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

Tuesday, April 23, 2024
PMH Auditorium
5:00 pm

Agenda

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

In compliance with the Americans with Disabilities Act, if you require special accommodations to participate in a board meeting, please contact the District at (760) 351-3250 at least 47 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. MEDICAL STAFF REPORT – Ramaiah Indudhara, MD, Chief of Staff, will present for Board consideration, the following matters: (*time: 5:30 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

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. Community Support
   2. Aerosol Transmission Plan

B. Approval of Minutes
   1. 3/20/2024 Supplemental Meeting
   2. 3/26/2024 Regular Meeting

C. Update Reports

1. Women's Auxiliary
2. LAFCO

D. March 2024 Finance Report

E. Human Resources Report

F. Approval of Amendments to PMHD Bylaws

G. Approval of Rescheduling May Board Meeting to Tuesday, May 28, 2024, at 4:00 pm due to Memorial Day Holiday

H. Approval of Budget for Community Support Fund

I. Authorize Renewal of Beverage Agreement with Pepsi Pending Legal Review
Contract Value: approx. $80,000 with savings; Contract Term: Five (5) years; Budgeted: Yes; Budget Classification: Purchased Services

J. Authorize Amendments to Order Form and Master License Agreement for Affinity and QCPR Software with QuadraMed Affinity Corporation
Contract Value: $388,392; Contract Term: 6-12 months; Budgeted: Yes-Affinity, No-QCPR; Budget Classification: Repairs & Maintenance

K. Authorize Renewal of Employee Benefits as Recommended by Gallagher
Contract Value: projected $8,693,700; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Benefits

L. Consideration of Confidentiality and Non-Disclosure Agreement with Imperial Valley Healthcare District
Contract Value: $0; Contract Term: N/A; Budgeted: N/A; Budget Classification: N/A

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 – Chistopher Bjornberg, CEO

1. CEO Report (Chief Executive Officer)

2. Hospital operations (Chief Nursing Officer)

3. Clinics operations (Chief of Clinic Operations)

4. Medical staff (Chief Nursing Officer)

5. Finance (Chief Financial Officer)

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

7. Marketing (Director of Marketing)

8. Facilities, logistics, construction, support

9. Quality resources - (Director of Quality Resources)

10. Board matters

B. Legal Counsel Report – Sally Nguyen

1. All matters to be discussed in Closed Session

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. 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: 3

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

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

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

PIONEERS
MEMORIAL HEALTHCARE DISTRICT

DATE: April 16, 2024

TO: Pioneers Memorial Healthcare District Board of Directors

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

SUBJ: Medical Staff Recommendations for Approval

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

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

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

• Dastagir, Tariq, MD	Internal Medicine
• Drake, Macarthur, MD	Teleradiology
• Gujrathi, Sunil, MD	Teleradiology
• Morrell, Mignonne, MD	Teleradiology
• Salahi, Maher, MD	Teleradiology
• Tahvillian, Shahrouz, MD	Teleradiology
• Tran, Tony, MD	Internal Medicine
• Ramirez, Adriana, FNP	Family Nurse Practitioner

2. Recommend **Reappointment** effective **April 1, 2024** for the following:

• Anand, Neil, MD	Teleradiology
• Giudici, Mario, MD	Teleradiology
• Le, Charles, MD	Nephrology
• Singh, Ajay, MD	Teleradiology
• Campos Cuevas, Lisette, FNP	Family Nurse Practitioner

3. Recommendation for Additional Privileges effective **May 1, 2024** for the following:

- None

4. Recommend Request for **Release from Proctoring and Advancement** effective **May 1, 2024:**

• Anugu, Gautam, MD	Internal Medicine/Active
• Emerling, Alec, MD	Emergency Medicine/Active
• Ferguson, Brian, DO	Emergency Medicine/Active
• Gerdts, Ethan, MD	Emergency Medicine/Active
• Le, Charles, MD	Nephrology/Courtesy
• Van Pratt Levin, Benjamin, MD	Family Medicine/Active
• Moore, Evan, PA	Physician Assistant/Allied Health
• Orgill, Robert, CRNA	Nurse Anesthetist/Allied Health
• Scholl, Jacob, PA	Physician Assistant/Allied Health

5. Recommend acceptance of the following **Resignations from Staff** effective **May 1, 2024:**

• Neyaz, Mohammed, MD	Voluntary Resignation
• Samano, Daniel, MD	Voluntary Resignation
• Singh, Pradeep, MD	Voluntary Resignation
• Navarro, Jose, NP	Failure to Reappoint
• Vasquez, Elvia, FNP	Failure to Reappoint
•	

PIONEERS
MEMORIAL HEALTHCARE DISTRICT

6. Recommend acceptance of the following policies/forms:

   - Admission Criteria for the Perinatal Department – CLN-01241
   - Discharge Criteria from Post Anesthesia Care Unit – CLN-01660
   - Emergency Cesarean Section – CLN-01246
   - Emergency On-Call Surgery Team – CLN-01526
   - Fast Track Post-Procedure Patient Recovery and Discharge – CLN-01481
   - Scheduling Inductions in OB – CLN-01260
   - Video and Photography in the Perinatal Department – CLN-01367
   - Patient Complaints and Grievances – ADM-00056

7. Ms. Teaque – Implementation of Cerner EMR – Went live this week of April 15th, physicians are doing well. Moving away from transcription to dragon. Working on correcting workflows and with issues charges dropping.

8. Ms. Bojorquez – Verbal/Telephone Orders Update – Verbal orders should normally be avoided, as they are more prone to misinterpretation and are not as safe as written orders. Verbal orders should be limited to off-unit telephone calls, emergencies, or when the provider is scrubbed for a procedure.

9. Clinical Service and Committee Reports:
   - Medicine – No meeting held.
   - Emergency Medicine – No meeting held.
   - Surgery/Anesthesia/Pathology – No meeting held.
   - OB/GYN – A meeting was held. Discussed and approved Robotic Assist privileges.
   - Pediatrics – No meeting was held.
   - Medical Imaging – No meeting was held.
   - Ambulatory Services – Ms. Zamora highlighted Cener go live this week went well except that wound care charges were not dropping, got Cerner Team involved came in and educated providers and staff. Made rounds, work flow issues, Cerner Team coming in to speak to staff.
   - Credentials & Bylaws – A meeting was held it was presented at MEC.
   - MSQC- Policies were reviewed and approved then forwarded for consideration to the MEC. Utilization Management discussed great changes with new team.
   - Hospitalist – Stephan Papp, MD welcomed as the new Medical Director of the hospitalist group.

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

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

POLICIES FOR APPROVAL AT MEC

	Policy	Policy No.	Page #	Revisions (see policy for full description)
1.	Admission Criteria for the Perinatal Department	CLN-01241	• 01-02	• 6.1 Reference added
2.	Discharge Criteria from Post Anesthesia Care Unit	CLN-01660	• 03-12	• Changed author • Revised sections 3.3 to include ER • Revised section 5.27 detailing PACU nursing documentation requirements. • Revised 5.4.1.5 to recommended 30-minute observation after dose of sedative and/or opiate medication unless discharging to unit with same level of care/monitoring capabilities. • Updated references
3.	Emergency Cesarean Sections	CLN-01246	• 13-15	• 6.2 Reference added.
4.	Emergency On-Call Surgery Team	CLN-01526	• 16-17	• Change of Author • Sentence revision section 1.1
5.	Fast Track Post-Procedure Patient Recovery and Discharge	CLN-01481	• 18-19	• References updated. • Change of author.
6.	~~Prevention of Surgical Site Infections~~	~~CLN-02340~~	~~• 20-23~~	~~• Updated CDC reference.~~ REMOVED at MSQC
7.	Scheduling Inductions in OB	CLN-01260	• 24-25	• Minor grammar changes
8.	Video and Photography in the Perinatal Department	CLN-01367	• 26	• Submitted for review without revisions
9.	Patient Complaints and Grievances	ADM-00056	• 27-31	• Grammar Revisions • Revised sections 5.6 to reflect reporting to medical staff and chair of department.

Pioneers Memorial Healthcare District *REVIEWED ANNUALLY*

Title: **Community Support Policy**	Policy No. BOD-00002
	Page 1 of 4
Current Author: Aracely Smith	Effective: 12/17/2018
Latest Review/Revision Date: April 2024	Manual: Compliance / Board

Collaborating Departments: Legal Counsel		Keywords: Grants, funds requests, donations, gifts	
Approval Route: List all required approval			
MARCC 5/9/2023	PSQC	Other:	
Clinical Service _____	MSQC	MEC	BOD 5/2023

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 The Pioneers Memorial Healthcare District ("District") is committed to supporting the community it serves by also adhering to the rules and regulations that govern the provision of grants and/or donations. This Policy describes the process to be followed for all funding requests ("Request(s)") received by the District for contributions – both cash and in-kind – related to community activities conducted by individuals and organizations.

2.0 Scope: District wide

3.0 Processing Funding Requests:

3.1 Ad Hoc Committee

3.1.1 At the beginning of each Board fiscal year, the District Board President shall select two (2) of its members to serve as an ad hoc committee **("Committee")** for the remainder of the then-current District fiscal year **("Year")**.

3.1.2 Each Request shall first be presented to the Chief Executive Officer, who shall present it not more than sixty (60) calendar days following its receipt, to the Committee

3.1.3 The Committee, applying the guidelines set forth in Section 5 (below), shall either recommend approval of the Request by the Board, or, acting in its own separate ad hoc capacity, shall deny the Request(s), not more than thirty (30) calendar days after receipt.

3.1.4 If a Request(s) is denied, the requesting party shall be notified, in writing, of the denial with an appropriate explanation as to the reason or reasons for its denial.

3.1.5 The denial shall be final for the Year in which it was acted upon but shall be, without prejudice to submission of a new request during the Year following the denial, submitted on behalf of the requesting party, for the same or similar request for consideration.

4.0 Definitions: Not applicable

5.0 Procedure:

5.1 The District hereby adopts the following guidelines **("Guidelines")** for funding requests:

5.1.1 In conjunction with its adoption of the District's overall annual budget, the Board shall include a budget item establishing the amount available for use during the

Pioneers Memorial Healthcare District *REVIEWED ANNUALLY*

Title: **Community Support Policy**	Policy No. BOD-00002
	Page 2 of 4
Current Author: Aracely Smith	Effective: 12/17/2018
Latest Review/Revision Date: April 2024	Manual: Compliance / Board

ensuing fiscal year (commencing on July 1, through June 30) in support of programs and activities consistent with its mission and statutory objectives. This amount shall be established as the funding limitation for the applicable year and shall be considered the total amount available for funding unless otherwise authorized pursuant to Section 5.1.4, below.

5.1.2 Persons and organizations making requests for cash or in-kind contributions must be engaged in not-for-profit programs or non-profit entities qualified as such pursuant to Internal Revenue Code §501(c)(3) or its state equivalent, governmental agencies (including, but not limited to schools and other public agencies), or community members or coalitions with a history of service to the community. Programs should be effective, open to collaboration, efficient, and capable of demonstrating measurable success.

5.1.3 Formal, competitive Requests for Proposal shall not be required, but, at the direction of the Board, may be utilized as appropriate. Grant application forms shall be made available to applicants for funding requests.

5.1.4 Funding Limitations – The Board recognizes that infrequent exceptions to the funding limitations may be appropriate. However, to ensure that such exceptions are granted only in extraordinary circumstances, the Board will consider such requests only by a majority vote of the Board. If “extraordinary circumstances” are found to exist, the Board must also determine:

5.1.4.1 The application demonstrates a clear connection to healthcare; and

5.1.4.2 100% of the awarded funds will be used for the organization’s programs, not for the organization’s expenses; and

5.1.4.3 The applicant has fully complied with all performance requirements of its previous grants, including the timely submission of all required reports; and

5.1.4.4 The organization’s main executive office or a major facility is located within the geographic boundaries of the District; and

5.1.4.5 More than half of the program’s clients reside within the District. The Board has determined that available resources shall be distributed throughout the geographic boundaries of the District to the extent that population and need dictate. Accordingly, in evaluating proposals for health care grants and allocating funds, consideration will be given to those organizations and in those categorical areas that meet the needs of the otherwise underserved.

5.1.4.6 Although the intent is to serve District residents, it is understood that regional organizations have a significant presence within the District and make a vital contribution to the health of District residents. Accordingly, organizations providing services extending beyond the boundaries of the District are eligible for funds upon demonstration that the residents of the District will be proportionately served.

5.1.5 Priority consideration may be given to those proposals that demonstrate the following:

5.1.5.1 Serve to meet health care goals or address health care risks in the

Pioneers Memorial Healthcare District *REVIEWED ANNUALLY*

Title: **Community Support Policy**	Policy No. BOD-00002
	Page 3 of 4
Current Author: Aracely Smith	Effective: 12/17/2018
Latest Review/Revision Date: April 2024	Manual: Compliance / Board

Community.

5.1.5.2 Innovate delivery of service methods, outcomes, and/or operational improvements between two or more non-profit organizations

5.1.5.3 Increase the capabilities and efficiencies of smaller organizations or other health providers in the District through operational linkages and/or knowledge sharing.

5.1.5.4 Expand the mission of the District through organizational partnerships that serve to increase the profiles and/or capabilities of other providers associated with the District.

5.1.6 Grant applicants may be deemed ineligible for consideration of District funding if related to:

5.1.6.1 Endowments

5.1.6.2 Expenses related to fundraising or lobbying of public officials or other political purposes.

5.1.6.3 Organizations intending to "pass-through" or re-grant District funds to other organizations.

5.1.6.4 Basic research defined herein as the pursuit of knowledge without immediate practical program or human applications.

5.1.6.5 Activities that support discrimination of a protected group.

5.1.6.6 Individuals.

5.1.6.7 Replacement funds so that a project's current funding can be shifted to other programs of the applicant.

5.1.6.8 Sponsorship of Charitable Events:

5.1.6.8.1 Organizations requesting the District to sponsor a charitable event shall solicit in the form of a letter or in combination with a grant request application, as well as any appropriate back-up materials, including a list of sponsorship levels, if applicable.

5.1.6.8.2 The request shall clearly indicate the amount requested, the sponsorship opportunity levels, and how the event will benefit a community health that provides services in the District.

5.1.6.8.3 The request shall include the price per individual ticket/pass to attend, as well as the portion of the amount attributed to the purchase of goods and services.

5.1.6.8.4 The request shall include a final accounting of the prior year's event, if applicable, as well as a budget for the event being requested, so the District can clearly determine the cost of holding the events in comparison to the funds benefitting community health care programs. No less than 80 percent of the revenue shall be applied to the organization's programs and not to event expenses.

5.1.6.9 Events advertised in brochures and/or fliers that give the appearance of being sent to the District as part of a mass mailing shall not be considered.

5.1.6.10 District funding of other government agencies (i.e., cities and special

Pioneers Memorial Healthcare District *REVIEWED ANNUALLY*

Title: **Community Support Policy**	Policy No. BOD-00002
	Page 4 of 4
Current Author: Aracely Smith	Effective: 12/17/2018
Latest Review/Revision Date: April 2024	Manual: Compliance / Board

districts) is limited to education and/or scholarship programs for the training of health workers and professionals. Aside from such education programs, government agencies are ineligible for District financial assistance if the purpose of any request can be legally funded from the agency's own funds. Insufficient local revenues shall not be a basis for an exception to this prohibition.

5.2 Grant recipients should not assume there exists an entitlement to financial assistance nor will similar funding be available in future years. Grant applicants shall not assume that past funding guarantees funding in this fiscal year.

5.3 The District Board of Directors reserves the right to decline or accept application(s) upon fair consideration in accord with these policies. Once applications are approved, the Board reserves the right to determine the amount of funding to be awarded. In addition, the Board reserves the right to seek additional information as necessary to make their funding determinations.

6.0 References:

6.1 Health & Safety Code Section 32126.5(a)
6.2 Health & Safety Code Section 32129
6.3 AB1728
6.4 AB2019

7.0 Attachment List:

7.1 Attachment A – Request Requirements Form

8.0 Summary of Revisions:

8.1 Added 6.4 reference

PIONEERS
MEMORIAL HEALTHCARE DISTRICT

Community Support Program

Funding Requests – Requirements

All requests for funding support to the District must be done with a Letter of Interest. Please follow the requirements detailed below and be succinct:

- □ Submit letter on your Agency's letterhead
- □ Include the Contact Person for the Request
- □ Provide an Email address
- □ Specify the Funding Support Dollars Desired
- □ Specify Total Program Budget
- □ Briefly describe the history and purpose of your organization
- □ Specify the health need (challenge) that your program/project will address
- □ Briefly describe the program/project
- □ Estimate the percentage of clients served by the program/project that reside in the District's service area
- □ Important – Attach a current copy of your new ruling or permanent IRS Determination Letter 501(c)(3) or equivalent IRS Determination Letter
- □ Important – Attach a current copy of proof of charity or non-profit entity status registration with the State of California

All requests should be submitted to the Chief Executive Officer via mail at:

Administration
Pioneers Memorial Healthcare District
207 West Legion Road
Brawley, CA 92227

Pioneers Memorial Healthcare District **ANNUAL REVIEW**

Title: **Aerosol Transmission Plan (ATP)**	Policy No. CLN-02378
	Page 1 of 19
Current Author: Angela McElvany	Effective: 3/17/2011
Latest Review/Revision Date: 12/5/2023	Manual: Clinical / Infection Control

Collaborating Departments: Facilities, Training & Development, Nursing, Case Management; Human Resources, Employee Health		Keywords: ATP, transmissible disease, TB exposure control, Tuberculosis	
Approval Route: List all required approval			
MARCC 1/16/2024	PSQC	Other: Safety 2/2024	
Clinical Service _____		MSQC 3/2024	MEC 3/2024	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 This document is intended to limit the risk of transmission of aerosol transmissible diseases, pathogens, and all aspects of the Tuberculosis TB Exposure Control Plan. This program shall provide guidelines for the identification and isolation of patients with suspected or diagnosed Aerosol Transmissible Diseases (ATD) as defined by California Occupational Safety and Health Standards (Cal-OSHA). All prior policies regarding TB Exposure Control Plan are superseded by this document.

2.0 Scope:

2.1 The policies and procedure in the ATD/TB Control plan are applicable to all individuals who work at PMHD and have face to face contact with patients. This includes volunteers, LIPs, rotating staff such as travelers/registry, respiratory therapists, etc. This policy also applies to any PMHD funded employee whose worksite location may be away from the facility. Lab workers who work with specimens or tissues that may be infected or potentially infected with ATDs are included. The ATD plan is applicable to all PMHD HCW with potential for contact with patients who may be infected with any ATD listed in Attachment A.

3.0 Policy:

3.1 It is the policy of PMHD to provide care to patients with ATD in a manner that minimizes the risk of transmission to staff, patients, and visitors. Early diagnosis, timely and effective treatment, environmental controls, and the use of respiratory protection, a comprehensive healthcare worker (HCW) surveillance program, effective use of administrative work practices and engineering controls are the key to this policy.

3.2 The ATD plan is intended to serve as a guidance document for preventing healthcare associated transmission of ATDs. This policy and the policies and procedures referenced in this document are consistent with the current recommendations from the Center for Disease Control and Prevention (CDC), the requirements of Cal-OSHA and the California Department of Public Health (CDPH).

3.3 This plan is made available to all employees upon hire. A copy is maintained in Compliance 360 and is reviewed with all employees on hire and at least annually as part of the annual update. The plan will be reviewed at least annually by the Infection Control Committee and revised, as necessary. PMHD administration will ensure compliance with this plan.

Pioneers Memorial Healthcare District **ANNUAL REVIEW**

Title: **Aerosol Transmission Plan (ATP)**	Policy No. CLN-02378
	Page 2 of 19
Current Author: Angela McElvany	Effective: 3/17/2011
Latest Review/Revision Date: 12/5/2023	Manual: Clinical / Infection Control

4.0 Definitions:

4.1 Accredited Laboratory – A laboratory that is licensed by the CDPH pursuant to Title 17 of The California Code of Regulations (CCR), or which has participated in a quality assurance program leading to a certification of competence administered by a governmental or private organization that test and certifies laboratories.

4.2 Aerosol Transmissible Disease (ATD) – A pathogen for which airborne precautions are recommended, as listed in Attachment A.

4.3 Aerosol Transmissible Pathogen – Laboratory (ATP-L): A pathogen that meets one of the following criteria: (1) the pathogen appears on the list in Attachment D (2) the Biosafety in Microbiological and Biomedical Laboratories (BMBL) recommends biosafety level 3 or above for the pathogen, (3) the pathogen is a novel or unknown pathogen.

4.4 Airborne Infection Isolation (AII) – Infection control procedures as described in Guidelines for preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings. These procedures are designed to reduce the risk of transmission of airborne infectious pathogens and apply to patients known or suspected to be infected with epidemiologically important pathogens that can be transmitted by the airborne route.

4.5 Airborne Infection Isolation Room or Area (AIIR) – A room, area, booth, tent, or other enclosure that is maintained at negative pressure to adjacent areas in order to control the spread of aerosolized M. tuberculosis and other airborne infectious pathogens and that meets the requirements stated in the CalOSHA standard.

4.6 Airborne Infectious Disease (AirID) – Either: (1) an aerosol transmissible disease transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the disease agent for which AII is recommended by the CDC or CDPH, as listed in Attachment A, or (2) the disease process caused by a novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility that the pathogen is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.

4.7 Airborne Infectious Pathogen (AirIP) – Either: (1) an aerosol transmissible pathogen transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the infectious agents, and for which the CDC or CDPH recommends AII, as listed in Attachment A, or (2) a novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility of transmission through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.

4.8 Biological Safety Officer (s) – A person who is qualified by training and/or experience to evaluate hazards associated with laboratory procedures involving ATP-L, who is knowledgeable about the facility biosafety plan, and who is authorized by the employer to establish and implement effective control measures for laboratory biological hazards.

4.9 Biosafety Level 3 – Compliance with criteria for laboratory practices, safety equipment,

Pioneers Memorial Healthcare District **ANNUAL REVIEW**

Title: **Aerosol Transmission Plan (ATP)**	Policy No. CLN-02378
	Page 3 of 19
Current Author: Angela McElvany	Effective: 3/17/2011
Latest Review/Revision Date: 12/5/2023	Manual: Clinical / Infection Control

and facility design and construction recommended by the CDC in Biosafety in Microbiological and Biomedical Laboratories for laboratories in which work is done with indigenous or exotic agents with a potential for aerosol transmission and which may cause serious or potentially lethal infection.

4.10 Biosafety in Microbiological and Biomedical Laboratories (BMBL) – Biosafety in Microbiological and Biomedical Laboratories, 5th Edition, CDC and National Institutes for Health, 2007, which is hereby incorporated by reference for the purpose of establishing biosafety requirements in laboratories.

4.11 CDC – Centers for Disease Control

4.12 CDPH – California Department of Public Health and its predecessor, the California Department of Health Services (CDHS)

4.13 Chief – The Chief of the Division of Occupational Safety and Health of the Department of Industrial Relations, or his or her designated representative.

4.14 CTCA – The California Tuberculosis Controllers Association

4.15 Drug Treatment Program – A program that is (A) licensed pursuant to Chapter 7.5 (commencing with Section 11834.01), Part 2, Division 10.5 of the Health and Safety Code; or Chapter 1 (commencing with Section 11876), Part 3, Division 10.5 of the Health Safety code; or (B) certified as a substance abuse clinic or satellite clinic pursuant to Section 21200, Title 22, CCR and which has submitted claims for Medi-Cal reimbursement pursuant Section 11831.5 or Section 11994 of the Health and Safety Code.

4.16 Droplet Precaution – Infection control procedures as described in Guidelines for Isolation Precautions designed to reduce the risk of transmission of infectious agents through contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets (larger that 5 um in size) containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism.

4.17 Exposure Incident – An event in which all of the following have occurred:

4.17.1 An employee has been exposed to an individual who is a case or suspected case of an ATD, or to a work area or to equipment that is reasonably expected to contain ATPs.

4.17.2 The exposure occurred without the benefit of applicable exposure controls required by this section.

4.17.3 And it reasonably appears from the circumstances of the exposure that transmission of disease is likely to require medical evaluation.

4.18 Health Care Worker (HCW) – A person who works in a health care facility, service, or operations, or who has potential for occupational exposure.

4.19 High Hazard Procedure – Procedures performed on a person who is a case or suspected case of an aerosol transmissible disease or on a specimen suspected of containing an ATP-L, in which the potential for being exposed to aerosol transmissible pathogens is increased due to the reasonably anticipated generation of aerosolized pathogens.

4.20 Initial Treatment – treatment provided at the time of the first contact a health care

Pioneers Memorial Healthcare District **ANNUAL REVIEW**

Title: **Aerosol Transmission Plan (ATP)**	Policy No. CLN-02378
	Page 4 of 19
Current Author: Angela McElvany	Effective: 3/17/2011
Latest Review/Revision Date: 12/5/2023	Manual: Clinical / Infection Control

provider has with a person who is potentially an AirID case or suspected case. Initial treatment does not include high hazard procedures.

4.21 Latent TB Infection (LTBI) – Infection with M. tuberculosis in which bacteria are present in the body but are inactive. Persons who have LTBI but who do not have active TB disease are asymptomatic, do not feel sick and cannot spread TB to other persons. They typically react positively to TB tests.

4.22 Local Health Officer – The health officer for the local jurisdiction responsible for receiving and/or sending reports of communicable diseases, as defined in Title 17, CCR. Note: Title 17, Section 2500 requires that reports be made to the local health officer for the jurisdiction where the patient resides.

4.23 M. tuberculosis – Mycobacterium TB complex, which includes M. tuberculosis, M. bovis, M. aftricanum, and M. microti. M. tuberculosis is the scientific name of the group of bacteria that causes tuberculosis.

4.24 Negative Pressure – a relative air pressure difference between two areas. The pressure in a containment room or area that is under negative pressure is lower than adjacent area, which keeps air from flowing out of the containment facility and into adjacent rooms or areas.

4.25 NIOSH – The Director of the National Institute for Occupational Safety and Health, CDC, or his or her designated representative.

4.26 Novel or Unknown ATP – A pathogen capable of causing serious human disease meeting the following criteria:

4.26.1 There is credible evidence that the pathogen is transmissible to humans by aerosols.

4.26.2 The disease agent is a newly recognized pathogen, or a newly recognized variant of a known pathogen and there is reason to believe that the variant differs significantly from the known pathogen in virulence or transmissibility.

4.26.3 A recognized pathogen that has been recently introduced into the human population.

4.26.4 A not yet identified pathogen.

4.27 PAPR – Positive Air Purifying Respirator

4.28 Reportable Aerosol Transmissible Disease (RATD) – A disease or condition which a health care provider is required to report to the local health officer, in accordance with Title 17 CCR, Division 1, Chapter 4, and which meets the definition of an aerosol transmissible disease (ATD)

4.29 Respiratory Hygiene/Cough Etiquette in Health Care Settings – Respiratory Hygiene/cough Etiquette in Health Care Settings, CDC, November 4, 2004, which is hereby incorporated by reference for the sole purpose of establishing requirements for source control procedures.

4.30 Screening By Health Care Provider – The initial assessment of persons who are potentially AirID or ATD cases by a health care provider in order to determine whether they need airborne infection isolation or need to be referred for further medical evaluation or treatment to make that determination.

4.31 Significant Exposure – An exposure to a source of ATPs or ATPs-L in which the

Pioneers Memorial Healthcare District **ANNUAL REVIEW**

Title: **Aerosol Transmission Plan (ATP)**	Policy No. CLN-02378
	Page 5 of 19
Current Author: Angela McElvany	Effective: 3/17/2011
Latest Review/Revision Date: 12/5/2023	Manual: Clinical / Infection Control

circumstances of the exposure make the transmission of a disease sufficiently likely that the employee requires further evaluation by a LIP.

4.32 Source Control Measures – The use of procedures, engineering controls, and other devices or materials to minimize the spread of airborne particles and droplets from an individual who has or exhibits signs or symptoms of having an ATD, such as a persistent cough.

4.33 Surge – a rapid expansion beyond normal services to meet the increased demand for qualified personnel, medical care, equipment, and public health services in the event of an epidemic, public health emergency, or disaster.

4.34 Suspected Case – either of the following:

4.34.1 A person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have a particular disease or condition listed in Attachment A

4.34.2 A person who is considered a probable case, or an epidemiologically-linked case, or who has supportive laboratory findings under the most recent communicable disease surveillance case definition established by CDC and published in the Morbidity and Mortality Weekly Report (MMWR) or its supplements as applied to a particular disease condition listed in Attachment A.

4.35 TB Conversion – A change from “negative” to “positive” as indicated by TB test based upon current CDC or CDPH guidelines for interpretation of the TB test.

5.0 Procedure:

5.1 PMHD administration has designated the Infection Control Practitioner as the administrator of the plan, under the authority and direction of the Medical Director of Infection Control and the Infection Control Committee (ICC). However, the prevention and control of infection is a shared responsibility among all clinical and non-clinical individuals of the hospital.

5.1.1 The Infection Control Practitioner shall be responsible for the establishment, implementation, and the maintenance of written infection control procedures to control the risks of transmissions of ATDs.

5.1.2 Each individual who works at PMHD has the responsibility to know, understand, and follow the ATD/TB control Plan. Specifically, they must wear respiratory protection as described in this plan, complete an annual TB screening every 12 months for employees and report all incidents of exposure to Employee Health. If conversion rate increases TB screening will be conducted every 6 months for employees who work in high-risk areas.

5.1.3 Medical Staff: LIPs hold the primary responsibility for the early identification of ATD cases; prompt isolation of patients, and administration of appropriate therapy.

5.1.4 Department Managers/Directors are responsible to ensure that annual department specific ATD/TB prevention related in service is provided and documented. They are responsible for monitoring healthcare workers for compliance with the ATD/TB exposure control plan.

Pioneers Memorial Healthcare District **ANNUAL REVIEW**

Title: **Aerosol Transmission Plan (ATP)**	Policy No. CLN-02378
	Page 6 of 19
Current Author: Angela McElvany	Effective: 3/17/2011
Latest Review/Revision Date: 12/5/2023	Manual: Clinical / Infection Control

5.1.5 Facility Services are responsible for maintenance, testing, and documentation of environment controls relating to Airborne Infection Isolation Rooms (AIIR). Facility services will change filters as required, when changing ventilation system filters, personnel will wear N95 respirator and dispose of used filters as bio-hazardous wastes. Facilities will maintain all necessary records regarding assessments of AIIR for five years and ensure annual certification of the AIIR ventilation system.

5.1.6 Healthcare Workers (HCW) are responsible to know and understand and follow the ATD/TB control plan. Each employee is responsible for the use of standard precautions and other infection control policies and procedures to minimize risk of exposure to patient blood and body fluids. Additionally, each HCW is responsible for instituting appropriate infection control precautions, based on identified signs and symptoms, whenever an ATD is suspected.

5.1.7 Employee Health is responsible for healthcare worker ATD surveillance, record keeping and preventative therapy (including vaccination), exposure incident evaluation and follow-up. TB risk assessment shall be performed annually, on an as needed basis, and when an increase in HCW exposures is identified.

5.1.8 Case Management will identify patients with active or suspected ATD upon admission or initial review. The case manager will collaborate with the ICP to ensure appropriate and timely notification to the Imperial County Public Health Department. Case Managers will complete the discharge plan for all patients with active pulmonary TB.

5.1.9 Education and training is provided to all employees who have potential contact with suspected/confirmed patients or specimens. Personal Protection Equipment and hand hygiene education and training is incorporated in employee initial and annual re-orientation, annual skills fair and when significant changes to the plan are made. Participation in the annual skills fair is mandatory. The education department will maintain attendance records.

5.1.10 Engineering will monitor HEPA filters, ventilation and negative pressure systems as well as act as a resource for training and to department managers for clarification and review of departmental policies and/or concerns. Facilities shall act as the administrative liaison during a Cal-OSHA inspection and coordinate follow-up activities. Any deficiencies found in engineering performance will be reported to appropriate department leaders and the ICP.

5.2 Healthcare Worker Exposure Risk Determination:

5.2.1 The following are job classifications in which HCWs have potential for occupational exposure as listed in Attachment A

- Category I – the following identifies the job classification in which most HCWs have risk of occupational exposure.
    - Nursing personnel
    - Physicians, Nurse Practitioners, Physician Assistants, Nurse Anesthetist
    - Laboratory Personnel

Pioneers Memorial Healthcare District **ANNUAL REVIEW**

Title: **Aerosol Transmission Plan (ATP)**	Policy No. CLN-02378
	Page 7 of 19
Current Author: Angela McElvany	Effective: 3/17/2011
Latest Review/Revision Date: 12/5/2023	Manual: Clinical / Infection Control

- Cardio-Pulmonary Personnel
- Environmental Services Personnel
- Radiology/Nuclear Medicine
- Rehabilitation Therapy

- Category II – the following list identifies the job classification in which some HCWs have risk of occupational exposure.
  - Facilities Personnel (maintenance, bio-med)
  - Transport Personnel
  - Unit Secretaries/clerks/admitting
  - Dietary workers, Dieticians
  - Chaplains
  - Social Workers
  - Case Management
  - Security
  - Volunteers

5.3 Engineering and Work Practice Controls and Personal Protective Equipment:

5.3.1 Work practices shall be implemented following transmission-based precautions to prevent or minimize HCW exposures to airborne, droplet, and contact transmission of aerosol with CDC guidelines for isolation guidelines. Airborne precautions shall be in accordance with CDC guidelines for preventing the transmission of MTB in healthcare settings. These work practices and source controls may include but are not limited to; hand washing and gloving procedures; the use of ante-rooms; the use of respiratory protection; the use of personal protective equipment such as eye and face protection, surgical mask, gowns, and other PPE; and cleaning and disinfecting contaminated surfaces.

5.4 Respiratory Protection:

5.4.1 Droplet transmissible diseases

- A procedure or surgical mask is the mask of choice for employees caring for suspected or confirmed patients placed in droplet precautions.
- Patients must wear a surgical mask for any transport or treatment outside their room.

5.4.2 Airborne transmissible diseases

- NIOSH approved particulate respirator type N-95 is the mask of choice for employees.
- All employees required to wear the N-95 mask receive health screening from employee health and are fit tested. If employees fail the fit test and are required to enter a room that requires an N-95 mask, those employees will be educated and trained on the use of PAPR by employee health or designee.
- Patients must wear a surgical or isolation mask for any transport or treatment outside their room.

5.5 Respiratory Protection When Performing a High Hazard Procedure:

5.5.1 High Hazard Procedures, environmental controls, and respiratory protection for

Pioneers Memorial Healthcare District **ANNUAL REVIEW**

Title: **Aerosol Transmission Plan (ATP)**	Policy No. CLN-02378
	Page 8 of 19
Current Author: Angela McElvany	Effective: 3/17/2011
Latest Review/Revision Date: 12/5/2023	Manual: Clinical / Infection Control

ATD requiring airborne isolation:

- Sputum Induction
- Bronchoscopy
- Aerosolized administration of medications
- Pulmonary Function tests (unless patient is in a booth)
- Clinical, Surgical, and Laboratory procedures that may aerosolized pathogens
- Intubation
- Open circuit suctioning

5.5.2 PPE for healthcare workers caring for EBOLA patients include:

5.5.2.1 PAPR, full fluid resistant body suit, fluid resistant boots, fluid resistant gloves, and tape to tape around boots and gloves.

5.5.3 PPE for healthcare workers caring for COVID-19 patients include:

5.5.3.1 N-95 respirator (or higher), isolation gown, gloves and eye protection

5.5.4 Effective September 1, 2010 the employer shall provide a powered air purifying respirator (PAPR) with a high efficiency particulate air filter or a respirator providing equivalent or greater protection for all high-risk procedures on a patient requiring AII. The PAPRs are located in the Emergency Department, in a closet by the ambulance entrance. If needed, there are additional PAPRs in the other clinical departments.

- In the event of an influx of infectious patients refer to PMHD policy EOC-00135; Guidelines for Influx of Patients with Highly Communicable Diseases or for surge capacity see EOC-00180.

5.6 Specific Requirements for all AII rooms and areas:

5.6.1 Hospital isolation rooms are constructed in conformance with Title 24, California Code of Regulations, Section 417, et seq., and with Cal-OSHA Title 8 guidelines.

5.6.2 Negative pressure shall be maintained in ALL rooms or areas. The ventilation rate shall be 12 or more air changes per hour (ACH). The required ventilation rate may be achieved in part by using in-room high efficiency particulate air (HEPA) filtration or other air cleaning technologies, but in no case shall the outdoor air supply ventilation rate be less than 6 ACH. Hoods, booths, tents and other local exhaust control measures shall comply with CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Healthcare Settings.

5.6.3 HEPA-filtration Units:

- There are 25 HEPA filters for use
- Engineering is responsible for connecting the unit to the established mounting in AIIRs.
- HEPA-filter changes are stored in Central Supply
- Pre-filters will be changed per manufactures guidelines or at least bi-annually.
- Hospital approved TB disinfectant will be used to clean HEPA-filtration Units
- Engineering and bio-medical departments are responsible for the preventative maintenance of the HEPA-filter unit

Pioneers Memorial Healthcare District **ANNUAL REVIEW**

Title: **Aerosol Transmission Plan (ATP)**	Policy No. CLN-02378
	Page 9 of 19
Current Author: Angela McElvany	Effective: 3/17/2011
Latest Review/Revision Date: 12/5/2023	Manual: Clinical / Infection Control

5.6.4 Engineering controls shall be maintained, inspected and performance monitored for filter loading and leakage at least annually and more often, if necessary, to maintain effectiveness. Problems found shall be corrected within a reasonable period of time. If the problem(s) prevent the room from providing effective AIIR, then the room shall not be used for that purpose until the condition is corrected.

5.6.5 An isolation precaution sign will be placed outside the room, as a source control measure, to alert any person prior to entering the room of infection prevention precautions.

5.6.6 The corridor door is kept closed except when patients are being transferred out of the room. Negative pressure monitoring is performed by the nursing department every shift while the room is occupied by an AirID.

5.6.7 When a case or suspected case vacates an AIIR or area, the room shall be ventilated according to the CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings for removal of 99-99.9% before permitting employees to enter without respiratory protection.

- After patient is discharged the HEPA filter will run for 30 minutes
- Engineering will disconnect the HEPA-filter from the mounting; Housekeeping will then clean the unit and cover it. Then the unit will be taken to Central Supply.

5.7 Environmental controls for High Hazard Procedures:

5.7.1 High-hazard procedures shall be conducted in AII rooms or areas, such as a ventilated booth, tent or a single/private room with a HEPA filter. Persons not performing the procedures shall be excluded from the area, unless they use the respiratory and personal protective equipment required for employees performing these procedures. Employees working in the room or area where the procedure is performed shall use respiratory protection and as well as other necessary PPE.

5.8 Precautions for Managing Infectious Patients: 5199 ATD (c)

5.8.1 Transfer of patients within facility to airborne infection isolation rooms or areas within the facility shall occur within 5 hours of identification. If there is no AII room or area available within this time, the employer shall transfer the individual to another suitable facility.

5.8.2 Transfers to other facilities shall occur within 5 hours of identification, unless the facility documents, at the end of the 5-hour period, and at least every 24 hours thereafter, each of the following:

- The facility case manager has contacted the local health officer
- There is no AII room or area available within that jurisdiction
- Reasonable efforts have been made to contact establishments outside of that jurisdiction, as provided in the Plan.
- All applicable measures recommended by the local health officer or the Infection Control Committee have been implemented
- All employees who enter the room or area housing the individual are provided with, and use, appropriate PPE and respiratory protection in accordance with

Pioneers Memorial Healthcare District **ANNUAL REVIEW**

Title: **Aerosol Transmission Plan (ATP)**	Policy No. CLN-02378
	Page 10 of 19
Current Author: Angela McElvany	Effective: 3/17/2011
Latest Review/Revision Date: 12/5/2023	Manual: Clinical / Infection Control

these guidelines

5.8.3 Where the treating LIP determines that transfer would be detrimental to a patient's condition, the patient need not be transferred. In that case the facility shall ensure that employees use respiratory protection when entering the room or are housing the individual. The patient's condition shall be reviewed at least every 24 hours to determine if transfer is safe, and the determination shall be recorded as described above. Once transfer is determined to be safe, the transfer must be made within the time period set forth above.

5.9 Employee Health Services: 5199 ATD (h)

5.9.1 Any employee with potential for occupational exposure shall be provided with general surveillance for ATDs, and infection with ATPs and ATPs-L, as recommended by the CDC and/or the CDPH for the type of work setting. When and employer is also acting as the evaluating health care professional, the employer shall advise the employee following an exposure incident that the employee may refuse to consent to vaccination, post-exposure evaluation and follow-up from the employer-health care professional. When consent is refused, the employer immediately shall make available a confidential vaccination, medical evaluation or follow-up from a LIP other than the exposed employees employer.

5.9.2 General surveillance provisions, including vaccinations, examinations, evaluations, determination, procedures, and medical management and follow-up, shall be:

- Performed by Employee Health
- Provided according to current applicable public health recommendations
- Provided in a manner that ensures the confidentiality of employees and patients. Test results and other information regarding exposure incidents and TB conversions shall be provided without providing the name of the source individual.

5.9.3 Vaccines and Vaccinations:

- PMHD will offer vaccines to all susceptible health care workers with potential for occupational exposure.
- Recommended vaccinations shall be made available to all employees who have occupational exposure after the employee has received the training required and within 10 working days of initial assignment unless:
  - The employee has previously received the recommended vaccination(s) and is not due to receive another vaccination dose
  - HCW has proven immunity in accordance with current CDC and CDPH guidance or by titer or documented immunization
  - The vaccine(s) is contraindicated for medical reasons
- The employer shall make additional vaccination(s) available to employees within 120 days of the issuance of new CDC or CDPH recommendations
- Participation in a prescreening program is not a prerequisite for receiving a vaccination, unless CDC or CDPH guidelines recommend prescreening prior

Pioneers Memorial Healthcare District **ANNUAL REVIEW**

Title: **Aerosol Transmission Plan (ATP)**	Policy No. CLN-02378
	Page 11 of 19
Current Author: Angela McElvany	Effective: 3/17/2011
Latest Review/Revision Date: 12/5/2023	Manual: Clinical / Infection Control

to administration of the vaccine

- If the employee initially declines a vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the employer shall make the vaccination available within 10 working days of that request.
- PMHD shall ensure that employees who decline to accept a recommended and offered vaccination shall sign the appropriate declination form that includes the ATD plan required declination statement. (See policy HRD-00113 for a list of vaccines offered)
- Employee Health Nurse administering a vaccination or determining immunity will provide the following information to the employer:
  - The employee's name and employee identifier
  - The date of the vaccine dose or determination of immunity
  - Whether an additional vaccination dose is required, and if so, the date the additional vaccination dose shall be provided**.** *Exception: When the employer cannot implement these procedures because of the lack of availability of vaccine, the employer shall document efforts made to obtain the vaccine in a timely manner and inform employees of the status of the vaccine at least every 10 working days and inform employees when the vaccine becomes available*.
  - Vaccines will be offered by Employee Health, Pioneers Health Center (PHC) or Imperial County Public Health Department

5.10 Exposure Incidents:

5.10.1 A health care provider or the employer of a health care provider who determines that a person is an RATD case, or suspected case shall report, or ensure that the health care provider reports the case to the local health officer, in accordance with Title 17.

- In addition to the report required, the employer in the facility, service or operation that originates the report, shall determine, to the extent that the information is available in the employer's records, whether the employee(s) of any other employer(s) may have had contact with the case or suspected case while performing activities within the scope of this section. The employer shall notify the other employer(s) within a timeframe that will both provide reasonable assurance that there will be adequate time for the employee to receive effective medical intervention to prevent disease or mitigate the disease course and will also permit the prompt initiation of an investigation to identify exposed employees. In no case, shall the notification be longer than 72 hours after the report to the local health officer. The notification shall include the date, time, and nature of the potential exposure of his or her employees. The notifying employer shall not provide the identity of the source patient to the other employer(s). *Note 1*: These employees may include, but are not limited to, paramedics, emergency personnel, referring health care facilities or agencies, and corrections personnel. *Note 2*: Some diseases, such as meningococcal

Pioneers Memorial Healthcare District **ANNUAL REVIEW**

Title: **Aerosol Transmission Plan (ATP)**	Policy No. CLN-02378
	Page 12 of 19
Current Author: Angela McElvany	Effective: 3/17/2011
Latest Review/Revision Date: 12/5/2023	Manual: Clinical / Infection Control

disease, require prompt prophylaxis of exposed individuals to prevent disease. Some diseases, such as Varicella, have a limited window in which to administer vaccine to non-immune contacts. Exposure to some diseases may create a need to temporarily remove an employee from certain duties during a potential period of communicability. For other diseases such as TB there may not be a need for immediate medical intervention, however prompt follow-up is important to the success of identifying exposed employees.

- Each employer who becomes aware that his or her employees may have been exposed to an RATD case or suspected case, or to an exposure incident involving an ATP-L shall do the following:
- Within a timeframe that is reasonable for the specific disease, but in no case later than 72 hours following as applicable, the employers report to the local health officer or the receipt of notification from another employer or the local health officer, conduct an analysis of the exposure scenario to determine which employees had significant exposures. This analysis shall be conducted by an individual knowledgeable in the mechanisms of exposure to ATPs or ATPs-L and shall record the names and any other employee's identifier used in the workplace of persons who were included in the analysis. The analysis shall also record the basis for any determination that an employee need not be included in post-exposure follow-up because the employee did not have a significant exposure or because a LIP determined that the employee is immune to the infection in accordance with applicable public health guidelines. The exposure analysis shall be made available to the local health officer upon request. The name of the person making the determination, and the identity of any LIP or local health officer consulted in making the determination shall be recorded.
- Within a timeframe that is reasonable for the specific disease, but in no case later than 96 hours of becoming aware of the potential exposure, notify employees who had significant exposures of the date, time, and nature of the exposure.
- As soon as feasible, provide post-exposure medical evaluation to all employees who had significant exposure. The evaluation shall be conducted by a LIP knowledgeable about the specific disease, including appropriate vaccination, prophylaxis and treatment. For M. tuberculosis and for other pathogens recommended by applicable public health guidelines, this shall include testing of isolate from the source individual or material for drug susceptibility, unless the LIP determines that it is not feasible.
- Obtain from the LIP a recommendation regarding precautionary removal and written opinion.

5.10.2 Determine, to the extent that the information is available in the employer's

Pioneers Memorial Healthcare District **ANNUAL REVIEW**

Title: **Aerosol Transmission Plan (ATP)**	Policy No. CLN-02378
	Page 13 of 19
Current Author: Angela McElvany	Effective: 3/17/2011
Latest Review/Revision Date: 12/5/2023	Manual: Clinical / Infection Control

records, whether employees of any other employers may have been exposed to the case or material. The employer shall notify these other employers within a timeframe that is reasonable for the specific disease, but in no case later than 72 hours of becoming aware of the exposure incident of the nature, date, and time of the exposure, and shall provide the contact information for the diagnosing LIP. The notifying employer shall not provide the identity of the source patient to other employers.

5.10.3 Information provided to the LIP;

- PMHD shall ensure that all LIPs responsible for making determinations and performing procedures as part of the medical services program are provided with a copy of this standard and applicable public health guideline. For respirator medical evaluations, the employer shall provide information regarding the type of respiratory protection used, a description of the work effort required, and any special environmental conditions that exist (e.g., heat, confined space entry), additional requirements for protective clothing equipment, and the duration and frequency of respirator use.
- PMHD shall ensure that the LIP who evaluates an employee after an exposure incident is provided the following information:
- A description of the exposed employee's duties as they relate to the exposure incident
- The circumstances under which the exposure incident occurred
- Any available diagnostic test results, including drug susceptibility pattern or other information relating to the source of exposure that could assist in the medical management of the employee
- All the employer's medical records for the employee that are relevant to the management of the employee, including tuberculin skin test results, tuberculosis blood test results (Quantiferon-gold) and other relevant tests for ATP infection, vaccination status, and determinations of immunity.

5.10.4 Precautionary removal recommendation from the LIP

- Each employer who provides a post-exposure evaluation shall request from the LIP an opinion regarding whether precautionary removal from the employee's regular assignment is necessary to prevent spread of the disease agent by the employee and what type of alternate work assignment may be provided. PMHD shall request that the LIP convey to the Employee/Occupational Health any recommendations for precautionary removal immediately via phone or fax and that the LIP document the recommendation in the written opinion.
- If the LIP recommends precautionary removal, or the local health officer recommends precautionary removal, PMHD shall comply until the employee is determined to be non-infectious, the employee's earnings, seniority, and all other employee rights and benefits, including the employee's right to his or her former job status, as if the employee had not been removed from his or her job or otherwise medically limited. *Exception*: *Precautionary removal*

Pioneers Memorial Healthcare District **ANNUAL REVIEW**

Title: **Aerosol Transmission Plan (ATP)**	Policy No. CLN-02378
	Page 14 of 19
Current Author: Angela McElvany	Effective: 3/17/2011
Latest Review/Revision Date: 12/5/2023	Manual: Clinical / Infection Control

provisions do not extend to any period of time during which the employee is unable to work for reasons other than precautionary removal.

5.10.5 Written opinion from the LIP:

- Each employer shall obtain and provide the employee with a copy of the written opinion of the LIP within 15 working days of the completion of all required medical evaluations.
- For respirator use, the LIPs opinion shall have the required content (See section 5144(e)(6) Section 5144. Respiratory Protection http://www.dir.ca.gov/Title8/5144.html
- For all RATD and ATP-L exposure incidents, the written opinion shall be limited to the following information:
  - The employee's applicable RATD test status for the exposure of concern
  - The employee's infectivity status
  - A statement that the employee has been informed of the results of the medical evaluation and has been offered any applicable vaccinations, prophylaxis, or treatment
  - A statement that the employee has been told about any medical conditions, resulting from exposure to TB, other RATD, or ATP-L that required further evaluation or treatments and that the employee has been informed of treatment options
  - Any recommendations for precautionary removal from the employee's regular assignment
- All other findings or diagnosis shall remain confidential and shall not be included in the written report.

5.11 Training: 5199 ATD (i)

5.11.1 Training is provided to all employees with occupational exposure at the time of initial assignment and annually, and when any significant changes to the plan are made.

5.11.2 Training material will be appropriate in content and vocabulary to the education level, literacy and language of the employee.

5.11.3 The program must contain the following:

- An accessible copy of the regulation available online at www.dir.ca.gov/Title8/5199.html
- A general explanation of ATDs with signs and symptoms that would require further medical evaluation
- An explanation of the modes of transmission of ATPs and control procedures
- An explanation of the ATD Plan, how to give input and how to obtain a copy
- How to recognize task and other activities that may put them at risk
- Appropriate engineering work practice controls, decontamination and disinfection procedures, and personal and respiratory equipment use and limitations

Pioneers Memorial Healthcare District **ANNUAL REVIEW**

Title: **Aerosol Transmission Plan (ATP)**	Policy No. CLN-02378
	Page 15 of 19
Current Author: Angela McElvany	Effective: 3/17/2011
Latest Review/Revision Date: 12/5/2023	Manual: Clinical / Infection Control

- Selection, use and care of PPE
- Information on vaccination
- What to do in case of an exposure
- Information on the hospital surge plan
- An opportunity for interactive questions answered within 24 hours

5.12 Record Keeping 5199 ATD (i)

5.12.1 Employee Health Services shall maintain a medical record for each employee who sustains an occupational exposure to an ATD. This record may be combined with blood borne pathogen exposure records but may not be with non-medical personnel records. This record shall include:

- The employees name and any other employee identification used in the workplace.
- The employee's vaccination status for all vaccines required by this standard, including the information provided by the LIP, any vaccine record provided by the employee, and any signed declination forms.
- Regarding seasonal influenza vaccination, the medical record need only contain a declination form for the most recent seasonal influenza vaccine.
- A copy of all written opinions provided by a LIP in accordance with this standard, and the results of all TB assessments.
- A copy of the information regarding an exposure incident that was provided to the LIP as required by this standard
- PMHD shall ensure that all employees' medical records required by this section are kept confidential not disclosed or reported without the employees, express written consent to any person within or outside the workplace except as permitted by this section or as may be required by law. *Note*: These provisions do not apply to records that do not contain individually identifiable medical information, or from which individually identifiable medical information has been removed. The employee file must be maintained for at least the duration of employment plus 30 years.

5.12.2 Records of Exposure incidents shall be retained and include:

- The date of the exposure incident
- The names, and any other employee identifiers used in the workplace
- The disease or pathogen to which employees may have been exposed
- The name and job title of the person performing the evaluation
- The identity of any local health officer and/or LIP consulted
- The date of the evaluation
- The date of contact and contact information for any other employer who either notified the employer or was notified by the employer regarding potential employee exposure

5.12.3 Records of unavailability of vaccine shall include the name of the person who determined that the vaccine was not available, the name and affiliation of the person providing the vaccine availability information, and the date of the contact.

Pioneers Memorial Healthcare District **ANNUAL REVIEW**

Title: **Aerosol Transmission Plan (ATP)**	Policy No. CLN-02378
	Page 16 of 19
Current Author: Angela McElvany	Effective: 3/17/2011
Latest Review/Revision Date: 12/5/2023	Manual: Clinical / Infection Control

5.12.4 Training Record shall include the following information:
- The dates(s) of the training
- The contents or a summary of the training session(s)
- The names and qualifications of persons conducting the training or who are designated to respond to interactive questions
- The names and job titles of all persons attending the training session
- The training records shall be maintained for 3 years from the date on which the training occurred.

5.12.5 Review of the ATD plan shall be conducted annually by the Infection Control committee

5.12.6 Records of inspection, testing and maintenance of non-disposable engineering controls including ventilation and other air handling systems, air filtration systems, shall be maintained for a minimum of five years and shall include the name(s) of personnel performing the test, inspection or maintenance, the date, and any significant findings and actions that were taken.

5.12.7 Records of the respiratory protection program shall be established and maintained in accordance with Section 5144, Respiratory Protection, of these orders. Employers who provide fit-testing in accordance with subsection (g) (6) (B) 3 [fit testing every two years except for employees performing high-hazard procedures, until January 1, 2014] shall retain the screening record for two years.

5.12.8 Records of the unavailability of AII rooms or areas shall include the name of the person who determined that an AII room or area was not available, the names and affiliation of persons contacted for transfer possibilities, and the date of the contact, the name and contact information for the local health officer providing assistance, and the times and dates of these contacts. This record, which shall not contain a patient's individually identifiable medical information shall be retained for three years

5.12.9 Records of decisions not to transfer a patient to another facility for AII for medical reasons, shall be documented in the patient's chart, and a summary shall be provided to the Plan administrator providing only the name of the LIP determining that the patient was not able to be transferred, the date and time of the initial decision and the date, time and identity of the person(s) who performed each daily review. The summary record, which shall not contain a patient's individually identifiable medical information, shall be retained for three years.

5.13 Availability

5.13.1 The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Chief of NIOSH and the local health officer for examination and copying.

5.13.2 Employee training records, the ATD Exposure Plan, and records of implementation of the ATD Exposure Control Plan, shall be available as employee exposure records.

5.13.3 Employee medical records required by this subsection shall be provided upon request to the subject employee, anyone having the written consent of the

Pioneers Memorial Healthcare District **ANNUAL REVIEW**

Title: **Aerosol Transmission Plan (ATP)**	Policy No. CLN-02378
	Page 17 of 19
Current Author: Angela McElvany	Effective: 3/17/2011
Latest Review/Revision Date: 12/5/2023	Manual: Clinical / Infection Control

subject employee, local health officer, and to the Chief and NIOSH in accordance with Section 3204 of these orders.

5.14 Transfer of Records

5.14.1 The employer shall comply with the requirements involving the transfer of employee medical exposure records (See Cal-OSHA standards section 3204 Access to Employee Exposure and Medical Records).

5.14.2 If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Chief and NIOSH, at least three months prior to the disposal of the records and shall transmit them to NIOSH, if required by NIOSH to do so, within that three-month period.

6.0 References:

6.1 Interim Guidance for Protecting Hospital Workers from Exposure to Coronavirus Disease (COVID-19) https://www.dir.ca.gov/dosh/coronavirus/COVID-19-Interim-Guide-for-Hospital-Workers.html

6.2 California Code of Regulations, Title 8.Industrial Relations, Division 1. Department of Industrial Relations, Chapter 4. Division of Industr5ial Safety, Subchapter 7. General Industry Safety Orders, Group 16. Control of Hazardous Substances, Article 109. Hazardous Substances and Processes, Section 5199. Aerosol Transmissible Diseases/Pathogens www.dir.ca.gov/Title8/5199.html

6.2.1 Attachment A: Aerosol Transmissible Diseases/Pathogens (Mandatory) http://www.dir.ca.gov/title8/5199a.html

6.2.2 Attachment B: Alternate Respirator Medical Evaluation Questionnaire (This Attachment is Mandatory if the Employer chooses to use a Respirator Medical Evaluation Questionnaire other than the Questionnaire in Section 5144 http://www.dir.ca.gov/Title8/5199b.html

6.2.3 Attachment C1: Vaccination Consent and Declination Statement (Mandatory) http://www.dir.ca.gov/title8/5199c1.html

6.2.4 Attachment C2: Seasonal Influenza Vaccination Declination Statement (Mandatory) http://www.dir.ca.gov/title8/5199c2.html

6.2.5 Attachment D: Aerosol Transmissible Pathogens –Laboratory (Mandatory) http://www.dir.ca.gov/title8/5199d.html

6.2.6 Attachment E: Aerosol Transmissible Disease Vaccination Recommendations for Susceptible Health Care Workers (Mandatory) https://www.dir.ca.gov/title8/5199e.html

6.2.7 Sample Screening Criteria for Work Settings Where No Health Care Providers Are Available (non-mandatory) http://www.dir.ca.gov/title8/5199f.html

6.2.8 Information for Respirator Fit-Test Screening (Mandatory if employer does not provide annual fit-test) http://www.dir.ca.gov/title8/5199g.html

6.3 California code of Regulations, Title 8. Industrial Relations, Division 1. Department of Industrial Relations, Chapter 4. Division of Industrial Safety, Subchapter 7. General Industry Safety Orders, Group 16. Control of Hazardous Substances, Article 107. Dusts,

Pioneers Memorial Healthcare District **ANNUAL REVIEW**

Title: **Aerosol Transmission Plan (ATP)**	Policy No. CLN-02378
	Page 18 of 19
Current Author: Angela McElvany	Effective: 3/17/2011
Latest Review/Revision Date: 12/5/2023	Manual: Clinical / Infection Control

Fumes, Mists, Vapors and Gases, Section 5144. Respiratory Protection at work http://www.dir.ca.gov/Title8/5144.html

6.3.1 Attachment A: Fit Testing Procedure http://www.dir.ca.gov/Title8/5144a.html

6.3.2 Attachment C: Respirator Medical Evaluation Questionnaire http://www.dir.ca.gov/Title8/5144c.html

6.4 California Department of Health Services

6.5 Centers for Disease Control and Prevention, 2007Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings https://www.cdc.gov/hicpac/pdf/isolation/isolation2007.pdf

6.6 Centers for Disease Control and Prevention, Guideline for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005 http://www.cdc.gov/mmwr/PDF/rr/rr5417.pdf

6.7 Loeb, Mark, MD, MSc, et al. Surgical Mask vs. N95 Respirator for Preventing Influenza Among Health Care Workers, JAMA. 2009; 302(17) (doi:10.1001/jama.2009.1466) http://jamanetwork.com/journals/jama/fullarticle/184819

6.8 10/7/2009 California Code of Regulations, Title 8. Industrial Relations, Division 1. Department of Industrial Relations, Chapter 4. Division of Industrial Safety, Subchapter 7. General Industry Safety Orders

6.8.1 Section 5199. Aerosol Transmissible Disease/Pathogens www.dir.ca.gov/Title8/5199.html

6.8.2 Attachment A: http://www.dir.ca.gov/title8/5199a.html California Code of Regulations, Title 8. Industrial Relations, Division 1. Department of Industrial Relations, Chapter 4. Division of Industrial Safety, Subchapter 7. General Industry Safety Orders Group 16. control of Hazardous Substances, Article 107. Dusts, Fumes, Mists, Vapors and Gases, Section 5144. Respiratory Protection http://www.dir.ca.gov/Title8/5144.html

6.9 California Department of Health Services

6.10 California Association of Health Facilities, Model Respiratory Protection Program, June, 2009. http://www.cahfdownload.com/cahf/dpp/CAHF_MRPP.pdf

6.11 Centers for Disease Control and Prevention, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in healthcare Settings https://www.cdc.gov/hicpac/pdf/isolation/isolation2007.pdf

6.12 Centers for Disease Control and Prevention, Guideline for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005 http://www.cdc.gov/mmwr/PDF/rr/rr5417.pdf

7.0 Attachment List:

7.1 Attachment A – Aerosol Transmissible Pathogens

7.2 Attachment B – Respiratory Medical Evaluation Questionnaire

7.3 Attachment C1 – Consent/Decline MMR Vaccination

7.4 Attachment C2- Consent/Decline Influenza Vaccination

7.5 Attachment D – Aerosol Transmissible Pathogens Laboratory/Mandatory

Pioneers Memorial Healthcare District **ANNUAL REVIEW**

Title: **Aerosol Transmission Plan (ATP)**	Policy No. CLN-02378
	Page 19 of 19
Current Author: Angela McElvany	Effective: 3/17/2011
Latest Review/Revision Date: 12/5/2023	Manual: Clinical / Infection Control

8.0 Summary of Revisions:

8.1 Removed mandatory source masking from 5.4.1 – Exception-Current COVID-19 pandemic requires the use of a procedure or surgical mask (unless higher protection is indicated) for all staff and patients that are over two years of age and able to safely tolerate as a means of source control. Patients who are alone in rooms do not need to wear a mask unless otherwise indicated.

8.2 Added “Cal-OSHA standards” to 5.14.1 for clarification.

8.3 Removed attachment E regarding 2010-2011 influenza season.

8.4 Reorganized/Clarified attachment titles.

8.5 Updated/removed outdated references

Pioneers Memorial Healthcare District

Title: Aerosol Transmissible Diseases/Pathogens: Appendix A	Policy No.
	Page 1 of 2
Current Author: Angela McElvany	Effective:
Latest Review/Revision Date:12/5/2023	Manual:

Collaborating Departments:		Keywords:		
Approval Route: List all required approval				
MARCC	PSQC	Other:		
Clinical Service _____		MSQC	MEC	BOD

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

Aerosol Transmissible Diseases/Pathogens:

This appendix contains a list of diseases and pathogens which are to be considered aerosol transmissible pathogens for the purpose of Section 5199. Employers are required to provide the protections required by Section 5199 regarding airborne infectious diseases or pathogens for those pathogens and diseases listed below under "Airborne Infectious Diseases/Pathogens"

Airborne Infectious Diseases/Pathogens:

Aeorosolizable spore-containing powder or other substance that is capable of causing serious human disease, e.g.
Anthrax/Bacillus anthracis
Avian influenza/Avian influenza A viruses (strains capable of causing serious disease in humans)
Varicella disease (chickenpox, shingles)/Varicella zoster and Herpes zoster viruses, disseminated disease in any patient
Localized disease in immunocompromised patient until disseminated infection ruled out
Measles (rubeola)/Measles virus
Monkeypox/Monkeypox virus
Novel or unknown pathogens
Severe acute respiratory syndrome (SARS) SARS- associated corona virus (SARS-CoV)
Smallpox (variola)/Variola virus (see vaccine for management of vaccinated persons)
Tuberculosis (TB)/Mycobacterium tuberculosis-Extrapulmonary, draining lesion; Pulmonary or laryngeal disease, confirmed: Pulmonary or laryngeal disease, suspected
Any other disease for which the CDC or CDPH recommends airborne infection isolation

Droplet Precautions
Diphtherial/Corynebacterium diphtheriae – pharyngeal
Epiglottis's, due to Haemophilus influenza type b
Group A Streptococcal (GAS) disease (strep throat, necrotizing fasciitis, impetigo)/Group A streptococcus
Haemophilus influenza Serotype b (Hib) disease/Haemophilus influenzea serotype b – Infants and children
Influenza, human (typical seasonal variations)/influenza viruses
Meningitis
Haemophilus influenzea, type b known or suspected

Pioneers Memorial Healthcare District

Title: Aerosol Transmissible Diseases/Pathogens: Appendix A	Policy No.
	Page 2 of 2
Current Author: Angela McElvany	Effective:
Latest Review/Revision Date:12/5/2023	Manual:

Neisseria Meningitidis (meningococcal) known or suspected
Meningococcal disease/Neisseria Meningitidis: sepsis, pneumonia (see also meningitis)
Mumps (infectious parotitis)/Mumps virus
Mycoplasmal pneumonia/Mycoplasma pneumoniae
Parvovirus B19 infection (Erythema infectiosum, fifth disease)/Parvovirus B19
Pertussis (whooping cough)/Bordetella pertussis
Pharyngitis in infants and young children/Adenovirus, Orthomyxoviridae, Epstein-Barr virus, Herpes simplex virus
Pneumonia
Adenovirus
Chlamydia pneumoniae
Mycoplasma pneumoniae
Neisseria meningitidis
Streptococcus pneumoniae
Pneumonic Plague/Yeresinia pestis
Rubella virus infection (German measles) (also see congenital rubella)/Rubella virus
Scarlet fever in infants and young children/ Group A streptococcus, Serious invasive disease
Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses, and Hantaviruses (airborne infection isolation and respirator use may be required for aerosol-generating procedures)
Any other disease for which the CDC or CDPH recommends droplet precautions

PIONEERS MEMORIAL HEALTHCARE DISTRICT
RESPIRATORY PROTECTION
EVALUATION QUESTIONNAIRE
Attachment B – Aerosol Transmission Plan

Employee: Complete questionnaire for scheduling of fit test. Fit testing is required annually. *Failure to complete this requirement will result in removal from the work schedule.*

INSTRUCTIONS: Employee, please complete Sections A and B—type or print clearly.

Evaluations are based on the employee's ability to use the following particulate respirators:

- 3M 9205 Particulate Respirator
- 3M 1870+, 1870 N-95 Particulate Respirator
- PAPR (Powered Air Purifying Respirator)
- 3M 1860R & 1860S Particulate Respirator
- Moldex 1510 XSmall
- Other_____

SECTION A

NAME (Last) **PRINT** (First) (Middle)	SOCIAL SECURITY NUMBER (Last 4 numbers only)
Department:	XXX – XX - _____

HEIGHT	WEIGHT	GENDER	AGE	TODAY'S DATE
Feet _____ Inches _____	Pounds _____	Male _____ Female_____	(To nearest year)	

DAY TIME PHONE (include area code)	Have you ever used a respirator? Check Yes or No. _____Yes _____No

SECTION B

Read the question and check the appropriate box.	YES	NO
1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month?	( )	( )
a. Have you ever had any of the following Conditions?		
b. Seizures (fits)	( )	( )
c. Diabetes (sugar disease)?	( )	( )
d. Allergic reactions that interfere with your breathing?	( )	( )
Claustrophobia (fear of closed-in-places)?	( )	( )
e. Trouble smelling odors?	( )	( )
3. Have you ever had any of the following Pulmonary or lung problems:		
a. Asbestosis?	( )	( )
b. Asthma?	( )	( )
c. Chronic Bronchitis	( )	( )
d. Emphysema?	( )	( )
e. Pneumonia?	( )	( )
f. Tuberculosis	( )	( )
g. Silicosis	( )	( )
h. Pneumothorax (collapsed lung)?	( )	( )
i. Lung Cancer	( )	( )
j. Broken ribs	( )	( )
k. Any chest injuries or surgeries?	( )	( )
l. Any other lung problem that you've been told about? If yes, describe below.	( )	( )

_____

4. Do you currently have any of the following symptoms of pulmonary or lung illness?	**YES**	**NO**
a. Shortness of breath?	( )	( )
b. Shortness of breath when walking fast on		
c. Level ground or walking up a slight hill or incline.	( )	( )
d. Shortness of breath when walking with		
e. Other people at an ordinary pace on level ground?	( )	( )
f. Have to stop for breath when walking at		
g. Your own pace on level ground?	( )	( )
h. Shortness of breath when washing or dressing yourself?	( )	( )
i. Shortness of breath that interferes with your job?	( )	( )
j. Coughing that produces phlegm (thick Sputum)?	( )	( )
k. Coughing that wakes you early in the morning?	( )	( )
l. Coughing that occurs mostly when you are lying down?	( )	( )
m. Coughing up blood in the last month?	( )	( )
n. Wheezing?	( )	( )
o. Wheezing that interferes with you job?	( )	( )
p. Chest pain when you breathe deeply?	( )	( )
q. Any other symptoms that you think may		
r. Be related to lung problems?	( )	( )

If yes, describe below:

_____
_____
_____
_____

PIONEERS MEMORIAL HEALTHCARE DISTRICT
RESPIRATORY PROTECTION
EVALUATION QUESTIONNAIRE
Attachment B – Aerosol Transmission Plan

5. Have you ever had any of the following cardiovascular or heart problems?	**Yes**	**No**
a. Heart attack?	( )	( )
b. Stroke?	( )	( )
c. Angina?	( )	( )
d. Heart failure	( )	( )
e. Swelling in your legs or feet (not		
f. caused by walking)	( )	( )
g. Heart arrhythmia (heart beating irregularly?	( )	( )
h. High blood pressure?	( )	( )
i. Any other heart problem that you've		
Informed of?	( )	( )

If yes, describe below:

_____
_____

6. Have you ever hand any of the following Cardiovascular or heart symptoms:	**Yes**	**No**
a. Frequent pain or tightness in your chest?	( )	( )
b. Pain or tightness in your chest during activity?	( )	( )
c. Pain or tightness in your chest that interferes with your job?	( )	( )
d. In the past two years have you noticed your heart skipping or missing a beat?	( )	( )
e. Heartburn or indigestion that is not related to eating?	( )	( )
f. Any other symptoms that you think may be related to heart or circulation problems?	( )	( )

If yes, describe below:

_____
_____
_____
_____

7. Do you currently take medication for any of the following problems:		
a. Breathing or lung problems?	( )	( )
b. Heart trouble?	( )	( )
c. Blood pressure?	( )	( )
d. Seizures (fits)?	( )	( )

8. If you have ever used a respirator (i.e. TB mask), answer the following questions. If you have never used a respirator, proceed to question 9.

Type(s) of respirators used: _____

_____

Have you ever had any of the following problems associated with the use of a respirator?

a. Eye irritation?	( )	( )
b. Skin allergies or rashes?	( )	( )
c. Anxiety?	( )	( )
d. General weakness or fatigue?	( )	( )
e. Any other problem that interfered with the use of a respirator?	( )	( )

If yes, describe below: _____

_____

9. Have you had a pulmonary function test before?

Yes	**No**
( )	( )

If yes, when? _____
If yes, where? _____

10. Have you had any changes in the past year in your	**Yes**	**No**
a. Health	( )	( )
b. Weight	( )	( )
c. Face shape	( )	( )
d. Other	( )	( )

Explain:

_____
_____
_____

To the best of my knowledge *I Have* ( ) *Have No* ( ) medical condition that would interfere with wearing an N-95 respirator. I understand that heart disease, high blood pressure, or lung disease may require specific medical evaluation by a physician before safe use of a respirator can be determined.

Signature: _____

Department: _____

Date: _____

Pioneers Memorial Healthcare District
207 W. Legion Road
Brawley, CA 92227
760-351-3245 Fit Testing

PIONEERS MEMORIAL HEALTHCARE DISTRICT

Measles, Mumps, & Rubella Vaccine Consent/Declination

MMR vaccine can prevent measles, mumps, & rubella. MMR can spread through the sneezes and coughs of infected persons. **Measles (rubeola)**causes fever, cough, runny nose and a rash that covers the entire body. It can lead to seizures and pneumonia. **Mumps** causes fever, headache, muscle aches, swollen and tender salivary glands under the ears. It can lead to deafness, swelling of the brain and swollen testicles/ovaries. **Rubella** causes fever, sore throat, rash, headache, and eye irritation. It can cause arthritis in teenage and adult women, if a person becomes infected with Rubella while pregnant, it can lead to miscarriage or birth defects.

CONSENT: I have read the information on Measles, Mumps, & Rubella (MMR) Virus Vaccine and have had the opportunity to ask questions. I understand the benefits and risks of MMR virus vaccination. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from it, I request that it be given to me.

_____

Print Name Signature Date

Date Vaccinated	*Site*	*Manufacturer*	*Lot/Expiration Date*	*Administered/Title*
#1				
#2				

***DECLINE*:** I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with **Measles, Mumps, & Rubella** (MMR). I have been given the opportunity to be vaccinated against this disease or pathogen at no charge to me. However, **I decline this vaccination at this time**. I understand that by declining this vaccine, I continue to be at risk of acquiring, a serious disease. If in the future I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

_____

Print Name Signature Date

PIONEERS MEMORIAL HEALTHCARE DISTRICT

Declination of Influenza Vaccination 2023-2024

Name:	**Date of Birth:**
Department:	**Position/Title:**
□ Hospital □ SNF □ Physician/Midlevel Provider □ Student □ Volunteer □ Traveler/Contract	

My employer or affiliated health facility, **Pioneers Memorial Healthcare District**, has recommended that I receive influenza vaccination to protect the patients I serve.
I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills thousands of people in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare workers to protect this facility's patients from influenza, its complications, and death.
- If I contract influenza, I can shed the virus for 24 hours before influenza symptoms appear. My shedding the virus can spread influenza to patients in this facility.
- If I become infected with influenza, I can spread severe illness to others even when my symptoms are mild or non-existent.
- I understand that the strains of virus that cause influenza infection change almost every year and, even if they don't change, my immunity declines over time. This is why vaccination against influenza is recommended each year.
- I understand that I cannot get influenza from the influenza vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including
  - all patients in this healthcare facility
  - my coworkers
  - my family
  - my community

Despite these facts, I am choosing to decline influenza vaccination right now for the following reasons:

If NO, please check all the following that apply:

☐ a. Fear of injection (sore arm, tenderness)

☐ b. Fear of getting influenza from the vaccine

☐ d. Medical Contraindication

☐ e. Other, specify:

_____

_____

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring **seasonal influenza**. I have been given the opportunity to be vaccinated against this infection at no charge to me. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at increased risk of acquiring **influenza.** If, during the season for which the CDC recommends administration of the influenza vaccine, I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.. **I also understand that if I decline to receive the influenza vaccine (regardless of the reason) that I will be required to wear a mask while working in the organization, with the exception of restrooms, staff lounges (while on a designated break), and the cafeteria.**
I have read and fully understand the information on this declination form.

Signature: _____

Date: _____

Reference: CDC. Prevention and Control of Influenza with Vaccines—

Recommendations of ACIP at www.cdc.gov/flu/professionals/acip/index.htm

www.immunize.org/catg.d/p4068.pdf • Item #P4068 (10/11)

Technical content reviewed by the Centers for Disease Control and Prevention, October 2011.
Immunization Action Coalition • 1573 Selby Ave. • St. Paul, MN 55104 • (651) 647-9009 • www.immunize.org • www.vaccineinformation.org

PIONEERS MEMORIAL HEALTHCARE DISTRICT

2023-2024 Influenza Vaccine Consent

(Please Print Clearly)

Return form to Human Resources/Employee Health

Name:	**Date of Birth:**
Department:	**Position/Title:**
□ Hospital □ SNF □ Physician/Midlevel Provider □ Student □ Volunteer □ Traveler/Contract	

Yes	No	(1-3 Permanent Contra-indications)
☐	☐	1. Are you allergic to eggs or egg products?
☐	☐	2. Have you ever had Guillian-Barre Syndrome?
☐	☐	3. Have you ever had an anaphylactic reaction to the influenza vaccine?

☐ **Yes, I would like to have the influenza vaccination given to me**

☐ *I have had the flu shot already this year.* (Must provide proof)*

☐ I am not able to receive the flu shot due to permanent contraindication 1 – 3 above.

X _____

Signature **Date**

For Healthcare Provider Use Only

Vaccine Manufacturer: Lot #: Expires:

Site: ☐ Left deltoid ☐ Right deltoid Dose: 0.5ml VIS:

Signature: (**RN / LVN**) Date:

Pioneers Memorial Healthcare District

Title: Aerosol Transmissible Plan Attachment D	Policy No.
	Page 1 of 4
Current Author:	Effective:
Latest Review/Revision Date:12/5/2023	Manual:

Collaborating Departments:		Keywords:		
Approval Route: List all required approval				
MARCC	PSQC	Other:		
Clinical Service _____		MSQC	MEC	BOD

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

Aerosol Transmissible Pathogens – Laboratory (Mandatory)

This appendix contains a list of agents that, when reasonably anticipated to be a laboratory to comply with Section 5199 for laboratory operations by performing a risk assessment and establishing a biosafety plan that includes appropriate control measures as identified in the standard.

Adenovirus (in clinical specimens and in cultures or other materials derived from clinical specimens)
Arboviruses, unless identified individually elsewhere in this list (large quantities of high concentrations of Arboviruses for which CDC recommends BSL-2,e.g., dengue virus; potentially infectious clinical materials, infected tissue cultures, animals, or arthropods involving Arboviruses for which CDC recommends SL-3 or higher, e.g., Japanese encephalitis, West Nile virus, Yellow Fever)
Arenaviruses: (large quantities or high concentrations of arenaviruses for which CDC recommends BSL-2, e.g., Pichinde virus; potentially infectious clinical materials, infected tissue cultures, animals, or arthropods' involving arenaviruses for which CDC recommends BSL-3 or higher, e.g., Flexal virus)
Bacillus anthracis – (activities with high potential for aerosol production, large quantities or high concentrations, screening environmental samples from anthracis – contaminated locations)
Blastomyces dematitidis: (sporulating mold-form cultures, processing environmental materials known or likely to contain infectious conidia)
Bordetella pertussis (aerosol generation, or large quantities or high concentrations)
Brucella abortus, B. canis, B. 'maris', B melitensis, B Suis: (cultures, experimental animal studies, products of conception containing or believed to contain pathogenic Brucella spp.)
Burkholderia mallei, B. pseudomallei: (potential for aerosol or droplet exposure, handling infected animals, large quantities or high concentrations)
Cercopithecine herpes virus: (see Herpes virus simiae)
Chlamydia pneumoniae: (activities with high potential for droplet or aerosol production, large quantities or high concentrations)
Chlamydia psittaci (activities with high potential for droplet or aerosol production, large quantities or high concentrations, non-avian strains, infected caged birds, necropsy of infected birds and diagnostic examination of tissues or cultures known to contain or be potentially infected with C. psittaci strains of avian origin)
Chlamydia trachomatis: (activities with high potential for droplet or aerosol production, large quantities or high concentrations, cultures of lymphogranuloma venereum (LGV) serovars, specimens known to likely to contain C. trachomatis)
Clostridium botulinum: (activities with high potential for aerosol or droplet production, large quantities or high concentrations)

Pioneers Memorial Healthcare District

Title: Aerosol Transmissible Plan Attachment D	Policy No.
	Page 2 of 4
Current Author:	Effective:
Latest Review/Revision Date:12/5/2023	Manual:

Coccidioides immitis, C posadasii (sporulating cultures, processing environmental materials known or likely to contain infectious arthroconidia, experimental animal studies involving exposure by the intranasal or pulmonary route)
Corynebacterium Diphtheriae
Coxiella burnetti: (inoculation, incubation, and harvesting of embryonated eggs or cell cultures; experimental animal studies, animal studies with infected arthropods, necropsy of infected animals, handling infected tissues)
Crimean-Congo hemorrhagic fever virus
Cytomegalovirus, human; viral production , purification, or concentration)
Eastern equine encephalomyelitis virus (EEEV): (clinical materials, infectious cultures, infected animals or arthropods)
Ebola Virus
Ebstein-Barr virus: (viral production, purification, or concentration)
Escherichia coli, shiga toxin-producing only: (aerosol generation or high splash potential)
Flexal virus
Francisella tularensis: (suspect cultures including preparatory work for automated identification systems, experimental animal studies, necropsy of infected animals high concentrations of reduced-virulence strains)
Guanarito virus
Haemophilus influenzea, type b
Hantaviruses: (serum or tissue from potentially infected rodents, potentially infected tissues, large quantities or high concentrations, cell cultures, experimental studies)
Helicobacter pylori: (homogenizing or vortexing gastric specimens)
Hemorrhagic fever: specimens from cases thought to be due to dengue or yellow fever viruses or which originate from areas in which communicable hemorrhagic fever are reasonably anticipated to be present
Hendra virus:
Hepatitis B, C, and D viruses: (activities with high potential for droplet or aerosol generation, large quantities or high concentrations of infectious materials)
Herpes simplex virus 1 and 2
Herpes virus simiae B-virus): consider for any material suspected to contain virus, mandatory for any material known to contain virus, propagation for diagnosis cultures)
Histoplasma capsulatum: (sporulating mold-form cultures, propagating environmental materials known or likely to contain infectious conidia)
Human herpes viruses 6A, 6B, 7, and 8: (viral production, purification, or concentration)
Influenza virus, non-contemporay human (H2N2) strains: 1918 influenza strain, highly pathogenic avian influenza (HPAI) (large animals infected with 1918 strain and animals infected with HPAI strains in ABSL-3 facilities, loose-housed animals infected with HPAI strains in BSL-3-Ag facilities)
Influenza virus, H5N1: human, avian
Junín virus
Kyasanur forest disease virus
Lassa fever virus
Legionella pneumophilia, other legionella-like agents: (aerosol generation, large quantities or high concentrations)

Pioneers Memorial Healthcare District

Title: Aerosol Transmissible Plan Attachment D	Policy No.
	Page 3 of 4
Current Author:	Effective:
Latest Review/Revision Date:12/5/2023	Manual:

Lymphocytic choriomeningitis virus (LCMV): (field isolates and clinical materials from human cases, activities with high potential for aerosol generation, large quantities or high concentrations, strains lethal to nonhuman primates, infected transplantable tumors, infected hamsters)
Machupo virus
Marburg virus
Measles virus
Monkeypox virus: (experimentally or naturally infected animals)
Mumps virus
Mycobacterium tuberculosis complex: M. aftricanum, M. bovis, M. caprae, M. microti, M. pinnipedii, M. tuberculosis (aerosol-generating activities with clinical specimens, cultures, experimental animal studies with infected nonhuman primates)
Mycobacterium spp. Other than those in the M. tuberculosis complex and M. leprae: (aerosol generation)
Neisseria gonorrhoeae: (large quantities or high concentrations, consider for aerosol or droplet generation
Neisseria meningitidis: (activities with high potential for droplet or aerosol production, large quantities of high concentration)
Nipah virus
Omsk hemorrhagic fever virus
Parvovirus B19
Prions: (bovine spongiform encephalopathy prions, only when supported by a risk assessment)
Rabies virus, and related lyssaviruses: (activities with high potential for droplet or aerosol production, large quantities or high concentrations)
Retrovirus, including Human and Simian Immunodeficiency viruses (HIV and SIV): (activities with high potential for aerosol or droplet production, large quantities or high concentrations)
Rickettsia prowazekii, Orientia (Rickettsia) tsutsuagmushi, R. typhi (R. mooseri), Spotted Fever group agents (R.australis, R. conorii, r. japonicum, r. rickettsii, and R. siberica): (known or potentially infectious materials; incubation, and harvesting of embryonated eggs or cell cultures; experimental animal studies with infected arthropods)
Rift valley fever virus (RVFV)
Rubella virus
Sabia virus
Salmonella spp. Other than S. typhi: (aerosol generation or high splash potential)
Salmonella typhi: (activities with significant potential for aerosol generation, large quantities)
SARS coronavirus: (untreated specimens, cell cultures, experimental animal studies)
Shigella spp.: (aerosol generation or high splash potential)
Streptococcus spp., group A
Tick-borne encephalitis viruses: (Central European tick-borne encephalitis, Far Easter tick-borne encephalitis, Russian spring and summer encephalitis)
Vaccinia virus
Varicella zoster virus
Variola major virus (smallpox virus)
Variola minor virus (Alastrim)

Pioneers Memorial Healthcare District

Title: Aerosol Transmissible Plan Attachment D		Policy No.
		Page 4 of 4
Current Author:		Effective:
Latest Review/Revision Date:12/5/2023	Manual:	

Venezuelan equine encephalitis virus (VEEV): (clinical materials, infectious cultures, infected animals or arthropods)
West Nile virus (WNV): (dissection of field-collected dead birds, cultures, experimental animals or arthropods)
Western equine encephalitis virus (WEEV): (clinical materials, infectious cultures, infected animals or arthropods)
Yersinia pesis: (antibiotic resistance strains, activities, with high potential for droplet or aerosol production, large quantities or high concentrations, infected arthropods, potentially infected animals.
*'Large quantities or a high concentration' refers to volumes or concentrations considerably excess of those typically used for identification and typing activities. A risk assessment must be performed to determine if the quantity or concentration to be used carries and increased risk, and would therefore require aerosol control.
**'activities with high potential for aerosol generation' include centrifugation

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

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 5:00 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
Carly Loper, CFO
Carol Bojorquez, CNO
Sally Nguyen, General Counsel

GUESTS:
Carly Zamora, CCO
John Grass, Imperial Valley Coalition for Sustainable Healthcare Facilities

B. Approval of Agenda

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

II. BOARD MEMBER COMMENTS

Director Rubin advised that she was at PMH ER last Wednesday with family member and they were delighted with the care provided by the nurses and physicians. She also received positive feedback from a friend regarding the excellent care they received.

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)*

Mr. John Grass, member of the Imperial Valley Coalition for Sustainable Healthcare

Facilities, read a letter to the Board of Directors. The letter is attached to the bottom of these minutes.

Ms. Kay Day Pricola noted that her husband was at PMHD to have a procedure and they received great service across the board from the surgeon to the nurses who took great care of him.

Director Santillan expressed her thanks to the Coalition for their hard work and efforts in making sure that healthcare services continue in the Imperial Valley.

Mr. Ryan Kelley addressed the Board. He noted that he is not bound by the mediation that took place regarding both hospitals. The mediation held by the County was between all parties (ECRMC, PMHD, HMHD and LAFCO) who agreed that the most efficient, inexpensive, and best path forward was an expansion of Pioneers Memorial Healthcare District. Mr. Kelley stated that he would say it again if anyone wishes to challenge him on that. He also recommended that Pioneers continue with their application with LAFCO, so it is documented what actions were taken.

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

Ms. Loper reported that the average daily census for February was 62 compared to January which was 59. Prior year, at the same time, it was at 57. Due to the high census, there was an increase in staffing costs, but also an increase in revenues. The bottom line had a profit of $752,000 for the month of February. Fiscal year-to-date has a profit of $8.7 million compared to 2023 YTD in February, which was a $7 million dollar loss. Days cash on hand decreased to 81.6 days. This was due to the District paying the IGT funds in February; which should result in us receiving back about $13 million. The first CHFFA loan was paid in March of $1.5 million and there will be another loan paid in April. Ms. Loper advised that she prepared a balance sheet comparing PMHD and ECRMC, but some of her notes were not printed out. The Board provided feedback and she will revise the balance sheet. Ms. Kay Day Pricola mentioned that a lot of the public is concerned about ECRMC's pension fund. Members of ECRMC staff have said that it is fully funded, but their CFO showed at the last IVHD meeting that it is only 59% funded. She asked if PMHD's is the same. Ms. Loper advised that PMHD's retirement plan is different; it's not a pension fund. The District puts in funds into a retirement 401a and 457b on a monthly basis. For ECRMC's pension to be fully funded, the employees would have to not withdraw all at the same time, rather wait until each employee reaches their time for their retirement. A motion was made to approve the finance report by Director Aguirre, seconded by Director Berker. **The motion was unanimously carried.**

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
   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

ITEM C – Director Berker wanted to make sure that the surgeons have been asked if they still need this equipment or not. Ms. Bojorquez will direct the OR Director to verify with the physicians to make sure that the equipment is obsolete.

ITEM D – Bluesight is the software that will help the pharmacy and the Controlled Substance Surveillance Team to make sure there is no diversion of medications. This will do away with the manual process that is currently in place.

A motion was made to approve items A through K, with direction to CNO to check with physicians on item C, by Director Aguirre, seconded by Director Berker. **The motion was unanimously carried.**

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)*

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

The Board decided in closed session to continue with the LAFCO application.

VIII. 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, March 26, 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:	**STAFF:**
Katy Santillan, President	Chris Bjornberg, CEO
Enola Berker, Vice President	Carly Loper, CFO
Rachel Fonseca, Secretary	Carol Bojorquez, CNO
Linda Rubin, Treasurer	Ramaiah Indudhara, MD, Chief of Staff
Nick Aguirre, Asst. Secretary/Treasurer	Sally Nguyen, General Counsel

GUESTS:
Carly Zamora, CCO
Charity Dale, CHRO
Melissa Ramirez, Director of Marketing & Public Relations

B. Approval of Agenda

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

II. BOARD MEMBER COMMENTS

Director Rubin requested that the Board be sent an email notification prior to when CEO will not be at PMHD. Mr. Bjornberg advised he will send an email notification a week before he is to be off campus.

Director Santillan requested that the Board entertain the idea of going back to one meeting per month and start earlier in the day with closed session. Ms. Smith and Ms. Nguyen were asked to make revisions to the PMHD bylaws and bring them to the Board for consideration at the April Board meeting.

SECTION

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: 5:30 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 highlighted some of the issues in the clinical setting. The surgery committee had a discussion and approval of robotic assist privileges. There were discussions regarding physician training on Cerner. There are some issues, but they are being worked on. Director Santillan asked why some physicians were listed as "failure to reappoint". Doctor Indudhara advised this could be due to the physicians not turning in all of the required credentialing documentation or did not renew application. MSQC had a lot of policies to consider and MEC expressed concerns that there is not enough time to review policies. This concern is being addressed. Ms. Bojorquez reported that policies are sent out via email for collaboration and this collaboration includes physicians. The policy is attached in MS Word for them to make any revisions. Some directors print out the policy as some physicians prefer a hard copy. Ms. Bojorquez noted that the Director of the Medical Staff office is aware of the process and will reiterate to the physicians. Doctor's Day falls on March 30th; therefore, the General Medical Staff meeting, which is scheduled on March 28th, will be hosting a dinner and the Board is invited to attend. A motion was made to approve the medical staff report by Director Berker, seconded by Director Fonseca. **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. Antimicrobial Stewardship
   2. Hazardous Drug Handling
   3. Per Diem Program

The Per Diem Program policy will be deferred as further work needs to be done on this policy. A motion was made to approve policy #1 and #2 by Director Berker and seconded by Director Fonseca. **The motion was unanimously carried.**

B. Update Reports
   1. Women's Auxiliary

Director Rubin advised that the Auxiliary is still holding their meetings and they are planning a mini-Attic Treasures event. This event will be sometime in the Fall and their focus will be funding for the OB and NICU departments.

2. LAFCO

The LAFCO meeting will be on Thursday at 8:30 am. It will not be available virtually.

C. Human Resources Report

Ms. Dale noted that the new HR report lists what projects HR is currently working on and their status. It breaks down how many participants there are at every level of benefits. The report also lists how many staff are on leave and how many volunteers and students we have. Ms. Dale noted that the HR process improvement project is to review and update all the Human Resources policies. They will be reviewing 10 at a time per month until completion. She mentioned that the ADP project is moving along and should be running the first live payroll next week. Because of Cerner, the employee recognition event will be held some time in July. The Board let Ms. Dale know that they like her new report format.

D. Authorize Amendment No. 1 Agreement for Radiology Services with Imperial Valley Radiology Medical Group
Contract Value: $3,225,000/yr.; Contract Term: Three (3) years; Budgeted: No; Budget Classification: Professional Fees

E. Authorize 340B Pharmacy Services Agreement with Rite Aid Hdqtrs. Corp.
Contract Value: estimated $300,000; Contract Term: Three (3) years; Budgeted: N/A; Budget Classification: Revenue

F. Authorize Locum Tenens Coverage Agreement with Alumni Staffing, LLC
Contract Value: based on recruitment; Contract Term: One (1) year; Budgeted: No; Budget Classification: Purchased Services

Item F – Director Fonseca noted that she thought we would no longer be doing locum tenens. It was clarified it was related to the hospitalist contract that we would not be providing again. This agreement is to have it in place if we ever need coverage for any other specialty.

A motion was made to approve items C through F by Director Berker, seconded by Director Fonseca. **The motion was unanimously carried.**

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)

Mr. Bjornberg gave a heads up regarding the agreement he had discussed before with the Board. General Counsel has assisted in cleaning up the terms and will most likely bring it for Board consideration next month. He reported that we've had good response regarding physicians catching up on documentation and the suspension process. A provider group fell behind last week, a letter went out to them, all but two physicians have completed them as of today. As Cerner goes live, there will be a little decline in revenue and A/R days will go up. Mr. Bjornberg advised that there will be a strategic planning training for the department leaders in

May. They will be reviewing the mission, vision and values statement and provide ideas for revision. He mentioned that he would also like to do strategic planning with the Board for at least one year. This will be coming up in the near future and is just making the Board aware. Mr. Bjornberg reported that we are expecting the surveyors to return to the SNF any day now and expect there may be some fines with some of the previous findings. Work is being done to mitigate the issues as much as possible and we are currently looking for a new director of nursing.

2. Hospital operations (Chief Nursing Officer)

Ms. Bojorquez reported that the Average Daily Census for February was 62. For the NICU the census was 4, Pediatrics had 3, OB had 13, and Med/Surg had 13. There were 183 deliveries and 48 c-sections. The average daily visits to the ED were 133 for February compared to 129 in January. The ED is now using the fast-track area, which used to be the old ER, from 10 am to 10 pm. They can see up to eight patients who do not require complex treatment and do not require a lot of work up. There were 106 transfers in the month of February compared to 92 in January. Year-to-date, there have been a total of 198 transfers with the top specialties being GI, Pediatrics and cardiology. There are currently three travelers in Med/Surg; the plan is to be done with travelers by the end of May in this department. This means that the census in Med/Surg will have to be dropped down to 36, which should be fine as the volumes tend to be lower during the summer. There are eight travelers in the OB department currently. A luncheon is being coordinated in May for IVC students that are expected to graduate in June. Staff are also being cross-trained so they can assist in the NICU. There are a lot of nurses interested in cross-training, so we are attempting to meet that need. Director Santillan asked what the census at the SNF was. Ms. Bojorquez noted that the last time she spoke to the Director, he had informed her they had 84 residents.

3. Clinics operations (Chief of Clinic Operations)

Ms. Zamora reported that she is reviewing a lot of different locums/recruitment agreements as different vendors specialize in different types of recruitment. As she reviews what they focus on, she will bring those to the Board that she feels are worth using. The agreement for Dr. Lai is coming up for renewal, so she will be working on that in the next couple of months. The agreement with Dr. Kuraitis is still under review. Ms. Zamora noted that she was made aware that there was an error on the website, and it was updated related to Dr. Hassanein's photo and her name was misspelled. The clinic staff's focus has been Cerner as the go-live date is fast approaching. It was asked how the physicians are doing regarding Cerner. Ms. Zamora stated that the hospitalists, surgeons, and ER providers' training went well. The clinic providers seemed to be distracted easily during the training and may be struggling a bit. Ms. Teague, Ms. Holt, and the IT team are working on one-on-one training sessions with the doctors and those seem to be going a lot better. All twelve scribes are also being trained so they can be on the floor in case the physicians are having issues. Due to Cerner, the clinics will be going to 50% census. The OR will also go to 50% census on Monday and Tuesday of go-live week, then 75% on Wednesday and hope to be 100% by end of week. Mr. Bjornberg mentioned that whether the census is adjusted longer than

the first week will depend on how quickly the physicians adapt to the new system. The physicians need to be comfortable with Cerner before we move back to 100%. Ms. Zamora advised that the community health grant was received so they have three positions for community health workers. Once the Cerner project is done, she will focus on the clinics' financials and working on next year's budget. Director Berker thanked Ms. Zamora for all her hard work.

4. Medical staff (Chief Nursing Officer)

Nothing further to report.

5. Finance (Chief Financial Officer)

Ms. Loper mentioned that not only is the Accounting Office going through the Cerner conversion, but they are also changing the financial system. For this reason, she is requesting the Board's patience as far as receiving reporting from Finance as this will take a few months to adapt to the new systems. Ms. Loper asked if the Board still wanted Ms. Gregoire to provide weekly revenue cycle updates, or can updates be provided once per month? The Board gave the ok to move updates to only once per month. Ms. Loper will let Ms. Gregoire know.

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

Cerner is going live on April 15th. While there may be some staff that still do not believe that this is going to happen, we feel we are ready and there will be no delays to the go-live date.

7. Marketing (Director of Marketing)

Ms. Ramirez reported that the shooting of the commercials will begin next week. Work is being done on new brochures and flyers introducing services and will have physician photos. She will be attending a couple of career fairs in April and the Children's Fair on April 13th. Some staff have volunteered to assist with the Children's Fair. Director Santillan asked if the Employee-Family picnic was being considered for this year. Ms. Dale mentioned that it had not been done for several years, but we are willing to do that event as well. Director Berker asked if all the corrections have been made to the PMHD website. Ms. Ramirez advised that they are almost completed. She is missing three photos to update of two employees and one physician.

8. Facilities, logistics, construction, support

Ms. Bojorquez advised that we are waiting for the final construction approval documentation from HCAI. Once she receives that, she will submit the application to CDPH so they can come and do the survey for the daVinci project. Ms. Loper reported that the consultant for the seismic plan completed their survey and should be providing the report for our review before they submit it to HCAi. May is the target for filing the report with HCAi. Director Aguirre asked if the report would be shared with the public. Ms. Loper advised that it will be determined once we review the report. He mentioned that we want to make sure we are transparent

with reports like Leapfrog. Ms. Loper noted that the statements made by the public that the district gets paid based on Leapfrog scores are incorrect. CMS does not use those scores; they have their own scoring system. Participation in Leapfrog is voluntary and both ECRMC and PMHD do not offer the services that they use for rating hospitals. They score hospitals poorly if they do not participate in their system.

9. Quality resources - (Director of Quality Resources)

Ms. Bojorquez noted that we are currently conducting the employee survey. The goal is to reach 70% or higher. Last year, the goal was 80% but ended with 47% participation. As of today, we are at 52% and staff still have until March 31st to complete the survey. Once the results are received, debriefings will be done with departments.

10. Board matters

There was nothing to report.

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. 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. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION – Initiation of litigation pursuant to paragraph (4) of subdivision (d) of section 54956.9

1. Potential Cases: 1

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

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

SECTION

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

A. Take Actions as Required on Closed Session Matters

A motion was made in closed session to initiate litigation in relation to AB 918 by Director Rubin, seconded by Director Santillan. InFavor=4; Opposed=0; Absent=1

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

The meeting was adjourned to the next meeting.

Clerk of the Board

Board Secretary

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 – March 2024

Overview:

Financial operations for the month of March 2024 resulted in a gain of $267,370 against a budgeted gain of $845,070.

Patient Volumes:

For the month of March, inpatient admissions exceeded budget by 8.7% but fell below the prior month by (6.9%). For the year-to-date period, inpatient admissions are ahead of budget by 18.5% and ahead of the prior year by 22.1%. March inpatient days exceeded budget by 8.7% and fell below the prior month by (3.9%). For the year-to-date period, inpatient days are below budget by (1.8%) but ahead of the prior year by 23.0%.

Newborn deliveries in March fell below the prior month by (5.5%) and fell below the monthly budget by (17.5%). On a year-to-date basis, March deliveries fell below the previous year's volumes but fell below the budget. March ED visits were below February visits by (1.0%) and budget for the month by (7.2%). On a year-to-date basis, March ED visits exceeded the previous year's volumes but fell short of the budget. Surgical case volumes fell below prior month volumes by (1.7%) and the monthly budget by (28.3%). On a year-to-date basis, surgical volumes exceeded the previous year's volumes but fell below budget volumes.

Pioneers Health Center (PHC) visits in March fell below February visits by (0.7%) and exceeded budget by 10.9%. The Calexico Health Center (CHC) volumes exceeded both prior months volumes by 4.4% and budget by 11.4%. The Pioneers Children's Health Center (PCHC) volumes fell below prior month volumes by (16.4%) and fell below the monthly budget by (37.0%).

Hospital outpatient volumes i.e., Lab, Imaging, Respiratory and other services exceeded prior months volumes by 3.1% and below the monthly budget by (6.3%). On a year-to-date basis, outpatient volumes are consistent with both budget and prior year volumes.

For the month of March, Pioneers Memorial Skilled Nursing Center (PMSNC), *formerly Imperial Heights Health and Wellness Center*, increased from the prior month's inpatient days by 5.4% with 2,668 inpatient days in March compared to 2,668 inpatient days in February. PMSNC had an average daily census (ADC) of 86.0 for the month of March.

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	173	210	189	1,671	1,727	1,451
E/R Visits	4,032	4,347	3,942	34,967	35,425	35,345
Surgeries	291	406	380	2,654	3,136	2,587
GI Scopes	71	27	44	716	369	387
Calexico RHC	803	721	970	7,171	8,677	8,156
Pioneer Health	2,870	2,589	3,271	26,314	28,358	27,620
Children's RHC	596	946	821	6,976	7,496	7,387
O/P Visits	5,179	5,527	5,556	46,219	46,289	46,247

Gross Patient Revenues:

In March, gross inpatient revenues exceeded budget by 5.8% while outpatient revenues surpassed budget by 2.28%.

Net operating revenues (Gross revenues less contractual deductions) were below the monthly budget by ($1.3 M or 9.3% but fell below the prior month's revenues by ($700k or 5.3%).

Operating Expenses:

In total, March ~~February~~ operating expenses were lower than budget by $6,996 or .05% and higher than February by $404,910 or 3.08% . Staffing expenses, which include Salaries, Benefits and Contract Labor were under budget by $331,872 or 4.42%. Non-salary expenses, which include Supplies, Professional Fees, Purchased Services and Other were higher than budget by $324,876 or 5.43 %.

Below is a summary table of expenses compared to budget.

Exp. Category	Actual	Budget	Var.	Comment
Salaries	5,803	5,705	-1.7%	Over Budget
Benefits	1,105	1,631	32.3%	Under Budget
Contract Labor	262	166	-58%	Over Budget; contract nursing
Pro Fees	1,276	1,201	-6.2%	Under Budget
Supplies	1,689	1,656	-2.0%	Under Budget
Purchased Serv	898	695	-29.2%	Over Budget
Other Operating	836	870	3.9%	Under Budget

Advertising Costs:

Advertising expenditure in March was $3,042 against a budget of $14,974. The year-to-date actual is $38,184 against a budget of $134,766. Below is a breakdown of advertising expenditure by type for the year-to-date.

H.R. and Recruiting:	$0
Newspaper Advertising:	$3,042
Radio and TV:	$0
Billboard:	$0
TOTAL Expenditures:	$3,042

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)
end of March 2024: $38,803,935(94.6 days cash on hand)

For the month of March, total cash receipts equaled $19,121,700 while total disbursements equaled $13,405,076. 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 $7,757,952 against a budgeted gain of $2,597,115, which is a favorable result compared to the prior year-to-date loss of ($5,538,103).

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	Mar 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	11,061,917
IP Medicare Electronic Payment		(799,247)	(919,225)	(634,747)	(1,184,289)	(1,202,931)	(951,436)	(1,392,096)	(1,408,820)	(1,319,917)
PIP Payment		845,936	897,288	897,288	1,345,932	897,288	897,288	937,288	839,958	782,628
Medicare ROE Pass Thru		61,936	61,936	61,936	92,904	61,936	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	8,314,679
Other Non-patient PC Receipts		6,408	48,661	10,308	49,033	26,711	37,880	56,807	29,903	5,953
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	18,907,195
Physicians Collections		202,787	200,809	161,512	224,972	193,601	169,907	218,964	164,089	116,420
Other Non-patient Receipts		34,617	98,129	29,217	122,735	73,537	139,571	143,350	101,305	98,086
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	19,121,700
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	3,710,400
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	1,446,759
Health EE Expense (Blue Shield/Flex)		893,226	973,209	746,864	1,069,360	761,335	746,424	1,201,554	736,109	666,833
Pension- Employees' contribution		246,684	360,167	240,369	226,529	290,382	228,738	386,699	271,936	241,534
Pension- Employer's Share Qrtly		416,228	0	0	352,233	0	0	357,096	0	0
Capital Expenses/CIP		0	770	5,758	18,870	62,689	3,613	8,000	156,677	3,000
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	7,271,291
IGT Payment		0	0	0	395,987	0	0	0	4,113,636	0
Others		68,439	73,812	67,316	66,190	60,539	64,840	94,257	59,310	65,259
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	13,405,076
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)	5,716,625
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	$38,803,936

PIONEERS MEMORIAL HOSPITAL **PAGE 4**

09 Mos 06/30/24

	Current Month 03/31/2024	Year-To-Date 09 Months 03/31/2024
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	$267,370	$9,004,686
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	$271,882	$2,534,534
(Increase)/Decrease in Net Patient Accounts Receivab	($548,249)	$1,421,009
(Increase)/Decrease in Other Receivables	$5,583,856	($8,933,298)
(Increase)/Decrease in Inventories	($3,532)	($148,082)
(Increase)/Decrease in Pre-Paid Expenses	$314,346	($262,398)
(Increase)/Decrease in Other Current Assets	($637,041)	($1,124,115)
Increase/(Decrease) in Accounts Payable	$273,372	($1,224,429)
Increase/(Decrease) in Notes and Loans Payable	$0	($2,500,000)
Increase/(Decrease) in Accrued Payroll and Benefits	$532,374	$1,705,249
Increase/(Decrease) in Accrued Expenses	$0	$0
Increase/(Decrease) in Patient Refunds Payable	$0	$0
Increase/(Decrease) in Third Party Advances/Liabilitie	$0	$0
Increase/(Decrease) in Other Current Liabilities	$55,420	$160,971
Net Cash Provided by Operating Activities:	**$6,109,798**	**$634,127**
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property, plant and equipment	($306,948)	($2,569,168)
(Increase)/Decrease in Limited Use Cash and Investme	$14,388	($9,594)
(Increase)/Decrease in Other Limited Use Assets	($79,885)	$18,973
(Increase)/Decrease in Other Assets	$0	$0
Net Cash Used by Investing Activities	**($372,445)**	**($2,559,789)**
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	($1,986)	($542,868)
Increase/(Decrease) in Capital Lease Debt	($18,743)	$26,128,273
Increase/(Decrease) in Other Long Term Liabilities	$0	($1,604,890)
Net Cash Used for Financing Activities	**($20,729)**	**$23,980,515**
(INCREASE)/DECREASE IN RESTRICTED ASSETS	**$0**	**$0**
Net Increase/(Decrease) in Cash	**$5,716,624**	**$22,054,853**
Cash, Beginning of Period	$33,087,311	$16,749,082
Cash, End of Period	**$38,803,935**	**$38,803,935**

Balance Sheet - Assets

PIONEERS MEMORIAL HOSPITAL **PAGE 1**

09 Mos 06/30/24

	ASSETS			
	Current Month 03/31/2024	Prior Month 02/29/2024	Variance Positive (Negative)	Prior Year End Audited 06/30/2023
Current Assets				
Cash and Cash Equivalents	$38,803,935	$33,087,311	$5,716,624	$16,749,082
Gross Patient Accounts Receivable	$100,222,917	$104,382,347	($4,159,430)	$87,933,623
Less: Bad Debt and Allowance Reserves	($81,895,047)	($86,602,726)	$4,707,679	($68,184,744)
Net Patient Accounts Receivable	$18,327,870	$17,779,621	$548,249	$19,748,879
Interest Receivable	$0	$0	$0	$0
Other Receivables	$26,190,546	$31,774,402	($5,583,856)	$17,257,248
Inventories	$3,464,706	$3,461,174	$3,532	$3,316,624
Prepaid Expenses	$2,339,576	$2,653,922	($314,346)	$2,077,178
Due From Third Party Payers	$1,492,400	$855,359	$637,041	$368,285
Other Current Assets	$0	$0	$0	$0
Total Current Assets	**$90,619,033**	**$89,611,789**	**$1,007,244**	**$59,517,296**
Assets Whose Use is Limited				
Cash	$46,657	$61,045	($14,388)	$37,063
Bonds Property Tax Proceeds	$0	$0	$0	$0
Trustee Held Funds	$1,550,959	$1,471,074	$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	**$2,086,728**	**$2,021,231**	**$65,497**	**$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	$62,919,140	$0	$63,472,230
Equipment	$61,635,430	$61,563,633	$71,797	$59,457,987
Construction In Progress	$1,101,635	$866,483	$235,152	$338,266
Gross Property, Plant, and Equipment	$128,279,731	$127,972,782	$306,949	$125,892,009
Less: Accumulated Depreciation	($98,928,152)	($98,656,270)	($271,882)	($96,575,063)
Net Property Plant & Equipment	**$29,351,579**	**$29,316,512**	**$35,067**	**$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	**$171,472,447**	**$170,364,639**	**$1,107,808**	**$140,345,456**
TOTAL ASSETS	**$171,472,447**	**$170,364,639**	**$1,107,808**	**$140,345,456**

Balance Sheet - Liabilities and Fund Balance

PIONEERS MEMORIAL HOSPITAL **PAGE 2**

09 Mos 06/30/24

	LIABILITIES AND FUND BALANCE			
	Current Month 03/31/2024	Prior Month 02/29/2024	Variance Positive (Negative)	Prior Year End Audited 06/30/2023
Current Liabilities				
Accounts Payable	$11,457,707	$11,184,335	($273,372)	$12,682,136
Accrued Payroll	$7,090,450	$6,688,076	($402,374)	$5,358,973
Accrued Payroll Taxes	$0	$0	$0	$0
Accrued Benefits	$0	$0	$0	$0
Accrued Pension Expense (Current Portion)	$390,000	$260,000	($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)	$204,687	$223,430	$18,743	$469,091
Other Current Liabilities	$335,004	$279,584	($55,420)	$174,033
Total Current Liabilities	**$21,750,009**	**$20,907,586**	**($842,423)**	**$23,847,622**
Long Term Debt				
Bonds/Mortgages Payable	$15,043,811	$15,045,797	$1,986	$15,586,679
Leases Payable	$33,504,777	$33,523,520	$18,743	$7,376,504
Less: Current Portion Of Long Term Debt	$754,687	$773,430	$18,743	$994,091
Total Long Term Debt (Net of Current)	**$47,793,901**	**$47,795,887**	**$1,986**	**$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
Total Other Long Term Liabilities	**$48,659,184**	**$48,659,184**	**$0**	**$50,264,074**
TOTAL LIABILITIES	**$118,203,094**	**$117,362,657**	**($840,437)**	**$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)	$9,004,686	$7,985,614	N/A	$592,872
TOTAL FUND BALANCE	**$53,269,354**	**$52,250,282**	**($1,019,072)**	**$44,264,668**
TOTAL LIABILITIES & FUND BALANCE	**$171,472,447**	**$169,612,939**	**($1,859,508)**	**$140,345,456**

Statement of Revenue and Expense

PIONEERS MEMORIAL HOSPITAL **PAGE 3**

09 Mos 06/30/24

	Current Month 03/31/24	Year To Date 09 Months 03/31/24	Prior Year End Audited 06/30/23
Gross Patient Revenue			
Inpatient Revenue	$16,366,879	$141,163,841	$136,116,325
Outpatient Revenue	$27,307,713	$244,174,971	$314,354,224
Total Gross Patient Revenue	$43,674,592	$385,338,812	$450,470,549
Deductions From Revenue			
Discounts and Allowances	($30,795,125)	($265,378,978)	($324,754,825)
Prior Year Settlements	$0	$0	$0
Charity Care	($121,201)	($1,374,236)	($876,872)
Total Deductions From Revenue	($30,916,326)	($266,753,214)	($325,631,697)
Net Patient Revenue	$12,758,266	$118,585,598	$124,838,852
Other Operating Revenue	$472,789	$4,134,973	$9,311,005
Total Operating Revenue	**$13,231,055**	**$122,720,571**	**$134,149,857**
Operating Expenses			
Salaries and Wages	$5,802,826	$50,470,475	$54,821,236
Fringe Benefits	$1,105,314	$13,393,751	$16,613,611
Contract Labor	$262,207	$2,616,568	$5,881,464
Professional Fees	$1,275,655	$10,120,939	$15,498,022
Purchased Services	$898,144	$6,527,697	$7,849,584
Supply Expense	$1,688,498	$13,950,658	$17,846,976
Utilities	$183,797	$1,601,563	$2,221,933
Repairs and Maintenance	$602,092	$4,643,346	$6,017,487
Insurance Expense	$230,334	$2,095,124	$2,215,447
All Other Operating Expenses	$345,902	$2,471,639	$2,983,228
Leases and Rentals	$306,767	$2,813,078	$2,980,948
Hospitalist Program Expense	$189,631	$1,840,202	$2,661,055
Depreciation and Amortization	$271,882	$2,534,534	$3,572,979
Total Operating Expenses	**$13,163,049**	**$115,079,574**	**$141,163,970**
Net Operating Surplus/(Loss)	**$68,006**	**$7,640,997**	**($7,014,113)**
Non-Operating Revenue (Expense)			
CARES HHS, Contributions	$3,960	$136,556	$5,791,524
Investment Income	$119,167	$569,152	$9,839
Interest Expense	($54,148)	($504,680)	($698,622)
Other Non-Oper Revenue (Expense)	$130,385	$1,162,661	$2,504,244
Total Non Oper Revenue (Expense)	**$199,364**	**$1,363,689**	**$7,606,985**
Total Net Excess (Deficit)	**$267,370**	**$9,004,686**	**$592,872**
Operating Margin	**0.51%**	**6.23%**	**-5.23%**
Total Profit Margin	**2.02%**	**7.34%**	**0.44%**
EBITDA	**2.98%**	**8.70%**	**-2.04%**
Cash Flow Margin	**4.48%**	**9.81%**	**3.63%**

PIONEERS MEMORIAL HEALTHCARE
STATEMENT OF REVENUE AND EXPENSE
FOR THE PERIOD ENDING MARCH 31, 2024

LAST MONTH ACTUAL FEBRUARY	LAST YEAR ACTUAL MARCH	THIS MONTH ACTUAL MARCH	THIS MONTH BUDGET MARCH		FYTD ACTUAL MARCH	FYTD BUDGET MARCH	FYTD ACT-BUD VARIANCE	FYTD PRIOR YEAR MARCH	FYTD ACT-PRIOR VARIANCE
4,526	4,822	4,579	4,470	ADJ PATIENT DAYS	39,447	40,098	-651	40,309	-862
1,785	1,515	1,716	1,579	INPATIENT DAYS	14,451	14,715	-264	11,745	2,706
482	404	449	413	IP ADMISSIONS	3,992	3,369	623	3,269	723
62	49	55	51	IP AVERAGE DAILY CENSUS	53	54	-1	43	10
				GROSS PATIENT REVENUES					
8,323,683	5,594,323	8,290,928	7,113,063	DAILY HOSPITAL SERVICES	71.208.179	65.318.912	5.889.267	40.734.074	30.474.105
9,111,982	7,460,240	8,075,951	7,468,986	INPATIENT ANCILLARY	69.955.662	64.216.177	5.739.485	54.882.956	15.072.706
26,778,158	28,499,033	27,307,713	26,697,987	OUTPATIENT ANCILLARY	244.174.971	223.443.232	20.731.739	232.545.259	11.629.712
44,213,823	41,553,596	43,674,592	41,280,036	TOTAL PATIENT REVENUES	385,338,812	352,978,321	32,360,491	328,162,289	57,176,523
				REVENUE DEDUCTIONS					
9,269,712	9,942,974	8,554,308	9,631,541	MEDICARE CONTRACTUAL	85,158,521	82,357,609	2,800,912	79,193,371	5,965,150
8,429,421	13,555,050	13,814,652	12,761,883	MEDICAL CONTRACTUAL	113,529,792	109,124,637	4,405,155	106,822,871	6,706,921
-1,934,098	-2,292,373	-1,423,762	-1,539,165	SUPPLEMENTAL PAYMENTS	-15,162,509	-13,161,139	-2,001,370	-11,568,592	-3,593,917
0	137,918	0	0	PRIOR YEAR RECOVERIES	-3,546,307	0	-3,546,307	588,175	-4,134,482
14,647,971	7,114,875	8,906,501	5,687,114	OTHER DEDUCTIONS	76,320,576	48,629,510	27,691,066	56,908,650	19,411,926
141,193	92,272	121,201	35,906	CHARITY WRITE OFFS	1,374,236	307,031	1,067,205	302,071	1,072,165
1,044,337	833,099	947,592	1,148,799	BAD DEBT PROVISION	9,116,405	9,823,162	-706,757	8,124,633	991,772
-4,167	-4,167	-4,167	-4,458	INDIGENT CARE WRITE OFFS	-37,501	-38,119	618	-37,500	-1
31,594,370	29,379,648	30,916,326	27,721,620	TOTAL REVENUE DEDUCTIONS	266,753,214	237,042,691	29,710,523	240,333,679	26,419,535
12,619,453	12,173,948	12,758,266	13,558,416	NET PATIENT REVENUES	118,585,598	115,935,630	2,649,968	87,828,610	30,756,988
71.5%	70.7%	70.8%	67.2%		69.2%	67.2%		73.2%	
				OTHER OPERATING REVENUE					
400,000	275	30,000	31	GRANT REVENUES	580,000	279	579,721	750,276	-170,276
275,529	387,447	442,789	332,191	OTHER	3,554,973	3,147,339	407,634	3,235,011	319,962
675,529	387,722	472,789	332,222	TOTAL OTHER REVENUE	4,134,973	3,147,618	987,355	3,985,287	149,686
13,294,982	12,561,670	13,231,055	13,890,638	TOTAL OPERATING REVENUE	122,720,571	119,083,248	3,637,323	91,813,897	30,906,674
				OPERATING EXPENSES					
5,747,324	4,824,469	5,802,826	5,705,287	SALARIES AND WAGES	50.470.475	51.000.053	-529.578	39.202.947	11.267.528
1,307,874	1,256,848	1,105,314	1,631,374	BENEFITS	13.393.751	14.682.366	-1.288.615	11.995.580	1.398.171
294,315	222,427	262,207	165,558	REGISTRY & CONTRACT	2.616.568	1.426.033	1.190.535	5.372.482	-2.755.914
7,349,514	6,303,744	7,170,347	7,502,219	TOTAL STAFFING EXPENSE	66,480,794	67,108,452	-627,658	56,571,009	9,909,785
1,080,527	1,090,863	1,275,655	1,201,094	PROFESSIONAL FEES	10.120.939	10.809.846	-688.907	11.895.107	-1.774.168
1,484,374	1,503,278	1,688,498	1,655,950	SUPPLIES	13.950.658	14.505.374	-554.716	13.356.387	594.271
828,494	744,288	898,144	694,869	PURCHASED SERVICES	6.527.697	6.178.612	349.085	5.583.482	944.215
538,600	525,102	602,092	547,058	REPAIR & MAINTENANCE	4.643.346	4.923.522	-280.176	4.565.608	77.738
245,227	281,224	271,882	283,212	DEPRECIATION & AMORT	2,534,534	2,548,207	-13,673	2,756,573	-222,039
249,418	191,388	230,334	234,527	INSURANCE	2.095.124	2.103.748	-8.624	1.637.053	458.071
201,846	258,525	189,631	181,279	HOSPITALIST PROGRAM	1.840.202	1.631.511	208.691	1.728.206	111.996
780,140	569,565	836,466	869,837	OTHER	6.886.280	7.822.154	-935.874	5.720.610	1.165.670
12,758,139	11,467,977	13,163,049	13,170,045	TOTAL OPERATING EXPENSES	115,079,574	117,631,426	-2,551,852	103,814,035	11,265,539
536,843	1,093,693	68,006	720,593	TOTAL OPERATING MARGIN	7,640,997	1,451,822	6,189,175	-12,000,138	19,641,135
				NON OPER REVENUE(EXPENSE)					
131,903	249,782	116,358	42,881	OTHER NON-OPS REV (EXP)	633,991	410,929	223,062	460,390	173,601
137,153	269,056	137,153	137,153	DISTRICT TAX REVENUES	1.234.377	1.234.377	0	2.421.504	-1.187.127
-54,197	-57,891	-54,148	-55,557	INTEREST EXPENSE	-504.680	-500.013	-4.667	-518.848	14.168
0	0	0	0	CARES HHS/ FEMA RELIEF FUNDING	0	0	0	4,098,989	-4,098,989
214,859	460,947	199,364	124,477	TOTAL NON-OP REV (EXPENSE)	1,363,689	1,145,293	218,396	6,462,035	-5,098,346
751,701	1,554,640	267,370	845,070	NET EXCESS / (DEFICIT)	9,004,686	2,597,115	6,407,571	-5,538,103	14,542,789
902.69	754.02	890.71	903.53	TOTAL PAID FTE'S (Inc Reg & Cont.)	886.31	911.67	-25.36	745.62	140.69
844.22	664.33	809.70	805.05	TOTAL WORKED FTE'S	786.62	811.30	-24.67	641.82	144.81
24.35	15.60	18.49	14.31	TOTAL CONTRACT FTE'S	21.11	14.30	6.81	30.94	-9.83
781.71	754.02	774.12	771.93	PAID FTE'S - HOSPITAL	770.35	778.13	-7.78	745.62	24.73
729.89	664.33	702.14	686.59	WORKED FTE'S - HOSPITAL	677.62	691.08	-13.46	641.82	35.80
120.98	0.00	116.59	131.60	PAID FTE'S - SNF	115.96	133.53	-17.57	0.00	115.96
114.33	0.00	107.56	118.46	WORKED FTE'S - SNF	109.01	120.22	-11.21	0.00	109.01

PIONEERS MEMORIAL HEALTHCARE
BALANCE SHEET AS OF MARCH 31, 2024

	FEBRUARY 2024	MARCH 2024	MARCH 2023
ASSETS			
CURRENT ASSETS			
CASH	$33,022,498	$38,739,122	$15,439,819
CASH - NORIDIAN AAP FUNDS	$0	$0	$0
CASH - 3RD PRTY REPAYMENTS	$0	$0	$0
CDs - LAIF & CVB	$64,813	$64,813	$62,677
ACCOUNTS RECEIVABLE - PATIENTS	$104,382,347	$100,222,917	$81,382,104
LESS: ALLOWANCE FOR BAD DEBTS	-$6,442,578	-$7,125,689	-$5,375,166
LESS: ALLOWANCE FOR CONTRACTUALS	-$80,160,148	-$74,769,358	-$60,224,079
NET ACCTS RECEIVABLE	$17,779,621	$18,327,870	$15,782,860
	17.03%	18.29%	19.39%
ACCOUNTS RECEIVABLE - OTHER	$31,774,403	$26,190,546	$13,586,553
COST REPORT RECEIVABLES	$855,359	$1,492,400	$0
INVENTORIES - SUPPLIES	$3,461,174	$3,464,706	$3,480,928
PREPAID EXPENSES	$2,653,922	$2,339,576	$2,516,114
TOTAL CURRENT ASSETS	$89,611,789	$90,619,033	$50,868,951
OTHER ASSETS			
PROJECT FUND 2017 BONDS	$502,766	$582,647	$587,663
BOND RESERVE FUND 2017 BONDS	$968,308	$968,312	$968,312
LIMITED USE ASSETS	$61,045	$46,657	$49,553
NORIDIAN AAP FUNDS	$0	$0	$0
GASB87 LEASES	$49,415,107	$49,415,107	$22,618,546
OTHER ASSETS PROPERTY TAX PROCEEDS	$489,112	$489,112	$0
TOTAL OTHER ASSETS	$51,436,339	$51,501,835	$24,224,074
PROPERTY, PLANT AND EQUIPMENT			
LAND	$2,623,526	$2,623,526	$2,623,526
BUILDINGS & IMPROVEMENTS	$62,919,140	$62,919,140	$61,523,759
EQUIPMENT	$61,563,634	$61,635,430	$59,402,436
CONSTRUCTION IN PROGRESS	$866,483	$1,101,635	$1,975,561
LESS: ACCUMULATED DEPRECIATION	-$98,656,270	-$98,928,152	-$95,830,156
NET PROPERY, PLANT, AND EQUIPMENT	$29,316,512	$29,351,578	$29,695,126
TOTAL ASSETS	$170,364,639	$171,472,447	$104,788,150

PIONEERS MEMORIAL HEALTHCARE
BALANCE SHEET AS OF MARCH 31, 2024

	FEBRUARY 2024	MARCH 2024	MARCH 2023
LIABILITIES AND FUND BALANCES			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE - CASH REQUIREMENTS	$3,190,983	$2,300,440	$2,297,154
ACCOUNTS PAYABLE - ACCRUALS	$7,993,352	$9,157,266	$8,933,043
PAYROLL & BENEFITS PAYABLE - ACCRUALS	$6,688,076	$7,090,450	$6,339,568
COST REPORT PAYABLES & RESERVES	$0	$0	$0
NORIDIAN AAP FUNDS	$0	$0	$0
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	$4,792	$5,750	$0
INTEREST PAYABLE- 2017 REVENUE BONDS	$274,792	$329,254	$335,608
OTHER - TAX ADVANCE IMPERIAL COUNTY	$0	$0	$228,309
DEFERRED HHS CARES RELIEF FUNDS	$0	$0	$0
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	$204,687	$611,201
TOTAL CURRENT LIABILITIES	$20,647,585	$21,360,008	$20,329,581
LONG TERM DEBT AND OTHER LIABILITIES			
PMH RETIREMENT FUND - ACCRUAL	$260,000	$390,000	$387,000
NOTES PAYABLE - EQUIPMENT PURCHASES	$43,566	$43,566	$253,503
LOANS PAYABLE - DISTRESSED HOSP. LOAN	$28,000,000	$28,000,000	$0
LOANS PAYABLE - CHFFA NDPH	$5,256,524	$5,256,524	$6,715,689
BONDS PAYABLE G.O BONDS	$0	$0	$230,000
BONDS PAYABLE 2017 SERIES	$14,495,797	$14,493,811	$14,837,634
LONG TERM LEASE LIABILITIES (GASB 87)	$48,170,072	$48,170,072	$21,651,051
DEFERRED REVENUE -CHW	$0	$0	$2,250,000
DEFERRED PROPERTY TAX REVENUE	$489,112	$489,112	$0
TOTAL LONG TERM DEBT	$96,715,071	$96,843,086	$46,324,877
FUND BALANCE AND DONATED CAPITAL	$44,264,668	$44,264,668	$43,671,796
NET SURPLUS (DEFICIT) CURRENT YEAR	$8,737,315	$9,004,685	-$5,538,103
TOTAL FUND BALANCE	$53,001,983	$53,269,353	$38,133,692
TOTAL LIABILITIES AND FUND BALANCE	$170,364,639	$171,472,447	$104,788,150

PIONEERS MEMORIAL HEALTHCARE
STATEMENT OF REVENUE AND EXPENSE - 12 Month Trend

	1	2	3	4	5	6	7	8	9	10	11	12	YTD
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Mar-24
ADJ PATIENT DAYS	4,822	3,909	3,984	4,400	3,932	4,575	4,323	4,293	4,419	4,244	4,593	4,526	4,579	46,963
INPATIENT DAYS	1,515	1,348	1,249	1,474	1,315	1,507	1,611	1,440	1,633	1,612	1,832	1,785	1,716	16,806
IP ADMISSIONS	404	357	360	407	366	416	437	410	450	467	515	482	449	4,667
IP AVERAGE DAILY CENSUS	49	45	40	49	42	49	54	46	54	52	59	62	55	46
GROSS PATIENT REVENUES														
DAILY HOSPITAL SERVICES	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	8,290,928	91,304,616
INPATIENT ANCILLARY	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	8,075,951	90,358,519
OUTPATIENT ANCILLARY	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	27,307,713	325,983,936
TOTAL PATIENT REVENUES	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	43,674,592	507,647,071
REVENUE DEDUCTIONS														
MEDICARE CONTRACTUAL	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	8,554,308	111,929,944
MEDICAL CONTRACTUAL	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	13,814,652	153,518,177
SUPPLEMENTAL PAYMENTS	-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	-1,423,762	-20,168,511
PRIOR YEAR RECOVERIES	137,918	0	0	80,652	0	0	0	0	-538,605	11,171	-3,018,873	0	0	-3,465,655
OTHER DEDUCTIONS	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	8,906,501	97,419,077
CHARITY WRITE OFFS	92,272	138,773	209,563	226,466	98,362	60,096	147,750	489,506	166,539	72,869	76,720	141,193	121,201	1,949,037
BAD DEBT PROVISION	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	947,592	10,919,165
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	-4,167	-50,000
TOTAL REVENUE DEDUCTIONS	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	30,916,326	352,051,233
NET PATIENT REVENUES	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	12,758,266	155,595,838
	70.70%	72.35%	68.77%	68.23%	69.15%	70.70%	71.02%	70.11%	67.29%	68.34%	64.51%	71.46%	70.79%	69.35%
OTHER OPERATING REVENUE														
GRANT REVENUES	275	15,000	0	106,298	125,000	0	25,000	0	0	0	0	400,000	30,000	701,298
OTHER	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	442,789	8,759,395
TOTAL OTHER REVENUE	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	472,789	9,460,692
TOTAL OPERATING REVENUE	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	13,231,055	165,056,530
OPERATING EXPENSES														
SALARIES AND WAGES	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	5,802,826	66,088,765
BENEFITS	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	1,105,314	18,011,783
REGISTRY & CONTRACT	222,427	214,027	130,735	164,219	240,802	270,972	288,768	210,466	446,540	308,791	293,707	294,316	262,207	3,125,550
TOTAL STAFFING EXPENSE	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	7,170,347	87,226,097
PROFESSIONAL FEES	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	1,080,527	1,275,655	13,723,855
SUPPLIES	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	1,688,498	18,441,245
PURCHASED SERVICES	744,288	741,183	638,592	886,327	359,557	683,743	766,263	705,850	715,474	739,535	830,636	828,494	898,144	8,793,798
REPAIR & MAINTENANCE	525,102	469,496	459,911	522,471	541,660	463,212	423,999	512,628	477,558	506,915	576,682	538,600	602,092	6,095,225
DEPRECIATION & AMORT	281,224	280,766	301,634	234,006	284,489	284,892	281,874	285,974	294,238	293,729	292,229	245,227	271,882	3,350,940
INSURANCE	191,388	227,255	173,888	177,251	262,720	213,969	253,101	200,896	220,649	259,001	205,038	249,418	230,334	2,673,518
HOSPITALIST PROGRAM	258,525	315,016	317,977	299,856	265,966	285,679	251,337	287,540	5,728	33,529	318,946	201,846	189,631	2,773,051
OTHER	569,565	889,125	808,565	767,810	709,055	754,174	644,882	900,037	681,971	733,459	846,097	780,140	836,466	9,351,780
TOTAL OPERATING EXPENSES	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	13,163,049	152,429,509
TOTAL OPERATING MARGIN	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	68,006	12,627,022
NON OPER REVENUE(EXPENSE)														
OTHER NON-OPS REVENUE	249,782	-725,660	266,225	117,621	11,420	48,493	923	5,177	22,923	139,598	157,197	131,903	116,358	292,176
CARES HHS RELIEF FUNDING	0	752,250	0	0	0	0	0	0	0	0	0	0	0	752,250
DISTRICT TAX REVENUES	269,056	269,056	269,056	376,176	137,153	137,153	137,153	137,153	137,153	137,153	137,153	137,153	137,153	2,148,665
INTEREST EXPENSE	-57,891	-57,843	-64,185	-57,746	-57,697	-57,648	-57,599	-56,633	-58,214	-54,297	-54,247	-54,197	-54,148	-684,454
TOTAL NON-OPS REVENUE(EXPENSE)	460,947	237,803	471,095	436,051	90,876	127,998	80,477	85,697	101,862	222,454	240,103	214,859	199,364	2,508,637
NET EXCESS / (DEFICIT)	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	267,370	15,135,659
TOTAL PAID FTE'S (Inc Reg & Cont.)	753.67	858.73	842.72	868.80	881.46	893.27	877.93	856.84	874.35	915.62	884.29	902.69	890.71	867.53
TOTAL WORKED FTE'S	663.98	766.02	761.73	766.28	769.12	794.94	770.17	780.90	740.86	789.35	781.18	844.22	809.70	769.06
TOTAL CONTRACT FTE'S	15.60	15.49	11.25	13.65	17.12	21.22	19.77	17.30	25.11	24.32	22.58	24.35	18.49	18.98
PAID FTE'S - HOSPITAL	753.67	749.51	731.53	754.48	764.24	762.02	770.42	747.57	761.66	799.92	771.62	781.71	774.12	762.36
WKD FTE'S - HOSPITAL	663.98	656.83	650.83	653.17	654.82	667.24	666.92	678.07	636.03	684.30	679.96	729.89	702.14	668.50
PAID FTE'S - SNF	0.00	109.22	111.19	114.32	117.22	131.25	107.51	109.27	112.69	115.70	112.67	120.98	116.59	105.17
WORKED FTE'S - SNF	0.00	109.19	110.90	113.11	114.30	127.70	103.25	102.83	104.83	105.05	101.22	114.33	107.56	100.56

Pioneers Memorial Healthcare District - Financial Indicators Report
(Based on Prior 12 Months Activities)
For The 12 Months Ending: March 31, 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.

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

$$\text{DSCR} = \frac{\$18{,}508{,}983}{\$2{,}914{,}355} = \mathbf{6.35}$$

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:)

$$\text{Formula:} \quad \frac{\text{Cash + Marketable Securities}}{\frac{\text{Operating Expenses, Less Depreciation}}{365 \text{ Days}}}$$

$$\text{DCOHR} = \frac{\$38{,}803{,}935}{\frac{\$149{,}746{,}025}{365}} = \mathbf{94.6}$$

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.

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

$$\text{L.T.D.-C.R.} = \frac{\$98{,}210{,}821}{\$151{,}480{,}174} = \mathbf{64.8}$$

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

PIONEERS MEMORIAL Healthcare District

Key Operating Indicators
March 2024

	Month			YTD		
	ACTUAL	BUDGET	PRIOR YR	ACTUAL	BUDGET	PRIOR YR
Volumes						
Admits	449	413	404	3,992	3,369	3,269
ICU	106	132	153	1,054	1,717	1,127
Med/Surgical	999	844	785	8,178	7,628	6,009
Newborn ICU	150	91	92	1,025	903	726
Pediatrics	79	76	52	641	738	578
Obstetrics	375	436	375	3,526	3,690	3,060
GYN	7	-	2	27	39	30
DOU	0	-	56	-	-	215
Total Patient Days	1,716	1,579	1,515	14,451	14,715	11,745
Adjusted Patient Days	4,579	4,470	4,822	39,447	40,054	40,309
Average Daily Census	55	51	49	53	54	43
Average Length of Stay	3.62	3.82	3.58	3.46	4.37	3.43
Deliveries	173	210	189	1,671	1,727	1,451
E/R Visits	4,032	4,347	3,942	34,967	35,425	35,345
Surgeries	291	406	380	2,654	3,136	2,587
GI Scopes	71	27	44	716	369	387
Vascular Access	76	38	64	574	311	422
Wound Care	349	403	390	2,956	3,523	3,682
Pioneers Health Center	2,870	2,589	3,271	26,314	28,358	27,620
Calexico Visits	803	721	970	7,171	8,677	8,156
Pioneers Children	596	946	821	6,976	7,496	7,387
Outpatients (non-ER/Clinics)	5,179	5,527	5,556	46,219	46,289	46,247
Surgical Health	65	58	59	521	534	548
Urology	315	107	239	2,938	2,255	2,378
WHAP	476	519	510	4,363	4,323	3,801
C-WHAP	524	422	338	3,414	2,848	2,914
CDLD	0	15	25	10	373	316
FTE's						
Worked	809.70	805.05	663.98	786.53	811.30	641.82
Paid	890.71	903.53	753.67	886.31	911.67	745.62
Contract FTE's	18.49	14.31	15.60	21.11	14.3	30.94
FTE's APD (Worked)	5.48	5.58	4.27	5.48	5.57	4.36
FTE's APD (Paid)	6.03	6.27	4.84	6.18	6.26	5.07
Net Income						
Operating Revenues	$13,231,055	$13,890,638	$12,561,671	$122,720,569	$119,083,248	$91,813,896
Operating Margin	$68,006	$720,593	$1,093,694	$7,640,996	$1,451,822	-$12,000,139
Operating Margin %	0.5%	5.2%	8.7%	6.2%	1.2%	-13.1%
Total Margin	$267,370	$845,070	$1,554,640	$9,004,685	$2,597,115	-$5,538,103
Total Margin %	2.0%	6.1%	12.4%	7.3%	2.2%	-6.0%

Exhibit A - March 2024

Key Volume Stats -Trend Analysis

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	YTD
Deliveries														
Actual	175	145	211	198	201	179	206	183	173	0	0	0	1,671	1,671
Budget	159	204	193	196	196	156	196	215	210	140	179	213	2,258	1,727
Prior FY 2023	134	151	162	159	145	159	164	188	189	123	153	177	1,904	1,451
E/R Visits														
Actual	3,500	3,614	3,500	3,985	3,867	4,467	3,931	4,071	4,032	0	0	0	34,967	34,967
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	35,425
Prior FY 2023	3,778	3629	3725	4198	4776	4024	3773	3500	3942	3604	3,936	3438	46,323	35,345
Surgeries														
IP Actual	96	107	126	100	105	102	114	115	102	0	0	0	967	967
IP Budget	98	102	88	112	78	64	78	102	136	60	57	77	1,052	858
OP Actual	232	303	260	299	277	247	270	255	260	0	0	0	2,403	2,403
OP Budget	232	293	307	264	278	199	169	219	270	248	295	460	3,234	2,231
Total Actual	303	316	289	324	272	273	290	296	291	0	0	0	2,654	2,654
Total Budget	377	395	395	376	356	263	247	321	406	308	352	537	4,333	3,136
Prior FY 2023	284	312	204	307	281	234	295	290	380	319	372	301	3,579	2,587
GI Scopes														
Total Actual	25	94	97	75	110	76	94	74	71	0	0	0	716	716
Total Budget	37	72	75	85	71	1	0	1	27	34	54	32	489	369
Prior FY 2023	13	50	44	55	40	43	52	46	44	30	11	32	460	387
Vascular Access														
Actual	54	75	60	69	67	37	72	64	76	0	0	0	574	574
Budget	29	34	42	43	31	18	38	38	38	33	22	1	367	311
Prior FY 2023	50	40	46	41	38	30	56	57	64	51	44	58	575	422
Calexico														
Actual	697	926	844	792	731	793	816	769	803	0	0	0	7,171	7,171
Budget	951	1,098	1,062	997	970	769	1,278	831	721	740	814	953	11,184	8,677
Prior FY 2023	839	903	858	1,010	1,084	755	880	857	970	1,005	1,011	930	11,102	8,156
Pioneers Health Center														
Actual	1,943	3,774	2,818	2,955	2,954	3,016	3,094	2,890	2,870	0	0	0	26,314	26,314
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	28,358
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	27,620
Pioneers Children														
Actual	776	959	719	940	835	671	767	713	596	0	0	0	6,976	6,976
Budget	609	888	828	797	858	892	894	784	946	770	822	761	9,849	7,496
Prior FY 2023	668	846	872	703	1,052	775	816	834	821	722	886	756	9,751	7,387
Outpatients														
Actual	4,906	5,697	5,128	5,721	5,024	4,584	4,956	5,024	5,179	0	0	0	46,219	46,219
Budget	5349	4978	5354	6343	4761	4831	4331	4815	5527	5083	4613	5456	61,441	46,289
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	46,247
Wound Care														
Actual	366	399	314	294	307	270	333	324	349	0	0	0	2,956	2,956
Budget	434	476	452	413	342	353	332	318	403	465	441	480	4,909	3,523
Prior FY 2023	365	486	429	418	334	426	434	400	390	313	316	307	4,618	3,682
WHAP														
Actual	430	520	477	512	436	348	631	533	476	0	0	0	4,363	4,363
Budget	384	540	520	488	433	495	442	502	519	435	519	523	5,800	4,323
Prior FY 2023	382	491	428	411	402	322	433	422	510	455	564	538	5,358	3,801
C-WHAP														
Actual	229	376	348	186	316	398	524	513	524	0	0	0	3,414	3,414
Budget	258	424	279	306	304	198	251	406	422	316	282	439	3,885	2,848
Prior FY 2023	303	341	308	325	358	310	301	330	338	426	478	377	4,195	2,914

REPORT DATE	MONTHLY STATUS REPORT	PREPARED BY
Date: April 17th, 2024	PMHD Human Resources Report	Charity Dale, Chief Human Resources Officer

MARCH LABOR SUMMARY		
NEW HIRE	# 15	
JOBS OFFERED	# 18	
TERMINATIONS	VOLUNTARY 26	INVOLUNTARY 0
HOSPITAL AND CLINIC TOTAL HEADCOUNT	# 892	#
PIONEERS SKILLED NURSING TOTAL HEAD COUNT	# 129	#
PIONEERS MEMORIAL HEALTHCARE DISTRICT TOTAL HEADCOUNT	# 1021	#

NEW HIRE		TERMINATIONS		
DEPARTMENT	#	DEPARTMENT	# VOL	# INV
NURSING	3	NURSING	9	
CLINICAL PROFESSIONAL	3	CLINICAL PROFESSIONAL	0	
ALLIED HEALTH	0	ALLIED HEALTH	3	
PT. SERVICES	1 0	PT. SERVICES	0	
SUPPORT SERVICES	3	SUPPORT SERVICES	1	
CLINICS	3	CLINICS	1	
SKILLED NURSING	7	SKILLED NURSING	3	

2024 PMHD HR PROJECTS

PROJECT	PERCENT COMPLETE	NOTES
ADP WORKFORCE NOW IMPLEMENTATION	99%	Our HRIS system went Live on 4/15/2024 with our first ADP payroll expected on 4/19.
ADP BENEFIT CARRIER FEED BUILDOUT	85%	All connections are now in place, we cannot make the final adjustments in the system until after our first live payroll, but we anticipate no issues in the transition.
BENEFIT RENEWAL PROCESS	85%	Pending Board approval
REVAMP OF NEW HIRE ORIENTATION	85%	Training has been initiated, and we are on track to bring back a 4-day Clinical new hire orientation process in May 2024. Please see education report.
FULL AUDIT OF SKILLED NURSING FACILITY	50%	We are doing a full HR audit to ensure all employees files are complaint and survey ready
DNV SURVEY PREPAREDNESS	60%	We are working through the last DNV survey findings. We are addressing each item to ensure proper documentation is placed in each clinical employee's file and required training is provided to all staff members per regulation.
PI PROJECT- REVIEWING ALL HR POLICIES	45%	Our HR PI project consists of reviewing all HR policies. Our goal is to review 10 policies per month until all policies have been reviewed.

BENEFIT PARTICIPANTS

PLAN	# ACTIVE PARTICIPANTS
457B	532
401A	743
MEDICAL	658
DENTAL	598
VISION	606
STD	800
LTD	36
LIFE	820
CRITICAL ILLNESS	658
Pharmacy Plan	658

LEAVE OF ABSENCE

LEAVE	# EMPLOYEES
FMLA/ CFRA	40
INTERMITTENT FMLA	13
PERSONAL LEAVE	5
BONDING	7
WORKMENS COMP	0
MILITARY LEAVE	1
COVID	
Covid/ W/C	
SICK LEAVE LESS THAN 2 WEEKS	12

VOLUNTEERS/ STUDENTS

PROGRAM	# STUDENTS/ VOLUNTEERS
CRNA	9 (Between ER and OR Dept)
PHYSICIAN ASSISTANT	4 (ED Dept) 1 (Dr. Berinji Dept)
CNA – CERTIFIED NURSES AIDE	28 (SNF Dept)
RN- REGISTERED NURSE STUDENT	20 (SNF Dept)
VOLUNTEERS	0 new onboarding
TOTAL VOLUNTEERS/ STUDENTS	New Onboarding Students: 62, New on boarding Volunteers: 0

RECRUITMENT ACTIVITIES

DEPARTMENT	# OF OPEN POSITIONS
NURSING	29
CLINICAL NON -NURSING	5
CLINICAL PROFESSIONAL	17
ALLIED HEALTH	17
PT. SERVICES	7
SUPPORT SERVICES	9
CLINICS	3
SKILLED NURSING FACILITY	
Travel Staff By Department/Shift	**Total 13**
OB #	Day 10
OB #	Night 1
NICU #	0
NICU #	0
Med Surg #	Day 2
Med Surg #	Night 1

POLICIES FOR REVIEW

POLICY NAME	POLICY #	ACTION	STATUS
CLASSIFICATION OF EMPLOYEES	HRD-00077	SENT FOR APPROVAL	READY FOR SL APPROVAL
DRESS AND APPEARANCE GUIDELINES	HRD-00005	UNDER REVIEW	WORK IN PROGRESS
EMPLOYMENT OF RELATIVES	HRD-00070	UNDER REVIEW	READY FOR SL APPROVAL
VOLUNTEER EXIT INTERVIEWS	DPS-00756	NO CHANGE NEEDED	
VOLUNTEER PERSONELL RECORDS	DPS-00750	NO CHANGE NEEDED	
VOLUNTEER RESPONSIBILITY DESCRIPTION	DPS-00759	NO CHANGE NEEDED	
VOLUNTEER SERVICES PROGRAM	DPS-00758	NO CHANGE NEEDED	
REPORTING TIME PAY	HRD-00046	UNDER REVIEW	COLLABORATING WITH DEPARTMENT HEADS
STANDARDS OF CONDUCT	HRD-00021	UNDER REVIEW	READY FOR SL APPROVAL
PER DIEM		UNDER REVIEW	READY FOR SL APPROVAL

2024 PIONEERS ACTIVITIES COMMITTEE

EVENT	MONTH OF EVENT
Employee Recognition Banquet	7/2024
50/50 raffle – Daycare outside toys fundraiser	4/2024
Monthly employee recognition program	5/2024
Hospital Week	5/12-18th

EMPLOYEE HEALTH / EDUCATION REPORT

We had 3 employee COVID illnesses in March (7 in February, 35 in January, 19 in December). All 3 positives from acute care, no COVID employee illness in SNF. No clusters. Annual TB screening compliance pending for 50 active ee's; reminder discussed at Safety Committee in April. Post exposure final testing for TB Exposure#1 from February is almost done. Exposure #2 affected 12 employees and they are completing initial exposure testing with final post exposure testing to be done in May. Flu vaccination program for current season runs 10/01/23 to 03/31/24 has come to an end. Acute care employees ended with 74% of participation in our flu program: 62% of our employees received flu vaccination; 12% declined flu vaccine; 26% did not participate). Skilled Nursing Facility ended with 65% of staff participation: 53% of employees received flu vaccination; 12% declined flu vaccination; 35% did not participate. Our fit test machine is currently out for annual maintenance; therefore, we are unable to perform fit tests for N95 respirators as of 04/02. Fit test pro machine is tentative to return 04/16/24.

Workers' Compensation Summary

Ten employee injuries were reported in March. 7 of the 10 injuries reported to BETA as work comp claims. 6 injuries from acute care: 2 low back sprains, 1 plantar foot pain, 2 sharp injuries, 1 shoulder sprain. 4 injuries from SNF: 1 slip & fall ,1 rib contusion, 1 laceration to finger, 1 first degree burn to hand. No WPV incidents reported.

Child Care Center

We have 34 employee's Children / 21 non-employee children.

We are in the process of getting estimates to paint the outside of both trailers and replace the flooring in the back building. We will also be looking at quotes to replace the sand under the children's playground area with a foam type ground covering under the play areas and replace broken outside toys and playground equipment before the summer.

EDUCATION REPORT

Marian started her first week by walking through the hospital and talking to directors/managers/educators of several departments, including but not limited to med/surg, pediatrics, ICU, ED, case management, etc. to get insight into what their current needs are as far as education. She also let them know that she intended on bringing back clinical orientation and wanted to include topics based on each department's education needs.

She organized 2 meetings with department leaders set 2 weeks apart to discuss clinical orientation, topics, presenters, etc. They were very excited and involved in the discussion. Several topics were added, and a skills portion was also added. The orientation schedule has now been completed and another meeting is pending to discuss/edit the current schedule and to discuss who will be available to present these topics. She is considering bringing a special focus to ED needs, as most new RNs want to start there and with that department being so fast paced, mistakes are more likely to

happen. The potential schedule consists of day 1 of general orientation for all staff, 2 full days of clinical orientation, and half a day or more of a skills section. The general idea is to have this new orientation be very oriented to education and provide staff with training they don't usually receive.

There will be training within the OB department and more so within labor and delivery. She will also be speaking to staff and department leader to determine specific areas and provide them appropriate training.

Competencies have been completed for med/surg staff and ICU staff. Department leaders were given a due date of 4/12/24 to turn in competencies; however, OB, ED, and surgery are still pending.
She has looked into DNV deficiencies as well (blood borne pathogens and OR fire safety training) with a total completion rate of 67.12 % for OR fire safety and a total completion rate of 37.97 % for bloodborne pathogens. I will be contacting department leaders to get these trainings completed within the next 2 weeks.

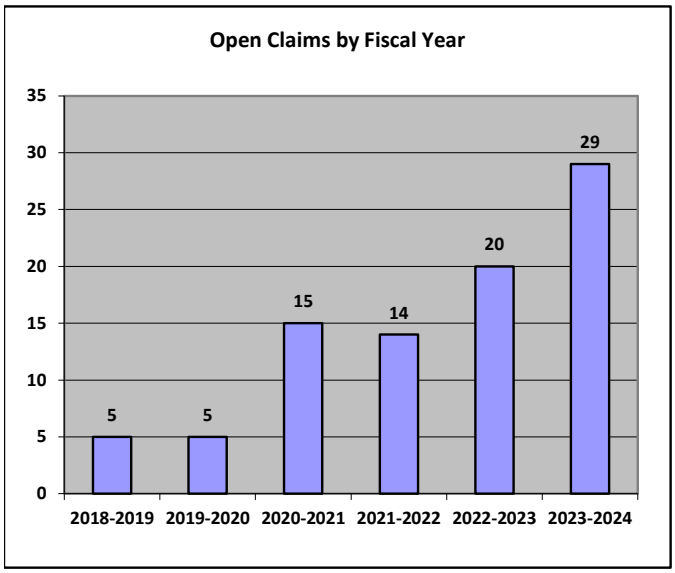
HR Recruiting Activities and Events:

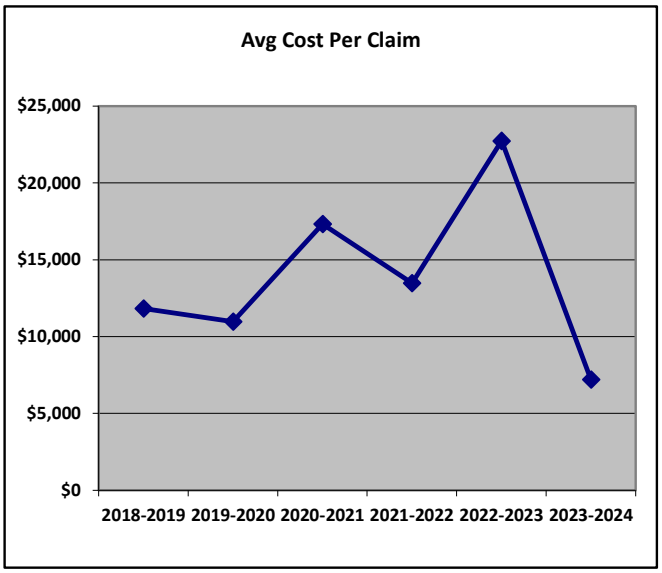
Last month 2 Carer Days
3/6 AACN IVC
3/28 Barbara Worth

Workers' Compensation Scorecard

March 2024

Pioneers Memorial Healthcare District



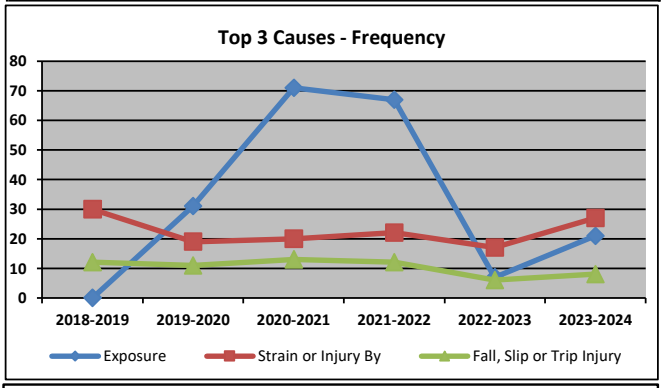


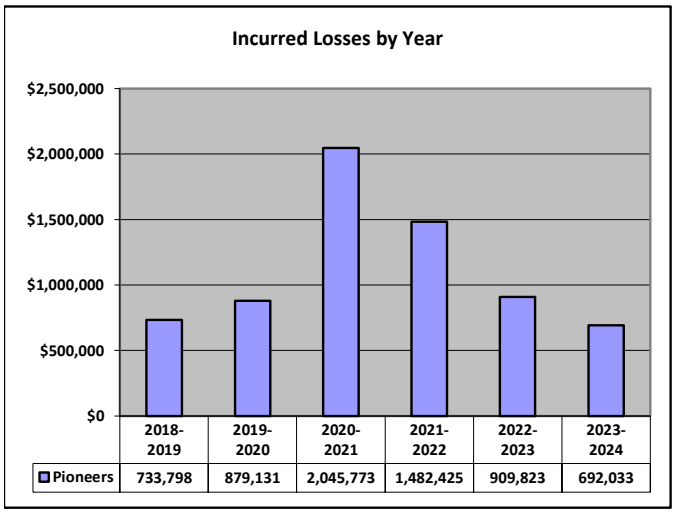
Claim Activity by Month
Current Fiscal Year

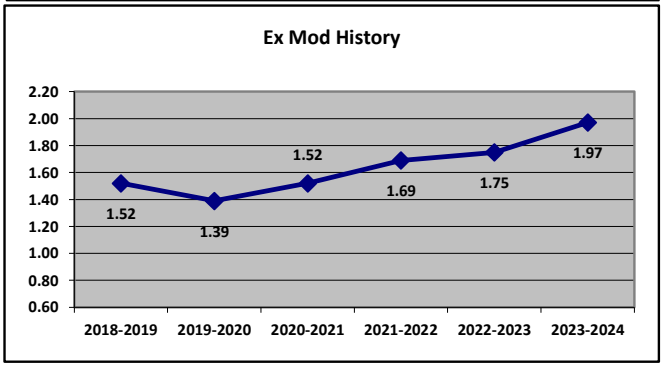
	2023-2024		Last 5 Years
Month	Count	Closed	Closed
Jul	15	9	3
Aug	7	7	6
Sep	12	12	5
Oct	13	5	10
Nov	13	10	11
Dec	13	10	8
Jan	17	11	8
Feb	3	2	11
Mar	3	1	13
Apr	-	-	-
May	-	-	-
Jun	-	-	-
Total 2023-2024	96	67	75

Cause of Injury by Claim Type
Dating Back to Fiscal Year 2018-2019

	Indem	Medical
Exposure	51.3%	0.0%
Strain or Injury By	24.5%	33.6%
Burn or Scald - Heat or Cold Exposures - Contact With	4.4%	15.6%
Fall, Slip or Trip Injury	8.6%	23.8%
Miscellaneous Causes	4.9%	0.8%
All Other	6.3%	26.2%







PIONEERS MEMORIAL HEALTHCARE DISTRICT BYLAWS

TABLE OF CONTENTS

PIONEERS MEMORIAL HEALTHCARE DISTRICT
BYLAWS

PREAMBLE

PIONEERS MEMORIAL HEALTHCARE DISTRICT, a local healthcare district organized and existing under the laws of the State of California, and, in particular, pursuant to the California Health and Safety Code, Sections 32000 et seq., acting by and through its duly elected Board of Directors, hereby adopts these Bylaws for the purpose of establishing rules and regulations, not inconsistent with the enabling provisions of the Health and Safety Code, above cited. The Board of Directors hereby determines that adoption and implementation of these Bylaws are necessary for the exercise of the powers conferred and the performance of the duties imposed upon the directors, officers and employees of PIONEERS MEMORIAL HEALTHCARE DISTRICT.

ARTICLE 1
DISTRICT INFORMATION

1.1 Name. The name of this Healthcare District has been declared to be the PIONEERS MEMORIAL HEALTHCARE DISTRICT

1.2 Principal Place of Operation. The principal place of operation of the District has been fixed at Pioneers Memorial Hospital, located at 207 West Legion Rd., in the City of Brawley, County of Imperial, and State of California. When necessary for the conduct of the business of the District, the Board of Directors may establish such other place or places within the geographical boundaries of the County of Imperial, as the Board deems appropriate.

1.3 Title to Property. As authorized by enabling provisions of the laws of the State of California, the District, acting by and through its Board of Directors, is authorized to purchase, receive, have, take, hold, lease, use, and enjoy the property of every kind and description within and without the limits of the District, and to control, dispose of, convey, and encumber the same and create a leasehold interest in the same for the benefit of the District.

1.4 Mission Statement. The mission of the Pioneers Memorial Healthcare District is to provide the community with quality healthcare and compassionate service for families of the Imperial Valley.

1.5 Scope of Bylaws. These Bylaws shall be known as the "District Bylaws" and shall govern the Pioneers Memorial Healthcare District, its Board of Directors, and all of its affiliated and subordinate organizations and groups.

In the event of any conflict between the Bylaws of the Medical Staff or any other affiliated or subordinate organization or group, and the provisions of these District Bylaws, these District Bylaws shall prevail. In the event the District Bylaws are in conflict with any statute of the State of California governing healthcare districts, such statute shall prevail.

The District's legal counsel shall review the District Bylaws at least every three (3) years for compliance with Healthcare District Law, accreditation standards, state licensing requirements and other applicable federal and state laws, statutes and regulations, and submit a report of proposed amendments to the Board.

The Board may adopt any amendments to the District Bylaws, by a majority vote of the membership at any regular or special meeting called for this purpose by a majority of the membership.

The Bylaws of the Medical Staff and other affiliated and subordinate organizations and groups, and any amendments to such Bylaws, shall not be effective until approved by the Board of Directors.

ARTICLE 2
DEFINITIONS

2.1 "Hospital" means the Pioneers Memorial Hospital.

2.2 "Board" means the Board of Directors of the District.

2.3 "District" means the Pioneers Memorial Healthcare District, whose boundaries encompass the following cities: Brawley, Calipatria, Westmorland, Niland, Bombay Beach, Desert Shores, and Salton City.

2.3.1 “Facility” or "Facilities" means the Hospital and other health care facility or facilities and services operated by the District.

2.4 "Medical Staff" means the organized medical staff of Pioneers Memorial Hospital.

2.5 "Practitioner" means a person who is eligible to apply for or who has been granted privileges in the Hospital, or, if applicable, another District Facility. Eligibility is determined pursuant to the Bylaws of the Medical Staff, or, if applicable, the rules and regulations of the Facility.

ARTICLE 3
ORGANIZATION, POWERS, AND PURPOSES

3.1 Organization. The District is a political subdivision of the State of California organized under the Local Healthcare District Law, Division 23 of the Health and Safety Code.

3.2 Powers and Purposes of the District. In addition to those specified by the Local Healthcare District Law (California Health and Safety Code, Sections 32000 et seq.), and incidental to those purposes, the objectives of the District are hereby declared to include, but shall not necessarily be limited to, the following:

3.2.1 To provide within the limits of community resources, the best facilities and equipment practicable for the acute and continued care of the injured and ill, regardless of race, creed, sex, religion, sexual orientation or national origin.

3.2.2 To coordinate the services of the District with community agencies and health care providers to enhance the quality of health care in the District.

3.2.3 To assure that District employees, and others acting on behalf of the District in rendering patient care, are competent in the following areas, and for the age of the patients served:

3.2.3.1 That they have the ability to obtain and interpret information regarding patient needs;

3.2.3.2 That they are knowledgeable in the relevant aspects of the patient's growth and development; and

3.2.3.3 That they are familiar with and understand the range of treatment needed by these patients.

3.2.4 To conduct educational activities essential to the attainment of its purposes.

3.2.5 To do any and all other acts and things necessary to carry out the provisions of the Local Healthcare District Law and these Bylaws.

3.3 Contracts Requiring Bids. The Board shall let any contract involving any expenditure of more than the threshold amount specified by Health and Safety Code Section 32132 or other applicable law for work to be done or for materials and supplies to be furnished, sold or leased to the District, to the lowest responsible bidder who shall give such security as the Board requires, or else reject all bids.

3.3.1 Bids do not need to be secured for change orders which do not materially change the scope of the work as set forth in a contract previously made if such contract was made after compliance with bidding requirements, and if each individual change order does not total more than five percent of the contract. The Board may adopt bidding policies and procedures, including the delegation of all or a portion of the Board's contracting authority to other officers and employees of the District.

3.3.2 The provisions of this section 3.3 shall not apply to the medical or surgical equipment or supplies, to professional services, to electronic data processing and telecommunications goods and services or to other goods and services for which applicable law provides an exception. As used in this section, "medical or surgical equipment or supplies" includes only equipment or supplies commonly, necessarily and directly used by, or under the direction of, a physician and surgeon in caring for or treating a patient in the Facilities.

Until January, 2025, pursuant to Health & Safety Code section 31232.5, the Board may approve use of the design-build process provided in Public Contract Code section 22160 et seq. to assign contracts for the construction of a building or improvements directly related to construction of a hospital or health facility building.

The Board may, without following the bidding provision of this section, lets contracts for work to be done or for materials and supplies to be furnished, sold or leased to the District, if it first determines that an emergency exists warranting such expenditure due to fire, flood, storm, epidemic, or other disaster, and is necessary to protect the public health, safety, welfare or property.

3.4 Dissolution. Any proposal for dissolution of the District shall be subject to confirmation by the voters of the District in accordance with Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000, Government Code Section 56000 et seq.

3.5 Profit or Gain. As a public agency, the District shall not be operated in contemplation of profit or pecuniary gain in any form.

3.6 Seal. The Board of Directors shall have the power to adopt a form of official seal, and to alter it at pleasure.

ARTICLE 4
BOARD

4.1 Directors. The Board shall be appointed or elected, and shall organize itself, in the manner prescribed in Article I, Chapter 2, Division 23 of the Health and Safety Code (commencing at Section 32000). The Board has previously determined that it shall consist of five (5) members, elected at large from the District. The Directors shall serve the terms, as prescribed by law.

4.2 General Powers and Duties. Consistent with the powers conferred by Section 32121 of the Health and Safety Code or as same shall be amended from time to time, and other authorization contained in the Local Healthcare District Law, the Board of Directors shall be empowered as follows:

4.2.1 To control and be responsible for the management of all operations and affairs of the District.

4.2.2 To make and enforce all rules and regulations necessary for the administration, governance, protection, and maintenance of hospitals and other facilities under District jurisdiction.

4.2.3 To enter a contract of employment with a hospital administrator who shall be designated the Chief Executive Officer and to define the powers and duties of such administrator.

4.2.4 To employ legal counsel, compliance officer, and other officers, as may be appropriate, to advise the board of directors in matters pertaining to the business of the district.

4.2.5 To require Medical Staff to notify the Board of Directors upon election or change of the Chief of Staff, Vice Chief of Staff, Secretary-Treasurer, and of all Chairpersons of the various medical departments and services, whose powers and duties shall be defined by the Medical Staff Bylaws and approved by the Board of Directors.

4.2.6 To approve or disapprove all constitutions, bylaws, rules, and regulations including amendments thereof of all affiliated or subordinate organizations.

4.2.7 To establish policies for the operation of this District and any of its Facilities.

4.2.8 To adopt resolutions establishing policies or rules for the operation of this District and any of its Facilities. Such resolutions shall be kept in a separate book or file and shall be available for inspection at all times.

4.2.9 To designate by resolution persons who shall have authority to sign checks drawn on the funds of the District.

4.2.10 To negotiate or enter into agreements with independent contractors, including, but not limited to, physicians and paramedical personnel.

4.2.11 To provide for strategic institutional planning, to meet the health needs of the community.

4.2.12 To evaluate its own performance from time to time.

4.2.13 To do any and all other acts and things necessary to carry out the provisions of these Bylaws or of the provisions of the Local Healthcare District Law.

4.2.14 To approve an annual operating budget, develop long-term capital expenditure plans and monitor implementation of those plans.

4.2.15 To perform any other act as permitted by Section 32121 of the Health and Safety Code.

4.3 Operation of Facilities. The Board is the governing body of the District. All District powers shall be exercised by or under the direction of the Board. The Board is authorized to make appropriate delegations of its powers and authority to officers and employees. The Board shall evaluate the performance of its officers and employees, and also its own performance.

4.4 Rates. The Board shall establish rates subject to the parameters set forth in Health and Safety Code Section 32125 as same shall be amended from time to time.

4.5 Number and Qualifications. The Board shall consist of five members, each of whom shall be a registered voter residing in the District.

4.5.1 Except as provided in Sections 4.5.2 and 4.5.3, no person who is a director, policy-making management employee, or medical staff officer of a Hospital owned or operated by the District shall do either of the following:

4.5.1.1 Possessing any ownership interest in any other hospital serving the same area as that served by the District. For purposes of this Section 4.6.1.1, the possession of an ownership interest, including stocks, bonds or other securities by the spouse or minor children of any person shall be deemed to be the possession or interest of the person.

4.5.1.2 Be a director, policy-making management employee, or medical staff officer of any hospital serving the same area as the area served by the District except pursuant to section 4.5.2 below.

4.5.2 No person shall serve concurrently as a director for a District hospital and as a policymaking management employee of any other hospital serving the same area as the District hospital, unless the boards of directors of each of those hospitals have determined that the situation will further joint planning, efficient delivery of health care services, and the best interest of the areas served by their respective hospitals, or unless the hospitals are affiliated under common ownership, lease, or any combination thereof.

4.5.3 Any candidate who elects to run for the office of member of the Board and who owns stock in, or who works for any health care facility which does not serve the same area served by the District shall disclose on the ballot his or her occupation and place of employment.

4.5.4 For purposes of this Section 4.5, a hospital shall be considered to serve the same area as a District Hospital when more that 5% of the hospital's inpatient admissions are residents of the District.

4.6 Election and Term of Office. An election shall be held on the first Tuesday after the first Monday in November in each even-numbered year, at which a successor shall be chosen to each Director whose term shall expire on the first Friday of December following

such election. The election of Board members shall be election at large within the eligible residents of the District and shall be consolidated with the statewide general election. The candidates receiving the highest number of votes for the offices to be filled at the election shall be elected thereto. The term of office of each elected Board member shall be four years, or until the Board member's successor is elected and has qualified, except as otherwise provided by law in the event of a vacancy. An orientation shall be provided which familiarizes each new Board member with his or her duties and responsibilities, including the Board's responsibilities for quality care and the Facilities' quality assurance programs. Continuing education opportunities shall be made available to Board members.

4.7 Vacancies. In accordance with the provisions of Section 32100.2 of the Health and Safety Code, and notwithstanding any other provision of law, the term of any member of the Board of Directors shall expire if he or she is absent from three (3) consecutive regular meetings, or from three (3) or more of any five (5) consecutive meetings of the Board and the Board, by resolution, declares that a vacancy exists on the Board.

4.7.1 When a vacancy occurs on the Board, and except as otherwise specified in Government Code section 1780, the remaining Board members may fill any vacancy on the Board by appointment until the next District general election that is scheduled 130 or more days after the effective date of the vacancy, provided the appointment is made within a period of 60 days immediately subsequent to the effective date of such vacancy and provided a notice of the vacancy is posted in three or more conspicuous places in the District at least 15 days before the appointment is made. In lieu of making an appointment, the remaining members of the Board may within 60 days of the vacancy call an election to fill the vacancy.

4.7.2 If the vacancy is not filled by the Board as specified, or if the Board has not called for an election within 60 days of the vacancy, the Board of Supervisors of the County of Imperial may fill the vacancy within 90 days of the vacancy or the Board of Supervisors may order the District to call an election to fill the vacancy. If within 90 days of the vacancy the remaining members of the Board or the Board of Supervisors have not filled the vacancy and no election has been called for, the District shall call an election to fill the vacancy. If the number of remaining Board members falls below a quorum, at the request of the District's Secretary, or remaining Board members, the Board of Supervisors of the County of Imperial may waive the 60 day period specified above and make an appointment immediately to fill the vacancy, or may call an election to fill the vacancy. The board of Supervisors shall only fill enough vacancies to provide the Board with a quorum.

4.7.3 Persons appointed to fill the vacancy shall hold office until the next District general election and thereafter, until the person elected at such election to fill the vacancy has been qualified, but persons elected to fill the vacancy shall hold office for the unexpired balance of the term of office.

4.8 Resignation and Removal. Any Board member may resign effective upon giving written notice to the President or the Secretary of the Board, unless the notice specifies a later time for the effectiveness of such resignation. The term of any member of the Board

shall expire if the member is absent from three consecutive regular meetings for from three (3) of any five (5) consecutive meetings of the Board and if the Board by resolution declares that a vacancy exists on the Board. All or any of the members of the Board may be recalled at any time by the voters following the recall procedure set forth in Division 11 of the Elections Code.

4.9 Compensation. The Board shall be compensated $100.00 for each of the regular monthly board meetings that they attend, not to exceed five (5) meetings per month, in accordance with Health and Safety Code Section 32103.

4.10 Reimbursable Expenses. When Board members attend conferences, education activities, or other activities during the performance of official duties, and those events require overnight accommodations, lodging, meals and travel, such reasonable expenses may be reimbursed by the District.

4.11 Directors' Defense and Indemnification. Except as hereafter provided, directors and former directors will be defended and indemnified, at District expense, as to claims directed against them individually or collectively, arising from the performance of their official duties.

In accordance with Government Code Sections 995.2 and 995.4, the Board of Directors, acting without the participation of affected members, may refuse to defend or indemnify a director or directors a former director or directors, if the Board, by a majority vote of unaffected directors, determines that:

4.11.1 The act or omission was not within the scope of the Director's employment (i.e., official duties); or

4.11.2 The Director acted or failed to act because of actual fraud, corruption or actual malice; or

4.11.3 The defense of the action or proceeding by the District would create a conflict of interest between the District and the Director or Former Director.

4.11.4 Pursuant to Government Code Section 995.8, a defense, at District expense, may be provided for the benefit of a director who is the subject of criminal proceedings based upon his or her official acts or omissions, if the Board, acting without participation of the affected director, determines by majority vote that (1) such defense would be in the best interest of the District; and (2) the director acted in good faith, without actual malice, and in the apparent interest of the District.

ARTICLE 5
OFFICERS

5.1 Officers. At its first regular meeting following the first Friday in December of each year, the Board shall select from its members a President, Vice President, Secretary,

Treasurer, and Assistant Secretary/Treasurer.

5.2 Duties of President. Duties of the President shall include, but are not necessarily limited to:

5.2.1 Presiding over all meetings of the Board of Directors.

5.2.2 Signing, as President, on behalf of the District, all instruments in writing which he has been specifically authorized by the Board to sign.

5.2.3 Exercising such other responsibilities for the management of the affairs of the District as provided by law, subject to the advice and control of the Board.

5.3 Duties of Vice President. Duties of the Vice-President shall include the exercise of all powers and performance of all duties of the President, in the event of his or her absence or unavailability to perform his or her duties.

5.4 Duties of Secretary. Duties of Secretary shall include countersigning all minutes of Board meetings, attendance to correspondence of the Board, and performance of such other duties as ordinarily pertain to his or her office.

5.5 Duties of Treasurer. Duties of the Treasurer shall include the safekeeping and disbursal of the funds in the treasury of the district.

5.6 Duties of Assistant Secretary/Treasurer. Duties of the Assistant Secretary/Treasurer shall include the exercise of all powers and performance of all duties of the Secretary and/or the Treasurer, in the event of the Secretary's and/or the Treasurer's absence or unavailability to perform his or her duties.

ARTICLE 6
BOARD MEETINGS

6.1 Board Meeting. A meeting of the Board is any congregation of a majority of the members of the Board at the same time and place to hear, discuss or deliberate upon any item that is within the subject matter jurisdiction of the Board or as otherwise defined in Section 54952.2 of the Government Code.

6.2 Regular Meetings. The ~~time and place of~~ regular meetings of the Board of Directors shall be every fourth Monday of the month~~established~~, and may be changed from time to time, by resolution of the Board of Directors.

6.3 Special Meetings. Special meetings of the Board of Directors may be called in the manner prescribed by the Government Code of the State of California Section 54956 as the same may be amended from time to time.

~~6.4 Supplemental Board Meetings. A supplemental meeting of the Board may be held to accommodate additional board business during the same month in which a regular Board Meeting is held and shall be subject to all applicable regulations that apply to a regular Board Meeting.~~

~~6.5~~6.4 No Scheduled ~~August~~ July Board Meetings. The Board shall not meet for any regularly scheduled board meetings during the month of July. ~~Regularly scheduled meetings include both regular board meetings and supplemental Board meetings~~.

~~6.5.1~~6.4.1 Notwithstanding the absence of regularly scheduled board meetings in July, the Board reserves the right to call a Special Meeting, if deemed appropriate by the Board Chair, pursuant to Section 6.3 above.

~~6.6~~6.5 Meeting Agendas/Notices.

~~6.6.1~~6.5.1 At least 72 hours before a regular meeting, the Board shall cause to be posted an agenda containing a brief description of each time of business to be transacted or discussed at the meeting, including items to be discussed in closed session. A brief general description of the item generally need not exceed twenty (20) words, and when appropriate, may utilize the agenda descriptions contained in the Brown Act (Government Code Section 54954.5). The agenda shall specify the time and location of the regular meeting and shall be posted in a location that is freely accessible to members of the public. No action shall be taken on any item not appearing on the posted agenda, unless one of the following conditions exists:

~~6.6.1.1~~6.5.1.1 The Board has determined, by a majority vote that an emergency situation exists. An emergency situation, for purposes of these Bylaws, means either: (a) a work stoppage or other activity which severely impairs public health, safety, or both, or (b) a crippling disaster which severely impairs public health, safety, or both.

~~6.6.1.2~~6.5.1.2 Upon a determination by a two-thirds vote of the Board, or, if less than two-thirds of the members are present, a unanimous vote of those members present, that the need to take action arose subsequent to the agenda being posted.

~~6.6.1.3~~6.5.1.3 The item was posted, as required above, for a prior meeting of the Board occurring not more than five calendar days prior to the date action is taken on the item, and at the prior meeting the item was continued to the meeting at which the action is being taken.

For purposes of these Bylaws, "action taken" means a collective decision made by a majority of the members of the Board to make a positive or negative decision, or an actual vote by a majority of the members of the Board upon a motion, proposal, resolution or order.

~~6.6.1.4~~6.5.1.4 The Board may briefly respond to statements made or questions posed by the public at the meeting. In addition, on its own initiative, or in

response to questions posed by the public, the Board may ask a question for clarification, provide a reference to staff or other resources for factual information, or request staff to report back to the Board at a subsequent meeting. Furthermore, a Board member or the Board itself may take action to place a matter of business on a future agenda.

~~6.6.2~~6.5.2 The Board shall give mailed notice of every regular board meeting, and any special meeting which is called, at least one week prior to the date set for the meeting, to any person who has filed a written request for such notice with the Board. Any mailed notice required pursuant to this Section shall be mailed at least one week prior to the date set for the meeting to which it applies, except that the Board may give such notice as it deems practical of special meetings called less than seven (7) days prior to the date set for the meeting, or in the case of an emergency meeting, telephone notice in accordance with Section 54956.5 of the Government Code. Any request for notice file pursuant to this Section shall be valid for one (1) year from the date on which it is filed unless a renewal request is filed. Renewal requests for notice shall be filed within ninety (90) days after January 1, of each year. The Board may establish by resolution a reasonable annual charge for sending such notice based on the estimated cost of providing such service.

~~6.7~~6.6 Members of the Public. Members of the public shall be afforded those rights as conferred by Government Code Section 54954.3, and District shall comply with all agenda requirements set forth therein.

~~6.8~~6.7 Quorum. A majority of the members of the Board of Directors shall constitute a quorum for the transaction of business unless prohibited by law, the act of a majority of the Board members present at a meeting shall be an act of the Board.

~~6.9~~6.8 Adjournment of Meetings and Continuance of Hearings. Board meetings may be adjourned in the manner set forth in Government Code Section 54955. Hearings may be continued in the manner set forth in Government Code Section 54955.1.

~~6.10~~6.9 Public Meetings. All meetings of the Board of Directors shall be open to the public excepting only such meetings which are expressly permitted by Government Code Sections 54956.7, 54956.8 54956.86, 54956.87, 54956.9, 54956.95, 54957, 54957.1, 54957.6, and 54957.8 or Health and Safety Code Section 32106 to be held in closed session or any other statute that permits a local Healthcare District to meet in closed session.

~~6.11~~6.10 Minutes. The Clerk of the Board shall cause to be kept at the principal office of the District, a book of minutes of all meetings of the Board of Directors, showing the time and place, whether regular or special, and if special, how authorized, the notice given, the names of the Directors present, and a statement of the vote of the Directors of all motions and resolutions. The Secretary shall countersign all minutes and records of Board proceedings. No minutes shall be kept for any meeting of the Board held in closed session.

~~6.12~~6.11 Medical Staff Representation/Medical Staff/Directors' Liaison. The duly elected Chief of Staff of the Hospital Medical Staff, or his or her designee, shall be entitled

and encouraged to attend all meetings of the Board of Directors except closed sessions, unless his or her presence is requested. Regular directors' meeting agendas shall include, and the Chief of Staff shall be encouraged to provide, a report, to the Board regarding matters of business involving or pertaining to the Hospital Medical Staff. The Chief of Staff, or his or her designee shall have the right to participate in board discussions and deliberations, however, he or she shall not have the right to vote on any matters.

~~6.13~~6.12 Disrupted Meetings. If a meeting is willfully interrupted as defined in Section 54957.9 of the Government Code, the Board may clear the meeting room and consider matters on the agenda. Members of the press shall be allowed to attend any such session, unless they participated in the disturbance or, the matter to be considered is a closed session item. The Board may establish a procedure to readmit others not participating in the disturbance, if they so desire. To the extent this section conflicts with Section 54957.9, that code section shall govern.

ARTICLE 7
BOARD COMMITTEES

7.1 Appointment. All committees, whether standing or special (ad hoc) shall be appointed by the President. The chairman of each committee shall be appointed by the President. All committees shall be advisory only to the Board unless otherwise specifically authorized to act by the Board.

7.2 Special or Ad Hoc Committees. A special or ad hoc committee is an advisory committee composed solely of the members of the Board which is less than a quorum of the Board, which does not have continuing subject matter jurisdiction, and does not have a meeting schedule fixed by resolution or formal action of the Board. Special or ad hoc committees may be appointed by the President for special tasks as circumstances warrant, and upon completion of the task for which appointed such special or ad hoc committee shall stand discharged.

7.3 Standing Committees. Standing Committees may be appointed as set forth below, and, if appointed, such committees shall continue in existence until discharged by specific action of the Board of Directors. Other standing committees may be appointed from time to time as the Board of Directors may authorize. Each Standing Committee shall have advisory powers only and shall make recommendations to the Board.

7.4 Advisors. A committee chairman may invite individuals with expertise in a pertinent area to meet with and assist the committee. Such advisors shall not vote or be counted in determining the existence of a quorum and may be excluded from any committee session.

7.5 Meetings and Notice. Meetings of a committee may be called by the President, the chairman of the committee, or a majority of the committee's voting members.

7.6 Quorum. A majority of the voting members of a committee shall constitute a quorum

for the transaction of business at any meeting of such committee. Each committee shall keep minutes of its proceedings and shall report periodically to the Board.

7.7 Action by a Committee. Where a quorum of committee members are present, an act of the majority of those members shall constitute an act of the committee. If less than a quorum of the committee is present, no act taken shall be valid unless approved in writing by the absent members. For special or ad hoc committees, action may be taken without a meeting, provided that the act to be taken is in writing and has been signed by all members of the committee.

7.8 Term of Committee Members. Committee members shall retain their status as committee members until a successor is appointed, they are removed by the President (subject to the consent of a majority of the Board), they are no longer a board member or, in the case of a special or ad hoc committee, when the purpose of that committee has been achieved.

ARTICLE 8
ADMINISTRATOR

8.1 Administrator. The Chief Executive Officer will act as Administrator, who, subject to such policies as may be adopted, and such orders as may be issued by the Board, or by any of its committees to which it has delegated power for such action, shall have the responsibility, as well as the authority, to function as the Administrator of the institution, translating the Board's policies into actual operation. In such capacity he or she shall have the responsibility for and the authority to:

8.1.1 Implement the policies adopted by the Board. By working with standing and special committees of the Board and joint committees of the Medial Staff of the Hospital, the Administrator is to participate in elaborating of policies which provide the framework for patient care of high quality at reasonable cost.

8.1.2 Control the overall operation of the District, its Facilities and other health services, including out-of-hospital services sponsored by the District. This includes responsibility for coordinating among Facilities and services to avoid unnecessary duplication of services, facilities and personnel, and control of costs. This also includes responsibility for sound personnel, financial, accounting and statistical information practices, such a preparation of District budgets and forecasts, maintenance of proper financial and patient statistical records, collection of data required by governmental and accrediting agencies, and special studies and reports required for efficient operation of the District.

8.1.3 Implement community relations activities, including, as indicated, public appearances, responsive communication with the media.

8.1.4 Assist the Board in planning services and facilities and informing the Board of

Governmental legislation and regulations and requirements of official agencies and accrediting bodies, which affect the planning and operation of the facilities, services and programs sponsored by the District, and maintenance of appropriate liaison with government and accrediting agencies and implementing actions necessary for compliance.

8.1.5 Hire and terminate all employees of the District.

8.1.6 Administer professional contracts between the District and Practitioners.

8.1.7 Provide the Board and Board committees with adequate staff support.

8.1.8 Send periodic reports to the Board and to the Medical Staff on the overall activities of the District and the Facilities, as well as pertinent federal, state and local developments that effect the operation of District Facilities.

8.1.9 Provide liaison among the Board, the Medical Staff, and the District's operating entities.

8.1.10 Maintain insurance or self-insurance on all physical properties of the District.

8.1.11 Designate other individuals by name and position who are, in the order or succession, authorized to act for the Administrator during any period of absence.

8.1.12 Such other duties as the Board may from time to time direct.

ARTICLE 9
MEDICAL STAFF

9.1 Organization. There shall be a separate Medical Staff organization for the District's Hospital with appropriate officers and bylaws and with staff appointments on at least a biennial basis. The Medical Staff of each Hospital shall be self-governing with respect to the professional work performed in that Hospital. Membership in the respective Medical Staff organization shall be a prerequisite to the exercise of clinical privileges in each Hospital, except as otherwise specifically provided in the Medical Staff bylaws.

9.1.1 District Facilities other than the Hospital may also have professional personnel organized as a medical or professional staff, when deemed appropriate by the Board pursuant to applicable law and The Joint Commission and/or other appropriate licensure and accreditation standards. The Board shall establish the rules and regulations applicable to any such staff and shall delegate such responsibilities, and perform such functions, as may be required by applicable law and The Joint Commission and/or other appropriate licensure and accreditation standards. To the extent provided by such rules, regulations, laws and standards, the medical or professional staffs of such Facilities shall perform those functions specified in this Article 9.

9.2 Medical Staff Bylaws. Medical Staff shall propose and adopt by vote bylaws, rules and regulations for its internal governance which shall be subject to, and effective upon, Board approval, which shall not be unreasonably withheld. These bylaws shall be known as the Bylaws of the Medical Staff. The bylaws, rules and regulations shall be periodically reviewed for consistency with Hospital policy and applicable legal or other requirements. The bylaws shall create an effective administrative unit to discharge the functions and responsibilities assigned to the Medical Staff by the Board. The bylaws, rules and regulations shall state the purpose, functions and organization of the Medical Staff and shall set forth the policies by which the Medical Staff exercises and accounts for its delegated authority and responsibilities. The bylaws, rules and regulations shall also establish mechanisms for the selection by the Medical Staff of its officers, departmental chairpersons and committees. The Bylaws of the Medical Staff shall include those matters required by Section 32128 of the California Health and Safety Code, as the same may be amended from time to time.

9.3 Quality Assurance, Medical Staff Membership and Clinical Privileges. Membership on the Medical Staff shall be restricted to Practitioners who are competent in their respective fields, worthy in character and in professional ethics, and who are currently licensed by the State of California. The bylaws of the Medical Staffs may provide for additional qualifications of membership and privileges, as appropriate. The Board shall also require mechanisms to assure the provision of one level of care in each Facility, and to assure that patients with the same health problem are receiving a consistent and appropriate level of care. The Board, through the Hospital's Administration, shall provide whatever administrative assistance is reasonably necessary to support and facilitate these activities. The Board hereby delegates to the Medical Staff the responsibility and authority to carry out these activities including the investigation and evaluation of all matters relating to Medical Staff membership status, clinical privileges and corrective action. The Medical Staff shall forward to the Board specific written recommendations with appropriate supporting documentation that will allow the Board to take informed action. Final action on all matters relating to Medical Staff quality management, membership status, clinical privileges and corrective action shall be taken by the Board after considering the Medical Staff recommendations. The Board shall utilize the advice of the Medical Staff in granting and defining the scope of clinical privileges to individuals, commensurate with their qualifications, experience and present capabilities. No applicant shall be denied Medical Staff membership and/or clinical privileges on the basis of sex, race, creed, color or national origin, or on the basis of any other criterion lacking professional justification, including, but not limited to, exclusions from the Medical Staff solely because he or she is licensed by the Osteopathic Medical Board of California.

9.4 Terms and Conditions. The terms and conditions of membership status in the Medical Staff, and of the exercise of clinical privileges, shall be as specified in the Bylaws of the Medical Staff.

9.5 Procedure. The procedure to be followed by the Medical Staff and the Board in acting on matters of membership status, clinical privileges, and corrective action, shall be specified in the Bylaws of the Medical Staff.

9.6 Appellate Review. Any adverse action taken by the Board with respect to a Practitioners Medical Staff status or clinical privileges, shall, except under circumstances for which specific provision is made in the Medical Staff bylaws, be subject to the practitioner's right to an appellate review in accordance with procedures set forth in the Medical Staff Bylaws.

9.7 Judicial Review. Section 1094.6 of the California Code of Civil Procedure shall govern the rights of any person aggrieved by the final decision of the Board, either with respect to a decision pertaining to a Medical Staff issue or any other issue whatsoever upon which the Board may act.

ARTICLE 10
QUALITY ASSURANCE/ORGANIZATIONAL PERFORMANCE IMPROVEMENT

10.1 Quality Assurance/Organizational Performance Improvement Plan. From time to time, in consultation with appropriate Medical Staff Committees, the Board shall adopt and implement a Quality Assurance Program and Performance Improvement Program for the Hospital.

10.2 Implementation, Evaluation and Monitoring of Quality Assurance/Organizational Performance Improvement Program. The Medical Staff and staffs of the Hospital departments and services are required to implement and report on the activities and mechanisms for monitoring and evaluation of quality of patient care, for identifying and resolving problems, and for identifying opportunities to improve patient care and leadership. These areas shall, at a minimum, include: patient rights and organizational ethics, patient assessment, patient care, education (patient, family, community and staff), continuance of care, improving organizational performance, providing a framework for planning, directing, coordinating, providing and improving health care services that are responsive to community and patient needs and that improve patient health outcomes, the environment of care, human resources and information, and infection control.

10.3 Risk Management. In addition to quality assurance and organizational performance improvement functions, the Board will provide resources and support systems for risk management functions related to patient care and the safety of patients, staff, practitioners and the community.

10.4 Administrator's Involvement. At all times, the Administrator shall carry out the policies of the Board of Directors supporting these activities and mechanisms.

ARTICLE 11
AUXILIARY ORGANIZATIONS

11.1 Formation. The Board may authorize the formation of auxiliary organizations to

assist in the fulfillment of the purposes of the District. Each such organization shall establish its bylaws, rules and regulations, which shall be subject to Board approval, and which shall not be inconsistent with these bylaws or the policies of the Board.

11.2 Healthcare District Auxiliary. The Pioneers Memorial Healthcare District Auxiliary, a non-profit California corporation, shall be and is hereby recognized as an organization, the activities of which shall include promotion and advancement of the welfare District and its patients.

11.3 Pioneers Memorial Hospital Foundation. The Pioneers Memorial Hospital Foundation, a non-profit California corporation, shall be and is hereby recognized as an organization, which supports the District through the solicitation, receipt and prudent administration of gifts from individuals, corporations, private foundations and grant-making entities.

ARTICLE 12
CLAIMS AND JUDICIAL REMEDIES

12.1 Judicial Review. Section 1094.6 of the California Code of Civil Procedure shall govern the rights of any person aggrieved by any decision of the Board or the District.

12.2 Claims Procedure. Notwithstanding any exceptions contained in Section 905 of the Government Code, no action based on a claim shall be brought against the District unless presented to the District within the time limitations and in the manner prescribed by Section 910 through 915.4 of the Government Code. Such claims shall further be subject to Section 945.4 of the Government Code.

ARTICLE 13
AMENDMENT

13.1 These bylaws may be amended or repealed by vote of at least three members of the Board at any Board meeting. Such amendments or repeal shall be effective immediately, except as otherwise indicated by the Board.

ARTICLE 14
REVISIONS TO BYLAWS

Approved: 4-22-82
Reviewed: 5-30-83

Revised: 3-26-84
Revised: 9-30-85
Revised: 3-26-90 *Complete Review and Update
Revised: 3-29-93
Revised: 4-26-93
Revised: 7-26-93
Revised: 1-24-94
Revised: 3-28-94
Revised: 4-25-94
Revised: 7-24-95
Revised: 11-27-95*Complete Review and Update
Revised: 12-11-95
Revised: approved 03/05
Revised: 3/22/2010 Complete Review and Update
Revised: 12/18/2014 Complete Review and Update
Revised: 1/4/2018 Complete Review and Update
Revised: 3/16/23 Complete Review and Update
Revised: 4/9/24 Review and Update

ADOPTION OF AMENDED AND RESTATED BYLAWS

Approved and adopted at a meeting of the Board of Directors of Pioneers Memorial Healthcare District, duly held on ~~February 26, 2018~~April 23, 2024.

CERTIFICATE OF SECRETARY

I, the undersigned, certify that I am the currently elected and acting Secretary of Pioneers Memorial Healthcare District, a public hospital district, and the above Amended and Restated Bylaws, consisting of 20 pages, are the Bylaws of the Pioneers Memorial Healthcare District as adopted pursuant to the required affirmative vote of the Board of Directors of Pioneers Memorial Healthcare District as amended and restated on ~~February 26, 2018~~April 23, 2024.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Secretary ~~on~~ on April 23, 2024~~February 26, 2018~~.

_____

~~Nickolas P. Aguirre~~Rachel Fonseca, PMHD Board of Directors