/or vomiting
 - c. Auscultate for presence of bowel sounds in all four quadrants
 - d. Assess bowel function including passing flatus or last stool

- e. Assess for the presence of tubes and drains. If present, assess type and location
 - . Confirmation of placement, and drainage description
 - ii. Check tube placement for drainage and insertion site integrity
 - iii. Assess type of formula, rate, residual amounts
 - iv. Assess condition of nares and mucosa (check for inflammation and excoriation)
- f. Assess for the presence of ostomies. If present, assess condition of stoma and surrounding skin.
 - Document nursing ostomy interventions in the medical record
- G. Standards of Care 1.5: Assessment Genitourinary (GU) System Review
 - GU: System Review
 - a. Assess urine color and clarity, frequency, and voiding difficulties
 - b. Assess for bladder distension
 - c. Assess external anatomy/perineum as applicable
 - d. Dialysis vascular access, if present
 - i. Type
 - ii. Location
 - iii. Patency i.e., presence of thrill and bruit
 - iv. Site
 - v. Dressing
 - e. Assess for presence of tubes/drains/ostomies, if present
 - Document nursing ostomy interventions in the medical record
 - 2. GU: Nursing Interventions
 - a. Use bladder scanner to assess for urinary retention
 - b. Urinary catheter, indwelling
 - i. Insertion
 - 1) Pericare shall be performed prior to urinary catheter insertion
 - 2) Urinary catheters should be inserted only when necessary and left in place only for as long as necessary.
 - 3) If urine analysis or urine culture is ordered, obtain the urine specimen at the time of catheter insertion
 - ii. Preexisting urinary catheters
 - 1) If patient is admitted with a preexisting urinary catheter it should be removed and a new urinary catheter should be inserted.
 - iii. Maintenance
 - Assess and consult with a physician for the need, indwelling catheter daily.
 - Other methods of urinary drainage such as condom catheter drainage, suprapublic catheterization, external catheters and intermittent urethral catheterization should be considered as alternatives to indwelling urethral catheterization.
 - Urinary catheter care should be performed every shift and PRN (i.e., after bowel movement)
 - a) Document care provided in the EHR
 - 3) Ensure drainage tube is secured with hospital approved securement device, i.e. Statlock
 - 4) Ensure the tamper evident seal is intact
 - 5) Ensure the drainage system does not touch the floor and is without dependent loops
 - 6) Ensure the drainage bag is not overfilled
 - Urinary catheters should be changed every 28 days.
 - c. Discontinuation
 - i. Review the patient's medical record for an order to discontinue the urinary catheter.

- 1) If a patient has discharge orders and there is no order to discontinue the urinary catheter, contact the discharging physician.
- ii. Discontinue the urinary catheter per the Urinary Catheter: Indwelling Catheter Removal Procedure
- iii. If patient is unable to void 2 hours after the urinary catheter is removed:
 - 1) Verify the bladder volume using a bladder scanner, document the volume in the medical record
 - 2) If patient has discharge orders, notify the discharging physician (do not discharge the patient)
 - a) Time urinary catheter removed
 - b) Bladder volume
- iv. Document the following in the medical record after removing the urinary catheter:
 - 1) Amount of urine in urinary drainage bag
 - 2) Time catheter removed
 - 3) Condition of the catheter
 - 4) Patient's response to the procedure
 - 5) Unexpected outcomes related to the removal of the urinary catheter
- v. Document the time the patient voids after the removal of the urinary catheter, color and amount of urine and unexpected outcomes in the medical record.
- 3. Dialysis In-Patients Nursing interventions
 - a. Weigh all patients receiving peritoneal or hemodialysis daily prior to 0600
 - b. Only dialysis staff shall access dialysis catheters except with a physician order, See TCMC Central Venous Access Devices Procedures.
 - c. Do not use the extremity in which a fistula or graft is placed for peripheral IV, blood pressure measurements, invasive monitoring or blood draws without a physician order.
 - i. Place an information sign above the head of the patient's bed to communicate the extremity with the dialysis access and the information listed in number 4??? to other members of the health care team.
 - Maintain bed rest for all patients with femoral dialysis access catheters.
 The head of the bed may be elevated per the patient's request or comfort.
- H. Standards of Care 1.6: Assessment Musculoskeletal System Review
 - Musculoskeletal System Review
 - a. Assess the following:
 - i. Extremity movement
 - ii. Extremity strength
 - iii. Gait/ mobility appropriate for age
 - iv. Presence of joint or musculoskeletal abnormalities, if applicable
 - v. Full range of motion against gravity, some to full resistance of all extremities, if applicable
 - b. Musculoskeletal System Abnormality Review
 - i. Presence of assistive devices
- Standards of Care 1.7: Assessment Integumentary System Review
 - Integumentary System Review shall be performed as outlined in the Skin and Wound Care Policy
- J. Standards of Care 1.8: Assessment Psychological/Social
 - Psychosocial assessment shall consist of the following:
 - a. Coping
 - b. Affect/Behavior
 - c. Social Service (SS) Referral Reason
 - d. Distress

- e. Stressors
- f. Support/Coping Interventions
- 2. Psychological/Social: Nursing Interventions
 - a. In ordered to promote family centered care, the nurse shall:
 - Introduce bedside health care providers to the patient/family.
 - ii. Review visitation and unit policies with patient/family on admission and as needed.
 - iii. Assess and then verify with patient/family age appropriate needs.
 - iv. Assess and then verify patient/family ability to understand and participate in the plan of care.
 - b. Promote patient/family centered care
 - Discuss expectations and collaborate with patient/family
 - ii. Encourage patient/family to ask questions
 - iii. Encourage patient and/or their family to participate in their plan of care.
 - iv. Request the assistance of Case Managers and Social Services
 - c. Promote patient independence in Activities of Daily Living (ADL)
 - d. Promote comfort measures by:
 - e. Pharmacological and nonpharmacological
 - f. Patients shall be informed of their responsibilities upon admission and as necessary thereafter. These responsibilities include: providing information, asking questions, following instructions, accepting consequences, following rules and regulations, showing respect and consideration, and meeting financial commitments.
- K. Standards of Care: Infusion Therapy
 - Central venous lines shall be assessed as outlined in the PCS Central Venous Access Devices Procedure
 - 2. Peripheral IV site shall be assessed:
 - a. On admission
 - b. Initial shift assessment
 - c. The following shall be assessed:
 - i. IV insertion date and time
 - ii. IV access type
 - iii. IV site and condition
 - iv. Patency
 - v. Dressing type and condition
 - vi. Document drainage if present
 - vii. Infiltration score
 - viii. Phlebitis score
 - 3. Maintenance or continuous infusion shall be **monitoredassessed** every 2 hours,-and PRN **and** prior to transfer, upon transfer to **another** nursing unit/department. PRN
 - 4. Infusion Therapy: Nursing Interventions
 - a. Peripheral IV's are removed upon unresolved complications such as phlebitis, pain or malfunction.
 - b. Peripheral IV dressings are changed every 7 days and PRN.
 - c. Document initials and date IV started directly on the dressing.
 - Pre-hospital IV starts shall be discontinued and restarted within 24 hours of admission.
 - e. Rotate IV insertion sites
 - f. IV site shall be discontinued immediately and restarted with patient's complaint of persistent discomfort or signs and symptoms of the following:
 - i. Infiltration
 - 1) Skin at site blanched, cool to touch with or without pain
 - ii. Inflammation
 - iii. Pallor
 - iv. Phlebitis

- 1) Erythema at site with or without pain
- 2) Pain at site with erythema and/or edema
- 3) Streak formation, palpable, cord of any size
- v. Bleeding at insertion site
- vi. Leaking of IV solution at insertion site
- vii. Pain
- g. IV solutions and tubing shall be changed as follows:
 - i. Change every 4 days
 - 1) All IV tubing
 - 2) Add-on devices (neutral displacement connector (MicroClave), anti-reflux, extension set, etc.) and with tubing change
 - Commercially prepared solutions, if the bag is spiked once with initial start
 - 4) Piggyback tubing (back flush with a minimum of 10 mL before and after each piggyback
- h. Change every 24 hours
 - i. All IV solutions mixed by pharmacy or nursing, unless manufacturer's
 - 1) Expiration recommends less than 24 hours (examples: Lipids or lipid containing products, neutral displacement connector, anti-reflux, extension set, etc. and with tubing change).
- 5. Label IV tubing change date sticker indicating date tubing is to be changed using numerical day and month.
- 6. Label IV solutions with date and time IV solution hung.
- 7. Dressings shall be changed when damp, loose, soiled, or whenever dressing prevents direct visualization of the site.
- 8. Infusion pumps shall be used per TCMC Infusion Pump-Infusion System with Guardrails.
- A separate site shall be used for research study drugs per TCMC Investigational Drugs Policy.
- Needleless components added to IV administration sets shall be changed every 4 days unless contaminated or a catheter-related infection is suspected or documented.
- 11. Port Protector
 - Place a port protector on all unused central venous and peripheral line injection port(s) and at the lowest port of the IV tubing if used frequently for intravenous pushes (IVP) or intermittent infusions
 - b. Port protector shall be used on IV tubing ports for patients with central and peripheral lines receiving mainline infusion.
 - c. Apply a new port protector
 - i. Every time a port protector is removed
 - ii. Every 8 hours with routine IV flushing
 - iii. PRN IV flushing

VI. NURSING PROCESS:

- A. Standard of Care: Assessment
 - 1. The RN shall ensure all adult patients have a general system review in all systems completed. Detailed system assessments shall be completed as indicated by the patient's condition.
- B. Standard of Care: Diagnosis
 - The RN shall review the data obtained from the patient's assessment, history, and
 information documented by the interdisciplinary team to identify outcomes to develop the
 patient's plan of care (POC) on admission, every shift, on transfer to another nursing
 unit, and PRN.
 - 2. RNs shall review the data collected by Advanced Care Technician (ACT)'s and Licensed Vocational Nurse (LVN)s to develop the patient's POC.
- C. Standard of Care: Outcome Identification

- 1. The RN shall use the information obtained from Standard of Care: Assessment and Standard of Care: Diagnosis to identify appropriate patient outcomes every shift and PRN.
- D. Standard of Care: Planning
 - The RN shall use the outcomes identified in Standard of Care: Outcome Identification and the physician orders to develop an individualized patient POC. The POC shall prescribe interventions that which may be implemented to attain expected outcomes.
- E. Standard of Care: Implementation
 - 1. A RN shall implement the interventions identified in the POC and ensure task delegated to unlicensed assistant personnel are assigned appropriately and completed.
- F. Standard of Care: Evaluation
 - 1. A RN shall evaluate the patient's progress toward obtaining their outcomes in the POC every shift and PRN.
 - 2. Emergent and urgent changes in the patient's assessment shall be communicated to physicians as soon as possible per TCMC policy.
 - 3. Non-emergent and/or not urgent changes in patient's assessment shall be communicated during physician rounds or as soon as possible within the shift the changes were identified.
- G. Standard of Care: Documentation
 - All shift assessments, focus reassessments, PRN assessments and/or care provided will be documented after completion of the care in a timely manner.
 - 2. When it is not possible to document shift assessments, focus reassessments, PRN assessments and/or care provided due to unforeseen circumstances such as urgent or emergent situations, changes in assignment or increased patient acuity, document the nursing care and assessment as soon as reasonably able to do so.
 - 3. Reasonable and a timely manner may be defined as within 4 hours after completion of assessments or care provided.

VII. ADDENDUM:

A. Obstetrical Patients Receiving Care on Non-Obstetric Nursing UnitsWomen and Newborn Services

VIII. REFERENCE(S):

- A. American Nurses Association (ANA). (2010). The nursing process. Retrieved from http://www.nursingworld.org
- B. Jarvis, C. (2012). Physical examination and health assessment. (6th e.d.). Saunders: USA
- C. Tri-City Medical Center (TCMC). (2006-2016). Clinical Skills on-line patient procedures. Retrieved from TCMC Intranet. Elesvier, Inc
- D. California Board of Registered Nursing. (2010). Nursing practice act business and professions code. Chapter 6 Nursing: Section 2725. Retrieved from http://www.rn.ca.gov/regulations/rn.shtml
- E. California Board of Registered Nursing. (2010). Standards of competent performance, California code of regulations, title 16, section 1443.5. Retrieved from http://www.rn.ca.gov/regulations/rn.shtml
- F. California Board of Registered Nursing. (2010). California code of regulations, title 22, section 70125. Retrieved March 2010 from http://www.rn.ca.gov/regulations/rn.shtml
- G. Tri-City Medical Center (2015). Chest tube management Procedure
- H. Tri-City-Medical Center, (2015), Pain management. Patient Care Services Manual,
- **LG.** Urden, L.D., Stacy, K. M., & Lough, M. E. (2014). Critical care nursing: Diagnosis and management. (7th ed.). St. Louis, MO: Mosby Elsevier
- J.H. Infusion Therapy Standards of Practice, Journal of Nursing, 2016, Standard 44 Section 6

WOMEN AND NEWBORN SERVICES

Addendum A

For Obstetric Patients Receiving Care on Non-Obstetric Nursing Units

I. GENERAL NURSING ASSESSMENT

- A. Antepartum patients are assessed for vaginal bleeding, leaking of amniotic fluid, presence of fetal movement pelvic pain/pressure and uterine contractions/cramping/tightening as part of the initial shift assessment and reassessment throughout the antepartum period.
 - 1. Notify the obstetrician for any positive symptom or decline in status
- B. Fetal heart monitoring:
 - 1. L&D nurse will perform fetal monitoring as ordered by the obstetrician
- C. Postpartum assessment is performed with the initial shift assessment and reassessment throughout the postpartum period
 - 1. Postpartum Assessment:
 - a. Fundal height in relation to the umbilicus (-3, -2, -1, at umbilicus, +1, +2, +3)
 - b. Fundal position in relation to the umbilicus (left, midline, right)
 - c. Fundal Tone (firm, boggy, firm after massage)
 - d. Bladder Distention (absent or present)
 - e. Lochia Color (rubra, alba or serosa)
 - f. Lochia Amount (none, scant, light, moderate, heavy or excessive)
 - g. Lochia Description (clots, foul odor or other)
 - h. Perineal Description (edema, episiotomy/laceration gaping, episiotomy/laceration well approximated, perineum intact, hematoma, hemorrhoids, varicosity or other)
 - i. Perineal Interventions
 - j. Cesarean Section Incision Description
 - k. Cesarean Section Dressing
 - I. Breasts Postpartum (engorged, filling, full, painful, reddened, soft, or tender)
 - m. Nipples Postpartum (bleeding, blisters, cracked, everted, flat, intact, inverted, painful, or reddened)
 - n. Treatment to Breasts/Nipples
 - o. Patient Affect Postpartum (anxious, cheerful, cooperative, hostile, passive, sad, withdrawn or other)
 - Amount of time breast pumping on the right and left side
- D. For antepartum and postpartum patients with hypertension assess the following:
 - 1. Gestational hypertension symptoms (blurred vision, double vision, epigastric pain, headache, loss of vision, seizure activity, spots before eyes/flashing, tinnitus, vertigo or visual disturbances)
 - Edema
 - 3. Left and right knee reflex
 - 4. Left and right arm reflex
 - 5. Clonus
 - 6. Clonus number of beats
- E. In the event of an obstetrical hemorrhage, dial 66 from an in-house phone and call a Code Maternity and Rapid Response.
- F. Patients with Magnesium Sulfate infusion see: Magnesium Sulfate, Administration in Obstetric Patients.
- G. Notify the Obstetrical provider if:
 - 1. Temperature is greater than 38°C
 - 2. HR is greater than 110 beats per minute
 - 3. Systolic BP is greater than 140mmHg and/or Diastolic BP is greater than 90mmHg

- a. If known hypertension diagnosis, Systolic BP greater than or equal to 160mmHg and/or Diastolic BP greater than or equal to 110mmHg
- 4. RR is greater than 25 breaths per minute or less than 12 breaths per minute
- 5. Headache not relieved with medication with or without vision changes
- H. Lactation Service Consult order for lactating patient's
- A. Standards of Care: Vital Signs
 - 1. Vital signs shall be obtained upon admission, upon-transfer to a unit, upon discharge, per-provider's orders, or per unit-standards of care:
 - a. Notify provider for-the following for-any antepartum or postpartum patient:
 - Temperature greater than or equal to 100.4° F or 38°C
 - ii. Blood-Pressure:
 - 1) Systolic Blood-Pressure (SBP) greater than or equal-to-140 and/or Diastolic Blood Pressure (DBP) greater than or equal to 90
 - 2) For known Preeclampsia with severe-features: SBP greater than or-equal to 160 and/or DBP 110
 - iii. Heart Rate greater than or equal to 120 beats per minute (bpm)
 - iv. Respirations greater than 28 or less than 12 breaths per minute
 - b. Antepartum:
 - As ordered by provider, or as clinically indicated per-protocol, i.e., PCS procedure: Magnesium-Sulfate Administration for Obstetric Patient
 - ii. Subjective assessment-ask patient-if having any of the following: leaking of fluid, bleeding, contractions, fetal movement, headache or visual disturbances q shift
 - ii. Coordinate fetal assessment by Obstetric provider
 - 1) For ordered-fetal monitoring contact Labor and Delivery
 - Postpartum: Vaginal-Delivery:
 - Vital signs including temperature-shall be obtained upon-admission, then every 6-hours for the first-24 hours post-delivery, then every shift until discharge, prior to discharge per Patient Care Services (PCS)-procedure Discharge of Patients, and pro-clinically indicated or per-provider order.
 - H. Post-Operative: Cesarean Delivery: Post Anesthesia Care-Unit (PACU)
 - Vital-signs as ordered by anesthesiologist/provider
 - 1)— See Anesthesia PowerPlan-for vital signs in the first 24 hours after cesarean section (generally includes-respiratory-rate every 1 hour times 12 hours then every 2 hours times 12-hours).
 - Vital sign-shall include temperature, upon admission then every 6 hours for first 48 hours post-delivery, then every shift-until discharge, prn-as clinically indicated or ordered by provider and prior to discharge per PCS-procedure Discharge of Patients
- B. Standards of Care: Intake And Output
 - 1. As outlined in this document and as follows:
 - Assess for vaginal bleeding as part of the shift reassessment throughout antepartum and postpartum-period.
 - a. Assess and document:
 - i. quantity (number) of pads/chux
 - ii: degree of saturation
 - iii. color
 - iv. frequency of bleeding
 - b. For concerns of hemorrhage weigh all-blood saturated pads, chux, other soft/cloth materials for accurate assessment of blood loss
 - . Notify physician for active bleeding and report above findings
 - 1)— Obtain order to start IV infusion with Normal Saline or Lactated Ringers
 - Postpartum Hemorrhage is defined as a cumulative blood loss greater than:
 - a. 500 mL for Vaginal Delivery
 - b. 1000 mL for Cesarean Section

1500 mL for massive hemorrhage for any birth mode Assess and review risk factors for obstetrical hemorrhage and monitor patient's blood loss for baseline blood loss output Monitor lochia for color, odor, amount, consistency, clots, steady stream or trickle Assess number of pads and degree of saturation Weigh all blood saturated pads, chux, other soft/cloth materials for accurate assessment of blood loss When there is a cumulative blood loss considered to be a postpartum hemorrhage: Start IV infusion with Normal Saline or Lactated Ringers per provider order Call-RRT and/or Code Maternity Notify OB and primary unit ANM/Relief Charge Nurse Assist with patient care as directed by RRT and/or Code Maternity team Consider uterotonic medications per provider order Documentation should include: Blood loss in medical record-Provider notification Interventions Blood-replacement products Medications given during the Code Maternity shall be documented by a RN on the Code OB Report form Refer to Obstetrical Hemorrhage procedure Standards of Care: Aspiration Assessment Maintain aspiration precautions for maternal patients identified at risk. Maintain head of bead (HOB) at 30 degrees at all times. If eclamptic seizure occurs: lower head of bed, open airway, roll patient to side and suction secretions as necessary Avoid attempts to insert suctioning device when patient's teeth are clenched. Maintain suction equipment at bedside at all times. Standards of Care: Patient Safety Maternal: Same as Adult SOC and as indicated below Patient safety shall be assessed per the following: The RN shall observe the patient's physical condition on admission and/or transfer to their unit, prior to and after epidural placement, and/or other procedures and as needed. Patients shall be identified per Patient-Care Services (PCS): Identification. Patient Policy. System Specific Assessment (Focus assessment/postpartum assessment) shall be completed as follows: Change in patient's condition from the initial shift assessment or reassessment Response to treatment provided to a patient Postpartum-assessment: Uterine assessment (to include lochia assessment): Fundal height/relationship to umbilicus (-3, -2, -1, 0, +1, +2, +3) Location (midline (ML) is the normal location, right or left of ML may means a displaced bladder that needs to be emptied) Consistency (firm, boggy-firms with massage, boggy) Time intervals, beginning post-delivery: 2 hrs. 6 hrs. upon admission then at 6 hrs. post-delivery 2) Vaginal Delivery: 6 hrs. - 24 hrs.: every 6 hrs or sooner if clinically indicated, then q shift until discharge Cesarean Section: 6-48 hours every 6 hours or sooner if clinically

indicated times 48 hours, then q shift until discharge

Evaluation of blood loss/lochia: include at the same time intervals for uterine assessment Slight, Scant, Moderate, Heavy (with or without clots) Rubra, serosa, alba or other 6) Note presence of foul odor Breast Assessment Assess breasts per the postpartum documentation section Assess for softness of the breast Assess nipples Document treatment to nipples Maternal Assess the following: Level of consciousness Orientation Presence of: Headache Visual disturbances, e.g. blurred vision or scotoma Deep Tendon Reflexes usually done in the presence of hypertension Patellar or brachial (0, 1+, 2+, 3+) Clonus (absent or present) usually done in the presence of hypertension Effects of epidural/regional anesthesia on lower extremities Progressive return to pre-anesthesia response, accompanied by increased voluntary movement of legs Assessment of epidural site, removal of catheter post-delivery per procedure (Reference: WCS procedure: "Epidural Medication Administration") Standards of Care I.3: Assessment Pulmonary System Review Pulmonary: System Review Maternal: (in addition to the Adult SOC Patient Care Pulmonary System review) Assess pulse eximetry Continuous monitoring post-epidural placement Continuous monitoring for Magnesium Sulfate administration for preeclampsia/preterm labor. Reference: PCS procedure: "Magnesium Sulfate Administration in Obstetric Patients Standards of Care 1.5: Assessment Genitoutinary System Review Genitourinary (GU) System Review Assess urine color and clarity, frequency and voiding difficulties Assess for bladder distension Assess external anatomy/perineum as applicable Assess bladder every 4-6 hours or as ordered by provider Notify provider if patient is not voiding and/or measured output is less than or equal to 30 mL per hour or less than or equal to 120 mL in 4 hours Postpartum patient Check patient for voiding without difficulty every 2 hours x 2 voids postdelivery. After delivery or catheter removal goal is for patient to void spontaneously within 6 hours. Assess and document patency of a urinary catheter as well as collection bag for amount, color and clarity of urine Standards of Care 1.8: Assessment Psycho/Social Request social services as appropriate. Initiate social services referrals for the following including, but not limited to: Adoptions Infants going to foster care Patients with no prenatal care Teen moms (less than 17 years old)

Patient Care Services Standards of Care Adult Standardized Procedure Page 21 of 21

e. Positive toxicology results
f. Mothers of infants in Neonatal-Intensive Care-or in facility
All mothers and families experiencing Perinatal loss

ADMINISTRATIVE DISTRICT OPERATIONS

ISSUE DATE:

06/94

SUBJECT: Control of Locks and Keys

REVISION DATE: 05/03; 02/06; 01/09; 02/11; 06/14

POLICY NUMBER: 8610-243

03/17, 05/20

Administrative Content Expert Approval:

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n/a

Medical Executive Committee Approval:

n/a

Administration Approval:

05/2006/23

Professional Affairs Committee Approval:

n/a

Board of Directors Approval:

05/20

A. **PURPOSE:**

To set forth a uniform and systematic control for locks and keys at Tri-City Healthcare District (TCHD).

B. **POLICY:**

- All locks and keys at Tri-City Medical Center (TCMC) are the responsibility of the Director of Facilities or designee.
- 2. Locks:
 - All door locks in TCMC shall be keyed to the same master keyed system and shall a. comply with all applicable codes and standards.
 - Door locks are to be keyed or re-keyed only by approval of the Department Director, b. Director of Facilities or designee, or area Executive.
 - Offsite door locks are managed through the Engineering Department. C.
 - Any lock that is removed from the Master Key MUST be approved by the Chief d. Executive Officer or Area Vice President.
- 3. Keypad combination locks are to be used only where absolutely necessary such as the number of keys to be issued would be impractical. All applicable codes and standards shall be adhered to for installation of keypad combination locks.
 - Keypad combinations for door locks will be coordinated whenever possible provided a. hospital security is not compromised.
 - Department Directors or Managers shall be responsible to ensure the integrity of the b. door code, and to change/update the code whenever there is a potential security risk.
- 4. Keys:
 - Keys will be issued to employees on an as needed basis upon approval of the Key a. Request form by Department Director or Manager, Director of Facilities or designee, Area Vice President or CEO.
 - Keypad combinations and keys for medical staff will be distributed through the Medical b. Staff Office.
 - All keys and keypad combinations issued to physicians and employees are to remain C. protected/confidential with the physician/employee and are not to be shared with anyone else.
 - d. Any employee who terminates employment or transfers to another Department shall turn-in the keys with exiting Department Director or Manager who will notify Engineering Department.
- Electronic access control systems: The proximity card readers can only be installed with the 5.

Administrative -- District Operations Control for Locks and Keys 8610-243 Page 2 of 2

approval of the CEO or COO.

RELATED DOCUMENT(S): 1. Key Request Form C.

Engineering Department Key Request Form

Send via fax to: (760)940-3283

Date of Request:	Phone Extension:	Kev Acce	ess Area:	
Requester Name:P				
Requester Employee Number:				
Key Holder Signature:	Date Key Re	eceived: Key	File No	_Work Order No
Please check one Key Request-new employee: _	Lost Key: Broke	n Key: Engine	ering Approva	al:
Date of Request:	Phone Extension:	Key Acce	ss Area:	
Requester Name:P	Door ease Print	Number:	Key	Number:
Requester Employee Number:	Unit Manage	r Approval Signature		
Key Holder Signature:	Date Key Re	ceived: Key I	File No	_Work Order No
Please check one Key Request-new employee:	Lost Key: Broke	n Key: Engine	ering Approva	ıl:
Date of Request:	Phone Extension:	Key Acce	ss Area:	
Requester Name:Pl	Door lease Print	Number:	Key I	Number:
Requester Employee Number:	Unit Manager	· Approval Signature) :	
Key Holder Signature:	Date Key Re	ceived: Key f	File No	_Work Order No
Please check one Key Request-new employee:	Lost Key: Broke	n Key: Engined	ering Approva	l:

ADMINISTRATIVE DISTRICT OPERATIONS

ISSUE DATE:

07/86

05/20

SUBJECT: Signage

REVISION DATE:

5/88, 6/94, 5/03, 8/06, 5/09, 8/12

POLICY NUMBER: 8610-215

Administrative Content Expert Approval:

04/2003/23

Administrative Policies & Procedures Committee Approval:

04/2004/23

Pharmacy & Therapeutics Committee Approval:

n/a

Medical Executive Committee Approval:

Administration Approval:

n/a

Professional Affairs Committee Approval:

05/2006/23 n/a

Board of Directors Approval:

05/20

A. **PURPOSE:**

To act in accordance with applicable statutory or regulatory requirements, Tri-City Healthcare District (TCHD) will post or display signs and informational notices within the facility. To provide consistent signage, while ensuring a safe and aesthetically pleasing environment for our patients, guests and employees.

B. **DEFINITION(\$):**

- Permanent signage/signs: Signs that are mounted with the intention of being a permanent or long term fixture. Examples: Directional way-finding signs, wall pictures, no smoking signs, regulatory signage.
- 2. Temporary signage/signs: Signs or postings that are put up with the intention of being in place for a limited amount of time. Examples: Educational class notices, Foundation or Auxiliary fundraising events, temporary detour directional signs, seasonal flu advisory notices.

C. **POLICY:**

- TCHD will post and maintain signage as required by the California Department of Public Health, Title 22 California Code of Regulations, other California law, and The Joint Commission and Medicare Conditions of Participation requirements.
- 2. All requests for permanent signage/signs must be approved by the C SuiteChief Operating Officer (COO)/designee.
- Prior to any signs being posted in the facility, whether permanent or temporary they will need to 3. be approved by the Environment of Care/Safety Officer to ensure they meet approved specifications and regulatory requirements. (Exceptions listed below: 4.a-c)
- All advertising and marketing materials designed for an internal or external audience, that 4. contain the Tri-City Healthcare District or Tri-City Medical Center name and logo must be created and/or approved by the Chief Government & External AffairsMarketing Officer/designee. This includes all brochures, calendars, fliers, handouts, pamphlets, stationary, website and broadcast production, etc.
 - Education related flyers used to promote educational opportunities, classes, Hot Topics, a. etc. only require the approval of the Director of Education.
 - Union Materials: No material shall be posted until approved and initialed by the Human b. Resources Leadership/designee. Approved postings are to be displayed on designated bulletin boards. Postings outside of designated areas are prohibited.
 - Temporary signs/flyers posted within department break rooms, lounges, and educational C. boards only require the approval of the Department Leadership or designee.
- The Facilities department is responsible for the installation and maintenance of all permanent 5.

Administrative - District Operations Signage Page 2 of 2

signage/signs.

6. Paper signage may not be posted in fire corridors unless it is laminated, framed, or printed on fully synthetic paper. Contact the Environment of Care/Safety Officer for guidance and clarification.

D. REFERENCE(S):

- 1. California Department of Public Health, Title 22 California Code of Regulations
- 2. The Joint Commission and Medicare Conditions of Participation



ADMINISTRATIVE DISTRICT OPERATIONS

ISSUE DATE:

04/91

SUBJECT: Weapons on Medical Center

Campus

REVISION DATE: 06/99, 09/05, 11/08, 03/11, 08/14

POLICY NUMBER: 8610-284

06/17, 06/20

Administrative Content Expert Review:

04/2003/23

Administrative Policies & Procedures Committee Approval:

05/2004/23

Pharmacy & Therapeutics Committee Approval:

n/a

Medical Executive Committee Approval:

n/a

Administration Approval:

06/2006/23

Professional Affairs Committee Approval:

Board of Directors Approval:

n/a 06/20

Α. **DEFINITION(S):**

Weapon: include-firearms, knives, night sticks, brass knuckles, and other items defined as weapons by California and federal law.

Workforce Member: Employees, Medical Staff, Allied Health Professionals (AHP), 1.2. volunteers, trainees, Business Visitors, Covered Contractors and other persons whose conduct, in the performance of work for Tri-City Healthcare District (TCHD), is under the direct control of TCHD whether or not they are paid by TCHD.

В. **PURPOSE:**

To provide guidelines for all Security Department personnel, for ensuring that patients, and visitors and Workforce Members are not permitted to bring weapons upon the Tri-City Healthcare District (TCHD) property.

C. **POLICY:**

- It is the primary objective of the Security Department to provide a safe and secure environment for all patients, visitors, and staff-Workforce Members and free of any weapons, which could cause bodily harm or injury.
 - See Administrative Policy: Weapons Scanning in the Emergency Department 200. Patients entering the facility via ambulance may be scanned by a wand.

D. PROCESS:

- Whenever a Security Officer discovers or is notified by staff of the presence of a weapon in the possession of an individual patient, visitor, or staff membersomeone on property, the Security Officer will immediately respond to the location of occurrence.
- After evaluating the circumstances of the situation, the responding Security Officer, utilizing the 2. following options, will determine the most practical and safe way to secure the weapon.
 - a. If upon admission a patient brings a weapon into TCHD, the weapon will be confiscated and released to a responsible family member.
 - b. If a family member is not present, the weapon will be confiscated, made safe, placed in a proper container and locked in the Emergency Department Security Office (EDSO) for safekeeping.
 - A Property Custody 232 Form will be completed with the receipt given to the patient and C. the department copy attached to the item.

- d. If the patient informs the healthcare provider (HCP)that they have weapons in their possession or in their vehicle, or anywhere on TCHD property, the HCP is to notify Security, the patient's Emergency Department (ED) physician, The Charge Nurse, and the patient's nurse immediately.
- e. Security will ensure that the weapons are secured per security's policy.
- f. If the patient is already in a patient care area, the Security Officer will confiscate the weapon and follow the procedure as stated above in a timely manner.
- g. If it is determined that a Visitor had entered the TCHD in possession of a weapon, the Security Officer will make contact and inform the visitor of this policy. The visitor will then be directed to immediately remove the weapon from TCHD or turn the weapon over to the Security Department for safekeeping. If the weapon is given to the Security Department for safekeeping, "Property Custody" form will be completed.
- g.h. If it is determined that a patient, visitor or Work-Force Staff-Member had entered the TCHD in possession of a weapon, the Security Officer will make contact and inform the WFSM of this policy. They will then be directed to immediately remove the weapon from TCHD or turn the weapon over to the Security Department for safekeeping. If the weapon is given to the Security Department for safekeeping, "Property Custody" form will be completed.
- h.i. If a patient, er visitor or Workforce Member is unwilling to secure the weapon, the Security Supervisor/Shift Lead will be informed of the situation and attempt to gain cooperation with the individual.
- i.j. If a patient, er visitor or Workforce Member is displaying the weapon in a reckless manner, causing a disturbance, or problem, threatening to cause a problem or disturbance, or is placing unusual/unreasonable demands on the staff, the responding Security Officer will only attempt contact if the safety and security of all involved parties will not be placed in jeopardy.
- J-k. If the situation has escalated to the point where there is a high probability of harm or injury occurring, the responding Security Officer will dial 911 and immediately ensure that the Oceanside Police Department is contacted for assistance. The Security Officer will also ensure that an attempt is made to remove all persons from the immediate location safely.
- k-I. Police Officers or Correctional Officers, who are guarding a "Police Hold"/in-custody patient, are permitted to carry weapons while discharging their duties. All cases requiring law enforcement personnel to carry weapons will be reported to the Security Department.
- I-m. Police Officers or Detectives questioning or interviewing a patient, employee or physician are permitted to carry weapons. All cases requiring law enforcement personnel to carry weapons will be reported to the Security Department.
- m.n. Law Enforcement, being seen as a patient, will relinquish their weapon to a co-worker or security until discharged.

E. RELATED DOCUMENT(S):

- 1. Property Custody Form 232 Sample
- 2. Administrative Policy: Weapons Scanning in the Emergency Department 200

Property Custody Record Sample

Notice to Property Owner: Upon release from the Tri-City Medical Center it will be your responsibility to make arrangements to pick up the hereon-listed items from the Security Department. Any items not picked up within thirty(30) days will be destroyed. Officer Receiving Property: Date Received: Time Received: Property Received from: Location / Reason Property Obtained: ☐ Owner: _____ ☐ Other: ____ ☐ Property Received for Safekeeping Item # Qty Description / Condition: SN / Tag # **Property Disposition:** Property Returned to Owner ☐ Property Returned to Other Reason: _____ ☐ Property Destroyed After Thirty(30) Days ☐ Property Destroyed Before Thirty(30) Days Property Returned By: Property Received By: Officer: Badge: Date: Signature: Date:



ENVIRONMENTAL SERVICES

ISSUE DATE:

04/20

SUBJECT: Cleaning Guidelines

REVISION DATE:

Environmental Services Approval:

04/2010/22

Infection Control Committee Approval:

04/2005/23

Administration Approval:

04/2006/23

Professional Affairs Committee Approval:

n/a

Board of Directors Approval:

04/20

A. PURPOSE:

- 1. To ensure Environmental Services (EVS) staff members can identify the basic elements listed below that are required and used when cleaning patient rooms. The basic elements are as follows:
 - a. Solutions and / or chemicals needed to clean and / or disinfect
 - b. Tools and equipment
 - c. Consumables e.g., toilet tissue, tissue, paper towel, etc.
- 2. To identify the safety measures to implement when cleaning patient rooms.

B. **DEFINITIONS:**

- 1. <u>Cleaning</u>: the physical removal of foreign material including dust, soil, and organic material such as blood, secretions, excretions, and microorganisms. Cleaning physically removes rather than kills microorganisms and is accomplished with water, detergents and mechanical actions. Cleaning is performed prior to disinfection or sterilization.
- 2. <u>Disinfection</u>: the inactivation of disease producing microorganisms. Used on inanimate objects and surfaces. Disinfection usually involves chemicals, heat, or ultraviolent light.
- 3. <u>Equipment</u>: cleaning equipment is placed into two groups; non-powered (requires the individual and provide the energy to make it function and powered (requires electricity or batteries).
 - b. Non-powered equipment includes cleaning and transport carts, mop buckets and wringers, micro-fiber systems.
 - c. Powered equipment includes wet and dry vacuum cleaners, carpet extractors, floor buffers, high-speed burnishers, sweepers, and automatic floor scrubbers.
- 4. <u>High-Level Disinfection</u> destroys all forms of microbial life, except high numbers of bacterial spores
- 5. <u>Intermediate-Level Disinfection</u> kills vegetative bacteria, tubercle bacilli, fungi, and some viruses
- 6. <u>Low-Level Disinfection</u> kills most vegetative bacteria, fungi, and viruses. Does not kill spores and some viruses
- 7. <u>Sterilization:</u> the destruction of all forms of microbial life including bacteria, viruses, spores, and fungi.
- 8. <u>Tools:</u> brushes, mops, mop handles, buckets, micro-fiber systems

C. POLICY:

- Check electrical cords for damage before using powered equipment
- 2. Ensure the powered equipment is working proper before using
- 3. Follow the Infection Control Policy: Hand Hygiene for performing hand hygiene

- Check posted signage prior to entering a patient room. Wear the appropriate personal protective equipment (PPE) based on the posted signage before entering a patient room or cleaning department
- 5. Ensure to place the appropriate wet floor or caution signs when cleaning floors or vacuuming
- 6. Practice proper lifting techniques and request assistance when objects are too heavy
- 7. Use chemicals as directed by the manufacturer's guidelines
- 8. Do not mixt or combine chemicals
- 9. Review the Material Safety Data Sheets (MSDS) and / or labels when selecting chemicals for cleaning
- 10. All occupied patient rooms shall be cleaned daily and as needed (PRN).
- 11. All patient rooms will be terminally cleaned when a patient is discharged or transferred to another level of care according to Tri-City Medical Center (TCMC) procedures.
- 12. EVS staff members will use the electronic bed board system to inform inpatient areas when a patient room is cleaned.
- 13. EVS staff members will notify the nursing staff and use the electronic bed board system to place rooms on hold when one or all of the following listed below remain after patient rooms are vacated (e.g., patient discharge or patient transfer). The room will be cleaned once the items are removed.
 - a. Intravenous (IV) tubing and/or solutions are attached to an IV pole or IV tubing remains inserted in an infusion pump
 - b. Bedside commodes (BSC), urine or stool output collection containers, i.e., urinals or hats contents are not discarded
- 14. The following safety measures shall be implemented:
 - a. Standard precautions or the isolation precautions.
 - b. When using a cleaning cloth and bucket system, never re-immerse cloths into the bucket, instead change cloths
 - c. If using pop-up disposable wipes:
 - 1) Use properly by changing frequently to ensure proper application
 - 2) Ensure the item remains wet for the appropriate dwell time
 - 3) Ensure to close the pop-up wipe top after use to prevent the wipes from drying out

C. RELATED DOCUMENT(S):

- 1. Environmental Services Procedure: Cleaning Cart Set-up
- 2. Environmental Services Procedure: Patient Rooms Daily and Terminal Cleaning
- 3. Isolation Patient Rooms Daily and Terminal Cleaning

D. REFERENCE(S):

1. Association for the Healthcare Environment of the American Hospital Association. (2012). Practice guide for healthcare environmental cleaning (2nd ed).



HOME HEALTH CARE

ISSUE DATE:

NEW

SUBJECT: Infection Prevention Program and

Guidelines for Home Health Care

REVISION DATE:

POLICY NUMBER:

Home Health Care Approval:

06/22

Infection Control Committee Approval:

11/2204/23

Pharmacy and Therapeutics Approval:

n/a

Medical Executive Committee Approval:

05/23

Administration Approval:

06/23

Professional Affairs Committee Approval:

Board of Directors Approval:

n/a

A. PURPOSE:

The purpose of the infection prevention program- is to outline the infection prevention priorities for Tri-City Hospital District's (TCHD) Home Health Care staff and patients.

2. To provide guidelines to assist in prevention of risk of infection for the Home Care workforce members and the Home Care patient population.

В. **GOALS**:

- Overall
 - Reduce the risk of health-care associated infections for patients and employees.
- 2. Targeted
 - Healthcare-associated infection reduction at least 20% reduction overall across the infection types that are reported to Center of Medicare and Medicaid Services (CMS).
 - i. Catheter-Associated Urinary Tract Infection (CAUTI)
 - ii. Surgical Site Infection (SSI)
 - Wounds
 - b. Hand Hygiene compliance program
 - Review and edit as appropriate hand-hygiene audit tool i.
 - ii. Audit staff during Supervisory visit and with increase in infection rates
 - Sustain 95% or greater hand-hygiene compliance

C. RISK ASSESSMENT:

- Collaborate with the TCHD Infection Preventionist (IP) to ensure an annual infection risk assessment is completed with patient diagnoses identified as an increase in risk for infection.
- Procedures / Equipment that increases risk of infection within patients' homes. 2.
 - Visit Bag a.
 - **Blood Pressure Cuff** b.
 - C. Stethoscope
 - Foley catheter care d.
- 3. **Epidemiology Important Pathogens**
 - Methicillin-resistant Staphylococcus Aureus (MRSA) a.
 - Vancomycin-resistant Enterococcus (VRE) b.
 - Clostridium difficile (C. difficile) C.
 - d. Multidrug resistant (MDR) Gram Negative Bacteria
 - Carbapenem-resistant Enterobacteriaceae e.

Home Health Care Infection Prevention Guidelines Page 2 of 10

- 4. Highly Communicable Diseases
 - a. Novel Influenza virus
 - b. Severe Acute Respiratory Syndrome Coronavirus 2019 SARS-COVID-19

D. GENERAL STRATEGIES TO REDUCE INFECTION RISK:

- 1. Collaborate with the IP to identify risk for acquiring and transmitting infections based on geographic location, community, and the population served.
 - a. Review public health alerts applicable to home care services from the California Department of Public Health (CDPH).
- 2. Collaborate with the IP to identify and control outbreaks.
 - a. Follow TCHD guidelines, policies, and/or procedures for consulting with the IP for identification of and control of possible outbreaks such as COVID-19.
 - b. Exposure follow-up follow TCHD guidelines.
- 3. Collaborate with the IP to perform surveillance for healthcare-associated infections.
 - a. Follow the guidance of IP
 - i. The IP will perform ance-the surveillance for Home Health Care.
 - b. Monitor incidence of healthcare-associated infections
 - i. CAUTIS
 - ii. SSIs
- 4. Improve hand hygiene compliance NPSG.07.01.01
 - a. Monitor hand hygiene compliance during supervisory visit.
 - b. Provide just-in-time peer coaching.
 - c. Ensure staff complete the annual Hand-Hygiene computer-based learning module.
 - d. Sustain compliance of greater than or equal to 95%.

G.E. POLICY:

- It is the responsibility of the Director of Home Health Care or designee to implement and enforce this policy.
- 2. Hand hygiene will be performed and practiced according the Home Health Care Patient Safety Policy and Tri-City Medical Center's (TCMC) Infection Control Hand Hygiene Policy.
 - a. Hand hygiene must be performed before each entry into the bag/pack, before donning gloves, and after removing gloves.
- 3. Staff assigned to work Home Health Care are orientated to infection prevention during:
 - a. Hospital orientation
 - b. Department based orientation
 - c. Annually via a computer-based learning (CBL) module
- Occupational Safety and Health Administration (OSHA) required training for bloodborne
 pathogens and Tuberculosis (TB) must be completed initially upon employment and annually via
 CBL.
- Needlestick/sharps, mucous membrane, and non-intact skin exposures from blood and other
 potentially infectious materials should be reported immediately for appropriate follow-up with
 Employee Health Services.
 - a. See Home Health Disposal of Needles and Syringes: Hazardous Materials policy for additional information.
 - b. Ensure patients are instructed on the proper disposal of sharps used by themselves or other personal care givers.
- 6. Periodic review/rounds will be performed by a representative of the Infection Prevention department and area management or designee(s).

D.F. STANDARD PRECAUTIONS:

- 1. Standard Precautions are designed to reduce risk of transmission of blood-borne pathogens transmission of pathogens to and from mucus membranes and non-intact skin.
 - All blood, body fluids, secretions, excretions (except sweat) are handled as if potentially carrying bloodborne pathogens. Clean gloves are required when touching non-intact skin and mucus membranes,

- Elements of Standard Precautions
 - a. All personnel should implement Standard Precautions at all times regardless of the patient's diagnosis
 - b. Hand Hygiene: See Infection Control Policy: Hand Hygiene
 - i. Respiratory Hygiene/Cough Etiquette education of healthcare facility staff, patients, and visitors is accomplished through New Employee and Physician Orientation, the patient hand book and signage posted at cough etiquette stations provided throughout the hospital.

c. Gloves

- i. Wear gloves when touching blood, body fluids, secretions, excretions, contaminated objects, mucous membranes and non-intact skin.
- ii. Change gloves between tasks and procedures on the same patient when moving from one body site to another.
- iii. Remove gloves after use, before touching uncontaminated items and environmental surfaces, and before going to another patient.
- iv. Perform hand hygiene immediately after removing gloves.
- d. Masks, Eye/Face Shields
 - i. Wear a mask, eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and activities that are likely to create splashes or sprays of blood, body fluids, secretions and excretions. (See Infection Control Policy: Blood borne Pathogen Exposure Control Plan, Appendix: Standard Precautions: Personal Precautions Equipment Table).
 - ii. Wear a mask-for insertion of catheters or injection of material into spinal or epidural spaces via-lumbar puncture procedures (e.g., myelogram, spinal or epidural anesthesia).

e. Gown

 Wear disposable gown or plastic apron to protect the skin and prevent soiling of clothing during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions or cause soiling of clothing.

E.G. TRANSMISSION-BASED PRECAUTIONS:

- 1. Transmission-based Precautions are used in addition to Standard Precautions for diseases that require extra barriers to prevent transmission.
 - a. Types of Transmission-based Precautions:
 - i. Airborne Precautions
 - ii. Droplet Precautions
 - iii. Contact Precautions
 - b. Communicate and notify receiving department/services if patient requires Transmission based Precautions (i.e., Airborne, Contact or Droplet Precautions).
- 2. Airborne Precautions
 - In addition to Standard Precautions, use Airborne Precautions for patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei.
 - b. Wear respiratory protection (N95 respirator or Powered Air Purifying Respirator) prior to entering and while in the patient's home. See the Infection Control Policy: Aerosol Transmission-TD: Tuberculosis Control Plan for more information.
 - c. Minimize patient dispersal of microorganisms by placing a surgical mask (not an N95 respirator) on the patient while providing care.
- 3. Droplet Precautions
 - a. In addition to Standard Precautions, use Droplet Precautions for a patient known or suspected to be infected with organisms that are transmitted by droplets.
 - Wear masks prior to entering and while in the patients' home.
- Contact Precautions
 - In addition to Standard Precautions, use Contact Precautions for specified patients known or infected or colonized with epidemiologically important microorganism that can be

transmitted via direct contact with the patient or equipment in the patients' environment such as Methicillin Resistant Staphylococcus Aureus (MRSA) and Vancomycin-Resistant Enterococci-(VRE). (See Infection Control Policy: Management of Patients with Multi-Drug Resistant Organisms (MDRO) and /or C. Difficile Infection.

b. Gloves

- i. Wear gloves whenever touching the patient's intact skin or surfaces and articles in close proximity to the patient personal items.
- ii. Don gloves upon entry into patients' home and continue to follow Standard Precautions.

c. Gowns

- i. Wear a gown whenever anticipating that clothing will have direct contact with the patient or potentially contaminated environmental surfaces or items—initems in close proximity to the patient.
- ii. Don gown upon entry into the patients' home and continue to follow Standard Precautions.
- iii. Remove gown and gloves and perform hand hygiene before leaving the patients' home.
- d. Clean and disinfect all items used with hospital approved disinfectant.

H. COVID-19 PRECAUTIONS:

- 1. See Home Health Care COVID 19: Universal Masking Practice Updates and Reminders Addendums A, B and C
- 2. See Home Health Care COVID-19 Practices for Staff
- F.3. See Home Health Care COVID-19 Practices for Staff While in Patients' Home

G.I. PERSONAL VEHICLE USE:

- 1. **Home Health staff m**Must use their personal vehicle for transportation of clean and contaminated patient care articles.
- 2. It is prudent to employ basic infection control principles of separation and appropriate storage of clean and dirty items within the vehicle.
 - a. Patient care items and personal items belonging to the employee should be stored in separate areas of the vehicle.
 - b. All clean patient supplies including the visitor bag should be stored in an area of the vehicle that is clean and not likely to become wet or soiled. The visitor bag should be on a barrier or plastic container.
 - c. Clean supplies should not be placed on the floor of the vehicle and should be stored in plastic containers with tops that close securely.
 - d. Items considered contaminated (sharps containers, equipment needing cleaning prior to reuse) should be stored and transported so that spilling or contamination of other items is avoided.
 - e. Any contamination of the vehicle with blood and or other body fluids should be removed with disposable towels and cleaned with an approved EPA-registered disinfectant.
 - f. Soiled towels should be placed in a plastic bag and disposed of in the household waste.
- An infection control kit may be stored in each vehicle. Kits may contain but are not limited to the following:
 - a. Face mask
 - b. Gloves
 - c. Gowns (disposable)
 - d. Eve protection
 - e. Red biohazard bags
 - f. EPA-registered disinfecting solution

H.J. ANMINALS IN THE HOME:

1. Animals should be removed from the room in which the visit occurs if a dressing change or other procedure requiring aseptic technique is planned.

Home Health Care Infection Prevention Guidelines Page 5 of 10

- 2. Patients should be instructed not to allow animals to touch open wounds.
- 3. Staff should report to their Employee Health Services any scratches or bites they receive from animals in the home.

LK. PATIENT CARE SUPPLIES:

- 1. Sterile and clean supplies must be stored in clean designated locations.
- 2. Patient care items should be stored at least 8 inches from the floor.
- 3. No clean patient care supplies should be stored on the floor or in a cabinet underneath a sink.
- 4. Supplies with an expiration date should have the date routinely checked (e.g., monthly) and the supply discarded if expired.
- 5. A box of gloves may be carried in the clean section of a supply bag/fanny pack.
 - A plastic bag containing several pairs of gloves may be taken into the home and left for future use when appropriate.
- 6. The visitor bag is issued by the home office and used for transport of medical supplies. The following guidelines must be used for managing the bag and supplies:
 - a. Visitor bagB-bag- and any equipment/supplies should be placed on a clean barrier (e.g., disposable chux), on a dry surface away from small children and pets.
 - b. If the home environment is heavily infested with insects or rodents, the bag should be left in the car and clean supplies carried into the home inside a disposable bag.
 - c. The clinician should only take the equipment he or she will need for that visit and also their own personal protective equipment (PPE),-and alcohol-based hand rub or liquid soap and paper towels.
 - d. Only supplies necessary to provide care for each patient are removed from the bag.
 - e. The bag may be replaced as needed. If contaminated with blood/body fluids, it must be decontaminated using an EPA-registered disinfectant or discarded.
- 7. Any supply that is left in the patient's home must remain with that patient. Unused patient supplies should be discarded when:
 - Visibly soiled.
 - b. Opened or the integrity of the package has been compromised.
 - Manufacturer's expiration date has been reached.
 - d. Removed from the nursing or supply bag and the patient is being cared for under Transmission-based Precautions and cannot be disinfected.

나. INTRAVENOUS THERAPY:

- 1. Use aseptic technique to avoid contamination of sterile injection equipment.
- 2. For intravenous therapy, implement the instructions outlined in the following policies and procedures:
 - a. Home Health Care: Central Venous Access Devices Procedure.
 - b. Elsevier Online Skills: Intravenous Therapy Short Peripheral Catheter Insertion and Maintenance and Dressing Change.
 - c. Patient Care Services: Medication Administration policy.
 - e-i. Review the The following practices that apply to the use of needles, cannulas that replace needles, and, where applicable intravenous delivery systems.

K.M. WOUND CARE:

- Aseptic technique is used for wound care.
- Sterile irrigation solutions (e.g., normal saline or sterile water) used for wound care should be used per manufacturer's instructions for use. If using aerosol solutions, discard per manufacturer's instructions.
- 3. Soiled dressings should be contained within a closed plastic bag and disposed of in the patients' homes.

L.N. IRRIGATION SOLUTIONS AND EQUIPMENT:

- 1. Sterile solutions used for irrigation are used per manufacturer's recommendations.
- 2. If labeled as single-dose, any unused solution is discarded immediately after use.

Home Health Care Infection Prevention Guidelines Page 6 of 10

- Irrigation equipment is single patient use and discarded when no longer needed.
- 4. A physician order is required to for to-use any solution used to irrigate a body cavity.

M.O. EQUIPMENT:

- Handle used patient care equipment contaminated with blood, body fluids, secretions and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and the environment. Infection Control Standard and Transmission-Based Precautions Policy
- 2. Ensure that reusable equipment is properly cleaned and disinfected before it is used for the care of another patient.
- 3. Single use items should be discarded.
- 4. Equipment cleaning, disinfection and maintenance in all settings must be performed according to manufacturer instructions for use.
- 5. Reusable items (i.e., blood pressure cuffs, pulse oximeters, stethoscopes, flashlights) will be cleaned with an Environmental Protection Agency (EPA)-registered disinfectant (i.e., SaniCloths) after use on each patient, and when visibly soiled.
- 6. Bandage scissors will be cleaned before and after use with an EPA-registered disinfectant.
- 7. If the item becomes heavily soiled with dirt or blood and body fluids, wash with soap and water followed by an EPA-registered disinfectant.
- 8. For patients with known or suspected *C. difficile* or norovirus infection, clean reusable equipment using a bleach wipe or 1:10 bleach solution.
- 9. Equipment includes but is not limited to the following:
 - a. Blood pressure cuffs
 - b. Pulse oximetry
 - c. Scales
 - d. Technology equipment e.g., lap tops, smart phones, iPads, androids etc.,
 - e. Stethoscopes
 - f. Writing utensils e.g., pens, pencils
 - g. Visitor bag

N.P. MEDICAL WASTE DISPOSAL:

- 1. Solid waste, including wound dressings, empty blood transfusion bags, IV bags and tubing sets shall be disposed of within the patient's home.
- 2. Wound dressings should first be placed in a closed plastic bag prior to placing in the trash.
- 3. Regulated medical waste except sharps disposal boxes, should be disposed of in the home trash and not transported back to the home office.

Q.Q. RELATED DOCUMENT(S):

- Elsevier Online Skills: Intravenous Therapy Short Peripheral Catheter Insertion and Maintenance and Dressing Change
- 2. Home Health Care COVID-19 Universal Masking Practice Updates and Reminders
- 3. Home Health Care COVID-19 Practices for Staff
- 4. Home Health Care COVID-19 Practices for Staff While in Patients' Home
- 2.5. Home Health Care: Central Venous Access Devices Procedure
- 3.6. Home Health Care: Disposal of Needles and Syringes: Hazardous Materials policy
- 4.7. Home Health Care: Influx of Patients
- 5.8. Home Health Care: Patient Safety
- 6.9. Infection Control: Aerosol Transmissible Diseases and Tuberculosis Control Plan
- 7-10. Infection Control: Blood borne Pathogen Exposure Control Plan, Appendix: Standard Precautions: Personal Precautions Equipment Table
- 8.11. Infection Control: Hand Hygiene Policy
- 9.12. Infection Control: Management of Patients with Multi-Drug Resistant Organisms (MDRO) and /or C. Difficile Infection
- 10.13. Infection Control: Standard and Transmission-Based Precautions Policy

Home Health Care Infection Prevention Guidelines Page 7 of 10

R. REFERENCE(S):

- 1. Centers for Medicare and Medicaid Services (CMS). 2022. Title 42 Public Health Chapter IV Subchapter G Standards and Certification, Part 484 Home Health Services
- 2. Centers for Medicare and Medicaid Services (CMS). 2020. State Operations Manual Appendix b Guidance for Surveyors: Home Health Agencies. §484.70 Condition of Participation Infection prevention and control.

Addendum-A Home Health Care COVID – 19: Universal Masking Practice Updates and Reminders

COVID-19 is resurging in the community and TCMC is experiencing a significant increase in COVID-19 positive admissions, as well as an increasing number of staff positive for COVID-19. While the COVID19 vaccines are very effective in preventing severe illness and hospitalization, all persons regardless of vaccination status can contract and spread COVID-19. Therefore, it is important that we all continue to be vigilant in the use of PPE and social distancing.

- Universal Masking while in a TCHD facility
 - TCMC staff, providers, and all visitors including correctional officers, vendors, and volunteers shall wear a facemask in accordance with CDC and California Department of Public Health (CDPH) guidelines. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
 - The guidance for facemasks states that HCP and visitors must wear a well-fitting face mask (medical mask, also called surgical masks) upon entry to the facility and patient homes
- Upon Entry Work Location and within TCMC Facility
 - Upon arrival to your work locationobtain a new hospital provided medical mask.
 - Replace personal facemask with new medical mask or place over existing mask.
 - Facemask must be worn while in the facility and offsite offices except when eating or drinking.
 - Vaccinated staff may remove facemasks when working in an office location where 6 feet distance from others can be maintained.
- Correctly Applying the Facemask
 - Perform hand hygiene before applying and after removing the facemask.
 - Put the facemask over your nose and mouth and secure under chin.
 - Press the nose wire so that it conforms to the face.
- Social Distancing Reminders
 - Maintain a physical distance of 6 feet from persons while in the cafeteria, this includes while waiting in lines and sitting in the cafeteria.
 - Maintain a physical distance of 6 feet from persons while in patient homes, nursing stations, breakrooms and lounges. Exception – when providing direct patient care

Addendum B Home Health Care COVID-19 Practices for Staff

Attestation

- a. All staff attest to be free of COVID-19 symptoms and have taken a temperature prior to arrival to their work location. Exception: In the absence of symptoms, temperature may be obtained in the work location.
- 2. Testing and Work Restrictions for Healthcare Personnel with COVID-19 Infection and Exposures
 - a. Testing for COVID-19 is performed in accordance to the California Department of Public Health recommendations. The recommendations are as follows:
 - i. Twice weekly in your department if you have NOT received ALL COVID-19 vaccine doses, including a booster dose if eligible.
 - Previously positive for COVID-19, do not retest for 90 days.
 - ii. If you have COVID-19 symptoms at work contact your manager/supervisor and get tested in your department.
 - iii. If you are exposed* to a person with COVID-19 outside TCMC contact Employee Health to schedule a test.
 - iv. If you are exposed* to a person with COVID-19 at TCMC, you will be contacted by Employee Health if you have been identified as an exposed individual and will receive instructions for testing.

*High-risk exposure is a prolonged exposure (>15 minutes over a 24hour period) and within 6 feet to someone with COVID-19 and you or the person with COVID were not wearing a facemask (i.e., in the cafeteria or breakroom while eating)

- 3. Actions to implement if you test positive either at work or elsewhere include but are not limited to the following:
 - a. Notify your manager and Employee Health for additional instructions.
 - b. You will be asked to isolate at home and not come to work for 5 days after the onset of your symptoms or the date of your positive test.
 - c. WHEN you return to work, get tested in your department.
 - d. If your test is positive after 5 days isolation continue to isolate at home for 2 more days after which you can return to work without another test.
 - e. Employee Health will contact you and your manager with the date you are cleared to return to work,
 - f. You will be exempt from weekly testing for 90 days.
 - g. If you are NOT fully vaccinated, weekly testing will resume after 90 days.
- All Home Health Care Staff will follow Tri-City Healthcare District policies, procedures and practices for COVID-19 Infection and Exposures.

Addendum C Home Health Care COVID-19 Practices for Staff While in Patients' Home

- 1. Follow Standard and Transmission-Based Precautions for airborne, droplet, and contact.
- 2. General Patient Care Reminders
- 3. Masking
 - a. Staff providing care in patient homes must wear the appropriate hospital supplied mask.
- 4. Personal Protective Equipment (PPE)
 - a. Healthcare Personnel (HCP) must wear the appropriate personal protective equipment (PPE) prior and while in patients' homes.
 - b. Remove PPE after exiting patients' home.
 - **c.** Take only the items required inside patient's home.

UNIT SPECIFIC POLICY MANUAL HOME HEALTH CARE

ISSUE DATE: 08/06 SUBJECT: Laboratory Services

REVISION DATE: 11/06, 08/09, 09/11, 01/12 POLICY NUMBER: 330

Home Health Care Approval:

Department of Pathology Approval:

Pharmacy and Therapeutics Approval:

Medical Executive Committee Approval:

Administration Approval:

Professional Affairs Committee Approval:

Board of Directors Approval:

05/22

05/23

06/23

n/a

01/12

ISSUE DATE: 8/06 SUBJECT: Laboratory Services

REVISION-DATE: POLICY NUMBER: 330

REVIEW-DATE: 8/06, 4/09, 9/11 APPROVAL: 11/06, 8/09, 9/11, 1/12

A. PURPOSE:

1. To outline the Agency's obligations when performing quantitative medical laboratory testing.

B. POLICY:

It is the policy of the Agency to comply with regulations regarding laboratory testing of the Home Health patient.

C. PROCEDURE:

- 1. Laboratory testing done by the Agency consists of Blood Glucose and INR.
- 2. Blood Glucose testing is only done by the Agency if there is a current CLIA Certificate of Waiver issued by CMS (Centers for Medicare and Medicaid Services). The CLIA waiver is issued for two years and is displayed in a prominent place in the Agency.
- 3. Only tThe Stat Strip Blood Glucose Sure Step Flexx-Meter is used by the clinical staff to determine blood sugars. The meters are uploaded and monitored by TCMC Laboratory Services. If there is a discrepancy noted, the laboratory manager alerts the Home Health staff.
- 4. The clinician may assist the patient in the use of the patient's own meter and document the results from the patient's meter.
- 5. The Agency will have current CLIA certificates on site for all laboratories performing testing of Agency Home **Health** Care patients.
- 6. See Anticoagulation Policy for INR.

TRI-CITY HEALTHCARE DISTRICT MINUTES FOR A SPECIAL MEETING OF THE BOARD OF DIRECTORS

June 2, 2023 - 3:00 o'clock p.m.

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at 3:00 p.m. on June 2, 2023.

The following Directors constituting a quorum of the Board of Directors were present:

Director Rocky J. Chavez Director Nina Chaya, M.D. Director George W. Coulter Director Gigi Gleason Director Marvin Mizell Director Adela Sanchez Director Tracy M. Younger

Also present were:

Dr. Gene Ma, Interim Chief Executive Officer Teri Donnellan, Executive Assistant

- 1. The Board Chairperson, Director Chavez, called the meeting to order at 3:00 p.m. with attendance as listed above.
- 2. Approval of Agenda

It was moved by Director Coulter and seconded by Director Gleason to approve the agenda as presented. The motion passed unanimously (7-0).

3. Oral Announcement of Items to be discussed during Closed Session

Chairperson Chavez made an oral announcement of the item listed on the June 2, 2023 Special Board of Directors Meeting Agenda to be discussed during Closed Session which included Public Employee Appointment: Chief Executive Officer

4. Motion to go into Closed Session

It was moved by Director Gleason and seconded by Director Younger to go into Closed Session at 3:05 p.m. The motion passed unanimously (7-0).

- 5. At 3:45 p.m. the Board returned to Open Session with attendance as listed above.
- Report from Chairperson on any action taken in Closed Session.

The Board in Closed Session discussed the appointment of the CEO and took no action.

7.	Adjournment	
	Chairperson Chavez adjourned the meeting	at 3:47 p.m.
		Rocky J. Chavez Chairperson
ATTE	EST:	·
	Gigi Gleason Secretary	

TRI-CITY HEALTHCARE DISTRICT MINUTES FOR A SPECIAL MEETING OF THE BOARD OF DIRECTORS

June 5, 2023 – 3:00 o'clock p.m.

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at 3:00 p.m. on June 5, 2023.

The following Directors constituting a quorum of the Board of Directors were present:

Director Rocky J. Chavez Director Nina Chaya, M.D. Director George W. Coulter Director Gigi Gleason Director Marvin Mizell Director Adela Sanchez Director Tracy M. Younger

Also present were:

Bonnie Panlasigui, Candidate Teri Donnellan, Executive Assistant

- 1. The Board Chairperson, Director Chavez, called the meeting to order at 3:00 p.m. with attendance as listed above.
- 2. Approval of Agenda

It was moved by Director Gleason and seconded by Director Coulter to approve the agenda as presented. The motion passed unanimously (7-0).

3. Oral Announcement of Items to be discussed during Closed Session

Chairperson Chavez made an oral announcement of the item listed on the June 5, 2023 Special Board of Directors Meeting Agenda to be discussed during Closed Session which included Public Employee Appointment: Chief Executive Officer

4. Motion to go into Closed Session

It was moved by Director Gleason and seconded by Director Coulter to go into Closed Session at 3:05 p.m. The motion passed unanimously (7-0).

- 5. At 3:55 p.m. the Board returned to Open Session with attendance as listed above.
- 6. Report from Chairperson on any action taken in Closed Session.

The Board in Closed Session discussed the appointment of the CEO and took no action.

7.	Adjournment	
	Chairperson Chavez adjourned the meeting at 3:5	8 p.m.
ATTE	TEST:	Rocky J. Chavez Chairperson
	Gigi Gleason	

TRI-CITY HEALTHCARE DISTRICT MINUTES FOR A SPECIAL MEETING OF THE BOARD OF DIRECTORS

June 6, 2023 – 3:00 o'clock p.m.

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at 3:00 p.m. on June 6, 2023.

The following Directors constituting a quorum of the Board of Directors were present:

Director Rocky J. Chavez Director Nina Chaya, M.D. Director George W. Coulter Director Gigi Gleason Director Marvin Mizell Director Adela Sanchez Director Tracy M. Younger

Also present were:

Dr. Gene Ma, Interim Chief Executive Officer Ray Rivas, Chief Financial Officer Susan Bond, General Counsel Teri Donnellan, Executive Assistant

- 1. The Board Chairperson, Director Chavez, called the meeting to order at 3:00 p.m. with attendance as listed above.
- 2. Approval of Agenda

It was moved by Director Younger and seconded by Director Gleason to approve the agenda as presented. The motion passed unanimously (7-0).

3. Oral Announcement of Items to be discussed during Closed Session

Chairperson Chavez made an oral announcement of the items listed on the June 6, 2023 Special Board of Directors Meeting Agenda to be discussed during Closed Session which included Conference with Labor Negotiators and Public Employee Appointment: Chief Executive Officer

4. Motion to go into Closed Session

It was moved by Director Younger and seconded by Director Coulter to go into Closed Session at 3:02 p.m. The motion passed unanimously (7-0).

- 5. At 3:10 p.m. the Board returned to Open Session with attendance as listed above.
- 6. Report from Chairperson on any action taken in Closed Session.

The Board heard a report on Labor Negotiations and took no action.

7. Consideration to approve a successor collective bargaining agreement with the SEIU-UHW per the terms tentatively agreed to on May 25, 2023 and ratified by the SEIU Bargaining Unit on May 31st and June 1, 2023.

It was moved by Director Sanchez to approve the successor collective bargaining agreement with the SEIU-UHW per the terms tentatively agreed to on May 25, 2023 and ratified by the SEIU Bargaining Unit on May 31st and June 1, 2023. Director Gleason seconded the motion.

The vote on the motion was as follows:

AYES: Directors: Chavez, Chaya, Coulter, Gleason,

Mizell, Sanchez and Younger

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: None

8. Motion to return to Closed Session.

It was moved by Director Gleason and seconded by Director Coulter to return to closed session at 3:15 p.m. The motion passed unanimously.

- 9. At 4:35 p.m. the Board returned to Open Session with all Board members present.
- 10. Report from Chairperson on any action taken in closed session.

The Board in Closed Session directed Board Counsel and Vice Chairperson Younger to take appropriate action to negotiate the CEO employment contract for consideration by the full Board.

11. Adjournment

Chairperson Chavez adjourned the meeting at 4:37 p.m.

ATTEST:	Rocky J. Chavez Chairperson
Gigi Gleason Secretary	

TRI-CITY HEALTHCARE DISTRICT MINUTES FOR A SPECIAL MEETING OF THE BOARD OF DIRECTORS

May 25, 2023 - 2:00 o'clock p.m.

A Special Meeting of the Board of Directors of Tri-City Healthcare District was held at 2:00 p.m. on May 25, 2023.

The following Directors constituting a quorum of the Board of Directors were present:

Director Rocky J. Chavez Director Nina Chaya, M.D. Director George W. Coulter Director Gigi Gleason Director Marvin Mizell Director Adela Sanchez Director Tracy M. Younger

Also present were:

Dr. Gene Ma, Interim Chief Executive Officer
Donald Dawkins Interim Chief Nurse Executive
Ray Rivas, Chief Financial Officer
Aaron Byzak, Chief External Affairs Officer
Jeremy Raimo, Sr. Director/Business Development
Dr. Henry Showah, Chief of Staff
Susan Gond, General Counsel
Jeff Scott, Board Counsel
Teri Donnellan, Executive Assistant
Rick Crooks, Security Protection Agent

- 1. The Board Chairperson, Director Chavez, called the meeting to order at 2:00 p.m. with attendance as listed above.
- 2. Approval of Agenda

It was moved by Director Gleason and seconded by Director Coulter to approve the agenda as presented. The motion passed unanimously (7-0).

3. Oral Announcement of Items to be discussed during Closed Session

Chairperson Chavez made an oral announcement of the items listed on the May 25, 2023 Special Board of Directors Meeting Agenda to be discussed during Closed Session which included Reports Involving Trade Secrets and Public Employee Appointment: Chief Executive Officer

4. Motion to go into Closed Session

It was moved by Director Younger and seconded by Director Coulter to go into Closed Session at 2:02 p.m. The motion passed unanimously (7-0).

5. Due to time restrictions the board suspended the meeting at 3:25 p.m. to open the regular monthly board meeting at its designated time.

- 6. Closed Session reconvened at 4:40 p.m. in Assembly Room 1.
- 7. At 5:30 p.m. the Board returned to Open Session with attendance as previously noted.
- 8. Report from Chairperson on any action taken in Closed Session.

Chairperson Chavez reported the Board discussed Reports Involving Trade Secrets and took no action.

The Board also discussed the appointment of the new Chief Executive Officer and took no action.

Adjournment

Chairperson Chavez adjourned the meeting at 5:35 p.m.

ATTEST:	Rocky J. Chavez Chairperson				
Gigi Gleason Secretary					

TRI-CITY HEALTHCARE DISTRICT MINUTES FOR A REGULAR MEETING OF THE BOARD OF DIRECTORS May 25, 2023 – 3:30 o'clock p.m.

A Regular Meeting of the Board of Directors of Tri-City Healthcare District was held at 3:30 p.m. on May 25, 2023.

The following Directors constituting a quorum of the Board of Directors were present via teleconference:

Director Rocky J. Chavez Director Nina Chaya, M.D. Director Gigi Gleason Director George W. Coulter Director Marvin Mizell Director Adela Sanchez Director Tracy M. Younger

Also present were:

Gene Ma, M.D., Interim Chief Executive Officer Donald Dawkins, Interim Nurse Executive Ray Rivas, Chief Financial Officer Aaron Byzak, Chief External Affairs officer Roger Cortez, Chief Compliance Officer Jeffrey Scott, Board Counsel Susan Bond, General Counsel Teri Donnellan, Executive Assistant

- 1. The Board Chairperson, Rocky Chavez, called the meeting to order at 3:30 p.m. with attendance as listed above.
- 2. Approval of Agenda

It was moved by Director Sanchez to approve the agenda as presented. Director Younger seconded the motion. The motion passed unanimously (7-0).

3. Pledge of Allegiance

Director Chavez led the Pledge of Allegiance.

4. Public Comments – Announcement

Chairperson Chavez read the Public Comments section listed on the May 25, 2023 Regular Board of Directors Meeting Agenda. He asked that members of the public wishing to speak submit a speaker card at this time.

5. Special Recognitions -

Nurses & Support Staff of the Year for 2023

- Nurse of the Year (Day Shift): Nick Bohanan, RN
- Nurse of the Year (Night Shift): Phuong Trieu, RN
- Patient Care Support Staff of the Year: Fe Schroeder ACT

Donald Dawkins, Interim CNE reported a recognition ceremony was held on May 9th to recognize our Nurses and Support Staff of the Year for 2023 including Nick Bohanan, Nurse of the Year (Day Shift), Phuong Trieu, Nurse of the Year (Night Shift) and Fe Schroeder, Patient Care Support Staff of the Year. The winners were selected by their peers. Donald also recognized Debbie Deruyter as two of the nurses were from Deb's unit.

Chairperson Chavez recognized Nick Bohanan. Nick stated he enjoys working at the hospital and it is a great honor to be chosen for this award.

Chairperson Chavez recognized Phuong Trier who stated she very much appreciated receiving the award.

Fe Schroeder, Patient Care Support Staff of the Year was not present.

On behalf of the Board of Directors, Chairperson Chavez congratulated the award recipients.

6. April, 2023 Financial Statements – Ray Rivas, Chief Financial Officer

Mr. Rivas, Chief Financial Officer reported on the fiscal year to date financials as follows (Dollars in Thousands):

- Net Operating Revenue \$27,931
- Operating Expense \$301,688
- ➤ EBITDA (\$9,480)
- EROE (\$21,473)

Mr. Rivas reported on the fiscal year to date Key Indicators as follows:

- Average Daily Census 119
- Adjusted Patient Days 72,132
- Surgery Cases 4,489
- ED Visits 44,957

Mr. Rivas reported on the current month financials as follows (Dollars in Thousands):

- Net Operating Revenue \$24,546
- Operating Expense \$31,846
- EBITDA (\$5,086)
- EROE (\$6,274)

Mr. Rivas reported on the current month Key Indicators as follows:

- Average Daily Census 121
- Adjusted Patient Days 7,002
- Surgery Cases 413
- ➤ ED Visits 4.120

Mr. Rivas discussed both short and long-term goals to get the district back to a positive number.

- New Business None
- 8. Old Business None
- 9. Chief of Staff -
 - a) Consideration of May 2023 Credentialing Actions and Reappointments Involving the Medical Staff as recommended by the Medical Executive Committee via electronic voting on May 22, 2023.

In the Chief of Staff's absence, Dr. Gene Ma presented the May 2023 Credentialing Actions and Reappointments Involving the Medical Staff. No concerns or "red flags" were raised by the Credentials Committee.

It was moved by Director Gleason to approve the May 2023 Credentialing Actions and Reappointments Involving the Medical Staff as recommended by the Medical Executive Committee via electronic voting. Director Coulter seconded the motion

The vote on the motion was as follows:

AYES:

Directors:

Chavez, Chaya, Coulter, Gleason,

Mizell, Sanchez and Younger

NOES:

Directors:

None

ABSTAIN:

Directors:

None

ABSENT:

Directors:

None

10. Consideration of Consent Calendar

Chairperson Chavez pulled item 9.g Approval of the renewal of the Medical Directorship for Physician Behavior Committee Chair with services provided by Victor Souza, M.D. for a term of 24 months, beginning June 1, 2023 and ending May 31, 2025, with a total term cost of \$108,000, item 9 h. Approval of the agreement for the Medical Directorship for Clinical Data Integration & Information Technology with services provided by Scott Worman, M.D. for a term of 24 months, beginning June 1, 2023 and ending May 31, 2025, with a total term cost not to exceed \$108,000 and item 9 k. 3) Minutes of the Regular Board Meeting on April 27, 2023.

It was moved by Director Mizell to approve the Consent Calendar minus the items pulled. Director Gleason seconded the motion.

The vote on the motion was as follows:

AYES: Directors: Chavez, Chaya, Coulter, Gleason

Mizell, Sanchez and Younger

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: None

11. Discussion of items pulled from Consent Calendar

Chairperson Chavez who pulled item 9. g) Approval of the renewal of the Medical Directorship for Physician Behavior Committee Chair with services provided by Victor Souza, M.D. requested that Dr. Ma explain the purpose and cost associated with the agenda item. Dr. Ma stated the Physician Behavior Committee is a committee of the Medical Staff and is required under our Bylaws. The Chair of the Committee, Dr. Souza addresses physician comportment issues which are behaviors that are not consistent with the Code of Conduct. The dollar amount is based on an hourly figure of approximately 8.5 hours a week in which the physician is eligible for. Dr. Ma further explained some months, the time spent is minimal, other months, time spent may be the full 30 hours

Chairperson Chavez who also pulled the agreement for the Medical Directorship for Clinical Data Integration & Information Technology with services provided by Scott Worman, M.D. requested clarification on Dr. Worman's role. Dr. Ma explained the need to interface our IT components with our physicians and Dr. Worman would provide the physician leadership on the Information Technology side. Dr. Ma further explained the time spent is monitored by Mark Albright, VP of IT. Mr. Albright confirmed this is a very necessary hole that we need to fill.

It was moved by Chairperson Chavez to approve items 9.g Approval of the renewal of the Medical Directorship for Physician Behavior Committee Chair with services provided by Victor Souza, M.D. for a term of 24 months, beginning June 1, 2023 and ending May 31, 2025, with a total term cost of \$108,000 and item 9 h. Approval of the agreement for the Medical Directorship for Clinical Data Integration & Information Technology with services provided by Scott Worman, M.D. for a term of 24 months, beginning June 1, 2023 and ending May 31, 2025, with a total term cost not to exceed \$108,000. Director Coulter seconded the motion.

The vote on the motion was as follows:

AYES: Directors: Chavez, Chaya, Coulter, Gleason

Mizell, Sanchez and Younger

NOES: Directors: None ABSTAIN: Directors: None ABSENT: Directors: None

With regard to the April 27, 2023 minutes of the Regular Board Meeting, Director Gleason stated she would abstain due to her absence from the meeting.

12. Comments by Members of the Public -

Chairperson Chavez recognized the following individuals who spoke regarding the SEIU tentative agreement as well as their support of Dr. Ma:

- Sean Rough
- Debbie Rough
- Sara Guerling
- Mali Woods
- Angelica Ramos
- Kristine Phanthavilay
- Kim Fluharty

13. Comments by Interim Chief Executive Officer

Dr. Gene Ma, Interim Chief Executive expressed his appreciation to today's speakers for their kind comments.

On behalf of everyone at Tri-City Dr. Ma gave a sincere thank you to the SEIU bargaining team for working collaboratively with the Tri-City team to craft an agreement that allows us to build that partnership for the good of our community and this hospital. Dr. Ma also recognized Mali Woods for how she advocates for her members and works diligently on their behalf. Dr. Ma thanked the Tri-City bargaining team as well for their commitment.

Dr. Ma commented on the three primary pillars we focus on every single day which includes: 1) Financial Performance; 2) Operational Efficiencies and 3) Quality Metrics.

Dr. Ma credited Joanne Barnett and her team for their work on throughput efficiencies. Their work is helping to move the needle to operational sustainability.

Dr. Ma commented on the Engagement Activities and the positive feedback he has received with regard to those events.

Dr. Ma acknowledged Aaron Byzak, Jessica Schrader and their team for the amazing work that they do which was acknowledged at a recent awards ceremony for our Healthcare Communicators. The team took home the most awards in Southern California (12) for healthcare communicators.

Lastly, Dr. Ma wished a happy Memorial Day to the honorable men and women of the Armed Forces who gave the ultimate sacrifice to give us our freedom.

14. Board Communications

Director Mizell stated he appreciates all the comments that were made today. He encouraged anyone with thoughts or concerns to share with him via e-mail.

Director Coulter congratulated the winners of the awards this year. Director Coulter also thanked Mali and her team for all the work they did with SEIU members and coming up with a good contract that is acceptable to everyone.

Director Sanchez thanked everyone including Dr. Ma for their hard work in securing the SEIU-UHW contract. Director Sanchez stated the Board will continue to make decisions for you all in your best interests.

Director Gleason echoed Director Sanchez's comments and thanked everyone for joining us today and to those who took the time to come up and speak. She stated she appreciated that the speakers cared enough to share how they felt.

Director Gleason also congratulated the nurses and support staff who were honored today as well as Aaron Byzak and his team on the Healthcare Communicators awards.

Director Younger echoed comments made by others and thanked those who had the courage and bravery to speak.

Director Chaya dedicated her time to honor her colleague Dr. Dandy Lee who passed away unexpectedly last week. Dr. Lee was a compassionate and dedicated physician with a work ethic that was unmatched.

15. Report from Chairperson

Chairperson Chavez encouraged everyone to take the time to reflect on those that have given their life for our freedoms on this upcoming Memorial Day.

16. Adjournment

There being no further business, Chairperson Chavez adjourned the meeting to reconvene to the Special Meeting Closed Session at 4:30 p.m.

	Rocky J. Chavez, Chairperson
ATTEST:	
Gigi Gleason, Secretary	

Building Operating Leases Month Ending May 31, 2023

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Lessor	Sq. Ft.	Rate per Sq. Ft.		Total Rent per	Lease			
6121 Paseo Del Norte, LLC	Sq. Ft.	3q, FL		current month	Beginning	Ending	Services & Location	Cost Cente
6128 Paseo Del Norte, Suite 180				l í			OSNC - Carlsbad	i
Carlsbad, CA 92011	Approx		1				6121 Paseo Del Norte, Suite 200	
V#83024	9.552	\$3.59	(a)	51,751.31	07/01/17	06/30/27	Carlsbad, CA 92011	7095
Cardiff Investments LLC		*****	1,-,-	3,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1		40,00,27	Cansbad, CA 52011	7095
2729 Ocean St	1		l]]			OSNC - Oceanside	1
Carlsbad, CA 92008	Approx			l i			3905 Waring Road	
V#83204	10,218	\$2.58	(a)	39,467.00	07/01/17	07/31/24	Oceanside, CA 92056	7095
Creek View Medical Assoc			T-					7000
1926 Via Centre Dr. Suite A					- 1		PCP Clinic Vista	
Vista, CA 92081	Approx			lí	- 1		1926 Via Centre Drive, Ste A	
V#81981	6.200	\$2.70	(a)	20,197.50	07/01/20	06/30/25	Vista. CA 92081	7090
BELLA TIERRA INVESTMENTS, LLC			1				7700.07102001	7090
841 Prudential Dr. Suite 200			Ι.		- 1		La Costa Urology	
Jacksonville, FL 32207	Approx						3907 Waring Road, Suite 4	
V#84264	2,460	\$2.21	(a)	14,367.62	04/01/23	03/31/25	Oceanside, CA 92056	7082
Mission Camino LLC								7,502
4350 La Jolla Village Drive			ĺ				Seaside Medical Group	
San Diego, CA 92122	Appox				- 1		115 N EL Camino Real, Suit A	
V#83757	4,508	\$1.75	(a)	15.377.32	09/01/21	10/31/31	Oceanside, CA 92058	7094
500 W Vista Way, LLC & HFT Melrose	1 1							
P O Box 2522							Outpatient Behavioral Health	
La Jolla, CA 92038	Approx						510 West Vista Way	
V#81028	7,374	\$1.67	(a)	16,127.42	07/01/21	06/30/26	Vista, Ca 92083	7320
Nextmed III Owner LLC	1 1				- 1			T
6125 Paseo Del Norte, Suite 210	1.						PCP Clinic Calrsbad	
Carlsbad, CA 92011 V#83774	Approx						6185 Paseo Del Norte, Suite 100	1
OPS Enterprises, LLC	4,553	\$4.00	(a)	23,297.92	09/01/21		Carlsbad, CA 92011	7090
3617 Vista Way, Bldg. 5	1 1				i		North County Oncology Medical	
Oceanside, Ca 92056				1	- 1		Clinic	1
#V81250	7,000	\$4.12		20 007 00	40/04/00		3617 Vista Way, Bldg.5	1
SCRIPPSVIEW MEDICAL ASSOCIATES	7,000	\$4.12	(a)	30,907.00	10/01/22	09/30/25	Oceanside, Ca 92056	7086
P O Box 234296	1 1							1
Encinitas, CA 234296	Approx		ł		1		OSNC Encinitas Medical Center	
V#83589	3.864	\$3.45	ا 🚓	14,447.11	06/01/21	05/24/02	351 Santa Fe Drive, Suite 351	
SoCAL Heart Property LLC	3,004	ф 3.43	191	14,447,11	00/01/21	00/31/26	Encinitas, CA 92023	7095
1958 Via Centre Drive								
/ista, Ca 92081	Approx				l l		OSNC - Vista	
/#84195	4.995	\$2.50	, ,	17 472 44	07/04/4-	000000	1958 Via Centre Drive	
777777777777777777777777777777777777777	4,550	⊅∠. 5U	(8) [17,473.44	07/01/17	U6/3U/27	Vista, Ca 92081	7095

⁽a) Total Rent includes Base Rent plus property taxes, association fees, insurance, CAM expenses, etc.





Education & Travel Expense Month Ending May 2023

Cost

Centers	Description	Invoice #	Amount	Vendor#	Attendees
8740 PACS		51123EDU	188.95	79410	GRAY, MOLINDA
8740 NCC CERT		51123EDU	200.00	79916	BOLDUC, TAMARA L
8740 Charge		51123EDU	200.00	84047	ANGELA ANSON
8740 MSN		50323 EDU	5,000.00	84273	NIKKI NGUYEN

^{**}This report shows reimbursements to employees and Board members in the Education

[&]amp; Travel expense category in excess of \$100.00.

^{**}Detailed backup is available from the Finance department upon request.