

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

Tuesday, December 17, 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. Election of Officers for the Board of Directors
 - 1. President
 - 2. Vice President
 - 3. Secretary
 - 4. Treasurer
 - 5. Assistant Secretary/Treasurer
 - C. Designation of Members to Committees
 - 1. Women's Auxiliary
 - 2. Medical Executive Committee
 - 3. LAFCo Representative
 - 4. Agenda Review Committee
 - 5. Ad Hoc Funding Requests Committee
 - 6. Ad Hoc CEO Evaluation Committee
 - 7. Ad Hoc General Counsel Evaluation Committee
 - 8. Ad Hoc CPO Evaluation Committee.
 - D. 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. 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

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matters considered in closed session. *(time: 4:30 pm – 5:15 pm)*

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

1. Quality Report

B. 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

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

1. PMHD v. IVHD

D. 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: 5:15 – 5:30 pm)*

A. Take Actions as Required on Closed Session Matters

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

A. Hospital Policies

1. Access Control
2. Disposition of Unneeded Medical Equipment Surplus Medical Supplies and Furniture
3. Family and Medical Leave
4. Funds Investment
5. Industrial Injury Modified Duty Program
6. Information Access Management
7. Measles, Mumps, Rubella, Varicell-Zoster Virus Screening and Vaccination
8. Mobile Computing and Teleworking
9. Post-Issuance Tax Compliance Procedures for Tax-Exempt and Other Tax-Advantaged Bonds
10. Remote Access

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- 11. Risk Analysis and Management
- 12. Tuberculosis Screening

B. Approval of Minutes

- 1. 11/26/24 Regular Meeting

C. Update Reports

- 1. Women's Auxiliary
- 2. Funding Request
 - a. Imperial Valley College Foundation
 - b. Imperial County Historical Society
- 3. LAFCO

D. Authorize Annual Membership Dues with District Hospital Leadership Forum

Contract Value: \$74,547.¹³; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Dues and Subscriptions

E. Authorize Emergency Medical Care On-Call Coverage Agreement with Mostafa Hamdy, MD

Contract Value: based on coverage provided; Contract Term: Two (2) years; Budgeted: No; Budget Classification: Professional Fees

F. Authorize Emergency Medical Care On-Call Coverage Agreement with Idrees Suliman, MD

Contract Value: depends on coverage provided; Contract Term: Two (2) years; Budgeted: No; Budget Classification: Professional Fees

G. Authorize Purchase of Two Canon Mobile Soltus 500 Digital X-Ray System

Contract Value: \$202,000; Contract Term: Purchase; Budgeted: No, PMH Foundation donating the funds; Budget Classification: Capital

H. Authorize Renewal of Earth Movement Insurance Coverage with Alliant Insurance Services, Inc.

Contract Value: not to exceed \$779,000; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Insurance

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 (Acting Chief Executive Officer/Chief Financial Officer)**

- a) November 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

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3. Clinics operations (Chief of Clinic Operations)
 - a) November 2024 Report
 4. Human Resources (Chief Human Resources Officer)
 - a) November 2024 HR Report
 - b) Marketing
 5. Board matters
- B. Legal Counsel Report – Sally Nguyen
1. All matters to be discussed in Closed Session

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

Pioneers Memorial Healthcare District

Title: Access Control (Technical Safeguard)		Policy No. HIP-00020
		Page 1 of 4
Current Author: Carrie Teague		Effective: 01/26/2016
Latest Review/Revision Date: 10/24/2024		Manual: Compliance / HIPAA Security

Collaborating Departments: Compliance and Privacy Officer		Keywords: Electronic Protected Health Information; HIPAA	
Approval Route: List all required approval			
PSQC		Other:	
Clinical Service _____	MSQC	MEC	BOD 12/2024

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 Although access controls, as required by the HIPAA Security Regulations, may differ under normal and emergency conditions, they are integral to the safeguarding of electronic protected health information (ePHI). This policy reflects Pioneers Memorial Healthcare District's (PMHDs) commitment to comply with such regulations.

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

- 3.1 PMHD strives to protect the confidentiality, integrity, and availability of ePHI by taking reasonable and appropriate steps to ensure that ePHI Systems support and are installed with technical safeguards to control and restrict access to such ePHI Systems to persons and software programs that are authorized to have such access in accordance with PMHDs Information Access Management policy (HIP-00018).
- 3.2 Each covered component shall take reasonable and appropriate steps to support appropriate types of access control technology for ePHI Systems.
- 3.3 PMHD will implement appropriate technical security controls and methods that permit access to ePHI Systems only to authorized persons as set forth in the operational specifications below in this policy, including:
 - 3.3.1 Unique user identifiers (user IDs) that enable workforce members to be individually identified and tracked (no redundant user IDs) as set forth in the Unique User Identification operational specification (see 5.1).
 - 3.3.2 Emergency access procedures that enable authorized workforce members to obtain access to necessary ePHI during a disaster or other emergency as set forth in the Emergency Access Procedure operational specification (see 5.2).
 - 3.3.3 Automatic log-off from ePHI Systems of workforce members from their workstations as set forth in the Automatic Logoff operational specification (see 5.3).
 - 3.3.4 Encryption of ePHI on ePHI Systems as reasonable and appropriate as set forth in the Encryption and Decryption operational specification (see 5.4).

4.0 Definitions:

- 4.1 Electronic Protected Health Information (ePHI) – Any individually identifiable health information protected by HIPAA that is transmitted by or stored in electronic media.
- 4.2 Confidential/Restricted Information – Any data whose loss, misuse, or unauthorized

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Title: Access Control (Technical Safeguard)		Policy No. HIP-00020
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Current Author: Carrie Teague		Effective: 01/26/2016
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access or modification could have adverse effects; any data whose access is restricted to those who need it to perform their assigned duties for the company. This includes but is not limited to internal company communications and operations data, including human resources or payroll information, company financial, proprietary or strategic planning information, internal reporting data, protected health information, and communications with business partners.

5.0 Procedure:**5.1 Unique User Identification:**

- 5.1.1 PMHD will assign a unique name and/or number for identifying and tracking user identity.
- 5.1.2 Each PMHD employee will use their own user specific computer account to access systems containing ePHI.
- 5.1.3 Unique user identification is created in the software for each employee as described in the Information Access Management policy (HIP-00018).
- 5.1.4 For authentication to Windows and the network, users will use their own active directory log-in or Imprivata proximity badge and PIN.
- 5.1.5 For procedures in maintaining a secure computer account see Security Awareness and Training (HIP-00019)
- 5.1.6 Procedures for tracking user logons can be found in Security Awareness and Training (HIP-00019) and Information Systems Activity Review (HIP-00525).

5.2 Emergency Access Procedures:

- 5.2.1 The facilities computer equipment is configured to allow only staff members with appropriate authorization to access information stored on the computer and to configure software installed on the equipment.
- 5.2.2 A record of the "administrator" user account names is maintained within Active Directory. All changes to Active Directory are recorded within AD Audit Plus by Manage Engine. All administrator passwords are maintained within Password Manager. Any changes to Password Manager are recorded in Password Manager. An administrator user account is an account that has full authorization to configure equipment and software.

5.3 Automatic Logoff:

- 5.3.1 Systems containing ePHI will have time out settings that in conjunction with other management solutions will protect ePHI from unauthorized viewing.
- 5.3.2 Time out settings not to exceed 30 minutes in systems containing ePHI.

5.4 Encryption and Decryption:

- 5.4.1 The Security Officer and Information Technology Manager shall set the standards for the level of security required for encryption, considering available technology and risk.
- 5.4.2 Confidential/restricted information, including ePHI, must be encrypted using valid cryptographic algorithms if stored on mobile devices, such as laptops or USB drives, or when being transmitted over any externally-accessible communications network, such as the Internet or public wireless network. Encryption is not

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required for movement or storage of confidential/restricted information or ePHI when done only internally within the PMHD or PMHD-owned secured network, with adequate physical and logical security and authentication mechanisms employed.

- 5.4.3 Communication of ePHI utilizing non-approved instant messaging and/or text messaging over external networks is prohibited as these technologies may not provide the necessary encryption required for transmission of ePHI.
- 5.4.4 Users are required to encrypt or password protect confidential information or PHI on removable media, such as CD/DVDs, USB/thumb drives, and floppy discs. All laptops that may store or access confidential information or ePHI must be encrypted.
- 5.4.5 Exceptions:
 - 5.4.5.1 Backup tapes are not encrypted due to potential errors and delays involved with the restoration of data from the backup. However, these must be kept physically secured with limited access at all times.
 - 5.4.5.2 Off-site/remote access to PMHD and PMHD information systems require SSL/SSH certificate, VPN, sFTP, or other types of transmission encryption, and/or require user authentication for access
- 5.4.6 Data encryption is mandatory for all laptops owned and managed by PMHD.
- 5.4.7 Information used for authentication purposes (e.g., to verify the identification of users or objects on PMHD networks and systems), such as passwords, shall be stored in an encrypted format. Non-reusable authentication data (e.g., digital certificates) shall be based upon industry encryption standards. Digital Secure Sockets Layer (SSL) Certificates shall be used to protect sensitive Internet-based transactions. SSL Certificates shall be issued by the IT Department based on business need and type of transaction or data asset to be protected. The secure FTP server assigns keys dynamically, and users accessing the FTP server must be authenticated (user ID and password) to that server.

6.0 References:

- 6.1 NIST – An Introductory Resource Guide for Implementing the Health Insurance Portability and Accountability Act (HIPAA) Security Rule. October 2008.
<http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/nist80066.pdf>
- 6.1.1 HIPAA Security Rule Standard – Security Management Process
 - 6.1.1.1 Section 164.312(a)(2)(i) of the HIPAA Security Rule.
 - 6.1.1.1.1 Unique User Identification: Assign a unique name and/or number for identifying and tracking user identity.
 - 6.1.1.2 Section 164.312(a)(2)(ii) of the HIPAA Security Rule.
 - 6.1.1.2.1 Emergency Access Procedure: Establish (and implement as needed) procedures for obtaining necessary electronic protected health information during an emergency.
 - 6.1.1.3 Section 164.312(a)(2)(iii) of the HIPAA Security Rule.
 - 6.1.1.3.1 Automatic Logoff: Implement electronic procedures that

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terminate an electronic session after a predetermined time of inactivity.

6.1.1.4 Section 164.312(a)(2)(iv) of the HIPAA Security Rule.

6.1.1.4.1 Encryption and Decryption: Implement a mechanism to encrypt and decrypt electronic protected health information.

- 6.2 New York University HIPAA Information Security Policies, Specifications, and Definitions. Policy 15 – Access Control
<https://www.nyu.edu/content/dam/nyu/compliance/documents/IT.HIPAA15.AccessControl.v10.051105Rev.020211.061413.072213.081413.pdf>
- 6.3 Oklahoma State University Center for Health Sciences Security Policies and Procedures. Section 12 – Access Control
<https://centernet.okstate.edu/hipaa/securityprocedures12.php>
- 6.4 Pioneers Memorial Healthcare District Security Policies and Procedures. HIP-00019; Security Awareness and Training.
- 6.5 Pioneers Memorial Healthcare District Security Policies and Procedures. HIP-00525 Information Systems Activity Review.
- 6.6 Pioneers Memorial Healthcare District Security Policies and Procedures. HIP-00018; Information Access Management.

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

- 8.1 Revised 5.2.2 from Netwrix to AD Audit Plus by Manage Engine.
- 8.2 Revised 5.3 to be less specific and just state the maximum time out for systems containing ePHI.
- 8.3 Added “non-approved” to section 5.4.3

Pioneers Memorial Healthcare District

Title: Disposition of Obsolete Medical Equipment, Surplus Medical Supplies and Furniture		Policy No. ADM-00656
Current Author: Yvette Lewis		Page 1 of 2
Latest Review/Revision Date: 11/1/2024		Effective: 3/1/1993
Manual: Admin / Materials Management		

Collaborating Departments: Facilities, Engineering, EVS	Keywords: Unusable Equipment; Disposal		
Approval Route: List all required approval			
PSQC	Other: Senior Leader Carly Loper		
Clinical Service _____	MSQC	MEC	BOD 6/2022

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

1.0 Purpose:

- 1.1 Provide a mechanism to relieve the district of unwanted, or obsolete medical, and non-medical equipment.

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

- 3.1 Equipment, furniture, or surplus materials will be removed and processed in a timely manner.

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

- 5.1 The disposition of unwanted or obsolete medical equipment such as pumps, patient monitors, ultrasound equipment and medical supplies will be the function of Materials Management.
- 5.2 The disposal of 'non-medical' equipment, furniture, and fixtures such as desks, bookshelves, chairs, and cabinets is the function of Facilities/Engineering.
- 5.3 Departments must notify Materials Management prior to removing, transferring to another department, reselling to third party, donating or disposing of medical equipment and/or furniture equipment.
- 5.4 Materials Management will contact re-sellers of used equipment (Medical) and negotiate the best price possible. Once disposition through sale has been arranged, Materials Management will arrange for the disposition of medical equipment with the assistance of BioMed where applicable.
- 5.5 Departments must create an inventory list of all equipment determined to be surplus and share the list with Materials Management and Facilities/Engineering.
- 5.6 Materials Management will determine financial disposition of medical equipment through trade-in, third party resell or disposal.
- 5.7 Disposal of any district property will be in accordance with applicable laws and regulations. All items that can retain patient identifiers or other business-related information will be destroyed before removal from hospital property.
 - 5.7.1 Destruction methods can include but are not limited to:
 - 5.7.2 Shredding paper documents using a cross-cut shredder to render the information unreadable.

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5.7.3 For electronic media, use data destruction software to overwrite the data before disposal.

5.7.4 Disposal can include burning, shredding or pulverizing.

5.8 Materials Management will inform Accounting of items to be removed from medical equipment/capital assets listing.

6.0 References: Not applicable

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

- 8.1 1.1 TITLE: Replaced "unneeded" with obsolete
- 8.2 5.1 replaced "unneeded" with obsolete
- 8.3 Added sections 5.7.1 - 5.7.4

Pioneers Memorial Healthcare District

Title: Family and Medical Leave (FMLA/CFRA)		Policy No. HRD-00016
		Page 1 of 5
Current Author: Estella Chavarin		Effective: 2/1/1993
Latest Review/Revision Date: 11/18/2024		Manual: Human Resources / Benefits

Collaborating Departments:		Keywords: FMLA, LOA, PTO, Sick	
Approval Route: List all required approval			
PSQC		Other:	
Clinical Service _____	MSQC	MEC	BOD 12/2024

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 eligible for FMLA-protected leave, however PMHD may not restore your employment following FMLA leave if such restoration will cause substantial and grievous economic injury to PMHD.
- 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

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care for an ill service member with a serious injury or illness incurred or aggravated in the line of duty on active duty.

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

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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 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

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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 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

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seeking leave because of his or her own serious health condition, the health care provider may identify the serious health condition with the 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 4.1.3 delete: is not eligible for FMLA-protected leave, add: is eligible for FMLA-protected leave, however PMHD may not restore your employment following FMLA leave if such restoration will cause substantial and grievous economic injury to PMHD.

PIONEERS MEMORIAL HEALTHCARE DISTRICT**REVIEWED ANNUALLY**

Title: Funds Investment		Policy No. ADM-00401
		Page 1 of 2
Current Author: Carly Loper, Chief Financial Officer		Effective: 9/1/1994
Latest Review/Revision Date: 11/8/2024		Manual: Administration / Admin Policies

Collaborating Departments: Admin Team		Keywords:	
Approval Route: List all required approval			
PSQC		Other:	
Clinical Service _____	MSQC	MEC	BOD 12/2024

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 In order to provide a framework for the continuous, safe, and prudent management of District funds, the Governing Board of Directors shall establish this policy for investment activities of the District.

2.0 Scope: Accounting**3.0 Policy:**

- 3.1 It is the policy of the District to invest any monies deemed appropriate, including Property, Plant, and Equipment Replacement funds, in short-term (5 year or less) fixed-income instruments earning a favorable market rate of interest without assuming undue risk to principal. The investments shall be made in accordance with the assuming undue risk to principal. The investments shall be made in accordance with the California Government Code relating to local agencies investments, commencing with Section 53600 and including Senate Bill #866 (approved by The Governor and filed with The Secretary of State October 12, 1995). The primary objective of such investments, in order of importance and priority, shall be 1) the preservation of capital; 2) maintenance of liquidity; and 3) rate of yield.

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

- 5.1 Investments are the responsibility of the hospital's Chief Financial Officer (CFO). This responsibility includes the authority to select an investment advisor to open accounts with brokers, and the establishment of safekeeping accounts or other arrangements for the custody of funds or securities. Any accounts, funds, or securities managed or maintained by a third party are to be governed according to the terms of a custodial agreement between the District and the third party.
- 5.2 The CFO is authorized to make decisions on the behalf of the District regarding the purchasing and selling of investments. The CFO or Chief Executive Officer (CEO) is authorized to execute such documents as are necessary to carry forth said responsibilities.
- 5.3 The CFO shall be responsible for reporting the status of investments on a quarterly basis. These reports shall include a listing of all investments held, the book value of the investments, the original market value of the investments, the current market value of the investments, and the types of investments. These reports shall be verified at least

PIONEERS MEMORIAL HEALTHCARE DISTRICT**REVIEWED ANNUALLY**

Title: Funds Investment		Policy No. ADM-00401
		Page 2 of 2
Current Author: Carly Loper, Chief Financial Officer		Effective: 9/1/1994
Latest Review/Revision Date: 11/8/2024		Manual: Administration / Admin Policies

annually by the District's independent accountants.

- 5.4 On a quarterly basis, there shall be a written statement prepared by the CFO attesting that the District's investments comply with the laws of the State of California and that the District has sufficient funds to meet the cash flow needs of the District (from the time of the report).
- 5.5 The CFO shall, at least annually, be responsible for reviewing and modifying this policy for recommendation to the Board for its review and approval.

6.0 References:

- 6.1 California Government Code relating to local agencies investments, commencing with Section 53600 and including Senate Bill #866 (approved by The Governor and filed with The Secretary of State October 12, 1995)

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

- 8.1 Submitted with minor revisions to 5.4, removed "for the next 6 months."

Pioneers Memorial Healthcare District

Title: Industrial Injury Modified Duty Program		Policy No. HRD-00112
Current Author: Lizbette Cordova, RN		Page 1 of 4
Latest Review/Revision Date: 09/01/2024		Effective: 8/1/1998
		Manual: HR / Employee Health

Collaborating Departments: HR	Keywords: job-related injury, work comp, workman’s compensation, Employee Health		
Approval Route: List all required approval			
PSQC	Other: Senior Leader Charity Dale		
Clinical Service _____	MSQC	MEC	BOD 12/2024

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 temporary modified duty for employees with job-related injuries/illnesses that restrict regular job performance so that they can receive full compensation and benefits while recovering from the injury
- 1.2 To assist employees in the transition from disability to full recovery while continuing to be productive
- 1.3 To provide management with a program to reduce the severity of workers' compensation claims
- 1.4 To prevent deterioration of an employee's work skills, health, and attitude that may result from a prolonged work absence
- 1.5 To demonstrate Pioneers Memorial Healthcare District's (PMHD) commitment to the employee's recovery
- 1.6 To minimize the loss of productivity

2.0 Scope:

- 2.1 All full-time, part-time, and per diem employees are covered by this policy.
- 2.2 This program is limited to employees with a temporary partial disability who are recovering from an industrial injury/illness and who require temporary-short-term, rather than permanent job reassignment.
- 2.3 A Physician's Duty and Status Report or similar form must be supplied to Employee Health/Human Resources from the attending healthcare professional.

3.0 Policy:

- 3.1 PMHD recognizes the need to provide a temporary modified work program for employees who are not able to perform regular job duties because of work related injury or illness. The hospital is committed to providing modified work as soon as the health care provider deems it medically feasible.
- 3.2 Because of the limited number of modified work positions available, modified positions will be assigned by Employee Health/Human Resources to employees, whose work-related medical restrictions allow eligibility for the job positions available.
- 3.3 Employee Health/Human Resources has the responsibility for coordinating the program.
- 3.4 Managers/Coordinators will develop possible short-term modified assignments for the injured employee.

4.0 Definitions:

- 4.1 An industrial injury or illness is an injury/disease arising in the course of employment

Pioneers Memorial Healthcare District

Title: Industrial Injury Modified Duty Program		Policy No. HRD-00112
Current Author: Lizbette Cordova, RN		Page 2 of 4
Latest Review/Revision Date: 09/01/2024		Effective: 8/1/1998
		Manual: HR / Employee Health

with PMHD and compensable under the Workers' Compensation laws of the State of California.

- 4.2 For the purpose of this policy, an employee with a temporary partial disability is an employee incapable of performing the duties of his or her assigned position as a result of industrial injury, but who is able to work and does not, therefore, have a "temporary total disability."

5.0 Procedure:**5.1 Implementation**

- 5.1.1 Employee Health/Human Resources will identify departments with modified work positions available.
- 5.1.2 Employee Health/Human Resources shall advise each injured employee and the treating healthcare provider of the program.
- 5.1.3 The employee shall notify Employee Health/Human Resources of his/her release to return to work in the modified duty program by delivering the Physician's Duty and Status Report or similar form in person to the Employee Health/Human Resources.
- 5.1.4 If the form is received directly by Employee Health/Human Resources, they will call the employee to discuss the modified work program.
- 5.1.5 A determination will be made by Employee Health/Human Resources as to whether or not a modified work assignment can be provided that will be consistent with the healthcare provider's released.
- 5.1.6 All work provided will be consistent with and will not exceed the limitations set by the treating healthcare provider.
- 5.1.7 If possible, equipment and modifications will be offered. (As determined by Employee Health/Human Resources and manager)
- 5.1.8 While an employee is in the modified work program, he/she must wear the appropriate attire as determined by department requirements, unless otherwise approved by the manager and Employee Health/Human Resources.
- 5.1.9 When feasible, every effort will be made to accommodate the needs of the employee by modifying his/her present work setting. However, work availability may make it necessary to temporarily transfer employees from one division or department to another.
- 5.1.10 The employee will be paid the regular pre-injury hourly rate, which will be charged to the modified duty budget cost center.
- 5.1.11 Employees assigned to modified work will be expected to keep track of all hours worked utilizing the time and attendance systems in use.
- 5.1.12 Employees are expected to comply with the healthcare provider's modified work recommendations at all times.
- 5.1.13 Managers of modified work areas are responsible for overseeing employee's time worked and evaluating performance to ensure compliance with physician requirements.
- 5.1.14 PMHD has the option of changing regular days off and work hours while an employee is in the modified work program.

Pioneers Memorial Healthcare District

Title: Industrial Injury Modified Duty Program	Policy No. HRD-00112
	Page 3 of 4
Current Author: Lizbette Cordova, RN	Effective: 8/1/1998
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- 5.1.15 Hours of work will be designated by the supervisor/manager of the department the employee on modified duty is assigned to.
- 5.1.16 No overtime work is acceptable while in the modified duty program
- 5.1.17 Modified work participants are encouraged to schedule physical therapy and doctor's appointments around their work schedules to avoid loss of earning power. If this cannot be arranged, appointments should be scheduled at the beginning or end of the shift. Employee should clock out for appointments.
- 5.1.18 Modified duty can be a modification of the job tasks or a modification of the hours worked.
- 5.1.19 All employees will abide by the work/safety rules at the location of the modified duty assignment.
- 5.1.20 All employees must be trained to the safety rules and occupational hazards of the modified assignment.
- 5.1.21 If the employee is unable to report for work for personal reasons, he/she must call and report to the manager and to Employee Health/Human Resources.
- 5.1.22 If the employee's health status changes, the employee must report to the supervisor and to Employee Health/Human Resources.
- 5.1.23 When an injured/ill employee is released to participate in the modified work program, he/she does not have the option to substitute paid sick leave because he/she doesn't personally feel ready to perform modified work.
- 5.1.24 As long as modified work can be provided, there is no right of refusal without jeopardizing benefits and entitlement.
- 5.1.25 Employee Health/Human Resources interviews the employee and coordinates placement with the manager or the temporary modified work supervisor, if placed in another department.
- 5.1.26 While in the modified work program, employees will stay no longer than 4 weeks on any one task unless approved by Employee Health/Human Resources. Modified duty must be progressive.
- 5.1.27 Employee Health/Human Resources continues to monitor physical progress in conjunction with the medical provider for full release to unrestricted work.
- 5.1.28 A status review involving management and the employee will be performed at four-week intervals or more often if deemed necessary.
- 5.1.29 After 30 days in the modified work program, the eligibility for modified work will be reviewed. If the employee is not expected to return to regular work within 30 days, he/she may be removed from modified work until an expected return-to-work date has been determined. Hours worked under modified work duty will be considered "productive hours" in the computation and eligibility for fringe benefit pay and accruals.
- 5.1.30 Time worked under modified duty will be considered as any other time worked in determining service credit.
- 5.1.31 Time spent on personal sick or other absence will be treated in the same manner as when on regular duty.
- 5.1.32 When employees are released to their regular job duties, the information will be provided to Employee Health/Human Resources for distribution.

Pioneers Memorial Healthcare District

Title: Industrial Injury Modified Duty Program		Policy No. HRD-00112
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5.1.33 Employee Health/Human Resources will maintain a schedule of employees involved in modified duty. The hospital's claim administrator will be kept informed of those employees on modified duty. Employee Health/Human Resources will keep the employee's original manager informed of the employee's progress and status.

5.1.34 Employee Health/Human Resources will maintain ongoing contact with the employee to assess the work process and the progress of the employee. Employee Health/Human Resources will also follow-up with the manager of the work area.

5.1.35 Employees with minor restrictions may remain in their own departments at regular pay out of their original department cost center at the discretion of Employee Health/Human Resources and the department manager.

5.1.36 The employee who has been assigned a modified work position is responsible to report to the appointed department at the arranged time. Failure to report to work or contact the designated supervisor could possibly jeopardize temporary disability benefits and may result in disciplinary action.

5.1.37 Workers' compensation temporary disability payments will cease upon return to modified duty provided the number of hours worked is the same as the employee's regularly scheduled hours. If full-time employees return to modified work on a part-time basis by order of the healthcare provider, all workers' compensation benefits and coverage to which the employee is legally entitled will be in full force and effect.

5.2 Permanent Disability

5.2.1 At the present time, PMHD does not have a policy for permanent modified duty.

6.0 References:

6.1 BETA Healthcare Workers Compensation Program

7.0 Attachment List:

7.1 Attachment A – Acknowledgement of Modified Duty Restrictions

8.0 Summary of Revisions:

8.15.1.29 removed "after consultation with the manager and the physician, employee health may extend the time period on a week to week basis" this is not a current process.

Pioneers Memorial Healthcare District

Title: Information Access Management (Administrative Safeguard)		Policy No. HIP-00018
Current Author: Carrie Teague		Page 1 of 3
Latest Review/Revision Date: 10/24/2024		Effective: 1/26/2016
		Manual: Compliance / HIPAA Security

Collaborating Departments: Compliance and Privacy Officer; Patient Accounting; Human Resources		Keywords: Electronic Protected Health Information; HIPAA; Clearinghouse; Access; Authorization	
Approval Route: List all required approval			
PSQC		Other:	
Clinical Service _____	MSQC	MEC	BOD 12/2024

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 Safeguarding access to ePHI is integral to Pioneers Memorial Healthcare District's (PMHD)'s compliance efforts under the HIPAA Security Regulations. This policy reflects PMHD's commitment to comply with such regulations by taking reasonable and appropriate steps to manage access to ePHI.

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

- 3.1 It is the policy of PMHD to protect the confidentiality, integrity, and availability of ePHI by implementing reasonable and appropriate safeguards to prevent unauthorized access to ePHI.

4.0 Definitions:

- 4.1 Electronic Protected Health Information (ePHI) – Any individually identifiable health information protected by HIPAA that is transmitted by or stored in electronic media.
- 4.2 Clearinghouse – A public or private entity, including a billing service, repricing company, community health management information system or community health information system, and "value-added" networks and switches, that does either of the following functions:
- 4.2.1 Processes or facilitates the processing of health information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction.
- 4.2.2 Receives a standard transaction from another entity and processes or facilitates the processing of health information into nonstandard format or nonstandard data content for the receiving entity.

5.0 Procedure:

- 5.1 Isolating Healthcare Clearinghouse Functions:
- 5.1.1 All facility clearinghouse functions are outsourced to Experian.
- 5.2 Access Authorization:
- 5.2.1 All PMHD employees and Medical Staff who need access to ePHI as assigned in their job description and/or scope of practice will only have access to the minimum necessary to do their job

Pioneers Memorial Healthcare District

Title: Information Access Management (Administrative Safeguard)		Policy No. HIP-00018
Current Author: Carrie Teague		Page 2 of 3
Latest Review/Revision Date: 10/24/2024		Effective: 1/26/2016
		Manual: Compliance / HIPAA Security

- 5.2.2 The supervisor of the employee or the employee needing access to ePHI must request access to the ePHI via the Human Resources Department. Medical Staff members will request access to ePHI via the Medical Staff Department.
 - 5.2.2.1 Information Systems Department creates and issues all authorized user log-ins and passwords for primary systems.
 - 5.2.2.2 Department system access may be granted within the departments as required to complete job responsibilities.
- 5.2.3 Information Systems grants the level of access to users based on pre-determined role-based access categories (i.e. Nurse, Pharmacy Technician, Coder, Physician, etc.).
- 5.2.4 Proactive audits of ePHI will be done in accordance with Information Systems Activity Review Policy (HIP-00525).
- 5.3 Access Establishment and Modification:
 - 5.3.1 The Supervisor of the employee needing access to ePHI must request access to the ePHI via the Human Resources Department.
 - 5.3.1.1 Information Systems Department creates and issues all authorized user log-ins and passwords for primary systems.
 - 5.3.1.2 Department system access may be granted within the departments as required to complete job responsibilities.
 - 5.3.2 The Human Resources Department is responsible for notifying the Information Systems Department of employees transferred into a new department or new roles.
 - 5.3.2.1 The Information Systems Department is responsible for changing the user's access to information systems based on the employee's new role within 24 hours of notification.

6.0 References:

- 6.1 NIST – An Introductory Resource Guide for Implementing the Health Insurance Portability and Accountability Act (HIPAA) Security Rule. October 2008.
<http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/nist80066.pdf>
- 6.1.1 HIPAA Security Rule Standard – Information Access Management
 - 6.1.1.1 Section 164.308(a)(4)(ii)(A) of the HIPAA Security Rule.
 - 6.1.1.1.1 Isolating Healthcare Clearinghouse Functions: If a healthcare clearinghouse is part of a larger organization, the clearinghouse must implement policies and procedures that protect the electronic protected health information of the clearinghouse from unauthorized access by the larger organization
 - 6.1.1.2 Section 164.308(a)(4)(ii)(B) of the HIPAA Security Rule
 - 6.1.1.2.1 Access Authorization: Implement policies and procedures for granting access to electronic protected health information, for example, through access to a workstation, transaction, program, process, or other mechanism.
 - 6.1.1.3 Section 164.308(a)(4)(ii)(C) of the HIPAA Security Rule

Pioneers Memorial Healthcare District

Title: Information Access Management (Administrative Safeguard)		Policy No. HIP-00018
Current Author: Carrie Teague		Page 3 of 3
Latest Review/Revision Date: 10/24/2024		Effective: 1/26/2016
		Manual: Compliance / HIPAA Security

6.1.1.3.1 Access Establishment and Modification: Implement policies and procedures that, based upon the entity's access authorization policies, establish, document, review, and modify a user's right of access to a workstation, transaction, program, or process.

- 6.2 Pioneers Memorial Healthcare District Privacy Policies and Procedures. HIP-00520 Minimum Necessary Use and Disclosure of Protected Health Information (PHI).
- 6.3 Pioneers Memorial Healthcare District Security Policies and Procedures. HIP-00525 Information Systems Activity Review.
- 6.4 New York University HIPAA Information Security Policies, Specifications, and Definitions. Policy 5 – HIPAA Information Access Management
<https://www.nyu.edu/content/dam/nyu/compliance/documents/IT.HIPAA5.InfoAccessMgt.v10.122304.020211.061413.072213.081413.pdf>
- 6.5 Oklahoma State University Center for Health Sciences Security Policies and Procedures. Section 3 – Information Access Management
<https://centernet.okstate.edu/hipaa/securityprocedures3.php>

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

- 8.1 Revised 5.2 to include Medical Staff requests for access to ePHI
- 8.2 Revised 5.1.1 from DSG to Experian

Pioneers Memorial Healthcare District

Title: Measles, Mumps, Rubella and Varicella-Zoster Virus Screening and Vaccination		Policy No. HRD-00123
		Page 1 of 2
Current Author: Lizbette Cordova, RN		Effective: 5/1/1997
Latest Review/Revision Date: 08/2024		Manual: HR / Employee Health

Collaborating Departments: Infection Control		Keywords: Chicken Pox, VZV, MMR	
Approval Route: List all required approval			
PSQC		Other:	
Clinical Service _____	MSQC	MEC	BOD12/2024

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 For the protection of employees and patients against measles, mumps, rubella (MMR) and varicella-zoster virus (VZV)

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

- 3.1 Immunity status will be established at time of initial employment.
- 3.2 Personnel who are not immune shall be advised of the need for a vaccine.
- 3.3 The MMR vaccine injections will be given by the Employee Health Nurse or designee.
- 3.4 Employee will be reimbursed for VZV vaccine received.

4.0 Definitions:

- 4.1 Measles, also known as Rubeola, is an infection of the respiratory system caused by a virus. It is spread by contact with fluids from an infected person's nose and mouth, either directly or through aerosol transmission and is highly contagious.
- 4.2 Mumps is a viral disease spread through contact with respiratory secretions; droplets aerosolized when an infected person coughs or sneezes.
- 4.3 Rubella (German measles) is of primary concern to women of childbearing age. If rubella occurs during the first 3 months of pregnancy, the possibility of congenital anomalies is increased. Rubella is transmitted by contact with nasopharyngeal droplets from infected persons.
- 4.4 Varicella (Chicken Pox), caused by the varicella-zoster virus (VZV), is highly infectious. Transmission occurs from person-to-person by direct contact or through the air.

5.0 Procedure:

- 5.1 During hiring process immunity status will be established with a blood test and/or immunization status review.
- 5.2 Employee will be informed at time of new hire physical that MMR and/or VZV vaccine are recommended due to results indicating no immunity and need for vaccination.
- 5.3 Employee to contact Human Resources/Employee Health to schedule appointment for vaccination
- 5.1 Mandatory Declination – As per the Aerosol Transmissible Disease Standard, all HCWs are to either accept or decline the offer of the VZV and MMR vaccination. Employee may accept vaccines at later time during employment free of charge.

Pioneers Memorial Healthcare District

Title: Measles, Mumps, Rubella and Varicella-Zoster Virus Screening and Vaccination		Policy No. HRD-00123
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Current Author: Lizbette Cordova, RN		Effective: 5/1/1997
Latest Review/Revision Date: 08/2024		Manual: HR / Employee Health

6.0 References:

- 6.1 PMHD Policy CLN-02378; Aerosol Transmission Plan (ATP)
- 6.2 Immunization Action Coalition, Measles Mumps and Rubella for Healthcare Personnel
- 6.3 Centers for Disease Control and Prevention, MMWR, Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013, pg. 22
- 6.4 Centers for Disease Control and Prevention, MMWR, Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2011

7.0 Attachment List:

- 7.1 Attachment A: MMR Vaccine Consent/Declination Form

8.0 Summary of Revisions:

- 8.1 Added attachment A: MMR Vaccine Consent/Declination

Pioneers Memorial Healthcare District

Title: Mobile Computing and Teleworking		Policy No. HIP-00002
		Page 1 of 4
Current Author: Carrie Teague		Effective: 10/15/2012
Latest Review/Revision Date: 10/24/2024		Manual: Compliance - HIPAA Security

Collaborating Departments: Compliance and Privacy Officer, Human Resources		Keywords: Electronic Protected Health Information; HIPAA; BYOD; Bring Your Own Device		
Approval Route: List all required approval				
MARCC	PSQC	Other:		
Clinical Service _____	MSQC	MEC	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 a secure framework for the use of Mobile Computing and Teleworking devices with Pioneers Memorial Healthcare District (PMHD) Information Systems or PMHD related data.

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

- 3.1 Mobile devices and laptops that will be used for teleworking that are not PMHD owned equipment must be configured and comply with the provisions of this policy.
- 3.2 Mobile devices (whether personal or PMHD owned) brought to work will not be connected to the PMHD network.
- 3.3 Personal laptops will not be connected to PMHD network; remote access will only be provided via deployed application.
- 3.4 Workforce members must be given authorization for remote access, whether the equipment is PMHD owned or otherwise, by following the Remote Access Policy HIP-00008.

4.0 Definitions:

- 4.1 Mobile Device: Small computing device, typically small enough to be handheld (and hence also commonly known as a handheld computer or simply handheld), having a display screen with touch input and/or a miniature keyboard and weighing less than 2 pounds.
- 4.2 Citrix: Controls access to virtual applications. If a mobile device is lost or stolen, you simply disable access, and your data is secure. No-data-on-the-device approach.

Pioneers Memorial Healthcare District

Title: Mobile Computing and Teleworking		Policy No. HIP-00002
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Current Author: Carrie Teague		Effective: 10/15/2012
Latest Review/Revision Date: 10/24/2024		Manual: Compliance - HIPAA Security

- 4.3 Firewalls: A logical or physical discontinuity in a network to prevent unauthorized access to data or resources. A firewall is a set of hardware and/or related programs providing protection from attacks, probes, scans and unauthorized access by separating the internal network from the Internet.
- 4.4 Remote Access: Remote access is the ability to gain access to PMHD's network from outside the network perimeter. Common methods of communication from the remote computer to PMHD's network includes, but is not limited to, Virtual Private Networks (VPN), web-based Secure Socket Layer (SSL) portals, and other methods which employ encrypted communication technologies.
- 4.5 Teleworker: An individual working at home (or other approved location away from the regular work site) on an established work schedule using a combination of computers and telecommunications.
- 4.6 Workforce Member: Workforce means employees, volunteers (board members, community representatives), trainees (students), contractors and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity.

5.0 Procedure:

- 5.1 Mobile Computing and Teleworking:
 - 5.1.1 Mobile Devices (both personal and PMHD owned):
 - 5.1.1.1 Mobile devices must be PIN/password protected.
 - 5.1.1.2 Mobile devices will not be connected to the PMHD network.
 - 5.1.1.3 Users can request access to their PMHD email on their mobile device by contacting the PMHD Information Systems Help Desk and requesting access to the mobile application Microsoft Outlook 365.
 - 5.1.1.4 Users can request access to specific PMHD applications on their mobile devices by contacting the PMHD Information Systems Help Desk and requesting access.
 - 5.1.1.5 PMHD has a no-data-on-the-device approach to mobile computing.
 - 5.1.1.5.1 Under no circumstances should confidential information be stored on the mobile device.
 - 5.1.1.5.2 Under no circumstances should patient information be texted outside a secure HIPAA compliant solution.
 - 5.1.1.6 Mobile devices should not be left unattended and should be secured at all times.
 - 5.1.1.7 When using mobile devices, special care should be taken to ensure that business information is not compromised.
 - 5.1.2 Laptops (PMHD owned):
 - 5.1.2.1 Workforce members shall apply for a PMHD laptop by completing a "Laptop Computer Agreement" (Attachment A). Laptops are strictly controlled and made available only to workforce members with a defined business need, at the discretion of the workforce member's manager, and with approval by the Security Officer or designee.

Pioneers Memorial Healthcare District

Title: Mobile Computing and Teleworking		Policy No. HIP-00002
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Current Author: Carrie Teague		Effective: 10/15/2012
Latest Review/Revision Date: 10/24/2024		Manual: Compliance - HIPAA Security

- 5.1.2.2 Laptops are password protected per PMHD policy
- 5.1.2.3 Users are restricted from installing software.
- 5.1.2.4 Patches and software version updates are deployed by the Information Systems Department.
- 5.1.2.5 Sophos is utilized for filtering, cryptographic techniques and malware protection.
- 5.1.3 Laptops or PCs (personal):
 - 5.1.3.1 Software Updates:
 - 5.1.3.1.1 PCs connected to PMHD network via a remote access connection must run software for which critical security patches are made available in a timely fashion and must have all currently available security patches installed.
 - 5.1.3.2 User Accounts and Sessions:
 - 5.1.3.2.1 User accounts should be set up to have limited privileges; such accounts are known as daily use, limited, or standard user accounts. Teleworkers should not use administrative accounts for general tasks, such as reading email and surfing the Web, because such tasks are common ways of infecting PCs with malware.
 - 5.1.3.2.2 Each person who uses the telework PC should have a separate standard user account.
 - 5.1.3.2.3 Users should use a password-protected screensaver or manually lock their user sessions when leaving PC unattended.
 - 5.1.3.2.4 PCs must have password, biometric or equivalent user authentication enabled.
 - 5.1.3.2.4.1 Password complexity must have a minimum of 8 characters (numbers, letters and a capital).
 - 5.1.3.2.4.2 Password must be changed every 90 days.
 - 5.1.3.2.5 Under no circumstances should confidential information be stored on the PC.
 - 5.1.3.3 Networking Configuration:
 - 5.1.3.3.1 PCs should only use the necessary networking features.
 - 5.1.3.3.1.1 File and printer sharing services, which allow other computers to access a telework PC's files and printers, should be disabled.
 - 5.1.3.3.2 Limit the use of remote technical support assistance.
 - 5.1.3.3.2.1 Such utilities should be kept disabled at all times except specifically when needed.
 - 5.1.3.3.3 PCs should be configured so that they do not automatically attempt to join wireless networks they detect.
 - 5.1.3.3.4 Teleworkers should also configure their PCs so that they cannot use ad hoc networking, which is a relatively easy way to attack a PC.

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Title: Mobile Computing and Teleworking		Policy No. HIP-00002
		Page 4 of 4
Current Author: Carrie Teague		Effective: 10/15/2012
Latest Review/Revision Date: 10/24/2024		Manual: Compliance - HIPAA Security

5.1.3.4 Attack Prevention:

- 5.1.3.4.1 Anti-malware software for any particular type of operating system must be running and up to date.
- 5.1.3.4.2 PCs with native host-based firewall software included in the operating system must have the firewall activated and properly configured.
- 5.1.3.4.3 Spam content filtering technologies are strongly recommended for all email use on PC; Web content filtering technologies also can be helpful.
- 5.1.3.4.4 Teleworkers should avoid using any files that come from unknown and untrusted sources. Other people using a teleworker's PC should also be made aware of safe computing habits.

5.1.3.5 Remote Access:

- 5.1.3.5.1 Remote access to PMHD network and information assets is available. See Remote Access Policy (HIP-00008).

- 5.1.4 Any suspected security incident involving the theft, loss or unauthorized disclosure or use of PMHD information or Mobile Computing Device must be reported immediately to the PMHD Information Systems Help Desk (760-351-4669).

5.2 Enforcement

- 5.2.1 Workforce members who violate this policy are subject to sanctions and/or disciplinary actions, up to and including termination of employment.

6.0 References:

- 6.1 NIST – User's Guide to Securing External Devices for Telework and Remote Access
<http://csrc.nist.gov/publications/nistpubs/800-114/SP800-114.pdf>
- 6.2 ISO/IEC 27002 Information Technology - Security Techniques – Code of Practice for Information Security Controls
 - 6.2.1 Mobile Devices and Teleworking (6.2):
 - 6.2.1.1 Ensure the security of teleworking and the use of mobile devices.

7.0 Attachment List:

- 7.1 Attachment A - Laptop Computer Agreement

8.0 Summary of revisions:

- 8.1 Removed "to the application via Citrix" from 5.1.1.4
- 8.2 Revised 5.1.1.5.2 to allow for texting via a secure HIPAA compliant solution

Pioneers Memorial Healthcare District

Title: Post-Issuance Tax Compliance Procedures for Tax-Exempt and Other Tax-Advantaged Bonds		Policy No. ADM-00403
Current Author: Carly Loper, CFO		Page 1 of 3
Latest Review/Revision Date: 11/6/2024		Effective: 10/22/2012
Manual: Administration / Accounting		

Collaborating Departments: Administration, Finance, Accounting		Keywords: Tax-Exempt, Bonds, Tax-advantaged Bonds	
Approval Route: List all required approval			
PSQC	Other:		
Clinical Service	MSQC	MEC	BOD 12/2024

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 purpose of these Post-Issuance Tax Compliance Procedures is to establish policies and procedures in connection with tax-exempt bonds and other tax-advantaged bonds (e.g. "build America bonds" or direct pay subsidy bonds) (collectively, the "Bonds") issued by or on behalf of the Pioneers Memorial Health District (the "Issuer") so as to ensure that the Issuer complies with all applicable post-insurance requirements of federal income tax law needed to preserve the tax-exempt or special tax status of the Bonds.

2.0 Scope: Chief Financial Officer (CFO) (the "Responsible Officer")**3.0 Policy:**

- 3.1 Post-Issuance Compliance Requirements – External Advisors/Documentation
- 3.1.1 The Responsible Officer and other appropriate Issuer personnel shall consult with the bond counsel and other legal counsel and advisors, as needed, throughout the Bond issuance process to identify requirements and to establish procedures necessary or appropriate so that the Bonds will continue to qualify for the appropriate tax status. Those requirements and procedures shall be documented in an Issuer resolution(s), Tax Certificate(s) and/or other documents finalized at or before issuance of the Bonds. Those requirements and procedures shall include future compliance with applicable arbitrage rebate requirements and all other applicable post-issuance requirements of federal tax law throughout (and in some cases beyond) the term of the Bonds.
- 3.1.2 The Responsible Officer and other appropriate Issuer personnel also shall consult with bond counsel and other legal counsel and advisors, as needed, following issuance of the Bonds to ensure that all applicable post-issuance requirements in fact are met. This shall include, without limitation, consultation in connection with future contracts with respect to the use of Bond-financed assets and future contracts with respect to the use of output or throughput of Bond-financed assets.
- 3.1.3 Whenever necessary or appropriate, the Issuer shall engage expert advisors (each a "Rebate Service Provider") to assist in the calculation of arbitrage rebate payable in respect of the investment of Bonds proceeds.
- 3.2 Role of the Issuer as Bond Issuer
- 3.2.1 Unless otherwise provided by Issuer resolutions, unexpended Bond proceeds

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		Manual: Administration / Accounting

shall be held by the Issuer, and the investment of Bond proceeds shall be managed by the Responsible Officer. The Responsible Officer shall maintain records and shall prepare regular, periodic statements to the Issuer regarding the investments and transactions involving Bond proceeds.

- 3.2.2 If an Issuer resolution provides for Bond proceeds to be administered by a trustee, the trustee shall provide regular, periodic (monthly) statements regarding the investments and transactions involving Bond proceeds.

3.3 Arbitrage Rebate and Yield

- 3.3.1 Unless a Tax Certificate documents that bond counsel has advised that arbitrage rebate will not be applicable to an issue of Bonds:

3.3.1.1 the Issuer shall engage the services of a Rebate Service Provider, and the Issuer or the Bond trustee shall deliver periodic statements concerning the Investment of Bond proceeds to the Rebate Service Provider on a prompt basis

3.3.1.2 upon request, the Responsible Officer and other appropriate Issuer personnel shall provide to the Rebate Service Provider additional documents and information reasonably requested by the Rebate Service Provider;

3.3.1.3 the Responsible Officer and other appropriate Issuer personnel shall monitor efforts of the Rebate Service Provider and assure payment of required rebate amounts, if any, no later than 60 days after each 5-year anniversary of the issue date of the Bonds, and no later than 60 days after the last Bond of each issue is redeemed; and

3.3.1.4 during the construction period of each capital project financed in whole or in part by Bonds, the Responsible Officer and other appropriate Issuer personnel shall monitor the investment and expenditure of bond proceeds and shall consult with the Rebate Service Provider to determine compliance with any applicable exceptions from the arbitrage rebate requirements during each 6-month spending period up to 6 months, 18 months or 24 months, as applicable, following the issue date of the Bonds.

- 3.3.2 The Issuer shall retain copies of all arbitrage reports and trustee statements as described below under "Record Keeping Requirements."

3.4 Use of Bond Proceeds

- 3.4.1 The Responsible Officer and other appropriate Issuer personnel shall:

3.4.1.1 monitor the use of Bond proceeds and the use of Bond-financed assets (e.g., facilities, furnishings or equipment) throughout the term of the Bonds (and in some cases beyond the term of the Bonds) to ensure compliance with covenants and restrictions set for the in applicable Issuer resolutions and Tax Certificates;

3.4.1.2 maintain records identifying the assets or portion of assets that are financed or refinanced with proceeds of each issue of Bonds;

3.4.1.3 consult with Bond Counsel and other professional expert advisers in the review of any contracts or arrangements involving use of bond-

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financed facilities to ensure compliance with all covenants and restrictions set forth in applicable Issuer resolutions and Tax Certificates;

3.4.1.4 maintain records for any contracts or arrangements involving the use of Bond-financed facilities as might be necessary or appropriate to document compliance with all covenants and restrictions set forth in applicable Issuer resolutions and Tax Certificates; and

3.4.1.5 Meet at least annually with personnel responsible for Bond-financed assets to identify and discuss any existing or planned use of Bond-financed assets and to ensure that those uses are consistent with all covenants and restrictions set forth in applicable Issuer resolutions and Tax Certificates.

3.5 Record Keeping Requirements: All relevant records and contracts shall be maintained as described below.

3.5.1 Unless otherwise specified in applicable Issuer resolutions or Tax Certificates, the Issuer shall maintain the following documents for the term of each issue of Bonds (including refunding Bonds, if any) plus at least three years:

3.5.1.1 a copy of the Bond closing transcript(s) and other relevant documentation delivered to the Issuer at or in connection with closing of the issue of Bonds;

3.5.1.2 a copy of all material documents relating to capital expenditures financed or refinanced by Bond proceeds, including (without limitation) construction contracts, purchase orders, invoices, trustee requisitions and payment records, as well as documents relating to costs reimbursed with Bond proceeds and records identifying the assets or portion of assets that are financed or refinanced with Bond proceeds;

3.5.1.3 a copy of all contracts and arrangements involving private use of Bond-financed assets; and

3.5.1.4 copies of all records of investments, investment agreements, arbitrage reports and underlying documents, including trustee statements.

4.0 Definitions: Not applicable

5.0 Procedure: Not applicable

6.0 References: Not applicable

7.0 Attachment List: Not applicable

8.0 Summary or Revisions: Not applicable

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Title: Remote Access		Policy No. HIP-00008
		Page 1 of 4
Current Author: Carrie Teague		Effective: 07/01/2012
Latest Review/Revision Date: 10/24/2024		Manual: Compliance - HIPAA Security

Collaborating Departments: Compliance and Privacy Officer, Human Resources		Keywords: Electronic Protected Health Information; HIPAA; Access; Authorization; Termination; Clearance	
Approval Route: List all required approval			
PSQC		Other:	
Clinical Service _____	MSQC	MEC	BOD 12/2024

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 purpose of this policy is to establish uniform security requirements for all authorized users who require remote electronic access to Pioneers Memorial Healthcare District (PMHD)'s network and information assets. The guidelines set forth in this policy are designed to minimize exposure to damages that may result from unauthorized use of PMHD's resources and confidential information.

2.0 Scope:

- 2.1 This policy applies to all authorized system users, including members of the workforce, business associates, and vendors, desiring remote connectivity to PMHD's networks, systems, applications, and data.

3.0 Policy:

- 3.1 All remote access into PMHD network across the Internet must use approved remote access technology (i.e. VPN, Citrix, etc.); the remote access must be approved in advance by the HIPAA Security Officer and Supervisor.
- 3.2 Devices that will be used for remote access that are not PMHD owned equipment must be configured and comply with the provisions of this policy.

4.0 Definitions:

- 4.1 Electronic Protected Health Information (ePHI): Any individually identifiable health information protected by HIPAA that is transmitted by or stored in electronic media.
- 4.2 Firewalls: A logical or physical discontinuity in a network to prevent unauthorized access to data or resources. A firewall is a set of hardware and/or related programs providing protection from attacks, probes, scans and unauthorized access by separating the internal network from the Internet.
- 4.3 Remote Access: Remote access is the ability to gain access to PMHD's network from outside the network perimeter. Common methods of communication from the remote computer to PMHD's network includes, but is not limited to, Virtual Private Networks (VPN), web-based Secure Socket Layer (SSL) portals, and other methods which employ encrypted communication technologies.
- 4.4 Virtual Private Network (VPN): A VPN is a secure "tunnel" that connects the teleworker's computer to the organization's network. Once the tunnel has been established, the

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Title: Remote Access		Policy No. HIP-00008
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teleworker can access many of the organization's computing resources through the tunnel.

- 4.5 Teleworker: An individual working at home (or other approved location away from the regular work site) on an established work schedule using a combination of computers and telecommunications.
- 4.6 Workforce Member: Workforce means employees, volunteers (board members, community representatives), trainees (students), contractors and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity.

5.0 Procedure:

- 5.1 Gaining Remote Access:
 - 5.1.1 Workforce members shall apply for remote access connections by completing an "Information Security Agreement" (Attachment A). Remote access is strictly controlled and made available only to workforce members with a defined business need, at the discretion of the workforce member's manager, and with approval by the Security Officer or designee.
 - 5.1.2 The workforce member is responsible for adhering to all of PMHD's policies and procedures, not engaging in illegal activities, and not using remote access for interests other than those for PMHD.
 - 5.1.3 Remote access is strictly controlled and made available only to business associates and vendors with a defined business need, at the discretion of and approval by the Security Officer or designee.
 - 5.1.4 All users granted remote access privileges must sign and comply with the "Information Security Agreement" kept on file with the Information Systems Department.
 - 5.1.5 It is the remote access user's responsibility to ensure that the remote worksite meets security and configuration standards established by PMHD.
- 5.2 Minimum Security Standards for Network Devices:
 - 5.2.1 These minimum standards are intended to ensure the security of all Devices connected to the PMHD Network. Any Device to be connected to the PMHD Network must satisfy the following minimum standards, as appropriate.
 - 5.2.1.1 Mobile Computing and Teleworking Policy HIP-00002
 - 5.2.1.2 Software Patches and Updates:
 - 5.2.1.2.1 Devices to be connected to the PMHD Network must run software for which critical security patches are made available in a timely fashion and must have all currently available security patches installed. Exceptions may be made for patches that compromise the usability of critical applications.
 - 5.2.1.3 Anti-Malware Software:
 - 5.2.1.3.1 Anti-malware software for any particular type of operating system must be running and up-to-date on every Device, including

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clients, file servers and mail servers. Products other than offered by PMHD may be used if comparable.

- 5.2.1.3.2 Exceptions may be made for anti-malware software that could compromise the usability of critical applications.

5.2.1.4 Host-Based Firewalls:

- 5.2.1.4.1 Computers with native host-based firewall software included in the operating system must have the firewall activated and properly configured.

5.2.1.5 Passwords:

- 5.2.1.5.1 Computers must have password, biometric or equivalent user authentication enabled.

- 5.2.1.5.1.1 Password complexity must have a minimum of 8 characters (including numbers, letters and capital letters).

5.2.1.6 Unencrypted Authentication:

- 5.2.1.6.1 Unencrypted authentication is prohibited

- 5.2.2 Remote access users are responsible for selecting an Internet Service Provider (ISP), coordinating installation, installing any required software and paying any associated fees.

5.3 Privacy and Security:

- 5.3.1 Only authorized remote access users are permitted remote access to any of PMHD's computer systems, computer networks, and/or information, and must adhere to all of PMHD's policies.
- 5.3.2 It is the responsibility of the remote access user, including Business Associates and contractors and vendors, to log-off and disconnect from PMHD's network when access is no longer needed to perform job responsibilities.
- 5.3.3 Remote users shall lock the workstation and/or system(s) when unattended so that no other individual is able to access any ePHI or organizationally sensitive information.
- 5.3.4 It is the responsibility of remote access users to ensure that unauthorized individuals do not access the network. At no time will any remote access user provide (share) their username or password to anyone, nor configure their remote access device to remember or automatically enter their username and password.
- 5.3.5 Remote access users must take necessary precautions to secure all of PMHD's equipment and proprietary information in their possession.
- 5.3.6 Virus Protection software is installed on all PMHD's computers and is set to update the virus pattern on a daily basis. This update is critical to the security of all data, and must be allowed to complete, i.e., remote users may not stop the update process for Virus Protection, on organization's or the remote user's workstation.
- 5.3.7 A firewall shall be used and may not be disabled for any reason.

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5.3.8 Copying of confidential information, including ePHI, to personal media (hard drive, USB, cd, etc.) is strictly prohibited, unless the organization has granted prior approval in writing.

5.3.9 Accounts that have shown no activity for 90 days will be disabled.

5.3.10 Remote users are discouraged from using or printing paper documents that contain PHI.

5.3.11 Documents containing PHI must be shredded before disposal.

5.4 Enforcement:

5.4.1 Failure to follow any provisions of this policy may result in disciplinary action, up to and including termination.

5.4.2 Violations by Business Associates and vendors may result in termination of their agreement, denial of access to PMHD's network, and liability for any damage to property and equipment.

6.0 References:

6.1 UCLA Remote Access Policy. HS 9453-D.

<http://compliance.uclahealth.org/workfiles/HS%20Policies/HS9453D-Remote%20Access%20-%20rev%2020110331.pdf>

6.2 HIPAA COW Remote Access Policy hipaacow.org/wp-content/uploads/2013/02/HCR-RemoteAccessPolicy2.27.13.doc

7.0 Attachment List:

7.1 Attachment A – Information Security Agreement

8.0 Summary of Revisions: Not Applicable

Pioneers Memorial Healthcare District

Title: Risk Analysis and Management (Administrative Safeguard)		Policy No. HIP-00003
		Page 1 of 7
Current Author: Carrie Teague		Effective: 02/01/2012
Latest Review/Revision Date: 10/25/2024		Manual: Compliance / HIPAA Security

Collaborating Departments: Compliance and Privacy Officer; Administration		Keywords: Electronic Protected Health Information; HIPAA	
Approval Route: List all required approval			
PSQC		Other:	
Clinical Service _____	MSQC	MEC	BOD 12/2024

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

1.0 Purpose:

- 1.1 This policy establishes the scope, objectives, and procedures of Pioneers Memorial Healthcare District's (PMHDs) information security risk management process.

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

- 3.1 It is the policy of PMHD to conduct thorough and timely risk assessments of the potential threats and vulnerabilities to the confidentiality, integrity, and availability of its electronic protected health information (ePHI) (and other confidential and proprietary electronic information) and to develop strategies to efficiently and effectively mitigate the risks identified in the assessment process as an integral part of the organization's information security program.
- 3.2 Risk analysis and risk management are recognized as important components of PMHDs compliance program and Information Technology (IT) security program in accordance with the Risk Analysis and Risk Management implementation specifications within the Security Management standard and the evaluation standards set forth in the HIPAA Security Rule.
- 3.3 Risk assessments are done throughout IT system life cycles:
- 3.3.1 Before the purchase or integration of new technologies and changes are made to physical safeguards;
- 3.3.2 While integrating technology and making physical security changes; and
- 3.3.3 While sustaining and monitoring appropriate security controls
- 3.4 PMHD performs periodic technical and non-technical assessments of the security rule requirements as well as in response to environmental or operational changes affecting the security of ePHI.
- 3.5 PMHD implements security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level to:
- 3.5.1 Ensure the confidentiality, integrity, and availability of all ePHI the organization creates, receives, maintains, and/or transmits,
- 3.5.2 Protect against any reasonably anticipated threats or hazards to the security or integrity of ePHI,
- 3.5.3 Protect against any reasonably anticipated uses or disclosures of ePHI that are not permitted or required, and
- 3.5.4 Ensure compliance by workforce.

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Current Author: Carrie Teague		Effective: 02/01/2012
Latest Review/Revision Date: 10/25/2024		Manual: Compliance / HIPAA Security

4.0 Definitions:

- 4.1 Electronic Protected Health Information (ePHI) – Any individually identifiable health information protected by HIPAA that is transmitted by or stored in electronic media.
- 4.2 Risk – The likelihood that a threat will exploit vulnerability, and the impact of that event on the confidentiality, availability, and integrity of ePHI, other confidential or proprietary electronic information, and other system assets.
- 4.3 Risk Assessment – (Referred to as Risk Analysis in the HIPAA Security Rule); the process:
 - 4.3.1 Identifies the risks to information system security and determines the probability of occurrence and the resulting impact for each threat/vulnerability pair identified given the security controls in place;
 - 4.3.2 Prioritizes risks; and
 - 4.3.3 Results in recommended possible actions/controls that could reduce or offset the determined risk
- 4.4 Risk Management – Within this policy, it refers to two major process components: risk assessment and risk mitigation. This differs from the HIPAA Security Rule, which defines it as a risk mitigation process only. The definition used in this policy is consistent with the one used in documents published by the National Institute of Standards and Technology (NIST).
- 4.5 Risk Mitigation – Referred to as Risk Management in the HIPAA Security Rule, and is a process that prioritizes, evaluates, and implements security controls that will reduce or offset the risks determined in the risk assessment process to satisfactory levels within an organization given its mission and available resources.
- 4.6 Threat – The potential for a particular threat-source to successfully exercise a particular vulnerability. Threats are commonly categorized as:
 - 4.6.1 Environmental – external fires, HVAC failure/temperature inadequacy, water pipe burst, power failure/fluctuation, etc.
 - 4.6.2 Human – hackers, data entry, workforce/ex-workforce members, impersonation, insertion of malicious code, theft, viruses, SPAM, vandalism, etc.
 - 4.6.3 Natural – fires, floods, electrical storms, tornados, etc.
 - 4.6.4 Technological – server failure, software failure, ancillary equipment failure, etc. and environmental threats, such as power outages, hazardous material spills
 - 4.6.5 Other – explosions, medical emergencies, misuse or resources, etc.
- 4.7 Threat Source – Any circumstance or event with the potential to cause harm (intentional or unintentional) to an IT system. Common threat sources can be natural, human or environmental which can impact the organization's ability to protect ePHI.
- 4.8 Threat Action – The method by which an attack might be carried out (e.g., hacking, system intrusion, etc.).
- 4.9 Vulnerability – A weakness or flaw in an information system that can be accidentally triggered or intentionally exploited by a threat and lead to a compromise in the integrity of that system, i.e., resulting in a security breach or violation of policy.

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5.0 Procedure:

- 5.1 The implementation, execution, and maintenance of the information security risk analysis and risk management process is the responsibility of PMHD's HIPAA Security Officer (or other designated employee).
- 5.2 Risk Assessment (Analysis) – The intent of completing a risk assessment is to determine potential threats and vulnerabilities and the likelihood and impact should they occur. The output of this process helps to identify appropriate controls for reducing or eliminating risk.
- 5.3 Step 1. System Characterization:
 - 5.3.1 The first step in assessing risk is to define the scope of the effort. To do this, identify where ePHI is created, received, maintained, processed, or transmitted. Using information-gathering techniques, the IT system boundaries are identified, as well as the resources and the information that constitute the system. Take into consideration policies, laws, the remote work force and telecommuters, and removable media and portable computing devices (e.g., laptops, removable media, and backup media).
 - 5.3.2 Output – Characterization of the IT system assessed a good picture of the IT system environment, and delineation of system boundaries.
- 5.4 Step 2. Threat Identification
 - 5.4.1 In this step, potential threats (the potential for threat-sources to successfully exercise a particular vulnerability) are identified and documented. Consider all potential threat-sources through the review of historical incidents and data from intelligence agencies, the government, etc., to help generate a list of potential threats. The list should be based on the individual organization and its processing environment.
 - 5.4.2 Output – A threat statement containing a list of threat-sources that could exploit system vulnerabilities.
- 5.5 Step 3. Vulnerability Identification
 - 5.5.1 The goal of this step is to develop a list of technical and non-technical system vulnerabilities (flaws or weaknesses) that could be exploited or triggered by the potential threat-sources. Vulnerabilities can range from incomplete or conflicting policies that govern an organization's computer usage to insufficient safeguards to protect facilities that house computer equipment to any number of software, hardware, or other deficiencies that comprise an organization's computer network.
 - 5.5.2 Output – A list of the system vulnerabilities (observations) that could be exercised by the potential threat-sources.
- 5.6 Step 4. Control Analysis
 - 5.6.1 The goal of this step is to document and assess the effectiveness of technical and non-technical controls that have been or will be implemented by the organization to minimize or eliminate the likelihood (or probability) of a threat-source exploiting a system vulnerability.
 - 5.6.2 Output – List of current or planned controls (policies, procedures, training,

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technical mechanisms, insurance, etc.) used for the IT system to mitigate the likelihood of a vulnerability being exercised and reduce the impact of such an adverse event.

5.7 Step 5. Likelihood Determination

5.7.1 The goal of this step is to determine the overall likelihood rating that indicates the probability that a vulnerability could be exploited by a threat-source given the existing or planned security controls.

5.7.2 Output – Likelihood rating of Not Applicable, Rare, Unlikely, Moderate, Likely and Almost Certain.

5.8 Step 6. Impact Analysis

5.8.1 The goal of this step is to determine the level of adverse impact that would result from a threat successfully exploiting a vulnerability. Factors of the data and systems to consider should include the importance to the organization's mission; sensitivity and criticality (value or importance); costs associated; loss of confidentiality, integrity, and availability of systems and data

5.8.2 Output – Magnitude of impact rating of Not Applicable Threat, Insignificant, Minor, Moderate, Major and Disastrous.

5.9 Step 7. Risk Determination

5.9.1 This step is intended to establish a risk level. By multiplying the ratings from the likelihood determination and impact analysis, a risk level is determined. This represents the degree or level of risk to which an IT system, facility, or procedure might be exposed if a given vulnerability were exercised. The risk rating also presents actions that senior management (the mission owners) must take for each risk level

5.9.2 Output – Risk level of Critical, High, Medium and Low.

5.10 Step 8. Control Recommendations

5.10.1 The purpose of this step is to identify controls that could reduce or eliminate the identified risks, as appropriate to the organization's operations to an acceptable level. Factors to consider when developing controls may include effectiveness of recommended options (i.e., system compatibility), legislation and regulation, organizational policy, operational impact, and safety and reliability. Control recommendations provide input to the risk mitigation process, during which the recommended procedural and technical security controls are evaluated, prioritized, and implemented.

5.10.2 Output – Recommendation of control(s) and alternative solutions to mitigate risk.

5.11 Step 9. Results Documentation

5.11.1 Results of the risk assessment are documented in an official report or briefing and provided to senior management (the mission owners) to make decisions on policy, procedure, budget, and system operational and management changes.

5.11.2 Output – A risk assessment report that describes the threats and vulnerabilities, measures the risk, and provides recommendations for control implementation.

5.12 Risk Mitigation – Risk mitigation involves prioritizing, evaluating, and implementing the appropriate risk-reducing controls recommended from the risk assessment process to

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Current Author: Carrie Teague		Effective: 02/01/2012
Latest Review/Revision Date: 10/25/2024		Manual: Compliance / HIPAA Security

ensure the confidentiality, integrity and availability of ePHI. Determination of appropriate controls to reduce risk is dependent upon the risk tolerance of the organization consistent with its goals and mission.

5.13 Step 1. Prioritize Actions –

5.13.1 Using results from Step 7 of the Risk Assessment, sort the threat and vulnerability pairs according to their risk-levels in descending order. This establishes a prioritized list of actions needing to be taken, with the pairs at the top of the list getting/requiring the most immediate attention and top priority in allocating resources

5.13.2 Output – Actions ranked from high to low

5.14 Step 2. Evaluate Recommended Control Options –

5.14.1 Although possible controls for each threat and vulnerability pair are arrived at in Step 8 of the Risk Assessment, review the recommended control(s) and alternative solutions for reasonableness and appropriateness. The feasibility (e.g., compatibility, user acceptance, etc.) and effectiveness (e.g., degree of protection and level of risk mitigation) of the recommended controls should be analyzed. In the end, select a “most appropriate” control option for each threat and vulnerability pair.

5.14.2 Output – list of feasible controls

5.15 Step 3. Conduct Cost-Benefit Analysis –

5.15.1 Determine the extent to which a control is cost-effective. Compare the benefit (e.g., risk reduction) of applying a control with its subsequent cost of application. Controls that are not cost-effective are also identified during this step. Analyzing each control or set of controls in this manner, and prioritizing across all controls being considered, can greatly aid in the decision-making process.

5.15.2 Output – Documented cost- benefit analysis of either implementing or not implementing each specific control

5.16 Step 4. Select Control(s) –

5.16.1 Taking into account the information and results from previous steps, PMHDs Security Officer determines the best control(s) for reducing risks to the information systems and to the confidentiality, integrity, and availability of ePHI. These controls may consist of a mix of administrative, physical, and/or technical safeguards.

5.16.2 Output – Selected control(s)

5.17 Step 5. Assign Responsibility –

5.17.1 Identify the individual(s) or team with the skills necessary to implement each of the specific controls outlined in the previous step, and assign their responsibilities. Also identify the equipment, training and other resources needed for the successful implementation of controls. Resources may include time, money, equipment, etc.

5.17.2 Output – List of resources, responsible persons and their assignments

5.18 Step 6. Develop Safeguard Implementation Plan –

5.18.1 Develop an overall implementation or action plan and individual project plans

Pioneers Memorial Healthcare District

Title: Risk Analysis and Management (Administrative Safeguard)		Policy No. HIP-00003
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Current Author: Carrie Teague		Effective: 02/01/2012
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needed to implement the safeguards and controls identified. The Implementation Plan should contain the following information:

- 5.18.1.1 Each risk or vulnerability/threat pair and risk level
- 5.18.1.2 Prioritized actions
- 5.18.1.3 The recommended feasible control(s) for each identified risk
- 5.18.1.4 Required resources for implementation of selected controls
- 5.18.1.5 Team member responsible for implementation of each control
- 5.18.1.6 Start date for implementation
- 5.18.1.7 Target date for completion of implementation
- 5.18.1.8 Maintenance requirements
- 5.18.2 The overall implementation plan provides a broad overview of the safeguard implementation, identifying important milestones and timeframes, resource requirements (staff and other individuals' time, budget, etc.), interrelationships between projects, and any other relevant information. Regular status reporting of the plan, along with key metrics and success indicators should be reported to the organization's executive management/leadership team (e.g. the Board, senior management, and other key stakeholders).
- 5.18.3 Individual project plans for safeguard implementation may be developed and contain detailed steps that resources assigned carry out to meet implementation timeframes and expectations (often referred to as a work breakdown structure). Additionally, consider including items in individual project plans such as a project scope, a list deliverables, key assumptions, objectives, task completion dates and project requirements.
- 5.18.4 Output – Safeguard Implementation Plan
- 5.19 Step 7. Implement Selected Controls – as controls are implemented, monitor the affected system(s) to verify that the implemented controls continue to meet expectations. Elimination of all risk is not practical. Depending on individual situations, implemented controls may lower a risk level but not completely eliminate the risk.
 - 5.19.1 Continually and consistently communicate expectations to all Risk Management Team members, as well as senior management and other key people throughout the risk mitigation process. Identify when new risks are identified and when controls lower or offset risk rather than eliminate it.
 - 5.19.2 Additional monitoring is especially crucial during times of major environmental changes, organizational or process changes, or major facilities changes.
 - 5.19.3 If risk reduction expectations are not met, then repeat all or a part of the risk management process so that additional controls needed to lower risk to an acceptable level can be identified.
 - 5.19.4 Output – Residual Risk
- 5.20 Risk Management Schedule – The two principal components of the risk management process – risk assessment and risk mitigation – will be carried out according to the following schedule to ensure the continued adequacy and continuous improvement of PMHDs information security program:
 - 5.20.1 Scheduled Basis – an overall risk assessment of PMHDs information system

Pioneers Memorial Healthcare District

Title: Risk Analysis and Management (Administrative Safeguard)		Policy No. HIP-00003
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infrastructure will be conducted annually. The assessment process should be completed in a timely fashion so that risk mitigation strategies can be determined and included in the corporate budgeting process.

5.20.2 Throughout a System's Development Life Cycle – from the time that a need for a new information system is identified through the time it is disposed of, ongoing assessments of the potential threats to a system and its vulnerabilities should be undertaken as a part of the maintenance of the system.

5.20.3 As Needed – the Security Officer (or other designated employee) may call for a full or partial risk assessment in response to changes in business strategies, information technology, information sensitivity, threats, legal liabilities, or other significant factors that affect PMHDs information systems.

6.0 References:

- 6.1 HIPAA COW – <http://hipaacow.org/resources/hipaa-cow-documents/privacy-security/>
- 6.2 NIST – An Introductory Resource Guide for Implementing the Health Insurance Portability and Accountability Act (HIPAA) Security Rule. October 2008.
<http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/nist80066.pdf>
- 6.2.1 HIPAA Security Rule Standard – Security Management Process
 - 6.2.1.1 Section 164.308(a)(1)(ii)(A) of the HIPAA Security Rule.
 - 6.2.1.1.1 Risk Analysis: Conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information held by the covered entity
 - 6.2.1.2 Section 164.308(a)(1)(ii)(B) of the HIPAA Security Rule
 - 6.2.1.2.1 Risk Management: Implement security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level to comply with Section 164.306(a)

7.0 Attachment List: Not applicable

8.0 Summary of Revisions: Not applicable

Pioneers Memorial Healthcare District

Title: Tuberculosis Screening		Policy No. HRD-00122
		Page 1 of 2
Current Author: Lizbette Cordova		Effective: 1/1/1979
Latest Review/Revision Date: 09/01/2024		Manual: HR / Employee Health

Collaborating Departments: Infection Control		Keywords: TB Test, QuantiFERON® test	
Approval Route: List all required approval			
PSQC		Other:	
Clinical Service _____	MSQC	MEC	BOD 12/2024

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 Screening and testing for tuberculosis (TB) is designed to prevent transmission of tuberculosis
- 1.2 To establish a baseline to aid in the early detection of infection among employees

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

- 3.1 All employees are required to under go TB screening
 - 3.1.1 At time of hire
 - 3.1.2 Annually
 - 3.1.3 Return from leave (if off more than 3 months)
 - 3.1.4 Post exposure to TB <See policy HRD-00121; Tuberculosis Exposure Protocol>

4.0 Definitions:

- 4.1 TB – Tuberculosis
- 4.2 QFT-Plus – QuantiFERON®-TB Gold Plus Test (blood test)

5.0 Procedure:

- 5.1 QFT-Plus tests can be done by PMHD Laboratory staff
- 5.2 QFT-Plus results are evaluated by Employee Health or Designee
- 5.3 Baseline chest x-ray will be required for employees with positive QFT results
 - 5.3.1 A Health Status Update form (symptoms review and weight) is to be completed by employees that are known to have a positive QFT-Plus result
 - 5.3.1.1 Employees with a positive QFT-Plus are not required to do annual chest x-ray or TB blood test; a health status update form is to be completed as part of signs and symptoms review.
- 5.4 Employees with positive TB screenings are referred to a healthcare provider for evaluation and treatment
 - 5.4.1 Employees with QFT conversion from negative to positive will be reported to Imperial County Public Health Department via CMR report

6.0 References:

- 6.1 CDC Morbidity and Mortality Weekly Report, Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings, 2005
- 6.2 CCR, Title 22 Tuberculosis (TB) Screening, Chapter 1. General Acute Care Hospitals Sec. 70723

Pioneers Memorial Healthcare District

Title: Tuberculosis Screening		Policy No. HRD-00122
		Page 2 of 2
Current Author: Lizbette Cordova		Effective: 1/1/1979
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- 6.3 PMHD Policy HRD-00172; Contract Staff, Student and Job Shadow Required Elements
- 6.4 PMHD Policy HRD-00003; Required Elements
- 6.5 PMHD Form HRD-00122A; Health Status Update Form

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

- 8.1 Removed section 5.5 Failure to comply, as this process is not being followed.

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

Tuesday, November 26, 2024
PMH Auditorium
4:00 pm

Minutes

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

In compliance with the Americans with Disabilities Act, if you require special accommodations to participate in a board meeting, please contact the District at (760) 351-3250 at least 47 hours prior to the meeting.

I. CALL TO ORDER (*time: 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, Acting CEO
Sally Nguyen, General Counsel
Carol Bojorquez, CNO

GUESTS:

Carly Zamora, CCO
Charity Dale, CHRO

B. Approval of Agenda

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

II. BOARD MEMBER COMMENTS

There were no 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*)

There were no comments.

SECTION**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

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

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:
 - a. Updating Certain District Strategic Planning Initiatives

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

- 1. Potential Number of Cases: 1

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

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

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

- A. Take Actions as Required on Closed Session Matters

There were no reportable actions taken in closed session.

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. Presentation and Approval of Audited Financial Statements FYE June 30, 2024

Aparna Venkateswaran and Kyler Rogers, of Moss Adams, provided the Board with an overview of the results of the financial audit. There was a delay in presenting the audit due to the new eMR and the team getting the necessary information. Despite the delay, the auditors did receive the appropriate information and support from the staff. Mr.

SECTION

Rogers went over the risk areas that were reviewed during the audit. Revenue recognition and valuation of patient receivables did not present any findings. There were no exceptions noted in Third-party Settlements and Supplemental Funding. He was happy to report that there were no findings when reviewing journal entries and any manual entries. The audit was conducted in accordance with auditing standards. Internal controls were reviewed and no lapses or issues with internal controls were identified. There were no significant matters that came to the auditors' attention. There were no unusual transactions identified; however, there was receipt of distressed loan funds and items relating to AB 918 and subsequent legal appeals. There were no significant difficulties encountered during the audit, except for the delay in obtaining information due to the new system conversion. There were no disagreements with management related to the audit. There were no uncorrected or material misstatements identified. There were no significant matters or issues that arose during, or as a result of the audit. Ms. Venkateswaran was happy to report that they will be issuing a clean opinion of the audited financials. Ms. Loper expressed her thanks to her staff and Moss Adams for working on the audit. A motion to approve the audited financials FYE 2024 by Director Aguirre, seconded by Director Berker. **The motion was unanimously carried.**

B. Hospital Policies

1. Car Seat Challenge
2. Control of Documents
3. Distribution of Amendments to Bylaws and/or Rules and Regulations
4. Dress and Appearance Guidelines
5. Education Plan for Intermediate NICU Orientation and Staff Development
6. Emergency Medical Treatment and Active Labor Act
7. Evaluation
8. Facility Access Control
9. Information Security
10. Medical Staff Hospital Policy on Minutes Distribution, Recording and Transcription
11. Requisition and Purchase of Special Items Including Services
12. Security Awareness Training
13. Security Incident Procedures
14. Temporary Privilege Processing and Notification
15. Umbilical Catheterization Insertion, Maintenance and Removal
16. Workforce Security
17. Workstation Security
18. Workstation Use

C. Approval of Minutes

1. 10/4/24 Special Meeting
2. 10/22/24 Regular Meeting

D. Update Reports

1. Women's Auxiliary

Director Rubin reported that the Auxiliary had their annual fundraising event at Stockman's and raised about \$2,000. The event was very well attended.

2. Funding Request
3. LAFCO

SECTION

- E. Consider and Approve scheduling of Regular Board meeting for Tuesday, December 17, 2022, at 4:00 pm
- F. Authorize Master Services Agreement with Press Ganey Associates LLC (d/b/a Press Ganey, Inc.)
Contract Value: approx. \$221,772.⁰⁸; Contract Term: Three (3) years; Budgeted: Yes; Budget Classification: Purchased Services
- G. Authorize Renewal of Billing Errors & Omissions Coverage with BETA Healthcare Group
Contract Value: \$48,399.⁵⁹; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Insurance
- H. Authorize Amendment No. 7 to Agreement with Progressive Management Systems
Contract Value: \$50,000/yr; Contract Term: Two (2) years; Budgeted: Yes; Budget Classification: Purchased Services
- I. Authorize First Amendment to Disproportionate Share Agreement with Price Fess and Co., LLC.
Contract Value: \$9,500 + expenses; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Purchased Services
- J. Authorize Services Agreement with Inerglo Creative
Contract Value: \$180,000; Contract Term: Three (3) years; Budgeted: Yes; Budget Classification: Purchased Services
- K. Authorize Purchase of Quantiferon Gold Analyzer and Reagents from DiaSorin, Inc.
Contract Value: \$60,000 + not to exceed \$30,000 supplies; Contract Term: Purchase/Five (5) years; Budgeted: Yes; Budget Classification: Capital/Supplies
- L. Authorize Carestream Redundancy and Maintenance Agreement with Philips Healthcare
Contract Value: \$164,002.⁷⁶; Contract Term: Five (5) years; Budgeted: Yes; Budget Classification: Capital/Repairs & Maintenance
- M. Authorize Holiday Bonus for PMHD Employees and Policy
Contract Value: approx. \$508,000; Contract Term: One-time payment; Budgeted: Yes; Budget Classification: Salaries
- N. Authorize Proposal and Agreements for Professional Services with Walter P. Moore & Associates, Inc.
Contract Value: estimated \$609,000; Contract Term: approx. Six (6) months; Budgeted: Yes; Budget Classification: Purchased Services
- O. Authorize Renewal of Master Software and Services Agreement with Amergis Healthcare Staffing, Inc. (d/b/a Amergis Revenue Cycle Services formerly: Maxim Health Information Services)
Contract Value: \$459,000/yr; Contract Term: ongoing with 30-day out; Budgeted: Yes; Budget Classification: Purchased Services/Software
- P. Authorize Operational Agreement with Sure Helpline Center
Contract Value: N/A; Contract Term: Two (2) years; Budgeted: N/A; Budget Classification: N/A
- Q. Authorize Emergency Medical Care On-Call Coverage Agreement with Sohaib Tariq, MD
Contract Value: depends on volumes; Contract Term: Two (2) years; Budgeted: Yes; Budget Classification: Professional Fees
- R. Authorize Emergency Medical Care On-Call Coverage Agreement with Athar A. Ansari, MD, Inc.
Contract Value: depends on volumes; Contract Term: Two (2) years; Budgeted: Yes; Budget Classification: Professional Fees
- S. Authorize Provider Staffing Agreement with Alliance Health Services, LLC
Contract Value: varies by specialty; Contract Term: One (1) year; Budgeted: No; Budget Classification: Purchased Services
- T. Authorize Professional Service Agreement with Patrick Wolcott, MD
Contract Value: approx. \$7,000/yr; Contract Term: Three (3) years; Budgeted: Yes; Budget Classification: Professional Fees

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- U. Authorize Professional Services Agreement with ANZ Clinics, Inc.
Contract Value: depends on volumes; Contract Term: Four (4) years; Budgeted: Yes; Budget Classification: Professional Fees
- V. Authorize Professional Services Agreement with Christopher Lai, MD
Contract Value: based on volumes; Contract Term: Three (3) years; Budgeted: Yes; Budget Classification: Professional Fees
- W. Authorize Amendment to Consulting Services Agreement with Progressive Healthcare Consulting
Contract Value: not to exceed \$250,000; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Purchased Services

A motion was made to approve Items A through W, with the exception of Items J, S, Q, U & V by Director Aguirre, seconded by Director Berker. **The motion was unanimously carried.**

A motion was made to approve items Q, U, and V by Director Rubin, seconded by Director Aguirre. Director Berker announced she will recuse herself from considering items Q, U and V as there is a conflict of interest. In Favor=4; Opposed=0; Abstain=1. **Motion carried.**

ITEM J – There was a question regarding what Inerglo does for Pioneers as there doesn't seem to be a lot of marketing being done of our services. Ms. Loper reported that Inerglo produces most of the marketing collateral which includes photos, brochures, videos and radio ads. They used to take care of the PMHD website and social media posts, but that will now be taken over by our IT department in-house.

ITEM S – It was advised that this is like the other locum tenens agreements. There may be some need for provider coverage in the future, so we want to be ready for it.

A motion was made to approve items J & S by Director Fonseca, seconded by Director Berker. **The motion was unanimously carried.**

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) October 2024 Finance Report
 - b) Seismic Update
 - c) Facilities, logistics, construction, support
 - d) Information Technology

There was a profit of \$327,000 for the month of October; year-to-date, there was a profit of \$1.3 million. October ended with roughly about \$42 million in cash. \$2.6 million was sent for the range range supplemental payment which PMHD should get back in January or February 2025. About \$3 million was received in QAIF and DSH funds in November; this was not exclusive to Pioneers, most of the district hospitals in California received this advance in funds as part of a DHLF campaign. The Fitch Rating meeting was completed, and Pioneers' rating remained at a "B",

SECTION

but the outlook changed to “positive”. Pioneers will have to start paying back the distressed loan funds in May of next year, which comes to \$500,000 per month. If the state decides to turn this funding into a grant, Pioneers will apply along with many other recipients. Fitch was impressed with all the turnaround work PMHD has done in the last year and a half. Ms. Loper reported that the seismic operational emergency plans were submitted to HCAi by October 31st. Ms. Loper has spoken with others who submitted their plans back in January and they have noted that they have not yet heard from HCAi, so we are anticipating it will be a while before we receive a response. The next important deadline regarding seismic is January 2026 when the contractor will have to be engaged. A lot of will be done in relation to seismic in the coming year. Ms. Loper advised that she is expecting the new director of facilities to begin on Monday or Tuesday and that the individual will take over the seismic project.

2. Hospital operations (Chief Nursing Officer)

- a) Operations report
- b) Medical staff
- c) Quality resources

Ms. Bojorquez submitted her report which was included in the Board packet. She mentioned that there were questions about whether the UCSD strike posed any issue as far as transfers. There were two transfers made during that time and only one seemed to experience delays due to the strike; other than that, there were no other issues.

3. Clinics operations (Chief of Clinic Operations)

- a) October 2024 Report

Ms. Zamora advised that notable went live on November 21st at the clinics. There were social media postings advising everyone regarding notable as some may think it was just spam or phishing attacks. Notable sends appointment reminders and patients can confirm or cancel their appointments through texting or email. Co-pays and consents can be completed through notable as well. Director Rubin asked what the walk-in hours at the clinic were. Ms. Zamora mentioned they are 8am through 6 pm. If a patient does walk-in and does not specify a provider, they can be seen within 30 minutes. If they request someone specifically, that may take longer as that provider may have a busy schedule. A discussion ensued as to the location of the walk-in clinic. Ms. Zamora will provide education for the staff and signage will be updated. Ms. Bojorquez noted that the concierge staff are now rounding at the clinics, and we have received positive feedback.

4. Human Resources (Chief Human Resources Officer)

- a) October 2024 HR Report
- b) Marketing

SECTION

Director Santillan asked if Ms. Dale has been receiving any more calls related to wages, or is everything ok? Ms. Dale noted that yes, everything is fine. On occasion some staff do not understand that the wages increases may only be a 20, 30 or 40 cent difference, depending on where they fall on the scale. Usually, having a face-to-face conversation helps clear that up. Director Aguirre asked if there will be any sort of marketing regarding the OB program in social media, or otherwise. Ms. Bojorquez noted that a meeting was held with the Marketing Director to address just that. Ms. Ramirez will be reaching out to the staff and the physicians so she can develop some content. Ms. Bojorquez will follow up on the status of this project.

A motion was made to approve the Finance and HR reports by Director Aguirre, seconded by Director Berker. **The motion was unanimously carried.**

5. Board matters

Nothing to report.

B. Legal Counsel Report – Sally Nguyen

1. All matters to be discussed in Closed Session

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

The meeting has adjourned to the next meeting.

Clerk of the Board

Board Secretary



Imperial Valley College Foundation

380 East Aten Road
Imperial, CA 92251

November 22, 2024

Pioneers Memorial Healthcare District
207 W Legion Rd
Brawley, CA 92227-7780

Dear Pioneers Memorial Healthcare District,

Thank you for your support of Imperial Valley College. I'm especially grateful for your past generosity for the College and the IVC Foundation as indicated by the attached Giving Statement.

You may have heard that I have returned as the Director of the Imperial Valley College Foundation after the passing of our dear friend Rod Smart.

I have dedicated my career to student success—because in my time at IVC, I have seen firsthand what an impact a college education can have on the life of a student and their family. So far this year, I've been overwhelmed by the stories of generous people like you who opened your hearts to the students who need help most.

One of the students who benefited from your previous gifts is Kimberly, a former foster youth and resident at our Lotus Living tiny home community. As Kimberly once told us, "I had to live in survival mode, every day."

That changed when she moved into one of the tiny homes at Lotus Living – a project of the IVC Foundation. The caring staff of residential counselors, and other IVC staff gave Kimberly hope, and she was able to focus on her studies and earn an associate's degree in Elementary Education. Now, she's finishing her bachelor's degree at Cal Poly Pomona!

As the Director of the IVC Foundation, I'm asking you to make a similar gift to previous years. Sending **your gift** at this time will allow the college to sustain our tradition of education that grounds students in both careers and service. As a faithful friend of the College, you are investing in the lives of students who make a powerful difference in their communities.

Thank you in advance for your generous gift, and I look forward to welcoming you once again to the President's Leadership Giving Society!

With many blessings,

A handwritten signature in blue ink, appearing to read "Todd Evangelist".

Todd Evangelist
Executive Director

Imperial Valley College Foundation – building the future by funding education!

Giving Statement

Imperial Valley College Foundation

380 E. Aten Rd.
Imperial, CA 92251
760-355-6113
EIN: 95-6120642

November 22, 2024

Pioneers Memorial Healthcare District
207 W Legion Rd
Brawley, CA 92227-7780

Gift Details						
Date	Gift Type	Item	Payment Type	Check Number	Amount	Tax. Ded. Amt.
12/17/2020	General		Check	0285584	\$2,500.00	\$2,500.00
					<u>\$2,500.00</u>	<u>\$2,500.00</u>



**YES! I want to renew my financial support of the
Imperial Valley College's mission.**



Enclosed is my renewal gift of: \$ _____. With this gift, I renew my membership in the President's Leadership Giving Society.

- ☐ My check is enclosed (*Please make checks payable to **Imperial Valley College Foundation***)
- ☐ Please charge my credit card \$ _____, in support of Imperial Valley College.
- ☐ I will provide continuing support to the College through monthly giving.
Please charge my credit card \$ _____ each month.

Credit Card#: _____ Exp. Date: _____

CVV: _____

Signature _____

- ☐ I will make a pledge to support Imperial Valley College monthly. My first check is enclosed.
Please send me a monthly reminder by email at:

- ☐ You can also make a secure donation online, please visit: **www.GIVetoIVC.org**

Please list my name in the President's Leadership Giving Society membership roll as:

Name: _____

Mailing Address: _____

Preferred Phone: _____

☐ mobile ☐ landline

Email Address: _____

Our most cost-effective way to report to you on the impact of your gift

Other ways to support Imperial Valley College:

- ☐ Enclosed is my company's matching gift form
- ☐ I'd like to ensure the College's impact to transform the world into the future. Please contact me regarding including Imperial Valley College in my estate planning.

Your Leadership Gift and membership in the President's Leadership Giving Society supports our students and their dreams. It sends a powerful message of support for our mission to eliminate barriers for students' success and eradicate poverty in Imperial Valley.

www.IVCFoundation.org

All donations to Imperial Valley College are fully tax-deductible to the extent provided by law. Tax ID 95-6120642



IMPERIAL COUNTY HISTORICAL SOCIETY

PIONEERS' MUSEUM & CULTURAL CENTER
373 EAST ATEN ROAD • IMPERIAL, CALIFORNIA 92251
PHONE: (760) 352-3211 FAX: (760) 352-5411

November 6, 2024

Dear friend of Pioneers' Museum:

On Saturday, February 1, 2025, the Imperial County Historical Society will have its annual Pioneers' Day at Pioneers' Museum. On this day, our dedicated volunteers and staff create historical curriculum to compliment our collections inside the museum and on our park grounds. We host this event for FREE to encourage visitors across the valley to come and visit us.

Our Pioneers' Day serves between 1,500 – 3,000 visitors every year, including local children eager to learn more about life in the past, community members who reflect and remember the lives of their parents and grandparents growing up in Imperial County, and new visitors to the museum who are amazed at the breadth of our collections and the stories we share about our community.

Enclosed is a flyer for this event. As a nonprofit, we call on the community to help support our mission by spreading the word. Please use this flyer to post in your office, break room, or other common area that will share the event with your staff and customers.

Additionally, we have sponsorship opportunities available which will directly support museum education curriculum and activities for Pioneers' Day. If you are moved to contribute financially for Pioneers' Day, you can use the enclosed return envelope to send your check to Imperial County Historical Society and designate the funds for Pioneers' Day.

Should you have any questions, please feel free to contact us by phone at 760-353-3211 or by email director@pioneersmuseum.net.

Pioneers' Day is Imperial County Historical Society's heartfelt appreciation to generations who came before us. Thank you for your unwavering support of the museum's mission, in helping us "Make History LIVE!"

Sincerely,

Board of Directors, Imperial County Historical Society

Leadership Team, Pioneers' Museum

"Make History Live!"

Free Admission

Hands-on activities and historical demonstrations

Pioneers' Museum Annual

PIONEERS' DAY

Local Entertainment

Food Vendors ...and more!

Saturday, February 1
10:00 AM - 2:00 PM
373 E Aten Rd,
Imperial, CA 92251



For more information,
email director@pioneersmuseum.net
or call 760-352-3211

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

PIONEERS MEMORIAL HEALTHCARE STATEMENT OF REVENUE AND EXPENSE FOR THE PERIOD ENDING NOVEMBER 30, 2024										
LAST MONTH ACTUAL OCTOBER	LAST YEAR ACTUAL NOVEMBER	THIS MONTH ACTUAL NOVEMBER	THIS MONTH BUDGET NOVEMBER	THIS MONTH ACT-BUD VARIANCE		FYTD ACTUAL NOVEMBER	FYTD BUDGET NOVEMBER	FYTD ACT-BUD VARIANCE	FYTD PRIOR YEAR NOVEMBER	FYTD ACT-PRIOR VARIANCE
3,036	4,419	3,243	4,134	-891	ADJ PATIENT DAYS	12,717	17,275	-4,558	21,525	-8,809
1,290	1,633	1,376	1,463	-87	INPATIENT DAYS	5,365	5,989	-624	7,506	-2,141
479	450	501	410	91	IP ADMISSIONS	1,969	1,629	340	2,079	-110
42	54	46	47	-1	IP AVERAGE DAILY CENSUS	44	49	-5	49	-5
					GROSS PATIENT REVENUES					
4,425,452	8,180,437	3,960,883	7,745,539	-3,784,656	DAILY HOSPITAL SERVICES	16,527,877	29,155,165	-12,627,288	37,458,758	-20,930,881
14,901,257	7,967,412	14,605,962	7,839,703	6,766,259	INPATIENT ANCILLARY	55,996,998	28,676,547	27,320,451	35,301,026	20,695,972
26,164,034	27,550,243	25,191,832	28,455,965	-3,264,133	OUTPATIENT ANCILLARY	99,384,746	108,980,669	-9,595,923	135,898,437	-36,513,691
45,490,743	43,698,091	43,758,677	44,041,207	-282,530	TOTAL PATIENT REVENUES	171,909,621	166,812,381	5,097,240	208,658,221	-36,748,600
					REVENUE DEDUCTIONS					
11,152,895	10,252,253	9,362,592	9,645,476	-282,884	MEDICARE CONTRACTUAL	38,640,115	36,533,621	2,106,494	47,508,180	-8,868,065
12,946,217	13,765,750	13,222,415	12,606,384	616,031	MEDICAL CONTRACTUAL	50,921,008	47,748,487	3,172,521	66,504,073	-15,583,065
-1,374,159	-1,849,267	-1,374,159	-1,415,808	41,649	SUPPLEMENTAL PAYMENTS	-5,463,043	-5,362,575	-100,468	-8,337,555	2,874,512
0	-538,605	0	0	0	PRIOR YEAR RECOVERIES	0	0	0	-538,605	538,605
6,839,814	6,670,103	8,171,185	8,644,826	-473,641	OTHER DEDUCTIONS	31,421,520	32,743,516	-1,321,996	34,809,111	-3,387,591
10,063	166,539	12,363	161,376	-149,013	CHARITY WRITE OFFS	219,988	611,236	-391,248	962,253	-742,265
1,020,000	943,075	920,000	1,008,435	-88,435	BAD DEBT PROVISION	3,807,961	3,819,590	-11,629	4,443,331	-635,370
-4,167	-4,167	-4,167	-4,293	126	INDIGENT CARE WRITE OFFS	-16,668	-16,262	-406	-20,833	4,165
30,590,663	29,405,681	30,310,229	30,646,396	-336,167	TOTAL REVENUE DEDUCTIONS	119,530,881	116,077,613	3,453,268	145,329,955	-25,799,074
14,900,080	14,292,410	13,448,448	13,394,811	53,637	NET PATIENT REVENUES	52,378,740	50,734,768	1,643,972	63,328,266	-10,949,526
67.2%	67.3%	69.3%	69.6%			69.5%	69.6%		69.6%	
0	0	0	0	0	OTHER OPERATING REVENUE	0	0	0	150,000	-150,000
296,651	260,516	392,693	389,508	3,185	GRANT REVENUES	1,701,531	1,549,985	151,546	1,956,669	-255,138
296,651	260,516	392,693	389,508	3,185	OTHER	1,701,531	1,549,985	151,546	2,106,669	-405,138
15,196,731	14,552,926	13,841,141	13,784,319	56,822	TOTAL OTHER REVENUE	1,701,531	1,549,985	151,546	2,106,669	-405,138
					TOTAL OPERATING REVENUE	54,080,271	52,284,753	1,795,518	65,434,935	-11,354,664
					OPERATING EXPENSES					
6,843,129	5,873,915	6,700,034	6,167,013	533,021	SALARIES AND WAGES	24,787,073	24,029,004	758,069	27,865,030	-3,077,957
1,696,408	1,444,891	1,474,183	1,522,353	-48,170	BENEFITS	6,212,157	6,089,412	122,745	7,359,562	-1,147,405
203,673	446,540	170,892	232,407	-61,515	REGISTRY & CONTRACT	757,157	876,358	-119,201	1,457,547	-700,390
8,743,210	7,765,346	8,345,109	7,921,773	423,336	TOTAL STAFFING EXPENSE	31,756,387	30,994,774	761,613	36,682,139	-4,925,752
1,442,258	1,095,694	1,406,374	1,242,802	163,572	PROFESSIONAL FEES	5,299,473	4,971,208	328,265	5,573,893	-274,420
1,874,654	1,473,961	1,269,214	1,590,729	-321,515	SUPPLIES	5,626,939	6,108,876	-481,937	7,598,081	-1,971,142
527,135	715,474	569,775	631,069	-61,294	PURCHASED SERVICES	2,655,140	2,311,907	343,233	3,230,887	-575,747
847,788	477,558	668,786	580,089	88,697	REPAIR & MAINTENANCE	2,251,377	2,320,356	-68,979	2,419,057	-167,680
288,299	294,238	288,299	358,983	-70,684	DEPRECIATION & AMORT	1,150,065	1,459,864	-309,799	1,431,467	-281,402
241,953	220,649	225,205	241,116	-15,911	INSURANCE	937,843	955,422	-17,579	1,151,333	-213,490
272,176	5,728	122,990	206,321	-83,331	HOSPITALIST PROGRAM	866,377	825,284	41,093	1,096,251	-229,874
728,810	681,971	741,486	780,358	-38,872	OTHER	3,279,107	3,170,973	108,134	3,690,118	-411,011
14,966,283	12,730,618	13,637,238	13,553,240	83,998	TOTAL OPERATING EXPENSES	53,822,708	53,118,664	704,044	62,873,226	-9,050,518
230,448	1,822,308	203,903	231,079	-27,176	TOTAL OPERATING MARGIN	257,563	-833,911	1,091,474	2,561,709	-2,304,146
					NON OPER REVENUE(EXPENSE)					
30,898	22,923	-2,357	60,744	-63,101	OTHER NON-OPS REV (EXP)	710,989	242,976	468,013	88,935	622,054
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	470,528	470,528	0	685,765	-215,237
-51,503	-58,214	-53,369	-56,317	2,948	INTEREST EXPENSE	-215,058	-225,268	10,210	-287,791	72,733
0	0	0	0	0	CARES HHS/ FEMA RELIEF FUNDING	0	0	0	0	0
97,027	101,862	61,906	122,059	-60,153	TOTAL NON-OP REV (EXPENSE)	966,459	488,236	478,223	486,909	479,550
327,475	1,924,170	265,809	353,138	-87,329	NET EXCESS / (DEFICIT)	1,224,022	-345,675	1,569,697	3,048,618	-1,824,596
1,031.44	874.35	983.93	940.51	43.42	TOTAL PAID FTE'S (Inc Reg & Cont.)	1,080.70	924.46	156.24	876.78	203.92
748.60	740.86	748.38	841.15	-92.77	TOTAL WORKED FTE'S	875.59	827.03	48.56	959.55	-83.96
16.78	25.11	16.57	26.53	-9.96	TOTAL CONTRACT FTE'S	17.74	21.59	-3.85	24.97	-7.23
927.71	761.66	880.20	813.06	67.14	PAID FTE'S - HOSPITAL	954.95	799.12	155.83	732.91	222.04
650.28	636.02	650.06	725.76	-75.70	WORKED FTE'S - HOSPITAL	763.84	713.56	50.28	821.89	-58.05
103.73	112.69	103.73	127.45	-23.72	PAID FTE'S - SNF	125.75	125.33	0.42	143.87	-18.12
98.32	104.83	98.32	115.39	-17.07	WORKED FTE'S - SNF	111.75	113.47	-1.72	137.66	-25.91

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

PIONEERS MEMORIAL HEALTHCARE
BALANCE SHEET AS OF NOVEMBER 30, 2024

	<u>OCTOBER 2024</u>	<u>NOVEMBER 2024</u>	<u>NOVEMBER 2023</u>
ASSETS			
CURRENT ASSETS			
CASH	\$41,698,198	\$42,073,730	\$37,070,413
CASH - NORIDIAN AAP FUNDS	\$0	\$0	\$0
CASH - 3RD PRY REPAYMENTS	\$0	\$0	\$411,622
CDs - LAIF & CVB	\$66,244	\$66,244	\$64,168
ACCOUNTS RECEIVABLE - PATIENTS	\$91,446,682	\$101,945,345	\$106,471,037
LESS: ALLOWANCE FOR BAD DEBTS	-\$5,365,309	-\$4,961,663	-\$5,544,557
LESS: ALLOWANCE FOR CONTRACTUALS	-\$71,384,480	-\$81,296,501	-\$82,720,040
NET ACCTS RECEIVABLE	\$14,696,894	\$15,687,181	\$18,206,440
	16.07%	15.39%	17.10%
ACCOUNTS RECEIVABLE - OTHER	\$31,676,414	\$31,686,261	\$26,398,368
COST REPORT RECEIVABLES	\$1,206,822	\$1,206,822	\$0
INVENTORIES - SUPPLIES	\$3,195,899	\$3,356,554	\$3,173,806
PREPAID EXPENSES	\$2,666,191	\$2,610,646	\$2,528,515
TOTAL CURRENT ASSETS	\$95,206,662	\$96,687,438	\$87,853,332
OTHER ASSETS			
PROJECT FUND 2017 BONDS	\$911,002	\$911,002	\$261,829
BOND RESERVE FUND 2017 BONDS	\$968,336	\$968,336	\$968,316
LIMITED USE ASSETS	\$82,750	\$3,671	\$61,886
NORIDIAN AAP FUNDS	\$0	\$0	\$0
GASB87 LEASES	\$64,931,450	\$64,931,450	\$49,415,107
OTHER ASSETS PROPERTY TAX PROCEEDS	\$269,688	\$269,688	\$366,583
TOTAL OTHER ASSETS	\$67,163,226	\$67,084,147	\$51,073,721
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	\$63,732,180	\$63,932,117	\$61,275,155
CONSTRUCTION IN PROGRESS	\$1,057,667	\$1,057,667	\$422,219
LESS: ACCUMULATED DEPRECIATION	-\$100,899,058	-\$101,187,358	-\$98,006,530
NET PROPERTY, PLANT, AND EQUIPMENT	\$29,433,455	\$29,345,092	\$29,786,600
TOTAL ASSETS	\$191,803,342	\$193,116,677	\$168,713,653

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

PIONEERS MEMORIAL HEALTHCARE
BALANCE SHEET AS OF NOVEMBER 30, 2024

	<u>OCTOBER 2024</u>	<u>NOVEMBER 2024</u>	<u>NOVEMBER 2023</u>
LIABILITIES AND FUND BALANCES			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE - CASH REQUIREMENTS	\$2,970,028	\$2,280,964	\$2,368,932
ACCOUNTS PAYABLE - ACCRUALS	\$12,029,182	\$13,334,739	\$10,552,419
PAYROLL & BENEFITS PAYABLE - ACCRUALS	\$6,562,886	\$7,475,226	\$7,032,052
COST REPORT PAYABLES & RESERVES	\$0	\$0	\$411,622
NORIDIAN AAP FUNDS	\$0	\$0	\$0
CURR PORTION- GO BONDS PAYABLE	\$0	\$0	\$230,000
CURR PORTION- 2017 REVENUE BONDS PAYABLE	\$320,000	\$320,000	\$320,000
INTEREST PAYABLE- GO BONDS	\$0	\$1,917	\$1,917
INTEREST PAYABLE- 2017 REVENUE BONDS	\$382,383	\$435,513	\$111,404
OTHER - TAX ADVANCE IMPERIAL COUNTY	\$0	\$0	\$0
DEFERRED HHS CARES RELIEF FUNDS	\$0	\$0	\$0
CURR PORTION- LEASE LIABILITIES(GASB 87)	\$3,756,205	\$3,756,205	\$1,722,161
SKILLED NURSING OVER COLLECTIONS	\$166,050	\$207,500	\$0
CURR PORTION- SKILLED NURSING CTR ADVANCE	\$0	\$0	\$0
CURRENT PORTION OF LONG-TERM DEBT	\$1,152,684	\$1,133,537	\$223,430
TOTAL CURRENT LIABILITIES	\$27,339,418	\$28,945,601	\$22,973,937
LONG TERM DEBT AND OTHER LIABILITIES			
PMH RETIREMENT FUND - ACCRUAL	\$469,279	\$240,083	\$255,000
NOTES PAYABLE - EQUIPMENT PURCHASES	\$0	\$0	\$99,495
LOANS PAYABLE - DISTRESSED HOSP. LOAN	\$26,962,963	\$26,962,963	\$28,000,000
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	\$14,479,915	\$14,477,929	\$14,501,752
LONG TERM LEASE LIABILITIES (GASB 87)	\$62,267,845	\$62,267,845	\$48,170,072
DEFERRED REVENUE -CHW	\$0	\$0	\$250,000
DEFERRED PROPERTY TAX REVENUE	\$275,438	\$275,438	\$366,583
TOTAL LONG TERM DEBT	\$108,222,210	\$107,991,028	\$98,426,426
FUND BALANCE AND DONATED CAPITAL	\$54,956,026	\$54,956,026	\$44,264,668
NET SURPLUS (DEFICIT) CURRENT YEAR	\$1,285,688	\$1,224,022	\$3,048,620
TOTAL FUND BALANCE	\$56,241,714	\$56,180,048	\$47,313,288
TOTAL LIABILITIES AND FUND BALANCE	\$191,803,342	\$193,116,677	\$168,713,651

12/13/2024 1:12 PM

3-balance sheet 11-2024

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

REPORT DATE	MONTHLY STATUS REPORT	PREPARED BY
Date: December, 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:	50%	N/A	2 PD and 4 MA position available, position posted, applications being reviewed 2 Resignations in PCHC and 2 open for new provider onboarding for Primary Care
Partnered/Met with Elevation Health	25%	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 as well as reports being verified, issues around provider assignments identified and has been escalated.
Reviewing Expansion of RHC	Early Stages	N/A	Pending Compliance Team
FLU Vaccine Clinics	100%	N/A	4 FLU vaccine clinics held at CHC, PHC and PCHC, successful events with approx. 354 total given.

2024 PMHD AMBULATORY DIVISION OPD ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
GI Expansion	100%	None	Expanding OR time and Procedures at Valley Endoscopy
Cystometrics	100%	\$36,000	Urology and OBGYN clinics-training was completed on 11/11/2024. Patients being scheduled
ECM Expansion:			
Staffing ECM	75%	TBD	Grant expansion to Children, 1 RN position pending, interviews being conducted
Wound Care- Cerner	Ongoing	N/A	Meeting Weekly and Provider Training completed with Billing on 11/13/2024-All WC providers in attendance. 1:1 provider training in the month of December.
Staffing GI	100%	N/A	NP started 10/2024, volumes increasing
Staffing Urology	100%	N/A	Primary Care/Urology NP started in training
Staffing	75%	N/A	1 LVN position, 2 PD Medical Assistant onboarded

2024 PMHD AMBULATORY DIVISION PHYSICAL THERAPY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Staffing	100%	N/A	No Current positions open
Cerner on-going	Ongoing	N/A	Reviewing billable codes daily and working with the departments to address documentation errors.
Inpatient/Outpatient Review	Meetings started 11/19	N/A	Internal meetings to discuss inpatient and outpatient workflows and volumes

2024 PMHD PHARMACY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Staffing	50%	N/A	1 Pharmacy technician position, currently reviewing applications.
Remote Inventory Management System	Implementation stages	PMHD Foundation Donation: \$4,880.00	PMHD Foundation Donation: 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. All data submitted for implementation.
Clean Room/Compounding Trailer	Review Stages	N/A	Clean Room expansion and Compounding Trailer needed, space issues

2024 PMHD RADIOLOGY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Adding a redundant Server to our PACS	Approved	None	Implementation stages: We aim to have a backup server ready so that we can keep operations running if our PACS system goes down.
Purchasing a Canon CT	Early Stages	. Payments will occur once the scanner is installed and operational	Currently in the early stages, submitted plans for review, awaiting response
Creating a Centralized system to access IR procedures	50%	None	We are working with IT, Scheduling, and IR nurses to create a centralized schedule, currently in multiple areas
Staffing	60%	None	MRI Tech, Ultrasound Tech Resignation, Radiology Tech resignation
Radiology Monthly Meeting 11/15	100%	None	Meeting schedule Quarterly and huddles daily.
Purchase of 2 Portable X-ray Machines	50%	PMHD Foundation Donation: \$202,906	Quote received

2024 PMHD LABRATORY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Review of QuantiFERON Gold Purchase	Approved	None	Implementation Stages: Cost savings of \$10-15K per year after initial purchase
Blood Culture Collection Training	In Process of Scheduling	None	Scheduling Training with all clinical areas
Staffing	50%	None	2-PD positions open, currently reviewing applications
Centrifuge Purchase	50%	PMHD Foundation Donation: \$13,166.58	Purchasing stages

2024 PMHD CHIEF OF CLINIC OPERATIONS/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Physician Updates	Ongoing	N/A	Recruitment ongoing
Contracts	Ongoing	N/A	Contract Review ongoing
Projects:			
IT Project (Notable)	Implemented trial Phase	25K	Implementation of stages with Pioneers Health Center as of 11/18/24
AvodahMed	On Hold	Pending	AvodahMed working on integration with Cerner, no timeline of completion to date.
Centralized Scheduling	75%	\$16,000	Working on transitioning Radiology front office and IR scheduling to centralized scheduling
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

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

NOVEMBER LABOR SUMMARY

NEW HIRE	# 39
JOBS OFFERED	# 38
TERMINATIONS	VOLUNTARY 9 INVOLUNTARY 2
TURNOVER RATE	22.44 %
NEW HIRE TURNOVER RATE (WITHIN YEAR 1)	38.11%
HOSPITAL AND CLINIC TOTAL HEADCOUNT	# 911
PIONEERS SKILLED NURSING TOTAL HEAD COUNT	# 120
PIONEERS MEMORIAL HEALTHCARE DISTRICT TOTAL HEADCOUNT	# 1031

NEW HIRE	
DEPARTMENT	#
NURSING	7
CLINICAL PROFESSIONAL	5
ALLIED HEALTH	
PATIENT SERVICES— PT REGISTRATION/ BILLING	7
SUPPORT SERVICES	15
CLINICS	3
SKILLED NURSING	2

2024/ 2025 PMHD HR PROJECTS

PROJECT	PERCENT COMPLETE	NOTES
ADP WORKFORCE NOW Time and Attendance	10%	We are tentatively set to go live on 5/1/2025.
BENEFIT RENEWAL PROCESS		We are currently accepting RFP's from interested brokers for our employee benefit plans
AUDIT OF SKILLED NURSING FACILITY	100%	We completed a thorough audit and have a plan in place to achieve 100% compliance with all employees by 12/31/2024.
Manager Orientation	100%	A new manager Orientation has been completed and we will begin Orientations in January for all existing new managers and Directors and this orientation will now be provided upon hire to new Managers and Directors
Leadership Academy	50%	A curriculum has been created and will begin our Academy in January 2025
PI PROJECT- REVIEWING ALL HR POLICIES	40%	Our HR PI project consists of reviewing all HR policies. Our goal is to review 10 policies per month until all policies have been reviewed.
File transfer Paper to ADP	50%	All current paper employee files are being scanned into electronic personnel files within ADP.
Performance Reviews	80%	We have 2 weeks left in our cycle, we are on schedule to finish with 100% completion on 12/31/2024

BENEFIT PARTICIPANTS

PLAN	# ACTIVE PARTICIPANTS
457B	530
401A	845
MEDICAL	666
DENTAL	660
VISION	662
STD	301
LTD	829
LIFE	815
TRANSPLANT PROGRAM	829
PHARMACY PLAN	829

LEAVE OF ABSENCE

LEAVE	# EMPLOYEES
FMLA/ CFRA	26
INTERMITTENT FMLA	9
PERSONAL LEAVE	0
BONDING	8
WORKMENS COMP	11 (3 SNF. 8 Acute Care)
MILITARY LEAVE	
COVID	3 positive EEs in November
Covid/ W/C	0 reported in November; 2 long haulers continue out
SICK LEAVE LESS THAN 2 WEEKS	12

VOLUNTEERS/ STUDENTS

PROGRAM	# STUDENTS/ VOLUNTEERS
CRNA	
PHYSICIAN ASSISTANT	
CNA – CERTIFIED NURSES AIDE	
RN- REGISTERED NURSE STUDENT	29-IVC-1-SDSU 8 CNEI/ 2 PIMO
VOLUNTEERS	6
TOTAL VOLUNTEERS/ STUDENTS	46
EDUCATION REIMBURSEMENT PROGRAM (Bachelor/Masters Program)	1

RECRUITMENT ACTIVITIES

DEPARTMENT	# OF OPEN POSITIONS
NURSING	21
CLINICAL NON -NURSING	15
CLINICAL PROFESSIONAL	3
ALLIED HEALTH	5
PT. SERVICES	4
SUPPORT SERVICES	5
CLINICS	8
SKILLED NURSING FACILITY	4
Travel Staff by Department/Shift	
OB #	4
OB #	5
NICU #	
NICU #	
Med Surg #	1
Med Surg #	

2024 PIONEERS ACTIVITIES COMMITTEE

EVENT	MONTH OF EVENT
Pac committee raised \$ 375.00 which we then gave some of our pioneer's families in the for thanksgiving dinners	November
Christmas tree lighting	December
Ugly Christmas sweater Contest	December
Department door decorating contest	December

EMPLOYEE HEALTH / EDUCATION REPORT

We had 3 employees with COVID illnesses in November, all from acute care. No clusters. Annual Employee TB screening compliance is at 90%; 106 employees pending compliance. Reminder emails send to dept directors and to admin leaders. Letters mailed out to each ee that is past due. Flu vaccination is ongoing; our current compliance for employees is 82% participation (vaccinated/declination submitted) with 67% 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 November: 78 (Oct 185, Sept 117, August 166) this includes employees and medical staff.

Workers' Compensation Summary

Ten employee injuries were reported in November. 5 claims, 3 first aid, 2 reportable only.

Eight injuries from acute care: 1 sharp injury, 1 slip & fall, 1 WPV incident, 1 trip & fall, 1 low back pain, 1 nasal contusion, 2 BBF exposures.

Two injuries from SNF: 2 trip and fall.

EDUCATION REPORT

- Annual Orientations, Sexual Harassment, and Slips/Trips/Falls, Active Shooter Training education on ADP.
 - All Staff: Incomplete for 95 people
 - All Clinical: Incomplete for 73 people
 - RN/LVN: Incomplete for 40 people
 - Sexual Harassment: Incomplete for 77 people
 - Sexual Harassment (supervisor): Incomplete for 25 people
 - Active Shooter: Incomplete for 410 people (due at end of October)
 - Earthquake Safety: Incomplete for 60 people
- Working with clinics to provide required annual education to staff for Health Plan Audit compliance.
- Manager orientation program completed
- New-hire orientation three times a month and NHNO once a month.
- Working with nursing departments to implement Magnesium Sulfate drip and Moderate Sedation training during NHNO. The training will include a quiz to be added to the employee file. Once completed, a competency assessment can be done and uploaded to ADP
- Pathways for new hires on ADP for specific departments (SNF, dietary, EVS, ED)
- 1 application for Education Reimbursement Program- Nursing request
- Schedule for 2025 BLS/ACLS/PALS has been received and distributed to all employees

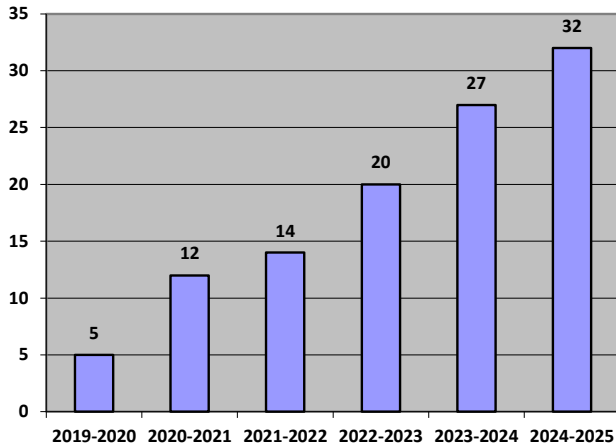


Workers' Compensation Scorecard

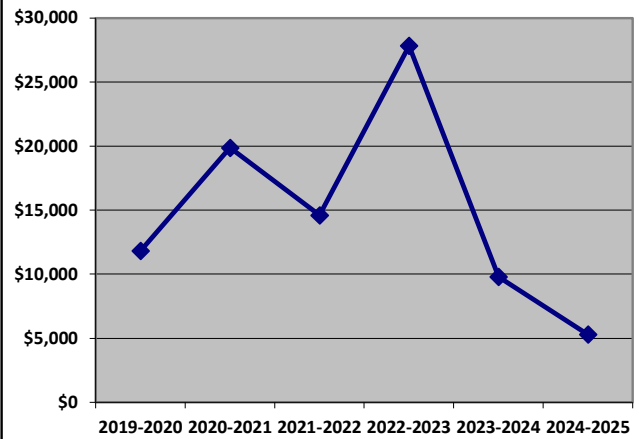
November 2024

Pioneers Memorial Healthcare District

Open Claims by Fiscal Year



Avg Cost Per Claim



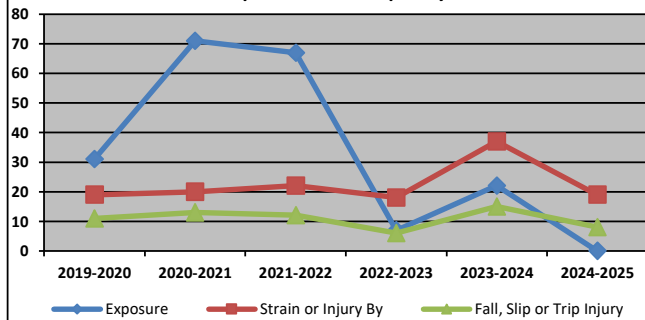
Claim Activity by Month

Month	Current Fiscal Year		Last 5 Years
	Count	Closed	
Jul	8	3	-
Aug	15	6	9
Sep	10	3	6
Oct	6	-	5
Nov	5	-	3
Dec	-	-	-
Jan	-	-	-
Feb	-	-	-
Mar	-	-	-
Apr	-	-	-
May	-	-	-
Jun	-	-	-
Total 2024-2025	44	12	23

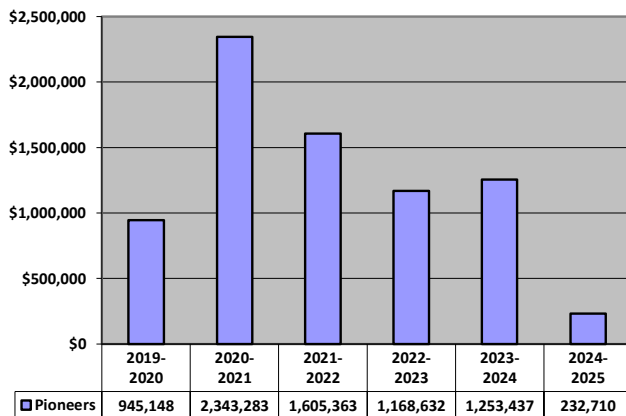
Cause of Injury by Claim Type

Cause of Injury by Claim Type	Dating Back to Fiscal Year 2019-2020	
	Indem	Medical
Exposure	51.3%	0.0%
Strain or Injury By	23.6%	32.4%
Burn or Scald - Heat or Cold Exposures - Contact With	6.2%	16.2%
Fall, Slip or Trip Injury	7.8%	25.7%
Miscellaneous Causes	4.9%	2.9%
All Other	6.2%	22.8%

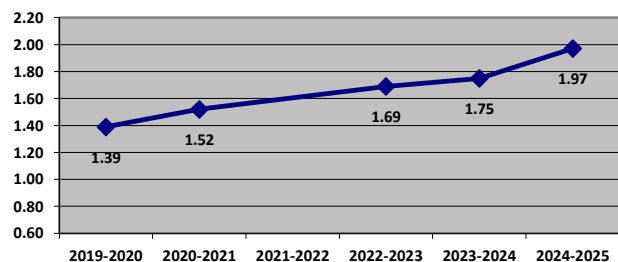
Top 3 Causes - Frequency



Incurred Losses by Year



Ex Mod History



PMHD Manager Orientation Agenda

Morning Session

- 1. Introduction to Managerial Responsibilities**
 - **Overview of the role of a manager**
 - Key responsibilities and expectations
 - Balancing leadership with management
 - **Importance of leadership in the workplace**
 - Inspiring teams and fostering a positive culture
 - Leading by example and motivating employees
- 2. Exempt vs. Non-Exempt Employees**
 - **Definitions and key differences**
 - Exempt vs. Non-Exempt classifications
 - Pay structures and overtime rules
 - **Legal implications**
 - Fair Labor Standards Act (FLSA) and employee classification
 - Impact on compensation and scheduling
 - **How to classify employees correctly**
 - Key criteria for accurate classification
 - Common misclassifications and their consequences
- 3. Policy Development and Implementation**
 - **Why managers shouldn't create their own policies**
 - Legal and procedural concerns
 - Maintaining consistency across the organization
 - **Importance of consistency and fairness**
 - Ensuring equal treatment for all employees
 - The role of company leadership in policymaking
 - **Overview of existing policies and procedures**
 - Key policies all managers should be familiar with
 - Navigating the company handbook and guidelines
- 4. Favoritism and Nepotism**
 - **Definitions and examples**
 - What is favoritism? What is nepotism?
 - Understanding how biases affect decision-making
 - **Consequences of favoritism on team dynamics**
 - How favoritism can harm morale and productivity
 - The impact on employee trust and loyalty
 - **Best practices for fair treatment of all employees**
 - Maintaining objectivity in decisions
 - Implementing transparent, merit-based evaluations
- 5. Harassment Prevention**
 - **Types of harassment**
 - Sexual, verbal, racial, and other forms of harassment

- Identifying subtle vs. overt harassment
- **Legal obligations and company policies**
 - Understanding the legal framework around harassment
 - PMHD's policy on reporting and handling harassment
- **Creating a safe and respectful workplace**
 - Promoting respect and dignity in interactions
 - Establishing clear boundaries
- **Reporting procedures and responsibilities**
 - How to report harassment
 - The manager's role in addressing complaints
 - Harassment: [Preventing Harassment in the Workplace](#)

Lunch Break

Afternoon Session

6. Following Chain of Command

- **Importance of the organizational structure**
 - Understanding the hierarchy and decision-making flow
 - Respecting the reporting structure for efficient communication
- **How to effectively communicate within the chain of command**
 - Guidelines for up and down communication
 - Handling cross-departmental communication
- **Encouraging employees to use proper channels for issues**
 - The benefits of following the chain of command
 - How to guide employees through the process

7. Managing Employee Absences (Calling Out)

- **Policies for managing absences**
 - Company policies regarding callouts and time off
 - The importance of maintaining accurate records
- **Strategies for addressing frequent callouts**
 - Addressing patterns and discussing concerns with employees
 - Encouraging attendance while respecting personal situations
- **Creating a supportive environment for employees**
 - Balancing support with accountability
 - Providing resources for employees dealing with health or personal issues

8. Accountability vs. Bullying

- **Defining accountability in the workplace**
 - What it means to hold employees accountable
 - Setting clear expectations for performance and behavior
- **Recognizing the fine line between accountability and bullying**
 - Differences between constructive feedback and harmful behavior

- How to maintain a positive, respectful environment
 - **How to hold employees accountable while maintaining respect**
 - Techniques for offering feedback without crossing the line
 - Creating a culture where accountability fosters growth
 - workplace bullying: [Handling Workplace Bullying](#)
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End of Day Wrap-Up and Q&A

- Open discussion and questions from attendees
- Resources and additional learning opportunities