

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

Tuesday, October 22, 2024
PMH Auditorium
4:00 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: 4:00 pm – 4:15 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: 4:15 pm – 4:30 pm*)
- IV. MEDICAL STAFF REPORT** – Ramaiah Indudhara, MD, Chief of Staff, will present for Board consideration, the following matters: (*time: 4:30 pm – 5:00 pm*)
 - A. Recommendations from the Medical Executive Committee for Medical Staff Membership and/or Clinical Privileges, policies/procedures/forms, or other related recommendations
- V. 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: 5:00 pm – 5:45 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:

SECTION

a. Updating Certain District Strategic Planning Initiatives

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

1. PMHD v. IVHD

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

VI. RECONVENE TO OPEN SESSION (*time: 5:45 – 5:50 pm*)

A. Take Actions as Required on Closed Session Matters

VII. POLICIES/PROCEDURES/REVIEW OF OTHER ITEMS – The Board will consider and may take action on the following: (*time: 5:50 pm – 6:30 pm*)

A. Community Service Project by Scouts of America

B. Hospital Policies

1. Accounts Payable WI
2. ACH Debit and Wire Transfer WI
3. Ambulance Offload Time Reduction
4. Checking Accounts
5. Days Cash on Hand
6. Emergency Food Supply and Disaster Plan
7. Family and Medical Leave FMLA/CFRA
8. Harassment Discrimination and Retaliation Prevention
9. Hospital Search and Seizure
10. Jury Witness Duty and Absence to Vote
11. Payroll Deductions
12. Reciprocal Proctoring
13. Recruitment and Retention Incentive Program
14. Referral Bonus
15. Timekeeping System/Time Sheet Completion
16. Transfusion Service Quality Program
17. Visitor Policy
18. Waiving Employee Group Health Insurance

C. Approval of Minutes

1. 9/19/24 Special Meeting

D. Update Reports

SECTION

1. Women's Auxiliary
 2. Funding Request
 - a. Calipatria Lions Club – Annual Chuckwagon Breakfast
 3. LAFCO
- E. Authorize First Amendment to License Agreement with UpToDate, Inc.
Contract Value: \$17,424.⁷¹/yr.; Contract Term: on-going with 60-day notice; Budgeted: Yes; Budget Classification: Dues/Subscriptions
- F. Authorize Renewal of Barracuda E-Mail Security with CDW Government
Contract Value: \$65,729.⁸⁸; Contract Term: One (1) year; Budgeted: No; Budget Classification: License/Maintenance & Repairs
- G. Authorize Contingency Search Agreement with DNA Recruiting LLC
Contract Value: depends on placement; Contract Term: Two (2) years; Budgeted: No; Budget Classification: Purchased Services
- H. Authorize Purchase and Sale Agreement with HER Plaza, LLC
Contract Value: not to exceed \$3,900,000 + incidental closing costs; Contract Term: Purchase; Budgeted: No; Budget Classification: Capital
- I. Approval of the Public Facilities Corporation to Purchase 20% Ownership in Brawley Gastroenterology Medical Group, Inc. on behalf of Pioneers Memorial Healthcare District
Contract Value: \$420,000; Contract Term: Purchase; Budgeted: No; Budget Classification: Capital
- J. Authorize Amendment for Midas+DataVision Agreement with Symplr Software LLC
Contract Value: \$156,470.²⁰; Contract Term: Three (3) years; Budgeted: Yes; Budget Classification: Purchased Services
- K. Authorize Fourth Amendment to Administrative Services Agreement with Rady Children's Hospital – San Diego
Contract Value: depends on volumes; Contract Term: One (1) year; Budgeted: yes; Budget Classification: Professional Fees
- L. Authorize Seventh Amendment to Professional Services Agreement with Rady Children's Specialists of San Diego
Contract Value: \$172.⁵⁰/hr; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Professional Fees
- M. Authorize Purchase Agreement for OER-Elite Endoscope Reprocessor with Olympus of America, Inc.
Contract Value: \$55,091.⁵⁹; Contract Term: Purchase; Budgeted: No; Budget Classification: Capital
- N. Authorize Coverage Services Agreement with Hamid Zadeh, MD
Contract Value: not to exceed \$359,808/yr.; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Professional Fees
- O. Authorize Medical Directorship Agreement with Kestutis V. Kuraitis, MD, PhD
Contract Value: not to exceed \$24,000/yr.; Contract Term: Three (3) years; Budgeted: Yes; Budget Classification: Professional Fees
- P. Authorize Professional Service Agreement for Kestutis V. Kuraitis, MD, PhD
Contract Value: not to exceed \$852,000/yr; Contract Term: Three (3) years; Budgeted: Yes; Budget Classification: Professional Fees

SECTION

- Q. Authorize Professional Service and On-Call Agreement with Patrick Sweet, MD PC
Contract Value: approx. \$400,000; Contract Term: Three (3) years; Budgeted: Yes; Budget
Classification: Professional Fees
- R. Authorize Professional Service and On-Call Coverage Agreement with M. Theresa C. Ramones, MD, Inc.
Contract Value: approx. \$700,000; Contract Term: Three (3) years; Budgeted: Yes; Budget
Classification: Professional Fees
- S. Authorize Professional Service Agreement with Susan J. Hahm, MD
Contract Value: approx. \$160,000; Contract Term: Three (3) years; Budgeted: Yes; Budget
Classification: Professional Fees
- T. Authorize Sixth Amendment to Affiliation Agreement with Scripps Health
Contract Value: \$144,000; Contract Term: One (1) year; Budgeted: Yes; Budget Classification:
Purchased Services
- U. Authorize Proposal for Financial Assistance Program Review with Steve Clark & Associates
Contract Value: \$15,000 + other fees; Contract Term: Six (6) months; Budgeted: Yes; Budget
Classification: Purchased Services
- V. Authorize Providers Network Letter of Agreement with Community Health Plan of Imperial Valley
Contract Value: 100% Medicare Rates; Contract Term: ongoing; Budgeted: N/A; Budget Classification:
Revenue

VIII. MANAGEMENT REPORTS – The Board will receive the following information reports and may take action. *(time: 6:30 pm – 7:00 pm)*

A. Operations Reports –

1. Finance (Acting Chief Executive Officer/Chief Financial Officer)
 - a) September 2024 Finance Report
 - b) Seismic Update
 - c) Facilities, logistics, construction, support
 - d) Information Technology
2. Hospital operations (Chief Nursing Officer)
 - a) Operations report
 - b) Medical staff
 - c) Quality resources
3. Clinics operations (Chief of Clinic Operations)
 - a) September 2024 Report
4. Human Resources (Chief Human Resources Officer)
 - a) September 2024 HR Report
 - b) Marketing

SECTION

5. Board matters

B. Legal Counsel Report – Sally Nguyen

1. All matters to be discussed in Closed Session

IX. ADJOURNMENT *(time: 7:00 pm)*



DATE: October 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 November 1, 2024** for the following:
 - Shafter, Ahmed, MD Internal Medicine
 - Singh, Amanjung, MD Internal Medicine
 - Stein, Nicholas, DO Internal Medicine
 - Wallenfelsz, Grant, MD Emergency Medicine
 - Aviles-Garcia, Francisco, FNP Family Nurse Practitioner
2. Recommend **Reappointment** effective November 1, 2024 for the following:
 - Azimi, Hassan, MD Orthopedic Surgery, Hand Surgery
 - Boynton, Heather, MD Emergency Medicine
 - Kuraitis, Kestutis, MD, PhD OB/GYN
 - Cox-Alarcon, Aubrey, PA Physician Assistant
 - Hall, Michael, CRNA Nurse Anesthetist
3. Recommend **Advancement** effective November 1, 2024:
 - Dastagir, Tariq, MD Internal Medicine (Active)
 - Tran, Tony, MD Internal Medicine (Active)
4. Recommend acceptance of the following **Resignations from Staff** effective October 31, 2024:
 - Oz, Abdullah, MD Internal Medicine
 - Parker, Hannah, CRNA Nurse Anesthetist
5. Recommend acceptance of the following policies/forms:
 - Ambulance Patient Off Load Time (APOT) Reduction (CLN-01935)
 - Blood Utilization Review and Transfusion Audit (TRM-047)
 - Epidural Protocol (CLN-01060)
 - Hyponatremia PION_CA (CLN-01343)
 - Mammography Consumer Complaints (CLN-00861)
 - Mammography Record Keeping – Patient History (CLN-00874)
 - Mammography Technologist Restrictions (CLN-00881)
 - Patient Death: Determination of Brain Death (CLN-00029)
 - Reciprocal Proctoring (MSD-00109)
 - Rh Immune Globulin (TRM-034)
 - Transfusion Service Good Manufacturing Practice (TRM-048)
 - Transfusion Service Quality Program (TRM-002)
6. Medical Staff Leadership (Chief of Staff, Vice Chief of Staff) elections were held in September. Votes have not yet been counted.
7. Ms. Loper reported that the IVHD Board met, the JPA (Joint Powers Agreement) was mentioned but not presented. We will be watching for this document, expected between now and November 5th. It was stated that we have a really great team here and we are managing on our own very well. There was an interim, part time CEO hired for the IVHD Board, Mr. Chris Bjornberg. There was discussion regarding dissolution of the PMHD district, however the judge assured those involved that he would not allow this to happen, he would step in.



8. The transfer report was not available.
9. All providers need to be Respiratory Mask Fit Tested per DNV. We have current information on 83 of the 178 providers, which is 47%. Chairs and members of the MEC were reminded that all need to have this done.
10. September financial numbers were not yet available for reporting.
11. The providers were reminded of the IV Solution shortage and informed that we received only about 50% of our order, we are still looking for solutions and ways to conserve. We will re-order on Monday and see if we can get more.
12. For Nurse staffing, it was noted that 8 have been hired, we have received 3 resignations and there are 20 in orientation. There remain approximately 20 nurse positions open in different departments. We are working on recruiting additional nurses for our busy season. We have 5 travelers in Labor/Delivery and NICU. In addition, there have been skills fairs and there is one more coming for Infection Control. Patient experience team has been reactivated. Nursing is also working on staffing for the holiday season coming up.
13. Clinical Service and Committee Reports:
 - o Medicine – Service had no meeting.
 - o Emergency Medicine – There was no meeting
 - o Surgery/Anesthesia/Pathology –no meeting.
 - o OB/GYN – There was a discussion with regards to the number of C-sections and inductions since all of these are done at PMHD now.
 - o Pediatrics – No meeting.
 - o Medical Imaging – A Director for the department has been hired from within. We have a Nuc Med tech traveler that we may be able to recruit to stay. We are the only ones in the county doing Nuc Med at this time. We are in process of the purchase of a new CT scanner.
 - o Ambulatory Services – Flu vaccines clinics have been held in Calxico, 55 patients showed up for their injections. We will have these clinics for the Pediatrics Center and Pioneers Health Center as well.
 - o Credentials & Bylaws – As noted above
 - o MSQC – There was discussion with regards to the BCMA numbers below previous scores due to the ED not previously being included. Medication reconciliation – A process was rolled out in an effort to improve these processes. There was discussion regarding participation in Leapfrog.
 - o Utilization Management – Dr. Su stated that things are running pretty smoothly. Reviewing denials from insurance carriers.

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/cb

POLICIES FOR APPROVAL AT MEC

	Policy	Policy No.	Page #	Revisions (see policy for full description)
1.	Ambulance Patient Off Load Time (APOT) Reduction	CLN-01935	• 1-2	• New Policy
2.	Blood Utilization Review and Transfusion Audit	TRM-047	• 3-5	• No Changes
3.	Epidural Protocol	CLN-01060	• 6-9	<ul style="list-style-type: none"> • Modified 1.1, Took out DOU and added Obstetric department. • Modified 3.1, took out DOU
4.	Hyponatremia PION_CA	CLN-01343	• 10-12	• Order Set
5.	Mammography Consumer Complaints	CLN-00861	• 13-14	<ul style="list-style-type: none"> • Contact person to submit complaint changed to Andres Garcia, Radiology Manager. • 3.1.1 Added Andres Garcia, Radiology Manager • Added Ashley Preciado as Author
6.	Mammography Record Keeping – Patient History	CLN-00874	• 15-16	• Change in current Author: Andres Garcia and Ashely Preciado
7.	Mammography Technologist Restrictions	CLN-00881	• 17	<ul style="list-style-type: none"> • Change in current Author: Andres Garcia and Ashley Preciado • 3.1.1 added by a qualified radiologist or mammography interpreting physician
8.	Patient Death: Determination of Brain Death	CLN-00029	• 18-22	<ul style="list-style-type: none"> • Modified 3.2.2.3.2 Pre-oxygenate with 100% for 30 min. • Modified 3.2.2.3.3 Connect the pulse oximeter and disconnect the ventilator. • Modified 3.2.2.3.4 Place T piece at ETT and deliver 100% O2. • Modified 3.2.2.3.6 Measure the PCO2 and PH after 10 minutes and reconnect the ventilator.
9.	Reciprocal Proctoring	MSD-00109	• 23-26	• New Policy
10.	Rh Immune Globulin	TRM-034	• 27-30	• No changes made on 8/27/2024.
11.	Transfusion Service Good Manufacturing Practice	TRM-048	• 31-36	• No Changes made 7/17/2024
12.	Transfusion Service Quality Program	TRM-002	• 37-45	• No changes made on 7/9/2024

Pioneers Memorial Healthcare District

Title: Accounts Payable Work Instruction		Policy No. DPS-00008
		Page 1 of 3
Current Author: Carly Loper, Chief Financial Officer		Effective: 2/2002
Latest Review/Revision Date: 10/2024		Manual: Department Specific

Collaborating Departments: A/P; General Accounting, Materials Management		Keywords: Accounts Payable	
Approval Route: List all required approval			
PSQC		Other: Administrative Team	
Clinical Service _____	MSQC	MEC	BOD 10/2024

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 The Accounts Payable policy and procedure has been developed to assure that authorization and documentation of all expenditures are processed in accordance with generally accepted accounting principles.
- 1.2 The Accounts Payable (AP) staff shall provide efficient, precise and prompt service.

2.0 Scope:

- 2.1 Accounts Payable & Materials Management

3.0 Policy:

- 3.1 Invoices
 - 3.1.1 Invoice and purchase order (PO) numbers must be provided for processing
 - 3.1.2 Discrepancies between the invoice and P.O must be cleared and corrected with the Materials Management Department
- 3.2 Check request
 - 3.2.1 See Check Request Policy #DPS-00951
 - 3.2.2 See Check Request form for processing
- 3.3 Board Approved Contracts
 - 3.3.1 See Contract Policy #CMP-00003
 - 3.3.2 See Contract forms
- 3.4 Reimbursement Travel Expense
 - 3.4.1 See Travel Expense Reimbursement Policy #ADM-00175
 - 3.4.2 See Travel Expense Reimbursement forms
 - 3.4.3 Supporting documentation must be attached.
- 3.5 Petty Cash
 - 3.5.1 See Petty Cash Policy #DPS-00009
 - 3.5.2 See Petty Cash forms
- 3.6 Wire Transfers
 - 3.6.1 See Wire Transfer Policy DPS-00011

4.0 Definitions:

- 4.1 The Accounts Payable system is Multiview.

5.0 Procedure:

- 5.1 Processing and Distributions

Pioneers Memorial Healthcare District

Title: Accounts Payable Work Instruction		Policy No. DPS-00008
		Page 2 of 3
Current Author: Carly Loper, Chief Financial Officer		Effective: 2/2002
Latest Review/Revision Date: 10/2024		Manual: Department Specific

- 5.1.1 Request for checks must be processed according to the agreement.
- 5.1.2 All invoices must be submitted to Accounts Payable by Tuesday at noon to be included in Friday's AP check run.
- 5.1.3 All Invoices must be matched to the purchase orders, as applicable, by the Accounts Payable Department.
- 5.1.4 Accounts Payable Department staff must stamp the invoice with the date received.
- 5.1.5 The Accounts Payable staff processing the invoice must date and initial the invoice to show the following steps have been taken:
 - 5.1.5.1 Items invoiced must correspond to items ordered
 - 5.1.5.2 Quantities invoiced correspond to quantities received
 - 5.1.5.3 All available discounts are taken
 - 5.1.5.4 The invoice was not previously paid
 - 5.1.5.5 Original invoices must be submitted to AP for the processing of payment (No Copies).
- 5.1.6 All invoices with discrepancies are reviewed by Materials Management with collaboration with Accounts Payable ..
- 5.1.7 Manual totals, extensions and footing are thoroughly checked for accuracy, unless it is computer generated invoice, in which case limited checking will suffice.
- 5.1.8 The Department Director must assign the general ledger cost center and sub-accounts to the invoice being expensed. The Accounts Payable staff will review to assure the proper cost center and sub-account is used.
- 5.1.9 All completed invoices must be entered into Multiview.
 - 5.1.9.1 The batch should be assembled as follows:
 - 5.1.9.1.1 Invoice grouped alphabetically by vendor name
 - 5.1.9.1.2 Voucher number assigned each invoice from Multiview
 - 5.1.9.1.3 Vendor remit addresses checked to verify accuracy of Vendor Master file.
 - 5.1.9.1.4 New vendors added to the Multiview system are entered by Finance Staff (Accountants) not directly involved in the entering and processing of AP payments.
- 5.1.10 AP checks processed:
 - 5.1.10.1 Each check is to be matched to the invoice
 - 5.1.10.1.1 If corrections are needed, they are to be documented with a voided check and the stated reason with an Accountant's approval.
 - 5.1.10.2 All invoices should be paid as indicated on terms
- 5.2 Accruals
 - 5.2.1 Open accounts payables, applicable to the current accounting period, which have not been processed for payment through the Multiview system, may constitute a monthly accrual.

Pioneers Memorial Healthcare District

Title: Accounts Payable Work Instruction		Policy No. DPS-00008
		Page 3 of 3
Current Author: Carly Loper, Chief Financial Officer		Effective: 2/2002
Latest Review/Revision Date: 10/2024		Manual: Department Specific

5.2.2 Accruals are estimates based on a three-month average or information received by management.

5.2.3 A list of the monthly accruals is to be maintained and reversed in the following month for the actual expense.

5.3 Accounts payable will process checks weekly each Thursday with distribution on Friday with the exception of holidays.

5.4 All checks registers will be reviewed and initialed by the Controller or Accounting Manager.

5.5 All checks over \$5,000 will require a second signature by a designated signer (a designated signer list is on file in the Accounting Department).

5.6 All checks are to be delivered to the CFO on Fridays by 10:00 AM.

5.7 All checks are to be signed, approved, and distributed by 2:00 PM on Fridays.

5.8 The accounts payable system is to be reconciled to the general ledger monthly.

6.0 References: Not applicable

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

8.1 Update in multiple places EHS to Multiview which is the new AP System

8.2 Removed section on Sales Tax

Pioneers Memorial Healthcare District

Title: ACH Debit and Wire Transfer Work Instruction		Policy No. DPS-00011
		Page 1 of 2
Current Author: Carly Loper, CFO		Effective: 7/2016
Latest Review/Revision Date: 9/2024		Manual: Department Specific

Collaborating Departments:		Keywords:	
Approval Route: List all required approval			
PSQC		Other:	
Clinical Service _____	MSQC	MEC	BOD 10/2024

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 ACH Debits and Wire Transfers are used to make payments for services or goods that do not require a purchase order (PO) and cannot be processed through the accounts payable system in EHS and where payment must be expedited.

2.0 Scope: General Accounting**3.0 Policy:**

- 3.1 All payments should be made through Accounts Payable in the Finance Department. Only when this is not possible should an ACH Debit or Wire Transfer be used. PMHD relies upon accountability at all levels of the organization in determining when expenses are necessary and reasonable.

4.0 Definitions:

- 4.1 ACH – Automatic Clearing House

5.0 Procedure:

- 5.1 Steps
- 5.1.1 An ACH Debit/Wire Transfer form should be completed by the party requesting the wire transfer; the completed form with the appropriate approvals (see Sec 5.2)
 - 5.1.2 Should be forwarded to the Accountant in charge of banking operations in the Finance Department.
 - 5.1.3 The Accountant will initiate the online ACH/Wire Transfer on the hospital's current banking institution's website (currently Mechanics bank).
 - 5.1.4 Request and supporting documentation is signed by the CFO and forwarded to the Accounting Manager or another authorized accountant for transmittal approval.
- 5.2 Approvals for ACH Debit or Wire transfers follow the current limits of authorization listed on policy no. ADM-00657 and are listed below:
- 5.2.1 Department Manager- All requests up to \$5,000
 - 5.2.2 Director of Materials Management - All purchase requests \$5,000 or less.
 - 5.2.3 Associate Administrator/CFO- All purchase requests from \$25,000 or less.
 - 5.2.4 Administrator/CEO- All purchase requests \$50,000 or less.
 - 5.2.5 Board Approval- Non supply purchase requests over \$50,000.

Pioneers Memorial Healthcare District

Title: ACH Debit and Wire Transfer Work Instruction		Policy No. DPS-00011
		Page 2 of 2
Current Author: Carly Loper, CFO		Effective: 7/2016
Latest Review/Revision Date: 9/2024		Manual: Department Specific

5.3 Required Documentations

5.3.1 All ACH Debits and Wire Transfers must be accompanied with the appropriate supporting documentation as outlined below:

5.3.1.1 ACH Debit/Wire Transfer Request form with appropriate approvals.

5.3.1.2 Invoice

5.3.1.3 Agreement

5.3.1.4 Memo of Understanding

5.3.1.5 Contract

6.0 References: Not applicable**7.0 Attachment List:**

7.1 Attachment A – ACH Debit or Wire Transfer Form

8.0 Summary of Revisions:

8.1 Updated 5.1.4 to accounting manager or authorized accountant

Pioneers Memorial Healthcare District

Title: Ambulance Patient Offload Time (APOT) Reduction		Policy No. CLN-01935
Current Author: Osman Valencia		Page 1 of 2
Latest Review/Revision Date: 08/2024		Effective:
		Manual: Clinical/ER

Collaborating Departments: Nursing, Emergency Department, Dr. Nelson		Keywords: APOD	
Approval Route: List all required approval			
PSQC		Other:	
Clinical Service _____	MSQC 9/2024	9/2024	BOD 10/2024

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 Establish a process to reduce ambulance patient offload delays.
- 1.2 Implement a process when ambulance offload times exceed APOD standards set by the LEMSA.

2.0 Scope:

- 2.1 Emergency Department (ED)

3.0 Policy: Not applicable**4.0 Definitions:**

- 4.1 APOD – Ambulance patient offload delay
 - 4.1.1 The transfer of care and patient offloading from the ambulance gurney that exceeds 20 minutes.
- 4.2 E-APOD – Extended Ambulance Patient Offload Delay
 - 4.2.1 The transfer of care and patient offloading from the ambulance gurney that exceeds 40 minutes.
- 4.3 LEMSA – Local Emergency Medical Service Authority
- 4.4 EMSA – Emergency Medical Service Authority (California)

5.0 Procedure:

- 5.1 Mitigation Steps for APOD:
 - 5.1.1 Upon receiving a radio report from emergency medical services, the Charge Nurse or designee will assess the current status of available resources, including bed availability and staffing.
 - 5.1.2 If the radio report indicates a high-acuity patient or multiple incoming patients, the Charge nurse will notify the House Supervisor and mobilize staff to assist with patient care needs.
 - 5.1.3 In situations where no ED beds are immediately available, the Charge Nurse or designee will determine if any current ED patients can be safely moved out of a bed.
 - 5.1.4 The ED team will maintain ongoing communication with the LEMSA, and hospital administration regarding the ED status and APOD using ReddiNet and additional LEMSA reports.

Pioneers Memorial Healthcare District

Title: Ambulance Patient Offload Time (APOT) Reduction		Policy No. CLN-01935
		Page 2 of 2
Current Author: Osman Valencia		Effective:
Latest Review/Revision Date: 08/2024	Manual: Clinical/ER	

5.1.5 The LEMSA will collaborate with the ED leadership team to monitor monthly APOT, which will be reported to the hospital throughput teams.

5.2 Activation of Code Purple – ED Overcrowding Policy:

5.2.1 If admission holds contribute to APOD, the procedure for activating Code Purple will be followed as outlined in the existing policy.

5.2.2 Hospital administration or designee will determine what additional mechanisms to improve operations are needed to reduce ambulance patient offload times (e.g., transfers, alternative care sites, and increasing supplies or staff).

5.3 The Emergency Department Ambulance Offload Time Reduction Policy will be reviewed and updated as needed, with the collaboration of the ED staff and hospital leadership. The protocol will be submitted to EMSA annually.

6.0 References:

6.1 California Assembly Bill (AB) 40. [Bill Text: CA AB40 | 2023-2024 | Regular Session | Introduced | LegiScan](#)

7.0 Attachment List: Not applicable

8.0 Summary of Revisions: New policy

Pioneers Memorial Healthcare District

Title: Checking Accounts		Policy No. ADM-00400
		Page 1 of 2
Current Author: Carly Loper, Chief Financial Officer		Effective: 02/1996
Latest Review/Revision Date: 9/2024		Manual: Administration Policies

Collaborating Departments:		Keywords:	
Approval Route: List all required approval			
PSQC		Other:	
Clinical Service _____	MSQC	MEC	BOD 10/2024

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 There are four accounts maintained at Mechanics Bank, formerly Rabobank for the depositing and disbursing of funds.

2.0 Scope: General Accounting**3.0 Policy:**

- 3.1 Maintenance and operations account (M&O) g/l # 1.1001.1000
 - 3.1.1 This is a depository account for all monies received.
 - 3.1.2 The method used to transfer money from the (M&O) account to any other bank account, is by making an internal transfer on Mechanics' Business Online Banking website. Normally the Accounting Manager does the transfers; however, authorized accountants can also make the transfer if needed.
- 3.2 General fund Disbursements account g/l # 1.1000.1011
 - 3.2.1 This account is used for all ACH and wire disbursements.
- 3.3 New Disbursements account g/l #1.1000.1009
 - 3.3.1 This account is used for all non-ACH and wire disbursements.
 - 3.3.2 The Chief Executive Officer, the Chief Financial Officer, and as well as any of the current Board Members are authorized to sign checks, Two signatures are required on checks of \$5,000 and over, with at least one signature should be manually signed.
 - 3.3.3 Voided checks must be cancelled by accessing Mechanics Online Business website and entering the check number in the positive pay section, as well as cutting off the signature space and indicating "VOID" in large letters.
- 3.4 Payroll account g/l # 1.1001.1010
 - 3.4.1 This account is used for payment of employees' salaries.
 - 3.4.2 The Chief Executive Officer, The Chief Financial Officer and any of the current Board Members are authorized to sign checks. A second signature is required if the amount exceeds \$5,000.
 - 3.4.3 Unused blank checks must be properly stored in a locked area with access available to authorized personnel only.
 - 3.4.4 Voided checks must be cancelled by accessing Mechanics Online Business website and entering the check number in the positive pay section, as well as cutting off the signature space and indicating "VOID" in large letters.

4.0 Definitions: Not applicable

Pioneers Memorial Healthcare District

Title: Checking Accounts		Policy No. ADM-00400
		Page 2 of 2
Current Author: Carly Loper, Chief Financial Officer		Effective: 02/1996
Latest Review/Revision Date: 9/2024	Manual: Administration Policies	

5.0 Procedure:

5.1 Bank reconciliations

5.1.1 Bank reconciliations must be performed monthly to account for any reconciling items and/or discrepancies between the bank balance and the book balance. Reconciling items must be researched and any errors found must be promptly corrected.

5.1.2 The reconciliation must be performed by accounting personnel who have no duties relating to the preparation, signing, or distribution/mailing of checks. The bank statements and cancelled checks are available electronically after the 1st of the month; however, paper copies can be requested if needed.

6.0 References: Not applicable**7.0 Attachment List:** Not applicable**Summary of Revisions:**

7.1 Updated GL's with the new accounts due to the transition to Cerner/Multiview

7.2 Removed check stock sequence from 3.4.3 as ADP keep the sequence

Pioneers Memorial Healthcare District

Title: Days Cash On Hand		Policy No. ADM - 00402
		Page 1 of 1
Current Author: Carly Loper, Chief Financial Officer		Effective: 8/16/01
Latest Review/Revision Date: 9/2024		Manual: Administration

Collaborating Departments: Finance, Administration		Keywords: Cash on Hand	
Approval Route: List all required approval			
PSQC	Other:		
Clinical Service _____	MSQC	MEC	BOD 10/2024

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

1.0 Purpose:

- 1.1 To establish a target of operating days cash on hand for Pioneers Memorial Healthcare District ("District").

2.0 Scope: Accounting**3.0 Policy:**

- 3.1 It is the goal of the District to maintain a minimum of 100 days of operating cash on hand at all times with a minimum of 50 days cash on hand due to the Bond Covenants. It is the responsibility of the Chief Financial Officer and/or Controller to place the cash with the appropriate institutions so that it can be readily available and liquid at all times.

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

- 6.1 The 2017 Revenue Bonds Covenant require that the District maintains at least 50 days cash on hand at all times.

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

- 8.1 Updated 3.1 to add minimum days cash on hand

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		Manual: Clinical / Dietary

Collaborating Departments: Emergency Management		Keywords: Disaster, Emergency Meals, Food Plan, Emergency Food Supply	
Approval Route: List all required approval			
PSQC		Other:	
Clinical Service _____	MSQC	MEC	BOD 10/2024

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

1.0 Purpose:

- 1.1 To provide guidance and tools to Pioneers Memorial Healthcare District in planning for and documenting emergency food supplies. To designate and assign duties, responsibilities and operating procedures for the staff of Pioneers Memorial Healthcare District in the event of an emergency or a disaster which disrupts normal operations, thereby threatening the patient care and staff at PMHD.

2.0 Scope:

- 2.1 Emergency planning is a necessity, and the hospital must be prepared at all times to implement actions to assist in coping with unexpected emergencies that may result in damages and/or casualties. Under such severe conditions and stressful situations, one must use common sense, stay calm, and rely on the sound professional judgment made by those responsible. This plan will assist in the coordination and utilization of all available resources to ensure the continuation of regular hospital operations as well as providing for the treatment and comfort of those injured, to the best of our ability. All service chiefs, department and office directors are expected to be prepared at all times to provide services for emergencies that may occur within their respective areas and to assist and support other areas as requested.

3.0 Policy:

- 3.1 To organize and maintain food preparation and delivery services for patients and essential staff.
- 3.2 To meet regulatory and accrediting agency standards that require hospitals to plan for and document an adequate inventory of on-site assets and resources, including food supplies for patients for normal, day-to-day operations and for emergency situations.
- 3.3 The dietary department personnel will attempt to maintain normal services in these cases. At the request of the Emergency Incident Commander or designee, the department will be available for any required duties, to provide food service for disaster manpower and /or patients or implement some procedures as in our internal disaster plan.
- 3.4 To ensure self-sufficiency to operate at least 96 hours after a disaster strikes and to resume normal operations as soon as possible

4.0 Definitions:

- 4.1 HCC – Hospital Command Center
- 4.2 MFA – Meals for All

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- 4.3 Essential Staff – an individual, designated by supervision, who performs essential functions during a disaster or emergency situation and after the event (Typically these are people from physicians, management, patient care staff, housekeeping, communications, facilities, central supply, food and nutritional services.)
- 4.4 Non-Essential Staff – Employees who do not provide direct patient care and who's departmental functions can be halted until the emergency situation is over.
- 4.5 Essential Patients – admitted patients, critical patients

5.0 Procedure:

- 5.1 Reporting to Work During a Disaster
 - 5.1.1 All available dietary department personnel should respond immediately and be available to continue maintaining in- house patient's needs as close to the dietary program as possible and supply food and nourishment to patients, personnel and casualty victims.
 - 5.1.2 Should the disaster be of such magnitude that phones are not working and the dietary supervisor is not present, one person from the dietary staff will report to the Manpower Pool for assignment
 - 5.1.3 If dietary staff members are "Off Duty" and the telephones are not working, they will report to the dietary department to see if they are needed.
 - 5.1.4 Employees are responsible
 - 5.1.4.1 For their own transportation if it is safe to travel
 - 5.1.4.2 To be dressed in standard dietary working attire
 - 5.1.4.3 Wear regular hospitals issued name badges or bring driver's license for identification.
- 5.2 Duties
 - 5.2.1 Director/Manager
 - 5.2.1.1 Report to HCC, with a list of working employees. Pick up assignments and position identification vest. Follow written duties of the HCC and organize and supervise personnel.
 - 5.2.1.2 Document all key activities, actions and decisions in an Operational Log (HICS Form 214 – Attachment F) on a continual basis
 - 5.2.1.3 Appoint food service employees to duty positions and complete the Branch Assignment List (Form 204). Form 204 will be distributed in the HCC
 - 5.2.1.4 Brief dietary employees on current situation, incident objectives and strategy; outline unit action plan and designate time for next briefing.
 - 5.2.1.5 Ensure dietary employees comply with all safety policies and procedures.
 - 5.2.1.6 Estimate the number of patient meals which can be served utilizing existing food stores. In conjunction with Dietary Food & Water Unit Leader, implement rationing if situation dictates.
 - 5.2.1.7 The Dietary Director or designee will notify any off-duty personnel needed by activating the disaster chart, to call in personnel in a situation where there is a shortage of employees.

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- 5.2.1.8 A Disaster Chart is posted in the department 's bulletin board (see Attachment A).
- 5.2.1.9 All employees called into work will report to the kitchen and await assignment from the director or designee who has reported to the command center.
- 5.2.1.10 In the case that someone comes in and is not needed in the dietary work pool, these employees should report to the hospital's HCC for assignments if needed.
- 5.2.1.11 Maintain communications with HCC of dietary needs.
- 5.2.2 Cooks
 - 5.2.2.1 Report to supervisor for specific instructions
 - 5.2.2.2 Prepare meals according to supervisors' orders
 - 5.2.2.3 Take food and paper supply inventory
- 5.2.3 All other dietary staff
 - 5.2.3.1 Report to supervisor for specific instructions
 - 5.2.3.2 Maintain supply of clean dishes, pots, pans, etc.
 - 5.2.3.3 Make coffee for HCC room and deliver with cups, sugar and cream.
 - 5.2.3.4 Send out and pick up trays/meal carts as needed.
 - 5.2.3.5 Prepare sack meals that consist of 2 carbohydrate servings, 1 meat/protein serving, 1 fruit or vegetable serving and 1 beverage for essential patients who are admitted during the night.
 - 5.2.3.5.1 Number of sack meals to prepare will be determined by each department head or house supervisor. Sack meals will be left with house supervisor for those requiring meals after dietary closure at 6:30 pm. (see section 5.6)
 - 5.2.3.6 Maintain normal daily duties as much as possible
- 5.3 Interruption of Normal Operations
 - 5.3.1 Food/nutrition will continue to provide meals to patients according to the normal meal schedule. Modification of menus may be necessary, depending on food supplies and utility availability.
 - 5.3.2 The cafeteria will attempt to provide service during normal operating hours, depending on availability of utilities, staffing and supplies. Employees and emergency workers will be expected to pay for meals unless the HCC designates meals as free. Once this is designated, the hospital will provide one to two meals (depending on if normal food delivery is disrupted) to essential employees and physicians per day. During the time meals are at no cost, a free meal will be defined as an entrée, starch, vegetable or fruit and a drink. All other items must be purchased. Snacks should be brought from home. Any previously posted menu will become exempt, and the meals will be planned according to food supply availability.
 - 5.3.3 If power failure or gas shut-off interrupts normal operations, paper plates and cups will be used. Sack lunches or meals will be served (i.e., sandwiches, cold cuts, fresh or canned fruits, instant type puddings).
- 5.4 Supplies

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- 5.4.1 If supplies run out and it is not feasible to have food delivered, the local markets and the National Guard will be contacted to attempt to obtain food.
- 5.4.2 At the request of HCC, dietary will prepare and deliver food and drink to various locations in the hospital.
- 5.4.3 The dietary director or designee will be responsible for the procurement, preparation oversight, serving oversight and control of food supplies.
 - 5.4.3.1 Provided that power sources and water supplies are maintained, food will be supplied by normal methods for hospital patients and essential employees.
 - 5.4.3.2 In the event that the hospital cannot be supported by the local community or Sysco 96 hours after the disaster, all perishable food, then non-perishable food will be served. Once these items are depleted, MFA will be distributed. If deemed necessary, patients will only receive 2 meals per person per day.
- 5.4.4 Alternate methods of preparing and serving food have been predetermined in the event of total lack of power and/ or facilities.
 - 5.4.4.1 The dietary department equipment is on auxiliary power (back up generator). Power should be maintained to the kitchen if structural integrity is maintained.
 - 5.4.4.2 A list of food supplies available in the kitchen is maintained with the head cook and/or in the director's and/or nutritional supervisor's office.
 - 5.4.4.3 In case of lack of power or damage to facility: maintain chilled or frozen foods and prepare hot food if possible. The following priority use guidelines will be utilized in exceeding order.
 - 5.4.4.3.1 Use all chilled food products such as milk, cheeses, thawed meats, cooked meats, frozen fruits and vegetables.
 - 5.4.4.3.2 Use frozen products, such as meats, precooked convenience food items
 - 5.4.4.3.3 Utilize cold foods such as sandwiches, salads, fresh fruits and vegetables, etc.
 - 5.4.4.3.4 Then use staples and shelf/canned food items
 - 5.4.4.3.5 When all perishable food items are used, we have Meals for All Emergency Solutions which feeds 350 persons 3 meals for 3 days. These emergency meals do not include snack or milk. They are located in 2 separate storage areas in the facility: 1) soda room in dietary department (650 meals) and 2) dietary storage trailer located outside and south of the kitchen (400 meals). Keys are located in the kitchen and with the nutrition services director and/or nutritional supervisor.
 - 5.4.4.3.6 Meals for All dehydrated meals meet most typical therapeutic diets, including texture-modified and even pureed diets. They have a 10-year shelf life. The expiration date on our supply is December 2024. They can be prepared with hot or cold water that is mixed into a hotel pan or large bowl. Meals for All

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dehydrated meals do not require heat or power for preparation.

- 5.4.4.3.7 In the event of a power outage, all refrigerator and freezer doors will be kept closed. Only to be opened for a brief moment to retrieve food items. The dietary department maintains several ice chests that can be utilized with ice from various machines throughout the hospital including one in the kitchen to help maintain proper food temperatures for at least one extra day.

5.4.5 Temporary Food Precaution outside the Hospital

- 5.4.5.1 During disaster such as an earthquake of high magnitude causing great structural damage to the hospital, a temporary food production kitchen outside the hospital may be necessary. In this case, tables and chairs may be needed and these could be borrowed from the inside and/or outside.

5.4.6 Additional Supplies Needed from Alternate Sources.

- 5.4.6.1 If food and/or supplies run out and we are unable to have food delivered in the usual manner, the following facilities should be contacted:
- 5.4.6.2 Local Market – Vons, attempt to call store at (760) 351-3002
- 5.4.6.3 Local Market – Wal-Mart, attempt to call store at (760) 351-0186
- 5.4.6.3.1 The Brawley Union High School, in a disaster, is authorized by the state to release USDA commodities in their storerooms and freezers to another institution. Attempt to call (760) 312-5819
- 5.4.6.3.2 The USDA will provide commodity food for shelters and mass feeding sites, attempt to call (703) 305-2286 or (760) 355-2208 for guidance.

5.4.7 Potable Water

- 5.4.7.1 On campus water tanks hold approximately 6,000 gallons. This is approximately a 17-day supply for 339 people (1 gallon per person per day). If necessary, water will be rationed to 1 quart per person per day.
- 5.4.7.2 In the event that the main water supply is limited, or contaminated, available water will only be used for human consumption unless otherwise notified. Water will continue to be used to wash hands and dishes for sanitary purposes.
- 5.4.7.3 In the event that the main water supply is limited or contaminated, the hospital will contact the following:
- 5.4.7.3.1 Alford's Distributing delivered 50 cases of bottled water that is rotated every 5 years. The pallets of water are located in a Conex Box south of the Meg House Building. If more water is needed, attempt to contact Alford's Distributing at (760) 355-7880 or Pepsi at 858-281-8663 or 442-230-1371.
- 5.4.7.3.2 The local National Guard Unit can also supply potable water for our use. Attempt to call Sergeant First Class at (760) 344-3624 or the national hotline 1-800-GO-GUARD.

5.4.8 Propane/Gas

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- 5.4.8.1 All cooking and heating elements in the dietary department are run on electricity, not natural gas.
- 5.4.8.2 Local high schools may be contacted in the event that electricity is not available to heat food. Most local high schools in the Imperial Valley have industrial sized barbeques that could be used in the case of natural disaster, if possible to transport. The hospital maintains one barbeque on the premises as well. Attempt to contact the following if a barbeque is needed:
 - 5.4.8.2.1 Brawley High School (760) 312-5819
 - 5.4.8.2.2 Calipatria High School (760) 348-2254
 - 5.4.8.2.3 Imperial High School (760) 355-3220
- 5.4.8.3 In the event the hospital cannot provide us with sufficient propane, the engineering department will contact local propane providers to fill our tanks if possible.
- 5.5 Monitoring Quantities of Resources
 - 5.5.1 In the event of a disaster of large magnitude, the dietary director or designee will retrieve the previous inventory list of food and paper supplies and update it with the kitchens current inventory.
 - 5.5.1.1 The dietary department normally takes food and paper supply inventory every Monday and Thursday.
 - 5.5.2 A hard copy of all incoming and outgoing food will be maintained by the dietary director or designee. Cooks and kitchen staff will record all flow of food and paper supplies during the disaster (see attached form B).
 - 5.5.3 Assembled meal trays and where they will be sent, will be documented as normal by the diet clerks.
- 5.6 Emergency Food Requirements
 - 5.6.1 Title 22 – Section 70277 specifies that at least a one-week (7 days) supply of staple foods (non-perishable) and two (2) days supply of perishable food shall be maintained on the premises. These food supplies are to be appropriate to meet the requirements of the menu; interpreted to meet patient dietary needs and restrictions (e.g., regular, low sodium, liquid, diabetic, infant, etc.).
 - 5.6.2 A five-day supply of disposable eating ware is maintained for service to patients. This will be utilized in the event that inadequate water or power outage has caused supplies to be unavailable for proper sanitizing of reusable dishes.
 - 5.6.3 According to calculations by the California Hospital Emergency Food Planning, our emergency planning population to be served is 339 persons daily (essential employees and patients) (see Attachment C).
 - 5.6.4 All estimated populations to be served, including patient meal requirement assumptions, inventory, staff meal assumption requirements and meal plans are calculated by the California Hospital Emergency Food Planning Tool based on the amount of licensed hospital beds at Pioneers Memorial Hospital (see Attachment C)
 - 5.6.5 The primary responsibility for patient care during a major disaster is conserving resources to meet the needs of existing patients, victims presenting to hospital,

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and essential staff to care for patients and maintain operations.

- 5.6.6 Central supply will maintain a three-day supply of infant formula for a maximum of 9 infants. This number is calculated by California Hospital Emergency Food Planning. Formula will be stocked in the OB and pediatric departments.

5.6.6.1 A three-day supply is to be stocked with our primary distributor, then on demand shipment will be made via phone call to release assigned purchases as per PO standard during an emergency.

5.7 Emergency Operations Plan – 96 Hour Plan

5.7.1 Scenario 1 – Normal food truck delivery is disrupted

5.7.2 Immediate Lock Down

5.7.2.1 In the event of a disaster of large magnitude, the hospital will go on lock down so that traffic and pilferage can be controlled. Dietary department will serve meals to essential patients and working essential staff only. Patient family members or visitors will not be served.

5.7.2.2 In the event where food supplies are disrupted, essential patients and essential working staff will be fed two meals daily in effort to conserve resources. All perishable food will be utilized first, then non-perishable and then MFA as last resort.

5.7.2.3 The dietary staff will try to maintain therapeutic meals for patients as much as possible with 1 cup carbohydrate, 1 meat/protein serving, ½ cup fruit or vegetable serving, 1 fat serving and 4 oz serving of dairy as long as supplies last (see Disaster Menu Attachment D)

5.7.2.4 Consistency changes to diet will also be maintained as much as possible. In the event of a power outage, pureed diets will be ground by hand.

5.7.2.5 In the event that MFA are used, certain items may be removed to help maintain the ordered therapeutic diet. A patient has the right to refuse his/her therapeutic diet at any time.

5.7.2.6 Essential staff will receive sack meals consisting of 2 carbohydrate servings, 1 meat/protein serving, 1 fruit or vegetable serving and 1 beverage as long as supplies last. Day shift will receive two sack meals and night shift will receive one. Normal dietary services are not currently offered to night shift personnel. However, one sack meal would be provided to them during a state of emergency. All employees are responsible for providing their own snacks.

5.7.2.6.1 Night shift meals will be delivered to house supervisor's office at 6:30 pm after dietary department has closed and shall be distributed by house supervisor or designee to each department manager.

5.7.2.7 Mealtimes for patients and day shift employees will be as follows if normal food delivery is disrupted:

5.7.2.7.1 Breakfast/Lunch 9:00 am

5.7.2.7.2 Snack 1:00 pm (patient's only)

5.7.2.7.3 Lunch/Dinner 5:00 pm

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5.7.2.7.4 Snack (diabetic patients only) 7:00 pm

5.7.2.7.5 Midnight Lunch 12:00 am (essential staff only and patients admitted after dinner)

5.7.2.8 Patients admitted after closure of dietary department can receive one sack lunch that consists of 2 carbohydrate servings, 1 meat/protein serving, 1 fruit or vegetable serving and 1 beverage, until the breakfast trays arrive.

5.7.2.9 The kitchen will prepare 10-15 sack meals each evening for patients who are admitted after dietary hours. Patient sack meals will be delivered to house supervisor's office at 6:30 pm when the dietary department closes. These meals are only to be used on essential patients that have been admitted after the dietary department has closed. Pt who received a dinner tray should not be given a sack meal.

5.7.3 Disaster Menu

5.7.3.1 A four-day disaster menu (see Attachment D) will attempt to be followed in the event that the regular patient menu cannot be followed or if we are without power.

5.7.3.2 In the event dietary is without power, boiling water should be attainable through on-site barbeque.

5.7.3.3 Outlines of calories per food type and average serving size to distribute can be found on Attachment C.

5.7.4 Visitor Restrictions – Cafeteria Closure

5.7.4.1 In the event of a disaster of large magnitude, the cafeteria will be closed and reserved as a place where essential employee meals are distributed.

5.7.5 Food Supply and Perimeter Security

5.7.5.1 Pioneers Memorial Hospital has a Disaster Plan Policy in place with food vendor Sysco. An emergency disaster order of canned foods, milk and various emergency necessities is on file with Sysco of San Diego. In the event of a disaster, Sysco will contact one of four persons on the Sysco Healthcare Account Confidential Emergency/Disaster Profile (see Attachment G) to determine if an emergency shipment of food will be needed. If roadways from San Diego to Imperial County are damaged, shipments can be sent from Sysco Phoenix or Sysco Riverside. This will ensure adequate food to patients and staff during a disaster if resources are limited. Sysco emergency contract policy states a call will be placed by Sysco immediately following the news of a disaster to the Imperial County. If none of the four emergency contacts are able to respond to the calls or emails regarding emergency supply needs, emergency supplies will automatically be shipped according to the emergency disaster order that is on file.

5.7.5.2 Supplement storage, pantry and dry storage will remain locked. Security guard put in place, if necessary, to prevent pilferage.

5.7.5.3 East kitchen door will remain locked. Only north and west kitchen door

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will remain unlocked. Only dietary staff to enter into kitchen area

5.7.6 Conservation of Resources

5.7.6.1 If computer systems are down, each department will report how many essential patients' meals are needed and how many essential employee sack meals are needed to the dietary department using the Patient and Essential Employee Meal Form (See Attachment E). Forms shall be submitted to the dietary department two hours before mealtimes.

5.7.6.2 If computers are in working order, patient's meals will continue to be ordered via electronic charting system. Requests for employee meals will be done using the Essential Employee Meal Form (Attachment E).

5.7.6.3 Patient trays will be delivered as usual with carts.

5.7.6.4 Employee meals will be picked up at the east cafeteria entrance door by the department director or designee for his/her department between the hours of 9:30 am and 6:00 pm. Employee meals will be served in paper sacks which can be transported on trays to each essential department. All trays are to be returned to the dietary department.

5.7.7 Scenario 2 – Normal Food Delivery is Maintained

5.7.7.1 Cafeteria will remain open during normal operating hours to sell food to visitors, staff and volunteers as usual. Departments that are experiencing high volumes of patients (e.g. Emergency Department) may have sack lunches delivered if staff is unable to come down to purchase food in the cafeteria.

5.7.7.2 Essential staff will receive sack meals consisting of 2 carbohydrate servings, 1 meat/protein serving, 1 fruit or vegetable serving and 1 beverage. Day shift will receive two sack meals and night shift will receive one if deemed necessary by the Chief Operating Officer.

5.7.7.3 Normal meals and meal schedules will be maintained, and essential patients will receive three meals daily. Essential patients with diabetes will receive a snack. Mealtimes are as follows:

5.7.7.3.1 Breakfast 7:30 am

5.7.7.3.2 Lunch 11:30 am

5.7.7.3.3 Snack (diabetic patients only) 2:00 pm

5.7.7.3.4 Dinner 5:00 pm

5.7.7.4 If computers are in working order, patient's meals will continue to be ordered via electronic charting system. If a department is experiencing high volume and its employees cannot leave the department for meals, the department head or designee must call the dietary department and request a set number of sack lunches. If telephones are not in working order, the department head or designee must come down to the dietary department and request a set number of sack lunches in person or use Form E which is located in Compliance 360.

5.7.7.5 If computers are not in working order, both essential patient and employee meals will be documented on Form E and submitted to the

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dietary department two hours before mealtimes.

5.7.7.6 Patient trays will be delivered as usual with carts.

5.7.7.7 Patients admitted after mealtimes can receive one sack lunch that consists of 2 carbohydrate servings, 1 meat/protein serving, 1 fruit or vegetable serving and 1 beverage, until the breakfast trays arrive.

5.7.7.8 Sack meals will be delivered to house supervisor's office at 6:30 pm when the dietary department closes. These meals are only to be used on essential patients that have been admitted after the dietary department has closed. Pt who received a dinner tray should not be given a sack meal.

5.8 Lack of Resources/Limitations

5.8.1 In the event that a disaster happens one day prior to normal food delivery, food supplies will be low. If MFA have been used, supplements such as Ensure®, Nepro® and Glucerna® may be used for meals.

5.8.1.1 Use of supplements for meals in situation for lack of food is ideal since supplements provide adequate nutrition, have a long shelf life, do not require utensils and can be easily transported if needed.

5.8.2 The facility's lack of storage space will make it difficult to maintain large inventories of food. This will most likely prevent the hospital from being able to provide meals for patients and staff past the seven-day mark if normal food delivery is interrupted. National Guard should be contacted prior to this event.

5.9 Evacuation Routes

5.9.1 Cafeteria: Employees, visitors and staff located in the cafeteria shall exit out the west double glass doors, into the gala lawn, in case of an emergency.

5.9.2 Kitchen: Dietary employees shall exit out the southeast door of the dietary department (near the back elevator) or out the southwest sliding door of the dietary department (near the scales), in case of an emergency.

5.9.3 Dietary will have two designated meeting areas depending on exit strategy. Cafeteria exits will meet on the sidewalk, directly north of the gala lawn, away from trees and buildings. Kitchen exits will meet south of the dietary storage trailer, away from trees and buildings.

5.9.4 For all types of emergencies within the main hospital building, dial extension 4444 and relay the associated code or exact emergency to the operator.

6.0 References:

6.1 California Hospital Association – Hospital Preparedness Program

6.2 USDA – Food Assistance in Disaster Situations

6.3 Title 22

7.0 Attachment List:

7.1 Attachment A - Dietary Employee Disaster Chart

7.2 Attachment B – Emergency Food Inventory Log

7.3 Attachment C – California Hospital Emergency Food Planning Tool Calculations

7.4 Attachment D – Sample Disaster Menu

PIONEERS MEMORIAL HEALTHCARE DISTRICT

Title: Emergency Food Supply and Disaster Plan		Policy No. CLN-02176
Current Author: Jenna Middleton		Page 11 of 11
Latest Review/Revision Date: 09/2024		Effective: 2/26/1993
		Manual: Clinical / Dietary

- 7.5 Attachment E – Emergency Meal Form
- 7.6 Attachment F – HICS Operational Log
- 7.7 Attachment G – Sysco Emergency Disaster Plan & On File Order

8.0 Summary of Revisions:

- 8.1 Addition of 5.9

Pioneers Memorial Healthcare District

Title: Family and Medical Leave (FMLA/CFRA)		Policy No. HRD-00016
		Page 1 of 6
Current Author: Estella Chavarin		Effective: 2/1/1993
Latest Review/Revision Date: 10/11/2024		Manual: Human Resources / Benefits

Collaborating Departments:		Keywords: FMLA, LOA, PTO, Sick		
Approval Route: List all required approval				
PSQC		Other:		
Clinical Service _____		MSQC	MEC	BOD 10/2024

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

1.0 Purpose:

- 1.1 To provide protected time off to Employees in compliance with the Family and Medical Leave Act of 1993 ("FMLA"), the California Family Rights Act of 1991 ("CFRA"), and Labor Code § 233

2.0 Scope: District wide**3.0 Definitions:** Not Applicable:**4.0 Policy:**

- 4.1 Eligibility – An employee must meet the following criteria to be entitled to protected leave under this policy:
- 4.1.1 The employee must have more than 12 months of service.
 - 4.1.2 The employee must have worked at least 1,250 hours during the previous 12-month period.
 - 4.1.3 An employee who is salaried and among the highest paid 10% at PMHD is not eligible for FMLA-protected leave.
- 4.2 Protected leave under CFRA and FMLA consists of unpaid leave for a period of up to twelve (12) work weeks during any rolling twelve (12) month period for any one or more of the following reasons:
- 4.2.1 To care for employee's own serious health condition
 - 4.2.2 To care for an employee's family member's serious health condition affecting employee's minor child, dependent adult child, spouse, or parent (not in-law).
 - 4.2.2.1 Under CFRA, an employee may take protected leave to care for an adult child, grandchild, registered domestic partner, sibling, parent-in-law, grandparent, or child of a domestic partner.
 - 4.2.3 To bond with employee's child within 1 year of birth, adoption, or foster-placement of child.
 - 4.2.3.1 Under CFRA, each employee is entitled to the full 12-week protected leave for bonding.
 - 4.2.4 For military exigency related to deployment or military activities of employee's spouse, child, or parent who is a member of the Armed Forces.
 - 4.2.5 Under CFRA, military exigency leave also extends to domestic partners.
- 4.3 FMLA additionally allows 26 weeks of protected leave for military caregivers to provide care for an ill service member with a serious injury or illness incurred or aggravated in the line of duty on active duty.

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Title: Family and Medical Leave (FMLA/CFRA)		Policy No. HRD-00016
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Current Author: Estella Chavarin		Effective: 2/1/1993
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- 4.4 Calculating the 12-month period for use of protected leave.
 - 4.4.1 For purposes of calculating the 12-month period during which 12 weeks of leave may be taken, Pioneers Memorial Healthcare District uses a rolling year. Under most circumstances, protected leave under FMLA and CFRA will run concurrently, and the eligible employee will be entitled to a total of 12 weeks of family and medical leave in the designated 12-month period.
 - 4.4.2 For a qualifying exigency or leave to care for a covered service member, the 12-month period begins on the first day of the leave, regardless of how the 12-month period is calculated for other leaves.
- 4.5 Intermittent or Reduced Schedule Leave
 - 4.5.1 Leave taken because of the serious health condition of the employee or the employee's spouse, child, parent or domestic partner may be taken intermittently or on a reduced leave schedule when medically necessary. Intermittent or reduced leave schedule shall not result in a reduction of the total amount of leave to which the employee is entitled pursuant to state and federal law.
 - 4.5.2 FMLA/CFRA leave taken to care for a newborn child or a child placed with the employee for adoption or foster care may be taken intermittently or on a reduced leave schedule only in minimum increments of 2 weeks, except that the employee may take an FMLA/CFRA leave of less than 2 weeks for this purpose on any two occasions.
 - 4.5.3 If an employee requests intermittent leave, or a reduced leave schedule, the District may require the employee to transfer temporarily to an available alternative position. The alternative position must be one which the employee is qualified to perform, which has equivalent pay and benefits, and better accommodates the recurring periods of leave than the employee's regular position
- 4.6 Terms of Family and Medical Leave
 - 4.6.1 Leave taken pursuant to this policy is unpaid leave. However, an eligible employee may elect, or the District may require the employee, to substitute accrued PTO benefits for any part of the twelve work week period. Nothing in this policy shall require the District to provide paid Sick Leave or Paid Medical Leave in any situation in which the District would not otherwise provide any such paid leave.
 - 4.6.2 Leave under the FMLA runs concurrently with leave under the CFRA to the extent permitted by state and federal law. Please consult Human Resources for further information regarding non-concurrent leaves.
 - 4.6.3 During the period of Family and Medical Leave, the District shall maintain coverage under any group health plan for a maximum of twelve (12) work weeks. The coverage shall be of the same terms and conditions as if the employee had continued working for the duration of the leave. The employee will be responsible for the payment of contributions usually made for benefits as if the employee had continued working for the duration of the leave. The employee may be liable for the amount of premiums paid by the District if the employee fails to return from leave after the scheduled time period has expired and the reason for failure to

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Title: Family and Medical Leave (FMLA/CFRA)		Policy No. HRD-00016
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return is for other than the continuation, recurrence, or onset of a serious health condition that entitles the employee to family and medical leave, or for other circumstances beyond the control of the employee.

- 4.6.4 During the period of the Family and Medical Leave, the employee is entitled to participate in pension and retirement plans to the same extent and under the same conditions as would apply to any other unpaid personal leave granted by the District for any reason other than family and medical necessity. The District is not required to make plan payments to any retirement plan or to count the leave period for purposes of "Time Accrued" under any such retirement plan during the unpaid portion of the leave period; however, during the portion of the leave period wherein the employee has elected, or the District has required the employee to utilize accrued vacation or other paid leave, applicable payments will be made to the retirement plan. In addition, accrued vacation or other accrued PTO shall count toward "Time Accrued" under the Retirement Plan (in the same manner) as if the employee had utilized the Paid Leave other than Family and Medical Leave.
- 4.6.5 The employee shall maintain employee status during the period of the family and medical leave. The leave shall not constitute a break in service for purposes of seniority.
- 4.6.6 Other than as specified in this policy, the District shall not discriminate in any fashion against any individual who:
 - 4.6.6.1 Utilizes the family and medical leave set forth in this policy
 - 4.6.6.2 Gives information or testimony regarding the employee's own family and medical leave, or another employee's family and medical leave, in any inquiry or proceeding related to family and medical leave
- 4.7 Interaction with Pregnancy Disability Leave
 - 4.7.1 Pregnancy Disability Leave does not run concurrently with CFRA leave
 - 4.7.2 Pregnancy Disability Leave does run concurrently FMLA
 - 4.7.3 An eligible employee may take pregnancy disability leave of up to four (4) months and a family and medical leave of up to twelve (12) work weeks, for a combination of four (4) months plus twelve (12) weeks (approximately seven (7) months). The four months under the Pregnancy Disability Leave means the days or hours the employee would normally work in one-third of a year or 17 1/3 weeks. For a full-time employee who works 40 hours per week, four months is 693 hours of leave based on 40 hours per week times 17 1/3 weeks. For employee working 20 hours per week, four months means 346.5 hours, and for employee working 48 hours per week, it means 832 hours.
 - 4.7.4 Subject to any exceptions under applicable law, if an employee returning from pregnancy disability leave is unable to perform the essential functions of the job because of a physical or mental condition, the District's obligations to that employee may be governed by the Americans with Disabilities Act.
- 4.8 Right to Reinstatement: Subject to any exceptions provided by law, an employee returning from an approved leave shall be assigned to the position he or she occupied prior to the leave, or an equivalent position with equivalent terms and conditions of

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Title: Family and Medical Leave (FMLA/CFRA)		Policy No. HRD-00016
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employment, including employment benefits such as pay, working conditions, privileges, and status. Additionally, an employee's leave will not result in the loss of any other employment benefit that the employee earned or was entitled to before using the leave.

5.0 Procedure:**5.1 Request for Family and Medical Leave**

5.1.1 If the employee learns of facts necessitating family and medical leave more than thirty (30) calendar days prior to the time the leave is needed, the employee shall submit a Leave of Absence Request form to his/her department manager or the Human Resources Department immediately. A minimum of thirty (30) calendar day's written notice is required.

5.1.2 If the employee learns of facts necessitating the family and medical leave less than thirty (30) calendar days prior to the time the leave is needed, the employee shall submit Leave of Absence Request form to his/her department manager or the Human Resources Department as soon as practicable. The employee is required to provide written notice within five (5) working days of learning of the need for the leave, when possible.

5.1.3 If the employee's need for the leave is foreseeable due to a planned medical treatment or planned supervised care of the employee, or that of a child, parent, spouse, or domestic partner with a serious health condition, the employee shall consult with his/her department manager regarding the scheduling of the treatment or supervised care so as to prevent undue disruption to the operations of the District. Any scheduling of treatment or supervised care shall be subject to the approval of the health care provider of the individual with the serious health condition. In any event, thirty (30) calendar days written notice is required.

5.2 Certification of Serious Health Condition from the Healthcare Provider

5.2.1 Employees must provide medical certification within 15 calendar days from the date of request for leave.

5.2.2 The certification must include:

5.2.2.1 The date, if known, that the serious condition commenced.

5.2.2.2 The probable duration of the condition; or the duration of any intermittent or reduced schedule, as applicable

5.2.2.3 An estimated amount of time the health care provider believes the employee must care for the family member.

5.2.2.4 A statement that the serious health condition warrants the participation of the employee to provide care during a period of treatment or supervision of the individual requiring care; or

5.2.2.5 A statement that due to the serious health condition, the employee is unable to work at all or is unable to perform one or more of the essential functions of his/her job.

5.2.2.6 Under the CFRA, the health care provider need not identify the serious health condition involved. However, if the certificate is for an employee seeking leave because of his or her own serious health condition, the health care provider may identify the serious health condition with the

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employee's permission.

5.2.3 If additional leave is requested beyond the period stated in the certification, the District will require the employee to obtain re-certification in accordance with the procedures set forth above.

5.2.4 An employee will be allowed, or PMHD may require an employee, to use accrued personal time off during the unpaid portion of the employee's pregnancy disability leave period. In addition, where employee is eligible, employee may also use Supplemental Medical Leave.

5.2.5 An employee may elect to use or PMHD may require an employee to use any accrued paid time off that the employee is eligible to take during the otherwise unpaid portion of the CFRA leave. In addition, where eligible, employees may also use Supplemental Medical Leave during the otherwise unpaid portion of a CFRA leave if the CFRA leave is for the employee's own serious health condition. If an employee is receiving a partial wage replacement benefit during the CFRA leave, the employer and employee may agree to have employer-provided paid leave supplement the partial wage replacement benefit, unless otherwise prohibited by law.

5.3 Termination of Employment

5.3.1 If employee exhausts the twelve weeks of family and medical leave in a twelve-month period (or 12 weeks FMLA and 4 months PDL), and is still unable to return to work, employment may be terminated subject to any exceptions under applicable law. Should employee be released to full duty at a later date, he/she is eligible to apply for job postings he/she is qualified to perform.

6.0 References:

- 6.1 Family and Medical Leave act of 1993
- 6.2 California Family Rights Act of 1991
- 6.3 AB 2017
- 6.4 Cal. Code Regs. tit. 2 § 11091

7.0 Attachment List

- 7.1 Attachment A – Leave of Absence Packet

8.0 Summary of Revisions:

- 8.1 4.2.2.1 delete: or add: or child of a domestic partner
- 8.2 4.3 add: incurred or aggravated in the line of duty on active duty.
- 8.3 4.4 add: for use of protected leave
- 8.4 4.4.1 add: protected, delete federal, add FMLA and CFRA, delete state law, delete at the same time
- 8.5 4.4.2 delete: Leave to care for a covered service member is for a maximum of 26 workweeks during a 12-month period.
- 8.6 4.5.1 delete: Intermittent leave for serious health condition may be taken in increments of at least 15 minutes.
- 8.7 4.7.2 delete: runs, add: does un

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8.8 5.2.5 delete: employee is

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Title: Harassment, Discrimination and Retaliation Prevention		Policy No. HRD-00018
		Page 1 of 4
Current Author: Estella Chavarin		Effective: 1/1/1985
Latest Review/Revision Date: 10/11/2024		Manual: HR / Employee Relations

Collaborating Departments:	Keywords: sexual harassment, discrimination, hostile work environment, retaliation		
Approval Route: List all required approval			
PSQC	Other:		
Clinical Service _____	MSQC	MEC	BOD 10/2024

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

1.0 Purpose:

- 1.1 Pioneers Memorial Healthcare District (PMHD) is committed to maintaining a work environment that is free from harassment, discrimination and retaliation. In keeping with this commitment, PMHD prohibits harassment, discrimination and retaliation based on the Protected Classifications identified below, including persons perceived to be in a Protected Classification or who are associated with someone who is perceived to be in a Protected Classification. PMHD will take all reasonable steps to prevent harassment, discrimination and retaliation from occurring.

2.0 Scope: Employees, Patients, Visitors, Vendors, Contract Employees**3.0 Definitions:**

- 3.1 Discrimination: The denial of any terms, conditions or benefits of employment based on a Protected Classification.
- 3.2 Harassment: Unwelcome or offensive conduct based on a Protected Classification that has the purpose or effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile or offensive work environment. Harassment is unlawful when it is severe or pervasive, such that it alters the conditions of employment and creates an abusive working environment. A single, unwelcome act of harassment may be sufficiently severe so as to create an unlawful hostile work environment. Harassment is a form of discrimination.
- 3.3 Hostile Work Environment: A work environment that is difficult or uncomfortable for another person to work in due to illegal discrimination.
- 3.4 Quid pro quo (Latin for "this for that"): Sexual harassment is characterized by explicit or implicit conditioning of a job, promotion or other work benefit on an applicant or employee's submission to sexual advances or other conduct based on sex.
- 3.5 Sexual Harassment: Unwelcome or offensive verbal, physical, and visual conduct, including sexual advances, based on sex, gender, gender identity, gender expression or sexual orientation. Sexual harassment need not be motivated by sexual desire to be prohibited.
- 3.6 Protected Classifications: Age (40 or older), ancestry, color, religious creed (including religious dress and grooming practices), disability, medical condition, genetic information, marital status military and veteran status, national origin, race, sex (including pregnancy, child birth, breastfeeding, and medical conditions related to pregnancy, child birth or breastfeeding), gender, gender identity and gender expression,

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Title: Harassment, Discrimination and Retaliation Prevention		Policy No. HRD-00018
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sexual orientation, or any other protected status in accordance with all applicable federal, state and local laws.

- 3.7 Prohibited unlawful harassment and unacceptable behavior includes, but is not limited to, the following behavior that is based on a Protected Classification:
 - 3.7.1 Verbal and Written conduct – Sexual or other innuendoes, suggestive or insulting comments or sounds, whistling or teasing of a sexual nature, sexual propositions or threats, continuing to express personal interest or threats of reprisal after being informed the interest is unwelcome; jokes based on sex or other protected categories, degrading comments, notes, e-mails, letters, epithets, or slurs;
 - 3.7.2 Visual conduct – Leering, displaying sexually suggestive objects; displaying or circulating offensive pictures, cartoons, e-mails, social media posts, websites or posters.
 - 3.7.3 Physical conduct – Unwanted and unwelcome physical contact, including touching, kissing, groping, pinching, brushing the body, impeding, or blocking movement, sexual intercourse, or assault.
- 3.8 Retaliation – Adverse employment action taken against any employee who makes a complaint or report regarding another employee in connection with this policy.

4.0 Policy

- 4.1 Applicability of Policy: This Anti-Harassment, Discrimination and Retaliation Policy applies to all persons involved in PHMD's operations, including, but not limited to, supervisors, managers, employees, coworkers, physicians, vendors, patients, visitors, independent contractors, paid and unpaid interns, volunteers, persons providing services pursuant to a contract. Failure to comply with this policy will result in discipline, up to and including termination of employment.
- 4.2 Anti-Harassment: PMHD prohibits all forms of unlawful harassment, including sexual harassment and harassment based on other legally protected categories, as described herein. Such harassment is prohibited whether it involves coworkers, supervisors or managers, or non-employees in PMHD's work environment, such as board members, patients, physicians, clients, contractors, vendors, volunteers, interns, or others with whom employees have a business, service, or professional relationship. Harassment is prohibited in any work-related setting, including the workplace itself, during business meetings, or during travel away from the workplace.
- 4.3 Anti-Discrimination: PMHD is committed to compliance with all applicable laws providing equal employment opportunities and it prohibits all forms of discrimination, including harassment, pay discrimination, and the denial of employment benefits based on any of protected categories. PMHD prohibits unlawful discrimination against any job applicant, employee, paid and unpaid interns and others working for PMHD.
- 4.4 Anti-Retaliation: Neither PMHD nor its employees will retaliate against any employee, applicant or other personnel for reporting or filing a complaint of discrimination, harassment, or retaliation, or for testifying, assisting, or participating in any manner in an investigation, proceeding, or hearing initiated by PMHD or a federal or state enforcement agency in response to such a report or complaint.
- 4.5 PMHD encourages all employees to report any incidents of harassment, discrimination

The electronic version of this policy supersedes any printed copy.

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and/or retaliation forbidden by this policy immediately so that complaints can be resolved in a timely manner.

5.0 Procedure:**5.1 Reporting Complaint**

5.1.1 Any employee, applicant, intern, patient, or volunteer who believes in good faith that he or she may have observed or experienced discrimination, harassment, or retaliation at PMHD by a coworker, manager, physician, visitor, patient, intern, volunteer or any other PMHD personnel should immediately notify his/her immediate manager, any supervisor, or the District's Human Resources Department.

5.1.1.1 Managers are instructed to immediately report complaints of sexual or other harassment to the Human Resources Department for investigation, determination and resolution.

5.1.1.2 When complaining of harassment, discrimination, or retaliation, the employee should provide PMHD with a description and frequency of the conduct, dates of the conduct, the name(s) of the offending person(s), the names of any witnesses to the conduct, the employee's response to the conduct, and any other information the complainant believes to be relevant.

5.2 Investigation

5.2.1 Every complaint of harassment, discrimination or retaliation reported to the PMHD's Human Resources Department will be investigated in a timely and thorough manner.

5.2.2 The investigation will take into account the complainant's right to a workplace free of harassment, discrimination, and/or retaliation, and the accused's right not to be disciplined without fair procedures and sufficient evidence of wrongdoing. Pending the outcome of the investigation, PMHD may take steps to separate the complainant and the accused employee.

5.2.3 Reports concerning a physician who is not a PMHD employee but who has privileges to practice at PMHD facilities will be addressed by the Medical Staff.

5.2.4 Employees, interns, volunteers, or medical staff, including the complainant and accused, are expected to cooperate with Human Resources during the investigation. At the conclusion of the investigation, based on the evidence collected, appropriate measures will be taken to correct and end any prohibited conduct and to prevent such conduct in the future.

5.2.5 Because PMHD takes claims of harassment, discrimination, and retaliation very seriously, and such claims can have significant effects on the employee accused of inappropriate conduct, it is a violation of this policy to knowingly make false accusations, and any employee who knowingly makes a false accusation will be subject to disciplinary action, up to and including termination.

5.2.6 PMHD does not condone retaliation against any employee for cooperating in an investigation into a complaint of harassment or for making a good faith complaint to the Human Resources Department regarding unlawful harassment.

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5.3 Additional Enforcement Resources

5.3.1 In addition to notifying PMHD about harassment, discrimination, and retaliation complaints, PMHD employees, applicants, or other personnel who believe they have been subjected to harassment, discrimination or retaliation may file a complaint with the California Department of Fair Employment and Housing (DFEH) within one year of the harassment and/or the Equal Employment Opportunity Commission within 180 days. These agencies will investigate the complaint and may provide you with assistance in resolving your dispute. Additional information regarding making a complaint to the DFEH can be found on its website at <http://www.dfeh.ca.gov> and through the EEOC at <https://www.eeoc.gov/employees/howtofile.cfm>

5.4 Confidentiality

5.4.1 All inquiries, complaints and investigations are treated as confidentially as possible. Information is revealed on a need-to-know basis and the identity of the complainant may need to be revealed during the investigation. The Human Resources Department takes reasonable steps to ensure that any information pertaining to a complaint or investigation is maintained in secure files.

6.0 References:

6.1 Gov't Code sec. 12940 (FEHA)

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

- 8.1 3.8 added: any
- 8.2 5.2.1 added: manner, delete: and, where feasible, confidential manner.
- 8.3 5.2.4 delete: PMHD will endeavor to protect the privacy and confidentiality of all parties involved when feasible and consistent with a thorough investigation.
- 8.4 5.2.5 delete: procedure, add: policy, delete of policy violations,
- 8.5 5.3.1 added: <http://www.dfeh.ca.gov>, added: <https://www.eeoc.gov/employees/howtofile.cfm>

Pioneers Memorial Healthcare District

Title: Hospital Search and Seizure		Policy No. EOC-00127
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Current Author: Jorge Mendoza		Effective: 9/22/2022
Latest Review/Revision Date: 08/2024		Manual: EOC/Security Management

Collaborating Departments: Security, Nursing, Administration, House Supervisor, Risk Manager, Legal Counsel, Compliance.	Keywords:		
Approval Route: List all required approval			
PSQC	Other: Safety Committee 10/2024		
Clinical Service _____	MSQC	MEC	BOD 10/2024

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

1.0 Purpose:

- 1.1 To provide criteria and procedures for conducting search and seizure of illicit drugs to promote a safer environment for everyone.
- 1.2 The purpose of such rules is to provide prompt, safe, and effective disposal methods.

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

- 3.1 Hospitals are responsible for keeping their patients and employees safe. At times, this may require searching a patient and his or her belongings. Typically, the hospital's purpose in conducting a search is to separate patients from drugs, alcohol, weapons, explosives, or other objects the patient may use to harm himself or herself or others.
- 3.2 PMHD strives to maintain a safe and secure environment for all patients, visitors, and staff. It is understood and agreed that PMHD has the right to search patient rooms and all items brought into the hospital, and to permanently take any illegal or unauthorized drugs, weapons, or other items that may be found. Patients are encouraged to leave these items at home or give them to a family member or friend to take home for patients. PMHD may conduct electronic and other surveillance in all areas of the facility, including, but not limited to, patient rooms for purposes of safety, security, patient care, and other hospital operations.

4.0 Definitions: Not applicable**5.0 Procedures:**

- 5.1 Who and When to Search:
 - 5.1.1 Behavioral Health Patients
 - 5.1.1.1 Health care facilities or units that care for patients who may be a danger to self or others or gravely disabled will generally require a search of all their belongings.
 - 5.1.2 Backpacks/bags/Luggage Search Procedure
 - 5.1.2.1 Any Person performing as search will inform the individual that a search will be conducted. Greet the person with a welcoming smile and say, 'Good Morning/Afternoon/ Evening'. Followed by 'We are carrying

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out Security checks today. Could we please ask you to open your bag/s for a brief check?

- 5.1.2.2 If the person agrees to a bag search, they must remain present whilst the search takes place. Try to carry out the search on a table, although this may not be possible with larger cases. Ask the person if they can unfasten / unzip the bag themselves. Try to gauge reactions – if they appear nervous or hesitant, it may be worth calling for assistance. Provided you have spoken to them clearly and politely, most people are willing to comply.
- 5.1.2.3 If an individual refuses a search, ask them to wait for a manager or after-hours house supervisor to attend to speak to them. Contact your manager or after-hours house supervisor If a person with a bag appears intoxicated, call for assistance before beginning the search.
- 5.1.2.4 Once the bag is open, do not 'dive in' with both hands; this looks intrusive, and in the worst-case scenario, could set off an explosive device, or cause bodily harm to the self.
- 5.1.2.5 If you wish to move something in the bag to gain a clearer view, slowly and carefully lift or move it as you need to. Ensure the person is watching you, and that they seem willing for you to do this
- 5.1.2.6 The search should take as long as necessary to satisfy yourself that the bag appears safe. Do not prolong the procedure, unless you have cause for concern
- 5.1.2.7 Once the search is complete, ensure you leave the contents how you found them.
- 5.1.2.8 A visitor may be denied entry or escorted out of the facility if a perceived or actual threat exists, or if they refuse to be searched and/or have their items searched.

5.2 Discovery of Illicit Items:

- 5.2.1 If a search results in the discovery of a weapon, illegal/prohibited, illicit drugs, or any other property, possession of which security reasonably believes may constitute a threat to personal safety, or that of other security may:
 - 5.2.1.1 Require the individual, or designee, to remove the item from the facility.
 - 5.2.1.2 Allow the individual to place items in the hospitals safe. (Depending on the item) Refer to policy ADM-00302.
 - 5.2.1.3 Release property to law enforcement.
 - 5.2.1.4 The purpose of metal detector screenings is to deter the possession of weapons such as guns, knives, or other dangerous objects capable of inflicting bodily harm or injury.
 - 5.2.1.5 Safely secure the item until the individual leaves the facility.
 - 5.2.1.6 Prior to conducting searches using hand-held metal detectors, PMHD Security officers shall take the following actions.
 - 5.2.1.7 All PMHD Security officers will be trained in the appropriate use of the

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hand-held metal detector. Training will be provided by the Security Manager.

- 5.2.1.8 Only PMHD Security will operate hand-held metal detectors.
- 5.2.1.9 If Security feels there's enough probable cause to search Patient/Visitor, they will be subject to searches with hand-held metal detectors.
- 5.2.1.10 If the detector activates the person's belongings, Security will remove any metal object from belongings bag, baggage, purse, or backpack.
- 5.2.1.11 Any illegal object (i.e., firearms, knives, or other prohibited/Illicit drugs item) found during the search will be turned over to the police.
- 5.2.1.12 If Contraband of Illicit drugs are discovered while conducting a bag search or at the bed side.
- 5.2.1.13 Notify Security and House Supervisor immediately.
- 5.2.1.14 House Supervisor and Security will report to the department/area to collect Illicit drugs.
- 5.2.1.15 Security will secure the item and place it inside a biohazard bag.
- 5.2.1.16 Individual collecting Illicit drug must wear appropriate PPE.
- 5.2.1.17 The item (Illicit drug) will be taken to house Nursing Admin office and the House Supervisor will log the item in the "Process for Illicit Drugs found logbook" and safely place the item in the lock box.
- 5.2.1.18 Security and/or House supervisor will call local authorities (Brawley Police department) to notify of a recovered Illegal substance that shall properly disposed.
- 5.2.1.19 Brawley police department will come pick up the Illegal substance as soon as they are available.
- 5.2.1.20 If Marijuana, tobacco or Alcohol is discovered, Clinical staff, House Supervisor, or Security will notify the Patient/Visitor to take their property back to their vehicles or call a family member/friend to pick up unallowed items or Security would proceed to properly dispose.
- 5.2.1.21 If Security proceeds to dispose Marijuana, Tobacco or alcohol, items will be safely placed in a Biohazard bag and disposed through the compactor located in the back of the hospital.
- 5.2.1.22 Marijuana, tabaco, and alcohol will remain in Nursing admin safe for a period of 24-48 hours, while House supervisor tries to get a hold of owner. If we cannot get hold of the owner within 48 hours, it would be properly disposed.

6.0 References:

- 6.1 42 C.F.R Section 482.13(c)(2)
- 6.2 Title 8, California Code of Regulations, Section 3342.
- 6.3 HCA Healthcare Manual 2020
- 6.4 CISA.GOV Sports Venue Bag Search Procedures Guide

Pioneers Memorial Healthcare District

Title: Hospital Search and Seizure		Policy No. EOC-00127
		Page 4 of 4
Current Author: Jorge Mendoza		Effective: 9/22/2022
Latest Review/Revision Date: 08/2024		Manual: EOC/Security Management

6.5 CHA Consent Manual 2021

6.6 CISA.GOV Public Venue Bag Search Procedures Guide

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

8.1 Revised section 3.1

8.2 Revised section 3.2

8.3 Revised section 5.1.1.1

8.4 Removed section 5.1.1.2

8.5 Revised section 5.1.2.1

8.6 Added section 5.1.2.2

8.7 Revised section 5.1.2.3

8.8 Subsection 5.3 is now 5.2 and the subsection title was changed.

8.9 Added Section 5.2.1.22

8.10 Added reference 6.1 and 6.2

Pioneers Memorial Healthcare District

Title: Jury/Witness Duty and Absence to Vote		Policy No. HRD-00008
		Page 1 of 2
Current Author: Charity Dale		Effective: 1/1/1977
Latest Review/Revision Date: 09/09/2024		Manual: Human Resources / Benefits

Collaborating Departments:		Keywords: jury duty, vote, witness duty	
Approval Route: List all required approval			
PSQC		Other:	
Clinical Service _____	MSQC	MEC	BOD: 10/2024

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

1.0 Purpose:

- 1.1 To provide guidance to PMHD employees and supervisors regarding time off for jury duty, witness duty, or to vote in statewide elections

2.0 Scope: District-wide**3.0 Definitions:** Not applicable**4.0 Policy**

- 4.1 When employees are requested to perform jury or witness duty or cannot make sufficient time outside working hours to vote in a statewide election, Pioneers Memorial Healthcare District will provide time off, as required by law.

5.0 Procedure:

- 5.1 Employees are required to inform their managers as soon as practicable upon receiving notification of jury or witness duty or the need to vote.
- 5.2 Time off for Jury/Witness Duty
- 5.2.1 All employees are eligible for unpaid time off from work for Jury/Witness duty as required by law.
- 5.2.2 As an added benefit, Pioneers provides all regular full-time employees with ten (10) days of jury/witness duty pay per year. Regular part-time employees are eligible for five (5) days per year.
- 5.2.3 Jury/Witness duty is paid at the employee's straight time rate, is non-productive time, and does not contribute to overtime. Employees are expected to return to work if excused from jury/witness duty before the end of their regularly scheduled work shift.
- 5.2.4 An employee called for duty must provide their manager a copy of the summons and proof of service from the court.
- 5.2.5 Employees called to witness duty on behalf of the district will be paid at straight time pay for hours served.
- 5.2.6 Unless otherwise provided in a collective bargaining agreement, an employee is entitled to use available vacation, personal leave, or compensatory time off to compensate for otherwise unpaid service as a juror or witness in a court proceeding.

Pioneers Memorial Healthcare District

Title: Jury/Witness Duty and Absence to Vote		Policy No. HRD-00008
		Page 2 of 2
Current Author: Charity Dale		Effective: 1/1/1977
Latest Review/Revision Date: 09/09/2024		Manual: Human Resources / Benefits

5.2.7 Salary deductions will not be made from an exempt employee's salary for absences caused by jury duty, attendance as a witness, or temporary military leave for a time frame of less than a work week.

5.3 Absence to Vote

5.3.1 Employees who are registered voters and who cannot make sufficient time outside of their regular working hours to vote at any statewide election, may take up to two hours off to vote, without loss of pay. Time must be taken at the beginning or end of the scheduled shift, whichever provides the least time off, and may not exceed two hours. If an employee knows or has reason to believe that time off will be necessary, the employee should notify their managers at least 2 days in advance of the need to take time off to vote.

5.3.2 Human Resources will post a notice regarding time off to vote no less than 10 days prior to a statewide election.

6.0 References:

6.1 Labor Code Section 230; DLSE Enforcement Policies and interpretations Manual Sec 51.6-21

7.0 Attachment List

7.1 Attachment A: Time off to vote notice – English

7.2 Attachment B: Time off to vote notice – Spanish

8.0 Summary of Revisions:

8.1 No changes

PIONEERS MEMORIAL HEALTHCARE DISTRICT

Title: Payroll Deductions		Policy No. HRD-00048
Current Author: Estella Chavarin		Page 1 of 2
Latest Review/Revision Date: 10/11/2024		Effective: 1/1/1977
		Manual: HR / Compensation

Collaborating Departments:	Keywords: payroll deductions, payroll taxes, voluntary deductions		
Approval Route: List all required approval			
PSQC	Other:		
Clinical Service _____	MSQC	MEC	BOD 10/2024

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

1.0 Purpose:

- 1.1 To comply with rules around mandatory tax and voluntary payments and/or premiums deducted from employee paychecks.

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

- 3.1 Federal and state taxes, social security taxes, and state disability insurance as well as voluntary deductions as authorized by employees will be deducted from employee paychecks.
- 3.2 Garnishments as applicable will be deducted in accordance with state and federal laws.

4.0 Definitions:

- 4.1 HRIS: Human Resource Information System

5.0 Procedure:

- 5.1 Voluntary deductions must be authorized by employees in writing or through the use of HRIS system self-service.
- 5.2 Deductions to employee paychecks may include but are not limited to:
 - 5.2.1 Health insurance premiums
 - 5.2.2 PMHD hospital bills
 - 5.2.3 Cafeteria charges
 - 5.2.4 Childcare payments at PMHD Little People's Center
 - 5.2.5 Voluntary critical illness/accident/life/short term disability insurance
 - 5.2.6 Flexible spending accounts
 - 5.2.7 Deferred compensation contributions
 - 5.2.8 PMH Foundation donations
 - 5.2.9 Federal or State wage garnishments
- 5.3 Changes to deferred compensation contribution may be made online through PMHD's retirement portal at www.pmhdtirement.org
- 5.4 Employees are responsible for completing tax withholding changes when there is a change in deductions including deductions and withholding for marital status or number of dependents.
- 5.5 Changes to tax withholdings must be completed online through the HRIS System by the employee. Changes to tax withholdings cannot be made by any person other than employee.

PIONEERS MEMORIAL HEALTHCARE DISTRICT

Title: Payroll Deductions		Policy No. HRD-00048
Current Author: Estella Chavarin		Page 2 of 2
Latest Review/Revision Date: 10/11/2024		Effective: 1/1/1977
		Manual: HR / Compensation

5.6 Human Resources or Payroll will process and collect garnishments from employees' paychecks in accordance with state and federal laws.

6.0 References: Not applicable

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

8.1 Added 5.5

8.2 Added 5.6

Pioneers Memorial Healthcare District

Title: Reciprocal Proctoring		Policy No. New Policy
		Page 1 of 4
Current Author: Cindy Beaumont		Effective:
Latest Review/Revision Date:	Manual: Medical Staff	

Collaborating Departments:		Keywords: Proctoring, FPPE	
Approval Route: List all required approval			
	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".

1.0 Purpose:

- 1.1 To facilitate the timely completion of proctoring by a practitioner and eliminate the redundancy of requiring a practitioner to be proctored for the same procedure and/or to care for the same types of patients and diagnoses at multiple hospitals, reciprocal proctoring is an alternative that may apply in specific instances to applicants with temporary privileges, Provisional members, and to Active Staff who have requested new privileges.

2.0 Scope: Medical Staff**3.0 Policy:****3.1 Eligibility for Reciprocal Proctoring**

- 3.1.1 Physicians, dentists, and podiatrists (1) with applications pending, who hold current temporary privileges; or (2) who are members of the Provisional Staff undergoing initial proctoring; or (3) who are members in good standing not in the provisional category being granted new privileges for procedures requiring proctoring; are eligible for reciprocal proctoring.
- 3.1.2 Medical Staff members undergoing proctoring who have alleged quality of care or competency issues or concerns, or who are under ad hoc committee review, may utilize reciprocal proctoring only with the direct approval of the Medical Staff Executive Committee. If approved, additional conditions or restrictions may be imposed.

3.2 Eligibility to Perform Proctoring

- 3.2.1 The proctor should not be an associate or office partner of the individual being proctored unless the assigned proctor is unavailable and other options for obtaining a non-associate proctor have been exhausted.

Pioneers Memorial Healthcare District

Title: Reciprocal Proctoring		Policy No. New Policy
		Page 2 of 4
Current Author: Cindy Beaumont		Effective:
Latest Review/Revision Date:	Manual: Medical Staff	

3.2.2 In the event the applicant cannot provide reciprocal proctoring, the respective department rules related to proctoring and number of cases to be proctored shall be followed.

3.2.3 It is the responsibility of the practitioner undergoing FPPE/proctoring to ensure this process is complete and all documentation is submitted to the Medical Staff Office.

3.2.4 The Medical Executive Committee may approve or disapprove the hospitals at which reciprocal proctoring may take place.

3.3 Eligible Hospitals

3.3.1 Only hospitals that are currently accredited, (must be CMS approved accrediting body, i.e. the Joint Commission, DNV, HFAP or URAC) are eligible for consideration.

4.0 Definitions:

4.1 Reciprocal proctoring is defined as proctoring that is performed at another hospital that has been deemed acceptable for meeting the proctoring requirements at Pioneers Memorial Healthcare District. The Department Chair must attest to the completion of proctored cases and the clinical competence of the individual being proctored.

5.0 Procedure:

5.1 During the period of proctoring, the respective department may accept reciprocal proctoring performed at another facility where the member has medical staff privileges as follows:

5.1.1 100% of the required number of observed cases may be submitted by reciprocal proctoring from another accredited hospital as mentioned on section 3.3.

5.1.2 All pre-established and approved types and number of cases to be proctored shall be enforced.

5.1.3 Each department may exclude individual procedures/treatments from reciprocal proctoring at its discretion.

5.1.4 Acceptable reciprocal proctoring documentation **include** copies of the actual proctoring forms, or a letter indicating proctoring was completed, attesting to the clinical competence and completion of proctoring from the clinical service chair

Pioneers Memorial Healthcare District

Title: Reciprocal Proctoring		Policy No. New Policy
		Page 3 of 4
Current Author: Cindy Beaumont		Effective:
Latest Review/Revision Date:	Manual: Medical Staff	

from the other hospital must be provided to the appropriate Department Chair at Pioneers Memorial Hospital District for review.

- 5.1.4.1 The practitioner being proctored is responsible for requesting a letter of clinical competence and completion of proctoring from one hospital and assuring that it is received by the other hospital.
- 5.1.4.2 Copies of the proctoring forms will not be released to the practitioner being proctored except as is required by law. Proctoring forms completed at Pioneers Memorial Health Care District will not be recopied or provided to the practitioner being proctored by the receiving hospital except as is required by law.
- 5.1.4.3 Acceptable reciprocal proctoring documentation:
 - 5.1.4.3.1 Summary of types, number of cases proctored, and outcome summary; or
 - 5.1.4.3.2 Letter indicating proctoring was completed in the past with dates, and practitioner remains in good standing with unrestricted privileges at the reciprocal hospital.
- 5.1.4.4 In addition to acceptance of reciprocal proctoring, each department chair, or designee, will conduct proctoring on a minimum number of cases managed/performed by the appointee, utilizing any of the methods as described in the Medical Staff Policies and Procedures for the Clinical Service of Surgery.
 - 5.1.4.4.1 In the event the applicant cannot provide reciprocal proctoring, the respective department rules related to proctoring and number of cases shall be followed.
- 5.1.4.5 It is the responsibility of the Practitioner undergoing FPPE/proctoring to assure this process is completed and all documentation is submitted to the Medical Staff Office.

Pioneers Memorial Healthcare District

Title: Reciprocal Proctoring		Policy No. New Policy
		Page 4 of 4
Current Author: Cindy Beaumont		Effective:
Latest Review/Revision Date:	Manual: Medical Staff	

5.0 References:

5.1 Rules and Regulations: Clinical Service of Surgery; pg 8

6.0 Attachment List

7.0 Summary of Revisions:

7.1 New policy

Pioneers Memorial Healthcare District

Title: Recruitment and Retention Incentive Program		Policy No. HRD-00007
		Page 1 of 2
Current Author: Estella Chavarin		Effective: 9/16/2002
Latest Review/Revision Date: 10/11/2024		Manual: HR / Recruitment

Collaborating Departments: Administration		Keywords: bonus, sign-on, retention, referral, recruitment, incentive	
Approval Route: List all required approval			
PSQC		Other:	
Clinical Service _____	MSQC	MEC	BOD 10/2024

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

1.0 Purpose:

- 1.1 To provide a recruitment and retention incentive process for difficult to fill job classifications.

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

- 3.1 It is the policy of Pioneers Memorial Healthcare District (PMHD) to offer certain incentives to candidates of difficult-to-fill job classifications, to ensure appropriate staffing needs are met. This applies to regular full-time and part-time positions only.

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

- 5.1 Recruitment:
- 5.1.1 The Human Resources Department Head, in conjunction with the appropriate departmental administrative head, will determine which positions are eligible for the incentive bonus, based on the level of recruitment difficulty and urgency to fill the position.
 - 5.1.2 These bonuses will be extended to hires for hard-to-fill positions. HR will maintain a list of positions that are considered hard-to-fill. These sign-on bonuses will be based on market norms for Southern California.
 - 5.1.3 The value of the recruitment and retention incentive will be based on the position and may range from two thousand dollars (\$2,000.00) up to ten thousand dollars (\$10,000.00). Part-time positions are pro-rated to fifty percent (50%) of the full time amount.
 - 5.1.3.1 Recruitment and Retention incentives are processed and paid out as taxable income.
 - 5.1.4 Completion and approval of the Recruitment and Retention Incentive form is required prior to payment.
 - 5.1.5 Payment schedule:
 - 5.1.5.1 Thirty percent (30%) payable after ninety (90) days of employment
 - 5.1.5.2 Forty percent (40%) payable after twelve (12) months of employment
 - 5.1.5.3 Thirty percent (30%) payable after eighteen (18) months of employment

Pioneers Memorial Healthcare District

Title: Recruitment and Retention Incentive Program		Policy No. HRD-00007
		Page 2 of 2
Current Author: Estella Chavarin		Effective: 9/16/2002
Latest Review/Revision Date: 10/11/2024		Manual: HR / Recruitment

5.1.6 Individual eligibility

5.1.6.1 Qualified Candidates applying for a position with PMHD

5.2 Retention

5.2.1 Qualified candidates for retention bonuses include current PMHD employees in a Regular, Full-time or Part-time position in good standing.

5.2.2 The value of the retention incentive will be based on the position and may range from one percent (1%) to twenty percent (20%) of the employee's base salary in the role. Part-time positions are pro-rated to fifty per cent (50%) of the full-time amount.

5.2.2.1 Retention incentives are processed and paid out as taxable income.

5.2.2.2 Such one-time lump sum retention incentives require a twenty-four (24) month service commitment from an employee. Employees who received such retention incentive and subsequently terminate employment, change to part-time, per diem status, or transfer out of the department prior to the end of the commitment period (e.g. twenty-four (24) months), will be required to repay the hospital on a pro rata basis

5.3 Completion and approval of the Recruitment and Retention Incentive form is required prior to payment.

5.4 Employees who have participated in the PMHD 20/40 Program and transitioned to an eligible position for recruitment or retention incentives, are required to fulfill their 20/40 program repayment obligation prior to receiving any portion of the recruitment and/or retention incentive.

6.0 References: Not applicable**7.0 Attachments:**

7.1 Attachment A – Recruitment and Retention Incentive Form

8.0 Summary of Revisions:

8.1 5.1.1 delete: division and add departmental administrative

8.2 5.1.2 delete: Sign on bonuses will be extended to full time new hires only

8.3 5.1.3.1 added: processed and paid out as, delete: gross

8.4 Added: 5.1.5.1, 5.1.5.2 and 5.1.5.3

8.5 Deleted: 5.1.7.2 and 5.1.7.3

8.6 Deleted: 5.1.8 and 5.1.9

8.7 Added 5.2.1

8.8 Removed 5.2.2 payment schedule

8.9 Reorganized sections into separate recruitment and retention subsections

8.10 Removed "new grad" ineligibility section as such eligibility will be determined HR and appropriate administrators.

8.11 Cleaned up language for uniformity

Pioneers Memorial Healthcare District

Title: Referral Bonus	Policy No. HRD-00182
	Page 1 of 2
Current Author: Estella Chavarin	Effective: 9/2016
Latest Review/Revision Date: 10/11/2024	Manual: Human Resource

Collaborating Departments:		Keywords:	
Approval Route: List all required approval			
PSQC		Other:	
Clinical Service _____	MSQC	MEC	BOD 10/2024

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

1.0 Purpose:

- 1.1 To provide current employees a financial incentive to refer friends, relatives and colleagues to PMHD for eligible positions.

2.0 Scope: Organization wide**3.0 Policy:**

- 3.1 It is the policy of PMHD to utilize a variety of recruiting methods to fill open positions with qualified individuals in a time sensitive, cost-effective manner.

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

- 5.1 Eligible Positions
- 5.1.1 The CEO, CHRO, in conjunction with the Appropriate Departmental Administrative Head, will determine which positions are eligible for the incentive based on the level of recruitment difficulty and urgency to fill the position.
- 5.1.1.1 See attachment A for current list of hard-to-fill positions.
- 5.2 Any employee referring a candidate for a hard-to-fill position must complete the Referral Form" and submit it to Human Resources. At the time the employment application is submitted the candidate must also identify the individual referring them for employment. If the candidate is hired, the referring Employee will receive:
- 5.2.1 \$400.00 after completion of hire and orientation.
- 5.2.2 \$600.00 after completion of six months of employment.
- 5.2.3 \$1,000.00 after twelve (12) months of employment with satisfactory attendance.
- 5.3 Completion of the Referral Bonus Agreement form is required prior to payment.
- 5.4 Referring employees must be employed by PMHD at each of the milestones described in sections 5.2.1, 5.2.2 and 5.2.3. above in order to receive the respective payment.
- 5.5 The positions identified as qualifying for referral bonuses pursuant to this policy may change at any time.
- 5.6 The amount of the referral incentive may change at any time.
- 5.7 The following individuals are not eligible to take part in the Employee Referral Bonus program:
- 5.7.1 Human Resources Staff
- 5.7.2 Directors/Managers

Pioneers Memorial Healthcare District

Title: Referral Bonus	Policy No. HRD-00182
	Page 2 of 2
Current Author: Estella Chavarin	Effective: 9/2016
Latest Review/Revision Date: 10/11/2024	Manual: Human Resource

5.7.3 Administration

6.0 References: Not applicable**7.0 Attachment List:**

- 7.1 Attachment A – List of Eligible Positions
- 7.2 Attachment B – Referral Bonus Agreement Form

8.0 Summary of Revisions:

- 8.1 1.1 delete: Research show that new hires that come into an organization through employee referrals are excellent contributors and are a cost effective recruit.
- 8.2 5.2 delete: all Payment Schedule
- 8.3 5.3 delete: Individual Eligibility
- 8.4 5.2.1 add: after completion of hire and orientation, delete: when the employee completes their introductory period.
- 8.5 5.2.2 add: after completion of six months of employment, delete: when the employee completes six months of full-time employment.
- 8.6 5.2.3 add: after twelve (12) months of employment, delete: when the employee completes 12 continuous months of employment.
- 8.7 5.3 added: Completion of the Referral Bonus Agreement form is required prior to payment.
- 8.8 5.4 added: in section 5.2.1, 5.2.2 and 5.2.3, add respective
- 8.9 5.5 delete: The employer reserves the right to periodically change the, add: qualifying for referral bonuses pursuant to this policy may change at any time, delete: "Hard to Fill"
- 8.10 5.6 delete: The employer reserves the right to periodically modify, add: referral incentive may change any time, delete reimbursement

Pioneers Memorial Healthcare District

Title: Timekeeping System/Time Sheet Completion		Policy No. HRD-00085
		Page 1 of 3
Current Author: Estella Chavarin		Effective: 8/1/1994
Latest Review/Revision Date: 10/11/2024		Manual: HR / Compensation

Collaborating Departments: Payroll		Keywords: Timesheet, Clocking	
Approval Route: List all required approval			
PSQC		Other:	
Clinical Service _____	MSQC	MEC	BOD 10/2024

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

1.0 Purpose:

- 1.1 To ensure non-exempt employees' attendance and hours are recorded accurately

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

- 3.1 All non-exempt employees are required by law to accurately record the exact number of hours worked. Pioneers Memorial Healthcare District employees are required to use the automated time and attendance tracking system to record their exact number of hours worked.
- 3.2 General Timekeeping rules:
- 3.2.1 Employees are not permitted to clock in or begin working before their scheduled shift start time. Employees must record the time they actually begin work by clocking in directly on their way to their assigned work area. Time spent in the cafeteria or visiting upon arrival should not be recorded as working time.
- 3.2.2 Employees are not permitted to continue working after clocking out at the end of their scheduled shift.
- 3.2.3 Employees who repeatedly fail to clock-in or clock-out, or who enter inaccurate time, due to negligence or forgetfulness shall be counseled and corrective or disciplinary action may be taken.
- 3.2.4 Clocking-in and out for another employee is considered serious misconduct and corrective action or disciplinary action will be taken.
- 3.3 Timesheet Issues and Entering Other Leave:
- 3.3.1 Employees should contact their supervisor for any timesheet issues.
- 3.3.2 Managers are not permitted to approve any non-productive hours such as PTO, bereavement, or jury duty hours if such additional hours cause the employee to exceed eighty (80) total hours in the pay period.
- 3.3.2.1 Managers may designate and train an alternate on the Hospital's API and managerial timekeeping review procedure.
- 3.3.3 Medical Leave can only be entered by the Human Resources Department (see Policy HRD-00031 "Supplemental Medical Leave" for more information).
- 3.3.4 When Employees take a meal break, it must be for at least thirty (30) minutes (see Policy HRD-00037 "Meal and Rest Periods" for more information).
- 3.3.5 Bereavement hours are paid when an employee suffers the death of an immediate family member; the manager should make a "note" as to the

Pioneers Memorial Healthcare District

Title: Timekeeping System/Time Sheet Completion		Policy No. HRD-00085
		Page 2 of 3
Current Author: Estella Chavarin		Effective: 8/1/1994
Latest Review/Revision Date: 10/11/2024		Manual: HR / Compensation

relationship to the deceased (father/mother/sister, etc.).

4.0 Definitions:

- 4.1 API – Hospital’s automated time and attendance tracking system
- 4.2 Employees – Non-exempt Employees whose job duties have been identified as non-exempt, are paid hourly wages, and entitled to premium pay
- 4.3 Hospital – Pioneers Memorial Healthcare District
- 4.4 PMHD – Pioneers Memorial Healthcare District
- 4.5 Managers – Supervisory employees whose job duties include reviewing and validating timecards for employees.
- 4.6 PTO – Paid Time Off

5.0 Procedure:

- 5.1 Employee Timekeeping
 - 5.1.1 Upon employment with Pioneers Memorial Healthcare District, each employee is issued a hospital ID badge. This badge is linked to the API. Employees are required to record their hours accurately on the API.
 - 5.1.2 Employees may access any computer in the hospital premises to clock in and out using the quick badge process in API; this can be accessed directly through the PMHD intranet, or through Time Clocks located throughout the District. All employees are encouraged to review the API Training Resources also located on the PMHD intranet.
 - 5.1.2.1 Employees must clock in no earlier than 7 minutes prior to the start of their scheduled shift and must clock out no later than 7 minutes after the end of their shift.
 - 5.1.2.2 Employees must clock out at the start of a meal break and clock back in when returning to work from a meal break.
 - 5.1.2.3 Employees must enter all PTO taken and all on-call hours worked each week by the following Monday at 9 a.m.
 - 5.1.2.3.1 Employees cannot request or add non-productive hours that would result in exceeding eighty (80) total hours in a two-week pay period.
 - 5.1.3 Employees must review their timecards for accuracy and sign off on their time sheets no later than the Monday immediately following the end of a pay period.
- 5.2 Managers’ Timekeeping Review
 - 5.2.1 Managers must review timesheets at least two (2) times per pay period to review PTO requests and make required updates or corrections.
 - 5.2.2 Managers must review employees’ hours, validate overtime, in-house registry, PTO and Medical Leave hours.
 - 5.2.3 Managers must ensure that all employees under their oversight have reviewed and signed-off their respective timecards in the API no later than 9:00am on Monday of each payroll week.
 - 5.2.4 Managers must approve all unit timesheets in API, the hospital’s Time and

Pioneers Memorial Healthcare District

Title: Timekeeping System/Time Sheet Completion		Policy No. HRD-00085
		Page 3 of 3
Current Author: Estella Chavarin		Effective: 8/1/1994
Latest Review/Revision Date: 10/11/2024		Manual: HR / Compensation

Attendance system by Monday at 11:00 a.m. of payroll week. *Exceptions are certain holidays and the last pay period of the year depending on the day of the week for December 31.*

6.0 References: Not applicable

7.0 Attachment List Not applicable

8.0 Summary of Revisions:

- 8.1 Add to 5.1.2.3.1, add: request or add non-productive hours, delete PTO or Ca Sick hours for hours, Add that would result in, add total

PIONEERS MEMORIAL HEALTHCARE DISTRICT

Title: Transfusion Service Quality Program		Policy No. TRM-002
		Page 1 of 9
Current Author: Yvette Gacula		Effective: 6/30/2014
Latest Review/Revision Date: 7/9/2024		Manual: Lab Dept Specific / Blood Bank

Collaborating Departments: Laboratory		Keywords: Quality Program		
Approval Route: List all required approval				
PSQC		Other: <u>Laboratory Medical Director</u>		
Clinical Service		MSQC x	MEC x	BOD x

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

1.0 Purpose:

- 1.1 To provide an overview of the Quality Management System of the Transfusion Service and how it works within the framework of operations in support of quality goals.

2.0 Scope: Clinical Laboratory Scientists**3.0 Policy:**

- 3.1 The Pioneers Memorial Healthcare District (PMHD) Transfusion Service is committed to good professional practice as defined by the Food and Drug Administration (FDA), American Association of Blood Banks (AABB), College of American Pathologists (CAP), The Joint Commission (TJC), and the State of California.
- 3.2 Dedicated to the highest quality patient care through the provision of safe and effective blood components, products, and services
- 3.3 Maintains compliance with its documented quality system, and to continuous improvement of quality and technical processes and procedures
- 3.4 The Transfusion Service Quality Program is divided into 10 Quality System Essentials (QSE's):
 - 3.4.1 Organization of Transfusion Service:
 - 3.4.1.1 Defines and documents the parties responsible for the provision of blood, components, and services, and the relationship of individuals responsible for key quality functions.
 - 3.4.1.2 Responsibility:
 - 3.4.1.2.1 Executive management has the authority and is responsible for transfusion service operations; establishing or changing the quality system; ensures that products and services provided are in compliance with regulatory and accrediting agency requirements; and is involved in the management review of the quality system.
 - 3.4.1.2.2 Transfusion service medical director is responsible and has the authority for the development and maintenance of all medical or technical policies, processes, and procedures for the transfusion service. The medical director, through consultative and support services, provides for the care and safety of transfusion patients. The medical director has the ultimate responsibility for quality activities and the authority to approve changes required in support of the system. The medical director may delegate

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these responsibilities to another qualified personnel (i.e. laboratory director); however, the medical director shall retain ultimate responsibility for medical director duties.

- 3.4.1.2.3 Laboratory director is responsible for the overall management of the laboratory; develops and implements administrative policies and programs; initiate corrective actions to ensure that products and services meet specified requirements; identify and address problems with product services or the quality system; verify implementation and effectiveness of corrective action; implement control measures until problems have been resolved; and reports to the executive management.
- 3.4.1.2.4 Transfusion service supervisor is responsible for technical decision making and supervision of employees in the transfusion service; developing policies and procedures; and reports to authorities defined in the facility's structure.
- 3.4.1.3 Quality System – The PMHD Transfusion Service shall maintain a quality system that conforms to the minimum requirements of accrediting agencies and produce high quality blood component and services by:
 - 3.4.1.3.1 Detecting and preventing errors in transfusion service processes to ensure patient safety (*Refer to Policy Number TRM-003; Transfusion Services Quality Assurance*)
 - 3.4.1.3.2 Reducing process variations that can cause errors;
 - 3.4.1.3.3 Improving effectiveness and efficiency of processes;
 - 3.4.1.3.4 Responding to customer needs in provision of blood component and services;
 - 3.4.1.3.5 Developing and maintaining a competent staff;
 - 3.4.1.3.6 Complying with all required regulations and accreditation standards; and
 - 3.4.1.3.7 Adhering to the PMHD's vision and mission.
- 3.4.1.4 Policies, Processes, and Procedures:
 - 3.4.1.4.1 The PMHD Transfusion Service shall maintain:
 - 3.4.1.4.1.1 Written quality and operational policies, processes, and procedures.
 - 3.4.1.4.1.2 Process to approve all medical and technical policies, processes, and procedures.
 - 3.4.1.4.1.3 Process for capturing justification and pre-approval of exceptions to established policies, processes, and procedures by the medical director.
 - 3.4.1.4.2 The PMHD Transfusion Service staff members are trained to follow written policies, processes, and procedures.
- 3.4.2 Resources – PMHD Transfusion Service provides adequate resources to perform, verify, and manage all activities in the transfusion service.
 - 3.4.2.1 Human Resources employ qualified individuals who meet the

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education, training, and experience necessary to perform assigned task as defined. Job descriptions are written and maintained for each position. To be considered for hire, candidates must meet the qualifications (education and/or experience) stated in the job description. The candidate must provide documentation of education, training, and experience.

- 3.4.2.2 Training of new employees is provided with orientation to the organization, department, and specific job for which they are hired. Training is provided as required per job description expectations and includes training related to specific job requirements, safety, computer, personal development, quality, and other skills as needed. Staff development is provided to meet individual needs, regulatory and accreditation requirements, and the changing needs of the facility. Training is completed when the individual demonstrates sufficient knowledge and competency to perform testing before he/she is released to work independently. Should performance not meet the minimum criteria, learning activities as well as formal retraining programs may be used.
- 3.4.2.3 Staff competence is initially evaluated during training, at least semi-annually during the first year of employment, and annually thereafter. Annual competency assessment is documented for all employees.
- 3.4.2.4 Personnel records are maintained for each employee, which include documentation of education, training, and experience, documentation of orientation, competency assessments, and continuing education and performance appraisals. Documentation may be found in Transfusion Service, Manager's office, or Human Resources department.

3.4.3 Equipment – The PMHD Transfusion Service has policies, processes, and procedures to ensure that calibration, maintenance, and monitoring of equipment conform to standards and other specified requirements.

- 3.4.3.1 Selection – process to identify specifications for new equipment is maintained, where appropriate. The supplier's ability to meet specifications and other criteria are considered in the selection process.
- 3.4.3.2 Installation is performed according to manufacturer's guidelines. Each piece of equipment is given a unique identification. The equipment is properly installed and tested as part of the validation protocol.
- 3.4.3.3 Control of Critical Equipment – monitoring process in place for each piece of critical equipment. Before placing the equipment in use, the equipment is validated for intended use. Critical equipment is calibrated before use, after activities that may affect the calibration, and at prescribed intervals. Measurement devices used in critical processes are calibrated according to procedures written in accordance with manufacturer's recommendations, regulatory requirements, and accreditation standards. Complete documentation of

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equipment identity, results of scheduled calibrations and maintenance, actions taken for unsatisfactory results, and disposition of the equipment is maintained. There is a process in place to identify and remove defective equipment. *(Refer to policy number EOC-00404; Medical Equipment Management Plan)*

3.4.4 Supplier and Customer Issues:

3.4.4.1 The PMHD Transfusion Service evaluates the ability of suppliers of critical materials, equipments, and services to consistently meet specified requirements.

3.4.4.1.1 Supplier Qualification – The PMHD Transfusion Service evaluates and participates in the selection of suppliers before acceptance of an agreement; and maintains a process to ensure that all reagents used for required tests on blood samples meet or exceed applicable FDA criteria.

3.4.4.1.2 Contract Review – Agreement to obtain blood components, products, and services are reviewed to ensure that each party's expectations are defined and agreed to and that any changes are appropriately recorded and communicated. *(Refer to policy number CMP-00003; District and Hospital Contracts / Agreements)*

3.4.4.1.3 Receipt, Inspection, and Testing of Incoming Critical Materials – The PMHD Transfusion Service maintains a process for receiving, inspecting, and testing (where required) incoming blood components, products, and critical materials before acceptance or use. Blood components, products, and critical materials not meeting the acceptance criteria are quarantined and disposed of appropriately. Suppliers are notified of problems in accordance with good manufacturing practice guidelines.

3.4.5 Process Control – The PMHD Transfusion Service maintains policies, validated processes, and procedures to ensure the quality of the blood, components, derivatives, and services, and carries out these activities under controlled conditions.

3.4.5.1 Standard Operating Procedure Development and Use – there are processes established to validate new or updated test methods or software.

3.4.5.2 Change Control – processes and procedures are reviewed every two years or when problems arise for which an analysis indicates a process problem.

3.4.5.2.1 When significant changes occur in processes or procedures, the changes are planned, tested as necessary, and are approved before implementation.

3.4.5.2.2 Staff training is documented

3.4.5.3 New or Changed Processes or Procedures Validation – new or

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- changed processes or procedures are validated before implementation. Validation includes equipment installation and documentation that the process works as intended before use. Validation results are reviewed, approved, and documented prior to implementation. Revalidation is performed when process changes.
- 3.4.5.4 Computer Software – there are processes established to validate new or updated software.
 - 3.4.5.5 Proficiency Testing – The PMHD Transfusion Service participates in a proficiency testing program appropriate for its level of testing. Proficiency testing measures and compares testing systems of the Transfusion Service with the outcome of testing performed by other laboratory peers. Proficiency testing program include designation of testing personnel, frequency of challenges, review of results, and corrective action when expected results are not achieved.
 - 3.4.5.6 Quality Control Program – established to verify that reagents, equipment, and methods function as expected. The Quality Control System ensures that the information generated gives optimum patient result integrity throughout the pre-analytic, analytic, and post-analytic processes. Opportunities for system improvement are identified and corrective actions are developed and implemented based on evaluation.
 - 3.4.5.7 Use of Materials – materials are stored and used in accordance with the manufacturer's written instructions and other specified requirements.
 - 3.4.5.8 Identification and Traceability – There is a process to identify individuals who perform each critical step in collection, processing, compatibility testing, and distribution of blood components and products. The PMHD Transfusion Service maintains a unit identification system that maintains traceability of blood components or products from source to final disposition and allows for recheck of records when needed. This is achieved either through electronic means or paper trail.
 - 3.4.5.9 Inspection – There are established criteria in place to ensure that blood components, products, and critical materials are inspected and meet specified requirements. There is documentation of these inspections.
 - 3.4.5.10 Handling, Storage, Distribution, and Transportation – The PMHD Transfusion Service has established processes to ensure that blood components, products, samples, and critical materials are handled, stored, and distributed according to standards and accrediting agencies. Storage requirements for blood components, products, and critical materials are maintained and followed. There are methods to trace any blood components or products distributed, issued, returned, or discarded. Nonconforming components are removed from circulation, quarantined, and disposed.

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3.4.5.11 Patient Safety – There are processes in place to identify critical control steps that have a direct impact on patient safety. The steps identified are:

- 3.4.5.11.1 Provision of blood components by an accredited blood center
- 3.4.5.11.2 Visual inspection of all donor units
- 3.4.5.11.3 Confirmation of ABO/Rh of all donor units upon inventory
- 3.4.5.11.4 Recipient sample acceptance by Transfusion Service
- 3.4.5.11.5 Pre-transfusion testing of patient sample
- 3.4.5.11.6 Selection of compatible blood and blood components for transfusion
- 3.4.5.11.7 Physician's request for transfusion
- 3.4.5.11.8 Issue for transfusion
- 3.4.5.11.9 Administration of blood components and products
- 3.4.5.11.10 Blood utilization monitoring
- 3.4.5.11.11 Monitoring of transfusion reaction

3.4.6 Documents and Records – The PMHD Transfusion Service has policies, processes, and procedures to ensure that documents are identified, reviewed, approved, and retained and that records are created, stored, and archived in accordance with record retention standards. (*Refer to policy number TRM-040; Blood Bank Control Process*)

3.4.6.1 Document Control – there is a process to:

- 3.4.6.1.1 Ensure the use of standardized format for policies, processes, and procedures.
- 3.4.6.1.2 Review and approve new and revised documents by the Medical Director at least every two (2) years.
- 3.4.6.1.3 Ensure that only current and valid documents are available at locations where activities essential to meeting regulatory and accreditation requirements are performed.
- 3.4.6.1.4 Remove, archive, and protect obsolete documents according to established record retention guidelines.

3.4.6.2 Records – There are established processes for generating, reviewing, retaining, and retrieving records. Formats and contents of records are defined in respective policies and procedures. Records are retained according to regulatory requirements, accreditation standards, and internal specifications. Records are stored in a manner that maintains their integrity and facilitates their retrieval either electronic or paper in a period of time appropriate to the circumstances. Records are protected from unauthorized access and destruction or modification to ensure confidentiality. Copies of records are verified before destruction of original records.

3.4.6.3 Computer Systems – The Laboratory Information Systems Manager is responsible for system maintenance and operation. There is documentation of validation before putting in live area. The Laboratory Information System has security levels that prevent unauthorized

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modification to the system's maintenance. There is a process in place for computer system downtime to assure continuous operation.

- 3.4.7 Deviations, Non-Conformances, and Adverse Events – The PMHD Transfusion Service has policies, processes, and procedures to ensure the capture, assessment, investigation, and monitoring of deviations from meeting or failing to meet specified requirements and reporting deviations in accordance with specified requirements to outside agencies as required. The PMHD Transfusion Service has established policies and procedures for:

- 3.4.7.1 Review, evaluation, and disposition of nonconforming blood components, products, and reagents.
- 3.4.7.2 Identification, quarantine, retrieval, and recall of nonconforming blood components, products, and reagents.
- 3.4.7.3 Notification of users, providers, and outside agencies as required.
- 3.4.7.4 Reporting fatal transfusion recipient reactions to outside agencies as required.
- 3.4.7.5 Detection, evaluation, and reporting of suspected transfusion-related adverse events.
- 3.4.7.6 Identifying recipients of blood components from donors subsequently found to have or be at risk for relevant transfusion-transmissible infections and notify the recipient's physician and/or recipient, where appropriate, and as specified by the FDA.
- 3.4.7.7 Identifying, reporting, and investigating suspected cases of transfusion-transmissible diseases and for reporting the identity of any implicated donor units to the collecting facility.

- 3.4.8 Assessments:

- 3.4.8.1 External Assessment – The PMHD Transfusion Service maintains a process to conduct, report, and follow up on external inspections, assessments, or investigations. Results of external assessments and associated corrective and preventive actions are reviewed by the executive management.
- 3.4.8.2 Internal Assessment – The PMHD Transfusion Service has policies, processes, and procedures to capture data on indicators for quality management and maintains a system of planned and documented audits to improve quality. Formal reports with results, findings, and identified problems are prepared and communicated to appropriate staff. Results of current assessments are compared to previous results. Follow up is performed to determine the effectiveness of any changes or corrective action. Summary and formal reports are submitted to executive management for review and comment.

- 3.4.9 Process Improvement:

- 3.4.9.1 The PMHD Transfusion Service has policies, processes, and procedures for data collection, analysis, and follow-up on issues requiring corrective and preventive actions. The sources of information to detect opportunities for actions that would prevent potential

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problems are:

- 3.4.9.1.1 Assessment results
- 3.4.9.1.2 Quality management indicator results
- 3.4.9.1.3 Quality control records
- 3.4.9.1.4 Incident or Quality Risk Reports (QRRs)
- 3.4.9.1.5 Near miss events
- 3.4.9.1.6 Proficiency testing results
- 3.4.9.1.7 Internal audit findings
- 3.4.9.1.8 Customer complaint reports
- 3.4.9.1.9 Biological product or policy deviations
- 3.4.9.1.10 Nonconforming event reports
- 3.4.9.2 The PMHD Transfusion Service uses a defined process for:
 - 3.4.9.2.1 Determining the corrective action needed to remove the causes of deviations, non-conformances, and complaints.
 - 3.4.9.2.2 Determining the action needed to prevent the causes of potential problems.
- 3.4.9.3 The PMHD Transfusion Service evaluates corrective and preventive actions taken to verify their effectiveness.
- 3.4.10 Facilities and Safety – As part of the PMHD's mandated environmental control program, procedures are maintained and training is provided and documented for emergency preparedness, chemical hygiene (right to know), blood borne pathogens, and general safety. Adequate environmental conditions that meet local, state, and federal regulations are maintained in the PMHD Transfusion Service.

4.0 Definitions:

- 4.1 Critical Materials – a good or material used in the collection, preservation, storage, preparation, or testing of blood components that directly affects quality or patient safety.

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

- 6.1 American Association of Blood Bank Technical Manual, 2023: 21th edition
- 6.2 Standards for Blood Banks and Transfusion Services, 2022: 33th edition.
- 6.3 Quality Manual Preparation Workbook for Blood Banking, 2005: 2nd edition.
- 6.4 College of American Pathologists

7.0 Attachment List:

- 7.1 Attachment A – Quality Program Supporting Documents

8.0 Summary of Revisions:

- 8.1 No changes made on 7/9/2024

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Collaborating Departments: NEC, Radiology, Ambulatory Clinics	Keywords: relationships, caregiver, visitation, patient rights, flowers, balloons, plants		
Approval Route: List all required approval			
PSQC	Other: <u>Safety Committee</u> 10/2024		
Clinical Service _____	MSQC	MEC	BOD 10/2024

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

1.0 Purpose:

- 1.1 To define the patient's rights to visitation while receiving care, treatment, and services at PMHD

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

- 3.1 The patient has the right to visitation while under the care, treatment and service of PMHD
- 3.2 PMHD shall not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, or disability.
- 3.3 Visitors shall enjoy full and equal visitation privileges consistent with patient preferences.
- 3.4 The right of a patient to have visitors may be limited or restricted when visitation would interfere with the care of the patient and/or care of other patients. Circumstances reasonably related to the care of the patient and/or the care of other patients that provide a basis to impose restrictions or limitations on visitors include, but are not limited to, when:
 - 3.4.1 There may be infection control issues
 - 3.4.2 Visitation may interfere with the care of other patients
 - 3.4.3 The hospital is aware that there is an existing court order restricting contact
 - 3.4.4 The patient is in custody
 - 3.4.5 Visitor(s) engage in disruptive, threatening or violent behavior of any kind
 - 3.4.6 The patient or patient's roommate needs rest or privacy
 - 3.4.7 The patient or patient's roommate is undergoing care interventions
 - 3.4.8 Visitation is clinically contraindicated
 - 3.4.9 Between the hours 8:00 pm – 8:00 am
- 3.5 The organization may limit two visitors for any one patient. Children under 12 and visitors that are ill are discouraged from entering patient care areas.
- 3.6 The patient shall be informed of the reason for any restriction or limitation of visitors.
- 3.7 Limiting Visitation in Specific Care Areas
 - 3.7.1 The number of visitors and length of visitation may be limited in specific care settings such as intensive care units and post operative/invasive recovery areas due to the critical nature of the patient's illness and level of required care
 - 3.7.2 General visitor access to areas where newborns infants and pediatric patients

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are housed may be limited due to security concerns and the need to protect these vulnerable populations from abduction

- 3.7.3 Due to care and safety concerns, visitation is not permitted during the performance of operative, invasive, or other high risk procedures. To protect patient privacy, visitation is generally not permitted when a patient is receiving personal care such as toileting, bathing, etc.

4.0 Definitions:

4.1 Support person for visitation:

- 4.1.1 A patient has the right to designate a support person for visitation. A patient's "support person" does not necessarily have to be the same person as the patient's representative who is legally responsible for making medical decisions on the patient's behalf. A support person could be a family member, friend, or other individual who supports the patient during the course of care, treatment, or service.
- 4.1.2 Not only may the support person visit the patient, but he or she may also exercise a patient's visitation rights on behalf of the patient with respect to other visitors when the patient is unable to do so.
- 4.1.3 The organization shall accept a patient's designation, orally or in writing, of an individual as the patient's support person.
- 4.1.4 When a patient is incapacitated or otherwise unable to communicate his or her wishes and an individual provides an advance directive designating an individual as the patient's support person (it is not necessary for the document to use this exact term), the organization shall accept this designation, provide the required notice of the patient's visitation rights, and allow the individual to exercise the patient's visitation rights on the patient's behalf.
- 4.1.5 When a patient is incapacitated or otherwise unable to communicate his or her wishes, there is no advance directive designating a representative on file, and no one has presented an advance directive designating himself or herself as the patient's representative, but an individual asserts that he or she, as the patient's spouse, domestic partner (including a same-sex domestic partner), parent or other family member, friend, or otherwise as, is the patient's support person, the hospital is expected to accept this assertion, without demanding supporting documentation, be provided

5.0 Procedure:

5.1 General Rules for Visitation

- 5.1.1 Visitors and patients smoking is prohibited in the patients' rooms or on hospital campus.
- 5.1.2 Visitors in semiprivate rooms should be considerate of both patients.
- 5.1.3 Visitors should maintain a quiet environment and avoid any unnecessary noise.
- 5.1.4 Visitors must wait in the patient's room or designated waiting areas.
- 5.1.5 No latex balloons are allowed throughout the PMHD campus.
- 5.1.6 No still or video photography allowed except as outlined in policy Photography in

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Birth Suite; CLN-01367.

- 5.1.7 Visitors should be discouraged from bringing artificial, live or cut flowers or plants to high-risk area, including but not limited to Intensive Care Unit, Recovery Room, Operating Room, Nursery, Labor and Deliver Rooms (until after delivery), Emergency Department, or rooms with immunocompromised patients

5.1.7.1 Staff should encourage patients and families to take arrangements home.

5.1.7.2 Artificial, live, or cut flowers or plants are allowed at the nurses' stations, lounges and offices.

- 5.1.8 The patient has the right to have one person over the age of 18 stay with them over night if:

5.1.8.1 They follow all the rules of the visitation policy.

5.1.8.2 If they are sharing a room, the roommate approves.

5.1.8.3 In the best interest of the patient

5.1.8.4 Is at the discretion of staff and LIP and the visitor can be asked to step out at any time.

5.2 Department Specific Rules for Visitation

5.2.1 Emergency Department (ED)

5.2.1.1 The ED allows visitors around the clock providing visitors do not interfere with a working environment.

5.2.1.2 Both parents are allowed at the bedside with minor children except when the ED LIP or staff feels their presence may inhibit the provision of care

5.2.2 Intensive Care Unit (ICU)

5.2.2.1 No visitors are permitted between 7:00 am and 8:00 AM and 7:00 pm to 8:00 PM to allow for continuity of care at shift change.

5.2.2.2 Visitors can access the ICU by using the intercom box located on the wall beside the main entrance to the ICU.

5.2.3 Women's Services

5.2.3.1 A designated quiet time has been established from 2:00 to 5:00 pm for staff to facilitate breastfeeding and recovery for new parents.

5.2.3.2 Visitors will be limited to 2 persons in Postpartum rooms in addition to support person.

5.2.3.3 The patient's support person is allowed to stay the night, .

5.2.3.4 The patient may have 4support persons while laboring.

5.2.3.5 The patient may have 2support persons present during a vaginal delivery

5.2.3.6 Siblings are welcome between 5-7pm. Keep max of 4 visitors in addition to support person. No overnight stay for siblings. We reserve the right to not allow siblings if unruly or stepping out of the room. Parents are to sign consent upon admission

5.2.3.7 No visitor under 16 are allowed except during 5-7pm. During the "Golden Hour," visitation will be restricted to support person only. This will improve mother-newborn bonding and neonatal

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adaptation, such as neonatal thermoregulation, decrease newborn stress levels, and will encourage breastfeeding.

5.2.4 Intermediate Care Nursery (ICN)

5.2.4.1 Parents are permitted to visit their infant 24 hours a day

5.2.4.1.1 Except during the following timeframes:

5.2.4.1.1.1 No visitors are permitted between 7:00 am to 8:00 am and 7:00pm to 8:00 pm, to allow for continuity of care at change of shift.

5.2.4.2 Parents can access the NICU by using the intercom box located on the wall beside the main entrance to the NICU.

5.2.4.3 Visitors must be accompanied by the infant's parent or have written permission from a parent to visit the infant alone

5.2.4.4 Non parental visitation is limited to 10 minutes

5.2.4.5 All parents/visitors must remain at the bedside of the infant they are to visit

5.2.4.6 Only parents (non parental visitor with parental permission) are permitted to hold the infant

5.2.5 Pediatrics Department

5.2.5.1 Only TWO visitors at a time per patient during visiting hours.

5.2.5.2 Overnight sitters are allowed but are limited to 1 caregiver per patient and at the charge nurse and/or nurse manager's discretion. Children 5 years old and younger must sleep in their crib.

5.2.5.3 Visitors must be at least 12 years old.

5.2.6 Peri-Operative Department

5.2.6.1 Visitation may be permitted in the pre-operative holding area

5.2.6.2 Presence of the patient's designated support person during procedures is prohibited unless permission has been obtained by the LIP, Surgery Director or Designee and patient

5.2.6.3 In special circumstances the Post Anesthesia Care Unit (PACU), at the discretion of the LIP and/or nurse may allow visitation for a patient for short period of time for patients with special needs or require reassurance

5.2.7 Ambulatory Clinics

5.2.7.1 Up to 2 visitors are allowed with the patient in the treatment area, duration of visitation is at the discretion of the LIP and/or staff

5.2.8 Exceptions to the visitors policy can be made at the discretion of the attending LIP, nursing director, clinical manager, house supervisor, charge nurse or staff

5.3 Informing the Patient/Support Person of their Rights to Visitation

5.3.1 The organization shall inform patients (or the patient's support person, where appropriate) of their visitation rights. This information shall be provided in writing, whenever possible, before the organization provides or stops care. If the patient also has a representative who is different from the support person, the representative must also be provided information on the patient's visitation rights, in addition to the support person, if applicable.

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- 5.3.2 The written notice shall address any clinically necessary or reasonable limitations or restrictions imposed by hospital policy on visitation rights, providing the clinical reasons for such limitations/restrictions, including how they are aimed at protecting the health and safety of all patients.
- 5.3.3 The information shall be sufficiently detailed to allow a patient (or the patient's support person) to determine what the visitation hours are and what restrictions, if any, apply to that patient's visitation rights.
- 5.3.4 The notice must also inform the patient (or the patient's support person, where appropriate) of the patient's right to:
 - 5.3.4.1 Consent to receive visitors he or she has designated, either orally or in writing, including but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend;
 - 5.3.4.2 Receive the visitors he or she has designated, including but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend; and
 - 5.3.4.3 Withdraw or deny his/her consent to receive specific visitors, either orally or in writing.
- 5.3.5 The medical record must contain documentation that the written notice was provided to the patient or, if appropriate, the patient's support person.
- 5.4 Resolving Disputes Regarding Visitation
 - 5.4.1 If there is a question or disagreement surrounding who may visit the patient, it shall be resolved as quickly as possible as follows:
 - 5.4.1.1 If the patient is able, the patient shall decide who may visit
 - 5.4.1.2 If the patient is unable, the patient's designated support person shall decide who may visit
 - 5.4.1.3 In the event that a patient has both a representative and a support person who are not the same individual, and they disagree on who should be allowed to visit the patient, the organization shall defer to the decisions of the patient's representative.
 - 5.4.1.4 If none of the above options present themselves, the organization shall determine who may visit based on a good faith understanding of the patient's likely wishes.
- 5.5 Training of Staff
 - 5.5.1 Staff that play a role in facilitating or controlling visitors shall be trained to assure appropriate implementation of this policy and on the avoidance of unnecessary restrictions or limitations on the patient's right to receive visitors
 - 5.5.2 Training shall be provided as part of new-hire orientation.
- 5.6 During Pandemic
 - 5.6.1 During Pandemic's visitation may be limited based on health orders/California Department of Public Health guidelines.
 - 5.6.2 Patients, families and community will be notified of these limitations upon implementation of changes.

Pioneers Memorial Healthcare District

Title: Visitor Policy		Policy No. ADM-00173
		Page 6 of 6
Current Author: Carol Bojorquez		Effective: 3/23/2010
Latest Review/Revision Date: 9/7/2024		Manual: Administration / Admin Policies

6.0 References:

- 6.1 CMS Conditions of Participation 482.13
- 6.2 Beiranvand, S., Valizadeh, F., Hosseinabadi, R., Pournia, Y., Bystrova, K., Dumas, L., Lepage, M., Matthiesen, A., Welles-Nystrom, B., Widtrom, A., Hernandez-Aguilar, M., Bartick, M., Schreck, P., Harrel, C., Holmes, A., McLeod, A., Bunik, M., Preer, G., Pisegna, J., . . . Phillip, B. (2019). *Skin-to-Skin care: a guide for healthcare professionals* (By International Journal of Pediatrics, Clinical Nurse Research, Breastfeeding Medicine, Cochrane Database of Systematic Reviews, & Breastfeeding Medicine). <https://sph.unc.edu/wp-content/uploads/sites/112/2019/08/CGBI-4-Skin-to-Skin-Care-2019.pdf>
- 6.3

7.0 Attachment List:

- 7.1 Attachment A –Tool – Patient information sheet, Your Rights to Receive Visitors
- 7.2 Attachment B – Perinatal Visitation Policy – Consent (English)
- 7.3 Attachment C – Perinatal Visitation Policy – Consent (Spanish)

8.0 Summary of Revisions:

- 8.1 Added; During the “Golden Hour,” visitation will be restricted to support person only. This will improve mother-newborn bonding and neonatal adaptation, such as neonatal thermoregulation, decrease newborn stress levels, and will encourage breastfeeding.

Pioneers Memorial Healthcare District

Title: Waiving Group Health Insurance		Policy No. HRD.00032
		Page 1 of 2
Current Author: Estella Chavarin		Effective: 8/1996
Latest Review/Revision Date: 10/11/2024		Manual: Human Resources

Collaborating Departments:		Keywords: Direct deposit	
Approval Route: List all required approval			
PSQC		Other:	
Clinical Service _____	MSQC	MEC	BOD 10/2024

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

1.0 Purpose:

- 1.1 To assure all eligible employees are covered in a medical coverage.

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

- 3.1 Any eligible employee having medical insurance through another insurance plan may elect to waive health insurance coverage through Pioneers Memorial Healthcare District's group health insurance plan.
- 3.2 If employee makes such an election, that employee will continue to receive those Life insurance and long-term disability benefits currently enjoyed by other District employees if he or she would have been eligible for those benefits had he/she been enrolled in the Pioneers Memorial Healthcare District's group health insurance plan.

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

- 5.1 Contact the Human Resources Department for more information and/or forms
- 5.1.1 Eligibility
- 5.1.1.1 To be eligible for a waiver of health insurance benefits, the employee must provide the Human Resources Department with documentation confirming to the District's satisfaction that the employee has adequate health insurance coverage from another source.
- 5.1.1.2 If the District verifies adequate health insurance coverage elsewhere, the employee will elect in the HRIS System to waive their health insurance coverage.
- 5.1.1.3 Employee acknowledges that by waiving health insurance coverage through the HRIS System, if the employee loses his or her coverage, that employee will notify the Human Resources Department within thirty (30) days of loss of alternative coverage. Employee also acknowledges that failure to notify the Human Resources Department as required may result in the employee being unable to obtain alternative coverage.
- 5.1.1.4 Employees that waive PMHD group health plan will receive \$100 on the 1st pay period of each calendar month.

Pioneers Memorial Healthcare District

Title: Waiving Group Health Insurance		Policy No. HRD.00032
		Page 2 of 2
Current Author: Estella Chavarin		Effective: 8/1996
Latest Review/Revision Date: 10/11/2024		Manual: Human Resources

5.1.2 Reinstatement of Coverage

5.1.2.1 If an employee's current coverage is no longer available, that employee must notify Human Resources, in writing, immediately, and in no instance, more than thirty (30) days after the loss of coverage.

5.1.2.2 Upon receipt of an employee's written request, the District will endeavor to reinstate health insurance coverage through the District's health care plan.

5.1.3 No Guarantee of Future Coverage If Existing Coverage Is Waived

5.1.3.1 While current law provides, and District's current insurance company permits an employee to re-enroll within thirty (30) days after loss of alternative coverage, should current law change or should such re-enrollment be prohibited by the District's health insurance provider, the District is not, nor will it be liable if an employee is not permitted to re-enroll in the District's group health insurance program.

6.0 References: Not applicable

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

8.1 5.1.1.2 change from waiver form to election in the HRIS System

8.2 5.1.12 added: that and delete: signing up, add: waiving health insurance coverage

8.3 5.1.24 added: calendar

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

Thursday, September 19, 2024
4:00 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 47 hours prior to the meeting.

I. CALL TO ORDER (*time: 4:00 pm – 4:15 pm*)

President Santillan called the meeting to order at 4:00 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:

Carly Loper, CFO
Carol Bojorquez, CNO
Ramaiah Indudhara, MD, Chief of Staff
Sally Nguyen, General Counsel

GUESTS:

Carly Zamora, CCO
Charity Dale, CHRO

B. Approval of Agenda

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

II. BOARD MEMBER COMMENTS

Director Berker stated that she did not agree with the dismissal of the CEO. She felt it was a way to dismantle PMHD's forward momentum and unnecessary. Director Berker noted that she had originally opposed AB918, but she is changing her mind. She mentioned that PMH's operations are not going to change, the only thing that is going to change is the Board. The IVHD Board is going to consider a management agreement with UCSD to manage Pioneers since there appears to be no smooth transition with Pioneers. Director Berker feels that PMHD has a great team and can bring about the transition without UCSD. She noted that she opposes the agreement, but she needs members of the community to attend the meetings and become more involved.

SECTION

Director Santillan mentioned that the Pioneers' board are seen and portrayed as the "bad guys". Our hospital and the north-county's voice are being taken away throughout this process. The PMHD board has advised since the beginning that jobs would not be lost, but that will be a decision of IVHD once it's all said and done. We will have no say in that. She has heard staff and community voicing concern as they feel there is no equal representation on the IVHD board. Director Santillan explained that is what PMHD has been fighting for all along – equal representation and a transition that will not disrupt health care in the Imperial Valley. Also, Director Santillan expressed thanks to all of the PMHD Staff for all of their great work in keeping PMHD moving forward.

Director Rubin advised that PMHD has \$40 million in the bank and about \$28 million of that is distressed loan monies which it will pay back. ECRMC received the same amount of loans, and they have \$16 million in the bank. There are misconceptions out there being reported that PMHD is not seismically compliant, but it is. Also, that ECRMC is doing well financially, but it is not, and people would not know unless they search out the information. Director Rubin noted it is interesting to her that a JPA is being proposed with UCSD when both hospitals are not yet in the IVHD. On another note, Director Rubin said that one of her family members was in the hospital last week and the staff provided excellent care. She requested that her thanks be relayed to the staff.

Director Aguirre expressed the frustration of not being able to educate the community through the process of AB 918 since the bill was changed so many times without PMHD's input. Another thing of great concern is the \$240 million in ECRMC's debt that comes with this so-called merger. Who is going to pay for that debt?

- 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: 4:15 pm – 4:30 pm)*

A member of the public noted that the IVHD Board had mentioned that it would go out for bid for Legal Services and management services; however, nothing has been publicized. They just immediately hire those services without giving the public the opportunity to comment. It makes no sense why they would select UCSD when everyone sees their track record with ECRMC's management.

Mr. Kevin Smith, life-long resident of Brawley and Imperial Valley, spoke with the board. He stated that he supports the PMHD board's opposition to AB 918 and hopes that they continue with their good work. He feels that bill will kill both hospitals. Mr. Smith noted that his organization has 2,500+ signatures on a petition asking for the vote of the people before they dissolve Pioneers.

Mr. Chris Bjornberg, former CEO, addressed the Board. He noted that the short time he was at Pioneers, there were a lot of good things accomplished. Mr. Bjornberg advised that he was very disappointed with his dismissal; however, he knows that PMHD is a great place and has a lot of great people and wishes everyone the best. He stated that the Senior Leaders team is a phenomenal team. Pioneers is lucky to have them, and he enjoyed working with them. Mr. Bjornberg noted that this team will get Pioneers through this because they are that good.

SECTION

Mr. Frank Brabec addressed the Board. He offered his services if the PMHD board is considering finding an Interim CEO. He also noted that whenever he speaks to a member of the community regarding Pioneers, what they say is always positive.

Dr. Indudhara, Chief of Staff at PMHD, addressed the Board. He advised that the Medical Executive Committee understands what is going on and they all support the PMHD board and all their decisions. Dr. Indudhara noted that there does not appear to be a lot of communication and transparency on the part of the IVHD board.

IV. CLOSED SESSION – The following matters will be considered by the Board in closed session; the Board will reconvene in open session to announce any action taken on matters considered in closed session. *(time: 4:30 pm – 5:45 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. PMHD v. IVHD
2. Fernandez v. PMHD

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

V. RECONVENE TO OPEN SESSION *(time: 5:45 – 5:50 pm)*

A. Take Actions as Required on Closed Session Matters

The Board appointed Ms. Carly Loper as Acting Chief Executive Officer.

VI. POLICIES/PROCEDURES/REVIEW OF OTHER ITEMS – The Board will consider and may take action on the following: *(time: 5:50 pm – 6:30 pm)*

- A. Hospital Policies**
1. Stand-by (On-Call) and Call-Back Pay

SECTION

B. Approval of Minutes

1. 8/20/24 Special Meeting
2. 8/27/24 Regular Meeting
3. 9/5/24 Special Meeting

C. Update Reports

1. Women's Auxiliary

Women's Auxiliary is going to have their Country Kitchen and small Attic Treasurers event on October 30th.

2. LAFCO

Nothing to report.

D. Authorize Addendum No. 5 to Services Agreement with Health Revenue Management Group

Contract Value: estimated \$265,000; Contract Term: Two (2) years; Budgeted: Yes; Budget Classification: Purchased Services

E. Authorize Amendment No. 3 to Supplemental Funding Enhancement Program Agreement with Steve Clark & Associates

Contract Value: \$90,000/yr.; Contract Term: One (1) year and three (3) months; Budgeted: Yes; Budget Classification: Purchased Services

F. Authorize Security Services Agreement with Securitas Security Services USA, Inc.

Contract Value: \$550,241/yr; Contract Term: Three (3) years; Budgeted: Yes; Budget Classification: Purchased Services

G. Authorize 2024 Wage Increase for PMHD Employees

Contract Value: estimated \$5.0 million; Contract Term: Effective September 2, 2024; Budgeted: Yes, partially; Budget Classification: Salaries

H. Authorize Implementation of AcuityPlus Productivity Software with Harris OnPoint

Contract Value: \$101,323.⁴⁰; Contract Term: ongoing; Budgeted: Year 1; Budget Classification: Purchased Services/Repairs & Maintenance

I. Authorize Purchase of ICU Cardiac Central Station from GE HealthCare

Contract Value: \$150,673.⁷⁵; Contract Term: One time purchase; Budgeted: Yes; Budget Classification: Capital

J. Authorize Purchase Agreement for Atrix Machine with Stryker Sales, LLC

Contract Value: \$26,067.⁰³; Contract Term: One time purchase; Budgeted: Yes; Budget Classification: Capital

K. Authorize Purchase of Anesthesia Machine and Adjunct Equipment

Contract Value: not to exceed \$115,000; Contract Term: One time purchase; Budgeted: Yes; Budget Classification: Capital

A motion was made to approve Items A through K by Director Fonseca, seconded by Director Berker. **The motion was unanimously carried.**

SECTION**VII. MANAGEMENT REPORTS** – The Board will receive the following information reports and may take action. *(time: 6:30 pm – 7:00 pm)***A. Operations Reports –****1. Finance (Chief Financial Officer)****a) August 2024 Finance Report**

Ms. Loper reported that admissions stayed consistent from July to August at 487. The average daily census increased slightly from 43 to 44. There was a profit in August of \$753,000. This brings year-to-date to \$1.3 million profit compared to the prior year of \$293,000. Ms. Loper noted that the busy season is coming up, and due to low staffing numbers, there may be potential for higher salary expenses and/or contract labor expenses. Days cash on hand in August were at 98.9 days. Ms. Loper advised that work continues on getting the appropriate clinic reports out of Cerner. She has reached out to other facilities that also use Cerner and they too have been experiencing the same issues. Accounting and Clinics will work together to see if one can be developed that all can agree on the reporting format.

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

b) Seismic Update**c) Facilities, logistics, construction, support**

Ms. Loper mentioned that Governor Newsom vetoed bill SB 1432, which was the seismic bill with a five-year extension on compliance. However, AB 869 is still active and being considered. We have been working with the consultant regarding seismic. They are working on the plans for testing which they will submit to HCAi. Once HCAi approves, the testing will be done. PMHD's deadline to apply for a permit for building is January 1, 2028. Director Berker mentioned that there is possible grant monies associated with AB 869 and PMHD should see if it qualifies, if passed. Ms. Loper noted that she would look into it.

d) Information Technology

No update to report.

2. Hospital operations (Chief Nursing Officer)**a) Operations report**

Ms. Bojorquez reported that there were 93 transfers in June. Of those, 36 went to Desert Regional Medical Center, 32 to Scripps, 10 to UCSD, 10 to Rady's, 3 to Tri-City and 2 to ECRMC. This information was shared with the MEC.

b) Medical staff

SECTION

Dr. Indudhara presented the medical staff report. Policies in relation to the robotics credentialing process are being reviewed for a smoother transition. Medical Staff were provided with education in revenue cycle. Physicians will continue to work on improving documentation and coding. Dr. Indudhara mentioned that CMS gave Pioneers a 3-Star rating; this is a credit to all of the hard work by the staff and management that support the medical staff. The MEC supports proposition 35 which would continue tax on insurance companies to support healthcare activities. Director Berker asked Dr. Indudhara how the medical staff is doing with Cerner. The ER and Hospitalist physicians seem to have transitioned well with Cerner; however, there are still some providers that are still getting used to it. A motion was made to approve the medical staff report by Director Rubin, seconded by Director Fonseca. **The motion was unanimously carried.**

c) Quality resources

Pioneers received two awards from BETA. One for Culture of Safety and the other for the ED Quest for Zero based on a risk assessment done of the Emergency Room and OB quest for Zero. Director Santillan asked if the public has been informed regarding the awards received. Marketing has not yet been done, but it is going to be part of the newsletter.

3. Clinics operations (Chief of Clinic Operations)

Ms. Zamora advised that the interviews for the Radiology Director position have been completed and the search has been narrowed down to three candidates. Second interviews will be conducted and include some of the physicians. Ms. Zamora reported that the AI project with Avidah has been put on hold because of the integration into Cerner. PMHD is waiting for feedback from Avidah before moving forward.

4. Human Resources (Chief Human Resources Officer)

a) August 2024 HR Report

Ms. Dale noted that the HR report was in the packet and asked if the Board members had any questions. Ms. Dale reported that the wage increase project was completed and will be on tomorrow's checks. There is now a steady flow of information regarding benefits with ADP. Ms. Dale will be embarking on phase 2 of the ADP implementation which is the Time and Attendance module. The Employee Awards Banquet is next Friday at Stockman's. The Employee of the Month process has been reactivated. Several PMHD employees expressed concerns regarding their wage increases in relation to Item G. Ms. Dale engaged in some discussion with the employees and the Board directed Ms. Dale to connect with the employees and address their issues; Ms. Dale advised she would reach out to them tomorrow (10/20th). Director Santillan thanked everyone for their feedback.

PMHD BOARD MINUTES

SEPTEMBER 19, 2024

SECTION

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

b) Marketing

Nothing to report.

5. Board matters

B. Legal Counsel Report – Sally Nguyen

1. All matters to be discussed in Closed Session

VIII. ADJOURNMENT *(time: 7:00 pm)*

The meeting was adjourned to the next regular meeting.

Clerk of the Board

Board Secretary



September 2024

Re: Chuckwagon Breakfast

Dear Community Partner:

Brawley Cattle Call is fast approaching, which means it's time for the annual Chuckwagon Breakfast! This year we are partnering with The Calipatria Lions Club as our local non-profit to spearhead this event.

The Chuckwagon Breakfast is one of the premier Cattle Call events! This year's event will take place on Saturday, November 9, 2024 from 5AM to 9:30AM. Tickets are priced at \$10 and the menu will continue to be our time-honored tradition of hotcakes, ham, eggs, and coffee.

As a local community partner, we hope you will consider a monetary tax-deductible donation to help offset the cost of executing this pre-parade event.

The Calipatria Lions Club is a chapter of the Lions International. Lions International has various global causes such as providing support for the needs of children and families affected by childhood cancer, helping prevent avoidable blindness and helping to improve quality of life for people who are blind or visually impaired. The Lions Club most recognized cause is the "Lions Recycle for Sight" where throughout the year, Calipatria Lions Club collects used eyeglasses to be distributed throughout the local community and throughout the world.

If you are interested in donating, you can do so by contacting Erasmo Gonzalez at (760) 455-7368.

Please make checks payable to Calipatria Lions Club and send to:

Erasmo Gonzalez
P.O. Box 1231
Brawley, CA 92227

Thank you in advance for your support and for giving generously to help keep the Chuckwagon Breakfast alive and more successful than ever! It wouldn't be possible without you!

A handwritten signature in black ink that reads 'Erasmo L. Gonzalez'. The signature is fluid and cursive, with the first letters of 'Erasmo' and 'Gonzalez' being capitalized and prominent.

Erasmo L Gonzalez
Organizer – Chuckwagon Breakfast



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: N/A

From: Carly Loper, Acting Chief Executive Officer/Chief Financial Officer

Financial Report – September 2024

Overview:

Financial operations for the month of September 2024 resulted in a loss of (\$332,027) against a budgeted loss of (\$79,373). The unfavorable results for the month of September are due to several reasons which include a one-time expense of \$157,000 for Salaries, a \$239,000 expense for Benefits, retro payments and lump sum payments for the market rate adjustments and payment of Employee Service awards.

Patient Volumes:

For the month of September, inpatient admissions exceeded budget by 13.3% and also exceeded the prior month by 1.6%. For the year-to-date period, inpatient admissions are ahead of budget by 20.4% and ahead of the prior year by 20.4%. September inpatient days fell below budget by (20.3%) and fell below the prior month by (5.4%). For the year-to-date period, inpatient days are below budget by (11.9%) and below the prior year by (10.0%).

Newborn deliveries in September surpassed August's deliveries by 19.5% and were consistent with the monthly budget (184 deliveries in September compared to 185 budgeted deliveries). September ED visits exceeded August's visits by 2.8% and fell slightly below budget for the month by (2.2%). Surgical case volumes fell below prior month volumes by (8.4%) and below the monthly budget by (4.4%).

Pioneers Health Center (PHC) visits in September exceeded the prior month visits by 9.1% but fell below budget by (18.1%). The Calexico Health Center (CHC) volumes in September exceeded prior month volumes by 22.8% but fell below the monthly budget by (1.8%). The Pioneers Children's Health Center (PCHC) surpassed the prior month's volumes by 103.5% exceeded the monthly budget by 6.4%.

Hospital outpatient volumes i.e., Lab, Imaging, Respiratory and other services exceeded August's volumes by 1.7% and exceeded the monthly budget by 16.2%.

For the month of September, Pioneers Memorial Skilled Nursing Center (PMSNC), *formerly Imperial Heights Health and Wellness Center*, stayed consistent with August's days by (3.1%) with 2,131 inpatient days in September compared to 2,200 inpatient days in August. PMSNC had an average daily census (ADC) of 71.0 for the month of September.

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	184	185	211	503	465	531
E/R Visits	3,597	3,678	3,500	10,823	11,004	10,614
Surgeries	369	386	289	1,084	1,124	908
GI Scopes	7	97	97	52	236	216
Calexico RHC	829	844	844	2,125	2,466	2,467
Pioneer Health	2,308	2,818	2,818	6,360	8,535	8,535
Children's RHC	765	719	719	1,499	2,454	2,454
O/P Visits	6,378	5,487	5,128	18,962	16,052	15,731

Gross Patient Revenues:

In September, gross inpatient revenues exceeded budget by 28.1% while outpatient revenues were under budget by (14.7%).

Net operating revenues (Gross revenues less contractual deductions) exceeded the monthly budget by \$65,336 or 0.5% but fell below the prior month's revenues by (\$495,367) or (3.7%).

Operating Expenses:

In total, September operating expenses were over budget by (\$809,957) or (6.1%). Staffing expenses, which include Salaries, Benefits and Contract Labor were over budget by (\$473,101 or 6.1%). Non-salary expenses, which include Supplies, Professional Fees, Purchased Services and Other were over budget by (\$336,856 or 6.2%).

Below is a summary table of expenses compared to budget.

Exp. Category	Actual	Budget	Var.	Comment
Salaries	6,387	6,027	-6.0%	Over Budget; market increases; retros
Benefits	1,679	1,522	-10.3%	Over Budget
Contract Labor	187	230	18.7%	Under Budget
Pro Fees	1,268	1,243	-2.0%	On Budget
Supplies	1,455	1,489	2.3%	On Budget
Purchased Serv	710	564	-25.9%	Over Budget
Other Operating	923	793	-16.4%	Over Budget

Cash Position:

The District's total cash reserves had a slight decrease of \$60,498 from the prior month, September with the following results:

end of August 2024:	\$42,031,813 (98.9 days cash on hand)
end of September 2024:	\$41,971,315 (97.7 days cash on hand)

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.

Net Excess/(Deficit):

Fiscal year-to-date, District operations have resulted in a profit of \$958,213 against a budgeted loss of (\$698,813) which is a favorable result compared to the prior year-to-date profit of \$625,510.

END OF REPORT

REGULAR MEETING OF THE BOARD OF DIRECTORS - VIII. MANAGEMENT REPORTS

PIONEERS MEMORIAL HEALTHCARE STATEMENT OF REVENUE AND EXPENSE FOR THE PERIOD ENDING SEPTEMBER 30, 2024										
LAST MONTH ACTUAL AUGUST	LAST YEAR ACTUAL SEPTEMBER	THIS MONTH ACTUAL SEPTEMBER	THIS MONTH BUDGET SEPTEMBER	THIS MONTH ACT-BUD VARIANCE		FYTD ACTUAL SEPTEMBER	FYTD BUDGET SEPTEMBER	FYTD ACT-BUD VARIANCE	FYTD PRIOR YEAR SEPTEMBER	FYTD ACT-PRIOR VARIANCE
3,200	4,323	3,115	4,727	-1,612	ADJ PATIENT DAYS	9,647	13,135	-3,488	8,506	1,141
1,362	1,611	1,362	1,611	-249	INPATIENT DAYS	4,062	4,520	-458	2,822	1,240
487	437	487	437	50	IP ADMISSIONS	1,460	1,219	241	782	678
44	54	45	54	-8	IP AVERAGE DAILY CENSUS	44	49	-5	46	-1
					GROSS PATIENT REVENUES					
4,245,778	7,648,067	4,185,658	7,829,476	-3,643,818	DAILY HOSPITAL SERVICES	12,566,994	21,409,626	-8,842,632	13,887,251	-1,320,257
14,037,130	8,070,090	13,994,712	6,358,201	7,636,511	INPATIENT ANCILLARY	41,391,036	20,836,844	20,554,192	12,307,606	29,083,430
24,666,163	26,464,317	23,402,909	27,445,097	-4,042,188	OUTPATIENT ANCILLARY	74,192,914	80,524,704	-6,331,790	52,762,103	21,430,811
42,949,071	42,182,474	41,583,279	41,632,774	-49,495	TOTAL PATIENT REVENUES	128,150,944	122,771,174	5,379,770	78,956,960	49,193,984
					REVENUE DEDUCTIONS					
9,837,519	10,459,117	9,148,238	9,118,004	30,234	MEDICARE CONTRACTUAL	29,277,523	26,888,145	2,389,378	17,837,139	11,440,384
12,888,442	13,494,193	11,976,873	11,916,993	59,880	MEDICAL CONTRACTUAL	37,698,593	35,142,103	2,556,490	25,793,836	11,904,757
-1,336,399	-1,819,749	-1,378,326	-1,338,383	-39,943	SUPPLEMENTAL PAYMENTS	-4,088,884	-3,946,767	-142,117	-2,848,157	-1,240,727
0	0	0	0	0	PRIOR YEAR RECOVERIES	0	0	0	0	0
7,376,244	6,728,185	8,022,745	8,172,076	-149,331	OTHER DEDUCTIONS	23,250,335	24,098,690	-848,355	12,638,630	10,611,705
44,424	147,750	60,153	152,551	-92,398	CHARITY WRITE OFFS	207,625	449,860	-242,235	158,458	49,167
920,000	954,288	1,030,122	953,287	76,835	BAD DEBT PROVISION	2,887,961	2,811,155	76,806	1,670,161	1,217,800
-4,167	-4,167	-4,167	-4,059	-108	INDIGENT CARE WRITE OFFS	-12,501	-11,969	-532	-8,333	-4,168
29,726,063	29,959,617	28,855,638	28,970,469	-114,831	TOTAL REVENUE DEDUCTIONS	89,220,652	85,431,217	3,789,435	55,241,734	33,978,918
13,223,008	12,222,857	12,727,641	12,662,305	65,336	NET PATIENT REVENUES	38,930,292	37,339,957	1,590,335	23,715,226	15,215,066
69.2%	71.0%	69.4%	69.6%			69.6%	69.6%		70.0%	
					OTHER OPERATING REVENUE					
0	25,000	0	0	0	GRANT REVENUES	0	0	0	125,000	-125,000
307,025	442,058	728,012	385,241	342,771	OTHER	1,308,838	1,160,477	148,361	625,912	682,926
307,025	467,058	728,012	385,241	342,771	TOTAL OTHER REVENUE	1,308,838	1,160,477	148,361	750,912	557,926
13,530,033	12,689,915	13,455,653	13,047,546	408,107	TOTAL OPERATING REVENUE	40,239,130	38,500,434	1,738,696	24,466,138	15,772,992
					OPERATING EXPENSES					
5,850,323	5,408,669	6,387,066	6,027,282	359,784	SALARIES AND WAGES	18,087,039	17,861,991	225,048	10,763,477	7,323,562
1,773,423	1,403,444	1,678,679	1,522,353	156,326	BENEFITS	4,737,974	4,567,059	170,915	3,091,721	1,646,253
187,727	288,768	187,398	230,407	-43,009	REGISTRY & CONTRACT	586,265	643,951	-57,686	511,773	74,492
7,811,473	7,100,881	8,253,143	7,780,042	473,101	TOTAL STAFFING EXPENSE	23,411,278	23,073,001	338,277	14,366,971	9,044,307
1,238,459	1,113,241	1,267,728	1,242,802	24,926	PROFESSIONAL FEES	3,893,099	3,728,406	164,693	2,219,022	1,674,077
1,361,788	1,602,474	1,455,049	1,488,702	-33,653	SUPPLIES	4,357,725	4,518,147	-160,422	2,696,732	1,660,993
708,365	766,263	710,216	564,153	146,063	PURCHASED SERVICES	2,085,365	1,680,838	404,527	1,043,300	1,042,065
445,422	423,999	675,929	580,089	95,840	REPAIR & MAINTENANCE	1,582,591	1,740,267	-157,676	1,004,873	577,718
287,071	281,874	288,299	358,983	-70,684	DEPRECIATION & AMORT	861,766	1,100,881	-239,115	569,381	292,385
225,205	253,101	226,415	234,800	-8,385	INSURANCE	712,638	714,306	-1,668	476,688	235,950
245,047	251,337	259,019	206,321	52,698	HOSPITALIST PROGRAM	743,387	618,963	124,424	551,645	191,742
727,205	644,882	923,137	793,086	130,051	OTHER	2,537,621	2,390,615	147,006	1,463,228	1,074,393
13,050,035	12,438,052	14,058,935	13,248,978	809,957	TOTAL OPERATING EXPENSES	40,185,470	39,565,424	620,046	24,391,840	15,793,630
479,998	251,863	-603,282	-201,432	-401,850	TOTAL OPERATING MARGIN	53,660	-1,064,990	1,118,650	74,298	-20,638
					NON OPER REVENUE(EXPENSE)					
209,057	923	207,469	60,744	146,725	OTHER NON-OPS REV (EXP)	713,346	182,232	531,114	59,913	653,433
0	0	0	0	0	CARES HHS RELIEF FUNDING	0	0	0	0	0
117,632	137,153	117,632	117,632	0	DISTRICT TAX REVENUES	352,896	352,896	0	274,306	78,590
-53,896	-57,599	-53,846	-56,317	2,471	INTEREST EXPENSE	-161,689	-168,951	7,262	-115,345	-46,344
0	0	0	0	0	CARES HHS/ FEMA RELIEF FUNDING	0	0	0	0	0
272,793	80,477	271,255	122,059	149,196	TOTAL NON-OP REV (EXPENSE)	904,553	366,177	538,376	218,874	685,679
<u>752,791</u>	<u>332,340</u>	<u>-332,027</u>	<u>-79,373</u>	<u>-252,654</u>	NET EXCESS / (DEFICIT)	<u>958,213</u>	<u>-698,813</u>	<u>1,657,026</u>	<u>293,172</u>	<u>665,041</u>
1,162.73	877.93	1,201.49	933.05	268.44	TOTAL PAID FTE'S (Inc Reg & Cont.)	769.62	611.99	157.62	598.01	171.61
1,045.12	770.17	1,079.96	833.37	246.59	TOTAL WORKED FTE'S	685.77	547.01	138.76	527.02	158.75
13.45	19.77	13.90	19.17	-5.27	TOTAL CONTRACT FTE'S	9.82	13.08	-3.27	12.92	-3.10
1,020.05	770.42	1,054.05	808.87	245.19	PAID FTE'S - HOSPITAL	673.69	529.83	143.86	514.13	159.56
921.89	666.92	952.62	720.86	231.76	WORKED FTE'S - HOSPITAL	602.93	472.59	130.34	445.32	157.61
142.68	107.51	147.44	124.18	23.25	PAID FTE'S - SNF	95.92	82.16	13.76	83.88	12.05
123.23	103.25	127.33	112.51	14.83	WORKED FTE'S - SNF	82.84	74.42	8.42	81.70	1.15

REGULAR MEETING OF THE BOARD OF DIRECTORS - VIII. MANAGEMENT REPORTS

PIONEERS MEMORIAL HEALTHCARE
BALANCE SHEET AS OF SEPTEMBER 30, 2024

	<u>AUGUST 2024</u>	<u>SEPTEMBER 2024</u>	<u>SEPTEMBER 2023</u>
ASSETS			
CURRENT ASSETS			
CASH	\$41,965,569	\$41,905,071	\$13,358,005
CASH - NORIDIAN AAP FUNDS	\$0	\$0	\$0
CASH - 3RD PRY REPAYMENTS	\$0	\$0	\$0
CDs - LAIF & CVB	\$66,244	\$66,244	\$63,595
ACCOUNTS RECEIVABLE - PATIENTS	\$85,325,899	\$89,746,451	\$97,222,937
LESS: ALLOWANCE FOR BAD DEBTS	-\$4,826,040	-\$4,862,497	-\$4,984,579
LESS: ALLOWANCE FOR CONTRACTUALS	-\$65,571,390	-\$71,152,183	-\$73,644,409
NET ACCTS RECEIVABLE	\$14,928,469	\$13,731,771	\$18,593,949
	17.50%	15.30%	19.13%
ACCOUNTS RECEIVABLE - OTHER	\$30,257,748	\$32,074,254	\$23,378,744
COST REPORT RECEIVABLES	\$1,206,822	\$1,206,822	\$0
INVENTORIES - SUPPLIES	\$2,872,577	\$3,058,329	\$3,128,784
PREPAID EXPENSES	\$2,553,810	\$1,922,830	\$3,094,963
TOTAL CURRENT ASSETS	\$93,851,239	\$93,965,321	\$61,618,040
OTHER ASSETS			
PROJECT FUND 2017 BONDS	\$667,778	\$748,910	\$740,197
BOND RESERVE FUND 2017 BONDS	\$968,332	\$968,336	\$968,312
LIMITED USE ASSETS	\$48,050	\$38,310	\$55,617
NORIDIAN AAP FUNDS	\$0	\$0	\$0
GASB87 LEASES	\$47,170,860	\$47,170,860	\$49,415,107
OTHER ASSETS PROPERTY TAX PROCEEDS	\$505,438	\$505,438	\$366,583
TOTAL OTHER ASSETS	\$49,360,458	\$49,431,854	\$51,545,816
PROPERTY, PLANT AND EQUIPMENT			
LAND	\$2,623,526	\$2,623,526	\$2,623,526
BUILDINGS & IMPROVEMENTS	\$62,919,140	\$62,919,140	\$63,472,230
EQUIPMENT	\$63,618,532	\$63,652,270	\$60,150,222
CONSTRUCTION IN PROGRESS	\$958,976	\$1,018,054	\$372,999
LESS: ACCUMULATED DEPRECIATION	-\$100,322,460	-\$100,610,759	-\$97,426,318
NET PROPERTY, PLANT, AND EQUIPMENT	\$29,797,715	\$29,602,231	\$29,192,659
TOTAL ASSETS	\$173,009,412	\$172,999,406	\$142,356,515

REGULAR MEETING OF THE BOARD OF DIRECTORS - VIII. MANAGEMENT REPORTS

PIONEERS MEMORIAL HEALTHCARE
BALANCE SHEET AS OF SEPTEMBER 30, 2024

	<u>AUGUST 2024</u>	<u>SEPTEMBER 2024</u>	<u>SEPTEMBER 2023</u>
LIABILITIES AND FUND BALANCES			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE - CASH REQUIREMENTS	\$3,175,865	\$3,615,421	\$2,481,459
ACCOUNTS PAYABLE - ACCRUALS	\$10,454,535	\$11,607,060	\$10,610,837
PAYROLL & BENEFITS PAYABLE - ACCRUALS	\$7,373,709	\$6,300,121	\$6,622,866
COST REPORT PAYABLES & RESERVES	\$0	\$0	\$934,015
NORIDIAN AAP FUNDS	\$0	\$0	\$0
CURR PORTION- GO BONDS PAYABLE	\$230,000	\$230,000	\$230,000
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	\$0
DEFERRED HHS CARES RELIEF FUNDS	\$0	\$0	\$0
CURR PORTION- LEASE LIABILITIES(GASB 87)	\$1,837,932	\$1,837,932	\$1,722,161
SKILLED NURSING OVER COLLECTIONS	\$84,075	\$122,875	\$0
CURR PORTION- SKILLED NURSING CTR ADVANCE	\$0	\$0	\$2,500,000
CURRENT PORTION OF LONG-TERM DEBT	\$153,787	\$134,742	\$319,954
TOTAL CURRENT LIABILITIES	\$23,909,486	\$24,503,155	\$26,061,900
LONG TERM DEBT AND OTHER LIABILITIES			
PMH RETIREMENT FUND - ACCRUAL	-\$251,338	\$349,618	\$372,000
NOTES PAYABLE - EQUIPMENT PURCHASES	\$0	\$0	\$0
LOANS PAYABLE - DISTRESSED HOSP. LOAN	\$28,000,000	\$28,000,000	\$136,535
LOANS PAYABLE - CHFFA NDPH	\$3,766,770	\$3,766,770	\$6,783,524
BONDS PAYABLE G.O BONDS	\$0	\$0	\$0
BONDS PAYABLE 2017 SERIES	\$14,483,885	\$14,481,900	\$14,825,723
LONG TERM LEASE LIABILITIES (GASB 87)	\$46,343,159	\$46,343,159	\$48,170,072
DEFERRED REVENUE -CHW	\$0	\$0	\$750,000
DEFERRED PROPERTY TAX REVENUE	\$511,188	\$511,188	\$366,583
TOTAL LONG TERM DEBT	\$92,853,664	\$93,452,635	\$71,404,437
FUND BALANCE AND DONATED CAPITAL	\$54,956,026	\$54,956,026	\$44,264,668
NET SURPLUS (DEFICIT) CURRENT YEAR	\$1,290,236	\$87,589	\$625,510
TOTAL FUND BALANCE	\$56,246,262	\$55,043,615	\$44,890,178
TOTAL LIABILITIES AND FUND BALANCE	\$173,009,412	\$172,999,405	\$142,356,515

REGULAR MEETING OF THE BOARD OF DIRECTORS - VIII. MANAGEMENT REPORTS

PIONEERS MEMORIAL HEALTHCARE

STATEMENT OF REVENUE AND EXPENSE - 12 Month Trend

	1	2	3	4	5	6	7	8	9	10	11	12	YTD
	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Sep-24
ADJ PATIENT DAYS	4,293	4,419	4,244	4,593	4,526	4,579	3,866	3,358	3,210	3,336	3,200	3,115	46,383
INPATIENT DAYS	1,440	1,633	1,612	1,832	1,785	1,716	1,486	1,486	1,348	1,338	1,362	1,362	18,400
IP ADMISSIONS	410	450	467	515	482	449	441	441	461	486	487	487	5,576
IP AVERAGE DAILY CENSUS	46	54	52	59	62	55	50	48	45	43	44	44	50
GROSS PATIENT REVENUES													
DAILY HOSPITAL SERVICES	7,743,003	8,180,437	8,081,968	9,052,842	8,323,683	8,290,928	4,476,718	3,457,051	3,768,895	4,135,558	4,245,778	4,185,658	73,942,519
INPATIENT ANCILLARY	6,955,919	7,967,412	8,132,128	9,334,575	9,111,982	8,075,951	10,834,144	15,797,333	13,081,272	13,359,194	14,037,130	13,994,712	130,681,751
OUTPATIENT ANCILLARY	29,121,776	27,550,243	26,475,939	27,714,724	26,778,158	27,307,713	24,524,724	24,253,745	23,272,916	26,123,842	24,666,163	23,402,909	311,192,851
TOTAL PATIENT REVENUES	43,820,697	43,698,091	42,690,034	46,102,140	44,213,823	43,674,592	39,835,586	43,508,129	40,123,083	43,618,594	42,949,071	41,583,279	515,817,121
REVENUE DEDUCTIONS													
MEDICARE CONTRACTUAL	8,959,671	10,252,253	9,104,183	10,722,137	9,269,712	8,554,308	9,191,349	9,442,613	7,771,266	10,291,766	9,837,519	9,148,238	112,545,015
MEDICAL CONTRACTUAL	13,450,294	13,765,750	13,232,351	11,549,295	8,429,421	13,814,652	13,814,652	13,341,498	10,267,611	12,833,278	12,888,442	11,976,873	149,364,118
SUPPLEMENTAL PAYMENTS	-1,820,382	-1,849,267	-2,043,332	-1,423,762	-1,934,098	-1,423,762	-1,423,762	-1,423,762	-1,335,395	-1,374,159	-1,378,399	-1,378,326	-18,766,406
PRIOR YEAR RECOVERIES	0	-538,605	11,171	-3,018,873	0	0	-11,210	-11,210	-424,603	0	0	0	-3,993,330
OTHER DEDUCTIONS	8,772,193	6,670,103	7,294,298	10,662,695	14,647,971	8,906,501	5,975,717	8,030,632	7,494,293	7,851,346	7,376,244	8,022,745	101,704,738
CHARITY WRITE OFFS	489,506	166,539	72,869	76,720	141,193	121,201	211,042	435,081	144,857	103,048	44,424	60,153	2,066,633
BAD DEBT PROVISION	875,807	943,075	1,506,177	1,174,968	1,044,337	947,592	928,000	928,000	966,744	937,839	920,000	1,030,122	12,202,661
INDIGENT CARE WRITE OFFS	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-3,450	-4,167	-4,167	-4,167	-49,284
TOTAL REVENUE DEDUCTIONS	30,722,922	29,405,681	29,173,550	29,739,014	31,594,370	30,916,326	28,681,622	30,738,685	24,881,323	30,638,952	29,726,063	28,855,638	355,074,146
NET PATIENT REVENUES	13,097,775	14,292,410	13,516,484	16,363,127	12,619,453	12,758,266	11,153,964	12,769,444	15,241,760	12,979,642	13,223,008	12,727,641	160,742,975
	70.11%	67.29%	68.34%	64.51%	71.46%	70.79%	72.00%	70.65%	62.01%	70.24%	69.21%	69.39%	68.84%
OTHER OPERATING REVENUE													
GRANT REVENUES	0	0	0	0	400,000	30,000	0	0	0	273,801	0	0	703,801
OTHER	628,184	260,516	549,658	330,327	275,529	442,789	630,641	1,211,651	581,000	273,801	307,025	728,012	6,219,133
TOTAL OTHER REVENUE	628,184	260,516	549,658	330,327	675,529	472,789	630,641	1,211,651	581,000	547,601	307,025	728,012	6,922,933
TOTAL OPERATING REVENUE	13,725,959	14,552,926	14,066,143	16,693,454	13,294,982	13,231,055	11,784,605	13,981,095	15,822,760	13,527,244	13,530,033	13,455,653	167,665,908
OPERATING EXPENSES													
SALARIES AND WAGES	5,818,969	5,873,915	5,738,047	5,317,248	5,747,324	5,802,826	5,558,720	5,928,983	5,967,105	5,849,650	5,850,323	6,387,066	69,840,177
BENEFITS	1,419,506	1,444,891	1,923,835	1,697,167	1,307,874	1,105,314	1,393,022	1,928,464	1,374,803	1,285,872	1,773,423	1,678,679	18,332,850
REGISTRY & CONTRACT	210,466	446,540	308,791	293,707	294,316	262,207	156,732	252,532	232,219	211,140	187,727	187,398	3,043,775
TOTAL STAFFING EXPENSE	7,448,940	7,765,346	7,970,673	7,308,122	7,349,515	7,170,347	7,108,474	8,109,979	7,574,127	7,346,662	7,811,473	8,253,143	91,216,801
PROFESSIONAL FEES	1,145,937	1,095,694	1,051,559	1,139,305	1,080,527	1,275,655	1,174,225	1,248,137	1,370,827	1,386,912	1,238,459	1,267,728	14,474,964
SUPPLIES	1,824,914	1,473,961	1,434,513	1,745,191	1,484,374	1,688,498	1,412,912	1,124,876	2,651,168	1,540,888	1,361,788	1,455,049	19,198,133
PURCHASED SERVICES	705,850	715,474	739,535	830,636	828,494	898,144	778,764	656,064	800,378	666,784	710,216	9,038,705	9,038,705
REPAIR & MAINTENANCE	512,628	477,558	506,915	576,682	538,600	602,092	642,261	439,958	661,148	461,240	445,422	675,929	6,540,433
DEPRECIATION & AMORT	285,974	294,238	293,729	292,229	245,227	271,882	249,006	293,150	278,685	286,396	287,071	288,299	3,365,886
INSURANCE	200,896	220,649	259,001	205,038	249,418	230,334	228,743	184,849	237,438	261,018	225,205	226,415	2,729,003
HOSPITALIST PROGRAM	287,540	5,728	33,529	318,946	201,846	189,631	302,635	263,626	223,290	239,321	259,017	259,017	2,570,157
OTHER	900,037	681,971	733,459	846,097	780,140	836,466	1,165,304	899,713	972,395	887,279	727,205	923,137	10,353,203
TOTAL OPERATING EXPENSES	13,312,716	12,730,618	13,022,912	13,262,247	12,758,140	13,163,049	13,062,324	13,220,352	14,769,456	13,076,501	13,050,035	14,058,935	159,487,285
TOTAL OPERATING MARGIN	413,243	1,822,308	1,043,230	3,431,207	536,842	68,006	-1,277,719	760,743	1,053,304	450,743	479,998	-603,282	8,178,623
NON OPER REVENUE(EXPENSE)													
OTHER NON-OPS REVENUE	5,177	22,923	139,598	157,197	131,903	116,358	98,665	135,084	603,478	296,820	209,057	207,469	2,123,729
CARES HHS RELIEF FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0
DISTRICT TAX REVENUES	137,153	137,153	137,153	137,153	137,153	137,153	137,153	117,632	117,632	117,632	117,632	117,632	1,548,231
INTEREST EXPENSE	-56,633	-58,214	-54,297	-54,247	-54,197	-54,148	-54,098	-54,047	-53,997	-53,947	-53,896	-53,846	-655,567
TOTAL NON-OPS REVENUE(EXPENSE)	85,697	101,862	222,454	240,103	214,859	199,364	181,720	198,669	667,113	360,505	272,793	271,255	3,016,393
NET EXCESS / (DEFICIT)	498,940	1,924,170	1,265,684	3,671,310	751,701	267,370	-1,095,999	959,412	1,720,417	811,248	752,791	-332,027	11,195,016
TOTAL PAID FTE'S (Inc Reg & Cont.)	856.84	874.35	915.62	884.29	902.69	890.71	914.92	976.70	1,056.50	1,079.85	1,162.74	1,201.49	976.39
TOTAL WORKED FTE'S	780.90	740.86	789.35	781.18	844.22	809.70	844.02	892.08	929.50	935.01	1,045.12	1,079.96	872.66
TOTAL CONTRACT FTE'S	17.30	25.11	24.32	22.58	24.35	18.49	16.25	20.76	17.13	17.91	13.45	13.90	19.30
PAID FTE'S - HOSPITAL	747.57	761.66	799.92	771.62	781.71	774.12	794.44	852.00	948.45	938.27	1,020.05	1,054.05	853.66
WKD FTE'S - HOSPITAL	678.07	636.03	684.30	679.96	729.89	702.14	732.88	781.01	836.07	812.98	921.90	952.62	762.32
PAID FTE'S - SNF	109.27	112.69	115.70	112.67	120.98	116.59	120.48	124.69	108.06	141.57	142.68	147.44	122.73
WORKED FTE'S - SNF	102.83	104.83	105.05	101.22	114.33	107.56	111.14	111.08	93.43	122.03	123.23	127.33	110.34

Pioneers Memorial Healthcare District - Financial Indicators Report
(Based on Prior 12 Months Activities)
For The 12 Months Ending: September 30, 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.

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

$$\text{DSCR} = \frac{\$14,767,495}{\$2,942,050} = \mathbf{5.02}$$

Recommendation: To maintain a debt service coverage of at least 1.20x 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:)

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

$$\text{DCOHR} = \frac{\$41,971,315}{\frac{\$156,770,263}{365}} = \mathbf{97.7}$$

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.

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

$$\text{L.T.D.-C.R.} = \frac{\$94,884,503}{\$149,928,118} = \mathbf{63.3}$$

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

PIONEERS MEMORIAL HOSPITAL**PAGE 4****03 Mos 06/30/25**

	Current Month 9/30/2024	Year-To-Date 3 Months 9/30/2024
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	(\$332,027)	\$958,207
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	\$288,299	\$861,766
(Increase)/Decrease in Net Patient Accounts Receivable	\$1,196,698	\$1,691,598
(Increase)/Decrease in Other Receivables	(\$1,816,506)	(\$1,272,540)
(Increase)/Decrease in Inventories	(\$185,752)	(\$223,083)
(Increase)/Decrease in Pre-Paid Expenses	\$630,980	(\$333,061)
(Increase)/Decrease in Other Current Assets	\$0	\$1,314,600
Increase/(Decrease) in Accounts Payable	\$760,263	(\$201,051)
Increase/(Decrease) in Notes and Loans Payable	\$0	\$0
Increase/(Decrease) in Accrued Payroll and Benefits	(\$472,632)	(\$17,976)
Increase/(Decrease) in Accrued Expenses	\$0	\$0
Increase/(Decrease) in Patient Refunds Payable	\$0	\$0
Increase/(Decrease) in Third Party Advances/Liabilities	\$0	\$0
Increase/(Decrease) in Other Current Liabilities	\$55,420	\$166,262
Net Cash Provided by Operating Activities:	\$124,743	\$2,944,722
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property, plant and equipment	(\$92,816)	(\$700,702)
(Increase)/Decrease in Limited Use Cash and Investments	\$9,740	\$2,649
(Increase)/Decrease in Other Limited Use Assets	(\$81,136)	(\$243,406)
(Increase)/Decrease in Other Assets	\$0	\$0
Net Cash Used by Investing Activities	(\$164,212)	(\$941,459)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	(\$1,985)	(\$5,956)
Increase/(Decrease) in Capital Lease Debt	(\$19,045)	(\$56,982)
Increase/(Decrease) in Other Long Term Liabilities	\$0	\$0
Net Cash Used for Financing Activities	(\$21,030)	(\$62,938)
(INCREASE)/DECREASE IN RESTRICTED ASSETS	\$0	\$0
Net Increase/(Decrease) in Cash	(\$60,499)	\$1,940,325
Cash, Beginning of Period	\$42,031,813	\$40,030,991
Cash, End of Period	\$41,971,314	\$41,971,316



Key Operating Indicators

September 2024

	Month			YTD		
	ACTUAL	BUDGET	PRIOR YR	ACTUAL	BUDGET	PRIOR YR
Volumes						
Admits	495	437	437	1,468	1,219	1,219
ICU	10	118	103	50	324	337
Med/Surgical	711	912	899	2,470	2,509	2,379
Newborn ICU	105	114	117	221	314	363
Pediatrics	87	69	80	176	190	147
Obstetrics	367	401	409	1,062	1,181	1,194
GYN	9	3	3	10	8	13
DOU	0	-	-	-	-	-
Total Patient Days	1,289	1,617	1,611	3,989	4,526	4,433
Adjusted Patient Days	2,948	4,745	4,323	9,474	12,921	12,813
Average Daily Census	43	54	54	43	49	48
Average Length of Stay	2.58	3.70	3.30	2.67	3.71	3.38
Deliveries	184	185	211	503	465	531
E/R Visits	3,597	3,678	3,500	10,823	11,004	10,614
Surgeries	369	386	289	1,084	1,124	908
GI Scopes	7	97	97	52	236	216
Vascular Access	0	64	60	104	191	189
Wound Care	332	366	314	929	1,092	1,079
Pioneers Health Center	2,308	2,818	2,818	6,360	8,535	8,535
Calexico Visits	829	844	844	2,125	2,466	2,467
Pioneers Children	765	719	719	1,499	2,454	2,454
Outpatients (non-ER/Clinics)	6,378	5,487	5,128	18,962	16,052	15,731
Surgical Health	59	59	35	142	198	160
Urology	291	244	304	1,068	865	803
WHAP	388	428	477	1,161	1,301	1,427
C-WHAP	365	308	348	591	952	953
CDLD	0	122	-	0	282	10
FTE's						
Worked	770.43	833.37	770.17	918.45	822.27	778.16
Paid	1096.83	933.05	877.93	1113.31	919.05	884.29
Contract FTE's	23.20	19.17	19.77	18.13	19.92	19.37
FTE's APD (Worked)	7.84	5.27	5.34	8.92	5.85	5.59
FTE's APD (Paid)	11.16	5.90	6.09	10.81	6.54	6.35
Net Income						
Operating Revenues	\$13,455,653	\$13,047,546	\$12,689,914	\$40,239,130	\$38,500,433	\$37,156,052
Operating Margin	-\$603,282	-\$201,432	\$251,863	\$53,660	-\$1,064,991	\$326,162
Operating Margin %	-4.5%	-1.5%	2.0%	0.1%	-2.8%	0.9%
Total Margin	-\$332,027	-\$79,373	\$332,339	\$958,213	-\$698,814	\$625,510
Total Margin %	-2.5%	-0.6%	2.6%	2.4%	-1.8%	1.7%

REGULAR MEETING OF THE BOARD OF DIRECTORS - VIII. MANAGEMENT REPORTS

Exhibit A - September 2024		Key Volume Stats -Trend Analysis													
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	YTD
Deliveries															
	Actual	152	167	184	0	0	0	0	0	0	0	0	0	503	503
	Budget	153	127	185	173	176	157	181	160	196	127	159	177	1,972	465
	Prior FY 2024	175	145	211	198	201	179	206	183	173	239	152	139	2,201	531
E/R Visits															
	Actual	3,728	3,498	3,597	0	0	0	0	0	0	0	0	0	10,823	10,823
	Budget	3,738	3,588	3,678	4,141	4,714	3,978	3,738	3,476	3,906	3,570	3,891	3,410	45,828	11,004
	Prior FY 2024	3,500	3614	3500	3985	3867	4467	3931	4071	4032	3996	4,101	0	43,064	10,614
Surgeries															
	IP Actual	128	143	127	0	0	0	0	0	0	0	0	0	398	398
	IP Budget	96	107	126	100	105	102	114	115	145	124	123	112	1,369	329
	OP Actual	225	264	249	0	0	0	0	0	0	0	0	0	738	738
	OP Budget	232	303	260	299	277	247	270	255	355	288	328	281	3,395	795
	Total Actual	312	403	369	0	0	0	0	0	0	0	0	0	1,084	1,084
	Total Budget	328	410	386	399	382	349	384	370	500	412	451	393	4,764	1,124
	Prior FY 2024	303	316	289	324	272	273	290	296	291	299	281	276	3,510	908
GI Scopes															
	Total Actual	41	4	7	0	0	0	0	0	0	0	0	0	52	52
	Total Budget	29	110	97	119	84	90	109	92	88	61	23	66	968	236
	Prior FY 2024	25	94	97	75	110	76	94	74	71	57	104	82	959	216
Vascular Access															
	Actual	58	46	55	0	0	0	0	0	0	0	0	0	159	159
	Budget	64	63	63	64	64	64	64	64	64	64	64	63	765	190
	Prior FY 2024	54	75	60	69	67	37	72	64	76	50	52	60	736	189
Calexico															
	Actual	621	675	829	0	0	0	0	0	0	0	0	0	2,125	2,125
	Budget	696	926	844	792	731	793	816	769	860	891	896	824	9,838	2,466
	Prior FY 2024	697	926	844	792	731	793	816	769	803	522	599	630	8,922	2,467
Pioneers Health Center															
	Actual	1,937	2,115	2,308	0	0	0	0	0	0	0	0	0	6,360	6,360
	Budget	1,943	3,774	2,818	2,955	2,954	3,016	3,094	2,890	3,149	2,937	3,800	2,862	36,192	8,535
	Prior FY 2024	1,943	3,774	2,818	2,955	2,954	3,016	3,094	2,890	2,870	1,173	1,897	2,038	31,422	8,535
Pioneers Children															
	Actual	358	376	765	0	0	0	0	0	0	0	0	0	1,499	1,499
	Budget	776	959	719	939	835	671	767	713	798	702	861	735	9,475	2,454
	Prior FY 2024	776	959	719	940	835	671	767	713	596	275	435	351	8,037	2,454
Outpatients															
	Actual	6,314	6,270	6,378	0	0	0	0	0	0	0	0	0	18,962	18,962
	Budget	5158	5407	5487	5913	4848	4269	4886	4640	5535	5113	5359	5520	62,135	16,052
	Prior FY 2024	4,906	5,697	5,128	5,721	5,024	4,584	4,956	5,024	5,179	5,602	5,601	5,428	62,850	15,731
Wound Care															
	Actual	270	327	332	0	0	0	0	0	0	0	0	0	929	929
	Budget	311	415	366	357	285	364	370	341	333	267	270	262	3,941	1,092
	Prior FY 2024	366	399	314	294	307	270	333	324	349	262	245	206	3,669	1,079
WHAP															
	Actual	330	443	388	0	0	0	0	0	0	0	0	0	1,161	1,161
	Budget	382	491	428	411	402	322	433	422	510	455	564	538	5,358	1,301
	Prior FY 2024	430	520	477	512	436	348	631	533	476	295	604	543	5,805	1,427
C-WHAP															
	Actual	131	95	365	0	0	0	0	0	0	0	0	0	591	591
	Budget	303	341	308	325	358	310	301	330	338	426	478	377	4,195	952
	Prior FY 2024	229	376	348	186	316	398	524	513	524	255	200	148	4,017	953



**BOARD OF DIRECTORS MEETING
CNO REPORT
10/22/2024**

	Benchmarks		Calendar Year		Rolling Averages up to 8/24/2024	HCAHPS			
Overall	NRC 65th Percentile*	NRC 50th Percentile	Current YTD	Prior Year	3 Months‡	Qtr 3 2024‡	Qtr 2 2024	Qtr 1 2024	Qtr 4 2023
Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?	76.1% (n=365,708)	72.7% (n=365,708)	75.1% PR=61 (n=205)	70.7% PR=40 (n=304)	70.6% PR=39 (n=68)	63.4% (n=41)	84.6% (n=65)	73.7% (n=99)	67.6% (n=68)
Key Drivers	NRC 65th Percentile*	NRC 50th Percentile	Current YTD	Prior Year	3 Months‡	Qtr 3 2024‡	Qtr 2 2024	Qtr 1 2024	Qtr 4 2023
Communication with Nurses	82.4% (n=370,751)	80.4% (n=370,751)	77.7% PR=29 (n=206)	80.6% PR=52 (n=304)	76.2% PR=18 (n=70)	75.4% (n=42)	76.3% (n=66)	79.6% (n=98)	85.3% (n=68)
Communication About Meds	64.4% (n=220,670)	61.4% (n=220,670)	62.7% PR=56 (n=122)	69.5% PR=87 (n=149)	55.8% PR=18 (n=43)	50.0% (n=25)	62.8% (n=39)	68.1% (n=58)	76.4% (n=36)
Communication with Doctors	82.4% (n=369,657)	80.6% (n=369,657)	79.0% PR=37 (n=206)	76.6% PR=20 (n=305)	72.4% PR=4 (n=70)	66.7% (n=42)	82.8% (n=66)	81.8% (n=98)	86.0% (n=68)

Leadership Updates:

- Medical Staff reports to Chief Nursing Officer
 - Continue to recruit for Medical Staff Director position
- Radiology
 - Derek Tapia Director of Imaging Services will report to the CNO. Expected start date is November 4th.
 - Operations of department will continue under Carly Zamora.

Staffing:

	New Hires	In Orientation	FT to PD status	Resignations	Open Positions
Medical Surgical	0	8	0	0	5
Intensive Care Unit	1	1	0	1	1
Pediatrics	0	0	0	0	0
Emergency Department	3	5	0	0	4
Perioperative Services	1	3 scrub techs 1 RN	0	1	1 First Assist 1 Circulator RN
Perinatal Services	2	3	0	1	4 L&D 4 CC
NICU	0	1	0	0	1 RN 1HUC
Cardio Pulmonary Services	1	1	0	0	1
Case Management	2	2	0	0	2
Totals	10	25	0	3	25

Travelers:

- (6) Labor and Delivery: 4 day shift , 2 Night shift
- (1) NICU: Night shift

- (1) Radiology Tech

Recruiting:

Training:

- **PMHD Infection Prevention and Control Fair** October 23rd and 24th
- **Nursing Team Skills Fair** November 13th and 14th
- Perinatal services provided a skills fair on October 12th
- New Grad Luncheon for IVC students October 18th

Notable Updates:

- **Nursing Administration:**
 - CNO attended the SDSU White Coat Ceremony – this is for 1st year RN students. Cohort donned their white coats and participated in affirming SDSU Code of Nurses' oath.
 - Bar Code Medication Administration
 - **62.8%** (last 30 days) Goal to be above 90%
 - 59.2% in August
 - Resumed Patient Experience Team meetings
 - Going live with Quiet time, will educate community first
 - Overall HCAHPS score is 84.6% for 2nd quarter (76.1% 65th percentile, 72.7% 50th percentile)
- **Emergency Department:**
 - **Average Daily visits** 125 (September)
 - **Median time to triage** 9 minutes (September)
 - **Average Length of stay for discharged patients** 182 minutes
 - **Average length of stay for all patients** 201 minutes
- **Perioperative Services:**
 - Da Vinci Robotics Program: 46 cases since July 9, 2024
- **Medical Surgical Dept:**
 - **Admission Orders to Head in Bed** average time in September 156 minutes compared to 171 minutes in August. Current goal is HIB less than 90 min.
 - Winter planning: MS Nursing staff to cover overflow area
- **Perinatal Services:**
 - Revamping Exclusive Breastfeeding initiatives, implementing golden hour, and skin to skin contact immediately following birth.
 - NICU and Perinatal services are redesigning Transitions of Care model
- **NICU and Pediatrics:**
 - Cross training of NICU and Pediatric nurses. Go live date November 1, 2024
 - Implementing a Newborn Rapid Response and Infant Code
- **Case Management:**
 - Implementing SDOH documentation, requirement
 - **Acute Care ALOS** (Jan-Sept) 4.10
 - **All Cause Hospital Wide Readmissions** (Jan-Sept) 6.68

Quality Department:

- DNV accepted our objective evidence for level 1 nonconformities (Pain Management documentation, Annual employee evaluations, Medical Staff Mask fitting testing)
- Revising Scorecards and setting new benchmarks
- Establishing monthly PI meetings with departments to monitor certain performance metrics.

REPORT DATE	MONTHLY STATUS REPORT	PREPARED BY
Date: October, 2024	Chief of Clinic Operations	Carly Zamora, MSN, RN

2024 PMHD AMBULATORY DIVISION RHC ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Staffing:	75%	N/A	2 FTE, currently interviewing- 2 resignations (MA/LVN)
Partnered/Met with Elevation Health	Early Stages	None	Collaboration with HealthNet, Healthnet has assigned a coach to help the team develop new programs, policies, interventions, track progress in real-time to improve Quality metrics, goal is to improve by 50%. Reports being run to review metrics.
Reviewing Expansion of RHC	Early Stages	N/A	Pending Compliance Team

2024 PMHD AMBULATORY DIVISION OPD ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
GI Expansion	100%	None	Dr. Suliman Started in CHC and CDLD, expanding OR time
Cystometrics	75%	\$36,000	Urology and OBGYN clinics-training is in implementation stages
ECM Expansion:			
Staffing ECM	50%	TBD	Grant expansion to Children, hiring 1 CHW and 1 RN
Wound Care- Cerner	Ongoing	N/A	Meeting Weekly to discuss Cerner workflow (Billing)
Staffing GI	100%	N/A	NP started 10/2024
NP Positions	75%	N/A	Primary Care/Urology NP onboarding

2024 PMHD AMBULATORY DIVISION PHYSICAL THERAPY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Staffing	100%	N/A	PT Aide accepted
Cerner on-going	Ongoing	N/A	Reviewing billable codes daily and working with the departments to address documentation errors.

2024 PMHD PHARMACY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Staffing	50%	N/A	1 Pharmacy technician position to be posted
Remote Inventory Management System	50%	\$4,880.00	To be utilized in both the management of our emergency carts and products, resulting in efficiency of the pharmacy staff. Tracks crash cart's location, medications and expiration dates.

2024 PMHD RADIOLOGY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Reviewing a redundant server for the PACS	Early stages	N/A	Aiming to have a back up server so that we can keep operations running if the PACS system goes down.
Purchase of Canon CT	Early Stages	Payments will start once the CT scanner is installed and operational per OSPHD.	Currently in early planning stages.
9/3 implemented registering CT patients in Radiology.	Work in progress	None	We are developing a workflow to register patients while minimizing disruption for walk-ins and those needing to be registered. Other modalities to follow.
Staffing	50%		Radiology Director Accepted, Nuclear Medicine Tech started and Radiology Tech offer initiated
Review of Purchasing Portable X-ray Machine	Early Stages	None	Currently reviewing pricing/Quotes.

2024 PMHD LABRATORY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Review of QuantiFERON Gold Purchase	50%	None	Awaiting final review, cost savings of \$40,000 per year

Annual Employee Health Fair	75%	None	FLU Vaccines, Labs drawn for employees
Conferences			

2024 PMHD CHIEF OF CLINIC OPERATIONS/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Physician Updates	Ongoing	N/A	Recruitment ongoing
Projects:			
IT Project (Notable)	Early Stages	Pending	Implementation stages with Pioneers Health Center
AvodahMed	Early Stages	Pending	AvodahMed working on integration with Cerner, no timeline of completion to date.
Centralized Scheduling	75%	\$16,000	Cubicles, chairs, monitors-Call Center moved to Centralized Scheduling, working on radiology
Expansion of Centralized Scheduling	Early Stages	N/A	Reached out to CDPH, awaiting response
Expansion of OP Infusion	Early Stages	N/A	Reached out to CDPH to expand transfusing blood products in the Infusion Center

REGULAR MEETING OF THE BOARD OF DIRECTORS - VIII. MANAGEMENT REPORTS

REPORT DATE	MONTHLY STATUS REPORT	PREPARED BY
Sep-24	PMHD Human Resources Report	Charity Dale, PMHD CHRO

SEPTEMBER LABOR SUMMARY	
NEW HIRE	18
JOBS OFFERED	20 (Including 2 rescinded offers)
VOLUNTARY TERMINATIONS	6
INVOLUNTARY TERMINATIONS	13
HOSPITAL AND CLINICS TOTAL HEADCOUNT	916
PIONEERS SNF TOTAL HEADCOUNT	123
PMHD TOTAL HEADCOUNT	1039

NEW HIRE		TERMINATIONS		
DEPARTMENT	#	DEPARTMENT	VOLUNTARY	INVOLUNTARY
NURSING	6	NURSING	6	2
CLINICAL PROFESSIONAL	1	CLINICAL PROFESSIONAL	-	-
ALLIED HEALTH	-	ALLIED HEALTH	-	-
PT SERVICES	-	PT SERVICES	-	-
SUPPORT SERVICES	8	SUPPORT SERVICES	5	1
CLINICS	1	CLINICS	-	1
SNF	2	SNF	2	2

2024 PMHD HR PROJECTS

PROJECT	COMPLETED PERCENTILE	NOTES
PMHD Wage Increase	100%	New wage increases were rolled out September 2nd, 2024 for PMHD employees.
ADP/ARBA (Badge Issue in Cafeteria)	80%	ARBA confirmed that the ADP template was correct, pending testing.

BENEFIT PARTICIPANTS

Plan	NUMBER OF ACTIVE PARTICIPANTS
457B	530
401A	845
MEDICAL	669
DENTAL	656
VISION	657
STD	815
LTD	815

REGULAR MEETING OF THE BOARD OF DIRECTORS - VIII. MANAGEMENT REPORTS

LIFE	815
CRITICAL ILLNESS	
Rx PLAN	

LEAVE OF ABSENCE

LEAVE TYPE	NUMBER OF EMPLOYEES
FMLA/CFRA	35
INTERMITTENT LEAVE	13
PERSONAL LEAVE	2
BONDING	5
WORKERS COMPENSATION	13
MILITARY LEAVE	1
COVID	14 COVID+ee's in Sept, 3 on isolation at time of report
COVID W/C	0 reported in September, 2 long haulers continue out
SICK LEAVE (LESS THAN 2 WEEKS)	20

VOLUNTEERS/STUDENTS

PROGRAM	NUMBER OF STUDENTS/VOLUNTEERS
CRNA	0
PHYSICIAN ASSISTANT	0
CAN - CERTIFIED NURSE'S AIDE	0
STUDENT	ER-4, OB-1,OR-3, SNF-23 Pharm-1
VOLUNTEERS	0
TOTAL VOLUNTEERS/STUDENTS	32

RECRUITMENT ACTIVITIES

DEPARTMENT	NUMBER OF OPEN POSITIONS
NURSING	7
CLINICAL NON-NURSING	6
CLINICAL PROFESSIONAL	0
ALLIED HEALTH	0
PT SERVICES	0
SUPPORT SERVICES	0
CLINICS	1
SKILLED NURSING FACILITY	3
TRAVEL STAFF BY DEPT/SHIFT	

REGULAR MEETING OF THE BOARD OF DIRECTORS - VIII. MANAGEMENT REPORTS

OB Days	4
OB Nights	2
NICU Days	0
NICU Nights	1
Med/Surg Days	0
Radiology	1
TOTAL	25

POLICIES FOR REVIEW

POLICY NAME	POLICY NUMBER	ACTION	STATUS
Harassment Discrimination	HRD-00018		
Referral Bouns	HRD-00182		
Waiving Employee Group Health IN	HRD-00032		
Recruitment and Retention	HRD-00007		
Payroll Deductions	HRD-00048		
Timekeeping System	HRD-00085		
Family and Medical Leave FMLA	HRD-00016		

2024 PIONEERS ACTIVITIES COMMITTEE

EVENT	MONTH OF EVENT
Employee of the Month	Marisol Martinez Pioneers Childen's Health Center Medical Asst.

EMPLOYEE HEALTH/EDUCATION REPORT

EMPLOYEE HEALTH
<p>We had 14 employees with COVID illnesses in September. All COVID illness from acute care, none from the SNF. No clusters were identified. Annual Employee TB screening took place from 09/09 to 09/19. We are pending TB screening compliance from 251 employees; make-up dates will occur 10/07-10/10. Flu vaccination campaign started Sept 9th , during our annual employee wellness clinic. Our current compliance for employees is 65% participation (vaccinated/declination submitted) with 54% of employees vaccinated (does not include non-employees). Reminders for both flu vaccination and TB screening have been sent by email. Fit testing completion for September: 166 (August 199, July 146, June-89,); this includes employees and medical staff.</p>

REGULAR MEETING OF THE BOARD OF DIRECTORS - VIII. MANAGEMENT REPORTS

WORKER'S COMPENSATION REPORT
Fifteen employee injuries were reported in September. 8 of the 15 injuries were reported to BETA as work comp claims. 13 injuries from acute care: 3 sharp injuries, 3 slip & fall, 1 face contusion, 1 laceration to finger w sutures, 1 RM shoulder pain, 1 low back pain, 1 rash to hands/sensitivity to gloves, 1 cardiac event while working outdoors. Two injuries from SNF: 1 low back sprain, 1 trip & fall. No WPV incidents were reported in September
CHILD CARE CENTER
EDUCATION REPORT

• **Annual Orientations, Sexual Harassment, and Slips/Trips/Falls, Active Shooter Training education on ADP.**

o **All Staff: Incomplete for 135 people**

o **All Clinical: Incomplete for 109 people**

o **RN/LVN: Incomplete for 64 people**

o **Sexual Harassment: Incomplete for 104 people**

o **Sexual Harassment (supervisor): Incomplete for 31 people**

o **Active Shooter: Incomplete for 765 people (due at end of October)**

• **Assigned education upon request from department supervisors: LDRP (newborn hearing screening), ED (Addiction Medicine), working with Med-Surg for upcoming PCA pump education**

• **Reached out to clinics to arrange in-service for providers on Insulin Pump for adult and pediatric population. Recently approved by FDA for adults with type II diabetes. Shown to drastically reduce blood glucose levels in uncontrolled diabetics within 3 months. Patients could benefit.**

• **Working on orientation program for managers and leadership trainings.**

• **New-hire orientation started three times a month and NHNO once a month.**

• **Assisting ICU in critical care skills fair in November**

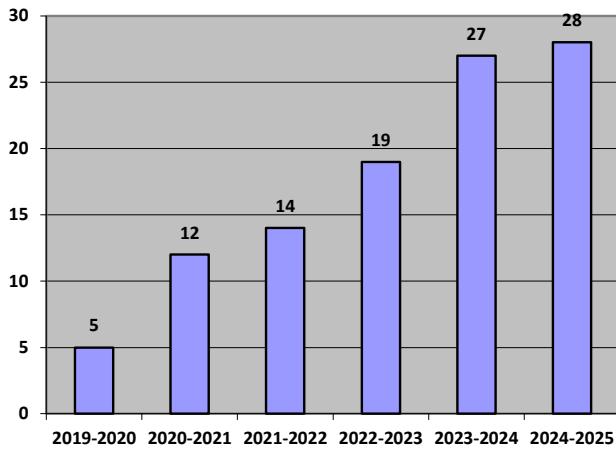


Workers' Compensation Scorecard

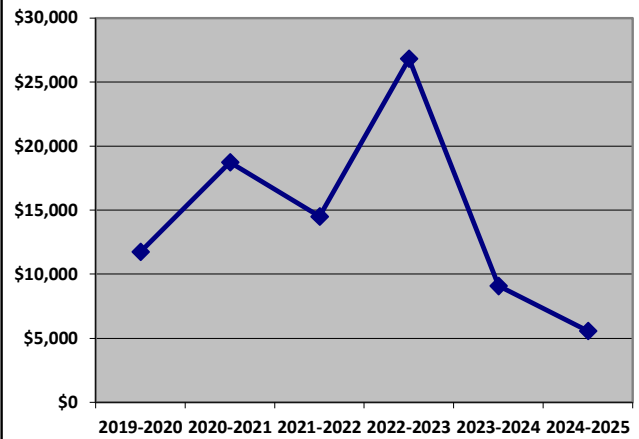
September 2024

Pioneers Memorial Healthcare District

Open Claims by Fiscal Year



Avg Cost Per Claim



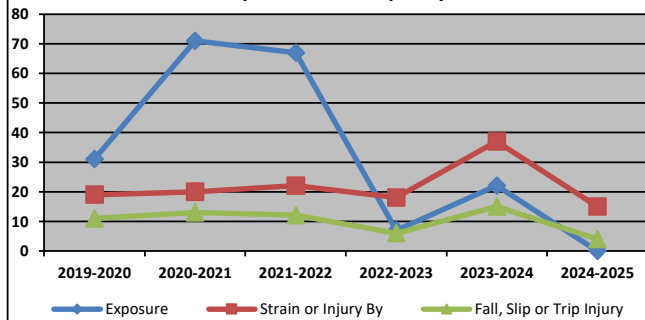
Claim Activity by Month

Month	Current Fiscal Year		Last 5 Years
	Count	Closed	
Jul	8	2	-
Aug	15	3	9
Sep	10	-	6
Oct	-	-	-
Nov	-	-	-
Dec	-	-	-
Jan	-	-	-
Feb	-	-	-
Mar	-	-	-
Apr	-	-	-
May	-	-	-
Jun	-	-	-
Total 2024-2025	33	5	15

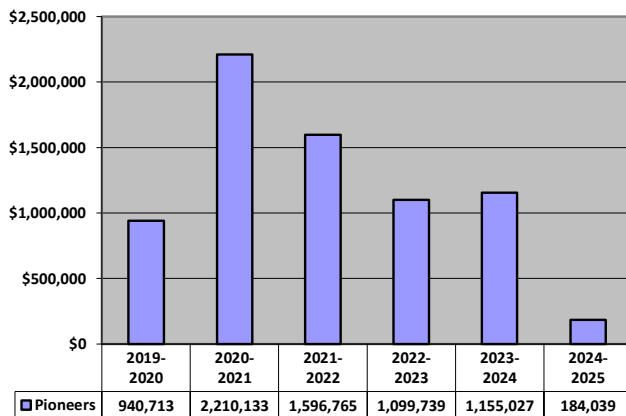
Cause of Injury by Claim Type

Cause of Injury by Claim Type	Dating Back to Fiscal Year 2019-2020	
	Indem	Medical
Exposure	52.1%	0.0%
Strain or Injury By	23.4%	32.6%
Burn or Scald - Heat or Cold Exposures - Contact With	6.1%	17.1%
Fall, Slip or Trip Injury	7.9%	24.0%
Miscellaneous Causes	4.5%	3.1%
All Other	6.1%	23.3%

Top 3 Causes - Frequency



Incurred Losses by Year



Ex Mod History

