

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

Wednesday, March 20, 2024
5:00 pm
PMH Auditorium

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: 5:00 pm – 5:15 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: 5:15 pm – 5:30 pm*)
- IV. REVIEW OF OTHER ITEMS FOR CONSIDERATION** – The Board will consider and may take action on the following: (*time: 5:30 pm – 6:15 pm*)
 - A. February 2024 Finance Report
- V. CONSENT AGENDA** – The following items will be acted upon by one motion, without discussion, unless a director, or other person, requests that an item be considered separately. In the event of such a request, the item will be addressed, considered, and acted upon, separately. (*time: 6:15 pm – 7:15 pm*)
 - A. Approval of Minutes
 - 1. 2/21/24 Supplemental Meeting
 - 2. 2/27/24 Regular Meeting
 - B. Hospital Policies
 - 1. Breastfeeding
 - 2. CT Safe Injection of Contrast Media
 - 3. Intermediate NICU Inpatient Visitation

SECTION

4. Neonatal Nursery Admission Transfer and Discharge Criteria
5. NICU Dietitian Discharge Planning
6. NICU Discharge Planning/Multidisciplinary Rounds
7. Nuclear Medicine Technologist Performance Standards
8. Pharmaceutical Services for Neonates in the NICU
9. Physician Recommendation for Suspension for Non-completion of Records
10. Respiratory Care for Neonatal Patients
11. Technologist Requirements for Venipuncture

C. Authorize Donation of Obsolete Surgery Department Equipment

Contract Value: valued at \$51,139.⁹⁷; Contract Term: N/A; Budgeted: N/A; Budget Classification: N/A

D. Authorize Agreements for ControlCheck Drug Diversion Monitoring Software with Bluesight, Inc

Contract Value: \$19,610.⁰⁴/year; Contract Term: Three (3) years; Budgeted: Yes; Budget Classification: Subscriptions/Equipment

E. Authorize One Board Meeting in April due to Cerner Go-Live Date

F. Authorize Time & Attendance Module with ADP, Inc.

Contract Value: \$124,606.⁸⁰/yr. + \$20,000 one-time fee; Contract Term: Ongong with 90-day notice; Budgeted: Yes; Budget Classification: Purchased Services

G. Authorize Health Bedside Medical Device Integration to CommunityWorks Platform with Cerner

Contract Value: \$160,524; Contract Term: Three (3) years; Budgeted: No; Budget Classification: Repairs & Maintenance

H. Authorize Statement of Work to Master Services Agreement with Moss Adams, LLP

Contract Value: estimated \$56,700; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Purchased Services

I. Authorize Retroactively Second Amendment to the Facility Agreement with Anthem Blue Cross

Contract Value: rate increase of 7%; Contract Term: Three (3) years; Budgeted: No; Budget Classification: Revenue

J. Authorize Addendum No. 4 to Self-Pay A/R Management Services Agreement with HRMG

Contract Value: estimated \$41,500; Contract Term: 4-months; Budgeted: No; Budget Classification: Purchased Services

K. Authorize Statement of Work for Managed Care Contract Advisory Services with ECG Management Consultants

Contract Value: not to exceed \$50,000; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Purchased Services

VI. 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: 7:15 pm – 7:55 pm)

SECTION

- 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

VII. RECONVENE TO OPEN SESSION (*time: 7:55 – 8:00 pm*)

- A. Take Actions as Required on Closed Session Matters

VIII. ADJOURNMENT (*time: 8: 00 pm*)

PIONEERS

MEMORIAL HEALTHCARE DISTRICT

To: Board of Directors

Catalina Alcantra-Santillan, President

Enola Berker, Vice President

Rachel Fonseca, Secretary

Linda Rubin, Treasurer

Nickolas P. Aguirre, Assistant Secretary/Treasurer

Additional Distribution:

Christopher Bjornberg, Chief Executive Officer

From: Carly Loper, Chief Financial Officer

Financial Report – February 2024

Overview:

Financial operations for the month of February 2024 resulted in a gain of \$751,701 against a budgeted loss of (\$288,304). The favorable outcome for the month of February is attributable to a higher patient census.

Patient Volumes:

For the month of February, inpatient admissions exceeded budget by 32.4% but fell below the prior month by (6.4%). For the year-to-date period, inpatient admissions are ahead of budget by 19.9% and ahead of the prior year by 23.7%. February inpatient days fell below budget by (3.1%) and fell below the prior month by (2.6%). For the year-to-date period, inpatient days are below budget by (3.1%) but ahead of the prior year by 24.5%.

Newborn deliveries for February fell below the prior month by (11.2%) and fell below the monthly budget by (14.9%). On a year-to-date basis, February deliveries exceeded both the previous year's volumes and budget. February ED visits exceeded January visits by 3.6% and exceeded budget for the month by 56.3%. On a year-to-date basis, February ED visits exceeded both the previous year's volumes and budget. Surgical case volumes in February fell below January volumes by (3.6%) but exceeded the monthly budget by 14.9%. On a year-to-date basis, surgical volumes exceeded both the previous year's volumes and budget volumes.

Pioneers Health Center (PHC) visits in February fell below January visits by (6.6%) and fell below February's budget by (37.2%). The Calexico Health Center (CHC) volumes for February fell below January's volumes by (5.8%) and fell below the monthly budget by (7.5%). The Pioneers Children's Health Center (PCHC) volumes fell below January volumes by (7.0%) and fell below the monthly budget by (9.1%). On a year-to-date basis, PHC and PCHC exceeded both the previous year's volumes and budget volumes while CHC fell below budget but exceeded prior year volumes.

Hospital outpatient volumes i.e., Lab, Imaging, Respiratory and other services exceeded January volumes by 1.4% and exceeded the monthly budget by 4.3%. On a year-to-date basis, outpatient volumes exceeded both budget and prior year volumes.

For the month of February, Pioneers Memorial Skilled Nursing Center (PMSNC), *formerly Imperial Heights Health and Wellness Center*, decreased from the prior month's inpatient days by 4.5% with 2,524 inpatient days in February compared to 2,644 inpatient days in January. PMSNC had an average daily census (ADC) of 87.0 for the month of February.

See Exhibit A (Key Volume Stats – Trend Analysis) for additional detail.

	Current Period			Year To Date		
	Act.	Bud	Prior Yr.	Act.	Bud	Prior Yr.
Deliveries	183	215	188	1,498	1,302	910
E/R Visits	4,071	2,605	3,500	30,935	28,473	24,130
Surgeries	296	321	290	2,363	2,409	1,622
GI Scopes	74	1	46	645	341	245
Calexico RHC	769	831	857	6,368	7,125	5,449
Pioneer Health	2,890	4,602	3,796	23,444	21,167	17,584
Children's RHC	713	784	834	6,380	5,766	4,916
O/P Visits	5,024	4,815	4,665	41,040	35,947	31,123

Gross Patient Revenues:

In February, gross inpatient revenues exceeded budget by 9.1% while outpatient revenues surpassed budget by 24.6%.

Net operating revenues (Gross revenues less contractual deductions) exceeded the monthly budget by \$310,392 or 2.5% but fell below the prior month's revenues by (\$3,743,674) or (22.9%).

Operating Expenses:

In total, February operating expenses were lower than budget by \$285,993 or 2.2% and were lower than January expenses by \$504,107 or 3.8%. Staffing expenses, which include Salaries,

Benefits and Contract Labor were under budget by \$60,383 or 0.8%. Non-salary expenses, which include Supplies, Professional Fees, Purchased Services and Other were lower than budget by \$225,610 or 4.0%.

Below is a summary table of expenses compared to budget.

Exp. Category	Actual	Budget	Var.	Comment
Salaries	5,747	5,611	-2.4%	Over Budget
Benefits	1,308	1,631	19.8%	Under Budget
Contract Labor	294	168	-75%	Over Budget; contract nursing
Pro Fees	1,081	1,201	10.0%	Under Budget
Supplies	1,484	1,644	9.7%	Under Budget
Purchased Serv	828	690	-20.0%	Over Budget
Other Operating	780	864	9.7%	Under Budget

Advertising Costs:

Advertising expenditure in February was \$2,470 against a budget of \$14,974. The year-to-date actual is \$35,142 against a budget of \$119,792. Below is a breakdown of advertising expenditure by type for the year-to-date.

H.R. and Recruiting:	\$0
Newspaper Advertising:	\$21,016
Radio and TV:	\$14,126
<u>Billboard:</u>	<u>\$0</u>
TOTAL Expenditures:	\$35,142

Cash Position:

The District's total cash reserves decreased from the prior month with the following results:

end of January 2024: \$38,517,500 (96.0 days cash on hand)
 end of February 2024: \$33,087,310 (81.6 days cash on hand)

For the month of February, total cash receipts equaled \$13,660,311 while total disbursements equaled \$19,090,502. For additional detail on cash transactions for the period, refer to the attached Cash Flow analysis.

Bond Covenants:

As part of the Series 2017 Bond issue, the District is required to maintain certain covenants or “promises” to maintain liquidity (days cash on hand) and profitability (debt service coverage ratio). A violation of either will allow the Bond Trustee (US Bank) authorization to take certain steps to protect the interest of the individual Bond Holders. Based on the June 2023 financials, the District is in default on both the liquidity and profitability covenants. Per the Series 2017 Bond requirements, the services of Warbird Consulting Partners (“Warbird”) were enlisted for assistance with revenue and expense-related recommendations. At the end of January 2024, Warbird provided the District with their assessment and recommendations for improvement of the District’s days cash on hand and overall profitability. Some of the recommended actions have already been put into force.

Net Excess/(Deficit):

Fiscal year-to-date, District operations have resulted in a profit of \$8,737,315 against a budgeted gain of \$1,752,045, which is a favorable result compared to the prior year-to-date loss of (\$7,092,744).

END OF REPORT

Cash Flow Analysis by Month

FY 2024

	Beginning Balance								
	July 01, 2023	July 2023	Aug 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024
	\$16,749,082								
Cash Increase (Decrease)									
Receipts:									
A/R Collection- PA	8,462,308	10,782,744	11,236,886	12,635,182	9,316,669	10,194,773	11,679,251	12,063,107	
IP Medicare Electronic Payment	(799,247)	(919,225)	(634,747)	(1,184,289)	(1,202,931)	(951,436)	(1,392,096)	(1,408,820)	
PIP Payment	845,936	897,288	897,288	1,345,932	897,288	897,288	937,288	839,958	
Medicare ROE Pass Thru	61,936	61,936	61,936	92,904	61,936	61,936	61,936	61,936	
Supplemental Receipts (pt cde 503)	1,994,368	1,720,508	507,416	1,645,185	30,594,287	2,366,425	3,540,741	1,808,833	
Other Non-patient PC Receipts	6,408	48,661	10,308	49,033	26,711	37,880	56,807	29,903	
Total PA Collections	10,571,709	12,591,912	12,079,088	14,583,948	39,693,960	12,606,865	14,883,927	13,394,917	
Physicians Collections	202,787	200,809	161,512	224,972	193,601	169,907	218,964	164,089	
Other Non-patient Receipts	34,617	98,129	29,217	122,735	73,537	139,571	143,350	101,305	
Total Cash Receipts	10,809,113	12,890,850	12,269,816	14,931,654	39,961,098	12,916,343	15,246,242	13,660,311	
Disbursements:									
Payroll	3,383,723	3,413,762	3,436,865	3,364,312	3,941,370	5,446,108	3,618,566	3,678,640	
Payroll Taxes	1,362,416	1,370,768	1,398,442	1,369,667	2,189,945	1,390,792	1,453,120	1,461,827	
Health EE Expense (Blue Shield/Flex)	893,226	973,209	746,864	1,069,360	761,335	746,424	1,201,554	736,109	
Pension- Employees' contribution	246,684	360,167	240,369	226,529	290,382	228,738	386,699	271,936	
Pension- Employer's Share Qrtly	416,228	0	0	352,233	0	0	357,096	0	
Capital Expenses/CIP	0	770	5,758	18,870	62,689	3,613	8,000	156,677	
Accounts Payable	7,961,391	7,049,397	5,827,658	6,904,439	9,694,302	4,612,859	7,578,620	8,612,367	
IGT Payment	0	0	0	395,987	0	0	0	4,113,636	
Others	68,439	73,812	67,316	66,190	60,539	64,840	94,257	59,310	
Total Disbursements	14,332,105	13,241,885	11,723,272	13,767,587	17,000,562	12,493,374	14,697,913	19,090,502	
Net Increase (Decrease) in Cash	(3,522,992)	(351,035)	546,545	1,164,067	22,960,536	422,969	548,329	(5,430,190)	
Ending Cash Balance:	\$13,226,090	\$12,875,055	\$13,421,600	\$14,585,667	\$37,546,203	\$37,969,172	\$38,517,501	\$33,087,311	

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	Current Month 02/29/2024	Year-To-Date 08 Months 02/29/2024
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	\$751,701	\$8,737,315
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	\$245,227	\$2,262,652
(Increase)/Decrease in Net Patient Accounts Receivable	\$613,122	\$1,969,258
(Increase)/Decrease in Other Receivables	(\$2,050,431)	(\$14,517,154)
(Increase)/Decrease in Inventories	(\$63,369)	(\$144,550)
(Increase)/Decrease in Pre-Paid Expenses	\$272,786	(\$576,744)
(Increase)/Decrease in Other Current Assets	(\$400,000)	(\$487,074)
Increase/(Decrease) in Accounts Payable	(\$4,075,405)	(\$1,497,802)
Increase/(Decrease) in Notes and Loans Payable	\$0	(\$2,500,000)
Increase/(Decrease) in Accrued Payroll and Benefits	\$909,723	\$1,172,875
Increase/(Decrease) in Accrued Expenses	\$0	\$0
Increase/(Decrease) in Patient Refunds Payable	\$0	\$0
Increase/(Decrease) in Third Party Advances/Liabilities	\$0	\$0
Increase/(Decrease) in Other Current Liabilities	\$55,422	\$105,551
Net Cash Provided by Operating Activities:	(\$3,741,224)	(\$5,475,673)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property, plant and equipment	(\$42,389)	(\$2,262,218)
(Increase)/Decrease in Limited Use Cash and Investments	(\$19,014)	(\$23,982)
(Increase)/Decrease in Other Limited Use Assets	(\$79,885)	\$98,858
(Increase)/Decrease in Other Assets	\$0	\$0
Net Cash Used by Investing Activities	(\$141,288)	(\$2,187,342)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	(\$1,985)	(\$540,882)
Increase/(Decrease) in Capital Lease Debt	(\$1,545,693)	\$26,147,016
Increase/(Decrease) in Other Long Term Liabilities	\$0	(\$1,604,890)
Net Cash Used for Financing Activities	(\$1,547,678)	\$24,001,244
(INCREASE)/DECREASE IN RESTRICTED ASSETS	\$0	\$0
Net Increase/(Decrease) in Cash	(\$5,430,190)	\$16,338,229
Cash, Beginning of Period	\$38,517,501	\$16,749,082
Cash, End of Period	\$33,087,311	\$33,087,311

Statement of Revenue and Expense
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	Current Month 02/29/24	Year To Date 08 Months 02/29/24	Prior Year End Audited 06/30/23
Gross Patient Revenue			
Inpatient Revenue	\$17,435,665	\$124,796,962	\$136,116,325
Outpatient Revenue	\$26,778,158	\$216,867,258	\$314,354,224
Total Gross Patient Revenue	\$44,213,823	\$341,664,220	\$450,470,549
Deductions From Revenue			
Discounts and Allowances	(\$31,453,177)	(\$234,583,854)	(\$324,754,825)
Prior Year Settlements	\$0	\$0	\$0
Charity Care	(\$141,193)	(\$1,253,035)	(\$876,872)
Total Deductions From Revenue	(\$31,594,370)	(\$235,836,889)	(\$325,631,697)
Net Patient Revenue	\$12,619,453	\$105,827,331	\$124,838,852
Other Operating Revenue	\$675,529	\$3,662,184	\$9,311,005
Total Operating Revenue	\$13,294,982	\$109,489,515	\$134,149,857
Operating Expenses			
Salaries and Wages	\$5,747,324	\$44,667,649	\$54,821,236
Fringe Benefits	\$1,307,874	\$12,288,437	\$16,613,611
Contract Labor	\$294,316	\$2,354,361	\$5,881,464
Professional Fees	\$1,080,527	\$8,845,284	\$15,498,022
Purchased Services	\$828,494	\$5,629,553	\$7,849,584
Supply Expense	\$1,484,374	\$12,262,160	\$17,846,976
Utilities	\$181,948	\$1,417,766	\$2,221,933
Repairs and Maintenance	\$538,600	\$4,041,254	\$6,017,487
Insurance Expense	\$249,418	\$1,864,790	\$2,215,447
All Other Operating Expenses	\$274,728	\$2,125,737	\$2,983,228
Leases and Rentals	\$323,464	\$2,506,311	\$2,980,948
Hospitalist Program Expense	\$201,846	\$1,650,571	\$2,661,055
Depreciation and Amortization	\$245,227	\$2,262,652	\$3,572,979
Total Operating Expenses	\$12,758,140	\$101,916,525	\$141,163,970
Net Operating Surplus/(Loss)	\$536,842	\$7,572,990	(\$7,014,113)
Non-Operating Revenue (Expense)			
CARES HHS, Contributions	\$39,746	\$132,596	\$5,791,524
Investment Income	\$98,885	\$449,985	\$9,839
Interest Expense	(\$54,197)	(\$450,532)	(\$698,622)
Other Non-Oper Revenue (Expense)	\$130,425	\$1,032,276	\$2,504,244
Total Non Oper Revenue (Expense)	\$214,859	\$1,164,325	\$7,606,985
Total Net Excess (Deficit)	\$751,701	\$8,737,315	\$592,872
Operating Margin	4.04%	6.92%	-5.23%
Total Profit Margin	5.65%	7.98%	0.44%
EBITDA	6.29%	9.39%	-2.04%
Cash Flow Margin	7.91%	10.46%	3.63%

Balance Sheet - Assets

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	ASSETS			
	Current Month 02/29/2024	Prior Month 01/31/2024	Variance Positive (Negative)	Prior Year End Audited 06/30/2023
Current Assets				
Cash and Cash Equivalents	\$33,087,311	\$38,517,501	(\$5,430,190)	\$16,749,082
Gross Patient Accounts Receivable	\$104,382,347	\$103,464,189	\$918,158	\$87,933,623
Less: Bad Debt and Allowance Reserves	(\$86,602,726)	(\$85,071,446)	(\$1,531,280)	(\$68,184,744)
Net Patient Accounts Receivable	\$17,779,621	\$18,392,743	(\$613,122)	\$19,748,879
Interest Receivable	\$0	\$0	\$0	\$0
Other Receivables	\$31,774,402	\$29,723,971	\$2,050,431	\$17,257,248
Inventories	\$3,461,174	\$3,397,805	\$63,369	\$3,316,624
Prepaid Expenses	\$2,653,922	\$2,926,708	(\$272,786)	\$2,077,178
Due From Third Party Payers	\$855,359	\$455,359	\$400,000	\$368,285
Other Current Assets	\$0	\$0	\$0	\$0
Total Current Assets	\$89,611,789	\$93,414,087	(\$3,802,298)	\$59,517,296
Assets Whose Use is Limited				
Cash	\$61,045	\$42,031	\$19,014	\$37,063
Bonds Property Tax Proceeds	\$0	\$0	\$0	\$0
Trustee Held Funds	\$1,471,074	\$1,391,189	\$79,885	\$1,465,042
Funded Depreciation	\$0	\$0	\$0	\$0
Board Designated Funds	\$0	\$0	\$0	\$0
Other Limited Use Assets	\$489,112	\$489,112	\$0	\$594,002
Total Limited Use Assets	\$2,021,231	\$1,922,332	\$98,899	\$2,096,107
Property, Plant, and Equipment				
Land and Land Improvements	\$2,623,526	\$2,623,526	\$0	\$2,623,526
Building and Building Improvements	\$62,919,140	\$63,472,230	(\$553,090)	\$63,472,230
Equipment	\$61,563,633	\$61,441,959	\$121,674	\$59,457,987
Construction In Progress	\$866,483	\$574,123	\$292,360	\$338,266
Gross Property, Plant, and Equipment	\$127,972,782	\$128,111,838	(\$139,056)	\$125,892,009
Less: Accumulated Depreciation	(\$98,656,270)	(\$98,592,488)	(\$63,782)	(\$96,575,063)
Net Property Plant & Equipment	\$29,316,512	\$29,519,350	(\$202,838)	\$29,316,946
Other Assets				
Unamortized Loan Costs	\$0	\$0	\$0	\$0
Assets Held for Future Use	\$0	\$0	\$0	\$0
Total Other Assets	\$49,415,107	\$49,415,107	\$0	\$49,415,107
TOTAL UNRESTRICTED ASSETS	\$170,364,639	\$174,270,876	(\$3,906,237)	\$140,345,456
TOTAL ASSETS	\$170,364,639	\$174,270,876	(\$3,906,237)	\$140,345,456

Balance Sheet - Liabilities and Fund Balance

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LIABILITIES AND FUND BALANCE				
	Current Month 02/29/2024	Prior Month 01/31/2024	Variance Positive (Negative)	Prior Year End Audited 06/30/2023
Current Liabilities				
Accounts Payable	\$11,184,334	\$15,259,739	\$4,075,405	\$12,682,136
Accrued Payroll	\$6,688,076	\$5,908,353	(\$779,723)	\$5,358,973
Accrued Payroll Taxes	\$0	\$0	\$0	\$0
Accrued Benefits	\$0	\$0	\$0	\$0
Accrued Pension Expense (Current Portion)	\$260,000	\$130,000	(\$130,000)	\$416,228
Other Accrued Expenses	\$0	\$0	\$0	\$0
Patient Refunds Payable	\$0	\$0	\$0	\$0
Property Tax Payable	\$0	\$0	\$0	\$0
Due to Third Party Payers	\$0	\$0	\$0	\$0
Advances From Third Party Payers	\$1,722,161	\$1,722,161	\$0	\$1,722,161
Current Portion of LTD (Bonds/Mortgages)	\$550,000	\$550,000	\$0	\$525,000
Current Portion of LTD (Leases)	\$223,430	\$223,430	\$0	\$469,091
Other Current Liabilities	\$279,584	\$224,162	(\$55,422)	\$174,033
	\$20,907,585	\$24,017,845	\$3,110,260	\$23,847,622
Long Term Debt				
Bonds/Mortgages Payable	\$15,045,797	\$15,047,782	\$1,985	\$15,586,679
Leases Payable	\$33,523,520	\$35,069,213	\$1,545,693	\$7,376,504
Less: Current Portion Of Long Term Debt	\$773,430	\$773,430	\$0	\$994,091
	\$47,795,887	\$49,343,565	\$1,547,678	\$21,969,092
Other Long Term Liabilities				
Deferred Revenue	\$489,112	\$489,112	\$0	\$2,094,002
Other	\$48,170,072	\$48,170,072	\$0	\$48,170,072
	\$48,659,184	\$48,659,184	\$0	\$50,264,074
TOTAL LIABILITIES	\$117,362,656	\$122,020,594	\$4,657,938	\$96,080,788
Net Assets:				
Unrestricted Fund Balance	\$44,264,668	\$44,264,668	\$0	\$43,671,796
Restricted Fund Balance	\$0	\$0	\$0	\$0
Net Excess / (Deficit)	\$8,737,315	\$7,985,614	N/A	\$592,872
	\$53,001,983	\$52,250,282	(\$751,701)	\$44,264,668
TOTAL LIABILITIES & FUND BALANCE	\$170,364,639	\$174,270,876	\$3,906,237	\$140,345,456

SUPPLEMENTAL MEETING OF THE BOARD OF DIRECTORS - IV. REVIEW OF OTHER ITEMS FOR CONSIDERATION

PIONEERS MEMORIAL HEALTHCARE STATEMENT OF REVENUE AND EXPENSE FOR THE PERIOD ENDING FEBRUARY 29, 2024									
LAST MONTH ACTUAL JANUARY	THIS MONTH ACTUAL FEBRUARY	THIS MONTH BUDGET FEBRUARY	THIS MONTH ACT-BUD VARIANCE		FYTD ACTUAL FEBRUARY	FYTD BUDGET FEBRUARY	FYTD ACT-BUD VARIANCE	FYTD PRIOR YEAR FEBRUARY	FYTD ACT-PRIOR VARIANCE
4,593	4,526	4,267	260	ADJ PATIENT DAYS	34,865	35,619	-753	35,513	-647
1,832	1,785	1,819	-34	INPATIENT DAYS	12,735	13,136	-401	10,230	2,505
515	482	364	118	IP ADMISSIONS	3,543	2,956	587	2,865	678
59	62	63	-1	IP AVERAGE DAILY CENSUS	52	54	-2	42	10
GROSS PATIENT REVENUES									
9,052,842	8,323,683	8,092,181	231,502	DAILY HOSPITAL SERVICES	62,917,251	58,205,849	4,711,402	35,139,751	27,777,500
9,334,575	9,111,982	7,884,695	1,227,287	INPATIENT ANCILLARY	61,879,711	56,747,191	5,132,520	47,422,716	14,456,995
27,714,724	26,778,158	21,499,365	5,278,793	OUTPATIENT ANCILLARY	216,867,258	196,745,245	20,122,013	204,046,227	12,821,031
46,102,140	44,213,823	37,476,241	6,737,582	TOTAL PATIENT REVENUES	341,664,220	311,698,285	29,965,935	286,608,694	55,055,526
REVENUE DEDUCTIONS									
10,722,137	9,269,712	8,744,032	525,680	MEDICARE CONTRACTUAL	76,604,213	72,726,068	3,878,145	69,250,397	7,353,816
11,549,295	8,429,421	11,585,930	-3,156,599	MEDICAL CONTRACTUAL	99,715,140	96,362,754	3,352,386	93,267,821	6,447,319
-1,423,762	-1,934,098	-1,397,339	-536,759	SUPPLEMENTAL PAYMENTS	-13,738,747	-11,621,974	-2,116,773	-9,276,219	-4,462,528
-3,018,873	0	0	0	PRIOR YEAR RECOVERIES	-3,546,307	0	-3,546,307	450,257	-3,996,564
10,662,695	14,647,971	5,163,068	9,484,903	OTHER DEDUCTIONS	67,414,075	42,942,396	24,471,679	49,793,776	17,620,299
76,720	141,193	32,598	108,595	CHARITY WRITE OFFS	1,253,035	271,125	981,910	209,799	1,043,236
1,174,968	1,044,337	1,042,938	1,399	BAD DEBT PROVISION	8,168,813	8,674,363	-505,550	7,291,533	877,280
-4,167	-4,167	-4,047	-120	INDIGENT CARE WRITE OFFS	-33,334	-33,661	327	-33,333	-1
29,739,014	31,594,370	25,167,180	6,427,190	TOTAL REVENUE DEDUCTIONS	235,836,889	209,321,071	26,515,818	210,954,031	24,882,858
16,363,127	12,619,453	12,309,061	310,392	NET PATIENT REVENUES	105,827,331	102,377,214	3,450,117	75,654,663	30,172,669
64.5%	71.5%	67.2%			69.0%	67.2%		73.6%	
OTHER OPERATING REVENUE									
0	400,000	31	399,969	GRANT REVENUES	550,000	248	549,752	750,000	-200,000
330,327	275,529	322,260	-46,731	OTHER	3,112,184	2,815,148	297,036	2,847,563	264,621
330,327	675,529	322,291	353,238	TOTAL OTHER REVENUE	3,662,184	2,815,396	846,788	3,597,563	64,621
16,693,454	13,294,982	12,631,352	663,630	TOTAL OPERATING REVENUE	109,489,515	105,192,610	4,296,905	79,252,226	30,237,289
OPERATING EXPENSES									
5,317,248	5,747,324	5,610,856	136,468	SALARIES AND WAGES	44,667,649	45,294,766	-627,117	34,378,478	10,289,171
1,697,167	1,307,874	1,631,374	-323,500	BENEFITS	12,288,437	13,050,992	-762,555	10,738,732	1,549,705
293,707	294,316	167,668	126,648	REGISTRY & CONTRACT	2,354,361	1,260,475	1,093,886	5,150,055	-2,795,694
7,308,122	7,349,515	7,409,898	-60,383	TOTAL STAFFING EXPENSE	59,310,448	59,606,233	-295,785	50,267,265	9,043,183
1,139,305	1,080,527	1,201,094	-120,567	PROFESSIONAL FEES	8,845,284	9,608,752	-763,468	10,804,244	-1,958,960
1,745,191	1,484,374	1,643,536	-159,162	SUPPLIES	12,262,160	12,849,424	-587,264	11,853,109	409,051
830,636	828,494	690,317	138,177	PURCHASED SERVICES	5,629,553	5,483,743	145,810	4,839,194	790,359
576,682	538,600	547,058	-8,458	REPAIR & MAINTENANCE	4,041,254	4,376,464	-335,210	4,040,507	747
292,229	245,227	282,791	-37,564	DEPRECIATION & AMORT	2,262,652	2,264,995	-2,343	2,475,349	-212,697
205,038	249,418	224,574	24,844	INSURANCE	1,864,790	1,869,221	-4,431	1,445,665	419,125
318,946	201,846	181,279	20,567	HOSPITALIST PROGRAM	1,650,571	1,450,232	200,339	1,469,680	180,891
846,097	780,140	863,586	-83,446	OTHER	6,049,814	6,952,317	-902,503	5,151,046	898,768
13,262,247	12,758,140	13,044,133	-285,993	TOTAL OPERATING EXPENSES	101,916,525	104,461,381	-2,544,856	92,346,059	9,570,466
3,431,207	536,842	-412,781	949,623	TOTAL OPERATING MARGIN	7,572,990	731,229	6,841,761	-13,093,833	20,666,823
NON OPER REVENUE(EXPENSE)									
157,197	131,903	42,881	89,022	OTHER NON-OPS REV (EXP)	517,633	368,048	149,585	210,608	307,025
137,153	137,153	0	0	DISTRICT TAX REVENUES	1,097,224	1,097,224	0	2,152,448	-1,055,224
-54,247	-54,197	-55,557	1,360	INTEREST EXPENSE	-450,532	-444,456	-6,076	-460,956	10,424
0	0	0	0	CARES HHS/ FEMA RELIEF FUNDING	0	0	0	4,098,989	-4,098,989
240,103	214,859	124,477	90,382	TOTAL NON-OP REV (EXPENSE)	1,164,325	1,020,816	143,509	6,001,089	-4,836,764
<u>3,671,310</u>	<u>751,701</u>	<u>-288,304</u>	<u>1,040,005</u>	NET EXCESS / (DEFICIT)	<u>8,737,315</u>	<u>1,752,045</u>	<u>6,985,270</u>	<u>-7,092,744</u>	<u>15,830,059</u>
884.29	902.69	957.88	-55.19	TOTAL PAID FTE'S (Inc Req & Cont.)	885.76	912.70	-26.94	744.57	141.19
781.18	844.22	852.22	-8.00	TOTAL WORKED FTE'S	783.59	812.09	-28.50	638.95	144.64
22.58	24.35	15.36	8.99	TOTAL CONTRACT FTE'S	21.44	14.30	7.14	32.90	-11.46
771.92	781.71	817.33	-35.62	PAID FTE'S - HOSPITAL	769.88	778.91	-9.04	744.57	25.31
679.96	729.89	725.71	4.18	WORKED FTE'S - HOSPITAL	674.40	691.66	-17.26	638.95	35.45
112.37	120.98	140.55	-19.57	PAID FTE'S - SNF	115.88	133.78	-17.90	0.00	115.88
101.22	114.33	126.51	-12.18	WORKED FTE'S - SNF	109.19	120.44	-11.25	0.00	109.19

SUPPLEMENTAL MEETING OF THE BOARD OF DIRECTORS - IV. REVIEW OF OTHER ITEMS FOR CONSIDERATION

PIONEERS MEMORIAL HEALTHCARE
BALANCE SHEET AS OF FEBRUARY 29, 2024

	<u>JANUARY 2024</u>	<u>FEBRUARY 2024</u>	<u>FEBRUARY 2023</u>
ASSETS			
CURRENT ASSETS			
CASH	\$38,452,688	\$33,022,498	\$3,279,822
CASH - NORIDIAN AAP FUNDS	\$0	\$0	\$2,105,145
CASH - 3RD PRTY REPAYMENTS	\$0	\$0	\$352,497
CDs - LAIF & CVB	\$64,813	\$64,813	\$62,677
ACCOUNTS RECEIVABLE - PATIENTS	\$103,464,189	\$104,382,347	\$80,414,929
LESS: ALLOWANCE FOR BAD DEBTS	-\$6,538,364	-\$6,442,578	-\$5,637,826
LESS: ALLOWANCE FOR CONTRACTUALS	-\$78,533,082	-\$80,160,148	-\$59,421,496
NET ACCTS RECEIVABLE	\$18,392,742	\$17,779,621	\$15,355,608
	17.78%	17.03%	19.10%
ACCOUNTS RECEIVABLE - OTHER	\$29,723,971	\$31,774,403	\$22,822,014
COST REPORT RECEIVABLES	\$455,359	\$855,359	\$975,006
INVENTORIES - SUPPLIES	\$3,397,805	\$3,461,174	\$3,446,539
PREPAID EXPENSES	\$2,926,708	\$2,653,922	\$2,210,728
TOTAL CURRENT ASSETS	\$93,414,086	\$89,611,789	\$50,610,036
 OTHER ASSETS			
PROJECT FUND 2017 BONDS	\$422,885	\$502,766	\$506,511
BOND RESERVE FUND 2017 BONDS	\$968,304	\$968,308	\$968,308
LIMITED USE ASSETS	\$42,031	\$61,045	\$48,030
GASB87 LEASES	\$49,415,107	\$49,415,107	\$22,618,546
OTHER ASSETS PROPERTY TAX PROCEEDS	\$489,112	\$489,112	\$0
TOTAL OTHER ASSETS	\$51,337,440	\$51,436,339	\$24,141,395
 PROPERTY, PLANT AND EQUIPMENT			
LAND	\$2,623,526	\$2,623,526	\$2,623,526
BUILDINGS & IMPROVEMENTS	\$63,472,230	\$62,919,140	\$61,523,759
EQUIPMENT	\$61,441,959	\$61,563,634	\$59,359,471
CONSTRUCTION IN PROGRESS	\$574,123	\$866,483	\$1,973,628
LESS: ACCUMULATED DEPRECIATION	-\$98,592,488	-\$98,656,270	-\$95,548,932
NET PROPERTY, PLANT, AND EQUIPMENT	\$29,519,350	\$29,316,512	\$29,931,451
TOTAL ASSETS	\$174,270,876	\$170,364,639	\$104,682,883

PIONEERS MEMORIAL HEALTHCARE
BALANCE SHEET AS OF FEBRUARY 29, 2024

	<u>JANUARY 2024</u>	<u>FEBRUARY 2024</u>	<u>FEBRUARY 2023</u>
LIABILITIES AND FUND BALANCES			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE - CASH REQUIREMENTS	\$3,403,151	\$3,190,983	\$4,696,119
ACCOUNTS PAYABLE - ACCRUALS	\$11,856,587	\$7,993,352	\$8,595,807
PAYROLL & BENEFITS PAYABLE - ACCRUALS	\$5,908,353	\$6,688,076	\$5,636,327
COST REPORT PAYABLES & RESERVES	\$0	\$0	\$352,497
NORIDIAN AAP FUNDS	\$0	\$0	\$2,105,145
CURR PORTION- GO BONDS PAYABLE	\$230,000	\$230,000	\$220,000
CURR PORTION- 2017 REVENUE BONDS PAYABLE	\$320,000	\$320,000	\$305,000
INTEREST PAYABLE- GO BONDS	\$3,833	\$4,792	\$9,375
INTEREST PAYABLE- 2017 REVENUE BONDS	\$220,329	\$274,792	\$279,875
OTHER - TAX ADVANCE IMPERIAL COUNTY	\$0	\$0	\$217,060
CURR PORTION- LEASE LIABILITIES(GASB 87)	\$1,722,161	\$1,722,161	\$1,059,698
CURR PORTION- SKILLED NURSING CTR ADVANCE	\$0	\$0	\$0
CURRENT PORTION OF LONG-TERM DEBT	\$223,430	\$223,430	\$660,914
TOTAL CURRENT LIABILITIES	\$23,887,845	\$20,647,585	\$24,137,816
LONG TERM DEBT AND OTHER LIABILITIES			
PMH RETIREMENT FUND - ACCRUAL	\$130,000	\$260,000	\$258,000
NOTES PAYABLE - EQUIPMENT PURCHASES	\$62,259	\$43,566	\$289,761
LOANS PAYABLE - DISTRESSED HOSP. LOAN	\$28,000,000	\$28,000,000	\$0
LOANS PAYABLE - CHFFA NDPH	\$6,783,524	\$5,256,524	\$6,697,584
BONDS PAYABLE G.O BONDS	\$0	\$0	\$230,000
BONDS PAYABLE 2017 SERIES	\$14,497,782	\$14,495,797	\$14,839,620
LONG TERM LEASE LIABILITIES (GASB 87)	\$48,170,072	\$48,170,072	\$21,651,051
DEFERRED PROPERTY TAX REVENUE	\$489,112	\$489,112	\$0
TOTAL LONG TERM DEBT	\$98,132,749	\$96,715,071	\$43,966,015
FUND BALANCE AND DONATED CAPITAL	\$44,264,668	\$44,264,668	\$43,671,796
NET SURPLUS (DEFICIT) CURRENT YEAR	\$7,985,614	\$8,737,315	-\$7,092,744
TOTAL FUND BALANCE	\$52,250,282	\$53,001,983	\$36,579,052
TOTAL LIABILITIES AND FUND BALANCE	\$174,270,876	\$170,364,639	\$104,682,883

SUPPLEMENTAL MEETING OF THE BOARD OF DIRECTORS - IV. REVIEW OF OTHER ITEMS FOR CONSIDERATION

PIONEERS MEMORIAL HEALTHCARE

STATEMENT OF REVENUE AND EXPENSE - 12 Month Trend

	1	2	3	4	5	6	7	8	9	10	11	12	YTD
	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
ADJ PATIENT DAYS	4,379	4,822	3,909	3,984	4,400	3,932	4,575	4,323	4,293	4,419	4,244	4,593	4,526
INPATIENT DAYS	1,587	1,515	1,348	1,249	1,474	1,315	1,507	1,611	1,440	1,633	1,612	1,832	1,785
IP ADMISSIONS	426	404	357	360	407	366	416	437	410	450	467	515	482
IP AVERAGE DAILY CENSUS	57	49	45	40	49	42	49	54	46	54	52	59	62
GROSS PATIENT REVENUES													
DAILY HOSPITAL SERVICES	5,573,960	5,594,323	6,599,032	6,152,754	7,344,651	6,849,387	7,037,864	7,648,067	7,743,003	8,180,437	8,081,968	9,052,842	8,323,683
INPATIENT ANCILLARY	7,779,728	7,460,240	7,042,218	6,479,997	6,880,643	5,660,925	6,646,681	8,070,090	6,955,919	7,967,412	8,132,128	9,334,575	9,111,982
OUTPATIENT ANCILLARY	23,492,547	28,499,033	25,911,647	27,662,369	28,234,949	24,898,973	27,863,130	26,464,317	29,121,776	27,550,243	26,475,939	27,714,724	26,778,158
TOTAL PATIENT REVENUES	36,846,234	41,553,596	39,552,896	40,295,120	42,460,243	37,409,285	41,547,675	42,182,474	43,820,697	43,698,091	42,690,034	46,102,140	44,213,823
REVENUE DEDUCTIONS													
MEDICARE CONTRACTUAL	9,005,194	9,942,974	9,789,551	7,472,886	9,508,986	8,391,370	9,445,769	10,459,117	8,959,671	10,252,253	9,104,183	10,722,137	9,269,712
MEDICAL CONTRACTUAL	10,517,387	13,555,050	12,086,130	14,180,891	13,721,363	11,592,088	14,201,748	13,494,193	13,450,294	13,765,750	13,232,351	11,549,295	8,429,421
SUPPLEMENTAL PAYMENTS	-1,734,317	-2,292,374	-1,145,678	-1,662,601	-2,197,723	-1,424,395	-1,423,762	-1,819,749	-1,820,382	-1,849,267	-2,043,332	-1,423,762	-1,934,098
PRIOR YEAR RECOVERIES	302,145	137,918	0	0	80,652	0	0	0	0	0	-538,605	11,171	-3,018,873
OTHER DEDUCTIONS	7,580,322	7,114,875	6,957,436	6,793,112	7,347,952	6,276,428	6,362,202	6,728,185	8,772,193	6,670,103	7,294,298	10,662,695	14,647,971
CHARITY WRITE OFFS	26,191	92,272	138,773	209,563	226,466	98,362	60,096	147,750	489,506	166,539	72,869	76,720	141,193
BAD DEBT PROVISION	805,516	833,099	793,828	722,327	286,605	937,839	732,322	954,288	875,807	943,075	1,506,177	1,174,968	1,044,337
INDIGENT CARE WRITE OFFS	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-50,000
TOTAL REVENUE DEDUCTIONS	26,498,271	29,379,647	28,615,873	27,712,011	28,970,134	25,867,525	29,374,209	29,959,618	30,722,922	29,405,681	29,173,550	29,739,014	31,594,370
NET PATIENT REVENUES	10,347,963	12,173,949	10,937,022	12,583,109	13,490,109	11,541,760	12,173,466	12,222,856	13,097,775	14,292,410	13,516,484	16,363,127	12,619,453
71.92%	70.70%	72.35%	68.77%	68.23%	69.15%	70.70%	71.02%	70.11%	67.29%	68.34%	64.51%	71.46%	69.34%
OTHER OPERATING REVENUE													
GRANT REVENUES	375,000	275	15,000	0	106,298	125,000	0	25,000	0	0	0	400,000	671,573
OTHER	260,576	387,447	1,163,270	257,357	3,783,795	267,286	358,626	442,058	628,184	260,516	549,658	330,327	275,529
TOTAL OTHER REVENUE	635,576	387,722	1,178,270	257,357	3,890,093	392,286	358,626	467,058	628,184	260,516	549,658	330,327	675,529
TOTAL OPERATING REVENUE	10,983,539	12,561,671	12,115,292	12,840,466	17,380,201	11,934,046	12,532,092	12,689,914	13,725,959	14,552,926	14,066,143	16,693,454	13,294,982
OPERATING EXPENSES													
SALARIES AND WAGES	4,407,200	4,824,469	5,055,347	5,345,719	5,217,223	5,314,702	5,448,775	5,408,669	5,818,969	5,873,915	5,738,047	5,317,248	5,747,324
BENEFITS	1,411,862	1,256,848	1,594,936	1,621,318	1,401,778	1,611,380	1,480,341	1,403,444	1,419,506	1,444,891	1,923,835	1,697,167	1,307,874
REGISTRY & CONTRACT	417,952	222,427	214,027	130,735	164,219	240,802	270,972	288,768	210,466	446,540	308,791	293,707	294,316
TOTAL STAFFING EXPENSE	6,237,015	6,303,743	6,864,310	7,097,771	6,783,221	7,166,884	7,200,087	7,100,881	7,448,940	7,765,346	7,970,673	7,308,122	7,349,515
PROFESSIONAL FEES	1,334,881	1,090,863	1,153,094	1,119,903	1,329,919	1,002,397	1,216,625	1,113,241	1,145,937	1,095,694	1,051,559	1,139,305	1,353,902
SUPPLIES	1,141,813	1,503,278	1,310,917	1,424,314	1,755,357	1,320,348	1,376,384	1,602,474	1,824,914	1,473,961	1,434,513	1,745,191	1,484,374
PURCHASED SERVICES	533,625	744,288	741,183	638,592	886,327	359,557	683,743	766,263	705,850	715,474	739,535	830,636	828,494
REPAIR & MAINTENANCE	560,041	525,102	469,496	459,911	522,471	541,660	463,212	423,999	512,628	477,558	506,915	576,682	538,600
DEPRECIATION & AMORT	272,724	281,224	280,766	301,634	234,006	284,489	284,892	281,874	285,974	294,238	293,729	292,229	245,227
INSURANCE	174,276	191,388	227,255	173,888	177,251	262,720	213,969	253,101	200,896	220,649	259,001	205,038	249,418
HOSPITALIST PROGRAM	268,024	258,525	315,016	317,977	299,856	265,966	285,679	251,337	287,540	5,728	33,529	318,946	201,846
OTHER	635,768	569,565	889,125	808,565	767,810	709,055	754,174	644,882	900,037	681,971	733,459	846,097	780,140
TOTAL OPERATING EXPENSES	11,158,166	11,467,976	12,251,161	12,342,555	12,756,218	11,913,076	12,478,766	12,438,051	13,312,716	12,730,618	13,022,912	13,262,247	12,758,140
TOTAL OPERATING MARGIN	-174,627	1,093,695	-135,869	497,911	4,623,983	20,970	53,327	251,863	413,243	1,822,308	1,043,230	3,431,207	536,842
NON OPER REVENUE(EXPENSE)													
OTHER NON-OPS REVENUE	94,200	249,782	-725,660	266,225	117,621	11,420	48,493	923	5,177	22,923	139,598	157,197	131,903
CARES HHS RELIEF FUNDING	0	0	752,250	0	0	0	0	0	0	0	0	0	752,250
DISTRICT TAX REVENUES	269,056	269,056	269,056	269,056	376,176	137,153	137,153	137,153	137,153	137,153	137,153	137,153	2,280,568
INTEREST EXPENSE	-56,006	-57,891	-57,843	-64,185	-57,746	-57,697	-57,599	-56,633	-58,214	-54,297	-54,247	-54,197	-688,198
TOTAL NON-OPS REVENUE(EXPENSE)	307,250	460,947	237,803	471,095	436,051	90,876	127,998	80,477	85,697	101,862	222,454	240,103	214,859
NET EXCESS / (DEFICIT)	132,623	1,554,642	101,934	969,006	5,060,034	111,846	181,324	332,339	498,940	1,924,170	1,265,684	3,671,310	751,701
TOTAL PAID FTE'S (Inc Reg & Cont.)	758.58	753.67	858.73	842.72	868.80	881.46	893.27	877.93	856.84	874.35	915.62	884.29	902.69
TOTAL WORKED FTE'S	694.93	663.98	766.02	761.73	766.28	769.12	794.94	770.17	780.90	740.86	789.35	781.18	844.22
TOTAL CONTRACT FTE'S	24.15	15.60	15.49	11.25	13.65	17.12	21.22	19.77	17.30	25.11	24.32	22.58	24.35
PAID FTE'S - HOSPITAL	758.58	753.67	749.51	731.53	754.48	764.24	762.02	770.42	747.57	761.66	799.92	771.62	781.71
WKD FTE'S - HOSPITAL	694.93	663.98	656.83	650.83	653.17	654.82	667.24	666.92	678.07	636.03	684.30	679.96	729.89
PAID FTE'S - SNF	0.00	0.00	109.22	111.19	114.32	117.22	131.25	107.51	109.27	112.69	115.70	112.67	120.98
WORKED FTE'S - SNF	0.00	0.00	109.19	110.90	113.11	114.30	127.70	103.25	102.83	104.83	105.05	101.22	114.33

Pioneers Memorial Healthcare District - Financial Indicators Report
(Based on Prior 12 Months Activities)
For The 12 Months Ending: February 29, 2024
excludes: GO bonds tax revenue, int exp and debt,

1. Debt Service Coverage Ratio

This ratio compares the total funds available to service debt compared to the debt plus interest due in a given year.

Formula:
$$\frac{\text{Cash Flow} + \text{Interest Expense}}{\text{Principal Payments Due} + \text{Interest}}$$

DSCR =
$$\frac{\$19,674,554}{\$2,935,874} = \text{6.70}$$

Recommendation: To maintain a debt service coverage of at least 1.20% x aggregate debt service per the 2017 Revenue Bonds covenant.

2. Days Cash on Hand Ratio

This ratio measures the number of days of average cash expenses that the hospital maintains in cash and marketable investments. (Note: The proformas ratios include long-term investments in this calculation:)

Formula:
$$\frac{\text{Cash} + \text{Marketable Securities}}{\text{Operating Expenses, Less Depreciation}}$$

DCOHR =
$$\frac{\$33,087,311}{\$148,044,437} = \frac{365}{365} \text{ Days}$$

Recommendation: To maintain a days cash on hand ratio of at least 50 days per the 2017 Revenue Bonds covenant.

3. Long-Term Debt to Capitalization Ratio

This ratio compares long-term debt to the Hospital's long-term debt plus fund balances.

Formula:
$$\frac{\text{Long-term Debt}}{\text{Long-term Debt} + \text{Fund Balance (Total Capital)}}$$

L.T.D.-C.R.=
$$\frac{\$98,231,550}{\$151,233,533} = \text{65.0}$$

Recommendation: To maintain a long-term debt to capitalization ratio not to exceed 60.0%.



Key Operating Indicators

February 2024

	Month			YTD		
	ACTUAL	BUDGET	PRIOR YR	ACTUAL	BUDGET	PRIOR YR
Volumes						
Admits	482	364	426	3,543	2,592	2,043
ICU	74	242	228	948	1,343	663
Med/Surgical	1,144	1,009	747	7,179	5,775	3,698
Newborn ICU	114	99	94	875	713	488
Pediatrics	83	63	87	562	599	387
Obstetrics	370	405	406	3,151	2,849	1,929
GYN	0	1	-	20	38	23
DOU	0	-	25	-	-	85
Total Patient Days	1,785	1,819	1,587	12,735	11,317	7,273
Adjusted Patient Days	4,526	4,267	4,379	34,865	31,317	26,688
Average Daily Census	62	63	57	69	62	40
Average Length of Stay	3.41	5.00	3.27	3.44	4.36	3.42
Deliveries	183	215	188	1,498	1,302	910
E/R Visits	4,071	2,605	3,500	30,935	28,473	24,130
Surgeries	296	321	290	2,363	2,409	1,622
GI Scopes	74	1	46	645	341	245
Vascular Access	64	38	57	498	235	245
Wound Care	324	318	400	2,607	2,802	2,458
Pioneers Health Center	2,890	4,602	3,796	23,444	21,167	17,584
Calexico Visits	769	831	857	6,368	7,125	5,449
Pioneers Children	713	784	834	6,380	5,766	4,916
Outpatients (non-ER/Clinics)	5,024	4,815	4,665	41,040	35,947	31,123
Surgical Health	65	54	60	456	422	377
Urology	516	319	269	2,623	1,829	1,573
WHAP	533	502	422	3,887	3,302	2,436
C-WHAP	513	406	330	2,890	2,020	1,945
CDLD	0	0	23	10	358	241
FTE's						
Worked	844.22	852.22	694.93	774.43	796.22	631.58
Paid	902.69	957.88	758.58	883.33	896.21	742.87
Contract FTE's	24.35	15.36	24.15	20.79	14.16	34.27
FTE's APD (Worked)	5.22	5.79	4.44	4.09	4.68	4.35
FTE's APD (Paid)	5.58	6.51	4.85	4.66	5.27	5.12
Net Income						
Operating Revenues	\$13,294,982	\$12,631,352	\$10,983,539	\$109,489,515	\$105,192,610	\$57,611,259
Operating Margin	\$536,842	-\$412,781	-\$174,627	\$7,572,990	\$731,229	-\$11,868,101
Operating Margin %	4.0%	-3.3%	-1.6%	6.9%	0.7%	-20.6%
Total Margin	\$751,701	-\$288,304	\$132,623	\$8,737,315	\$1,752,045	-\$7,180,449
Total Margin %	5.7%	-2.3%	1.2%	8.0%	1.7%	-12.5%

Exhibit A - February 2024

	Key Volume Stats -Trend Analysis													YTD
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	
Deliveries														
Actual	175	145	211	198	201	179	206	183	0	0	0	0	1,498	1,498
Budget	159	204	193	196	196	156	196	215	210	140	179	213	2,258	1,105
Prior FY 2023	134	151	162	159	145	159	164	188	189	123	153	177	1,904	910
E/R Visits														
Actual	3,500	3,614	3,500	3,985	3,867	4,467	3,931	4,071	0	0	0	0	30,935	30,935
Budget	3,525	3,970	4,087	3,729	4,428	4,144	4,590	2,605	4,347	3,497	4,466	3,960	47,348	23,883
Prior FY 2023	3,778	3,629	3,725	4,198	4,776	4,024	3,773	3,500	3,942	3,604	3,936	3,438	46,323	24,130
Surgeries														
IP Actual	96	107	126	100	105	102	114	115	0	0	0	0	865	865
IP Budget	98	102	88	112	78	64	78	102	136	60	57	77	1,052	542
OP Actual	232	303	260	299	277	247	270	255	0	0	0	0	2,143	2,143
OP Budget	232	293	307	264	278	199	169	219	270	248	295	460	3,234	1,573
Total Actual	303	316	289	324	272	273	290	296	0	0	0	0	2,363	2,363
Total Budget	377	395	395	376	356	263	247	321	406	308	352	537	4,333	2,162
Prior FY 2023	284	312	204	307	281	234	295	290	380	319	372	301	3,579	1,622
GI Scopes														
Total Actual	25	94	97	75	110	76	94	74	0	0	0	0	645	645
Total Budget	37	72	75	85	71	1	0	1	27	34	54	32	489	341
Prior FY 2023	13	50	44	55	40	43	52	46	44	30	11	32	460	245
Vascular Access														
Actual	54	75	60	69	67	37	72	64	0	0	0	0	498	498
Budget	29	34	42	43	31	18	38	38	38	33	22	1	367	197
Prior FY 2023	50	40	46	41	38	30	56	57	64	51	44	58	575	245
Calexico														
Actual	697	926	844	792	731	793	816	769	0	0	0	0	6,368	6,368
Budget	951	1,098	1,062	997	970	769	1,278	831	721	740	814	953	11,184	5,847
Prior FY 2023	839	903	858	1,010	1,084	755	880	857	970	1,005	1,011	930	11,102	5,449
Pioneers Health Center														
Actual	1,943	3,774	2,818	2,955	2,954	3,016	3,094	2,890	0	0	0	0	23,444	23,444
Budget	1,856	2,695	2,170	2,257	3,863	4,570	3,756	4,602	2,589	2,977	2,803	2,689	36,827	12,841
Prior FY 2023	1,925	2,982	3,319	2,418	3,747	3,193	2,969	3,796	3,271	3,050	3,947	2,972	37,589	14,391
Pioneers Children														
Actual	776	959	719	940	835	671	767	713	0	0	0	0	6,380	6,380
Budget	609	888	828	797	858	892	894	784	946	770	822	761	9,849	4,872
Prior FY 2023	668	846	872	703	1,052	775	816	834	821	722	886	756	9,751	4,916
Outpatients														
Actual	4,906	5,697	5,128	5,721	5,024	4,584	4,956	5,024	0	0	0	0	41,040	41,040
Budget	5,349	4,978	5,354	6,343	4,761	4,831	4,331	4,815	5,527	5,083	4,613	5,456	61,441	31,616
Prior FY 2023	5,172	5,421	5,496	5,917	4,844	4,273	4,903	4,665	5,556	5,132	5,370	5,546	62,295	31,123
Wound Care														
Actual	366	399	314	294	307	270	333	324	0	0	0	0	2,607	2,607
Budget	434	476	452	413	342	353	332	318	403	465	441	480	4,909	2,470
Prior FY 2023	365	486	429	418	334	426	434	400	390	313	316	307	4,618	2,458
WHAP														
Actual	430	520	477	512	436	348	631	533	0	0	0	0	3,887	3,887
Budget	384	540	520	488	433	495	442	502	519	435	519	523	5,800	2,860
Prior FY 2023	382	491	428	411	402	322	433	422	510	455	564	538	5,358	2,436
C-WHAP														
Actual	229	376	348	186	316	398	524	513	0	0	0	0	2,890	2,890
Budget	258	424	279	306	304	198	251	406	422	316	282	439	3,885	1,769
Prior FY 2023	303	341	308	325	358	310	301	330	338	426	478	377	4,195	1,945

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

Wednesday, February 21, 2024
5:00 pm
PMH Auditorium

Minutes

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: 5:00 pm – 5:15 pm)

President Santillan called the meeting to order at 5:01 pm at the PMH Auditorium

A. Roll Call

BOARD MEMBERS:

Katy Santillan, President
Enola Berker, Vice President
Linda Rubin, Treasurer
Nick Aguirre, Asst. Secretary/Treasurer

STAFF:

Chris Bjornberg, CEO
Carly Loper, CFO
Carol Bojorquez, CNO
Sally Nguyen, General Counsel

GUESTS:

Carly Zamora, Chief of Clinic Operations
Charity Dale, Chief Human Resources Officer

Absent: Rachel Fonseca, Secretary

B. Approval of Agenda

A motion was made to approve the agenda by Director Rubin, seconded by Director Aguirre. **The motion was unanimously carried.**

II. BOARD MEMBER COMMENTS

Director Rubin commented on an opinion article in the Desert Review regarding AB 918. She did not know the writer of said article but recommended that everyone read it as it was quite entertaining.

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: 5:15 pm – 5:30 pm)

There were no comments.

IV. OLD BUSINESS *(time: 5:30 pm – 5:45 pm)*

There was none.

V. REVIEW OF OTHER ITEMS FOR CONSIDERATION – The Board will consider and may take action on the following: *(time: 5:45 pm – 6:45 pm)*

A. January 2024 Finance Report

Ms. Loper provided an overview of the January finance report. The average daily census increased to 59 in January. All volume stats increased in January except for ER volumes. January was the highest revenue month for Pioneers; there was a gain of \$3.67 million. We received the 340b settlement for \$2.9 million; without this there would have been a profit of \$771,000. For the year-to-date, the District has a profit of \$8 million compared to last year which had a loss of \$7 million. Cash increased to \$38.5 million, which brings our days cash on hand to 96 days.

A motion was made to approve the finance report by Director Berker, seconded by Director Aguirre. **The motion was unanimously carried.**

VI. CONSENT AGENDA – The following items will be acted upon by one motion, without discussion, unless a director, or other person, requests that an item be considered separately. In the event of such a request, the item will be addressed, considered, and acted upon, separately. *(time: 6:45 pm – 7:15 pm)*

A. Approval of Minutes

1. 1/17/23 Supplemental Meeting
2. 1/23/24 Regular Meeting

B. Hospital Policies

1. Administrative Call
2. Attendance: Absenteeism/Tardiness
3. Bereavement
4. Choose to Lose
5. Education Reimbursement Program
6. Emergency Food Supply Disaster Plan
7. End of Life Option Act Policy
8. Equal Opportunity/Americans with Disabilities
9. Financial Assistance Program, Charity Care
10. Health Insurance
11. Holidays Observed
12. Life Insurance Plan
13. Notice of Privacy Practices
14. Ongoing Health Services – Employee
15. Patient Safety Program
16. Personal Leave of Absence
17. Pioneers Research Council
18. PMHD Bylaws

SECTION

19. Prescription Forms (Pads and Paper) Security
20. Progressive Discipline
21. Sharp Injury Log
22. Travel and Reimbursement

C. Authorize Proposal for Review of Financial Assistance Program with Steve Clark & Associates
Contract Value: Project Fee of \$27,000 + \$395/hr.; Contract Term: One (1) year; Budgeted: No; Budget Classification: Purchased Services

D. Authorize Addendum No. 1 to Radiology Services Agreement with Imperial Valley Radiology Medical Group
Contract Value: no changes; Contract Term: Three (3) years; Budgeted: Yes; Budget Classification: Professional Fees

E. Authorize Payment of Annual Dues for Hospital Association of San Diego and Imperial Count and California Hospital Association
Contract Value: \$88,937; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Dues and Subscriptions

F. Authorize Emergency Medical Care On-Call Agreement with Elias Mourkarzel, MD
Contract Value: approx. \$50,000; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Professional Fees

G. Authorize Renewal of Broker Services Agreement with Alliant Insurance Services, Inc.
Contract Value: \$57,500; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Insurance

ITEM C – This agreement is so that consultants can review PMHD's financial assistance program which includes review of accounting and reporting of charity care.

ITEM D – Mr. Bjornberg advised that this amendment would allow IVRMG to recruit an additional radiologist who would also help with the night reads.

ITEM E – It was asked if this membership is needed as there was discontent with how CHA responded to the AB 918 issue. Mr. Bjornberg noted that there are some issues regarding Rural Health Hospitals that CHA does not currently address very well, but they are making an effort to improve. He agrees that it may not be useful in the future if they do not improve but recommends going forward with this item for one more year.

ITEM G – Ms. Loper noted that Alliant handles various coverages for PMHD such as buildings, cyber liability, crime, earthquake, and fiduciary liability. This agreement will be for one year.

A motion was made to approve items A, B, C, D, E, and G by Director Aguirre, seconded by Director Berker. **The motion was unanimously carried.**

A motion was made to approve item F by Director Rubin, seconded by Director Berker. InFavor=3; Opposed=1; Absent=1; Abstain=0. **Motion carries.**

VII. 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: 7:15 pm – 7:55 pm)

SECTION

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

VIII. RECONVENE TO OPEN SESSION (*time: 7:55 – 8:00 pm*)

A. Take Actions as Required on Closed Session Matters

There were no reportable actions taken in closed session.

IX. ADJOURNMENT (*time: 8: 00 pm*)

The meeting was adjourned to the next meeting.

Clerk of the Board

Board Secretary

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

Tuesday, February 27, 2024
PMH Auditorium
5:00 pm

Minutes

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 47 hours prior to the meeting.

I. CALL TO ORDER (time: 5:00 pm – 5:15 pm)

President Santillan called the meeting to order at 5:00 pm in the PMH Auditorium

A. Roll Call

BOARD MEMBERS:

Katy Santillan, President
Enola Berker, Vice President
Rachel Fonseca, Secretary
Linda Rubin, Treasurer
Nick Aguirre, Asst. Secretary/Treasurer

STAFF:

Chris Bjornberg, CEO (remote)
Carly Loper, CFO
Carol Bojorquez, CNO
Sally Nguyen, General Counsel
Ramaiah Indudhara, MD, Chief of Staff

GUESTS:

Carly Zamora, CCO
Charity Dale, CHRO
Melissa Ramirez, Director of Marketing

B. Approval of Agenda

A request was made for two emergency items to be added to the agenda.

A motion was made to add to the agenda a resolution for the finalization of sale of property by Director Berker, seconded by Director Aguirre. **The motion was unanimously carried.**

A motion was made to add to the agenda the consideration of broker of record to Rural Hospital Insurance of America by Director Aguirre, seconded by Director Berker. The motion was unanimously carried.

A motion was made to approve the amended agenda with the additional items by Director Rubin, seconded by Director Aguirre. **The motion was unanimously carried.**

II. BOARD MEMBER COMMENTS

Director Berker advised that the next IVHD meeting is taking place on Thursday, 3/14th. The location is yet to be determined.

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: 5:15 pm – 5:30 pm)*

There were no comments.

IV. MEDICAL STAFF REPORT – Ramaiah Indudhara, MD, Chief of Staff, will present for Board consideration, the following matters: *(time: 5:40 pm – 6:00 pm)*

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

Dr. Indudhara provided a quick overview of the medical staff report. He noted that the Cerner implementation is still underway. An email was sent to the medical staff for them to book training on the new system. Dr. Indudhara advised that a demo was provided at the MEC meeting on a new dictation software, which was brought forward by the Administration. The DaVinci project is still about 2-3 weeks of work and then HCAI will come out on February 26th. Two physicians have been identified for the UM process, Dr. Su and Dr. Ghulam. A motion was made to accept the medical staff report by Director Aguirre, seconded by Director Berker. **The motion was unanimously carried.**

V. POLICIES/PROCEDURES/REVIEW OF OTHER ITEMS – The Board will consider and may take action on the following: *(time: 6:00 pm – 6:45 pm)*

A. Hospital Policies
1. Per Diem Program

Ms. Dale, HR Director, requested that the policy be deferred for further revision. **Item was deferred at this time.**

B. Update Reports
1. Women's Auxiliary
2. LAFCO

Director Rubin noted that Mr. Bjornberg forwarded an email regarding LAFCO. Mr. Bjornberg advised that LAFCO has reached out to find out if PMHD wishes to continue with its application for expansion. A motion was made to continue with the LAFCO application by Director Berker, seconded by Director Aguirre. **The motion was unanimously carried.**

C. Human Resources Report

SECTION

Ms. Dale reported that HR is working with the Nursing Administration and a group of nursing leaders to revamp the nursing classifications and rates. There are now a total of 1,018 employees at PMHD. There were 26 new hires and 18 terminations; 12 were voluntary and 6 were involuntary. A breakdown of terminations by department was provided in the report. Ms. Dale also noted that there is an ADP project schedule attached to the Board report, if the Board has any questions; there were none. A new Training and Development Manager has been hired and we hope to have individual start in the next two weeks. An employee survey has been developed and will be emailed to employees going through orientation so they can provide us with feedback. The PAC and Senior Leaders are working on bringing back the recognition banquet for some time in July. PAC will be hosting a fundraiser in March to help purchase new toys for the day care center.

- D. Authorize Professional Services Agreement with Joseph K. Bivens, M.D.
Contract Value: approx. \$300,000/yr.; Contract Term: Three (3) years; Budgeted: Yes; Budget Classification: Professional Fees
- E. Authorize Retro-approval of Order for Cerner CommunityWorks Fetal Link
Contract Value: \$70,997.³⁸; Contract Term: Ten (10) years; Budgeted: Yes; Budget Classification: Capital/Maintenance
- F. Approval of Revised Exhibit A: Monthly Time & Activity Log to the Lead Physician Advisor Agreements
Contract Value: N/A; Contract Term: N/A; Budgeted: N/A; Budget Classification: N/A
- G. Authorize Amendment to Hospital Services Agreement with Universal Care, In. dba Brand New Day Pending Legal Review
Contract Value: 100% Medicare; Contract Term: February 28, 2024-December 31, 2024; Budgeted: Yes; Budget Classification: Net Revenue

Item Added – Consideration of Resolution 2024-01, Resolution of Pioneers Memorial Healthcare District Authorizing Sale of Property and Execution of Sale Documents, and Certain Actions in Connection Therewith for Sale of Property.

Ms. Loper advised that this resolution was needed to finalize the sale documents, and she can sign the said documents.

A motion was made to approve items C through G and Resolution 2024-01 by Director Rubin, seconded by Director Aguirre. **The motion was unanimously carried.**

Item Added – Changing Employee Benefits broker to Rural Hospital Insurance of America.

Mr. Bjornberg advised the Board that this vendor has worked with many rural hospitals and has different offerings that are not available through our current TPA. After some discussion, the Board decided that more information and a request for proposals are needed. **The item was tabled at this time.**

VI. MANAGEMENT REPORTS – The Board will receive the following information reports and may take action. (time: 6:45 pm – 7:30 pm)

- A. Operations Reports – Christopher Bjornberg, CEO

1. CEO Report (Chief Executive Officer)
 - a) PMHD Email

Mr. Bjornberg reported to the Board that the District is able to provide PMHD email accounts to them instead of them using their own personal emails. He asked the Board if they wished to go this route. The Board agreed to receive PMHD email accounts. Mr. Bjornberg will let Ms. Teague know and have IT reach out to Board members on how to access.

2. Hospital operations (Chief Nursing Officer)

Travelers are still being used in the units to assist with shortages. New nurses have been hired and they are going through the orientation process. Six for Med/Surg, four for ER, 1.5 for the NICU, four for OB and 1 for the OR. A total of 16 nurses are in the nurse residency and almost all of them have passed their licensing board exam. There are currently 16 nurses in the 20/40 program, and they will be graduating in June 2024. As reported previously, permanent position offers were extended to the interim directors of the OR and ER; they have both accepted. We currently have an interim director for Radiology; his name is John Picard. The hospitalist group has appointed a medical director – Dr. Stephen Papp. The Cerner implementation is still on schedule to go live on April 15th. The current volumes at the SNF are in the high 80s. Ms. Bojorquez noted that there were several findings by CDPH at the SNF. Rockport is onsite to assist with the action plan. Ms. Bojorquez mentioned that Ms. Ana Cisneros has coordinated education to be provided for staff on how to provide care for children with special needs. It will be provided sometime in April. The Board requested that this training be made mandatory for the ER and Laboratory staff.

3. Clinics operations (Chief of Clinic Operations)

Ms. Zamora reported that recruitment efforts continue for both physicians and staff. She noted that the new process will begin in March with the Medical Staff Office for notifying providers when they are behind on completing and locking their notes. First, notifications will be sent. If after the notifications are sent, they are still delinquent, then they will be added to the suspension list until they complete their notes.

4. Medical staff (Chief Nursing Officer)

Nothing further to report.

5. Finance (Chief Financial Officer)

Nothing further to report.

6. Information technology (Chief Nursing Officer/Director of Information Systems)

7. Marketing (Director of Marketing)

Ms. Ramirez noted that work is being done to review and revise the PMHD website. She provided the Board with handouts, so they can see some of the changes. It is a slow process, but it is being done.

8. Facilities, logistics, construction, support

The electrical work for the DaVinci has been completed, we are now waiting for HCAI to come and survey the work. There are questions of whether the OR is a "wet" or "dry" procedure room. The ultrasonic washer will be delivered sometime in April. The staff has been going to Yuma for training and the feedback is that it has been a positive experience.

9. Quality resources - (Director of Quality Resources)

Will be reporting in closed session.

10. Board matters

B. Legal Counsel Report – Sally Nguyen

1. All matters to be discussed in Closed Session

VII. 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: 7:30 pm – 7:50 pm)

A. QUALITY ASSURANCE – Safe Harbor: Health & Safety Code 32155 the Board will hear reports of a hospital medical audit committee relating to:

1. Quality Report/Scorecard

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

1. Potential Cases: 1

C. 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

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

SECTION

1. Conference with Legal Counsel regarding threatened litigation involving possible facts or circumstances not yet known to potential party or parties, disclosure of which could adversely affect the District's position.
 - a. Compliance Issues

VIII. RECONVENE TO OPEN SESSION (*time: 7:50 – 8:00 pm*)

A. Take Actions as Required on Closed Session Matters

The Board provided guidance to General Counsel on how to proceed with settlement.

IX. ADJOURNMENT (*time: 8:00 pm*)

The meeting was adjourned to the next regular meeting.

Clerk of the Board

Board Secretary

Pioneers Memorial Healthcare District

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Collaborating Departments: Perinatal, Neonatal, Dr Aishareef, NICU Manager	Keywords: Baby Friendly Initiative, Breastfeeding/NICU		
Approval Route: List all required approval			
MARCC 11/9/2023	PSQC		
Clinical Service <u>Pediatrics</u> <u>OB</u> 1/2024	MSQC 2/2024	MEC 2/2024	BOD

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 This policy will be a resource guide as a model for the nursing staff of Pioneers Memorial Hospital Perinatal/Neonatal Unit, to assist the mother who would like to breastfeed or provide breast milk to her infant(s).
- 1.2 To promote a philosophy of maternal/infant care which advocates breastfeeding and supports the mother/infant couplet in attaining the goal of successful breastfeeding and enhance the bonding experience

2.0 Scope:

- 2.1 Perinatal and Neonatal Nurses
- 2.2 Lactation Consultants (LC's or IBCLC)/Educators(CLEC)
- 2.3 MD's and PA's from L&D

3.0 Policy:

- 3.1 To promote a philosophy of maternal infant care that advocates breastfeeding and supports the normal physiological functions involved in the establishment of this maternal infant process, PMHD Perinatal Department will implement this policy based on the recommendations from the most recent breastfeeding policy statements published by the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, the World Health Organization, the Association of Women's Health Obstetric and Neonatal Nurses, and the UNICEF/WHO evidence-based "Ten Steps to Successful Breastfeeding"
- 3.2 The Perinatal Director, Perinatal Clinical Managers or their Designees will be responsible for implementing this policy.
- 3.3 The policy recommendations include:
 - 3.3.1 Exclusive breastfeeding for approximately the first six months and support for breastfeeding for the first year and beyond as long as mutually desired by mother and child.
 - 3.3.2 Mother and infant should sleep in proximity to each other to facilitate breastfeeding.
 - 3.3.3 Self-examination of mother's breasts for lumps is recommended throughout lactation, not just after weaning.
 - 3.3.4 Pediatricians should counsel adoptive mothers on the benefits of induced lactation through hormonal therapy or mechanical stimulation.

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- 3.3.5 Recognize and work with cultural diversity in breastfeeding practices.
- 3.3.6 A Pediatrician or other knowledgeable and experienced health care professional should evaluate a newborn breastfed infant at 1 to 3 days of age and again at 2 to 3 weeks of age to be sure the infant is feeding and growing well.
- 3.4 A written breastfeeding policy will be in place and communicated to all health care staff. The policy will be reviewed and updated annually using current research as an evidence-based guide

4.0 Definitions:

- 4.1 LC – Lactation Consultant
- 4.2 IBCLC – International Board Certified Lactation Consultant
- 4.3 CLEC – Certified Lactation Educator

5.0 Procedure:

- 5.1 PMHD staff will actively support breastfeeding as the preferred method of providing nutrition to infants. A multidisciplinary, culturally appropriate team comprising physician and nursing staff, lactation consultants and specialists, and other appropriate staff shall be established and maintained to identify and eliminate institutional barriers to breastfeeding. On a yearly basis, this group will compile and evaluate data relevant to breastfeeding support services and formulate, along with administration, a plan of action to implement needed changes.
- 5.2 The Perinatal Manager, in collaboration with the Lactation Consultant, is responsible for implementing and assuring all perinatal staff is trained in breastfeeding and lactation management.
 - 5.2.1 All Perinatal staff will receive 20 hours of education in breastfeeding and lactation management. The curriculum for this education will cover the sessions identified by UNICEF/WHO and include 5 hours of supervised clinical training.
 - 5.2.2 Staff competency in the critical areas identified in the Baby-Friendly Guidelines and Criteria for Evaluation will be verified upon hire and annually.
 - 5.2.3 All staff will be trained within 6 months of hire and this education will be documented in the employee education file.
 - 5.2.4 Training acquired prior to hire at this facility will be assessed for verification of inclusion of the lessons recommended by UNICEF/WHO.
 - 5.2.4.1 If the prior training does not meet recommendations, the new hire will be required to participate in the facility breastfeeding and lactation management training program.
 - 5.2.4.2 For all new hires, competency will be verified during orientation.
- 5.3 Lactation Consultant, International Board Certified Lactation Consultant or Certified Lactation Educator Counselors are available as an advanced breastfeeding resource for all patients, families and staff.
- 5.4 Lactation consults designated for the NICU:
 - 5.4.1 Special needs infants, (i.e., Premature, Late Preterm, Cardiac, Down's syndrome)
 - 5.4.2 Hyperbilirubinemia

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- 5.4.3 Failure to Thrive
- 5.4.4 Maternal medications/drugs
- 5.4.5 Maternal Illness
- 5.4.6 Pump rentals and referrals
- 5.5 Lactation consultations will be performed within 5 days of order.
- 5.6 A formal lactation consult will include an assessment of both the mother and the infant.
 - 5.6.1 Assessment of the mother includes:
 - 5.6.1.1 Previous nursing history
 - 5.6.1.2 General health
 - 5.6.1.3 Diet
 - 5.6.1.4 Medications
 - 5.6.1.5 Exam of breasts/nipples
 - 5.6.2 Assessment of baby includes:
 - 5.6.2.1 Gestation age
 - 5.6.2.2 Health issues
 - 5.6.2.3 Weight – both birth and current
 - 5.6.2.4 Exam of oral anatomy and suck/swallow
 - 5.6.3 Feeding observation when assessed includes:
 - 5.6.3.1 Rooting reflex
 - 5.6.3.2 Proper latch
 - 5.6.3.3 Sucking and swallowing
 - 5.6.3.4 Behavior at the breast
 - 5.6.4 Other:
 - 5.6.4.1 Feeding frequency
 - 5.6.4.2 Feeding duration
 - 5.6.5 Once the evaluation has been completed and the problem identified, appropriate recommendations should be given. A printed copy of the appropriate handouts will be provided to the mother for her reference. English and Spanish handouts are available.
- 5.7 The woman's desire to breastfeed will be documented in her medical record. All pregnant women and their support people, as appropriate, will be provided with information on breastfeeding and counseled on the benefits of breastfeeding, contraindications to breastfeeding, and risk of formula feeding. "Getting Your Baby Off to a Healthy Start" handouts are available in English and Spanish
- 5.8 Mothers will be encouraged to exclusively breastfeed unless medically contraindicated. The method of feeding will be documented in the medical record of every infant. Exclusive breastfeeding is defined as providing breast milk as the sole source of nutrition. Exclusively breastfed babies receive no other liquids.
- 5.9 Health care professionals should recommend human milk for all infants in whom breastfeeding is not specifically contraindicated and provide parents with complete, current information on the benefits and techniques of breastfeeding to ensure that their feeding decision is a fully informed one.
- 5.10 When direct breastfeeding is not possible, expressed human milk should be provided. (See Breast Milk Collection and Storage policy)

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5.11 To facilitate the greatest success, the healthy infants should be placed and remain in direct skin-to-skin contact with their mother immediately after delivery until the first feeding is accomplished

5.11.1 Skin-to-skin contact involves placing the naked (with diaper and hat) baby prone on the mother's bare chest. Mother/infant couples will be given the opportunity to initiate breastfeeding within one hour of birth. Post C-section babies will be encouraged to breastfeed as soon as possible.

5.11.1.1 Unless mother and/or infant are medically unstable, all infants will be placed skin-to-skin with their mothers as soon as physically possible, regardless of feeding choice.

5.11.1.2 The nursing staff present immediately after delivery will encourage and support immediate and continuous skin-to-skin contact for mother and infant. The nurses will teach the mother to look for signs of feeding readiness and support self-attachment of the infant. "Infant Hunger Cues" handouts are available in English and Spanish

5.11.1.3 When a delay of initial skin-to-skin contact has occurred (post cesarean birth babies), staff will ensure that mother and infant receive skin-to-skin care as soon as medically possible and encouraged to breastfeed as soon as possible

5.11.1.4 When it is necessary for an infant to be admitted to the special care nursery, the nursing staff will educate the mother regarding the importance of skin-to-skin care for her infant and support the implementation of skin-to-skin care as soon as medically possible.

5.11.1.5 Documentation of skin-to-skin time will be recorded in the maternal/neonatal record.

5.11.1.6 The alert, healthy newborn infant is capable of latching on to a breast within the first hour after birth.

5.11.1.7 Dry the infant, assign Apgar scores, and perform the initial physical assessment while the infant is with the mother. (The mother is an optimal heat source for the infant)

5.11.1.8 Delay weighing, measuring, bathing, needle-sticks, and eye prophylaxis until after the first feeding is completed to allow uninterrupted mother-infant contact and breastfeeding.

5.11.2 Infants affected by maternal medications may require assistance for effective latching.

5.11.3 Except under unusual circumstances, the newborn should remain with the mother throughout the recovery period.

5.12 Breastfeeding assessment, teaching, and documentation will be done on each shift by the Neonatal/Perinatal nursing staff. After each feeding, Neonatal/Perinatal staff will document information about the feeding in the infant's medical record. This documentation may include the latch, position, and any problems encountered. For feedings not directly observed, a maternal report may be used. Every shift, a direct observation of the baby's latch and position should be observed and documented.

5.13 Prior to discharge, the breastfeeding mother will be instructed about breastfeeding and

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the skills reviewed before release. Documentation will be logged in the Maternal and/or Infant chart.

- 5.13.1 Proper positioning and latch on
- 5.13.2 Nutritive suckling and swallowing
- 5.13.3 Milk production and release
- 5.13.4 Frequency of feeding/feeding cues
- 5.13.5 Expression of breast milk (including manual expression) and use of a pump if indicated
- 5.13.6 How to assess if infant is getting adequate nutrition
- 5.13.7 Reasons to contact the lactation specialist
- 5.14 Parents will be taught that breastfeeding infant, including C-sections infant, should be put to the breast at least 8-12 times in 24 hours. Infant feeding cues (such as increased alertness or activity, mouthing, or rooting) will be used as indicators of the infant's readiness for feeding.
- 5.15 Time limits for breastfeeding on each side will be avoided. Infant can be offered both breasts at each feeding but may be interested in feeding only on one side at a feeding.
- 5.16 No supplemental water, glucose water, or formula will be given unless medically indicated or by the mother's documented and informed request. Prior to non-medically indicated supplementation, mothers will be informed of the risks of supplementing. Bottles will not be placed in a breastfeeding infant's bassinet. Breastfeeding mothers who request artificial nipples and infant feeding bottles will receive education on the possible negative consequences regarding breastfeeding.
- 5.17 Most breastfed infants will not require any supplementary feedings.
- 5.18 Supplementation is NOT appropriate in the following instances:
 - 5.18.1 To let the mother rest or sleep
 - 5.18.2 To try to prevent weight loss
 - 5.18.3 To try to prevent hypoglycemia
 - 5.18.4 To try to prevent hyperbilirubinemia
 - 5.18.5 To quiet a fussy baby
 - 5.18.6 To try to prevent sore nipples from a baby on the breast "too long"
 - 5.18.7 To teach a baby to take a bottle "for later"
- 5.19 The primary goals of supplementation are to:
 - 5.19.1 Provide appropriate nutrition and hydration
 - 5.19.2 Avoid feeding-related morbidities for the infant
 - 5.19.3 Avoid loss of milk supply for the mother
- 5.20 Medical Indications for Supplementation
 - 5.20.1 Infant Indications
 - 5.20.1.1 Hypoglycemia (Refer to Hypoglycemia Policy)
 - 5.20.1.2 Weight loss of > 10%
 - 5.20.1.3 Delayed bowel movements or dark stools at day 3
 - 5.20.1.4 Poor urine output (<1 wet diaper for each day of life)
 - 5.20.1.5 Inadequate milk transfer despite an adequate milk supply (e.g., borderline premature, sleepy infant, or sucking problems)
 - 5.20.1.6 Breastfeeding jaundice related to poor intake after breastfeeding

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evaluation and management has occurred and infant is unable to sustain feedings at the breast

- 5.20.1.7 Late Preterm/IUGR with mother unavailable or unable to express sufficient quantities for the baby's immediate needs
- 5.20.1.8 Hyperbilirubinemia due to inadequate intake, significant enough to require phototherapy or continued hospitalization
- 5.20.1.9 No effective latch to the breast by 18-24 hours of age for all babies on the well-baby unit
- 5.20.1.9.1 Effective latch defined by:
 - 5.20.1.9.1.1 Infant's mouth latched deeply unto the nipple/areola for a minimum of 5 minutes
 - 5.20.1.9.1.2 To unlatch the infant, a finger must be used to break the suction
 - 5.20.1.9.1.3 The mother feels a strong tug with suckling, but no pain

5.20.2 Maternal Indications

- 5.20.2.1 Delayed lactogenesis (day 5 or later) and inadequate intake by infant
- 5.20.2.2 Delayed lactogenesis and inconsolably hungry infant
- 5.20.2.3 Intolerable pain during feedings
- 5.20.2.4 Unavailability of mother due to severe illness or geographic separation
- 5.20.2.5 Primary glandular insufficiency (primary lactation failure), as evidenced by poor breast growth during pregnancy and minimal indications of lactogenesis
- 5.20.2.6 Retained placenta causing delayed lactogenesis (lactogenesis probably will occur after placenta fragments are removed)
- 5.20.2.7 Sheehan syndrome (postpartum hemorrhage followed by absence of lactogenesis)

5.21 Supplementation is appropriate:

- 5.21.1 When the infant is 18-24 hours of age and has never maintained an effective latch
- 5.21.2 When requested by the mother after appropriate information has been given. (See Parental Information Sheet: Supplementation for Late Preterm and Term Breastfed Infants)

5.21.3 As per Lactation Consultant direction

- 5.21.4 Prior to supplementing the infant, the staff will discuss with the mother the feeding options available. When a decision has been made as to the choice of alternative feeding device to be utilized, the mother will be taught how to safely administer a feeding with the device. This information will be documented in the mothers' and/or infants' chart. Staff will avoid the use of artificial nipples if possible.

5.21.4.1 Modes of supplemental feeding devices utilized at this facility include:

- 5.21.4.1.1 Pre-filled formula bottles
- 5.21.4.1.2 Finger feeding
- 5.21.4.1.3 Cupping

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5.21.4.1.4 Supplemental Nursing System (SNS)**5.21.4.1.5 Per N/G tube**

5.22 Before 24 hours of life, if the infant has not latched on or fed effectively, the mother will be instructed to begin breast massage and hand expression of colostrum into the baby's mouth during feeding attempts. Skin-to-skin contact will be encouraged. Parents will be instructed to watch closely for feeding cues and whenever these are seen, to awaken and feed infant. If the baby continues to feed poorly, pumping with skilled hand expression or an electric breast pump will be initiated and maintained approximately every 3 hours or a minimum of 8 times per day. Any expressed colostrum or mother's milk will be fed to the baby by an alternative method. The mother will be reminded that she may not obtain much milk or even any milk the first few times she pumps her breasts. Until the mother's milk is available, a collaborative decision should be made among the mother, nurse and clinician regarding the need to supplement the baby.

5.22.1 When an infant has been admitted to the Special Care Nursery, their mother will be encouraged to begin breast milk expression within the first 6 hours or as soon as medically possible.

5.23 Each day clinicians will be consulted regarding the volume and type of the supplement. In cases of problems feeding, the lactation consultant or specialist will be consulted.

5.24 See Breastfeeding Management Flow Chart for further decision making information (attachment)

5.25 Infants that are not latching on or feeding well should not be discharged home.

5.26 All babies should be seen for follow-up within the first few days after discharge. This visit should be with a pediatrician or other qualified health care practitioner for a formal evaluation of breastfeeding performance, a weigh check, assessment of jaundice and age appropriate elimination.

5.27 Pacifier use is best avoided during the initiation of breastfeeding and used only after breastfeeding is well established. Pacifiers will not be given by the staff to breastfeeding babies. If the mother requests a pacifier, the nursing staff will explore the reasons for this request, address the mother's concerns and educate her on problems associated with pacifier use and the effects on breastfeeding. This education will be documented

5.27.1 Pacifiers may be used for the breastfeeding infant during painful and/or therapeutic medical procedures. Discard the pacifier after the procedure.

5.28 Soft pliable nipple shields may be initiated by nursing to cover a mother's nipple to treat latch-on problems or manage sore or cracked nipples, or when mother has flat or inverted nipples. Nipple shield use will be followed by a lactation consultation.

5.29 During the early weeks of breastfeeding, mothers should be encouraged to have 8 to 12 feedings at the breast every 24 hours.

5.29.1 Instruct the mother to offer the breast whenever the infant shows early signs of hunger such as increased alertness, physical activity, mouthing or rooting

5.29.2 Crying is a late indicator of hunger.

5.29.3 Appropriate initiation of breastfeeding by continuous rooming-in throughout the day and night

5.29.4 The mother should offer both breasts at each feeding for as long a period as the infant remains at the breast. May alternate breast every feeding if the infant does

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not nurse from both breasts at one feeding

5.29.5 In the early weeks after birth, non-demanding infant should be aroused to feed if 4 hours have elapsed since the beginning of the last feeding.

5.30 Care of the breast should be discussed with each nursing mother and will include:

- 5.30.1 Instruct the mother that the breasts should be cleansed with water only, every day, during a shower.
- 5.30.2 No soap should be used on the nipple/areola area
- 5.30.3 Not to wipe of the milk after the feeding is completed.
- 5.30.4 To observe the nipples for cracks, fissures and/or bleeding and to apply colostrum/breast milk to the nipples as necessary
- 5.30.5 Allow the nipples to air-dry after feedings are completed. Instruct the mother to wear nursing bras for her comfort and support of the breasts
- 5.30.6 Instruct the mother in the prevention and relief of breast engorgement.

5.31 After breastfeeding is well established, the frequency of feeding may decline to approximately 8 times per 24 hours, but the infant may increase the frequency again with growth spurts or when an increase in milk volume is desired.

5.32 Encourage the mother to record the time and duration of each breastfeeding, as well as urine and stool output during the hospital stay and the first weeks at home. This helps facilitate the evaluation process.

5.33 Formal evaluation of breastfeeding, including observation of position, latch, milk transfer, status of the nipples/breasts should be made by the neonatal/Perinatal staff at least twice a day and documented in the infants' record at least once every day.

- 5.33.1 Lactation consultants and/or educators should be available to the client's daily.
- 5.33.2 Mothers that have had previous breast surgery, nipple protractility or breast pathology should be referred to the lactation consultant. An assessment may be provided prior to delivery.
- 5.33.3 Information regarding follow-up services and support groups will be provided prior to discharge

5.34 Should hospitalization of the breastfeeding mother or infant be necessary, every effort should be made to maintain breastfeeding, preferably directly, or pumping the breasts and feeding expressed milk of necessary.

5.35 It is recommended that mothers and infant be allowed rooming-in regardless of the infant feeding choice as health conditions of mother/baby permit.

- 5.35.1 Rooming should be facilitated within the first 2-6 hours to allow c-section recovery time and infant transition
- 5.35.2 The maximum time for separation of the normal newborn from the mother is 2 hours within a 24 hour period.
- 5.35.3 As is appropriate, all routine newborn procedures may be performed at the mother's bedside
- 5.35.4 Any interruption of rooming in will be documented in the infant's chart and include the reason for the interruption, the location of the infant during the separation and the time when the separation began, as well as the time when the infant was returned to the mother's room.
- 5.35.5 When a mother requests that her baby be cared for in the nursery, the nursing

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staff should explore the reasons for the request and should encourage and educate the mother about the advantages of having her infant(s) stay with her in the same room 24 hours a day.

5.35.5.1 If the mother still requests that the baby be cared for in the nursery, the baby will be brought to the mother for feedings whenever the infant shows feeding cues. Interruption of rooming-in will be documented as per protocol

5.36 Mothers who are separated from their sick or premature infants will be seen by the lactation consultant/educator before maternal discharge and given proper education in pumping and storage.

5.37 Fortification of expressed human milk is indicated for many low birth weight infants. The Neonatologist/Pediatrician will order the amount to be added for each feeding on an individual basis.

5.38 Breast pumps and private lactation areas are available for all breastfeeding mothers (patients and staff) in the newborn nursery.

5.39 Lactation consultant will be responsible to maintain communications with local breastfeeding resources available (i.e., WIC clinics, breastfeeding specialists, lay support groups and breastfeeding rental companies) so patients can be referred appropriately.

5.40 Lactation consultant will be a resource person for staff and provide education as the need arises.

5.41 At discharge, the mother should be supplied with information regarding community resources available to assist in the continuum of care and promote success in breastfeeding when at home.

5.41.1 Transient breastfeeding difficulties can often be resolved with reassurance and support from an experienced care provider.

5.42 Before leaving the hospital, breastfeeding mothers should be able to:

5.42.1 Position the infant correctly at the breast with no pain during the feeding

5.42.2 Latch the infant to the breast properly

5.42.3 State when the baby is swallowing milk

5.42.4 State that the baby should be nursed approximately 8 to 12 times every 24 hours

5.42.5 States age appropriate elimination patterns (at least 6 urinations per 24 hours and 3-4 stools per 24 hours by the fourth day of life)

5.42.6 List indications for calling a clinician

5.43 Pioneers Memorial Healthcare District does not accept free formula or free breast milk substitutes. Discharge bags are sometimes given, but are non-commercial

5.44 All formula and other bottle feeding supplies are to be purchased in the same manner as it purchases all other supplies. Additionally, we will not give infant formula samples, literature or other items bearing the name of an infant formula product to breastfeeding mothers.

5.45 Pioneers Memorial Perinatal nursing staff will attend educational sessions on lactation management and breastfeeding promotion to ensure that correct, current and consistent information is provided to all mothers wishing to breastfeed

5.46 Breast Engorgement: Prevention and Treatment

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5.46.1 Prevention:

- 5.46.1.1 Encourage mother to breastfeed frequently, 8-12 time in 24 hours.
- 5.46.1.2 Avoiding supplementation for the first 3-4 weeks
- 5.46.1.3 Express the milk if any feedings are missed
- 5.46.1.4 Wean over a gradual period of time.

5.46.2 Treatment

- 5.46.2.1 Have mother apply hot moist towel, or disposable diaper to the breasts for 2-5 minutes, or take a hot shower before nursing the infant.
- 5.46.2.2 If the breasts are severely swollen and engorged, try applying icy cold compresses or cold cabbage leaves prior to nursing
- 5.46.2.3 Hand express some milk to soften the areola after using moist heat. This makes it easier for the baby to attach to the breast
- 5.46.2.4 Use gentle breast massage before and during breastfeeding or pumping
- 5.46.2.5 Try applying cold compresses to the breast after nursing to relieve the discomfort and decrease swelling
- 5.46.2.6 If the baby takes only one breast, have the mother use an electric breast pump or hand expression to express the milk from the other breast during the engorgement period.
- 5.46.2.7 If the baby cannot latch on or the nipples are flat, using a breast pump or hand expression for 5 minutes may help to soften the areola. Use moist heat and breast massage before pumping. Encourage mother to pump every 2 hours, 15 minutes per side until the baby can latch on.

5.47 Contraindications to Breastfeeding

- 5.47.1 Mothers who have active untreated tuberculosis
- 5.47.2 Mothers who are using drugs of abuse (street drugs)
- 5.47.3 Mothers who have herpes simplex lesions on a breast (infants may feed from the other breast if clear of lesions)
- 5.47.4 Mothers who are infected with human immunodeficiency virus (HIV)
- 5.47.5 Mothers who are receiving diagnostic or therapeutic radioactive isotopes or have had exposure to radioactive materials (for as long as there is radioactivity in the milk)
- 5.47.6 Mothers who are receiving antimetabolites or chemotherapeutic agents
- 5.47.7 Infants with classic galactosemia
- 5.47.8 Mothers who have varicella that is determined to be infectious to the infant
- 5.47.9 Mothers who have HTLV1 (human T-cell leukemia virus type 1)
- 5.47.10 If there are questions regarding any medication that the mother is receiving, the lactation consultant may be contacted or the information may be found in the book *“Medications and Mother’s Milk”* 2014, by Thomas Hale, found in the Nursery.
- 5.47.11 For mothers who insist on breastfeeding when breastfeeding is contraindicated, the Multidisciplinary group consisting of at least the attending physician, the charge RN and the MSW will discuss the plan of care

5.48 Formula feeding option

Pioneers Memorial Healthcare District

Title: Breastfeeding		Policy No. CLN-02501
		Page 11 of 12
Current Author: Patricia Robles, Director of Perinatal		Effective: 1/25/2010
Latest Review/Revision Date: 11/2/2023		Manual: Clinical / OB

5.48.1 When a mother chooses to feed her infant formula:

- 5.48.1.1 The mother will be taught the proper mixing, storage and handling procedures. Handouts available in English and Spanish
- 5.48.1.2 Staff will verify understanding by asking mother for return demonstration of the procedure
- 5.48.1.3 The education given regarding formula feeding and preparation will be documented in the mother's chart
- 5.48.1.4 Mothers who are formula feeding well be taught "baby-led" feeding.

5.49 The Ten Steps to Successful Breastfeeding

- 5.49.1 Have a written breastfeeding policy that is routinely communicated to all health care staff
- 5.49.2 Train all health care staff in skills necessary to implement this policy.
- 5.49.3 Inform all pregnant women about the benefits and management of breastfeeding.
- 5.49.4 Help mothers initiate breastfeeding within 1 hour of birth.
- 5.49.5 Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants
- 5.49.6 Give newborn infants no food or drink other than breast milk, unless medically indicated. (A hospital must pay fair market price for all formula and infant feeding supplies that it uses and cannot accept free or heavily discounted formula and supplies)
- 5.49.7 Practice rooming-in – allow mothers and infants to remain together – 24 hours a day.
- 5.49.8 Encourage breastfeeding on demand.
- 5.49.9 Give no artificial teats or pacifiers to breastfeeding infants.
- 5.49.10 Foster the establishment of breastfeeding support groups and refer mothers to them, on discharge from the hospital.

5.50 Compliance with the International Code of Marketing of Breast Milk Substitutes

- 5.50.1 Employees of manufacturers or distributors of breastmilk substitutes, bottles, nipples, and pacifiers have no direct communication with pregnant women and mothers at PMHD
- 5.50.2 PMHD does not receive free gifts, non-scientific literature, materials, equipment, money, or support for breastfeeding education or events from manufacturers of breastmilk substitutes, bottles, nipples, and pacifiers
- 5.50.3 No pregnant women, mothers, or families are given marketing materials, or samples or gift packs by the facility that consists of breastmilk substitutes, bottles, nipples, pacifiers, or other infant feeding equipment or coupons for the above items at PMHD
- 5.50.4 Any educational materials distributed to breastfeeding mothers are free from messages that promote or advertise infant food or drinks other than breastmilk at PMHD

6.0 References:

- 6.1 AAP Reaffirms Breastfeeding Guidelines: American Academy of Pediatrics (2/27/2012)
<https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/AAP-Reaffirms-Breastfeeding-Guidelines.aspx>

Pioneers Memorial Healthcare District

Title: Breastfeeding		Policy No. CLN-02501
		Page 12 of 12
Current Author: Patricia Robles, Director of Perinatal		Effective: 1/25/2010
Latest Review/Revision Date: 11/2/2023		Manual: Clinical / OB

[Breastfeeding-Guidelines.aspx](#)

- 6.2 AAP Revised Breastfeeding Recommendations: American Academy of Pediatrics. (03/02/2009) www.aap.org/advocacy/releases/feb05breastfeeding.htm
- 6.3 Hale, T., Rowe, H., (2014). *Medications & Mother's Milk*, 16th Ed. Hale Publishing
- 6.4 ACOG Steps up Recommendations to Increase Breastfeeding (2013) <http://www.medscape.org/viewarticle/809248>
- 6.5 ACOG Clinical Review Vol. 12 Issue 1, January-February (2007) "Special Report from ACOG Breastfeeding: Maternal and Infant Aspects" <http://www.acog.org/departments/underserved/clinicalReview>
- 6.6 The Ten Steps to Successful Breastfeeding, Baby Friendly USA, <http://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative/the-ten-steps>
- 6.7 Breastfeeding Management Flow Chart for Term Infants for First 3 Days Postpartum <http://www.img.docstoccdn.com/thumb/orig/114317873.png>
- 6.8 Exclusive Breastfeeding, (2011), World Health Organization http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/
- 6.9 The CDC Guide to Breastfeeding Interventions - Maternity Care Practices http://www.cdc.gov/breastfeeding/pdf/bf_guide_1.pdf

7.0 Attachment List:

- 7.1 Attachment A – Parent Information Sheet – Supplementation for Late Preterm and Term Breastfed Infants – English
- 7.2 Attachment B – Parent Information Sheet – Supplementation for Late Preterm and Term Breastfed Infants –Spanish
- 7.3 Attachment C – Breastfeeding Management Flow Chart for Term Infants

8.0 Summary of Revisions:

- 8.1 Reviewed and submitted without change



Parent Information Sheet **Supplementation for Late Preterm and Term Breastfed Infants**

At Pioneers Memorial Healthcare District, we do not routinely give breastfed babies any water, sugar water, or formula. We support and educate parents on breastfeeding.

What is supplementation?

- Feedings given in place of, or with, breastfeeding (which may include expressed breast milk, formula, or water).
- Methods of supplementation include:
 - Using a syringe or dropper at the breast
 - Using a syringe with a feeding tube at the breast
 - Feeding with a spoon
 - Feeding with a cup
 - Feeding with a dropper
 - Finger-feeding with a dropper or a syringe with a feeding tube
 - Using a nipple with a wide base and slow flow

Does my baby need supplementation?

- Healthy term newborns rarely need supplementation.
- The American Academy of Pediatrics recommends that breastfed babies should not be given anything except breast milk for at least 6 months unless medically indicated.
- Breastfed babies are only offered supplements when medically needed. (for example, low blood sugar, premature babies, excessive weight loss, or jaundice due to poor feeding.)

What if my baby gets formula or water that is not medically needed?

- Giving any formula changes the kind of bacteria in your baby's intestines.
- The suck on a bottle is different from the suck on a breast. If your baby is fed bottles in the first days of life, a breastfed baby may have problems later latching onto the breast.
- Formula takes longer to digest than human milk. It empties from the stomach slower than breast milk. This increases the time between breast feedings. If your breasts are not emptied often your milk production will go down.

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- Research studies have shown feeding a healthy term baby often without supplements encourages early milk production. This will decrease the chance of jaundice and provide better weight gain for your infant.
- Early use of formula may increase the risk of allergies.
- While any amount of breastfeeding is better than none, some benefits of breastfeeding are associated with exclusive breastfeeding.
- Exclusive breastfeeding means solely giving your baby breast milk for the first months of life.
- Most breastfed infants will not require any supplementary feedings, but if you have any questions about supplementation, please ask your nurse, lactation consultant, or your baby's physician.

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Información Para Pádres

Suplementación para prematuros y recién nacidos sáños

En el hospital de Pioneers Memorial Healthcare District, no subtituimos la lactancia materna por fórmula ó agua. Nosotros apoyamos y educamos a los padres en la maravillosa decisión de amamantamiento y cercanía con su bebé.

¿Qué es la suplementación?

- La suplementación es reemplazar ó alimentar al bebé con leche materna, fórmula ó agua.
- Métodos para la suplementación incluyen:
 - El uso de una jeringa ó gotero al seno
 - El uso de una jeringa con un tubo de alimentación al seno
 - Alimentación con cuchara
 - Alimentación con una taza
 - Alimentación con un gotero
 - Alimentación del dedo con un gotero o jeringa utilizando un tubo de alimentación
 - Utilizando un pezón de base ancha y flujo lento (pezónera)

¿Mi bebé necesitará suplementación?

- Recién nacidos sáños raramente necesitan suplementación
- Es recomendado por La Asociación Americana de Pediatría que los recién nacidos sean alimentados únicamente con leche materna por lo menos seis meses (al menos que sea indicado medicamente)
- A los recién nacidos recibiendo lactancia materna se les ofrece suplementación únicamente cuando se indique medicamente. (Ejemplo: azúcar baja, prematuro, pérdida de peso excesivo, ó ictericia causada por falta de alimentación).

¿Qué si mi bebé recibe fórmula ó agua sin indicación médica?

- La alimentación con fórmula cambia el tipo de bacterias en los intestinos de su bebé.
- Succiónar ó alimentar con botella ó biberón con mamila en los primeros días de vida, le puede ocasionar problemas al prenderse al seno. La fórmula se queda en el estómago más tiempo que la leche materna aumentando al tiempo entre comidas. Si sus senos no son vaciados, su producción de leche disminuirá.

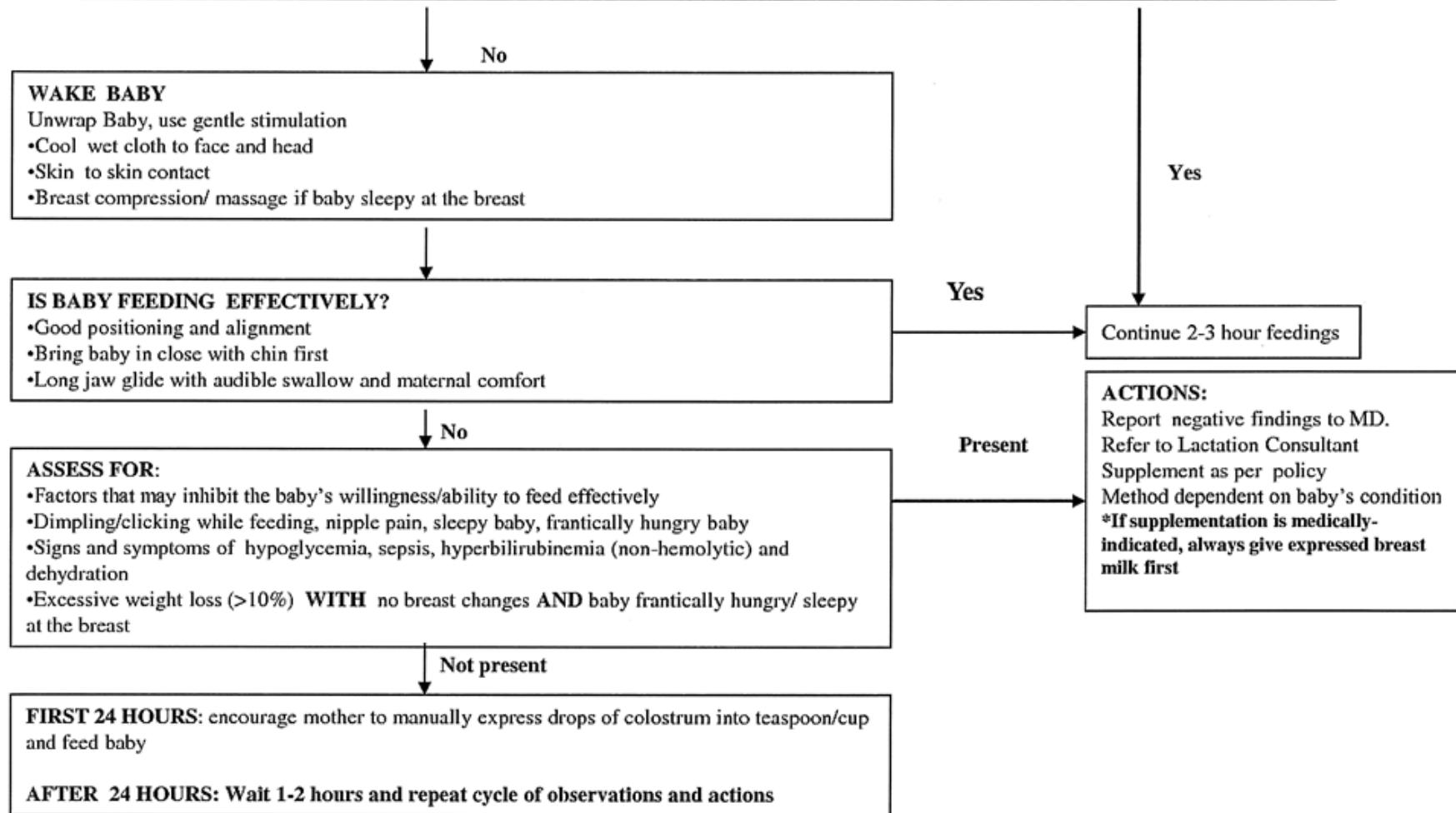
The electronic version of this policy supersedes any printed copy.

- Estudios de investigación han comprobado que la alimentación de un recién nacido sano sin suplementación promueve la producción de la leche materna. También disminuye la posibilidad de ictericia y proporciona mejor aumento de peso para su recién nacido.
- El uso temprano de fórmula puede aumentar el riesgo de alergias.
- Aunque cualquier cantidad de leche materna es mejor que nada, los beneficios de la lactancia materna son mayores cuando se amamanta exclusivamente.
- La lactancia materna exclusiva significa dar únicamente leche materna por los primeros meses de vida.
- La mayoría de los bebés alimentados con leche materna no requieren suplementación alimenticia. Si tiene alguna pregunta sobre la suplementación, por favor pregúntele a su enfermera, consultora de lactancia, ó a su pediatría.

**BREASTFEEDING MANAGEMENT FLOW CHART FOR TERM INFANTS
FOR FIRST 3 DAYS POSTPARTUM (NO MATERNAL RISK FACTORS)**

FIRST 24 HOURS: Breastfeed within 1 hour of birth. Consistent skin to skin contact encouraged. Support breastfeeding attempts in response to early feeding cues at least every 3 hours. Evidence of at least 3-4 effective feedings in the first 24 hrs is desired.

AFTER 24 HOURS: IS BABY WAKING AND FEEDING EFFECTIVELY EVERY 1-3 HOURS (building up to 8-12 feedings in 24 hrs)?



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Pioneers Memorial Healthcare District

Title: CT Safe Injection of Contrast Media		Policy No. CLN-00514
		Page 1 of 2
Current Author: Rojian Lira		Effective:
Latest Review/Revision Date: 10/13/2023		Manual: Clinical /Radiology

Collaborating Departments:		Keywords: IR, Fistulogram, Angiography	
Approval Route: List all required approval			
MARCC 11/9/2023	PSQC	Other:	
Clinical Service Medicine 1/2024 Anesthesia/Surgery/Radiology	MSQC 2/2024	MEC 2/2024	BOD 2/2024

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 Provides standards to minimize IV access failure during administration of CT contrast to patients regardless of method of delivery either by hand, or by power injector, also vary by procedure.

2.0 Scope: Hospital wide**3.0 Policy:**

- 3.1 Subject to the requirements of state law, a radiologist, radiologic technologists, or nurse may administer contrast media.
- 3.2 Administration of Medication in Radiology policy (CLN-00888) must be adhered to for all CT with contrast injection.
- 3.3 To enhance patient experience, patient will be educated prior to procedure.
- 3.4 Communicating with the patient before the examination and during the injection may reduce risk of contrast medium extravasation. A means of easy communication between the technologist and the patient is required at all times prior to, during, and following a contrast media injection. This initially can occur via direct contact and then by use of an intercom or television system. When feasible, the patient should be notified of the presence of such a system and instructed to notify the technologist for any changes in sensation, including increasing pain or swelling at the injection site.
- 3.5 IV contrast media is to be administered by power injector through a flexible cannula. Use of metal needles for power injectors should be avoided whenever possible.
- 3.6 20-gauge or larger catheter must be used for flow rated of 3 ml/sec or greater. Antecubital or large forearm vein is preferred for venous access site for power injection.
- 3.7 If a more peripheral (i.e. hand or wrist) venipuncture site must be used, flow rates should be reduced if feasible. (i.e., 1-2 ml/sec).
- 3.8 If the venipuncture site is found to be tender or infiltrated prior to the procedure an alternative site should be sought.

4.0 Definitions: Not applicable**5.0 Procedure:**

- 5.1 All patients receiving IV contrast (i.e., Ionic, Non-Ionic, or Gadolinium contrasts) will be pre-screened by using "The Contrast Media Questionnaire." The completed form will be sent to medical records. Patients' criteria and qualification for receive contrast media

Pioneers Memorial Healthcare District

Title: CT Safe Injection of Contrast Media		Policy No. CLN-00514
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Current Author: Rojian Lira		Effective:
Latest Review/Revision Date: 10/13/2023		Manual: Clinical /Radiology

including but not limited to: patient medical condition, lab values etc., must be in accordance to District policy (Refer to CLN-00888; Administration of Medication in Radiology)

- 5.2 Careful preparation of the power injection apparatus is essential to minimize the risk of contrast medium extravasation or air embolism.
- 5.3 Standard procedures should be used to clear the syringe and pressure tubing of air.
- 5.4 Catheter to be used must be checked for backflow of blood into the tubing.
- 5.5 Ensure the power injector and its tubing is positioned properly to allow adequate table movement without tension on the intravenous line.
- 5.6 A saline test flush can be performed by hand or once the tubing is connected to a power injector.
 - 5.6.1 A bolus of saline is automatically injected after the bolus of contrast.

6.0 References:

- 6.1 ACR guideline: Safe injection of Contrast Media, December 2017.
- 6.2 Administration of Medication in Radiology; CLN-00888

7.0 Attachment List: Not applicable**8.0 Summary of Revisions:**

- 8.1 No Revision

Pioneers Memorial Healthcare District

Title: Intermediate NICU Inpatient Visitation		Policy No. CLN-02522 Page 1 of 4
Current Author: Sandra Taylor, RNC-NIC, BSN		Effective: 5/29/2018
Latest Review/Revision Date: 10/04/2023		Manual: Clinical / Nursery/NICU

Collaborating Departments: Neonatal Dr Alshareef, NICU Manager	Keywords: Visitation/Neonatal		
Approval Route: List all required approval			
MARCC 11/9/2023	PSQC		
Clinical Service <u>Pediatrics</u> 1/2024	MSQC 2/2024	MEC 2/2024	BOD 2/2024

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 Pioneers Memorial Healthcare District promotes and supports a patient and family centered approach to care encouraging the presence and participation of families, Partners-in-Care, and others who play a significant role in the lives of patients.
- 1.2 The purpose of this policy is to provide guidelines regarding persons spending time with inpatients in the NICU.
- 1.3 This policy also provides a mechanism to issue identification authorizing certain individuals to visit a newborn, and to delineate their rights and responsibilities.
- 1.4 This policy differentiates between Partners-in-Care and visitors and provides structure for care and support to take place with minimal inconvenience while simultaneously providing a safe environment for treatment and healing.

2.0 Scope: All Intermediate NICU Staff**3.0 Policy:**

- 3.1 Parents are considered part of the care team and are not restricted by visiting hours.
- 3.2 The hospital will not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- 3.3 Healthcare professional staff, utilizing reasonable clinical judgment, may place clinically necessary or other reasonable restrictions or limitations on visitation rights for the following reason.
 - 3.3.1 To provide medically necessary care.
 - 3.3.2 To control infections and communicable diseases.
 - 3.3.3 To facilitate rest for the patient or other patients in the immediate vicinity.
 - 3.3.4 To protect the privacy of patients in certain sensitive situations.
 - 3.3.5 To protect the security of the unit and any time visitation would interfere with care of the patient, care of other patients or effective unit operations.
 - 3.3.6 To protect the safety of other patients, staff and visitors in situations involving disruptive behavior.
 - 3.3.7 To protect the safety of the patient in situations involving possible abuse and neglect or where the hospital is aware of an existing court order restricting contact.

4.0 Definitions:

- 4.1 PIC – Partner-in-Care; A caregiver chosen by the parent(s) who is identified as such

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Current Author: Sandra Taylor, RNC-NIC, BSN		Effective: 5/29/2018
Latest Review/Revision Date: 10/04/2023		Manual: Clinical / Nursery/NICU

upon registration/admission to the Perinatal/Neonatal department. These identified individuals may not be blood relatives but are identified as the individuals who provide physical, psychological, and emotional support of the patient. PIC will have twenty-four hour access to the patient throughout the course of their hospital stay.

4.2 Visitors – Are guests of the patient, family or PIC. In some cases, visitors may be relatives. Visitors have restricted times during which they may see the patient.

5.0 Procedure:

5.1 This procedure is intended to be flexible to respond to the diverse and individual needs and preferences of each patient/family. It is intended to accommodate unanticipated and unique circumstances and ensure the safety of patients, families, PIC, and staff.

5.2 In the event that circumstances require exceptions to this procedure, the health care team, in collaboration with the patient's care givers, will use professional judgment in considering the circumstances and patient needs.

5.3 PIC:

- 5.3.1 All hospital staff, clinicians and volunteers will welcome and encourage parents and PIC to be involved and supportive of patient needs 24 hours a day.
 - 5.3.1.1 They will recognize and reinforce that PIC are integral to patient safety, comfort, medical and psychological wellbeing and the healing process.
- 5.3.2 Parents will be given information regarding visiting rights upon admission, including an explanation about the differences between PIC and visitors.
- 5.3.3 PIC will be documented on the PIC Designation and Authorization form and signed by the parent.
- 5.3.4 PIC will be provided with a band to identify which infant they are to be associated. No more than two bands will be issued.
- 5.3.5 Individuals named in the PIC Designation and Authorization form will be confirmed by staff reviewing picture identification prior to distribution of the PIC wristband.
- 5.3.6 Wristbands will not be transferred from person to person.
- 5.3.7 PIC designation will be reviewed and revised as necessary to ensure patient needs are being met on a continuous basis.
- 5.3.8 Only parents will be permitted to change designated PIC; in these circumstances, a new Partner-in-Care Designation and Authorization form must be completed, signed and placed in the infants' medical record.
- 5.3.9 If the parents disagree on PIC designation, no additional wristbands will be distributed until a consensus can be reached. If this is the circumstance, both parents will be required to sign the Partner-in-Care Designation and Authorization form. No additional armbands will be distributed until both parties have signed.
 - 5.3.9.1 In the event that families have any disputes concerning PIC, visitors, the scheduling and length of visiting, the Social Worker may be consulted for assistance when indicated.

5.4 Visitors:

- 5.4.1 Visitors must be accompanied by a banded individual or by a parent.

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Current Author: Sandra Taylor, RNC-NIC, BSN		Effective: 5/29/2018
Latest Review/Revision Date: 10/04/2023		Manual: Clinical / Nursery/NICU

5.4.2 Siblings who are 3 or older are welcome to visit with their parents with some exceptions. We work hard to limit the exposure to childhood illnesses. Siblings:

- 5.4.2.1 Must be free of illness.
- 5.4.2.2 Under 18 years of age are not permitted during flu season, usually from September to March.

5.4.3 Non-sibling visitors who are under the age of 18 will not be allowed in the NICU.

5.4.4 Visitors are allowed from 0800-2000 as conditions in the NICU allow.

5.5 Parents and PICs wearing wristbands are allowed patient access 24 hours a day. The number of people welcomed at the bedside at the same time will be determined collaboratively between staff and parents/PIC. Special considerations which may be relevant to the amount of time or number of people at the bedside include:

- 5.5.1 The clinical and emotional needs of the patient. Examples include exhaustion, overstimulation, or marked increase in agitation.
- 5.5.2 The need to maintain infection control precautions during bedside procedures.
- 5.5.3 Limitations as requested by the parents or PIC.
- 5.5.4 Space limitations in infants' room. In the NICU, the preferred number of people at the bedside is no more than two at a time.
- 5.5.5 Patient, parents, PIC, or employee safety issues.
- 5.5.6 A community outbreak of influenza or other communicable disease.

5.6 Changes, limitations and restrictions to patient access will be communicated positively to PIC and clearly documented in the medical record.

5.7 To protect patient privacy during shift change and report, parents, PIC, and visitors will be encouraged to avoid areas where they would potentially overhear staff giving report on other patients, but access will not be unduly restricted.

5.8 As space allows, the parents or PIC may remain with the patient overnight. The sleep room in the nursery or the waiting room adjacent to the nursery will be offered. They may sleep in the sleeper chair, couch, padded chair, but may not sleep on the floor.

- 5.8.1 Neither the parents or PIC staying overnight, nor their belongings may obstruct the healthcare provider's access to, or ability to, care for the patient.

5.9 Entry to the NICU

- 5.9.1 When entering the NICU, parents, PIC and visitors will be asked to:
 - 5.9.1.1 Check with the staff before entering the patient care area.
 - 5.9.1.2 Visitors will be verbally screened (Appendix A in English and Appendix B in Spanish) by hospital staff (RN, RT, MD) and asked if they are feeling ill or have signs of, or have recently been exposed to, communicable illnesses or infections. This includes diarrhea, cough, runny nose, sore throat, fever, vomiting, and skin rashes. If such signs are exhibited, PIC is asked to leave. If a PIC is free of signs they will be provided a sticker with the date/time and initials of staff that cleared them. The PIC will be asked to place sticker in a visible area of upper chest and it is to remain in place until they leave the unit.
 - 5.9.1.3 Wash or disinfect their hands each time they enter and leave the patient care area.
 - 5.9.1.4 Follow isolation precautions as instructed by nursing staff.

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Title: Intermediate NICU Inpatient Visitation		Policy No. CLN-02522
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- 5.9.1.5 Avoid coming to the hospital if they are feeling ill or have signs of, or have recently been exposed to, communicable illnesses or infections. This includes diarrhea, cough, runny nose, sore throat, fever, vomiting, and skin rashes. If such signs are exhibited the parent or PIC may be asked to leave.
- 5.9.1.6 The parents and PIC must maintain and respect the privacy of other patients by staying at the bedside of the infant they are there to see.
- 5.9.1.7 To facilitate rest and recovery of all patients, PIC and visitors will be asked to be mindful and sensitive to the needs of other patients and families by keeping noise and disturbances to a minimum.

6.0 References:

- 6.1 St Jude's Children's Research Hospital (2017) "Inpatient Visiting Guidelines" <https://www.stjude.org/treatment/patient-resources/caregiver-resources/infection-tips/inpatient-visiting-guidelines.html>
- 6.2 Cedars – Sinai (2017) " Visitor Policy and Hours" <https://www.cedars-sinai.edu/Patients/Patient-and-Visitor-Resources/Visitor-Services/>
- 6.3 Rady Children's Hospital, San Diego (2015). CPM 4-06

7.0 Attachment List:

- 7.1 Attachment A – Partner-in-Care Designation and Authorization Form – English
- 7.2 Attachment B – Partner-in-Care Designation and Authorization Form – Spanish
- 7.3 Appendix A – Pictography for Partner-in-Care Verbal Screening of Illness – English
- 7.4 Appendix B – Pictography for Partner-in-Care Verbal Screening of Illness – Spanish

8.0 Summary of Revisions:

- 8.1 Reviewed and submitted without change



Partners in Care Designation and Authorization Responsible Party Agreement

Partners in Care Designation and Authorization for Verbal Disclosure of Health Information to Persons Other Than Legal Guardians

In accordance with the PMHD Inpatient Visitation in the Intermediate NICU Policy (CLN-02522), the parents/legal guardians for each patient admitted to the PMHD Intermediate NICU may designate up to a total of two Partners in Care (PIC). These are caregivers chosen by the parents/legal guardians based upon their commitment and availability to provide physical and emotional support to the patient. PIC may have unrestricted access to the patient 24 hours a day. This limit of four includes parents/legal guardians and is valid unless visitation must be restricted as indicated in the Inpatient Visiting Policy. Partners in Care will be identified by a wristband.

Partners in Care may only be designated by the parents/legal guardians of the patient. Designated Partners in Care will be required to provide photo identification prior to receipt of the green wristband. Wristbands are not transferrable.

I understand that I may change my child's designated Partner in Care at any time with reasonable notice to the hospital and by providing an updated designation form. I further understand that this privilege should only be granted to individuals who will be present and able to provide primary emotional and physical support for my child.

I also understand that the PIC status will enable designated persons to have 24 hours physical access to my child. This designation will also result in the individuals named below having access to my child's confidential medical information.

This authorization is voluntary and PMHD cannot condition services on whether or not you sign this authorization to allow access to your child's medical information by additional designated persons. Please be aware that information disclosed pursuant to this authorization could be re-disclosed by the recipient may no longer be protected by federal and state of California confidentiality law.

AUTHORIZATION: I hereby authorize (Name of individual(s)):

To receive, as a Partner-in-Care, verbal medical information pertaining to medical history, mental or physical condition, services rendered, or treatment of:

Name of Patient: _____ Date of Birth: _____

Date of Admission: _____

The electronic version of this policy supersedes any printed copy.

I specifically authorize release of the following information (check as appropriate):

- Mental health treatment information, as appropriate in the judgment of the provider and in accordance with California law.
- HIV test results
- Alcohol/drug information
- Please specify any limitations on the information authorized for disclosure:

DURATION: I understand this authorization may be revoked in writing at any time, according to the instructions in the PMHD Notice of Privacy Practices, except to the extent that action had been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire six months from the date of this authorization.

RESTRICTIONS: I understand that PMHD may not further disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law. I hereby release PMHD from any/all legal liability that may arise from the release of this information to the party(ies) named above.

ADDITIONAL COPY: I further understand that I have a right to receive a copy of this authorization upon my request.

SIGNATURES:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____ Time: _____

Parents/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____ Time: _____

Witness Name: _____

Witness Signature: _____

Date: _____ Time: _____

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Partners in Care Designation and Authorization Responsible Party Agreement

Asignación de los Socios en el Cuidado y la Autorización Verbal Para Divulgar la Información Médica a Personas Otras Que No Sean Los Tutores Legales

De acuerdo con la Póliza de Visitas de PMHD (CLN-02522), los padres/tutores legales de cada paciente que se ingresa a Pioneers Memorial Healthcare District – Brawley (PMHD) puede asignar hasta un total de dos Socios en el Cuidado (PIC). Estos son cuidadores que fueron seleccionados por el paciente o su representante basado en su compromiso y disponibilidad de proporcionar apoyo físico y emocional al paciente. El PIC puede tener acceso sin restricciones para visitar al paciente las 24 horas del día. Éste límite de cuatro incluye a los padres/tutores legales y es válido a menos que las visitas deben ser restringidas como se indica en la Póliza de Visitas. Los Socios en el Cuidado serán identificados con una pulsera.

Los Socios en el Cuidado solo pueden ser asignados por los padres/tutores legales. Los Socios en el Cuidado necesitarán proporcionar una forma de identificación fotográfica antes de recibir la pulsera verde. Las pulseras no son transferibles.

Entiendo que en cualquier momento puedo cambiar los Socios en el Cuidado que han sido asignados notificándole anticipadamente al hospital y proporcionando un formulario con las nuevas personas asignadas. Además, entiendo que este privilegio únicamente debe ser otorgado a los individuos que estarán presentes y podrán proporcionar apoyo físico y emocional a mi hijo/hija.

Además entiendo que la condición del PIC le permitirá a la persona asignada acceso físico a mi hijo/hija las 24 horas. Esta asignación también les permite acceso a los individuos nombrados para continuar recibiendo información médica de mi hijo/hija.

Ésta autorización es voluntaria y PMHD no pueden condicionar los servicios si usted firma o no ésta autorización para permitir acceso a la información médica de su hijo/hija por personas asignadas adicionales. Tenga en consideración que la información divulgada de acuerdo a esta autorización puede divulgarse de Nuevo por el recipiente y puede dejar de estar protegida por las leyes de confidencialidad federales y estatales de California.

AUTHORIZACIÓN: Con la presente autoriza (Nombre del individuo(s)):

Para recibir, como Socio en el Cuidado, información médica verbal perteneciente al historial médico, condición mental y física, servicios recibidos o tratamientos de:

Nombre del Paciente: _____

Fecha nacimiento: _____

Fecha del ingreso al hospital: _____

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Autorizo especialmente la divulgación de la información siguiente (marque lo pertinente):

- Información del tratamiento de salud mental, de acuerdo al juicio del proveedor y de acuerdo con la ley de California.
- Resultados de la prueba del VIH
- Información del tratamiento de alcoholismo/drogadicción
- Especifique las limitaciones de autorización de divulgación:

DURACIÓN: Entiendo que esta autorización puede revocarse por escrito en cualquier momento, de acuerdo a las instrucciones de la Notificación de las Prácticas de Privacidad de PMHD, excepto al grado de la acción que se haya tomado correspondiente a esta autorización. A Menos que se revoque, esta autorización se vencerá seis meses a partir de la fecha de esta autorización.

RESTRICCIONES: Entiendo que PMHD no podrá continuar divulgando la información médica a menos que yo otorgue otra autorización o que tal uso o divulgación sea específicamente requerida o permitida por la ley. Por la presente libero a PMHD de toda responsabilidad legal que pueda surgir de la divulgación de esta información al prupo(os) arriba mencionados.

FOTOCOPIA ADICIONAL: Además entiendo que tengo el derecho de recibir una fotocopia de esta autorización se la solicito.

FIRMAS:

Nombre del padre/madre/tutor legal: _____

Firma del padre/madre/tutor legal _____

Fecha: _____ Hora: _____

Nombre del padre/madre/tutor legal: _____

Firma del padre/madre/tutor legal _____

Fecha: _____ Hora: _____

Nombre del testigo: _____

Firma del testigo: _____

Fecha: _____ Hora: _____

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PIONEERS

MEMORIAL HEALTHCARE DISTRICT



Hospitalized patients are susceptible to flu and other illnesses in the community.

We at Pioneers Memorial Healthcare District are dedicated to protecting the health and welfare of our patients and staff.

Do you have any of the following symptoms?

- **Fever**
- **Sore Throat**
- **New cough**
- **Body aches or Chills**
- **Runny or Stuffy nose**
- **Rash**
- **Diarrhea**

If you answered **YES** to any of these questions please alert our staff immediately before visiting any patient – a nurse or physician will instruct you further.

Thank you for your cooperation in keeping our patients and staff healthy.

PIONEERS

MEMORIAL HEALTHCARE DISTRICT



Los pacientes hospitalizados son susceptibles a la gripe y otras enfermedades en la comunidad.

Aquí en Pioneers Memorial Healthcare District estamos dedicados a proteger la salud y el bienestar de nuestros pacientes y personal.

¿Tiene alguno de los siguientes síntomas?

- **Fiebre**
- **Dolor de garganta**
- **Tos reciente**
- **Malestar corporal o escalofríos**
- **Goteo o congestión nasal**
- **Sarpullido/Ronchas**
- **Diarrea**

Si usted contestó sí a cualquiera de estas preguntas, por favor informarle a nuestro personal inmediatamente antes de que visiten a cualquier paciente - una enfermera o médico le dará instrucciones adicionales.

Gracias por su cooperación en mantener la salud de nuestros pacientes y personal.

Pioneers Memorial Healthcare District

Title: Neonatal Nursery Admission, Transfer, and Discharge Criteria		Policy No. CLN-02513
Current Author: Sandra Taylor, RNC-NIC, BSN		Page 1 of 5
Latest Review/Revision Date: 10/04/2023		Effective: 9/25/2018
Manual: Clinical / Nursery/NICU		

Collaborating Departments: Perinatal; Neonatal, Dr. Alshareef, NICU Manager	Keywords: Neonate Admission, Transfer, Discharge Criteria
Approval Route: List all required approval	
MARCC 11/9/2023	PSQC
Other:	
Clinical Service Pediatrics 1/2024	MSQC 2/2024
MEC 2/2024	BOD 2/2024

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 To define the criteria for admission to the Neonatal Intensive Care Unit (NICU) at Pioneers Memorial Healthcare District (PMHD), transfers to Regional Center – Rady's Children's Hospital, San Diego (RCHSD) and discharge of neonatal patients.

2.0 Scope: Neonatal staff**3.0 Policy:**

- 3.1 Patients are admitted under the care of a California Children's Services (CCS) paneled attending Pediatrician.
- 3.2 All admissions to the Intermediate NICU are arranged with the attending physician and the NICU charge nurse.
- 3.3 A CCS paneled Pediatrician shall review, evaluate and document the clinical management of each infant, on site, at least on a daily basis.
- 3.4 There is a CCS-paneled Pediatrician/Neonatologist who is on-call to the Intermediate NICU 24 hours a day who:
 - 3.4.1 Shall not be on-call for more than one hospital at the same time.
 - 3.4.2 Shall be no more than 30 minutes away from the Intermediate NICU at any time
 - 3.4.3 Shall be notified of new admissions and adverse changes in the status of neonates in a timely manner
 - 3.4.4 Shall be in-house and called whenever an unstable infant is in the Intermediate NICU and when there is a major change in the infant's condition which requires a reevaluation
 - 3.4.4.1 The process for any acute change in an infant's condition, which requires prompt assessment when the infants' physician or covering doctor cannot be reached within 15 minutes, the nurse is to notify nursing leadership.
 - 3.4.5 Infants will be examined by the CCS-paneled Pediatrician/Neonatologist within 12 hours of admission or sooner if clinically indicated.
- 3.5 It shall be the responsibility of the CCS paneled Pediatrician/Neonatologist to ensure that information is provided, on a regular basis, to referring physicians regarding their patients.
- 3.6 Requests for consult and/or management of patients are arranged by the referring physician directly by contacting the Pediatrician/Neonatologist on call.
- 3.7 All patients admitted to the NICU will have an NICU Admission History completed by the

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registered nurse. An initial assessment is completed within 10 minutes of admission and documented within 2 hours of admission.

- 3.8 Reassessments are completed based on the patient's acuity. Reassessments are documented on the electronic medical record.
- 3.9 Neonates requiring transfer to a higher level of care are transported by the Children's Hospital Emergency Team (CHET) to Rady Children's Hospital, San Diego – Main Campus.

4.0 Definitions:

- 4.1 Transition/observation – The time from birth up to six hours of age at which time the infant will either be admitted to the Intermediate NICU or transferred to the Couplet Care Unit.
- 4.2 NICU – Neonatal Intensive Care Unit
- 4.3 CCS – California Children's Service
- 4.4 IDM – Infant of Diabetic Mother
- 4.5 MgSO4 – Magnesium Sulfate
- 4.6 PPV – Positive Pressure Ventilation
- 4.7 CPAP – Continuous Positive Airway Pressure
- 4.8 HFNC – High Flow Nasal Cannula
- 4.9 LPM – Liters per minute
- 4.10 FiO2 – Fraction Inspired Oxygen = oxygen concentration
- 4.11 IV – Intravenous
- 4.12 NG – Nasogastric
- 4.13 NJ – Nasojejunal
- 4.14 PMHD – Pioneers Memorial Healthcare District
- 4.15 AGA – Average for Gestational Age
- 4.16 UAC – Umbilical Arterial Catheter
- 4.17 UVC – Umbilical Venous Catheter

5.0 Procedure:

- 5.1 Admission Criteria:

- 5.1.1 Transitional/Observational Status:

- 5.1.1.1 Infants requiring observation but who are expected to stabilize or improve may be transitioned in the Intermediate NICU.
 - 5.1.1.2 The infant's physician will be notified within 30 minutes of the infant's arrival in the Intermediate NICU by nursing staff. The following conditions are required to be transitioned in the Intermediate NICU:
 - 5.1.1.2.1 Infants less than 36 weeks gestation
 - 5.1.1.2.2 Symptomatic IDM per Neonatal Hypoglycemia Policy
 - 5.1.1.2.3 Maternal or neonatal conditions requiring close observation of the neonate:
 - 5.1.1.2.3.1 Mother receiving Mg SO4 prior to delivery,
 - 5.1.1.2.3.2 Infants delivered via cesarean section
 - 5.1.1.2.3.3 Infants requiring resuscitation or prolonged

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PPV/CPAP

5.1.1.2.3.4 See criteria for Therapeutic Hypothermia

5.1.2 Intermediate NICU Status:

- 5.1.2.1 Infants requiring close observation, monitoring, stabilization or resuscitation (requiring chest compressions, prolonged PPV/CPAP) will be admitted to the Intermediate NICU pending stabilization or transfer to a higher level of care.
- 5.1.2.2 Stable infants greater than 1500 grams
- 5.1.2.3 Stable infant greater than or equal to 32 weeks gestation
- 5.1.2.4 Patients requiring continuous monitoring, receiving oxygen therapy, but stabilizing:
 - 5.1.2.4.1 Patients requiring mechanical ventilation less than 4 hours in duration
 - 5.1.2.4.2 HFNC \leq 2 LPM
 - 5.1.2.4.3 Maximum FiO₂ 60% and weaning from 60% within 6 hours.
- 5.1.2.5 Hyperbilirubinemia (unless non-hemolytic with bilirubin greater than 25 mg/dL or hemolytic disease with bilirubin greater than 20 mg/dL)
- 5.1.2.6 Maternal chorioamnionitis admitted for sepsis evaluation.
- 5.1.2.7 Stable infants with suspected or confirmed sepsis/pneumonia requiring saline lock IV antibiotics.
- 5.1.2.8 Hypoglycemia – simple and nonrecurring <See policy CLN-02506; *Hypoglycemia in the Newborn*>
- 5.1.2.9 Intrauterine drug exposure at risk for neonatal abstinence syndrome.
- 5.1.2.10 Failed Critical Congenital Heart Disease Screen
- 5.1.2.11 Transitional/Observational infants (see 5.1.1)

5.2 Regional Center Neonatology Consult & Transfer Criteria to Regional Center or another Acute Care Facility from PMHD:

5.2.1 Respiratory

- 5.2.1.1 Persistent Fio₂ requirements greater than or equal to 60% for greater than 6 hours and an inability to wean.
- 5.2.1.2 Requiring endotracheal tube intubation and mechanical ventilation, nasal CPAP, or HFNC \geq 2 LPM.
- 5.2.1.3 Persistent apnea requiring frequent intervention and not responding to treatment
- 5.2.1.4 Respiratory requiring progressive modes of ventilation
- 5.2.1.5 Extracorporeal Membrane Observation (ECMO)
- 5.2.1.6 Pulmonary hypoplasia
- 5.2.1.7 Severe complicated apnea
- 5.2.1.8 Unstable, multiple and/or requiring surgical intervention for pneumothorax

5.2.2 Cardiac

- 5.2.2.1 Suspected cyanotic cardiac disease and/or defect
- 5.2.2.2 Vasopressor therapy
- 5.2.2.3 Life-threatening arrhythmias

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- 5.2.2.4 Patients with confirmed or suspected complex congenital heart defects that may require surgical intervention
- 5.2.3 Endocrine/Metabolic/Hematologic
 - 5.2.3.1 Patients receiving therapy for inborn errors of metabolism
 - 5.2.3.2 Patients with active life threatening bleeding
 - 5.2.3.3 Thrombocytopenia (platelet count less than 60,000)
 - 5.2.3.4 Acute Anemia with Hemoglobin less than 10 grams
 - 5.2.3.5 Infants requiring exchange transfusion
- 5.2.4 Neurological
 - 5.2.4.1 Uncontrolled seizure disorder
- 5.2.5 Other
 - 5.2.5.1 Sepsis
 - 5.2.5.2 Infection refractory to medication
 - 5.2.5.3 Septic shock refractory to treatment
 - 5.2.5.4 Persistent hypotension requiring vasopressor therapy, vasoactive agent, or other continuous drip medication.
 - 5.2.5.5 Patients requiring surgical evaluation/intervention
 - 5.2.5.6 Dysmorphic patients with complicated life-threatening anomalies
 - 5.2.5.7 Weight less than or equal to 1500 grams
 - 5.2.5.8 Less than 32 weeks gestation
 - 5.2.5.9 Feeding disorders:
 - 5.2.5.9.1 Severe feeding intolerance requiring NG or NJ feeding.
 - 5.2.5.9.2 Suspected necrotizing enterocolitis.
 - 5.2.5.9.3 Gastro-esophageal reflux requiring pharmacological therapy.
 - 5.2.5.10 Infants that meet criteria for possible therapeutic hypothermia treatment.
 - 5.2.5.11 Any infant at the discretion of the Pediatrician/Neonatologist.
- 5.3 Back transport criteria: Based on level of care required and bed availability, infant may be transferred back to PMHD Intermediate NICU for completion of care.
 - 5.3.1 The infant is referred to, and accepted by, an attending Pediatrician/Neonatologist.
 - 5.3.2 These babies may include, but are not limited to, the following:
 - 5.3.2.1 Weight greater than 1500 grams AGA, gestation greater than or equal to 32 weeks.
 - 5.3.2.2 Apnea controlled with medication
 - 5.3.2.3 Oxygen hood or cannula flow \leq 1 LPM, unlikely to need further CPAP or mechanical ventilation.
 - 5.3.2.4 Infants not requiring continued invasive monitoring or central vascular access (i.e., UAC, UVC)
 - 5.3.2.5 Neurological disease unlikely to need inpatient Neurology follow-up
 - 5.3.2.6 Cardiac disease that does not require inpatient Cardiology follow-up
 - 5.3.2.7 No significant feeding problems, and does not require inpatient Gastrointestinal follow-up
 - 5.3.2.7.1 Stable NG feedings

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5.4 Discharge Criteria**5.4.1 To Home:**

- 5.4.1.1 A sustained pattern of weight gain of sufficient duration has been demonstrated
- 5.4.1.2 The infant has demonstrated adequate maintenance of normal body temperature fully clothed in an open bed with normal ambient temperature (68° – 77°F)
- 5.4.1.3 The infant has established competent feeding by breast or bottle without cardio/respiratory compromise
- 5.4.1.4 Physiologically mature and stable cardio/respiratory function has been documented for a sufficient duration
- 5.4.1.5 Appropriate immunizations have been administered
- 5.4.1.6 Appropriate metabolic screening has been performed
- 5.4.1.7 Hematologic status has been assessed and appropriate therapy has been instituted, if indicated
- 5.4.1.8 Hearing evaluation has been completed
- 5.4.1.9 Funduscopic examinations have been completed, as indicated, or outpatient referral appointment arranged.
- 5.4.1.10 Neurodevelopmental and neurobehavioral status has been assessed and demonstrated to the parents
- 5.4.1.11 Car seat evaluation has been successfully completed, as indicated
- 5.4.1.12 Critical Congenital Heart Disease screening successfully completed, as indicated.
- 5.4.1.13 Review of the hospital course has been completed, unresolved medical problems have been identified, and plans for follow-up monitoring and treatment have been instituted.
- 5.4.1.14 An individual home-care plan has been developed with input from all appropriate disciplines. <See *Intermediate NICU Discharge Planning/Multidisciplinary Rounds*>

6.0 References:

- 6.1 American Academy of Pediatrics. (2012). AAP: Committee on Fetus and Newborn Levels of Neonatal Care, Pediatrics, <http://pediatrics.aappublications.org/content/130/3/587>
- 6.2 American Academy of Pediatrics. (2008). AAP: Hospital Discharge of the High Risk Neonate, Pediatrics, <http://pediatrics.aappublications.org/content/122/5/1119>
- 6.3 Rady Children's Hospital policy PM 9-165; Admission, Transfer & Discharge Criteria for the NICU (2016)

7.0 Attachment List: Not applicable**8.0 Summary of Revisions:**

- 8.1 Reviewed and submitted without change

Pioneers Memorial Healthcare District

Title: NICU Dietitian Discharge Planning		Policy No. CLN-02512 Page 1 of 2
Current Author: Sandra Taylor, RNC-NIC, BSN		Effective: 4/18/2018
Latest Review/Revision Date: 10/04/2023		Manual: Clinical / Nursery/NICU

Collaborating Departments: Perinatal, Neonatal, Dietary	Keywords: NICU- Dietary		
Approval Route: List all required approval			
MARCC 11/9/2023	PSQC		
Clinical Service <u>Pediatrics</u> 1/2024	MSQC 2/2024	MEC 2/2024	BOD 2/2024

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 To describe the dietitian's role in patient discharge planning of the neonate in the NICU

2.0 Scope: Dietitian**3.0 Policy:**

- 3.1 Nutritional assessments and consultation services for discharge planning with neonatal patients will be provided by a Registered Dietitian. Nutritional assessments and consultation services can be initiated by a licensed independent practitioner, registered nurse and/or a registered dietitian.

4.0 Definitions:

- 4.1 Nutritional Assessment – The comprehensive process for defining an individual's nutrition status and needs using medical, dietary intake, and medication intake histories, physical examination, anthropometric measurements, laboratory data, and patient interview as appropriate.

5.0 Procedure:

- 5.1 The dietitian will assess the patient's needs for discharge through nutrition assessment, nutrition follow-up, multidisciplinary meetings and rounds
- 5.2 The dietitian will participate in discharge planning for the nutritional care of patients on a special/modified diet, specialty formula and enteral or parenteral feeding regimen as appropriate. This may include nutrition education and documentation in the medical record, referral to community resources, recommendation for follow-up care and further participation in discharge planning meetings.
- 5.3 In the event of patient transfer to another institution, when possible and when applicable, the dietitian will provide and updated the patient's nutritional assessment including the current nutrition plan.
- 5.4 The dietitian will document discharge diet instructions in the patient's electronic chart under Clinical Services and patient's/caregiver's level of comprehension as well as recommendations for follow-up in outpatient clinics as appropriate.
- 5.5 The dietitian will document education handouts, formula instruction, and other important discharge information in their nutritional assessment notes.

6.0 References:

- 6.1 California Children's Service Manual of Procedures (1999)

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<http://www.dhcs.ca.gov/services/ccs/Documents/RegionalNICU.pdf>

6.2 Daily, D., Carter, A., Article – *Discharge Planning and Follow-up of the Neonatal Intensive Care Unit Infant* (2015) <http://clinicalgate.com/discharge-planning-and-follow-up-of-the-neonatal-intensive-care-unit-infant/>

7.0 Attachment List: Not applicable**8.0 Summary of Revisions:**

8.1 Submitted for review without changes

Pioneers Memorial Healthcare District

Title: NICU Discharge Planning/Multidisciplinary Rounds		Policy No. CLN-02510 Page 1 of 8
Current Author: Sandra Taylor, RNC-NIC, BSN		Effective: 4/19/2018
Latest Review/Revision Date: 10/04/2023		Manual: Clinical / Nursery/NICU

Collaborating Departments: Perinatal; Neonatal; Case Management, Social Worker, Dr Alshareef, NICU Manager	Keywords: Discharge Planning, NICU		
Approval Route: List all required approval			
MARCC 11/9/2023	PSQC		
Clinical Service Pediatrics 1/2024	MSQC 2/2024	MEC 2/2024	BOD 2/2024

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 To provide discharge assessment, planning, interventions, and reassessments to facilitate timely transition for neonatal patients and their families
- 1.2 To use a collaborative, interdisciplinary approach to coordinate care and planning to meet infant and their parents care goals and achieve optimal outcomes
- 1.3 To improve the effectiveness of communication, support collaborative work and enhance patient safety

2.0 Scope: Clinical staff, Case Management**3.0 Policy:**

- 3.1 All families in the NICU (significant others when applicable) are to be provided on admission with the following information that is culturally and linguistically correct (English or Spanish)
 - 3.1.1 Literature regarding Sudden Infant Death Syndrome (SIDS), Car Seat and Air Bag Safety, Shaken Baby Syndrome
 - 3.1.2 Hearing screening information
 - 3.1.3 Immunization schedule
- 3.2 All newborns are required to complete newborn screening and hearing testing per procedures, unless a release has been signed by the parents or care taker
- 3.3 The Case Manager-MSW (Masters in Social Worker) evaluates the patient for discharge needs within 2 days of admission or the first business day thereafter and discusses results of the evaluation with the care team, patient and family/caregiver as appropriate
- 3.4 PMHD relies on multidisciplinary participation in case conferences and discharge planning activities for patients with complex discharge needs; requirement of specialized placement or equipment to ensure a coordinated and effective discharge plan is developed and implemented as needed
 - 3.4.1 Multidisciplinary team rounds are held weekly to evaluate patients and involve the necessary team members
 - 3.4.1.1 The multidisciplinary team consists of the following members (not an inclusive list):
 - 3.4.1.1.1 Case Manager-MSW
 - 3.4.1.1.2 Physician
 - 3.4.1.1.3 Registered Nurse

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- 3.4.1.1.4 Dietician
- 3.4.1.1.5 Medical Therapies (PT, Speech)
- 3.4.1.1.6 Respiratory Care Practitioners
- 3.4.2 The individual team member's recommendations and treatments are documented in the EMR
- 3.4.3 Multidisciplinary/discharge team meeting notes are documented in the EMR
- 3.5 The Case Manager-MSW coordinate discharge needs with managed care/third-party payers, arranges durable medical equipment, supplies, community resources and homecare services as applicable to patient needs at discharge
 - 3.5.1 A list of participating home health agencies or skilled nursing facilities, in the appropriate geographical area, is provided to the parents when the patient requires these services and is documented in the EMR

4.0 Definitions:

- 4.1 The Case Manager-MSW – Individual responsible for coordinating care between the patient's clinical team and primary care physician, community agencies, outpatient services, CCS designated programs and regional centers when required
- 4.2 Discharge Information – Includes, but is not limited to: the patient's diagnosis, medications, injury and illness prevention and education, follow-up appointments, and instructions on any medical treatments
- 4.3 Discharge Summary – Summarizes the reason for hospitalization, significant findings, procedure(s) performed (if any), treatment(s) rendered, patient's condition on discharge, patient instructions and provisions for follow-up care
- 4.4 California Children's Services (CCS) designated programs – CCS special care center, medical in home operations unit, early start program, medical therapy units and regional centers
- 4.5 After Visit Summary (AVS) – Includes, but not limited to: relevant information regarding the patient's diagnosis, medications, injury and illness prevention and education (as appropriate), follow-up appointments, and instructions on any medical treatments
- 4.6 Discharge Release Form – Form completed by the patient's legal guardian specifying to whom the patient may be discharged
- 4.7 PMHD – Pioneers Memorial Healthcare District
- 4.8 NICU – Neonatal Intensive Care Unit
- 4.9 EMR – Electronic Medical Record
- 4.10 OT – Occupational Therapy
- 4.11 PT – Physical Therapy

5.0 Procedure:

- 5.1 Plans for the patient's discharge begin at admission and is considered as part of the overall Nursing Care Plan
 - 5.1.1 Any barriers to learning are assessed and their education method is modified
 - 5.1.2 The plan of care is implemented on admission and is updated as appropriate to the patient condition in the EMR
 - 5.1.3 The admission assessment includes discharge readiness questions to screen for

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discharge needs upon admission which may result in a case management referral

5.2 A plan is formulated utilizing a multidisciplinary approach including the family to achieve the best outcome. Appropriate community resources (e.g., health clinics, public health, regional center, WIC, etc.) are identified for follow-up care.

5.2.1 Social Services

- 5.2.1.1 Risk factors identified during admission, or any time during hospitalization are communicated by the healthcare staff to Case Manager-MSW and entered into the EMR
- 5.2.1.2 A family psychosocial assessment will be done on all NICU patients by a social worker with expertise in Maternal-Child health

5.2.2 Dietary

- 5.2.2.1 Risk factors identified during admission, or any time during hospitalization are communicated by the healthcare staff to the Dietitian and entered into the EMR

5.2.3 Cultural and ethnicity considerations are documented as appropriate

5.3 The neonatologist or pediatrician will determine if a neonate needs to be referred to a higher level CCS approved NICU

5.3.1 Referrals to CCS special care centers shall be made for children with, but not limited to, the following conditions:

- 5.3.1.1 Conditions involving the heart (congenital heart disease)
- 5.3.1.2 Neoplasms (cancers, tumors)
- 5.3.1.3 Disorders of the blood (hemophilia, sickle cell anemia)
- 5.3.1.4 Endocrine, nutritional, and metabolic diseases (thyroid problems, PKU, diabetes)
- 5.3.1.5 Disorders of the genito-urinary system (serious chronic kidney problems)
- 5.3.1.6 Disorders of the gastrointestinal system (chronic inflammatory disease, diseases of the liver)
- 5.3.1.7 Serious birth defects (cleft lip/palate, Spina bifida)
- 5.3.1.8 Disorders of the nervous system (cerebral palsy, uncontrolled seizures)
- 5.3.1.9 Disorders of the musculoskeletal system and connective tissues (rheumatoid arthritis, muscular dystrophy)
- 5.3.1.10 Severe disorders of the immune system (HIV infection)
- 5.3.1.11 Disabling conditions requiring intensive care or rehabilitation (severe head, brain or spinal cord injuries)
- 5.3.1.12 Complications of premature birth that goes beyond the scope of our facility *<See transport criteria listed in CLN-00216>*
- 5.3.1.13 Disorders of the skin and/or subcutaneous tissue or severely disfiguring condition (severe hemangioma or craniofacial issue)

5.4 All patients discharged from the NICU will be provided discharge instructions specific to the patient's needs in the form of a printed After Visit Summary (AVS)

5.4.1 A copy of all printed AVS's will be retained in the patient's EMR

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5.5 At the time of discharge, the clinician will assure that documentation related to discharge is accurate and complete

- 5.5.1 Patients are discharged with home instructions per the physician
- 5.5.2 Information relevant to specific medications (e.g., time of last dose of medication before discharge or other instructions) will be annotated in the EMR/AVS prior to printing the final copy of the AVS as clinically indicated
- 5.5.3 The clinician printing the AVS will evaluate the contents for sensitive items. If the AVS contains sensitive items, the medical provider will be notified to determine whether the AVS needs to be modified prior to reviewing with the family/guardian
- 5.5.4 The final printed copy of the AVS will be the copy given to and reviewed with the parents/legal guardian
 - 5.5.4.1 The nurse discharging the patient reviews all medications with regard to dose, frequency, and route with the parents/legal guardian
 - 5.5.4.2 The clinician will document in the EMR with whom the AVS was reviewed
- 5.5.5 Discharge teaching, based on the plan of care, is provided to the parents/caregiver and documented in the EMR
 - 5.5.5.1 Discharge teaching is provided using an interpreter when applicable

5.6 Multidisciplinary Rounds – NICU: Weekly multidisciplinary rounds are held for NICU patients. The following health care providers are included during the rounds: the attending physician, the bedside nurse, respiratory therapist, dietician, and case manager-MSW. Other health care providers are encouraged to attend, such as charge nurse, home health RN, pharmacists.

- 5.6.1 All newborns admitted to the NICU are discussed at the weekly multidisciplinary rounds for medical progress and social risk factors. Referrals for follow-up care are determined at this time. Care plan revisions are completed accordingly.
- 5.6.2 Documentation of the rounds and all referrals are recorded in the EMR. The NICU Multidisciplinary Rounds documentation lists the health care providers who attended and provides a summary of what was discussed about the infant.
 - 5.6.2.1 The bedside nurse will make changes in the plan of care identified during rounds
 - 5.6.2.2 The bedside nurse will document the referrals recommended in the EMR
 - 5.6.2.3 The attending physician will also document in the EMR the findings and recommendation of the NICU Multidisciplinary Rounds
 - 5.6.2.3.1 A Primary Care Provider (PCP) is identified by the parents prior to discharge and arrangements are made before discharge for the first follow-up appointment. A referral will be made to a local clinic if they have not identified a PCP. A discharge summary is sent to the PCP or follow-up clinic upon discharge. The identified PCP or clinic is documented in the electronic medical record
 - 5.6.2.3.2 Ophthalmology referrals are identified and follow-up consults

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are documented during rounds

5.6.2.3.3 Upon request from the social worker a Public Health Nurse (PHN) will provide pre-discharge home visit prior to discharge

5.6.2.3.4 All infants admitted to the NICU who meet California Children's Services (CCS) criteria are referred by the MSW in collaboration with the multidisciplinary team to CCS

5.6.2.3.5 Infants eligible for CCS that require High Risk infant Follow-up (HRIF) may be referred prior to or at discharge by the MSW in collaboration with the multidisciplinary health care team to Rady Children's hospital San Diego HRIF program. Newborns identified as developmentally delayed, or at risk for developmental delay, will be referred to the high risk follow-up clinic at Rady Children's Hospital San Diego. The HRIF program received the referral and contacts the parents to set up an appointment. Infants may qualify for both HRIF and Early Start programs. An infant shall be medically eligible for HRIF program when the infants:

- 5.6.2.3.5.1 Birth weight is less than 1500 grams or the gestational age at birth is less than 32 weeks
- 5.6.2.3.5.2 Birth weight is 1500 grams or more and the gestational age at birth is 32 weeks or more and one of the following criteria is met during the NICU stay
 - ◆ Cardiorespiratory depression at birth (defined as pH less than 7.0 on an umbilical cord blood gas sample or a blood gas obtained within one hour of life), or an Apgar score of less than or equal to three at five minutes of age.
 - ◆ A persistently and severely unstable infant manifested by prolonged hypoxia, academia, hypoglycemia, and/or hypotension requiring pressor support.
 - ◆ Persistent apnea which required medication (e.g., caffeine) for the treatment of apnea at discharge
 - ◆ Required oxygen for more than 28 days of hospital stay and had radiographic finding consistent with chronic lung disease
 - ◆ History of documented seizure activity
 - ◆ Other problems that could result in a neurologic abnormality (e.g., history of central nervous system infection, documented sepsis, bilirubin in excess of usual exchange transfusion level, cardiovascular instability).

5.6.2.3.6 The following are completed by the MSW upon discharge for the HRIF referrals:

5.6.2.3.6.1 An online HRIF registration form at <http://www.ccsrif.org/hrif/signout.action> or the discharge summary and current contact is faxed or

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mailed to RCHSD HRIF at fax# (951) 600-1760

5.6.2.3.7 Regional Center offers support services through Early Start. Infant eligible for California Early Start may be referred by the MSW in collaboration with the multidisciplinary team prior to or at discharge

5.6.2.3.7.1 MSW may fax or mail the referral form to California Early Start Unit 13-SDRC at fax # (858) 496-4302

5.6.2.3.7.2 Families may self-refer to California Early Start at any time

5.6.2.3.7.3 The Imperial County phone # is (760) 355-8383

5.6.2.3.7.4 Not all infants who qualify for Early Start will qualify for HRIF

5.6.2.3.7.5 Eligibility requirements for Imperial County:

- ◆ Birth to age 3 years
- ◆ Residence in Imperial County
- ◆ No financial qualifications
- ◆ One of the following three categories:
 - High risk for developmental disabilities
 - Small for gestational age
 - Seizures in the first week of life
 - Less than 32 weeks gestation at birth
 - Assisted ventilation for 48 hours or more
 - Failure to thrive
- ◆ Established risk for developmental disabilities:
 - Conditions known to cause delay in development (e.g., Downs Syndrome, Prader-Willi, Spina bifida)
 - Need not be demonstrating delays at the time of referral
- ◆ Developmental delay in one or more of these areas:
 - Cognitive development (e.g., limited interest in environment, limited interest in play and learning)
 - Physical and motor development including vision and hearing (e.g., hypertonia, dystonia or asymmetry)
 - Communication development (e.g., limited sound repertoire, limited response to communication with others)
 - Emotional-social development (e.g., unusual responses to interactions, impaired attachment)
 - Adaptive development (e.g., feeding difficulties)

5.6.2.3.8 Infants may be referred by the MSW in collaboration with the multidisciplinary team to the Imperial County Home Visiting Program. Once the infant is discharged, the MSW faxes the referral and discharge summary to the Imperial County Home

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Visiting Program
(442) 265-1369)

5.6.2.3.8.1 Criteria for Public referrals to the Imperial County Home Visiting Program:

- ◆ Pregnant teens and other high risk pregnancies including those women with current gestational diabetes, hypertension, placenta previa, no prenatal care
- ◆ Post-partum families including first time mothers, current domestic violence, drug use during this pregnancy, evidence of postpartum depression
- ◆ High risk infants who meet the following criteria
 - Birth weight less than 1500 grams or prematurity of 32 weeks or less
 - Apgar scores of 0-3 at 5 minutes of age, hypotonia persisting up to 2 hours of age
 - Documented intracranial abnormal pathology
 - Genetic, systemic or metabolic conditions which may be associated with developmental delay
 - Perinatal substance abuse exposure defined as a positive tox screen for infants or infants exhibiting signs of toxicity/withdrawal
 - Documented Intrauterine Growth Retardation (IUGR) defined as birth weight less than the third percentile on Standard IUG chart or National Center for Health Statistics growth chart

6.0 References:

- 6.1 American Academy of Pediatrics; (2008); AAP: Hospital Discharge of the High Risk Neonate, Pediatrics
<http://pediatrics.aappublications.org/content/122/5/1119>
- 6.2 American Academy of Pediatrics (2015); AAP Issues Recommendations on Newborn Hospital Discharge Readiness
<https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/AAP-Issues-Recommendations-on-Newborn-Hospital-Discharge-Readiness.aspx>
- 6.3 California Early Start Program – The Roll of the Health Care Provider
<http://www.dds.ca.gov/earlystart/docs/HealthCareProvidersRole08.pdf>
- 6.4 California Early Start Program – Home page – Department of Developmental Services
<http://www.dds.ca.gov/earlystart/index.cfm>
- 6.5 CCS High Risk Infant Follow-up (HRIF) Program
<http://www.dhcs.ca.gov/services/ccs/Pages/HRIF.aspx>
- 6.6 California Department of Health Services, California Children Services (CCS)
<http://www.dhcs.ca.gov/services/ccs/Pages/default.aspx>

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7.0 Attachment List: Not applicable**8.0 Summary of Revisions:**

8.1 Reviewed and submitted without change

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Title: Nuclear Medicine Technologist Performance Standards		Policy No. CLN-00848
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Current Author: Rojian Lira, RT (R) RDMS (OB)		Effective:
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Collaborating Departments: Quality, Nursing, Pharmacy	Keywords:			
Approval Route: List all required approval				
MARCC 11/9/2023	PSQC	Other:		
Clinical Service Radiology 1/2024	MSQC 2/2024	MEC 2/2024	BOD 2/2024	

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 To define the performance standards of the Nuclear Medicine technologist (NMT) and range of responsibilities and practice components as defined by Society of Nuclear Medicine and Molecular Imaging guidelines. (SNMMI)

2.0 Scope: Radiology Specific**3.0 Policy:**

- 3.1 NMT must adhere to the education standards set forth by SNMMI and all other federal and state regulations including certification from either Nuclear Medicine Technology Certification Board (NMTCB) and or American Registry of Radiologic Technologists in Nuclear Medicine (ARRT-NM).
- 3.2 Under the supervision of an Authorized User (AU), the nuclear medicine technologist (NMT) will perform Nuclear Medicine procedures including use of ionizing and non-ionizing radiation and molecular imaging for diagnostic purposes; identify, prepare, calculate, document, administer and monitor adjunctive medication during diagnostic imaging procedures per SNMMI scope of practice and guidelines.
- 3.3 Practice ALARA and limit ionizing radiation as far below the dose limit as practical.
- 3.4 NMT will perform instrumentation, quality control and maintenance per SNMMI guidelines, district's radiation safety guidelines, state and federal mandated regulations.

4.0 Definitions:

- 4.1 NMT- Nuclear Medicine Technologist
- 4.2 SNMMI- Society of Nuclear Medicine and Molecular Imaging
- 4.3 NMTCB- Nuclear Medicine Technology Certification Board
- 4.4 ARRT-NM- American Registry of Radiologic Technologists in Nuclear Medicine
- 4.5 AU- Authorized User. A physician licensed to permit the medical use of byproduct material per NRC definition under CFR part 35.2.
- 4.6 ALARA- As low as reasonably achievable.
- 4.7 NRC- Nuclear Regulatory Commission.

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5.0 Procedure:

- 5.1 Patient Care
 - 5.1.1 NMT verifies patient identification using double identifier, last menstrual period, and gravid status and history (if applicable). Obtain pertinent medical history including medications and allergies (if any).
 - 5.1.2 Verify and assure study appropriateness based on indication and patient's symptoms. Communicate with provider(s) if needed for any discrepancies.
 - 5.1.3 Ensure completion of pre-procedural preparation and signed informed consent.
 - 5.1.4 Provide pre-procedural education, instructions and explanation to patients regarding ordered procedure(s) to include but not limited to: patient involvement, length of study, radiation safety issues, and post-procedural instructions.
 - 5.1.5 Perform ordered procedure(s) accordingly as indicated in the corresponding work instructions set forth by the district and SNMMI guidelines.
- 5.2 Instrumentation and Quality Control
 - 5.2.1 NMT will perform equipment evaluation and quality assurance, initiate corrective action as necessary and maintain records for quality control program per SNMMI recommendation and in accordance with the applicable regulations and accrediting agencies and district's radiation safety program.

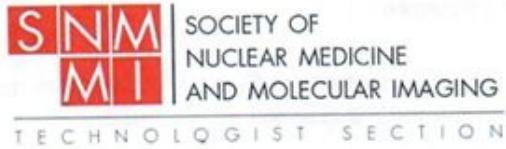
6.0 References:

- 6.1 (SNMMI) Nuclear Medicine Technologist Scope of Practice and Performance Standards
<http://s3.amazonaws.com/rdcms-snmmi/files/production/public/docs/hpra/NMT%20Scope%20of%20Practice%20and%20Performance%20Standards-2017%20Final.pdf>

7.0 Attachment List:

- 7.1 Attachment A: Nuclear Medicine Technologist Scope of Practice and Performance Standards-SNMMI

8.0 Summary of Revisions: None



Nuclear Medicine Technologist Scope of Practice and Performance Standards

**Prepared by: Society of Nuclear Medicine and
Molecular Imaging Technologist Section
Approved: June 2017**

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47 evaluate the satisfactory preparation of the patient before beginning a procedure; and
48 recognize emergency patient conditions and initiate lifesaving first aid when appropriate.
49
50 Administrative functions may include supervising other technologists, students, and other
51 personnel; participating in procuring supplies and equipment; documenting laboratory
52 operations; participating in radiation safety protocols and taking an active role in radiation
53 reduction programs; participating in departmental inspections conducted by various licensing,
54 regulatory, and accrediting agencies; participating in departmental quality assurance or
55 quality improvement projects; and participating in scheduling patient procedures.
56

57 A certified nuclear medicine technologist is an individual who is registered or certified by the
58 Nuclear Medicine Technology Certification Board (NMTCB), the American Registry of
59 Radiologic Technologists (ARRT), Canadian Association of Medical Radiation
60 Technologists (CAMRT), and/or any other certification board accepted by your state or
61 institution. A certified nuclear medicine technologist is qualified to perform general nuclear
62 medicine procedures, nuclear medicine therapy, nuclear cardiology procedures, nuclear
63 breast procedures, positron emission tomography (PET) procedures, and CT attenuation
64 correction and localization at entry level. An advanced certification in CT through the
65 NMTCB, ARRT, CAMRT, and/or any other certification board accepted by your state or
66 institution qualifies a certified nuclear medicine technologist to perform diagnostic CT. A
67 certified nuclear medicine technologist is qualified to perform PET/MR with training and
68 education in MR.

69
70 **Education**

71 Nuclear Medicine Technologists may complete a one- or two- year certificate program, a
72 two-year associate's degree, bachelor's degree or Master's Degree. Didactic courses include
73 but are not limited to the physical sciences, biological effects of radiation exposure, radiation
74 protection, radiation procedures, CT anatomy and physics, the use of radiopharmaceuticals,
75 adjunctive medications, imaging medication, imaging techniques, and computer applications.
76 A structured clinical education component provides experience in the clinical environment.
77 Clinical education is designed to meet the requirements of the certification exams. Graduates
78 of accredited programs are eligible to sit for certification examinations offered by the
79 NMTCB, ARRT, and/or any other certification board accepted by your state or institution.
80 The Joint Review Committee on Education Programs in Nuclear Medicine Technology
81 accredits training programs in nuclear medicine technology.
82

83 **Licensure**

84 Requirements for licensure of all imaging technologists vary from state to state, so it is
85 important that technologists check the requirements of the state in which they plan to work.
86

87 **Certification**

88 Certification is available from the NMTCB, ARRT, and/or any other certification board
89 accepted by your state or institution
90

91 **Continuing Education**

92 In addition to the general certification requirements, certified technologists also must

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139
140 **Adjunctive Medication:** Adjunctive medications are defined as those medications used
141 to evoke a specific physiological or biochemical response used in conjunction with
142 diagnostic imaging or therapeutic procedures.

143
144 **ALARA:** ALARA is an acronym for "as low as (is) reasonably achievable," which
145 means making every reasonable effort to maintain exposures to ionizing radiation as far
146 below the dose limits as practical. *The NRC definition under 10 CFR Part 20.1003 of*
147 *ALARA can be found here: [http://www.nrc.gov/reading-rm/basic-](http://www.nrc.gov/reading-rm/basic-ref/glossary/alara.html)*
148 *[ref/glossary/alara.html](http://www.nrc.gov/reading-rm/basic-ref/glossary/alara.html).*

149
150 **Authorized User:** A physician licensed to permit the medical use of byproduct
151 material. *The NRC definition under 10 CFR Part 35.2 of an Authorized User can be*
152 *found here: <http://www.nrc.gov/reading-rm/doc-collections/cfr/part1/part1.html>*

153
154 **Computed Tomography:** A medical imaging technology that uses a computer to
155 acquire a volume of x-ray-based images, generally reconstructed as two-dimensional
156 (2D) or three-dimensional (3D) pictures of inside the body.

157
158 **Diagnostic Imaging:** Diagnostic imaging uses technologies such as x-ray, CT, MR,
159 ultrasound, general nuclear medicine, PET, and single-photon emission computed
160 tomography (SPECT) to provide physicians with a way to look inside the body without
161 surgery.

162
163 **Diagnostic Nuclear Medicine:** The use of radioactive materials (called
164 radiopharmaceuticals or radiotracers) to evaluate molecular, metabolic, physiologic,
165 anatomic, and pathologic conditions of the body for the purposes of diagnosis and
166 research.

167
168 **Hybrid Imaging:** The combination of imaging technologies that allows information
169 from different modalities to be presented as a single set of images.

170
171 **Imaging Device:** A technological apparatus used to produce detailed images of the
172 inside of the body for diagnostic, therapeutic, or research purposes. Examples of these
173 devices include the gamma camera, CT scanner, PET scanner, MR unit, optical imaging
174 detector, and ultrasound device.

175
176 **Imaging Medication:** Medication that is administered immediately before or
177 during an imaging procedure and is used only to enhance imaging studies. It
178 includes but is not limited to iodinated contrast and gadolinium.

179
180 **Isotope:** Atoms of a single element that have differing masses. Isotopes are either
181 stable or unstable (radioisotope). Radioisotopes are radioactive: they emit
182 particulate (alpha, beta) or electromagnetic (gamma) radiation as they transform or
183 decay into stable isotopes.

184
185 **Magnetic Resonance Imaging:** Magnetic resonance (MR) imaging is a diagnostic scan

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233 Survey instrumentation for exposure and contamination
234 Probe and well instrumentation
235 Ancillary patient care equipment as authorized by institutional policies
236 Infusion systems
237 Radionuclide generators

238
239 Quality control:
240 The evaluation and maintenance of a quality control program for all
241 instrumentation to ensure optimal performance and stability.

242
243 **Diagnostic Procedures:** Requires the utilization of appropriate techniques,
244 radiopharmaceuticals, imaging medications and adjunctive medications as part of a
245 standard protocol to ensure quality diagnostic images and/or laboratory results.
246 Obtains biological samples to perform testing as required for the optimization of
247 patient care and quality of diagnostic procedures.

248
249 **Therapeutic Procedures:** Requires the utilization of appropriate techniques,
250 radiopharmaceuticals, and adjunctive medications as part of a standard protocol to ensure
251 proper treatment of the disease process. Obtains biological samples to perform testing as
252 required for the optimization of patient care.

253
254 **Adjunctive Medications:** Involves the identification, preparation, calculation,
255 documentation, administration, and monitoring of adjunctive medication(s) used during
256 diagnostic imaging, or therapeutic procedures.

257
258 **Imaging Medications:** Involves the identification, preparation, calculation, documentation,
259 administration, and monitoring of imaging medication(s) used during diagnostic imaging
260 studies.

261
262 **Radiopharmaceuticals:** Involves the safe handling and storage of
263 radiopharmaceuticals. This includes, but is not limited to, the procurement,
264 identification, preparation, dose calculation, and administration of
265 radiopharmaceuticals. It also includes all associated documentation and disposal as
266 appropriate.

267
268 **Radiation Safety:** Involves practicing techniques that will minimize radiation exposure
269 to the patient, health care personnel, and general public. These include using protective
270 devices, shields, dose reduction, and monitors consistent with ALARA principles.
271 Establishing protocols for managing spills and unplanned releases of radiation.

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326 (CPR); the use of automatic external defibrillators (AED), if applicable; advanced
327 cardiac life support (ACLS); and advanced pediatric life support (PALS).
328 10. Recognizing, responding to, reporting, and documenting adverse events.
329
330 C. A nuclear medicine technologist performs administrative procedures by:
331 1. Maintaining an adequate volume of medical/surgical supplies, imaging
332 medications, adjunctive medications, radiopharmaceuticals, storage media, and
333 other items required to perform procedures in a timely manner.
334 2. Scheduling patient procedures appropriate to the indication and in the proper
335 sequence.
336 3. Maintaining appropriate records of administered radioactivity, quality control
337 procedures, patient reports, and other required records.
338 4. Developing and revising, when necessary, policies and procedures in accordance
339 with applicable regulations.
340 5. Actively participating in total quality management/continuous quality
341 improvement programs (i.e., age-specific competencies, patient education, and
342 patient restraint and immobilization).
343 6. Complying with licensing standards and institutional policies. The nuclear
344 medicine technologist involved with research must also follow Institutional
345 Research Board protocols, comply with Institutional Animal Care and Use
346 Committee, and Food and Drug Administration standards.
347

II. Instrumentation/Quality Control

A. A nuclear medicine technologist evaluates equipment performance, initiates corrective action when necessary, and maintains required records for the quality control program of gamma camera imaging systems, PET systems, hybrid imaging systems, CT, and/or MR in accordance with applicable regulations, accrediting agencies, and recommendations from camera manufacturers. Responsibilities include but are not limited to:

- 354 1. Identifying system-specific quality control requirements by following
355 recommended initial acceptance quality control procedures and daily, weekly,
356 monthly, quarterly, and annual quality control procedures to evaluate allowable
357 parameter ranges for uniformity, photon detection/discrimination, spatial
358 resolution, scatter correction, count loss, measurement of random interactions,
359 sensitivity, dead-time loss, and random count correction accuracy as
360 recommended by the manufacturer, and required by institutional and
361 accreditation policies.
- 362 2. Recognizing image artifacts requiring imaging system correction and performing
363 corrections and quality assurance.
- 364 3. Performing and evaluating sinogram acquisition or other routine quality control
365 procedures to evaluate detector integrity.
- 366 4. Performing imaging system quality assurance is based upon recommendations
367 from the physicist, service engineer, and/or camera manufacturer. It includes,
368 but is not limited to:
 - 369 a. Obtaining uniformity images on imaging detectors.
 - 370 i. Selecting a radionuclide source of appropriate type, size,
371 quantity, and energy.

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418 guidelines' institutional and accreditation policy.
419 c. Initiating corrective action when necessary.
420 f. Performing CT system quality assurance based on camera manufacturer
421 recommendations, including but not limited to:
422 i. Daily: Follow camera manufacturers' described warm-up procedure
423 and automatic monitoring, at various tube voltage (kVp) or current
424 (mAs) settings, of the tube output and detector response.
425 ii. Follow camera manufacturers' recommendations: Perform a phantom
426 evaluation to determine tomographic uniformity accuracy of the CT
427 number for water, image noise, and slice thickness.
428 iii. Initiating corrective action when necessary.
429 g. Performing PET or PET/CT system quality assurance based on camera
430 manufacturer recommendations, including but not limited to:
431 i. Acquiring consistent 2D and/or 3D PET images, using appropriate
432 reconstruction techniques, to display sinogram images for QC
433 interpretation.
434 ii. Working in conjunction with medical director or medical
435 physicists verifying CT/AC protocols, including mAs, kVp, pitch,
436 and helical scanning.
437 iii. Initiating corrective action when necessary.
438 5. Performing radionuclide generator quality assurance, daily and before the use of the
439 generator, to include dose calibrator/generator calibration and parent/daughter
440 breakthrough.
441 6. Performing infusion device quality control per manufacturer recommendations.
442 7. Operating imaging systems, storage media, and radiation detection and counting
443 devices, including but not limited to imaging detectors, dose calibrators, survey
444 instruments, scintillation probes, well counters, and data processing and image
445 production devices:
446 a. Maintaining and operating auxiliary equipment used in procedures.
447 b. Actively participating in total quality management/continuous quality
448 improvement programs by:
449 i. Identifying indicators to be analyzed.
450 ii. Gathering and presenting data in appropriate formats, analyzing
451 data, and recommending changes.
452 8. Operating scintillation probes, well counters, and other laboratory equipment:
453 a. Calibrating a spectrometer with a long-half-life radionuclide source.
454 b. Determining energy resolution.
455 c. Conducting sensitivity and constancy measurements at appropriate
456 energies with a standard, long-lived source Cs-137 or I-129.
457 d. Checking background and determining the cause for levels greater than
458 established normal levels.
459 e. Conducting a chi-square test.
460 f. Maintaining required records for quality control programs in
461 accordance with federal and state regulations and institutional policies.
462 g. Performing glucometer quality assurance using high and low standards.
463 9. Operating survey meters:

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510 used for the ordered exam.

511 f. Preparing (see Section IV.C.) and administering adjunctive medications

512 and imaging medications per the appropriate route.

513 g. Documenting medications and/or radiopharmaceutical administrations in

514 the patient medical record in accordance with federal and state regulations

515 and institutional policies.

516 h. Observing the patient carefully after any administration for side effects,

517 and handling such side effects appropriately as described in established

518 policies or as directed by medical staff.

519 4. Positioning the patient and obtaining images:

520 a. Verifying energy peak on NM cameras.

521 b. Waiting an appropriate time following the administration of a

522 radiopharmaceutical, adjunctive medication, or imaging medication to

523 begin the imaging procedure protocol, and acquiring additional views as

524 necessary to optimize information content.

525 c. Exercising professional judgment in positioning a patient to best

526 demonstrate pathology and to adapt to the patient's limitations.

527 d. Positioning the patient using supportive materials and immobilizers, as

528 necessary.

529 e. Indicating appropriate anatomic landmarks for each view of the

530 procedure.

531 f. Reviewing images to ensure that the required information has been

532 acquired and that the images have been processed properly and are of

533 the highest quality.

534 5. Assisting in exercise and pharmacologic cardiac testing procedures:

535 a. Preparing patients to include the correct placement of ECG electrodes.

536 b. Determining if the appropriate test has been ordered based on the ECG

537 rhythm, medical history, and current medications.

538 c. Recognizing and responding to ECG changes.

539 d. Recognizing the parameters that indicate termination of a cardiac stress

540 study.

541 e. Recognizing ECG patterns that are appropriate for image gating.

542 6. Performing data collection, processing, and analysis:

543 a. Performing data collection, processing, and analysis in accordance with

544 institutional protocols.

545 b. Exercising independent judgment in selecting appropriate images for

546 processing.

547 c. Obtaining quantitative measurements such as SUV, coronary flow reserve,

548 kinetic modeling, regional brain analysis, biliary and cardiac ejection

549 fractions, and renal function, as appropriate for the procedure performed.

550 d. Defining regions of interest (ROIs) with reproducible results and correctly

551 applying background subtraction.

552 e. Performing computer data manipulations as required.

553 f. Labeling processed images (e.g., anatomical positioning, ROIs, date, and

554 time).

555 g. Archiving to and retrieving data from storage media.

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602 applicable state and federal regulations and institutional policy.
603

604 **IV. Adjunctive Medications**

605 A nuclear medicine technologist displays:

606 A. A thorough understanding and knowledge of indications, contraindications, warnings,
607 precautions, proper use, drug interactions, and adverse reactions for each adjunct
608 medication to be used.

609

610 B. The ability to procure and maintain adjunctive medications and supplies by:

- 611 1. Anticipating and procuring a sufficient supply of medications for an appropriate
612 period in accordance with anticipated need.
- 613 2. Storing medications and supplies in a manner consistent with labeled product
614 safeguards and established institutional policies.
- 615 3. Identifying and properly disposing of expired medications.

616
617 C. The ability to properly prepare and administer adjunctive medications under the
618 supervision of an authorized user by:

- 619 1. Employing aseptic technique for manipulation of sterile products and
620 preparations.
- 621 2. Selecting and preparing adjunctive medications.
- 622 3. Confirming the quality of an adjunctive medication in accordance with accepted
623 techniques and official standards.
- 624 4. Documenting the administered dose, date, and time of all adjunctive medications
625 in a permanent medical record.
- 626 5. Observing the patient for possible complications (e.g., adverse reactions) of
627 adjunctive medication administration, and handling such complications
628 appropriately in conjunction with other available staff.

629

630 **V. Imaging Medications**

631 A nuclear medicine technologist displays:

632 A. A thorough understanding and knowledge of indications, contraindications, warnings,
633 precautions, proper use, drug interactions, and adverse reactions for each imaging
634 medication to be used.

635

636 B. The ability to procure and maintain imaging medications and supplies by:

- 637 1. Anticipating and procuring a sufficient supply of medications for an appropriate
638 period in accordance with anticipated need.
- 639 2. Storing medications and supplies in a manner consistent with labeled product
640 safeguards and established institutional policies.
- 641 3. Identifying and properly disposing of expired medications.

642

643 C. The ability to properly prepare and administer imaging medications under the
644 supervision of an authorized user by:

- 645 1. Employing aseptic technique for manipulation of sterile products and
646 preparations.
- 647 2. Selecting and preparing imaging medications in accordance with the
648 manufacturer's specifications and institutional policy.

NUCLEAR MEDICINE TECHNOLOGIST SCOPE OF PRACTICE AND PERFORMANCE STANDARDS

June 2017

695 "clean" environment that complies with USP Standards.

696 7. Verifying the radionuclidic purity of generator eluates.

697 8. Selecting and preparing radiopharmaceuticals in accordance with the manufacturer's specifications.

698 9. Measuring the radioactivity of the radiopharmaceutical using a dose calibrator.

699 10. Confirming the quality of a radiopharmaceutical in accordance with accepted techniques and official standards (e.g., radiochemical purity and physical appearance).

700 11. Handling and preparing blood or blood products for labeling and/or labeled blood cells in accordance with established regulations and protocols and in an environment in compliance with USP Standards, and ensuring that when blood products are handled and compounded they are separated from other radiopharmaceuticals.

701 12. Recording use and/or disposition of all radioactive materials in a permanent record:

702 a. Properly storing radiopharmaceutical kits, and radiopharmaceuticals as stated in USP Standards.

703 b. Recording results of radionuclide generator eluates' quality assurance tests to include dose calibrator/generator calibration and radionuclidic purity of eluates.

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716 D. A nuclear medicine technologist is responsible for the identification and labeling of all radiopharmaceutical preparations by:

717 1. Labeling vials and syringes.

718 2. Recording radiopharmaceutical and medication information on a patient's administration form and permanent preparation records.

719 3. Labeling and segregating radioactive waste and recording the information in a permanent record.

720

721

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723

724 E. A nuclear medicine technologist prepares individual dosages under the supervision of an authorized user by:

725 1. Applying radioactive decay calculations to determine the required volume or unit form necessary to deliver the prescribed radioactive dose.

726 2. Selecting and preparing prescribed dosages and entering the information on a patient's administration form and other permanent records.

727 3. Appropriately labeling the dose for administration.

728 4. Checking the dose activity prior to administration in a dose calibrator and comparing this measurement against the shipment documentation.

729 5. Recording use and/or disposition of radioactive materials in a permanent record by properly storing radiopharmaceuticals.

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736 **VII. Radionuclide Therapy**

737 A. A nuclear medicine technologist properly prepares and/or administers therapeutic radiopharmaceuticals when these agents are part of a standard procedure that is required for treatment under the direct supervision of an authorized user by:

738 1. Ensuring that the correct radiopharmaceutical and dosage is prepared.

739

740

NUCLEAR MEDICINE TECHNOLOGIST SCOPE OF PRACTICE AND PERFORMANCE STANDARDS

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787 consideration of ALARA guidelines.

788 5. Reviewing personnel monitoring device readings to determine if radiation exposure can be further reduced.

789 6. Working in a manner that minimizes potential contamination of patients, technologists, the public, and work areas.

790

791

792

793 C. A nuclear medicine technologist monitors for radioactive contamination at regular intervals or after repairs by:

794

795 1. Ensuring that instruments are calibrated.

796 2. Setting the frequency and locations for surveys and following schedules.

797 3. Using appropriate survey meters for each type and level of activity.

798 4. Following federal and state regulations regarding personnel surveys and reporting to the designated authorized user or radiation safety officer.

799

800 5. Performing constancy checks on survey meters.

801 6. Performing wipe tests where applicable.

802 7. Performing leak tests on sealed sources.

803 8. Recording data in the required format (e.g., dpm instead of cpm).

804 9. Evaluating the results of wipe tests and area surveys to determine if action is required.

805

806 10. Notifying the radiation safety officer when actions are required.

807

808 D. A nuclear medicine technologist performs decontamination procedures by:

809 1. Wearing personal protective equipment as necessary.

810 2. Restricting access to the affected area and confining a spill.

811 3. Removing contamination and monitoring the area and personnel, and repeating the decontamination procedure until activity levels are acceptable.

812

813 4. Closing off all areas of fixed contamination that are above acceptable levels, shielding the area, and posting appropriate signs.

814

815 5. Identifying, storing, or disposing of contaminated material.

816 6. Maintaining appropriate decontamination records.

817 7. Notifying the appropriate authority (e.g., radiation safety officer) in the event of possible overexposure or other violations of federal and state regulations and institutional policies.

818

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821 E. A nuclear medicine technologist disposes of radioactive waste by:

822 1. Maintaining appropriate records.

823 2. Disposing according to license specifications.

824 3. Maintaining radioactive storage areas.

825 4. Maintaining current Hazmat training records per NRC and Organization of

826 Agreement States (OAS) regulations.

827

828 F. A nuclear medicine technologist participates in programs designed to instruct other personnel about radiation hazards and principles of radiation safety by:

829

830 1. Using the following teaching concepts:

831 a. Types of ionizing radiation.

831 b. Biological effects of ionizing radiation.

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References

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856 Accreditation Standards for Nuclear Medicine Technologist Education. 2011.
857 [://www.jrcnmt.org/essentials.asp](http://www.jrcnmt.org/essentials.asp).

858

859 American College of Radiology. Technical Guidelines for Nuclear Medicine and
860 Radiopharmaceuticals. 2006.
861 [://www.acr.org/SecondaryMainMenuCategories/quality_safety/guidelines/tech-](http://www.acr.org/SecondaryMainMenuCategories/quality_safety/guidelines/tech-)
862 [standardsnm.aspx](http://www.acr.org/SecondaryMainMenuCategories/quality_safety/guidelines/tech-standardsnm.aspx).

863

864 American Registry of Radiologic Technologists. Content Specifications.
865 [://www.arrt.org/examinations/contentspecs/NMT_CS_2011.pdf](http://www.arrt.org/examinations/contentspecs/NMT_CS_2011.pdf)

866

867 American Registry of Radiologic Technologists. Task Inventory for Nuclear Medicine
868 Technologist. [://www.arrt.org/pdfs/Examinations/NMT-Task-Inventory.pdf](http://www.arrt.org/pdfs/Examinations/NMT-Task-Inventory.pdf). Published July
869 2010. Last accessed January 19, 2012.

870

871 American Society of Radiologic Technologists. Nuclear Medicine Practice Standards. 2010
872 [://www.asrt.org/media/pdf/practicestds/GR10_OPI_Strds_NM_PS.pdf](http://www.asrt.org/media/pdf/practicestds/GR10_OPI_Strds_NM_PS.pdf)

873

874 American Society of Radiologic Technologists. Nuclear Medicine Practice Standards.
875 [://www.asrt.org/media/pdf/standards_nm.pdf](http://www.asrt.org/media/pdf/standards_nm.pdf). Last accessed January 19, 2012.

876

877 Blondeau K, Hearten S, Pickett M, Bridges J. Critical Task Analysis Report. Tucker,
878 Georgia: Nuclear Medicine Technology Certification Board; 2000.

879

880 Bureau of Labor Statistics. Occupational Outlook Handbook, 2010-11 Edition. Nuclear
881 Medicine
882 Technologists. [://www.bls.gov/oco/ocos104.htm](http://www.bls.gov/oco/ocos104.htm)

883

884 Glossary of Molecular Imaging Terms [://interactive.snm.org/index.cfm?PageID=11120](http://interactive.snm.org/index.cfm?PageID=11120)

885

886 Joint Review Committee on Educational Programs in Nuclear Medicine
887 Technology. Accreditation Standards for Nuclear Medicine Technologist
888 Education.
889 [://jrcnmt.org/sites/jrcnmt/uploads/documents/Accred_Policy_Documents/Standards10_2011.pdf](http://jrcnmt.org/sites/jrcnmt/uploads/documents/Accred_Policy_Documents/Standards10_2011.pdf). Published 2010. Updated May 2011. Last
890 accessed January 19, 2012.

891

892 Nuclear Medicine Technology Certification Board. Components of Preparedness. Nuclear
893 Medicine Exam: Components of Preparedness. [://www.nmtcb.org/exam/cops.php](http://www.nmtcb.org/exam/cops.php). Updated
894 2009. Last accessed January 19, 2012.

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896 Nuclear Medicine Technology Certification Board (NMTCB) Report: Equipment and

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Pioneers Memorial Healthcare District

Title: Pharmaceutical Services for Neonates in the NICU		Policy No. CLN-00295 Page 1 of 1
Current Author: Sandra Taylor, RNC-NIC, BSN		Effective:
Latest Review/Revision Date: 10/04/2023		Manual: Clinical / NICU

Collaborating Departments: Pharmacy, Dr Alsharei	Keywords: Medications/Neonate NICU Manager		
Approval Route: List all required approval			
MARCC 11/9/2023	PSQC		
Clinical Service Peds 1/2024	MSQC 2/2024	MEC 2/2024	BOD 2/2024

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 To provide neonatal appropriate medications

2.0 Scope: Pharmacy**3.0 Policy:**

- 3.1 There shall be at least one licensed pharmacist holding a doctoral degree in pharmacy (PharmD) with neonatal expertise available for consultation to the PMHD Intermediate NICU staff.
 - 3.1.1 Pharmacists that hold PharmDs with neonatal expertise are available for consultation at Rady's Main through the Regional Cooperation agreement which provides services to the PMHD Intermediate NICU and PMHD pharmacy staff
- 3.2 Pharmacy staff and pharmaceutical services shall be available on a 24-hour basis to the PMHD Intermediate NICU.
- 3.3 Pharmacy staff shall provide neonatal unit doses including individual neonatal intravenous and parenteral nutrition solutions, and neonatal nutritional products, in clearly marked containers, and shall also provide continuous drug surveillance.
- 3.4 Through the Regional Cooperation agreement, the PMHD Intermediate NICU and PMHD pharmacy staff will have access to pharmaceutical resources and expertise from Rady's Main for consultation, education, and training needs.

4.0 Definitions:

- 4.1 Neonatal Nutritional Products – Parenteral Nutrition Solutions
- 4.2 PMHD – Pioneers Memorial Healthcare District
- 4.3 NICU – Neonatal Intensive Care Unit

5.0 Procedure: Not applicable**6.0 References:**

- 6.1 CCS Manual of Procedures, Issued: 1/1/1999 Chapter 3.25.2-16

7.0 Attachment List: Not applicable**8.0 Summary of Revisions:**

- 8.1 Reviewed and submitted without change

Pioneers Memorial Healthcare District

Title: Physician Recommendation for Suspension for Non-completion of Records		Policy No. DPS-00318
Current Author: Lorena B Santana		Page 1 of 4
Latest Review/Revision Date: 01/2024		Effective: 4/1/1994
		Manual: Department Specific

Collaborating Departments: Administration, Medical Staff	Keywords: Suspension, Delinquency		
Approval Route: List all required approval			
MARCC 1/16/2024	PSQC	Other:	
Clinical Service _____	MSQC 2/2024	MEC 2/2024	BOD 3/2024

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 To uphold the requirements of Title 22, CMS COP's, DNV and By-laws and Rules and Regulations of the Medical Staff as they relate to record completion.

2.0 Scope:

- 2.1 Medical Staff
- 2.2 Health Information Management
- 2.3 Administration

3.0 Policy:

- 3.1 It is the policy of Pioneers Memorial Healthcare District (PMHD), in conjunction with its medical staff, to ensure the accurate and timely completion of medical records for all patients receiving services at PMHD.
 - 3.1.1 Accurate and timely record keeping is important to achieve the following objectives:
 - 3.1.1.1 Documentation and continuity of quality care
 - 3.1.1.2 Generation of documentation for physician billing
 - 3.1.1.3 Generation of documentation for hospital billing
 - 3.1.1.4 Generation of accurate patient information indices
 - 3.1.1.5 Accurate and relevant quality assurance activities
 - 3.1.1.6 Compliance with legal requirements
 - 3.1.2 A Medical Record is ordinarily considered complete when the required contents, including any required Discharge Summary or Final Progress note are assembled and authenticated, and when all final diagnoses and any complications are recorded, without use of symbols or abbreviations.
 - 3.1.3 Compliance with Medical Staff Rules and Regulations keeps the hospital within requirements of licensing and accreditation standards regarding length of time between discharge and completion of the medical record.
- 3.2 Medical staff rules and regulations
 - 3.2.1 To achieve the objectives listed above, the medical staff rules and regulations provide that records shall be completed within twenty-four hours of discharge and shall be considered delinquent after the fourteenth day following discharge. Hospital privileges may be suspended until the deficiencies have been corrected.

Pioneers Memorial Healthcare District

Title: Physician Recommendation for Suspension for Non-completion of Records		Policy No. DPS-00318
Current Author: Lorena B Santana		Page 2 of 4
Latest Review/Revision Date: 01/2024	Effective: 4/1/1994	
Manual: Department Specific		

3.2.2 Medical staff rules and regulations state that the Health Information Department will notify practitioners along with the Chief of Staff and Administrator of potential suspensions.

4.0 Definitions: Not applicable**5.0 Procedure:**

5.1 The Health Information Management Department generates a list of physicians whose privileges may be suspended for failure to complete records within the time allotted.

5.1.1 The list includes physician name, number of delinquent records and date of potential suspension.

5.1.2 The original list is posted in the Health Information Management Department.

5.2 The Health Information Management Department suspension process is as follows:

5.2.1 Each Wednesday the number of delinquent records is counted from the day of discharge.

5.2.2 Each physician is sent a notice of records available and needing completion within the next 7 days to avoid delinquent status. This is the #1 Reminder Letter.

5.2.3 The following Wednesday, Week 2, physicians who have not completed the records will be sent a Letter #2, second reminder.

5.2.4 Wednesday of Week 3, the names of the physicians who have not completed their records are sent to the Chief of Staff. Medical Staff Office will send Letter #3 which is the final notice letter via certified mail. The letter states that the physician's delinquent records must be completed by the following Wednesday, or their privileges will be suspended on that day.

5.2.5 On the following Wednesday at 12:00 PM following the Final Notice Letter, the physician will be telephoned regarding his/her suspension being placed in effect now and will be sent a suspension notice by fax. The medical staff office will call the physician with verbal confirmation of the suspension.

5.2.6 Physicians who have been identified as lacking H&P's (including inpatients) will be included in the suspension process, described above. A History & Physical is considered delinquent after 24 hours of admission if not dictated or in the chart. An operative report is considered delinquent if not dictated immediately following the surgery being performed.

5.2.7 The physician of any patient that does not have an H&P on the chart at the time of discharge will be notified by the HIM staff that this item is missing, and the chart will be considered delinquent immediately.

5.2.8 If the history and physical or operative report is not done with one week following notification, the Chief of Staff will be notified.

5.3 Physicians who reach a cumulative total of 30 suspension days in a twelve-month period for failure to complete medical records which have the potential for affecting the continuity of patient care; i.e., lacking a Discharge Summary, History & Physical, Consultation, Operative Report, or Preoperative Anesthesia Notes may be reported to

Pioneers Memorial Healthcare District

Title: Physician Recommendation for Suspension for Non-completion of Records		Policy No. DPS-00318
Current Author: Lorena B Santana		Page 3 of 4
Latest Review/Revision Date: 01/2024	Effective: 4/1/1994	
Manual: Department Specific		

the Medical Board of California using the "Health Facility Reporting Form" as required by Section 805 of the Business and Professions Code of the State of California.

- 5.3.1 This form is required to be signed by the Administrator and the Chief of Medical Staff.
- 5.3.2 A copy of the completed form is filed in medical records, and in the Physician Quality File, in the Medical Staff Coordinators office and a copy is sent to the physician being reported.
- 5.4 Total delinquent records are also reported to the Medical Staff office for inclusion in the physician's quality performance profile.
- 5.5 Specific suspension system policies
 - 5.5.1 All physicians of PMHD Medical Staff are subject to suspension of all privileges as outlined in the Medical Staff Bylaws, Rules and Regulations.
 - 5.5.2 Suspension may occur for records lacking dictations and/or signatures. The number of records a physician has delinquent is not a factor in the suspension process.
 - 5.5.3 If a physician is on suspension, the practitioner shall not:
 - 5.5.3.1 Schedule elective surgical procedures
 - 5.5.3.2 Schedule hospital admissions
 - 5.5.3.3 Perform surgery or assist on any surgical procedures.
 - 5.5.3.4 Schedule the administration of anesthetic agents
 - 5.5.3.5 Write orders or progress notes on any patients.
 - 5.5.3.6 Perform consultations on any patients.
 - 5.5.4 All privileges are suspended until the practitioner completes every delinquent record with exception only by Chief of Staff.
 - 5.5.5 Physicians who notify the Health Information Management Department of vacations or leaves of absence before they occur shall not have delinquency days counted. This assures that a physician in good standing will not be suspended during time away. Records resume accumulating incomplete days when a physician returns from time off.
 - 5.5.6 A suspended physician may, with the permission of his/her Chief of Service, schedule emergency procedures, but must make arrangements to complete delinquent records as soon as possible.
 - 5.5.7 No medical staff member is permitted to complete a medical record on a patient unfamiliar to him to retire a record that was the responsibility of another staff member who is deceased or unavailable permanently or for a prolonged period for other reasons. If physicians are in the same group or participate in the care of the patient, they may sign off on the records as appropriate for the documenting physician.
 - 5.5.8 The Medical Staff Quality Council may declare a medical record complete for the purpose of filing after all attempts have been made to complete the record or when circumstances do not permit completion of the record.

Pioneers Memorial Healthcare District

Title: Physician Recommendation for Suspension for Non-completion of Records		Policy No. DPS-00318
Current Author: Lorena B Santana		Page 4 of 4
Latest Review/Revision Date: 01/2024		Effective: 4/1/1994
		Manual: Department Specific

6.0 References:

- 6.1 Title 22,
- 6.2 CMS COP's
- 6.3 DNV
- 6.4 By-laws and Rules and Regulations of the Medical Staff

7.0 Attachment List:

- 7.1 Attachment A – Incomplete Chart Reminder 1
- 7.2 Attachment B – Second Reminder Letter 2
- 7.3 Attachment C - Possible Suspension Letter 3
- 7.4 Attachment D – Suspension Notice 4

8.0 Summary of Revisions:

- 8.1 Revised grammatical errors.



INCOMPLETE CHART REMINDER

Date:

Dear Doctor

THANK YOU for all the cooperation you have shown in conjunction with the DNV, CMA and DHS requirements for medical record completion in our facility. We would like to continue the good track record we have set by keeping up with the incomplete and delinquent charts.

Each, Wednesday, you will receive a notice from this department with information regarding the status of your incomplete records. Please help us maintain a great standing in our community by continuing to pursue excellence in all areas of healthcare.

This letter is to inform you of the number of incomplete and delinquent records currently needing your attention

Incomplete Records: _____ Unsigned QCPR orders

Delinquent Records over 14 days: _____

Incomplete History and Physical(s) _____

Incomplete operative report(s) _____

DocQsign Records: _____

If you have any incomplete H&P's or OP Reports, they must be completed immediately or else suspension will occur the following Wednesday.

Please come to the Health Information Management Department at your earliest convenience. If you or your office staff will call first, we will be happy to have your records ready for you at the specified time. Let us hear from you at (760) 351-3393 or (760) 351-3261.

Sincerely,

Director Health Information Management

Attachment A Incomplete Chart Reminder Letter 1 Physician Suspension policy DPS-00318 Revised 01/2022



SECOND REMINDER LETTER

Date:

Dear Dr. _____

Recently you were contacted regarding your incomplete and delinquent medical records. Failure to complete your records in a timely manner may result in serious consequences. Won't you please stop in and take care of this matter as soon as possible. We will gladly help make arrangements for you to complete these records.

Incomplete Records _____ Unsigned QCPR Orders

Delinquent Records over 14 days _____

DocQsign Records _____

Incomplete History and Physical(s) _____

Incomplete Operative Report(s) _____

If you have any incomplete H&Ps or Op reports, you must complete them immediately or else suspension will occur the following Wednesday.

Please come to the Health Information Management Department as soon as possible. If you or your office staff will call first, we will be happy to have your records ready for you at the specified time. Let us hear from you at (760) 351-3393 or (760) 351-3261.

Sincerely,

Director Health Information Management

cc: M.D., Chief of Staff

Attachment B Second Reminder Letter 2; Physician Suspension policy DPS-00318 Revised 01/2022



Possible Suspension Notice NOTICE #3

Date:

Dear Doctor:

As of today, you have not completed your delinquent records and your admitting and practice privileges may be suspended according to Medical Staff Bylaws. Our records indicate that you have _____ delinquent records. These may include electronic signatures.

#INCOMPLETE CHARTS_____ #DOCQ SIGNS_____

You also have incomplete History and Physical(s)_____

You also have incomplete Operative Report(s)_____

If this box is checked, please sign off what is in your inbox in QCPR. You have _____ deficient and delinquent charts in your inbox.

You can avoid this action by completing your records prior to Wednesday_____.
Please call us and make arrangements for this to be done.

Sincerely,

, M.D.
Chief of Staff

Attachment C Possible Suspension Notice Latter 3 Physician Suspension policy – DPS-00318 Revised 01/2022



Suspension Notice

Date:

, M.D.

Dear Dr.:

As of noon today, you have not completed your delinquent records and your admitting privileges are now suspended. The admitting and surgery departments have been notified of your suspension. Our records indicate that you have _____ delinquent records. This includes charts and e-signatures. Upon completion of these records, you will have your privileges re-instated.

Also, beginning this day, you are accumulating suspension days. In accordance with section 805 of the Business and Professions Code of the State of California, physicians accumulating 30 suspension days for failure to complete medical records could be reported to the Board of Medical Quality Assurance.

I therefore encourage you to complete your medical records as soon as possible.

Sincerely,

Chief of Staff

Attachment D Final/Actual Suspension Letter 4; Physician Suspension policy Revised 01/2022

Pioneers Memorial Healthcare District

Title: Respiratory Care for Neonatal Patients		Policy No. CLN-00294
		Page 1 of 2
Current Author: Sandra Taylor, RNC-NIC, BSN		Effective:
Latest Review/Revision Date: 10/04/2023		Manual: Clinical / Nursery/NICU

Collaborating Departments: Cardio Dr Alshareef, NICU Manager	Keywords: Respiratory/Neonatal		
Approval Route: List all required approval			
MARCC 11/9/2023	PSQC	Other:	
Clinical Service _____	MSQC 1/2024	MEC 1/2024	BOD 1/2024

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 To provide respiratory therapy services in keeping with regulatory standards for neonatal patients.

2.0 Scope: Respiratory Care Practitioners (RCPs)**3.0 Policy:**

- 3.1 Respiratory care services shall be provided by RCPs who are licensed by the State of California and who have additional training and experience in neonatal respiratory care. Additional training in neonatal respiratory care shall be demonstrated by the following:
 - 3.1.1 Completion of a formal neonatal respiratory therapy course at an approved school of respiratory therapy that includes didactic and clinical course work;
 - 3.1.2 Completion of a minimum of 20 hours of didactic and four weeks of preceptorship in neonatal clinical experience in a hospital-based course at a facility with a NICU equivalent to a Community or Regional NICU
- 3.2 The facility shall maintain a written job description delineating the qualifications and duties of the RCP in the NICU which reflects the provision of practice in accordance with Business and Professions Code, Respiratory Care Practice Act, Chapter 8.3, Article 1, Section 3702 and CCR, Title 16, Division 13.6, Articles 1 through 8.
- 3.3 Through the Regional Cooperation agreement the Intermediate NICU has access to respiratory care resources at Rady's Main for consultation, education, and training.

4.0 Definitions: Not applicable**5.0 Procedure:**

- 5.1 The RCP shall be responsible, at a minimum, for the monitoring and application of respiratory equipment.
- 5.2 There shall be an identified RCP with expertise in neonatal respiratory care practice available at all times to the NICU.
- 5.3 RCPs shall be assigned solely to the NICU when supportive ventilation is being provided and the staffing level shall be such that immediate availability of the RCP to the NICU is assured at all times.

6.0 References:

- 6.1 CCS Manual of Procedures, Issued 1/1/1999; Chapter 3.25.2

Pioneers Memorial Healthcare District

Title: Respiratory Care for Neonatal Patients		Policy No. CLN-00294
		Page 2 of 2
Current Author: Sandra Taylor, RNC-NIC, BSN		Effective:
Latest Review/Revision Date: 10/04/2023		Manual: Clinical / Nursery/NICU

7.0 Attachment List: Not applicable**8.0 Summary of Revisions:**

8.1 Reviewed and submitted without change

Pioneers Memorial Healthcare District

Title: Technologist Requirements for Venipuncture		Policy No. CLN-00880
		Page 1 of 2
Current Author: Rojian Lira		Effective: 08/08/2013
Latest Review/Revision Date: 10/13/2023		Manual: Clinical

Collaborating Departments: Human Resource	Keywords:		
Approval Route: List all required approval			
MARCC 11/9/2023	PSQC	Other:	
Clinical Service Radiology 1/2024 Medicine,	MSQC 2/2024	MEC 2/2024	BOD 2/2024

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 To define the requirements for Radiologic Technologist who perform venipuncture as described in the California Health and Safety Code, section 106985 and the procedure for documentation

2.0 Scope:

- 2.1 Radiology specific

3.0 Policy:

- 3.1 Venipuncture shall only be performed for the administration of contrast in the upper extremity by Technologists who have met and documented the minimum requirements of California Health and Safety Code, section 106985 outlined under 5.0 Procedure.

4.0 Definitions: Not applicable**5.0 Procedure:**

- 5.1 Qualifications
 - 5.1.1 The Technologist must have a certificate documenting completion of required education by a school or instructor following the approved curriculum.
 - 5.1.2 The Technologist must have performed at least 10 venipunctures on a live human under the personal supervision of a licensed physician, nurse or previously qualified technologist.
 - 5.1.3 Technologists who met the training requirements prior to January 1, 2013 do not need to repeat the requirements of 5.1.1 or 5.1.2 but must follow the documentation requirements of 5.1.4
 - 5.1.4 A copy of the certificate and a signed letter of competency must be on file in the technologist HR file. Venipuncture Competency Forms are available in the Attachment List.
- 5.2 Restrictions
 - 5.2.1 Only contrast materials and saline based solutions approved by the United States Food and Drug Administration may be used and the use shall be in accordance with the labeling.
 - 5.2.2 Venipuncture can only be performed in the upper extremities by Radiologic Technologists for administration of contrast materials, manually or by mechanical injector.

Pioneers Memorial Healthcare District

Title: Technologist Requirements for Venipuncture		Policy No. CLN-00880
		Page 2 of 2
Current Author: Rojian Lira		Effective: 08/08/2013
Latest Review/Revision Date: 10/13/2023		Manual: Clinical

6.0 References:

- 6.1 California Health and Safety Code, section 106985

7.0 Attachment List

- 7.1 Attachment A - California Health and Safety Code, section 106985
- 7.2 Attachment B - Venipuncture Competency Form

8.0 Summary of Revisions:

None

California Health and Safety Code, section 106985.

(a) (1) Notwithstanding Section 2052 of the Business and Professions Code or any other provision of law, a radiologic technologist certified pursuant to the Radiologic Technology Act (Section 27) may, under the direct supervision of a licensed physician and surgeon, and in accordance with the facility's protocol that meets, at a minimum, the requirements described in paragraph(2), perform venipuncture in an upper extremity to administer contrast materials, manually or by utilizing a mechanical injector, if the radiologic technologist has been deemed competent to perform that venipuncture, in accordance with paragraph (3), and issued a certificate, as described in subdivision (b).

(2) (A) In administering contrast materials, a radiologic technologist may, to ensure the security and integrity of the needle's placement or of an existing intravenous cannula, use a saline-based solution conforms with the facility's protocol and that has been approved by a licensed physician and surgeon. The protocol shall specify that only contrast materials or pharmaceuticals approved by the United States Food and Drug Administration may be used and shall also specify that the use shall be in accordance with the labeling.

(B) A person who is currently certified as meeting the standards of competence in nuclear medicine technology pursuant to Article 6 (commencing with Section 107150) and who is authorized to perform a computerized tomography scanner only on a dual-mode machine, as described in Section 106976, may perform the conduct described in this subdivision.

(3) Prior to performing venipuncture pursuant to paragraph (1), a radiologic technologist shall have performed at least 10 venipunctures on live humans under the personal supervision of a licensed physician and surgeon, a registered nurse, or a person the physician or nurse has previously deemed qualified to provide personal supervision to the technologist for purposes of performing venipuncture pursuant to this paragraph. Only after completion of a minimum of 10 venipunctures may the supervising individual evaluate whether the technologist is competent to perform venipuncture under direct supervision. The number of venipunctures required in this paragraph are in addition to those performed for meeting the requirements of paragraph (2) of subdivision (d). The facility shall document compliance with this subdivision.

(b) The radiologic technologist shall be issued a certificate by as specified in subdivision (e) or by an instructor indicating satisfactory completion of the training and education

described in subdivision (d). This certificate documents completion of the required education and training and may not, by itself, be construed to authorize a person to perform venipuncture or to administer contrast materials.

(c) (1) "Direct supervision," for purposes of this section, means the direction of procedures authorized by this section by a licensed physician and surgeon who shall be physically present within the facility and available within the facility where the procedures are performed, in order to provide immediate medical intervention to prevent or mitigate injury to the patient in the event of adverse reaction.

(2) "Personal supervision," for purposes of this section, means the oversight of the procedures authorized by this section by a supervising individual identified in paragraph (3) of subdivision (a) who is physically present to observe, and correct, as needed, the performance of the individual who is performing the procedure.

(d) The radiologic technologist shall have completed both of the following:

(1) Received a total of 10 hours of instruction, including all of the following:

(A) Anatomy and physiology of venipuncture sites.
(B) Venipuncture instruments, intravenous solutions, and related equipment.

(C) Puncture techniques.
(D) Techniques of intravenous line establishment.
(E) Hazards and complications of venipuncture.
(F) Postpuncture care.
(G) Composition and purpose of antianaphylaxis tray.
(H) First aid and basic cardiopulmonary resuscitation.

(2) Performed 10 venipunctures on a human or training mannequin

upper extremity (for example infusion arm, mannequin arm) under personal supervision. If performance is on a human, only an upper extremity may be used.

(e) Schools for radiologic technologists shall include the training and education specified in subdivision (d). Upon satisfactory completion of the training and education, the school shall issue to the student a completion document. This document may not be construed to authorize a person to perform venipuncture or to administer contrast materials.

(f) Nothing in this section shall be construed to authorize a radiologic technologist to perform arterial puncture, any central

venous access procedures including repositioning of previously placed central venous catheter except as specified in paragraph

(1) of subdivision (a), or cutdowns, or establish an intravenous line.

(g) This section shall not be construed to apply to a person who is currently certified as meeting the standards of competence in nuclear medicine technology pursuant to Article 6 (commencing with Section 107150), except as provided in subparagraph (B) of paragraph (2) of subdivision (a).

(h) Radiologic technologists who met the training and education requirements of subdivision (d) prior to January 1, 2013, need not repeat those requirements, or perform the venipunctures specified in paragraph (3) of subdivision (a), provided the facility documents that the radiologic technologist is competent to perform the tasks specified in paragraph (1) of subdivision (a).



_____ has performed 10 venipunctures under my personal supervision and is deemed to be competent.

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Signed _____ Date _____

_____ has met the training and education requirements for venipuncture prior to January 1, 2013 and as such is not required to meet the full documentation requirements above, however, I have personally supervised him/her long enough to determine they are competent to perform venipuncture.

Signed _____ Date _____

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