

PIONEERS MEMORIAL HEALTHCARE DISTRICT
207 West Legion Road, Brawley, CA 92227
REGULAR MEETING OF THE BOARD OF DIRECTORS

Tuesday, January 23, 2024
PMH Auditorium
3:00 pm

AGENDA

PMHD MISSION: Quality healthcare and compassionate service for families of the Imperial Valley

In compliance with the Americans with Disabilities Act, if you require special accommodations to participate in a board meeting, please contact the District at (760) 351-3250 at least 48 hours prior to the meeting.

I. CALL TO ORDER (time: 3:00 pm – 3:15 pm)

- A. Roll Call
- B. Approval of Agenda

II. BOARD MEMBER COMMENTS

III. PUBLIC COMMENTS – At this time, the Board will hear comments on any agenda item and on any item not on this agenda. If any person wishes to be heard, he or she shall stand; address the chairperson and state the subject, or subjects, upon which he or she desires to comment. Time limit for each speaker is 5 minutes. A total of 15 minutes shall be allocated for each item. (time: 3:15 pm – 3:30 pm)

IV. CLOSED SESSION – The following matters will be considered by the Board in closed session; the Board will reconvene in open session to announce any action taken on matters considered in closed session. (time: 3:30 pm – 4:00 pm)

- A. CONSIDERATION OF MATTERS INVOLVING TRADE SECRETS – Safe Harbor: Health and Safety Code §32106, subparagraph (b)
 - 1. Based on the Board's prior findings regarding Trade Secret classification, as contained in Resolution 2023-01, consideration and discussion of possible initiation of the following:
 - a. Updating Certain District Strategic Planning Initiatives

B. PENDING OR THREATENED LITIGATION – Safe Harbor: Subdivision (b) of Government Code Section 54956.9

- 1. Potential Cases: 1

V. RECONVENE TO OPEN SESSION (time: 4:00 – 4:05 pm)

SECTION

- A. Take Actions as Required on Closed Session Matters

VI. MEDICAL STAFF REPORT – Ramaiah Indudhara, MD, Chief of Staff, will present for Board consideration, the following matters: (*time: 4:05 pm – 4:45 pm*)

- A. Recommendations from the Medical Executive Committee for Medical Staff Membership and/or Clinical Privileges, policies/procedures/forms, or other related recommendations

VII. POLICIES/PROCEDURES/REVIEW OF OTHER ITEMS – The Board will consider and may take action on the following: (*time: 4:45 pm – 5:30 pm*)

- A. Hospital Policies

- 1. Control Documents
 - 2. Standardization of District Policies and Procedures

- B. Update Reports

- 1. Women's Auxiliary
 - 2. LAFCO

- C. Authorize Plan Sponsor Agreement with Health Advocate Solutions, Inc.

Contract Value: \$24,000; Contract Term: One (1) year; Budgeted: No; Budget Classification: Purchased Services

- D. Authorize Monitoring and Services Agreement with Jade Security Systems

Contract Value: \$719.⁷⁶; Contract Term: Two (2) years with Auto-renewal; Budgeted: No; Budget Classification: Purchased Services

- E. Authorize Master Agreement for Staffing Services with Medifis

Contract Value: based on use; Contract Term: active until terminated with 30-day notice; Budgeted: Yes; Budget Classification: Contract Labor

- F. Authorize Customer Optimization Plus Program Agreement with Covidien sales LLC/Medtronic

Contract Value: \$225,000/yr.; Contract Term: Five (5) years; Budgeted: Yes; Budget Classification: Supplies

- G. Authorize Medical Directorship Agreement for Base Station's MICN Program with James Nelson, MD

Contract Value: \$24,000; Contract Term: Two (2) years; Budgeted: Yes; Budget Classification: Professional Fees

- H. Authorize Client Agreement with Locums Choice, LLC

Contract Value: based on recruitment; Contract Term: One (1) year; Budgeted: No; Budget Classification: Purchased Services

- I. Authorize Lead Physician Advisor Services Agreement with Mehboob Ghulam, MD

Contract Value: not to exceed \$21,000; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Professional Fees

- J. Authorize Lead Physician Advisor Services Agreement with Peter Su, MD

Contract Value: not to exceed \$63,000; Contract Term: One (1) year; Budgeted: Yes; Budget

SECTION

Classification: Professional Fees

- K. Authorize Contingency Search Agreement with Columbia Healthcare
Contract Value: depends on placement; Contract Term: One (1) year; Budgeted: No; Budget
Classification: Purchased Services
- L. Authorize Provider Search Agreement with Delta Physician Placement, LLC
Contract Value: depends on search; Contract Term: Ten (10) months; Budgeted: No; Budget
Classification: Purchased Services
- M. Authorize Addendum to Medical Directorship Agreement with Lwbba Grissell Chait
Llamas, MD, Inc.
Contract Value: not to exceed \$24,000/yr.; Contract Term: Two (2) years; Budgeted: Yes; Budget
Classification: Professional Fees

VIII. MANAGEMENT REPORTS – The Board will receive the following information reports and may take action. *(time: 5:30 pm – 6:00 pm)*

- A. Operations Reports – Damon Sorensen, Interim CEO
 - 1. CEO Report (Interim Chief Executive Officer)
 - 2. Hospital operations (Chief Nursing Officer)
 - 3. Clinics operations (Chief of Clinic Operations)
 - 4. Medical staff (Chief Nursing Officer)
 - 5. Finance (Chief Financial Officer)
 - 6. Information technology (Chief Nursing Officer)
 - 7. Marketing (Director of Marketing)
 - 8. Facilities, logistics, construction, support
 - 9. Quality resources (Director of Quality Resources)
 - 10. Board matters
- B. Legal Counsel Report – Sally Nguyen
 - 1. All matters to be discussed in Closed Session

IX. ADJOURNMENT *(time: 6:00 pm)*

PIONEERS

MEMORIAL HEALTHCARE DISTRICT

DATE: January 16, 2024

TO: Pioneers Memorial Healthcare District Board of Directors

FROM: Ramaiah Indudhara, M.D; Chief of Staff

SUBJ: Medical Staff Recommendations for Approval

ITEMS FOR CONSIDERATION: Recommendations from the Medical Executive Committee for Medical Staff Membership and/or Clinical Privileges, policies/procedures/forms or other related recommendations.

SUMMARY AND BACKGROUND: The Medical Executive Committee, upon the recommendations of the Credentials Committee and the respective clinical services and/or chiefs and based on the completed credential files, policies, and procedures, recommends that medical staff membership and/or clinical privileges be granted as outlined below:

1. Recommendation for **Initial Appointment** to the **Provisional Staff effective February 1, 2024** for the following:

| | |
|--------------------------|---------------------------|
| • Kopec, Marcin, MD | Teleradiology |
| • Padilla, Patricia, FNP | Family Nurse Practitioner |

2. Recommend **Reappointment** effective December 1, 2023 for the following:

| | |
|-----------------------------|---------------------------|
| • Bivens, Joseph MD | Wound Care |
| • Rodriguez, Norma MD | Pathology |
| • Silva Sepulveda, Jose, MD | Pediatric Cardiology |
| • Gonzales, Joe, FNP | Family Nurse Practitioner |
| • Honig, Amanda, CRNA, DNP | Nurse Anesthest |

3. Recommend Request for **Release from Proctoring and Advancement** effective February 1, 2024:

- None

4. Recommend acceptance of the following **Resignations from Staff** effective February 1, 2024:

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|-----------------------------|---------------------------------|
| • Admani, Mohammad, MD | Voluntary Resignation (Retired) |
| • Duong, Man, MD | Voluntary Resignation |
| • Fisher, Ricky, DO | Voluntary Resignation |
| • Pavlovich, Sasha, MD | Voluntary Resignation |
| • Rodiles, Horacio, MD | Voluntary Resignation (Retired) |
| • Rosa-Re, Lisa, MD | Voluntary Resignation |
| • Sapien, David, MD | Voluntary Resignation |
| • Ogunbge, Olufemi, CRNA | Failure to reappoint |
| • Pineda, Kelly, PA | Voluntary Resignation |
| • Santillan, Elvis, PA | Voluntary Resignation |
| • Thompson, Christopher, PA | Voluntary Resignation |

5. Recommend acceptance of the following policies/forms:

- Access to Medication When the Pharmacy is Closed – (CLN-02931)
- Anticoagulation Management – (CLN-02978)
- Chemotherapy Safety – (CLN-02987)
- Clarification of Medication Orders – (CLN-02999)
- Controlled Substances – (CLN-02992)
- Delivery Table Set Up Work Instructions - (CLN-01278)
- Drug Supply Chain Security – (CLN-03009)
- Emergency Department Nursing Assessment of the ED Patient – WI – (CLN-01907)
- Discharge of Infant to Someone Other Than Mother – (CLN-00214)
- FentaNYL Transdermal Patient – (CLN-02984)
- Financial Adjustment for Adverse/Sentinel Events – (ADM-00127)
- Implementation of Orders – (CLN-01008)

PIONEERS

MEMORIAL HEALTHCARE DISTRICT

- Initial Assessment and Triage of the Perinatal Patient – (CLN-01242)
- Inpatient Wound Vacuum Application – (CLN-03219)
- Anxiolysis and Minimal Sedation in the Emergency Department – (CLN-01933)
- ISCHEMIC Strock Order Set – (ERM-00336)
- Lymphoscintigraphy-WI – (CLN-00819)
- Meckel's Diverticulum Scintigraphy – WI (CLN-00535)
- Medical Ethics Case Referrals and Committee – (CLN-00007)
- Ongoing Assessment of the Perinatal Patient – (CLN-01243)
- Pharmaceutical Sales Representatives – (CLN-02928)
- Prescription Forms (Pads and Paper) Security – (CLN-03007)
- Rapid Response Teams (RRT) – (CLN-00012)
- Reporting Animal Bites WI – (CLN-00943)
- Scope of Practice for Licensed Vocational Nurse (LVN) – (CLN-00382)
- Standardized Procedure for Registered Nurses: Administration of Prescription Medication and Others Routine Orders – SART (CLN-2000)
- Standardized Procedures for Medical Functions – (CLN-00014)
- Umbilical Cord Blood Gas – (CLN-01418)
- Drug Use Criteria – (CLN-02998)
- Condition H/Condition Help – (CLN-00017)
- End of Life Option Act Participation – (ADM-000186)
- Patient Safety Evaluation System – (ADM-00078)
- Pioneers Research Council (PRC) – (CLN-00825)

6. Ms. Teague – Implementation of Cerner EMR – Ongoing, those present were reminded of the implementation of the new EMR. Go Live Date April 15, 2024. Sent out email to Medical Staff to book training prior to Go Live date. Order Sets were sent to Medical Staff to review and make modifications if needed for department specific.

7. Transfer report was reviewed for November 2023. Transfers are sent out for services that are not provided here at the hospital and sent to other hospitals. Those services that cannot be performed in the Valley are sent out to San Diego or Desert Counties.

8. Mr. Sorensen reported – New CEO Christopher Bjornberg will begin employment on January 24: 2024. New Board will be sworn in January LAFCO voted to table PMHD application until March 2024.

9. The DaVinci Robot project approved by OSHPD, Engineers and Inspectors performed a walk through and assessment. Once DaVinci XI is installed training dates will be provided to staff, along with the in-service for Airseal and Hillrom bed.

10. Clinical Service and Committee Reports:

- Medicine – A meeting was held.
- Emergency Medicine – No meeting was held.
- Surgery/Anesthesia/Pathology – A meeting was held.
- OB/GYN – No meeting was held.
- Pediatrics – A meeting was held.
- Medical Imaging – A meeting was held.
- Ambulatory Services – Nothing to report.
- Credentials & Bylaws – A meeting was held it was presented at MEC.
- Utilization Management – No report.

RECOMMENDATION: That Pioneers Memorial Healthcare District Board of Directors approves each of the recommendations of the Medical Executive Committee for medical staff membership and clinical privileges as outlined above, policies and procedures as noted and authorizes the chief executive officer to sign any documents to implement the same.

Respectfully submitted,
 Ramaiah Indudhara, MD, MBA, FACS
 Chief of Staff
 RI/arc

POLICIES FOR APPROVAL AT MEC

| | Policy | Policy No. | Page # | Revisions (see policy for full description) |
|----|--------------------------------------------------|-------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Access to Medication When the Pharmacy is Closed | CLN-02931 | • 01-16 | <ul style="list-style-type: none"> • Updated Attachment F to new service with TelNet-Rx |
| 2. | Anticoagulation Management | CLN-02978 | • 17-31 | <ul style="list-style-type: none"> • Submitted without changes |
| 3. | Chemotherapy Safety | CLN-02987 | • 32-54 | <ul style="list-style-type: none"> • None |
| 4. | Clarification of Medication Orders | CLN-02999 | • 55-56 | <ul style="list-style-type: none"> • Submitted for review without revisions |
| 5. | Controlled Substances | CLN-02992 | • 57-339 | <ul style="list-style-type: none"> • Added DOP, CS and ADM in Definitions • Removed Monthly Record Review of Controlled Substance Purchases from Procedure Table of Contents • Updated DEA form 222 Ordering (section 5.2.1.4) – changed to a single-sheet format and is no longer a triplicate form. • Removed specific day of the week in Patient Care Areas Inventory Count (5.3.5.1) • Added Controlled Substance Inventory Reconciliation (section 5.3.6) • Added CS removal must be administered within 30 minutes to Part V. Administration • Added guidance on Return, Waste and Disposal (5.5.6.1 and 5.5.6.2) • Additional Monitoring and Evaluation tracking points: Diversion Watch List or similar report, and reference to HR policy for progressive corrective action • Updated Reference source 6.6 to the 2022 revised version |

POLICIES FOR APPROVAL AT MSQC

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| | | | <ul style="list-style-type: none">• Minor revisions on Attachment B – CS Quality Audit Points: added section on Inventory Reconciliation• Minor revisions on Attachment C – Controlled Substances QC Audit Point Tracking Tool: Revised time to run PM Pyxis vs CII Safe Report; added column for Quarterly Inventory Reconciliation Report, removed monitoring activities that are no longer performed (CS Take Home Packs, CS Epidural Infusion, Dispense to EMT)• Retired previous Attachment I – Narcotic Discrepancy-Medication Override. Documentation Form: no longer required to close MIDAS QRR Events.• Revised and renamed Attachment G to Controlled Substance Inventory Reconciliation Worksheet (previously named CS Inventory Control Audit Worksheet)• Retired previous Attachment O – Pyxis vs CII Safe Controlled Substance Inventory Reconciliation (integrated with Attachment G revision).• Minor revisions on Attachment M – Power of Attorney for DEA Forms• Changed sequence for Attachment N – DEA Notice of Central Records to Attachment I (replaced retired old Attachment I sequence) |
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POLICIES FOR APPROVAL AT MSQC

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|-----|----------------------------------------------------------------|-----------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | <ul style="list-style-type: none"> • Added Controlled Substance Surveillance Team (5.6.5) • Integrated contents of Policy CLN-02948 Pyxis MedStation Narcotic Accountability into specific and appropriate parts of this policy with the intention of retiring Policy CLN-02948. |
| 6. | Delivery Table Set Up Work Instruction | CLN-01278 | • 340-344 | <ul style="list-style-type: none"> • 5.1.7 Changed Sterile water to Saline • 5.4 Changed raytecs to gauze • Added 5.8.5-5.8.7 |
| 7. | Drug Supply Chain Security | CLN-03009 | • 345-355 | • None |
| 8. | Emergency Department Nursing Assessment of the ED Patient – WI | CLN-01907 | • 356-357 | • Modified title from “Emergency Room” to “Emergency Department” |
| 9. | Discharged of Infant to Someone Other Than Mother | CLN-00214 | • 358-363 | • Reviewed and submitted without change |
| 10. | FentaNYL Transdermal Patch | CLN-02984 | • 364-379 | • None |
| 11. | Financial Adjustment for Adverse/Sentinel Events | ADM-00127 | • 380-381 | • Submitted without revisions |
| 12. | Implementation of Orders | CLN-01008 | • 382-384 | <ul style="list-style-type: none"> • Revised author • Collaborated with IT |
| 13. | Initial Assessment and Triage of the Perinatal Patient | CLN-01242 | • 385-388 | • 5.1.3.2.1 Removed PH |
| 14. | Inpatient Wound Vacuum Application | CLN-03219 | • 389-479 | • Changed author |
| 15. | Anxiolysis and Minimal Sedation in the Emergency Department | CLN-01933 | • 480-482 | • New policy |
| 16 | ISCHEMIC Stroke Order Set | ERM-00336 | • 483 | • None |
| 17. | Lymphoscintigraphy-WI | CLN-00819 | • 484-486 | <ul style="list-style-type: none"> • The isotope injected for Sentinel Node Scans has been changed from 99mTc Filtered Sulfur Colloid to 99mTc Tilmanocept (Lymphoseek) • The dose injected has been changed to a standard dose of 0.5 mCi in 0.4 mL volume. |

POLICIES FOR APPROVAL AT MEC

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|-----|--------------------------------------------------------------------------------------------------------------------------|-----------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | <ul style="list-style-type: none"> • Images are taken 15-30 minutes posted injection instead of 2-3 hours post injection. • References have been updated to include new approved 2013 guidelines. |
| 18. | Meckel's Diverticulum Scintigraphy-WI | CLN-00535 | • 487-488 | <ul style="list-style-type: none"> • None |
| 19. | Medical Ethics Case Referrals and Committee | CLN-00007 | • 489-491 | <ul style="list-style-type: none"> • Changed author • Added Compliance, Risk, Case Management, Legal, and Nursing to collaborating departments • Added section 5.11 and subsection • Added 5.1.2 |
| 20. | Ongoing Assessment of the Perinatal Patient | CLN-01243 | • 492-495 | <ul style="list-style-type: none"> • Updated reference 6.3 |
| 21. | Pharmaceutical Sales Representatives | CLN-02928 | • 496-502 | <ul style="list-style-type: none"> • None |
| 22. | Prescription Forms (Pads and Paper) Security | CLN-03007 | • 503-504 | <ul style="list-style-type: none"> • Submitted for review without changes |
| 23. | Rapid Response Teams (RRT) | CLN-00012 | • 505-509 | <ul style="list-style-type: none"> • Added Section 5.9, 5.9.1, 5.9.9 – RRT Committee • Updated Reference 6.1 • Updated Reference 6.3 • Updated Reference 6.4 |
| 24. | Reporting Animal Bites WI | CLN-00943 | • 510-512 | <ul style="list-style-type: none"> • Changed urgent care center to rural health center • Added RHCs in collaboration • Modified Attachment A – Animal Control Contacts. Removed Holtville Fax Number, N/A |
| 25. | Scope of Practice for Licensed Vocational Nurse (LVN) | CLN-00382 | • 513 | <ul style="list-style-type: none"> • Changed Author |
| 26. | Standardized Procedure for Registered Nurses: Administration of Prescription Medications and Other Routine Orders – SART | CLN-2000 | • 514-516 | <ul style="list-style-type: none"> • Submitted for review without revisions |
| 27. | Standardized Procedures for Medical Functions | CLN-00014 | • 517-520 | <ul style="list-style-type: none"> • Changed Author |

POLICIES FOR APPROVAL AT MSQC

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|-----|-----------------------------------|-----------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | <ul style="list-style-type: none">Added Pharmacy and Compliance to Collaborating Departments |
| 28. | Umbilical Cord Blood Gas | CLN-01418 | <ul style="list-style-type: none">521-522 | <ul style="list-style-type: none">None |
| 29. | Drug Use Criteria | CLN-02998 | <ul style="list-style-type: none">523-562 | <ul style="list-style-type: none">Removed attachment C "Acetaminophen IV" based on April 2023 P&T meetingMoved Attachment J, to Attachment C. |
| 30. | Condition H/Condition Help | CLN-00017 | <ul style="list-style-type: none">563 | <ul style="list-style-type: none">None |
| 31. | End Life Option Act Participation | ADM-00186 | <ul style="list-style-type: none">564-565 | <ul style="list-style-type: none">Changed author |
| 32. | Patient Safety Evaluation System | ADM-00078 | <ul style="list-style-type: none">566-568 | <ul style="list-style-type: none">Author Changed |
| 33. | Pioneers Research Council (PRC) | CLN-00825 | <ul style="list-style-type: none">569-570 | <ul style="list-style-type: none">Changed authorsAdded Compliance to collaborating department |

Pioneers Memorial Healthcare District

| | | |
|-------------------------------------------------|--|------------------------|
| Title: Control of Documents | | Policy No. ADM-00074 |
| | | Page 1 of 5 |
| Current Author: Rae Jean Murray/Carol Bojorquez | | Effective: 6/24/2013 |
| Latest Review/Revision Date: 8/11/22 | | Manual: Administrative |

| | |
|---------------------------------------------------|---------------------------------------------|
| Collaborating Departments: Audit Team | Keywords: ISO, documented procedures, 4.2.3 |
| Approval Route: List all required approval | |
| MARCC 10/11/2022 | PSQC |
| Clinical Service _____ | MSQC |
| | MEC |
| | BOD 11/2022 |

Note: If any of the sections of your final layout are not needed do not delete them, write "not applicable".

1.0 Purpose:

- 1.1 Define the process of how controlled documents are developed, approved and revised.
- 1.2 Define when documents become obsolete, are retired and prevented from being used.

2.0 Scope: District Wide**3.0 Policy:**

- 3.1 Documents required by the quality management system for ISO-9001-2015 and/or regulatory compliance, shall be controlled (Attachment A – List of Documents to be Controlled).
 - 3.1.1 Medical Records are excluded from this policy.
- 3.2 This policy applies to all departments within the organization for management of internal and external documents.
- 3.3 Documents shall be approved prior to use, changes shall be approved, and staff shall be educated regarding changes.
- 3.4 Documents which become obsolete or are no longer current shall be prevented from being used.
 - 3.4.1 All paper based internal documents used by PMHD will be maintained on the policy and document electronic management system – SAI 360 or departmental shared drive and are therefore considered “controlled.” Files should be processed in the format and font consistent with PMHD policies.
- 3.5 Employees may print a document(s) from the shared drive or electronic database, however this document is then considered “uncontrolled”.
 - 3.5.1 Each document shall contain an origination date, approval, and date of each review. Revisions shall be identified in an audit or revision trail.
- 3.6 All documents shall be reviewed within a 2 year period or more frequently as required by regulatory standards. Work Instructions shall be reviewed within a 3 year period or more frequently as required by regulatory standards.
 - 3.6.1 Work Instructions should be identified as such within the title
- 3.7 Retired documents will be retained as specified by accrediting, state or federal agencies.
- 3.8 Documents affecting other departments or disciplines will reflect a collaborative effort.
- 3.9 Documents affecting another department will not be implemented until approval from that area is received and recorded.
- 3.10 Changes to documents shall be approved by the originating department

Pioneers Memorial Healthcare District

| | | |
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| Title: Control of Documents | | Policy No. ADM-00074 |
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| Current Author: Rae Jean Murray/Carol Bojorquez | | Effective: 6/24/2013 |
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- 3.11 Documents related to physician practice shall be approved by the medical staff and be distributed/accessible to all physicians.
- 3.12 All Employees
 - 3.12.1 Are responsible to identify documents needed by the organization or changes to current documents which define the organization's management system
 - 3.12.2 Are educated to ensure that any document that has been printed from the shared drive is current
 - 3.12.3 Are responsible to ensure when a document is printed from the main database that is the latest revision.
- 3.13 All Department Leaders are responsible
 - 3.13.1 To create or revise documents used by their department
 - 3.13.2 To approve all documents used solely by their departments.
 - 3.13.3 To ensure that all documents are created in the organization's prescribed format.
 - 3.13.4 To maintain a list of all documents specifically used by the department not on the main shared drive.
 - 3.13.5 To educate staff on new documents and any changes to current documents that they utilize.
 - 3.13.6 For determining frequency of review period and compliance with regulatory agency requirements.
- ~~3.13~~ **PMHD Senior Administrators** ~~The Senior Leadership~~
 - ~~3.13.83.13.7~~ Is responsible to review and approve all policies (note: may be delegated to a separate policy committee).
 - ~~3.13.93.13.8~~ Shall define the approval levels for documents used by the organization
 - ~~3.13.103.13.9~~ Will ensure timeliness of controlled documents review periods

4.0 Definitions:

- 4.1 Controlled Documents: Any document used by PMHD to describe how the organization functions, including: Policies, procedures, plans, work instructions, protocols, forms, checklists, preprinted orders, temporary signage/postings or reference material.
- 4.2 Uncontrolled documents: Documents not in current form and not identified as obsolete.
- 4.3 Internal documents: Any document developed, created and used in the organization.
- 4.4 External documents: Any document developed outside the organization but used by the organization.

5.0 Procedure:

- 5.1 **Policies & Procedures/Plans/ Work Instructions/Protocols**
 - 5.1.1 All Policies & Procedures/Plans/Work Instructions/Protocols will be stored electronically in SAI 360 the policy and document electronic management system.
 - 5.1.2 Approval and reapproval shall be documented in SAI 360 and follow the standardize format in Policy # ADM-00061 Standardization of Hospital Policies and Procedures.

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| Title: Control of Documents | | Policy No. ADM-00074 |
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5.1.2.1 Policies & Procedures/ /Protocols will be reviewed every 2 years with changes documented in the comment section of SAI 360. Work Instructions shall be reviewed within a 3 year period or more frequently as required by regulatory standards.

5.1.2.2 Work Instructions should be identified as such within the title

5.1.3 Only current version will be “Searchable” in SAI 360.

5.1.4 Each department is required to number their policies in accordance with a consistent document number system.

5.1.5 The electronic version will supersede any printed copy.

5.1.6 Obsolete documents will be “retired” in SAI 360 and moved to non-searchable status and water marked “Retired”.

5.2 Forms

5.2.1 All forms will be stored electronically in SAI 360.

5.2.1.1 Forms are located under the “Forms” tab.

5.2.2 Approval route shall be determined by the form(s) creator and documented in SAI 360.

5.3 All new forms are approved by MARCC-PMHD Senior Administrators before uploading onto SAI 360.

5.3.1.1 Forms will be reviewed through the MARCC-PMHD Senior Administrators process every 3 years with changes documented in the comment section of SAI 360.

5.3.2 Only current version will be “Searchable” in SAI 360.

5.3.3 All forms are identified by form number, responsible person or department and last revision date in the bottom, left corner.

5.3.4 Only forms originating in SAI 360 are considered controlled and current.

5.3.5 Obsolete documents will be “retired” in SAI 360 and moved to non-searchable status and water marked “Retired”. Reason for retiring the document will be included

5.4 Preprinted Orders

5.4.1 Preprinted orders will be stored electronically in SAI 360 under the Preprinted Order tab.

5.4.2 Order sets will be developed or revised and approved using the flow chart in Attachment C: Preprinted Orders Process Flow.

5.4.3 Preprinted orders shall be approved the requesting physician and clinical department leader.

5.4.4 Once preprinted order is approved by the requesting physician and/or clinical department the order set will be developed in the electronic medical record (EMR).

5.4.5 Preprinted orders will be used in the EMR, but can be printed and as part of the computer down time process.

5.4.6 Only current version will be “Searchable” in SAI 360.

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| Title: Control of Documents | | Policy No. ADM-00074 |
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5.4.7 Preprinted order sets will be reviewed at least two years with changes documented in the comment section of SAI 360.

5.4.8 Obsolete documents will be “retired” in SAI 360 and moved to non-searchable status and water marked “Retired”.

5.5 Temporary Signage and Posters

5.5.1 All temporary department signage and posters must be reviewed and approved by the department manager.

5.5.1.1 Only work related signage/posters may be posted in the facility.

5.5.2 Temporary signage and posters must include the following in the left hand footer of the sign/poster (Attachment D).

5.5.2.1 Posting Date

5.5.2.2 Approval initials of the department manager or their designee

5.5.2.3 Removal date

5.5.3 Internal temporary sign/poster may be created using the attached template, otherwise any temporary signage/posters displayed must have the above requirements handwritten the temporary signage/posters displayed (e.g. printed emails, flyers, etc.).

5.5.4 The Department manager, or their designee, is responsible for ensuring that temporary signage/posters are removed in a timely fashion.

5.5.4.1 All employees will have the authority to remove any temporary sign/poster that has exceeded the “removal date” identified in the lower left corner.

5.5.4.2 If removing a temporary sign/poster, please discard in the shredding bins located throughout the hospital.

5.6 Printed Reference Material

5.6.1 A log of approved printed reference material for clinical areas will be maintained in the Nursing Administration office.

5.6.2 Approved printed material will be identified with a green sticker and obsolete printed material will be identified with a pink sticker.

5.6.3 Printed reference material will be reviewed at least every two years.

5.7 External References

5.7.1 Links to external references will be verified and, if required, updated at least every two years or upon notification of change.

6.0 References:

6.1 ISO 9001:2015 7.5.3 Control of Documents

6.2 QM 2. SR3b

6.3 Standardization of Hospital Policies and Procedures, Policy # ADM-00061

Pioneers Memorial Healthcare District

| | | |
|-------------------------------------------------|--|------------------------|
| Title: Control of Documents | | Policy No. ADM-00074 |
| | | Page 5 of 5 |
| Current Author: Rae Jean Murray/Carol Bojorquez | | Effective: 6/24/2013 |
| Latest Review/Revision Date: 8/11/22 | | Manual: Administrative |

7.0 Attachment List:

- 7.1 Attachment A – List of Documents to be Controlled
- 7.2 Attachment C – Preprinted Order Process Flow
- 7.3 Attachment D – Template for Temporary Signage/Postings

8.0 Summary of Revisions:

- 8.1 Updated name of policy and document electronic management system to SAI 360 through out the policy
- 8.2 Added 3.13.6
- 8.3 Removed 4.2.3
- 8.4 Added 5.3.1.1
- 8.5 Added 5.3.5
- 8.6 In attachment A – changed Nurse Reference to Dynamic Health

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| | Page 1 of 5 |
| Current Author: Carol Bojorquez | Effective: 1/9/1987 |
| Latest Review/Revision Date: 5.18.22 | Manual: Administration |

| | | | |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------|------------|
| Collaborating Departments: Administration, Nursing and Ancillary, Board of Directors | Keywords: policy, procedure, conflict, compliance 360, policy manager, approval, revision, Lippincott | | |
| Approval Route: List all required approval | | | |
| MARCC 8/9/2022 | PSQC | Other: | |
| Clinical Service _____ | MSQC | MEC | BOD 9/2022 |

1.0 Purpose:

- 1.1 To establish processes for the development, revision, approval and implementation of policies and procedures in a standardized format throughout Pioneers Memorial Healthcare District

2.0 Scope: District wide**3.0 Policy:**

- 3.1 All departments must have written policies and procedures related to compliance with practice, laws, regulations and standards in their areas.
- 3.2 These policies and procedures must be current and accessible to affected colleagues.
- 3.3 All policies and procedures must be entered and maintained in [Compliance 360](#) "Policy Manager" on the intranet (see Compliance 360 Guidelines policy for further instructions).
- 3.4 Approved policy and procedures are available to staff in the [Compliance 360](#) "Policy Manager" via the intranet.
- 3.5 Nursing procedures are located on the intranet in the electronic evidence-based database for nursing procedures.
 - 3.5.1 The electronic evidence-based database is updated quarterly and as evidence changes.
 - 3.5.1.1 Nursing Procedures Selection – Dynamic Health (Policy CLN-00287)
- 3.6 All policies and procedures are reviewed at least every two years except when regulatory requirements state otherwise.
 - 3.6.1 In compliance to the ACC Chest Pain Center Accreditation requirements, the Chest Pain Center Committee must review ANNUALLY the Policies, Procedures, Clinical processes including flowcharts and order sets for Low Risk, NSTEACS and STEMI patient population."
 - 3.6.2 Work Instructions will be reviewed every 3 years.
- 3.7 All policies and procedures must be prepared in the standardized format in the electronic template (Attachment A, Policy Template, Attachment B, Policy Template Cheat Sheet).
- 3.8 All policies and/or procedures must be approved by [MARCC PMHD Senior Administrators](#) to ensure standardization and appropriate collaboration, with the exception of any policies and procedures that the PMHD Board of Directors ("Board") creates, reviews, or approves.

The electronic version of this policy supersedes any printed copy.

Pioneers Memorial Healthcare District

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3.9 All policies and procedures are subject to review and approval by the Board at any time.

3.10 All policies which have been replaced or retired will be retained electronically in the Compliance 360 "Policy Manager" as "retired".

3.11 Imperial Heights Healthcare and Wellness Centre

3.11.1 This facility will establish policies and procedures that will give guidance for quality oversight; resident and operational practices; and regulatory compliance.

3.11.2 Policies and procedures will be entered and maintained via Rockport's policies and procedures electronic database. PMHD Senior Administrators will have access to Rockport's policies and procedures electronic data base system.

3.11.3 Oversight:

3.11.3.1 *All Policies and Procedures must be reviewed and approved by PMHD Senior Administrators. PMHD will have a representative at the facility's Policy and Procedures Committee. They will have representation at PMHD's MARCC.*

4.0 Definitions:

4.1 *MARCC—Maintaining Accreditation and Regulatory Compliance Committee to provide oversight to policies and procedures prior to initiating the approval process.*

4.2 Policy Manager (Compliance 360) definitions:

4.2.1 Responsible Party – The person who "owns" the policy. This individual is notified by the "Policy Manager" electronically when a policy and/or procedure are due for revision.

4.2.1.1 This individual is also responsible for starting the collaborative team and the approval processes.

4.2.2 Keywords – A list of words that staff may enter when searching for a policy.

4.2.3 Collaboration Team – A list of users (individuals or groups) assigned to review and/or revise the policy.

4.2.3.1 The team should be a person or small group with knowledge of the subject matter.

4.2.4 Approval Route – The pathway from initiation to final approval.

4.2.4.1 An individual or group that may give the final approval, the routing should be as direct as possible with very limited electronic groups (see Attachment C, Approval Flow)

4.2.4.2 At the final approval there is no ability to revise the policy, only approve or reject.

4.2.5 Manuals – There are 'electronic' manuals in "Policy Manager".

4.2.5.1 Electronic manuals may have more than one 'electronic section' (an electronic grouping of policies by department, service line or other category).

5.0 Procedure:

5.1 Development of Policies and Procedures

Pioneers Memorial Healthcare District

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- 5.1.1 Department leaders will become or assign the Responsible Party, who will:
 - 5.1.1.1 Determine the need for a policy and/or procedure based on the requirement to define a specific practice or activity; or compliance with regulatory or accrediting requirements.
 - 5.1.1.2 Determine if a policy and /or procedure related to the subject matter currently exists by searching the "Policy Manager" using keywords or possible title.
 - 5.1.1.2.1 If no policy exists, proceed to developing a new policy and/or procedure (see section 5.2).
 - 5.1.1.2.2 If a policy exists review current policy and /or procedure for accuracy (see section 5.3).
 - 5.1.1.3 Determine if related departments and/or Collaboration Team are effected, thus policies and/or procedures must be developed collaboratively to minimize deviations.
- 5.2 New Policies
 - 5.2.1 The Responsible Party creates a draft policy in the approved template (Attachment A) and ensures all areas are completed.
 - 5.2.1.1 If an area does not require completing the "Not applicable" shall be documented.
 - 5.2.2 The MARCC recorder will document the following in the The "Policy Manager" shall include a record of:
 - 5.2.2.1 Next scheduled revision date
 - 5.2.2.2 Collaboration Team
 - 5.2.2.3 Approval Route (individual or group)
 - 5.2.3 The MARCC recorder will upload the final policy draft will be uploaded with and any attachments in the "Policy Manager" and routed for approval then initiate the approval route.
- 5.3 Revising Existing Policies
 - 5.3.1 The Responsible Party will search the "Policy Manager" for duplicate or similar policies and determine the appropriate policy to revise if applicable.
 - 5.3.2 After revisions/review are/is completed the "Latest Review/Revision Date" will be updated on the policy header and "Summary of Revisions" at the end of the policy as applicable.
 - 5.4.0 The MARCC recorder will upload the final policy draft will be uploaded with and any attachments in the "Policy Manager", routed for approval, and updated with the next scheduled review date, then initiate the approval route
 - 5.5.0 Update the next scheduled revision date
 - 5.6.0.0 Start the approval process
- 5.7.5.4 Approval Process
 - 5.7.15.4.1 The approval process is dependent on the type policy and relationship to other services, departments or provider.

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5.7.25.4.2 The approval process should be as direct as possible; questions regarding the approval process should be addressed by the ~~Administrative Team PMHD Senior Administrators~~ or ~~Division Leader~~ department leader.

5.7.35.4.3 Department specific policies only require approval from ~~MARCC-PMHD Senior Administrators~~ and the department leader.

5.7.45.4.4 Clinical policies require careful consideration as they effect nursing, other disciplines or physician's direction of care.

5.7.55.4.5 Medical Staff approval is sought through the Medical Staff Quality Council/Medical Staff Executive Committee (MSQC/MEC) and the Medical Staff Clinical Service as appropriate.

5.7.5.15.4.5.1 A list of policies approved at MSQC/MEC will be provided to the Board of Directors (Board) in the Medical Staff packet (in accordance with Medical Staff bylaws).

5.7.5.25.4.5.2 Policies pending approval from Medical Staff will be approved/rejected after the final level of review (in most cases, MEC).

5.7.65.4.6 Human Resource policies require ~~MARCC, Administrative Team PMHD Senior Administrators~~ and Board approval ~~dependent on policy content~~.

5.85.5 Implementation of Policies and Procedures

5.8.15.5.1 The Responsible Party is accountable for notifying appropriate managers, departments, or functions of any significant revisions or new policies.

5.8.25.5.2 Department leaders are accountable for notifying staff and implementing policies with in departments.

5.95.6 Retiring Existing Policies

5.9.15.6.1 Retired policies and/or procedures will be archived in the "Policy Manager" by selecting the "Retire" button in the actions column and changing the status of the policy from "active" to "inactive" to ensure policy is no longer searchable.

5.105.7 Policy and Procedure Conflicts

5.10.15.7.1 The document issued and current from higher authority shall prevail in the event of a conflict between two or more existing policies and/or procedures except when the lessor authority document meets the higher authority document but is more stringent, then the lessor authority document prevails.

5.10.25.7.2 General Authority Hierarchy

5.10.2.15.7.2.1 Federal Government

5.10.2.25.7.2.2 State Government

5.10.2.35.7.2.3 County Government

5.10.2.45.7.2.4 Municipal Government

5.10.2.55.7.2.5 Governing Board

5.10.2.65.7.2.6 Administration and Human Resources Policies and Procedures

5.10.2.75.7.2.7 Departmental Policy and Procedure Manuals

5.10.2.85.7.2.8 Department Section Directives

5.10.35.7.3 The Chief Executive Officer has the authority to designate the prevailing document in the event of any failure to agree by the involved parties.

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6.0 References:

- 6.1 [Compliance 360](#)
- 6.2 Dynamic Health (Policy CLN-00287)

7.0 Attachment List:

- 7.1 Attachment A – Policy Template Revised
- 7.2 Attachment B – Policy Template Cheat Sheet
- 7.3 Attachment C – Approval Flow Chart
- 7.4 Attachment D – Compliance 360 Non-Clinical Manual Numbering Assigned
- 7.5 Attachment E – Compliance 360 Clinical Manual Numbering Assigned
- 7.6 Attachment F – Glossary of Terms

8.0 Summary of Revisions:

- 8.1 Added: 3.11; 3.11.1; 3.11.2; 3.11.3; 3.11.4
- 8.2 Updated name on 3.5.1.1

Ambulatory Outpatient – Operations Monthly Updates

PHYSICIAN PRODUCTIVITY

- Monthly WRVU Q4 in process
- Preparing 2023 productivity reports

PHYSICIAN AGREEMENTS

- Dr. Chait Directorship
- Dr. Kuraitis Directorship- On Hold
- Locum Agreements
- Permanent Recruitment Agreement
- Dr. Bivens- In review

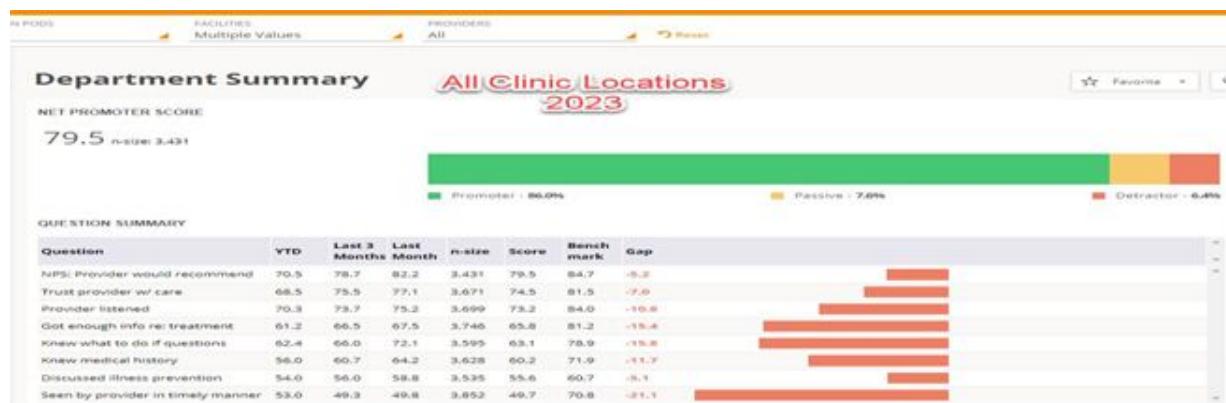
MARKETING

- General Surgery
- Dr. Admani Retirement
- FLU Vaccine Campaign
- Cervical Cancer Campaign
- Wound Care
- Orthopedics

AUDIT TEAM/PRO-BILLING

- Clinic Billing Manager started 1/9/2024.
- Cerner Build in progress, testing in February 2024

Patient Satisfaction



Provider ONBOARDING

- Patricia Padilla, NP (Primary Care)

MONTHLY PHYSICIAN COMPENSATION

- Monthly timesheets are being submitted in a timely manner. All providers were paid by the first Friday of the month in January 2024

Statistics

Call Center:

| Split | Avg. # Agents | ACD Incoming Calls | | | | | | | | | | | | Outgoing Calls | | |
|----------------|---------------|--------------------|----------------|----------------|-----------------|-----------------|--------------|-----------------|-------------------|-----------------|-------------|--------------|---------------|-----------------|-------------------|--|
| | | Per Day | Total | # Ans. | ASA | LWC | %GOS | Avg. Talk Dur | Tot. Talk Dur | Avg. Handle | %Aband | # Aband. | Total | Avg. Talk Dur | Tot. Talk Dur | |
| PHC | 3.60 | 141 | 51,335 | 49,002 | 00:00:30 | 00:26:59 | 81.75 | 00:02:20 | 1899:43:59 | 00:02:42 | 4.54 | 2,333 | 29,241 | 00:01:36 | 778:09:25 | |
| CHC | 0.74 | 44 | 16,096 | 14,958 | 00:00:29 | 00:14:37 | 81.74 | 00:02:23 | 593:15:54 | 00:02:42 | 7.07 | 1,138 | 5,191 | 00:01:00 | 86:31:00 | |
| PCHC | 0.44 | 39 | 14,378 | 12,242 | 00:00:55 | 00:26:54 | 64.91 | 00:02:29 | 505:25:03 | 00:02:30 | 14.86 | 2,136 | 1,126 | 00:01:38 | 30:41:25 | |
| WHAP | 0.33 | 24 | 8,873 | 8,281 | 00:00:31 | 00:25:11 | 80.47 | 00:02:35 | 357:29:47 | 00:02:36 | 6.67 | 592 | 0 | 00:00:00 | 00:00:00 | |
| CWHAP | 0.33 | 23 | 8,513 | 7,999 | 00:00:33 | 00:28:08 | 79.35 | 00:02:52 | 381:59:24 | 00:02:53 | 6.04 | 514 | 0 | 00:00:00 | 00:00:00 | |
| SCAP | 0.78 | 0 | 98 | 96 | 00:00:27 | 00:04:27 | 83.51 | 00:01:45 | 02:46:03 | 00:07:16 | 3.06 | 3 | 9,280 | 00:01:54 | 294:22:00 | |
| SHAP&IP | 0.26 | 9 | 3,368 | 3,229 | 00:00:27 | 00:05:19 | 83.07 | 00:02:12 | 118:07:52 | 00:02:12 | 4.13 | 139 | 0 | 00:00:00 | 00:00:00 | |
| CDLD | 0.43 | 7 | 2,550 | 2,452 | 00:00:25 | 00:09:30 | 85.77 | 00:02:06 | 85:44:20 | 00:02:22 | 3.84 | 98 | 7,045 | 00:00:56 | 109:56:13 | |
| Urology | 1.18 | 23 | 8,464 | 8,044 | 00:00:27 | 00:26:16 | 83.99 | 00:02:29 | 333:49:45 | 00:02:33 | 4.96 | 420 | 3,815 | 00:02:42 | 171:32:38 | |
| Summary | 0.90 | 311 | 113,675 | 106,302 | 00:00:33 | 00:28:08 | 79.68 | 00:02:25 | 4278:22:07 | 00:02:39 | 6.49 | 7,373 | 55,698 | 00:01:35 | 1471:12:41 | |

Clinics:

| Clinic Stats by Facility 2023 | | | | | | | | | | | | |
|-------------------------------|------|------|-------|------|------|------|------|------|-------|--------|-------------|--|
| | CHC | CDLD | CWHAP | PCHC | PHC | SHAP | URO | WHAP | WOUND | OP INF | Grand Total | |
| January | 885 | 48 | 380 | 816 | 3193 | 61 | 321 | 445 | 390 | 67 | 6606 | |
| February | 861 | 23 | 292 | 832 | 3209 | 58 | 307 | 419 | 353 | 69 | 6423 | |
| March | 982 | 26 | 373 | 821 | 3366 | 49 | 366 | 542 | 357 | 153 | 7035 | |
| 1st Quarter | 2728 | 97 | 1045 | 2469 | 9768 | 168 | 994 | 1406 | 1100 | 289 | 20064 | |
| April | 1003 | 29 | 346 | 722 | 2888 | 44 | 311 | 469 | 284 | 139 | 6235 | |
| May | 1022 | 19 | 423 | 886 | 3242 | 87 | 363 | 564 | 300 | 121 | 7027 | |
| June | 947 | 14 | 399 | 756 | 3016 | 64 | 353 | 528 | 298 | 134 | 6509 | |
| 2nd Quarter | 2972 | 62 | 1168 | 2364 | 9146 | 195 | 1027 | 1561 | 882 | 394 | 19771 | |
| July | 741 | 10 | 289 | 776 | 2895 | 50 | 352 | 474 | 326 | 103 | 6016 | |
| August | 928 | 0 | 381 | 961 | 3257 | 76 | 371 | 553 | 365 | 163 | 7055 | |
| September | 805 | 0 | 329 | 721 | 2980 | 58 | 240 | 480 | 294 | 152 | 6059 | |
| 3rd Quarter | 2474 | 10 | 999 | 2458 | 9132 | 184 | 963 | 1507 | 985 | 418 | 19130 | |
| October | 801 | 0 | 323 | 942 | 3203 | 54 | 393 | 546 | 281 | 195 | 6738 | |
| November | 734 | 0 | 365 | 852 | 2831 | 54 | 312 | 462 | 275 | 134 | 6019 | |
| December | 796 | 0 | 352 | 656 | 2525 | 33 | 269 | 393 | 254 | 138 | 5416 | |
| 4th Quarter | 2331 | 0 | 1040 | 2450 | 8559 | 141 | 974 | 1401 | 810 | 467 | 18173 | |
| | | | | | | | | | | Total | 77,138 | |

Process Improvement

2024 Goals:

Official Clinic PI – We will continue our locked notes with the same goal metric (95%). From 2022 to 2023 we made a 5% jump in our goal, from 90% to 95%. This was based on our 2022 overall average for the year was 99% complete. We felt confident going forward with a larger jump in our goal metric. However, in 2023 we made sure to run data monthly to ensure frequent communication with providers. Whereas in 2022 the data was being abstracted quarterly. We did see this create lower performance in the month-to-month reports. For 2023 we will continue to report monthly and include reporting medical staff to further assist in provider accountability.

Clinic Operational Goal – Initiate an annual visit campaign and focus on improving our number of annual visits across all populations. Focusing on getting our patient in for annual visits will improve multiple quality metrics including QIP and HEDIS scores. We will be running baseline data based on visit type. There are multiple factors that we will focus on to improve these numbers. This includes outreach efforts, proper scheduling (visit type), and provider coding.

Unlocked Notes 2023

| | Grand Total | | |
|------------------------------------------|-------------|--------------|-------------------|
| | | Total locked | Year End Locked % |
| Calexico Health Center | | | |
| Center for Digestive and Liver Disease | 10438 | 10387 | 99.5% |
| Comprehensive Women's Health at Pioneers | 140 | 138 | 98.6% |
| Pioneers Children's Health Center | 4195 | 4007 | 95.5% |
| PIONEERS HEALTH CENTER | 9415 | 9408 | 99.9% |
| Surgical Health At Pioneers | 36132 | 35842 | 99.2% |
| Urology | 684 | 680 | 99.4% |
| Womens Health at Pioneers | 3936 | 3740 | 95.0% |
| Wound Care | 5851 | 5619 | 96.0% |
| Grand Total | 3778 | 3777 | 100.0% |
| | 70791 | 69821 | 98.6% |

NEW OPPORTUNITIES

- Strategic Planning

Provider Recruitment

- Strategic Planning

Human Resources

- LVN Resignation- Transfer to Surgery
- LVN Resignation- Home Health
- Open Positions
 - LVN
 - MA/Intake
 - NP-Urology/Primary Care
 - NP-Pediatrics

Grants

- IPP Funding: CalAIM Incentive Payment Program
 - Funded at \$400,000, expand adult and add pediatric population. Focus High ED utilizers/Hospitalizations.

Other Items

- RHC Compliance Team Survey January 2024
 - PHC
 - PCHC
- Enhanced Care Management
 - Assigned lives received Go-live December 2023