

Regular Board Packet

March 6, 2025

Board Packet

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OUR MISSION

“We Focus on Personalized Quality Health Care and Wellness for Those We Serve”

OUR VISION

“Oak Valley Hospital District Will Continue as an Independent Locally Controlled and Governed Special District Hospital. To Accomplish This We Will Adhere to the Following Guidelines:
Being Fiscally Responsible in Our Decision Making Process
Maintain and Expand Services that Best Reflect Our Needs and Resources Available
Promote Positive Change in the Health Status of Employees and Area Residents.”

OUR VALUES

“Accountability; Being Responsible for Actions Taken and Not Taken
Integrity; Doing the Right Thing for the Right Reason
Respect; Valuing All People at All Times”

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**REGULAR MEETING OF THE BOARD OF DIRECTORS  
OF OAK VALLEY HOSPITAL DISTRICT**

**March 6, 2025, 5:30p.m.,  
1425 West H Street, Oakdale, CA 95361  
Royal and Charter Oak Conference Rooms**

| <u>Time</u> | <u>Action</u> | <u>Item</u>                                                 |
|-------------|---------------|-------------------------------------------------------------|
| 5:30 p.m.   | Action        | <b>MEETING CALLED TO ORDER</b><br>Dan Cummins, Chair Person |

**PUBLIC COMMENT**

In compliance with the California Brown Act the District Board of Directors welcomes comments from the public.

This is the opportunity for members of the public to directly address the District Board of Directors on any item of interest to the public under the jurisdiction of the District including items on this agenda.

Persons wishing to make a presentation to the Board of Directors shall observe the following procedure:

1. A written request to the Board on the form provided at the meeting (optional)
2. Oral presentations are limited to three (3) minutes.
3. Members of the public will be afforded the opportunity to speak at the beginning of the public meeting during the general Public Comment section of the agenda on any item under the jurisdiction of the District as well as during the consideration of an individual item on the agenda for that public meeting, however the three-minute limit described in item 2, above, will be applied to an individual’s cumulative comments during the meeting.

The proceedings of the Board are recorded and are part of the public record.

Materials related to an item on this Agenda, submitted to the Oak Valley Hospital District after distribution of the agenda packet, are available for public inspection in the Secretary’s Office at 1425 West H Street, Suite 270, Oakdale, CA during normal business hours.

Information/Action     **CONSENT CALENDAR ITEMS**  
Items 1-3 comprise the consent agenda, unless there is discussion by a member of the audience or Board Members, they may be approved in one motion.

1. **Oakdale Nursing and Rehabilitation Center Report**  
Will Pringle, V.P., Oakdale Nursing and Rehabilitation Center
2. **Approval of Administrative Forms and Policies**
  - Disaster Welfare Inquiry
3. **Approval of Minutes –**
  - February 6, 2025 – Regular Meeting

Action                   **MEDICAL STAFF REPORT – Gretchen Webb-Kummer, M.D., Chief of Staff**

The Medical Executive Committee requests the District Board’s approval of the following items forwarded from the February 18, 2025 meeting.

A. **FORMS & POLICIES**  
**POLICIES**

Approval

Administrative Manual

- Patient Safety Plan

Anesthesia Services

- Anesthesia Rules and Regulations

Employee Health Manual

- Employee Communicable Disease Work Restrictions

**FINANCE COMMITTEE – Edward Chock, M.D., Chairperson**  
- Matt Heyn, President and C.E.O. and Ann Croskrey, CFO

Action                   1. Financial Reports for January 2025  
Approval of January 2025 Financial Statements

**CHAIR PERSON REPORT**  
- Dan Cummins Chair Person

Information           1. Chair Person Comments

Action                   2. Acceptance of Board Member Resignation; Determination of Process and Schedule for Appointing a New Board Member to Fill Vacancy  
Facilitated by: Matthew Ottone, Ottone & Leach LLP

- Special Board Meeting to be held on March 24, 2025, at 5:30 PM

**CHIEF EXECUTIVE OFFICER REPORT**

- Matt Heyn, President and Chief Executive Officer

- |                    |                                                                                                 |
|--------------------|-------------------------------------------------------------------------------------------------|
| Information        | 1. Chief Executive Officer Report                                                               |
| Information        | 2. Review of 2025 Employee Feedback Survey Results                                              |
| Information        | 3. Smith & Nephew Orthopedic Update                                                             |
| Information        | 4. Cash Flow Analysis for FY25/26                                                               |
| Information/Action | 5. Review and Consideration of Radiologist Contract – SOL Radiology                             |
| Action             | 6. Approval of Ultrasound Machine Purchase – Not to Exceed \$110,000                            |
| Action             | 7. Approval of Disposal of Obsolete IT Equipment                                                |
| Action             | 8. United Steelworkers (USW) ONRC – Negotiations Update and Consideration                       |
| Action             | 9. United Steelworkers (USW) Acute – Negotiations Update and Consideration                      |
| Action             | 10. National Association of Government Employees (NAGE) - Negotiations Update and Consideration |

**ADJOURN TO CLOSED SESSION**

- |        |                                                                                                                                                                                            |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Action | 1. <b>Approval of Closed Session Minutes –</b> <ul style="list-style-type: none"><li>• February 6, 2025 - Regular Meeting</li></ul> <p><b>(See attached Agenda for Closed Session)</b></p> |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**RECONVENE TO OPEN SESSION**

|             |                                 |
|-------------|---------------------------------|
| Information | <b>REPORT OF CLOSED SESSION</b> |
|-------------|---------------------------------|

|        |                    |
|--------|--------------------|
| Action | <b>ADJOURNMENT</b> |
|--------|--------------------|

**The next Regular meeting of the Board of Directors is scheduled on April 3, 2025 at 5:30p.m.**

Posted on: March 3, 2025

By: Sheryl Perry, Clerk of the Board

**OAK VALLEY HOSPITAL DISTRICT  
BOARD OF DIRECTORS  
AGENDA FOR CLOSED SESSION**

Pursuant to California Government Code Section 54954.2 and 54954.5, the board agenda may describe closed session agenda items as provided below. No legislative body or elected official shall be in violation of Section 54954.2 or 54956 if the closed session items are described in substantial compliance with Section 54954.5 of the Government Code.

**Regular Meeting of the Board of Directors of the Oak Valley Hospital District  
March 6, 2024, 5:30p.m.,  
1425 West H Street, Oakdale, CA 95361  
Royal Oak Conference Room**

**CLOSED SESSION AGENDA ITEMS**

**HEARINGS/REPORTS**

(Government Code §37624.3 & Health and Safety Code §§1461, 32155)

**Subject matter:** (Specify whether testimony/deliberation will concern staff privileges, report of medical audit committee, or report of quality assurance committee):

- Medical Staff Report – Gretchen Webb-Kummer, M.D., Chief of Staff
- Chief Executive Officer – Matt Heyn, President and Chief Executive Officer

**ADJOURN TO OPEN SESSION**

In observance of the Americans with Disabilities Act, please notify us at 209-848-4102 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

## March 2025 ONRC Board Report

ONRC is pleased to report our 15<sup>th</sup> consecutive month of operations with a patient census above budget. Just one year ago in January of 2023, ONRC averaged 87 patients per day. This January we closed with an Average Daily Census of 95, representing a 9% YOY increase in business. Our custodial census remains stable and averaged 85 patients per day. The census in our Transitional Care Unit, or 300 Wing, averaged 80% occupancy, a slight decrease in Month over month.

We had no regulatory visits this month.

Regarding staffing, we remain without the MDS nursing position. We have initiated a recruitment request for a temporary MDS nurse to cover the absence of this vital role but have yet to interview a qualified candidate.

Regarding the physical plant, Engineering is looking into the replacement of the main fire panel within ONRC.

This concludes our March ONRC Board Report.

William Pringle II

VP of LTC

**REGULAR MEETING OF THE BOARD OF DIRECTORS  
OF OAK VALLEY HOSPITAL DISTRICT  
OPEN SESSION  
February 6, 2025 5:30p.m.  
1425 West H Street, Oakdale, CA 95361  
Royal Oak Conference Room**

**Board**

Dan Cummins, Chair Person  
Frances Krieger, Vice Chair Person  
Edward Chock, M.D., Secretary  
Shirrelle O. Moore, Director  
Sara Shipman, Director

**Staff**

Matt Heyn, President and C.E.O.  
Gretchen Webb-Kummer, M.D., Chief of Staff  
Ann Croskrey, CFO  
David Rodrigues, V.P., C.O.O.  
David Neal, V.P., Nursing Services  
Will Pringle, V.P., Oakdale Nursing & Rehab.

**CALLED TO ORDER**

The District Board of Directors Meeting was called to order by Dan Cummins, Board Chair Person at 5:30 p.m.

**PUBLIC COMMENT**

No public in attendance.

**CONSENT CALENDAR**

The following items, 1-2, will be acted on by one action, with discussion, unless a director or other person requests that an item be considered separately. In the event of such a request, the item will be addressed, considered, and acted upon separately.

1. Oakdale Nursing and Rehabilitation Center Report  
Will Pringle, V.P., Oakdale Nursing and Rehabilitation Center
  
2. Approval of Minutes -
  - January 9, 2025 - Regular Meeting

Fran Krieger made the motion to approve the Oakdale Nursing and Rehabilitation Center Report. Sara Shipman made the second. No public input.

Cummins - Aye  
Krieger - Aye  
Chock - Aye  
Moore - Aye  
Shipman - Aye

**MOTION CARRIED**

Edward Chock, M.D., made the motion to approve the January 9, 2025 meeting minutes. Fran Krieger made the second. No public input.

Cummins – Aye  
Krieger – Aye  
Chock – Aye  
Moore – Aye  
Shipman – Aye

**MOTION CARRIED**

**MEDICAL STAFF REPORT** – Gretchen Webb-Kummer, M.D., Chief of Staff

**The Medical Executive Committee requests the District Board’s approval of the following items forwarded from the January 21, 2025 meeting.**

**Forms/Policies**

A. The Department of Medicine Committee Report – (01/14/2025)  
Lee Horwitz, MD, Chairperson

i. POLICIES

**Approval**

**Diagnostic Imaging Manual**

- Critical Patient MRI
- Radiology Philosophy (RETIRE)

B. The Department of Surgery Committee Report – (Next Mtg 02/11/2025)  
Matthew Tilstra, MD, Chairperson

C. The Quality Council Report – (Next Sch Mtg 02/13/2025)  
Lee Horwitz, MD, Chairperson

Sara Shipman made the motion to approve the Medical Staff Report. Edward Chock, M.D., made the second. No public input.

Cummins – Aye  
Krieger – Aye  
Chock – Aye  
Moore – Aye  
Shipman – Aye

**MOTION CARRIED**

**Financial Report for December 2024**



In December, the District posted a profit from operations before new hospital expenses of \$929 thousand dollars. The profit from operations including new hospital expenses was \$543 thousand dollars. The difference is the new hospital expenses of interest and depreciation.

As of the end of December, the year-to-date earnings before interest and depreciation (EBIDA), was 17.0%. Accounts receivable gross days decreased from 76 days to 64 days, and days of cash on hand decreased from 60 to 58 days. We continue to work the open A/R to ensure the accuracy of balances due. We have also engaged a consulting firm to help evaluate the department procedures and assess the systems being used for revenue cycle.

Fran Krieger made the motion to approve the Financial Report for December 2024. Shirrelle O. Moore made the second. No public input.

Cummins - Aye  
Krieger - Aye  
Chock - Aye  
Moore - Aye  
Shipman - Aye

**MOTION CARRIED**

#### **Financial Report for November 2024**

The approval of the November 2024 Financial Report was not voted on during the previous meeting. This item was brought forward for approval at this meeting.

Edward Chock, M.D., made the motion to approve the Financial Report for November 2024. Fran Krieger made the second. No public input.

Cummins - Aye  
Krieger - Aye  
Chock - Aye  
Moore - Aye  
Shipman - Aye

**MOTION CARRIED**

-

#### **CHAIR PERSON REPORT - Dan Cummins, Chair Person**

The Chair Person expressed appreciation for the strong attendance at the recent government conference in San Francisco, noting that it was a valuable and informative experience. The conference provided important updates on legislative changes, some of which were previously unknown, and offered insights that were particularly beneficial.

The Chair Person emphasized the importance of understanding the Board's roles, responsibilities, and liabilities. It was noted that the conference served as a valuable learning opportunity for both Board members and administrative staff, reinforcing the need to operate within the appropriate scope of duties while maintaining the highest standards of integrity.

### **Chief Executive Officer Report - Matt Heyn** **Government Conference & Compliance Efforts**

The recent government conference in San Francisco was highly valuable, providing insights into compliance and regulatory changes. The organization will be bringing forward documents related to compliance in the coming months, including the appointment of a corporate compliance officer and a plan to ensure all potential compliance liabilities are properly reported. These efforts aim to prevent any issues with the Office of Inspector General (OIG).

### **Union Negotiations & Compensation Strategy**

Union negotiations are well underway for USW (covering ONRC and the acute side) and NAGE (covering ambulance services). The organization continues to focus on managing expenses while also addressing necessary pay adjustments to remain competitive in recruitment and retention. Investments are being prioritized in three areas: people, technology, and infrastructure—with a growing emphasis on employee compensation to attract and retain high-quality staff.

### **Employee Survey & Strategy Map Progress**

As part of the three-year strategy map, the organization has completed an employee survey to assess whether staff would recommend OVHD as both a place of employment and a place for care. This baseline data will be used to track improvement over time and will be presented to the Board in the next meeting.

### **Emergency & Hospitalist Care Contract Finalization**

The administration is finalizing contract details for EM and HM care under a single vendor model. This transition is expected to improve care coordination at OVHD, with agreements set to be fully executed by the end of February and a live implementation by the end of the fiscal year.

### **Revenue Cycle Review & Financial Oversight**

A 120-day revenue cycle review is being conducted in partnership with an independent third-party firm (Forvus) to assess key areas such as AR follow-up, denials management, and billing performance. This initiative aims to improve financial oversight and ensure a more robust revenue cycle management system. Findings will be presented to the finance committee and the Board upon completion.

Additionally, concerns regarding billing have been raised by local community members. Mr. Heyn and leadership team will be meeting with the mayor to discuss these concerns and work toward improved communication and billing transparency for the community.

### **Organizational Leadership Adjustments**

To strengthen focus on key initiatives, the following leadership adjustments were made:

- **David Rodrigues** will assume responsibility for HR.
- **David Neal** will oversee respiratory therapy.
- **Mr. Heyn** will take over ambulance services to better understand its role in community care and transport patterns.

These adjustments are expected to enhance efficiency and ensure stronger oversight in these critical operational areas.

### **OVHD Human Resources Statistic Report - Ann Croskrey, Chief Financial Officer**

The Human Resources report provided a six-month update through December 31st, following the previous report. The total number of open positions at the end of the year was 33, with a breakdown by department for better visibility.

#### **Key Staffing Challenges:**

- **Emergency Department:** Initially, only one emergency nurse position was vacant, but that number has since increased to four. The challenge remains attracting candidates due to competitive pay concerns.
- **CNA Turnover:** Certified Nursing Assistants (CNAs) continue to have the highest turnover rate, primarily due to new hires realizing the demands of the job and leaving shortly after starting. In the past six months, there were 27 CNA hires but 30 terminations, resulting in a net decrease.
- **Wage Disparities:** Here they can start at \$18 an hour, but nearby facilities are offering \$24, contributing to employee departures.
- **Retention & Experience Gap:** Long-tenured employees with 40+ years of experience are retiring, while newer employees tend to job-hop and are less invested in the community.

#### **Retention Efforts & Data Collection:**

The HR team is actively gathering data on employee departures to better understand trends related to culture, compensation, career advancement, and personal circumstances. Leadership recognizes the importance of using this data to make informed decisions regarding workforce stability.

Overall, staffing and retention remain ongoing challenges, particularly for CNAs, and efforts are focused on improving workplace culture, compensation strategies, and data-driven decision-making to enhance employee retention.

### **Strategies for Physician Recruitment and Retention - David Rodrigues, Chief Operating Officer**

Mr. Rodrigues provided an update on the physician recruitment strategy, focusing on addressing the critical shortage of primary care physicians in the Oak Valley Hospital District. The goal is to recruit at least two primary care physicians by June 30th, aligning with the District's strategic plan. The shortage is a long-standing issue, as OVHD is designated as a Healthcare Professional Shortage Area (HPSA) with a score of 13 for primary care. Additionally, multiple local physicians are expected to retire this year, further emphasizing the urgency of recruitment efforts.

### **Key Strategies for Physician Recruitment:**

1. **Location Strategies (Where Physicians Will Practice)**
  - o **1206B Clinic:** Establishing a hospital-managed clinic exempt from licensure, where OVHD provides infrastructure, staffing, and operational support while physicians work under a structured payment model.
  - o **Practice Acquisition:** Purchasing an existing practice from a retiring physician (e.g., Dr. Olson) and converting it into a 1206B clinic to facilitate a seamless transition.
  - o **Utilizing Rural Health Clinics:** Offering new physicians' opportunities to work in OVHD's existing rural health clinics under professional service agreements to supplement their practice.
2. **Staffing Strategies (How Physicians Will Be Compensated)**
  - o **Partnership with Community Physicians:** Offering income guarantees for a set period (12-36 months) to encourage new physicians to establish their practice in the community.
  - o **Professional Service Agreements (PSA):** Contract-based arrangements where OVHD compensates physicians for patient care without direct employment. Compensation could be structured as flat rates, daily rates, or based on Relative Value Units (RVUs).
  - o **Friendly Professional Corporation (PC) Model:** Establishing a physician-owned entity that contracts with OVHD, allowing greater financial and operational flexibility while ensuring continuity of care.

### **Additional Considerations:**

- **Federal Loan Forgiveness Program:** New regulatory changes now allow physicians working in nonprofit hospitals (including OVHD clinics) to qualify for student loan forgiveness, making recruitment more attractive.
- **Visa Sponsorships:** Exploring visa opportunities to attract international physicians, leveraging legal expertise for compliance.
- **Third-Party Recruitment Firms:** Engaging external firms to identify and recruit suitable candidates.
- **Physician Networks & Community Engagement:** Leveraging existing physician networks and integrating new hires into the community to improve retention.

### **Financial Considerations:**

- **Compensation Benchmarks:** Primary care physician salaries in the Western region fall within fair market value, with additional recruitment incentives such as bonuses, relocation assistance, and insurance allowances.
- **Clinic Operating Costs:** Estimates include lease expenses, staffing, and infrastructure needs for a potential 1206B clinic.
- **Competitive Landscape:** Large healthcare organizations in neighboring areas offer high sign-on bonuses and favorable work schedules, making recruitment more challenging for OVHD.

#### **Timeline & Next Steps:**

- **Finalize recruitment models and compensation packages.**
- **Engage recruitment firms and begin active candidate searches.**
- **Conduct interviews and site visits to integrate candidates into the community.**
- **Finalize contracts and onboard physicians by May-July 2025.**

#### **Conclusion:**

OVHD is pursuing a multi-faceted recruitment strategy to attract and retain primary care physicians while navigating state restrictions on hospital-employed physicians. The approach balances location strategies, financial incentives, and innovative staffing models to ensure long-term success. The COO emphasized the complexity of the recruitment process and the need to remain flexible in structuring agreements to meet both physician and community needs.

#### **Board Discussion:**

- The board discussed the feasibility of different models, particularly leveraging the existing 1206B clinic space.
- Concerns were raised about California's regulatory barriers making recruitment more difficult for small hospitals.
- The importance of competitive compensation and work-life balance in attracting younger physicians was highlighted.
- The board acknowledged the need for ongoing discussions to refine the recruitment strategy and ensure successful implementation.

#### **ADJOURNMENT**

Edward Chock, M.D., made the motion to adjourn to Closed session. Fran Krieger made the second. No public input.

Krieger – Aye  
Chock – Aye  
Moore – Aye  
Shipman – Aye

**MOTION CARRIED**

The Oak Valley Hospital District meeting was adjourned to Closed session at 6:33 p.m.

**RECONVENE TO OPEN SESSION**

**ANNOUNCEMENT OF CLOSED SESSION**

Approval of Board Meeting Minutes:

- January 9, 2025 – Regular Meeting (*Approved*)

Reports & Updates:

- Medical Staff Credentials Report – Gretchen Webb-Kummer, M.D., Chief of Staff (*Approved*)
- CEO Report – *None*
- Quality Updates – Jennifer Cook, Director, Quality & Risk Management

**ADJOURNMENT**

Fran Krieger made the motion to adjourn the Board of Directors meeting. Shirrelle O. Moore made the second. No public input.

Cummins – Aye  
Krieger – Aye  
Chock – Aye  
Moore – Aye  
Shipman – Aye

**MOTION CARRIED**

The Board of Directors meeting was adjourned at 7:11 p.m.

Recorder: Sheryl Perry, Clerk of the Board.

APPROVED: \_\_\_\_\_  
Edward Chock, M.D., Secretary

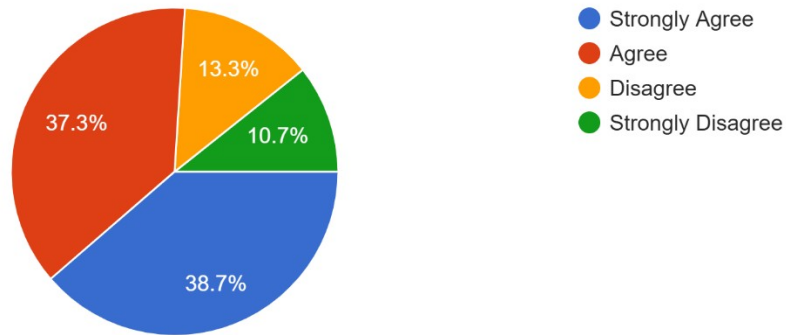
DATE: \_\_\_\_\_

## 2025 Employee Feedback Survey

150 Responses

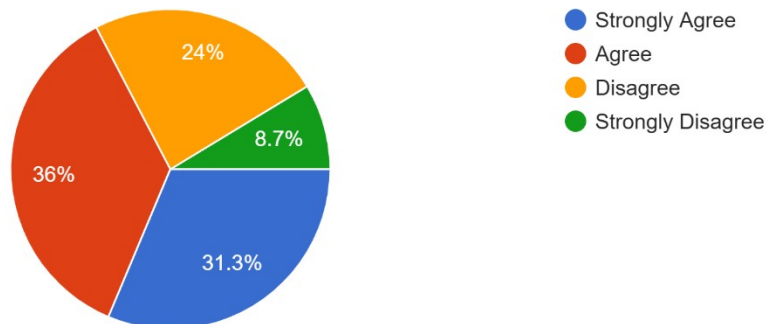
I enjoy working at OVHD and would suggest it to others as a place of employment.

150 responses



I am proud of the quality and care we offer and would recommend OVHD to family and friends who need care.

150 responses



| I/S e-Waste Disposal List |                               | 01/08/25   |                      |                 |                     |              |              |            |  |
|---------------------------|-------------------------------|------------|----------------------|-----------------|---------------------|--------------|--------------|------------|--|
| FA                        | Asset Tag                     | Make       | Model                | Serial Number   | Server Name         | Cost         | Accum Dept   | Book Value |  |
| 004091                    | 100725                        | HP         | DL320 G5             | 3UV831N04K      | OAV-BG6             | \$ 2,126.28  | \$ 2,126.28  | \$ -       |  |
| 004210                    | 100813                        | HP         | DL360 G6             | MXQ95009XZ      | OAV-DC01            | \$ 3,383.46  | \$ 3,383.46  | \$ -       |  |
| 004276                    | 100865                        | HP         | DL380 G6             | USE043N2GD      | OAV-APP2            | \$ 5,567.98  | \$ 5,567.98  | \$ -       |  |
| 004374                    | 200042                        | HP         | DL380 G7             | USE149MB65      | OAV-FORMS           | \$ 6,403.24  | \$ 6,403.24  | \$ -       |  |
| 004430                    | 200116                        | HP         | DL380 G7             | 2M221900RA      | OAV-ERX             | \$ 5,061.89  | \$ 5,061.89  | \$ -       |  |
| 004485                    | N/A - Tag missing             | HP         | DL380 G7             | 2M22380101      | OAV-MAIL2           | \$ 7,554.37  | \$ 7,554.37  | \$ -       |  |
| 004486                    | 200206                        | HP         | DL380 G7             | 2M22380100      | OAV-MAIL            | \$ 7,554.37  | \$ 7,554.37  | \$ -       |  |
| 004518                    | 200118                        | HP         | DL380 G7             | USE220463R      | OAV-MEDISOLV        | \$ 19,515.02 | \$ 19,515.02 | \$ -       |  |
| 005001                    | 200072                        | HP         | 6005 Pro             | MXL1291SRX      |                     | \$ 1,075.86  | \$ 1,075.86  | \$ -       |  |
| 005002                    | 200073                        | HP         | 6005 Pro             | MXL1291SPB      |                     | \$ 1,075.86  | \$ 1,075.86  | \$ -       |  |
| 005518                    | 200437                        | MS         | Surface              | 002680541153    |                     | \$ 1,155.56  | \$ 1,155.56  | \$ -       |  |
| 005521                    | 200436                        | MS         | Surface              | 010305540753    |                     | \$ 1,155.56  | \$ 1,155.56  | \$ -       |  |
| 005522                    | 200442                        | MS         | Surface              | 010928141153    |                     | \$ 1,155.56  | \$ 1,155.56  | \$ -       |  |
| 005523                    | 200443                        | MS         | Surface              | 01107441153     |                     | \$ 1,155.56  | \$ 1,155.56  | \$ -       |  |
| 005525                    | 200440                        | MS         | Surface              | 017029241153    |                     | \$ 1,155.56  | \$ 1,155.56  | \$ -       |  |
| 005528                    | 200435                        | MS         | Surface              | 044431541053    |                     | \$ 1,155.56  | \$ 1,155.56  | \$ -       |  |
| 005550                    | 200484                        | HP         | DL380 G7             | 2M224400J1      | OAV-WEB-FS01        | \$ 10,365.81 | \$ 10,365.81 | \$ -       |  |
| 005650                    | 200541                        | HP         | DL360 G9             | MXQ442031P      | OAV-BG5             | \$ 4,954.07  | \$ 4,954.07  | \$ -       |  |
| 005651                    | 200545                        | MS         | Surface              | 005464245053    |                     | \$ 1,179.20  | \$ 1,179.20  | \$ -       |  |
| 005653                    | 200546                        | MS         | Surface              | 085851144953    |                     | \$ 1,179.17  | \$ 1,179.17  | \$ -       |  |
| 005751                    | 200259                        | HP         | DL380 G7             | 2M230602G5      | OAV-LSSFS01         | \$ 7,574.83  | \$ 7,574.83  | \$ -       |  |
| 005963                    | 200660                        | HP         | Z240                 | 2UA60709Z1      |                     | \$ 2,238.79  | \$ 2,238.79  | \$ -       |  |
| 005976                    | 200705                        | MS         | Surface              | JW2L653DA1C     |                     | \$ 1,188.78  | \$ 1,188.78  | \$ -       |  |
| 006043                    | 200731                        | HP         | PRODESK 600 G2       | MXL6411KZ5      | DESKTOP             | \$ 1,322.23  | \$ 1,322.23  | \$ -       |  |
| 006351                    | 200937                        | Lenovo     | ThinkPad             | PF-ICBVV2 19/08 |                     | \$ 1,452.87  | \$ 1,452.87  | \$ -       |  |
| 006354                    | 200933                        | Lenovo     | ThinkPad             | PF-ICQJPZ 19/08 |                     | \$ 1,452.88  | \$ 1,452.88  | \$ -       |  |
|                           | 100209                        | HP         | DL140                | M011MF6223      | ???                 | \$ -         | \$ -         | \$ -       |  |
|                           | 100352                        | SUPERMICRO | SUPERSERVER 5013 G-M | S5013GM15600516 | OAV-RM1-OLD         | \$ -         | \$ -         | \$ -       |  |
|                           | 100373                        | HP         | G3                   | EAPBLDN72B      | Rascal              | \$ -         | \$ -         | \$ -       |  |
|                           | 100376                        | EXTREME    | 400-24P              | 0525G-01189     | EXTREAME SWITCH     | \$ -         | \$ -         | \$ -       |  |
|                           | 100476                        | HP         | DL385 G6             | USE608N29B      | Gavin               | \$ -         | \$ -         | \$ -       |  |
|                           | 100477                        | HP         | DL380 G5             | USX53201W9      | OAV-APP1            | \$ -         | \$ -         | \$ -       |  |
|                           | 100596                        | HP         | DL385 G5             | USE652N3G1      | OAV-C               | \$ -         | \$ -         | \$ -       |  |
|                           | 100671                        | Linksys    | WIRELESS-G           | CDFG1G505674    | LINKSYS ROUTER      | \$ -         | \$ -         | \$ -       |  |
|                           | 100745                        | Dell       | E5500                | 7W8TRH1         |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 100809                        | HP         | COMPAQ 6000 PRO      | 2UA95000JL      | ?                   | \$ -         | \$ -         | \$ -       |  |
|                           | 100867                        | HP         | 6005 Pro             | MXL0450YHx      |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 100910                        | HP         | Probook 4525         | 2CE11502RZ      |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200027                        | HP         | Probook 4530         | CNU1383P01      |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200190                        | HP         | DL120 G7             | 2M2130101UX     | OAV-VS1             | \$ -         | \$ -         | \$ -       |  |
|                           | 200361                        | IPAD       | A1474                | DMPLG75LFK12    |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200377                        | HP         | EliteDesk            | MXL3491GDF      |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200383                        | HP         | EliteDesk            | MXL40309VL      |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200631                        | HP         | Probook 450          | CCAH13LP1260T1  |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200639                        | HP         | EliteDesk            | 2UA5372KKR      |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200669                        | HP         | EliteDesk            | MXL6091QE9      |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200750                        | MS         | Surface              | 021452762353    |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200795                        | HP         | Prodesk              | 8CG7453FRS      |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200804                        | HP         | Prodesk              | 8CG80962JS      |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200820                        | HP         | Prodesk              | 8CG81501CC      |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200828                        | HP         | Prodesk              | 8CG821709Z      |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200830                        | HP         | Prodesk              | 8CG8153VSG      |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200831                        | HP         | Prodesk              | 8CG821709D      |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200848                        | HP         | Prodesk              | 8CG825BTF9      |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200849                        | HP         | Prodesk              | 8CG825BTBQ      |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200855                        | HP         | Prodesk              | 8CG825BTD8      |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200861                        | HP         | 255G6                | CND8151ZVY      |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200862                        | HP         | 255G6                | CND8151ZT9      |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200874                        | HP         | Prodesk              | 8CG8150526      |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200877                        | HP         | Prodesk              | 8CG8400296      |                     | \$ -         | \$ -         | \$ -       |  |
|                           | 200917                        | HP         | Prodesk              | MXL9233D3T      |                     | \$ -         | \$ -         | \$ -       |  |
|                           | N/A - Probabaly Vendor Server | DELL       | Poweredge R430       | DCFVMD2         | STAT RAD Old server | \$ -         | \$ -         | \$ -       |  |



# MEMORANDUM

To: Matt Heyn, President/CEO  
Oak Valley Hospital District

From: Matthew Ottone, General Counsel  
Ottone & Leach LLP

Date: February 21, 2025

Re: **Process for Appointment of a District Board Director to Fill a Board Vacancy**

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Question: **What is the process for filling a vacancy on the elected Board of Directors of a local health care district in California, when a Director resigns from the Board?**

**OVHD Bylaws.** Section 2.5 of the Amended and Restated Bylaws of the Oak Valley Hospital District provides that: “. . . any vacancy on the Board of Directors shall be filled by appointment by the remaining members of the Board of Directors pursuant to Section 1780 of the California Government Code”

**California Law.** California Government Code Section 1780 provides the following procedure for filling a vacancy on the board of a local health care district:

1. Notice to County Elections Official of Vacancy. The District must provide **notice to the County elections official of the vacancy no later than fifteen (15) days** after either (i) the date on which the District Board is notified of the vacancy, or (ii) the effective date of the vacancy, whichever is later.
2. Filling a Vacancy by Appointment. When a vacancy on the Board occurs, the remaining Board members may fill the vacancy by appointment pursuant to subdivision (d) of Government Code Section 1780. **The remaining Board members shall make the appointment within sixty (60) days** after either the date on which the District Board is notified of the vacancy or the effective date of the vacancy, whichever is later.
3. Notice of Board Vacancy. The District must post a notice of the vacancy and provide notice of the date and time of the anticipated action by the Board to make the appointment. The notice must be posted in three conspicuous places within the District at least fifteen (15) days prior to the Board’s action.
4. Vote to Make Appointment. **The appointment is made by a majority vote of the remaining Board members at a duly noticed and open meeting of the District Board.**
5. Notice to County Elections Official of Appointment. When the Board fills the vacancy by appointment, the County elections official must be notified of the appointment within fifteen (15) days of the appointment being made.
6. If No Action by Board. If the Board members do not take action within sixty (60) days to either appoint or call an election, then within ninety (90) days of the date of the vacancy the County’s Board of Supervisors may (i) fill the vacancy by appointment; or (ii) order the district to call an election to fill the vacancy.

When the vacancy occurs in the first two years of the resigning director’s four-year term, and an election is at least 130 days from the date the board has notice of the vacancy, **the appointee may hold office only until a person is elected at the next general district election and has been qualified**, i.e. at the two year point of the term. The person elected at the general district election will serve the remainder of the term (i.e., the last two years of the four year term).

Oak Valley Hospital District

Shirrelle O. Moore  
749 Jonabel Way  
Oakdale, CA 95361  
[sommmasi@gmail.com](mailto:sommmasi@gmail.com)  
(209) 345-7632

February 25, 2025

Oak Valley Hospital District Board  
Dan Cummins, *Chairperson*  
350 S. Oak  
Avenue Oakdale,  
Ca 95361

**Subject:** Resignation from the Oak Valley Hospital District Board


Dear Mr. Dan Cummins,

I'm writing to officially resign from my position as an OVHD Board director since I've accepted a new position as Human Resources Manager at Oak Valley Hospital, which will begin on March 17, 2025. I will no longer serve on the Oak Valley Hospital District Board.

It has been a pleasure to serve on the board and work with people who are so dedicated to improving healthcare in our community. I'm thankful for the opportunities and lessons I learned while I was there, and I'm excited to continue supporting the hospital's goal in my new job.

Thank you for giving me the opportunity to help with the board's important work. Please let me know what I can do to help make the move go smoothly.

Sincerely,



Shirrelle O.  
Moore OVHD  
Director

# OAK VALLEY HOSPITAL DISTRICT

## Administrative Manual

### *QRM / Medical Staff*

|                                                                               |                                    |                           |                               |
|-------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------------|
| <b>Policy/Procedure:</b>                                                      |                                    |                           |                               |
| <b>Patient Safety Plan</b>                                                    |                                    |                           |                               |
| Effective Date: 02/2003                                                       |                                    | Page 1 of 10 (attachment) |                               |
| Areas Affected: All Divisions and Departments of the Hospital District        |                                    |                           |                               |
| Revised by: Patient Safety                                                    |                                    |                           |                               |
| <input type="checkbox"/> Reviewed <input checked="" type="checkbox"/> Revised |                                    |                           |                               |
| <b>Dept. / Committee Approval:</b>                                            | <b>Dept/Title:</b>                 | <b>Date</b>               | <b>Approved</b>               |
| Patient Safety                                                                | Manager                            | 6/2/2024                  | <u>X</u>                      |
| Policy, Procedures, Forms Comm.                                               | Medical Staff Coord                | 7/3/2024                  | <u>X</u>                      |
| Quality Council                                                               | Patient Safety                     | <u>08/08/2024</u>         | <u>X</u>                      |
| <u>Admin Council</u>                                                          | V.P. Quality, Risk, Patient Safety | <u>10/16/2024</u>         | <u>X</u>                      |
| <u>MEC</u>                                                                    | <u>Medical Staff Coord</u>         | <u>02/18/2025</u>         |                               |
| District Board                                                                | Board Liaison                      | <u>03/06/2025</u>         |                               |
|                                                                               |                                    |                           |                               |
| Revised: 01/04; 05/05; 09/06; 09/10; 02/15; 06/19; 01/21;6/24                 |                                    | Reviewed: <u>6/24</u>     | Next Review Date: <u>6/25</u> |

**Purpose:**

Oak Valley Hospital District (OVHD) recognizes that effective medical/health care error reduction requires a coordinated and systematic approach to create an information infrastructure and build a better evidence base for patient safety critical to reducing medical/healthcare errors and improving patient safety and is endorsed by the medical staff and Leadership.

Leadership assumes a role in establishing a culture of safety that minimizes hazards and patient harm by focusing on processes of care; emphasizing patient safety as an organizational priority; providing education to medical and hospital staff regarding the commitment to reduction of medical errors; supporting proactive reduction in medical/health care errors and integrating patient safety priorities into the new design and redesign of all relevant organization processes, functions and services.

**Oak Valley Hospital District Mission, Vision and Values**

**OUR MISSION**

“We Focus on Personalized Quality Health Care and Wellness for Those We Serve”

**OUR VISION**

“Oak Valley Hospital District Will Continue as an Independent Locally Controlled and Governed Special District Hospital. To Accomplish This We Will Adhere to the Following Guidelines:  
 Being Fiscally Responsible in Our Decision Making Process  
 Maintain and Expand Services that Best Reflect Our Needs and Resources Available  
 Promote Positive Change in the Health Status of Employees and Area Residents.”

**OUR VALUES**

“Accountability; Being Responsible for Actions Taken and Not Taken  
 Integrity; Doing the Right Thing for the Right Reason  
 Respect; Valuing All People at All Times”

## Objectives

- Encourage organizational learning about medical/health care errors
- Incorporate recognition of patient safety as an integral job responsibility
- Provide education of patient safety
- Encourage recognition and reporting of medical/health care errors and risks to patient safety without judgment or placement of blame
- Involve patients in decisions about their health care and promote open communication about medical errors/consequences which occur
- Collect and analyze data, evaluate care processes for opportunities to reduce risk and initiate actions
- Report internally what has been found and the actions taken with a focus on process and systems to reduce risk

## Organization

### Patient Safety Officer

The Manager of Patient Safety has been designated the *Patient Safety Officer* and as such, has the administrative responsibility for the Program.

Responsibilities include:

- Day-to-day responsibility for all aspects of the Patient Safety Plan.
- Maintenance of data collected, trended and analyzed, inclusive of the National Patient Safety Goals (NPSG).
- Quarterly reporting to Leadership and Quality Council on trended data and actions taken to improve the quality and safety of patient care and the effectiveness of those process changes.
- Working with the Quality Council to achieve the goals of the Patient Safety Plan.

### Quality Council

The Quality Council, in collaboration with the Patient Safety Officer, has oversight responsibility to ensure that the responsibilities and functions outlined in this program are carried forward throughout the organization. The Quality Council membership includes services involved in providing patient care, i.e. Quality Risk, Patient Safety Management, Pharmacy, Laboratory, Surgical Services, Infection Control, Radiology, Rehab and Nursing. The following responsibilities are assigned:

- Serve as champions of the Patient Safety Plan within the organization;
- Establish and evaluate data to identify patient safety performance indicators;
- Evaluate other sources of patient safety data utilizing internal and external resources including, but not limited to, risk assessments, sentinel event report/alert information (from within and outside the hospital), and event reporting information from a variety of available resources including the BETA event reporting system;
- Evaluate National Patient Safety Goal compliance data;
- Selection of at least one high-risk patient safety processes annually for proactive risk assessments and development / implementation of process changes for identified risks.
- Annual review of the Patient Safety Plan to ensure its appropriateness of focus and effectiveness of efforts.
- All will be used for review and analysis in prioritization of improvement efforts, implementation of action steps and follow-up monitoring for effectiveness.

## Definitions

### Patient Safety Events

**A Patient Safety Event** is an event, incident, or condition that could have resulted or did result in harm to a patient. A patient safety event can be, but is not necessarily, the result of a defective system or process design, a system breakdown, equipment failure, or human error. Patient safety events include Sentinel Events, adverse events, no-harm events, near miss events, and hazardous conditions.

**Adverse Event:** A patient safety event that resulted in harm to a patient

**Hazardous Conditions:** Any set of circumstances, exclusive of disease or condition for which the patient is being treated, which significantly increases the likelihood of a serious outcome

### The severity categories of a Patient Safety Event include:

**No-Harm:** A patient safety event that reaches the patient but does not cause harm.

**Mild/Moderate Harm:** An event that reached the person and caused mild or moderate harm and may have required minimal or moderate intervention or care.

**Severe Harm:** An event that reached the person and caused severe harm and required significant intervention or intervention to sustain life.

**Near Miss:** An act of commission or omission that could have harmed the patient but did not cause harm as a result of chance, prevention, or mitigation. An error caught before reaching the patient.

**Sentinel Event:** A patient Safety Event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following:

- Death
- Permanent harm
- Severe temporary harm
- ❖ See *Sentinel Event Policy* for full list of Sentinel Events

**Note:** Not all patient safety events are preventable. Event analysis is warranted in order to identify weaknesses, opportunities for improvement and whether remedial action is indicated.

### Patient Safety Plan and Performance Improvement

Oak Valley Hospital District is committed to making the safety of all patients, employees, physicians and visitors a leadership priority for organizational performance improvement. The Patient Safety Plan is an integral part of the Performance Improvement Plan that includes processes to:

- Establish and maintain a culture of safety throughout the organization;
- Promote safety by searching for, recognizing and reducing risks and hazardous conditions that result in medical/healthcare errors and patient injury;
- Support a strong internal non-punitive reporting mechanism;
- Facilitate the rapid redesign of unsafe care processes and systems in response to actual and potential adverse events;
- Support ongoing proactive efforts through implementation of known safe practices;
- Promote communication and coordination among individuals and departments to minimize risk to patients;
- Support sharing of knowledge to effect behavior change and organizational improvement to reduce risk and improve patient safety;
- Implement and measure the application of the National Patient Safety Goals (NPSG)

- Support timely notification of patients, and when appropriate their family, of unplanned outcomes; and
- Establish a data collection system to monitor performance of new or revised processes including patient, family, and staff input, needs, perceptions of risk to patients, and suggestions for improvement.
- Participation in a Patient Safety Culture Survey by a recognized Quality/Patient Safety Organization
  - Refer to Process Improvement Plan

### **Patient Safety Culture**

An organizational culture has been established by the leaders of Oak Valley Hospital District that supports the effective reduction of medical/health care errors and other factors that contribute to unintended adverse patient outcomes. This culture is based on the principles of organization-wide cooperation and communication and encourages:

- The recognition and acknowledgment that preventing errors and improving safety for patients requires a systems approach in order to modify the conditions that contribute to errors;
  - A focus on processes and systems;
  - Avoidance of individual blame or retribution for involvement in a medical/health care error;
- Fostering a Culture that ensures balanced accountability for both individuals and the organization responsible for designing and improving systems
- The internal reporting by all staff of unsafe care practices and systems and the willingness to develop and implement action steps to reduce risk; and
  - Organizational learning about human factors engineering - to effect behavioral changes in order to improve patient safety.

An effective Patient Safety Plan establishes expectations that all staff will report actual or potential medical/healthcare errors and occurrences without fear of reprisal. Therefore, it is the intent of Oak Valley Hospital District to adopt a fair culture in its management of errors and occurrences.

### **Scope of Activities**

The Patient Safety Plan at Oak Valley Hospital District is an organization wide program that includes not only facility staff and medical staff, but is inclusive of patients, family and visitors. The Patient Safety Plan establishes expectations of active participation of each person.

When processes, functions or services are designed or redesigned, information internal and external to the organization regarding potential risks to patient safety will be considered and where appropriate, utilized to minimize the risk to patients affected by the new or redesigned process, function or service. For high-risk processes, conducting a failure mode effects analysis will be considered.

Undesirable patterns or trends in performance and sentinel events will be intensively analyzed to determine where best to focus changes for improvement. Intensive analysis will be initiated when:

- Levels of performance, patterns, or trends vary significantly and undesirably from those expected;
- Performance varies significantly and undesirably from that of other organizations;
- Performance varies significantly and undesirably from recognized standards; or
- When a sentinel event has occurred.

Data from the following areas will be analyzed and action plans developed, as indicated, reflective of the findings:

- Medication errors, to include delays in administration
- Adverse drug reactions
- Transfusion reactions
- Patient falls
- Sentinel Events, Actual Events and Near Misses, Hazardous conditions
- Restraint issues
- Others as defined by Oak Valley Hospital District Quality Council, identified through OVHD Electronic Reporting System and/or Medical Executive Committee.

### **Leadership**

Hospital Leadership has overall accountability for the implementation of an integrated, organization-wide Patient Safety Plan. Inherent responsibilities include the following:

- Foster an environment in which organization staff and leaders readily identify and manage actual and potential risks to patient safety through personal example and the provision of resources to establish proactive mechanisms to reduce risk.
- Establish a culture in which effective teamwork is ingrained and communication flows freely regardless of authority gradient;
- Ensure that a defined, effective, on-going, proactive program for identifying risks to patient safety and reducing medical/health care errors is fully implemented. The program includes timely and appropriate responses to actual and potential events. Ensure that patient safety issues are given high priority when processes, functions or services are designed or redesigned;
- Validate the application and implementation of the National Patient Safety Goals (NPSG):
- Provide for mechanisms to measure, analyze and manage variation in the performance of defined processes that affect patient safety;
- Allocate adequate resources, including personnel, time, information systems, data management support and staff training to support the performance improvement processes associated with reducing risk and improving patient safety; and
- Annually evaluate the patient safety plan for its effectiveness in reducing risk and improving patient safety.

### **Physicians**

Physicians are responsible, as active participants in the patient Safety Plan, for reporting errors or near misses, and participating on focus teams to reduce identified patient safety risks. Whenever patient care outcomes differ significantly from the anticipated outcomes, the primary care provider and/or responsible licensed independent practitioner (or comparable designee), shall clearly explain these outcomes to the patient, and when appropriate, the family.

### **Patients / Families / Visitors**

Patients and families are responsible for:

- Providing, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to the patient's health;
- Reporting perceived risks in their care and unexpected changes in the patient's condition to the responsible practitioner; and
- Asking questions when they do not understand what they have been told about the patient's care or what they are expected to do.

### **Hospital Departments and Staff**

Hospital departments and staff have the following responsibilities:

- Active participation in the Patient Safety Plan;
- Participation in all related education activities and process implementation;
- Reporting errors and near misses and participating in process analysis and appropriate changes.
- Participation in the information needs assessment, staff surveys and other processes that request information regarding the Patient Safety Plan.

## **FUNCTIONS**

### **I. Proactive Risk Assessment Activities**

- A. The Vice President, Quality, Risk. Patient Safety in collaboration with the Quality Council will conduct a proactive risk assessment to identify hazards/risks that may affect patient safety. Risk assessment activities may include, but not be limited to the following:
1. A patient safety risk assessment evaluating known high risk processes/procedures that have associated risks;
  2. On-going risk assessments based on internal and external data, including sentinel event alerts;
  3. Focused risk assessments as determined by the Quality Council, Leadership, Patient Safety and Risk Management;
  4. Selection of patient safety process improvements and risk reduction activities utilizing the priority setting criteria of Oak Valley Hospital District.
  5. Staff surveys will be conducted to assess the safety culture. It includes staff opinion, needs, perceptions of risks to patients and suggestions for improving patient safety, as well as the Staff's willingness to report medical/health care errors.
- B. Risk assessment activity results will be aggregated and analyzed. Appropriate action plans/performance improvement projects will be developed in response to the results with the goal of reducing the actual, potential or perceived risk to patient safety.



## **II. Event Reporting (Incident Reporting)**

- A. When an unplanned event occurs, the patient care provider will do the following:
  - 1. Perform the necessary healthcare interventions to support the patient's clinical condition.
  - 2. Perform the necessary interventions to contain the risks to others.
  - 3. Notify the patient's attending physician.
  - 4. Preserve any information related to the event including physical evidence. Preservation of the information includes the documentation of facts regarding the event or complication of the event in the Oak Valley Hospital District Electronic Safety Event Manager (RLDatix) and in the medical record.
  - 5. Notify immediate supervisor of the event.
  
- B. Identification of potential unsafe condition/processes that may affect patient safety:
  - 1. All staff identifying such a condition will immediately report such to their supervisor, and document in the Oak Valley Hospital District Electronic Safety Event Manager (RLDatix).
  - 2. Take the necessary actions to ensure that any potential risks to patient care and safety are mitigated.

## **III. Event Monitoring/Risk Assessment Analysis, Action Planning and Intervention**

- A. Patient safety related event-reporting data within the scope of the Patient Safety Plan and all risk assessment results will be aggregated and presented to the Quality Council for analysis quarterly. Based on the analysis of this data, any actual or potential sentinel events and other internal and external data including TJC Sentinel Event Alerts and other current literature, proactive action plans will be developed to include the following:
  - 1. Assessment of the intended and actual implementation of processes to identify the steps in where there is, or may be, undesirable variation;
  - 2. Identification of the possible effects of the undesirable variations on patients and how serious the effect or outcome on the patient might be;
  - 3. For critical effects/outcomes, a Comprehensive Systems Analysis (CSA) will be conducted to determine why the variation leading to the effect may occur;
  - 4. Redesign of the process and/or underlying systems to minimize the risk of that variation or to protect patients from the effects of the variation;
  - 5. Use of the Plan Do Check Act (PDCA) or other Quality Improvement Process

## **IV. Response to Reported Adverse/Sentinel Events**

- A. Oak Valley Hospital District shall respond to all reported potential and actual adverse/sentinel events as described in the sentinel event policy.
  
- B. Minimally, all adverse events will be analyzed utilizing a team of individuals to conduct a root-cause / Comprehensive Analysis and/or a failure mode and effects analysis, implement an action plan to reduce further risk to patients and establish measures of effectiveness. See Sentinel Event policy and procedure in Administrative Manual.
  
- C. Staff involved in an adverse/sentinel event shall be treated with respect and dignity.

1. A **Just Culture** approach, see OVHD Just Culture Accountability Policy, shall be taken in order to facilitate changes in systems and processes to prevent further risk to patient safety, as well as promote future reporting by other staff.
2. Involved staff should be involved, when possible, in the CSA process.
3. The department manager will provide on-going support to the staff member as needed.
4. Whenever necessary, Employee Assistance Programs will be offered as support to the involved employee.

## **V. Facility Education**

### **A. Staff Education**

1. General orientation, on-going in-service and other education and training programs will emphasize specific job-related aspects of patient safety.
2. Specific Patient Safety Plan training at orientation and annually through OVHD Education Relias thereafter will include:
  - An overview of the Patient Safety Plan.
  - Staff's role and responsibilities in the Patient Safety Plan.
  - Event reporting, including the events requiring reporting and the process for reporting events.
  - Methods to support and foster an interdisciplinary and collaborative approach to the delivery of patient care.
  - Review of all applicable National Patient Safety Goals (NPSG).
  - Examples of specific job-related aspects of patient safety.
  - **Just Culture as it looks at interactions between human operations and systems.**

### **B. Physician Education**

1. An overview of the Patient Safety Plan will be provided to physicians at time of initial appointment and periodically thereafter, that describes the program, emphasizes their role and responsibilities in the program and informs them of the event reporting mechanism.
2. Specific physicians may receive additional training to support their involvement at a higher level in the Patient Safety Plan.

## **VI. Patient Safety Plan Reporting and Review**

- A. Patient Safety Plan related data and information reports will be provided quarterly to the Quality Council.
- B. A summary report of data, other internal and external information, as well as all actions taken by the Quality Council and/or specific patient safety related teams will be submitted to the Medical Executive Committee.
- C. Annually, the Patient Safety Plan will be evaluated for effectiveness and the program updated to reflect the results of risk assessments of patients, families and staff. The review shall include a summary of the occurrence of medical/health care errors and actions taken to improve patient safety, both in response to actual occurrences and proactive efforts.
  1. The review will be approved by Quality Council, Medical Executive Committee
  2. Will be submitted to the governing body for review and approval.

## **REFERENCES**

CMS Conditions of Participation  
Joint Commission Accreditation Manual, 2024

### **Associated Policies –**

Sentinel Event Policy

Event Report Process Policy/Patient Safety Events Policy

Disclosure of Unanticipated Outcomes to Patients/Families Policy

**OVHD Just Culture Accountability**

Attachments

Patient Safety Measurement Summary Matrix

OAK VALLEY HOSPITAL DISTRICT- ATTACHMENT A  
 Patient Safety Measurement Summary Matrix

2024-2025

| Performance Measures                        | Location(s) Measured |                |                 |                | Sampling          |               | Data Reported to                          | Reporting Frequency                |
|---------------------------------------------|----------------------|----------------|-----------------|----------------|-------------------|---------------|-------------------------------------------|------------------------------------|
|                                             | Acute Care           | Long Term Care | Ambulatory Care | Emergency Care | Sampling of Cases | 100% of Cases |                                           |                                    |
| <b>Corporate Level Patient Safety Goals</b> |                      |                |                 |                |                   |               |                                           |                                    |
| 2024-2025 NPSG Dashboard                    | X                    | X              | X               | X              |                   |               | Quality                                   | Monthly Data / Quarterly Reporting |
| Suicide                                     | X                    | X              | X               | X              |                   |               | Reported to Quality                       | Monthly Data and Reporting         |
| Falls                                       | X                    | X              | X               | X              |                   | X             | Quality                                   | Monthly Data / Quarterly Reporting |
| Restraint Use                               | X                    |                |                 | X              |                   | X             | Patient Safety Nursing                    | Monthly Data / Quarterly Reporting |
| Blood Administration                        | X                    |                |                 | X              |                   |               | Lab Nursing                               | Monthly Data / Quarterly Reporting |
| Medication Safety                           | X                    | X              | X               | X              | X                 |               | Medication Safety Quality P&T             | Monthly Data / Quarterly reporting |
| Culture of Safety Survey 2025               | X                    | X              | X               | X              |                   |               | Patient Safety / Quality / District Board | Annual                             |
| Stroke                                      | X                    |                |                 | X              |                   |               | Quality / ED Subcommittee                 | Monthly Data / Reporting           |
| Bedside Medication Scanning                 | X                    |                |                 | X              |                   | X             | Quality Medication Safety                 | Monthly Data / Quarterly Reporting |

X The following P&Ps/Forms had Minor Revisions:

| Policy/Procedure/Form | Title of Reviewer and/or Committee and Approval Date | Reason for Minor Revision<br><i>(List all policies/procedures that had minor revisions and a brief statement indicating the reason for the minor revision. Minor revision is defined as "a revision that does not affect procedure or process such as changes in titles, positions, form names, etc")</i> |
|-----------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patient Safety Plan   | Manager Patient Safety                               | Annual Updating as required, Addition of Just Culture, Measurement Matrix updated for 2024-2025                                                                                                                                                                                                           |
|                       |                                                      |                                                                                                                                                                                                                                                                                                           |
|                       |                                                      |                                                                                                                                                                                                                                                                                                           |
|                       |                                                      |                                                                                                                                                                                                                                                                                                           |

The following P&Ps/Forms were Reviewed with No Revision

| Policy/Procedure/Form | Title of Reviewer and/or Committee and Approval Date | Reason for Reviewed With No Revision<br><i>(List all policies/procedures that have been reviewed with no revisions. Note: JC requires review every three years)</i> |
|-----------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                       |                                                      |                                                                                                                                                                     |
|                       |                                                      |                                                                                                                                                                     |
|                       |                                                      |                                                                                                                                                                     |
|                       |                                                      |                                                                                                                                                                     |

The following P&Ps/Forms have been Retired:

| Policy/Procedure/Form | Title of Reviewer and/or Committee and Approval Date | Reason for Retirement<br><i>(List all policies/procedures that have been retired. Regulations require we maintain polices for seven years)</i> |
|-----------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
|                       |                                                      |                                                                                                                                                |
|                       |                                                      |                                                                                                                                                |
|                       |                                                      |                                                                                                                                                |
|                       |                                                      |                                                                                                                                                |

Jennifer Fair  
Department Manager or TJC Team Leader

6/2/2024  
Date

Please submit this summary along with all of the policies included in this summary to the designated person in charge of organizing the policies as indicated.

# OAK VALLEY HOSPITAL DISTRICT

## Anesthesia Services

|                                                                                                   |                           |                         |                 |
|---------------------------------------------------------------------------------------------------|---------------------------|-------------------------|-----------------|
| <b>POLICY/PROCEDURE</b>                                                                           |                           |                         |                 |
| ANESTHESIA RULES and REGULATIONS                                                                  |                           |                         |                 |
| <b>Effective Date:</b> June 2024                                                                  |                           | <i>Page 1 of 5</i>      |                 |
| Areas Affected: Department of Surgery                                                             |                           |                         |                 |
| Composed by: Medical Staff Services                                                               |                           |                         |                 |
| <input checked="" type="checkbox"/> Reviewed <input type="checkbox"/> Revised by: Surgery Manager |                           |                         |                 |
| <b>Dept / Committee Approval:</b>                                                                 | <b>Dept/Title:</b>        | <b>Date</b>             | <b>Approved</b> |
| Policy, Procedures, Forms Comm.                                                                   | VP of Nursing             | 01/15/2025              | X               |
| Department of Surgery                                                                             | Medical Staff Coordinator | 02/11/2025              | X               |
| Medical Executive Committee                                                                       | Medical Staff Coordinator | 02/18/2025              | X               |
| District Board                                                                                    | Board Liaison             | 03/06/2025              |                 |
| <b>Revised:</b> 6/24                                                                              | <b>Reviewed:</b> 6/24     | <b>Next Review Date</b> |                 |

### ORGANIZATION OF THE DEPARTMENT

1. The anesthesia Department is an integral part of the Surgical Services Department. Anesthesia services are provided by a group of qualified licensed physicians specially trained in anesthesiology, and/or Certified Registered Nurse Anesthesia providers (CRNA) for all general, regional, and local procedures that require monitored anesthesia care on a five-day per week basis, eight hours per day. Emergency surgical procedures, which require the services of an anesthesiologist or CRNA, are covered by an "on-call" anesthesia provider 24 hours per day, 7 days per week (or after hours).

In addition, the anesthesia provider, if available, will assist in cardiopulmonary resuscitation in the emergency, and special care areas.

2. A qualified anesthesia provider will assist in the management of acute or chronic respiratory failure or acute and chronic pain syndromes and a variety of different diagnostic and therapeutic measures related to quality patient care.

### DIRECTOR OF DEPARTMENT

1. Qualifications:
  - Must be a member of the active medical staff.
  - Must be licensed qualified physician

### RESPONSIBILITIES/DUTIES

1. The Director of Anesthesia or their designee has responsibility for, but is not necessarily limited to:
  - Serving as Chairperson of the Anesthesia Department.
  - Responsible to the Anesthesia Department.
  - Ensuring that anesthetic services are provided by CRNAs or qualified licensed physicians who have been trained in the specialty of anesthesiology.
  - Ongoing monitoring of the quality of anesthesia rendered by all anesthesia providers in the Surgical Services Department
  - ~~Monthly review and evaluation of anesthesia services according to pre-established criteria, the quality and appropriateness of anesthesia care both pre- and postoperatively as well as the safety regulations for the department. Findings will be incorporated into the hospital-wide performance improvement system.~~
  - Inspection and evaluation of anesthetic equipment on a daily basis to provide a safe anesthetic environment. Assist in updating the anesthesia equipment, to be current with standards of the medical community. These duties may be delegated to active staff anesthesia providers at the discretion and/or in the absence of the Director of Anesthesia.
  - ~~Act as a consultant in all measures concerning anesthesia services and participate on a regular basis as instructor in the hospital program for continuing education.~~

#### **PRE-ANESTHETIC CARE**

The anesthesia provider must perform a preoperative evaluation of patients scheduled for surgery. This includes a review of that patient's chart including consultations, history and physical, lab, EKG and radiology and to determine the physical status of the patient according to the classifications stated above. He/she may order additional laboratory tests when necessary for further evaluation of anesthesia risk and will order any required preoperative medications. Any concerns regarding excessive anesthesia risks will be discussed with the surgeon and the patient.

#### **INTRA-ANESTHETIC CARE**

1. The following are safety guidelines that need to be met and include but are not limited to:
  - A careful and thorough check of all anesthesia equipment and supplies.
  - Reevaluation of the patient immediately prior to induction of anesthesia.
  - Proper and adequate use of monitoring equipment (Pulse Oximetry, EKGs, BP, stethoscopes, temperature probe, carbon dioxide monitors, pulse oximetry, etc.). Record tourniquet times, if applicable.
  - Accurate and careful recording of vital signs, medications and main events during anesthesia on the hospital's anesthesia record.

- Accurate charting and monitoring of **ALL** Intake and Output.
- Careful evaluation and supervision of the patient's position on the operating table.
- Any incident occurring during anesthesia administration should be ~~the object of a written report to be submitted by the anesthesia provider to the Anesthesia Department. A mini-audit of the report should be performed within the following week by members of the Anesthesia Department, including the Chief of Anesthesiology.~~ Entered into the electronic incident reporting software for follow-up through the Quality Department. Any issues related to the quality or delivery of anesthesia services will be sent to the Anesthesia Medical Director for review and handled according to the Medical Staff Peer Review policy.

## **POSTANESTHETIC CARE**

1. The patient will leave the operating room after the completion of the surgical procedure whenever the anesthesia provider deems that it is safe to transfer the patient to the PACU.
2. The patient will be accompanied by the anesthesia provider and the circulating nurse. The anesthesia provider will remain in attendance in PACU as long as necessary to ensure the patient's safety. The patient may be discharged from the PACU, when the discharge criteria has been met, by a licensed independent practitioner or by medical staff approved discharge criteria.

## **SAFETY REGULATIONS**

1. Flammable anesthetics are not to be used in the Anesthesia Department of Oak Valley Hospital.
2. Safety regulations provide rules for electrical equipment, hazards, availability, asepsis of anesthesia equipment and position of the patient on the operating room table.
3. Prevention of electrical injury is aimed at eliminating extraneous voltage sources and avoiding connections that result in complete circuits through patient tissues.
4. Conductivity and grounding of electrical equipment shall be checked by hospital engineers and a complete log is maintained in the Engineering Department.
5. All electrical instruments used in the operating room shall be equipped with three-wire hospital grade power cords and grounded plugs.
6. In all operating rooms, the electrical equipment shall comply with the provisions of the NFPA. Each operating room shall have a relative humidity in accordance to The Joint Commission Standards.
7. Cotton or cotton blend clothing shall be worn in the operating room. Silk, wool or synthetics may be worn only in intimate contact with the skin beneath cotton outer garments.
8. The dispersive electrode of the electrosurgical unit should be put as close as possible to the operative site, over soft tissue avoiding bony prominences. Care should be taken in placement of the dispersive electrode for use of the electrosurgical unit in patients with artificial pacemakers. Place the dispersive electrode in a manner that directs the current away from the patient's pacemaker.
9. EKG electrodes are placed as far as possible from the operative site and far from any intracardiac catheter (CVP). All EKG leads should have <10,000 OHMS resistor molded into them. EKG monitors shall be provided with alarms for disconnected leads.



10. Ether or acetone shall not be employed in the operating room as cleansing agents. Spray cans with contents under high pressure should be used with caution in the operating room.
11. Oxygen and nitrous oxide cylinders shall be stored outside the operating room or on stable carts.
12. All anesthesia machines are provided with fail-safe pin index safety systems and back-up oxygen and nitrous oxide tanks, oxygen monitors and carbon dioxide analyzers. A qualified objective anesthesia company shall make a quarterly inspection of anesthesia equipment and any faulty equipment is immediately removed, sent for repair or repaired on site. An annual survey of the anesthesia waste gas scavenging system is done by an outside impartial consultant.

## **PROCEDURE**

To maintain asepsis, safety and effective anesthesia care of the patient before, during and after surgery, the following is recommended:

1. Prior to commencement of daily anesthesia activity, the following are to be checked by the anesthesia provider to ensure cleanliness and the best working condition:
  - The anesthesia machine for potential leakage;
  - Laryngoscope and blades;
  - A clean circuit, mask and bag for every patient;
  - Functioning clean suction set-up;
  - Sterile disposable endotracheal tubes in a complete range of sizes;
  - All the monitoring devices: EKG, temperature probe, BP machine, carbon dioxide monitors, oxygen analyzers, to ensure proper functioning.
  - Wash hands before starting a new procedure.
  - All corrugated breathing circuits/tubes, endotracheal tubes, bags, esophageal stethoscopes are to be disposable and are discarded after each patient.
  - All sets of breathing tubes shall contain a disposable bacterial filter.
  - All laryngoscope blades shall undergo mechanical cleaning with brush and soapy water, followed by steam sterilization for 3 minutes after each use. They are then stored in a clean area to avoid recontamination. The blades do not need to be maintained in a sterile condition.
  - Rubber masks, head straps, airways or any reusable equipment shall be cleansed after use according to Infection Control Standards. At OVHD, anesthesia equipment is primarily disposable.
2. Anesthesia set-up for all cases:
  - All anesthesia carts and operating room cupboards shall be closed unless necessary to obtain supplies.

- All single dose medicines opened and unused are discarded at the completion of the case.
  - All disposable equipment is promptly discarded at the completion of the case.
  - All anesthesia machines are properly cleansed with a surface disinfectant solution between each case.
  - Soda lime in anesthesia machines is changed as indicated by the manufacturer.
  - All surgical attire is changed if soiled.
3. At the end of anesthesia - daily activity:
- All the anesthesia machines and carts are to be cleaned by Surgical Services Department personnel.
  - All unused and opened drugs are discarded after each case. Discarded narcotics will be recorded on the narcotic sheet as "wasted". The anesthesiologist and one registered nurse will sign the sheet.
  - All used syringes are discarded immediately after use.
  - Needles shall be disposed of in special rigid sharps containers.
  - All IV solutions with admixtures or opened solutions shall be discarded, if unused, after each case.
4. Every case is potentially an infected case and shall be handled accordingly. Those cases requiring soda lime changes are TB and any other respiratory infections indicating change at the discretion of the anesthesia provider.

# OAK VALLEY HOSPITAL DISTRICT

## Infection Control Employee Health Manual

|                                                                                                                                              |                                      |                          |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------|--------------------------------|
| <b>Policy/Procedure:</b>                                                                                                                     |                                      |                          |                                |
| <b>Employee Communicable Disease Work Restrictions</b>                                                                                       |                                      |                          |                                |
| <i>Also indexed as Work Restrictions for Employees with Communicable Diseases</i>                                                            |                                      |                          |                                |
| Effective Date: 01/1998                                                                                                                      |                                      | Page 1 of 3              |                                |
| Areas Affected: All Divisions and Departments of the Hospital District                                                                       |                                      |                          |                                |
| Composed by: Unknown                                                                                                                         |                                      |                          |                                |
| <input type="checkbox"/> Reviewed <input checked="" type="checkbox"/> Revised by: <b>Infection Preventionist Occupational Health Manager</b> |                                      |                          |                                |
| <b>Dept / Committee Approval:</b>                                                                                                            | <b>Dept/Title:</b>                   | <b>Date</b>              | <b>Approved</b>                |
| <b>Infection Control</b>                                                                                                                     | <b>Infection Preventionist</b>       | <u>11/01/24</u>          | X                              |
| Employee Health                                                                                                                              | <b>Oee Health Supervisor Manager</b> | <u>11/04/24</u>          | X                              |
| Policy, Procedures, Forms Comm.                                                                                                              | Medical Staff Coord                  | <u>01/15/2025</u>        | X                              |
| P&T / Infection Control Committee                                                                                                            | Medical Staff Coord                  | <u>02/12/2025</u>        | X                              |
| Medical Executive Committee                                                                                                                  | Medical Staff Coord                  | <u>02/18/2025</u>        | X                              |
| District Board                                                                                                                               | Board Liaison                        | <u>03/06/2025</u>        |                                |
| Revised: 08/03/2017, <u>11/2024</u>                                                                                                          |                                      | Reviewed: <u>11/2024</u> | Next Review Date: <u>02/23</u> |

### POLICY

Employees with potentially transmissible disease conditions will have appropriate work restrictions applied.

### PROCEDURE

1. Report any illness to your supervisor.
2. The following table provides work restrictions for specific communicable diseases.

| Disease/Problem                                        | Work Restriction                                | Duration                                                                                              |
|--------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Conjunctivitis                                         | Restrict from patient contact.                  | Until discharge ceases.                                                                               |
| COVID - <del>19</del> <u>(19 (SARS-CoV eOv_-2 RNA)</u> | Exclude from duty.                              | Until results are received and follow current Center for Disease and Public Health recommendations    |
| Cytomegalovirus infections (CMV)                       | No restriction.                                 |                                                                                                       |
| Diarrhea:<br>Acute Stage                               | Restrict from patient contact or food handling. | Until symptoms <u>resolve</u> .                                                                       |
| Convalescent Stage<br><i>Salmonella</i>                | Restrict from patient contact or food handling. | Until stool is free of the infecting organism on 2 consecutive cultures not less than 24 hours apart. |

| Disease/Problem                              | Work Restriction                                                                                                     | Duration                                                                                                                                                     |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diphtheria                                   | Exclude from duty.                                                                                                   | Until antimicrobial therapy <del>completed</del> <u>completed</u> , and 2 cultures obtained 24 hours apart are negative.                                     |
| Enteroviral Infections                       | Restrict from care of infants and newborns.                                                                          | Until symptoms resolve.                                                                                                                                      |
| Hepatitis A                                  | Restrict from patient contact or food handling.                                                                      | Until 7 days after <del>onset</del> <u>the onset</u> of jaundice.                                                                                            |
| Hepatitis B                                  | Standard precautions should always be observed.                                                                      | Until HBeAg is negative.                                                                                                                                     |
| Hepatitis C                                  | Standard precautions should always be observed.                                                                      |                                                                                                                                                              |
| Herpes Simplex:<br>Genital                   | No Restrictions                                                                                                      |                                                                                                                                                              |
| Herpetic Whitlow (hands)                     | Restricted from patient contact.                                                                                     | Until lesions heal.                                                                                                                                          |
| Orofacial                                    | Should not take care of high-risk patients* unless able to cover <del>lesion</del> <u>the lesion</u> with a barrier. | Until lesions heal.                                                                                                                                          |
| Human Immunodeficiency Virus Infection (HIV) | Standard precautions should always be observed.                                                                      |                                                                                                                                                              |
| Influenza                                    | Exclude from duty.                                                                                                   | Until fever free for <del>72-</del> <u>24</u> hours without use of antipyretics                                                                              |
| Measles:<br>Active                           | Exclude from duty.                                                                                                   | Until 7 days after the rash appears.                                                                                                                         |
| Post-Exposure                                | Exclude from duty.                                                                                                   | From the 5 <sup>th</sup> through the 21 <sup>st</sup> day after exposure.                                                                                    |
| Mumps:<br>Active                             | Exclude from duty.                                                                                                   | Until 9 days after <del>onset</del> <u>the onset</u> of parotitis.                                                                                           |
| Post-Exposure (susceptible)                  | Exclude from duty.                                                                                                   | From the 12 <sup>th</sup> day through the 26 <sup>th</sup> day after exposure.                                                                               |
| Pertussis:<br>Active                         | Exclude from duty.                                                                                                   | From the beginning of the catarrhal stage through the 3 <sup>rd</sup> week after onset of paroxysmal cough or until 5 days after start of effective therapy. |
| Post-Exposure (Symptomatic)                  | Exclude from duty.                                                                                                   |                                                                                                                                                              |
| Post-Exposure (Asymptomatic)                 | No restriction, prophylaxis recommended.                                                                             |                                                                                                                                                              |
| Varicella:<br>Active                         | Exclude from duty.                                                                                                   | Until all lesions are dry                                                                                                                                    |
| Post-Exposure (Symptomatic)                  | Exclude from duty                                                                                                    | From the 10 <sup>th</sup> through the 21 <sup>st</sup> day after exposure                                                                                    |

\*High-risk patients are defined as immunocompromised patients of any age.

## REFERENCES

1. APIC Text of Infection Control and Epidemiology 4th Edition June/2014
2. ~~APIC text of Infection Control and Epidemiology. Washington, D.C.: Association for Professionals in Infection Control and Epidemiology. Retrieved from <https://text.apic.org/toc/infection-prevention-for-occupational-health/occupational-health/summary-of-suggested-work-restrictions-for-hcp-exposed-to-or-infected-with-infectious-diseases-of-importance-in-healthcare-settings-in-the-absence-of-state-and-local-regulations-modified-from-acip-recommendations>~~
3. CDC. Immunization of Health-Care Workers: Recommendations of Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC). ~~MMWR~~. MMWR 1997; 46(RR-18): 1-42.
4. ~~CDC. Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2, (2024, March 18).~~
4. ~~Recommended Vaccines for Healthcare Workers/CDC/May 2016  
<https://www.cdc.gov/vaccines/adults/rec-vac/hew.html>~~
5. ~~Immunization Action Coalition (IAC); Immunization of Health-Care Personnel- Centers for Disease Control and Prevention (CDC); healthcare Personnel Vaccination Recommendations, (2022, July).~~

|  |  |                                                                                                                                                                                                                                                |
|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  | <ul style="list-style-type: none"> <li>5. Added Terminal Cleaning information</li> <li>6. Added references</li> <li>7. Revised Neg Pressure Verification Monitoring</li> <li>8. Revised and added the Neg Pressure Verification log</li> </ul> |
|  |  |                                                                                                                                                                                                                                                |
|  |  |                                                                                                                                                                                                                                                |
|  |  |                                                                                                                                                                                                                                                |

The following P&Ps/Forms had Minor Revisions:

| Policy/Procedure/Form                           | Title of Reviewer and/or Committee and Approval Date | Reason for Minor Revision<br><i>(List all policies/procedures that had minor revisions and a brief statement indicating the reason for the minor revision. Minor revision is defined as "a revision that does not affect procedure or process such as changes in titles, positions, form names, etc")</i> |
|-------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tdap Vaccine Screening and Administration       | IP                                                   | <ul style="list-style-type: none"> <li>1. Minor grammar corrections.</li> <li>2. Updated references</li> </ul>                                                                                                                                                                                            |
| Hand Hygiene                                    | IP                                                   | <ul style="list-style-type: none"> <li>1. Minor grammar corrections.</li> <li>2. Added the following sections: Gloves, Fingernails, Hand Lotions, Skin Irritation, Enforcement.</li> <li>3. Updated references</li> </ul>                                                                                 |
| Personal Protective Equipment                   | IP                                                   | <ul style="list-style-type: none"> <li>1. Minimal changes.</li> <li>2. Updated references.</li> </ul>                                                                                                                                                                                                     |
| Employee Communicable Disease Work Restrictions | IP                                                   | <ul style="list-style-type: none"> <li>1. Minimal changes.</li> <li>2. Changed IC to EH manual</li> <li>3. Updated references.</li> </ul>                                                                                                                                                                 |
| Scabies- Prevention and Control                 | IP                                                   | <ul style="list-style-type: none"> <li>1. Minor corrections</li> <li>2. Added section: Symptoms</li> <li>3. Updated references</li> </ul>                                                                                                                                                                 |
| Employee Communicable Disease Work Restrictions | IP                                                   | <ul style="list-style-type: none"> <li>1. Minor corrections</li> <li>2. Updated references</li> <li>3.</li> </ul>                                                                                                                                                                                         |
|                                                 |                                                      |                                                                                                                                                                                                                                                                                                           |

The following P&Ps/Forms were Reviewed with No Revision

| Policy/Procedure/Form | Title of Reviewer and/or Committee and Approval Date | Reason for Reviewed With No Revision<br><i>(List all policies/procedures that have been reviewed with no revisions. Note: JC requires review every three years)</i> |
|-----------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                       |                                                      |                                                                                                                                                                     |
|                       |                                                      |                                                                                                                                                                     |
|                       |                                                      |                                                                                                                                                                     |
|                       |                                                      |                                                                                                                                                                     |

The following P&Ps/Forms have been Retired:

| Policy/Procedure/Form | Title of Reviewer and/or Committee and Approval Date | Reason for Retirement<br><i>(List all policies/procedures that have been retired. Regulations require we maintain polices for seven years)</i> |
|-----------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
|                       |                                                      |                                                                                                                                                |

Policy/Procedure and Form Review Summary

# OAK VALLEY HOSPITAL DISTRICT

## Emergency Operations All Hazards Manual

|                                                                                                                                    |                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>POLICY/PROCEDURE:</b> _____                                                                                                     |                                                                                                                                                                            |
| <b><u>DISASTER WELFARE INQUIRY</u></b>                                                                                             |                                                                                                                                                                            |
| <b>EFFECTIVE DATE:</b> <del>10/91</del>                                                                                            | <b>PAGE 1 OF 2 (+Attachment)</b>                                                                                                                                           |
| <b>AREAS AFFECTED:</b><br>All Divisions and Departments of the Oak Valley Hospital District                                        | <b>REVISIONS:</b> <del>10/00</del><br><br><b>REVIEW DATE:</b> <del>5/93; 10/93; 9/94; 4/99; 10/00; 10/03; 4/04; 9/09</del><br><br><b>NEXT REVIEW DATE:</b> <del>9/12</del> |
| <b>Services Required to Review for Revisions:</b><br><del>EOC Committee, Standards Committee, Administration, Governing Body</del> |                                                                                                                                                                            |

|                                                                                                            |                                                                                                            |                          |                 |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------|-----------------|
| <b>Policy/Procedure:</b>                                                                                   |                                                                                                            |                          |                 |
| <b><u>DISASTER WELFARE INQUIRY</u></b>                                                                     |                                                                                                            |                          |                 |
| <b>Effective Date:</b>                                                                                     |                                                                                                            | <b>Page 1 of 1</b>       |                 |
| Areas Affected: All Divisions and Departments of Oak Valley Hospital District                              |                                                                                                            |                          |                 |
| Composed by:                                                                                               |                                                                                                            |                          |                 |
| <input checked="" type="checkbox"/> Reviewed <input type="checkbox"/> Revised by: Imaging Services Manager |                                                                                                            |                          |                 |
| <b>Dept / Committee Approval:</b>                                                                          | <b>Dept/Title:</b>                                                                                         | <b>Date</b>              | <b>Approved</b> |
| Imaging Services                                                                                           | Manager                                                                                                    | <u>01/31/2024</u>        | <u>X</u>        |
| Policy, Procedures, Forms Comm.                                                                            | VP of Nursing                                                                                              | <u>11/06/2024</u>        | <u>X</u>        |
| <u>EOC</u>                                                                                                 | <u>Chief Engineer</u>                                                                                      | <u>01/16/2025</u>        | <u>X</u>        |
| <u>ADMIN</u>                                                                                               | <u>VP Nursing</u>                                                                                          | <u>02/06/2025</u>        |                 |
| District Board                                                                                             | Board Liaison                                                                                              | <u>03/06/2024</u>        |                 |
| <b>Revised:</b> 10/00, <del>9/09, 01/24</del> /24                                                          | <b>Reviewed:</b> <del>4/99, 5/03, 4/04, 01/24</del> /93, 10/93, 9/94, 4/99, 10/00, 10/03, 4/04, 9/09, 1/24 | <b>Next Review Date:</b> |                 |

**POLICY**

- The Red Cross is expected to respond quickly to requests for information about the welfare of individuals in disaster-stricken areas. Disaster Welfare Inquiry (DWI) workers handle these requests. The requests usually come from outside the chapter's area; in some instances they are from individuals. Inquiries are screened to ensure that they are submitted only by immediate family members or close relatives. The Disaster Health Service is the unit responsible for obtaining verified information on the ill, injured, hospitalized, and dead for Disaster Welfare Inquiry purpose.

2. The Red Cross does not release casualty lists publicly or notify families unless specifically asked to do so by public officials or officials of a transit carrier. The Red Cross does not categorize people as missing, since that is the responsibility of public authorities.

Information on casualties for DWI shall include:

- The victim's name, age and sex.
  - The diagnosis and condition.
  - The pre-disaster address.
  - The present location (i.e., the name of the hospital or shelter the post-disaster address or name of the funeral home or morgue).
3. Verified information is obtained from direct contact with the physician, nursing or hospital administration, or the coroner's office.
  4. Information is provided to the DWI cadre from the Victim Registration Log. Cooperative arrangements with hospitals during preparedness planning can expedite the process of obtaining a list of names of patients who have been treated and released or who are currently hospitalized, as well as the other information listed above.
  5. Where the number of casualties is large, a master list of injured and dead shall be developed and updated daily. All information regarding casualty lists will be shared with the operations director, the DWI Cadre, Family Service and Nursing and Health Services counterparts in the chapter.

REFERENCE

1. <https://www.redcross.org/get-help/disaster-relief-and-recovery-services/contact-and-locate-loved-ones.html>



### CONTROL CENTER BLACKBOARD OR WORKSHEET

| Minor Treatment | Major Treatment | X-Ray | Surgery | Holding Area                     | DOA                     | Admits                 | Beds Available                                                       |
|-----------------|-----------------|-------|---------|----------------------------------|-------------------------|------------------------|----------------------------------------------------------------------|
|                 |                 |       |         |                                  |                         |                        | Medical:<br>Surgical:<br>ICU:<br>CCU:<br>OB:<br>Pediatric:<br>Other: |
|                 | Major Holding   |       |         | Doctors<br>G.P.<br>Peds.<br>ED.  | Med.<br>Ortho.<br>OB.   | Surg.<br>Ent.<br>Other | Gyn.<br>Plas.                                                        |
|                 |                 |       |         | Blood<br>O Pos<br>A Pos<br>B Pos | O Neg<br>A Neg<br>B Neg | AB Pos<br>AB Neg       |                                                                      |

As each tag is brought in the victim number is recorded under the appropriate treatment area. When the patient is moved, a line will be drawn through the victim number and it is placed in correct column.