

Regular Board Packet

March 5, 2026

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”

~~~~~

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

**March 5, 2026, 5:30 p.m.  
350 S. Oak Ave. Oakdale, CA 95361  
REDWOOD ROOM**

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

**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 350 S. Oak Ave., Oakdale, CA during normal business hours.

**5:30 p.m.  
Information**

**Public Hearing to Review Proposed Maps of Boundaries of Electoral Zones for Election of Members of the Board of Directors**

- Presented by Matt Ottone, Ottone & Leach LLP, Matt Rexroad, and Fabian Valdez Jr., Redistricting Insights

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 Minutes –**

- February 5, 2026 – Regular Meeting
- February 12, 2026 – Special Meeting

**3. Admin Policies**

HR Manual

- Disability Accommodation & Interactive Process
- District Vehicle Policy
- Leave of Absence
- Sick Leave
- State Mandated Paid Sick Leave

Emergency Operations Management Manual

- Disruption of Services – Electric
- Disruption of Services – Water
- Patient Chart and Victim Registration Log

Patient Financial Services Manual

- Hospital Pricing Procedure

Action                    **MEDICAL STAFF REPORT** –Matthew Tilstra, M.D., Chief of Staff

**The Medical Executive Committee requests the District Board’s approval of the following items forwarded from the February 17, 2026 meeting.**

**Committee Reports**

- A. The Department of Surgery Committee Report – (2/10/26)  
Matthew Coates, MD, Chairperson
  - i. Summary Review **Discussion**
  - i. Forms/Policy **Approval**
    - Policy**
    - Operative Services Manual
      - Specimen Management for Surgical and Invasive Procedures
  - ii. Other
    - General Surgery Privilege Request / Approval Form
      - Update and additions to Gastroenterology
  
- B. The Quality Council Report – (02/12/2026)  
Lee Horwitz, MD, Chairperson
  - i. Summary Review **Deferred**
  - ii. Forms/Policy **Approval**
    - Policy**
    - Administrative Manual
      - Performance Improvement Plan FY2026
      - Strategic Plan for health equity 2026 – 2027
  
- C. The Department of Medicine Committee Report – (Next Mtg 02/18/2026)  
Lee Horwitz, MD, Chairperson **Standing**
  
- D. Interdisciplinary Practice Committee Meeting (IDPC) – (Next Mtg 03/03/2026)  
Chaitanya Mahida, MD, Chairperson **Standing**
  
- E. Credentials Committee Meeting – (Next Mtg 03/03/2026)  
Chaitanya Mahida, MD, Chairperson **Standing**

**FINANCE COMMITTEE** – Edward Chock, M.D., Chairperson  
- Matt Heyn, President & CEO

Action                    1. Financial Reports for January 2026 – Matt Heyn, President & CEO  
- Approval of January 2026 Financial Statements

**CHAIRPERSON REPORT**  
- Dan Cummins Chairperson

Information            1. Chairperson Comments

**CHIEF EXECUTIVE OFFICER REPORT**

- Matt Heyn, President and Chief Executive Officer

- Information 1. Chief Executive Officer Report
- Information 2. Set Board Retreat Day and Time
- Information 3. OVHD Human Resources Statistic Report  
- David Rodrigues, Chief Operating Officer &  
Stacie Watts, Interim Human Resources Manager

**ADJOURN TO CLOSED SESSION**

- Action 1. **Approval of Closed Session Minutes –**
- February 5, 2026 - Regular Meeting

**(See attached Agenda for Closed Session)**

**RECONVENE TO OPEN SESSION**

Information **REPORT OF CLOSED SESSION**

Action **ADJOURNMENT**

**The next Regular meeting of the Board of Directors is scheduled on April 2, 2026 at 5:30p.m.**

Posted on: March 2, 2026

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 5, 2026 5:30 p.m.  
350 S Oak Ave., Oakdale, CA 95361  
Redwood Room**

**CLOSED SESSION AGENDA ITEMS**

**HEARINGS / REPORTS**

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

**Medical Staff Report – Matthew Tilstra, M.D.**

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

**Chief Executive Officer Report – Matt Heyn, President & CEO**

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 2026 ONRC Board Report

ONRC achieved a census of 93 in the prior month of operations. This census reflects a nominal improvement of one patient per day. The difference can be seen within our LTC. Slight or nominal improvement is seen in February. ONRC will begin working with Golden Nursing in Modesto in the month of March to facilitate more lateral transfers. ONRC is currently reviewing 5 LTC lateral transfers from this facility for possible admission in March and April.

Regarding regulatory compliance, we made one self-report to CDPH last month and we await the findings.

Regarding the physical plant, EVS worked incredibly hard to improve the flooring at ONRC. Residents shared many compliments over the new shiny tiles. Like last month, we continue to replace our air mattresses with updated and more cost-efficient equipment. This project is now complete, creating additional cost savings and improved resident conditions. Residents report they are very happy with the new, more comfortable mattresses. Finally, we were excited to use our new community shuttle on a resident outing, where we went for a country ride and stopped for ice cream. The outing was a hit, and we look forward to using it, frequently!

This concludes our March ONRC Board Report.

William Pringle II

**REGULAR MEETING OF THE BOARD OF DIRECTORS  
OF OAK VALLEY HOSPITAL DISTRICT  
OPEN SESSION  
February 5, 2026 5:30 p.m.  
350 S. Oak Ave, Oakdale, CA 95361  
Redwood Room**

**Board**

Dan Cummins, Chairperson  
Frances Krieger, Vice Chairperson  
Edward Chock, M.D., Secretary  
Sara Shipman, Director  
Danielle Sanders, Director

**Staff**

Matt Heyn, President and C.E.O.  
David Rodrigues, V.P., C.O.O.  
David Neal, C.N.O.  
Chang Ahn, C.F.O.  
Will Pringle, V.P., Oakdale Nursing & Rehab.

**CALLED TO ORDER**

The District Board of Directors Meeting was called to order by Dan Cummins, Board Chairperson at 5:37 p.m.

**PUBLIC COMMENT**

No Public in Attendance.

**Public Hearing: Receive Public Input on Drawing of Proposed Boundaries of Electoral Zones for Election of Board Members**

- Presented by Matt Ottone, Ottone & Leach LLP, and Matt Rexroad, Redistricting Insights

Matt Rexroad of Redistricting Insights provided an overview of the redistricting process required under the California Voting Rights Act, including legal requirements, guiding principles, and the importance of public input. He explained that draft maps cannot be presented until after initial public hearings and outlined the proposed timeline for receiving public input, presenting draft maps, and adopting final electoral zone boundaries. The Board confirmed the schedule for upcoming public hearings as part of the redistricting process.

Danielle Sanders made the motion to approve the scheduling of future special meetings, with the next meeting to be held on February 12 at 5:00 pm. Edward Chock, M.D., made the second. No public input.

Cummins – Aye  
Krieger – Aye  
Chock – Aye  
Shipman – Aye  
Sanders – Aye

**MOTION CARRIED**

**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 8, 2026 – Regular Meeting
  - January 20, 2026 – Special Meeting

Edward Chock, M.D., made the motion to approve the Consent Calendar items. Danielle Sanders made the second. No public input.

Cummins – Aye  
Krieger – Aye  
Chock – Aye  
Shipman – Aye  
Sanders – Aye

**MOTION CARRIED**

**MEDICAL STAFF REPORT – Matthew Tilstra, M.D., Chief of Staff**

The Medical Executive Committee requests the District Board’s approval of the following items forwarded from the January 20, 2026, meeting.

- A. The Department of Medicine Committee Report – 01/13/2026  
Chaitanya Mahida, MD, Vice Chairperson
  - i. Summary Review
  - ii. Policies
    - Administrative Manual**
      - ONRC Change in Attending Physician
      - ONRC Chart Scanning Guide for EHRR Documents
      - ONRC History and Physician Examination
      - ONRC Merge and Deleting Duplicate Records in the HER
      - ONRC Point Click Care System Outage Policy
      - ONRC Point Click Care Point of Care Documentation
      - ONRC Transitioning to Electronic Health Record
      - Performance Improvement Plan FY 2026
      - Strategic Plan for Health Equity
    - Case Management Manual**
      - Observation Services
    - Clinical Manual**
      - Sound-Alike, Look-Alike Drugs (SALAD)

**Emergency Operation All Hazards Manual**

- Code Triage: Emergency Alert Internal and External

**Infection Control Manual**

- Aerosol Transmissible Disease Exposure Control Plan
- Bioterrorism and Infection Control
- CPR Manikin Cleaning (RETIRE)
- Multi-Drug Resistant Organisms (MDROs) Management of Patients
- Pandemic Influenza and Novel Virus Preparedness Plan (Including COVID-19 Novel Virus)
- Tuberculosis TB Exposure Control Plan

**Pharmacy Manual**

- Lovenox Management (RETIRE)
- Parenteral Nutrition
- Patient Care Guidelines for Neuromuscular Blocking Agent Use (NMBAs)
  
- Patient’s Own Medications, Including Herbals and “Natural Remedies”
- Titration of Intravenous Medications

**Respiratory Therapy Manual**

- Continuous Mechanical Ventilation

B. The Department of Surgery Committee Report – (Next Sch Mtg 02/10/2026)  
Matthew Coates, MD, Chairperson

C. The Quality Council Report – (Next Sch Mtg 02/12/2026)  
Lee Horwitz, MD, Chairperson

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

Cummins – Aye  
Krieger – Aye  
Chock – Aye  
Shipman – Aye  
Sanders – Aye

**MOTION CARRIED**

**Financial Report for December 2025**

Mr. Heyn reported that audit adjustments required Intergovernmental Transfer (IGT) payments to be reported as an operating expense in accordance with GAAP, which will lower reported operating margin and EBIDA but does not impact the District’s cash position. He noted that revenue and inpatient volumes have increased, cash reserves remain stable, and the revised reporting aligns with industry standards and may support future grant eligibility. Joe Watt of Forvis Mazars confirmed the reporting change is consistent with GAAP requirements.

Fran Krieger made the motion to approve the December 2025 Financial Report. Danielle Sanders made the second. No public input.

Cummins – Aye  
Krieger – Aye  
Chock – Aye  
Shipman – Aye  
Sanders – Aye

**MOTION CARRIED**

**Chairperson Report – Dan Cummins**

The Chairperson reported receiving positive feedback from community members regarding the quality of care provided at the District, with praise expressed for multiple departments including surgery, radiology, respiratory therapy, emergency services, and long-term care. He noted appreciation for staff efforts and the positive reputation of the District within the community.

**Chief Executive Officer Report - Matt Heyn**

Mr. Heyn reported that the ICU has reopened and is operating near capacity, allowing the District to retain patients locally who previously would have required transfer. He provided an update on physician recruitment efforts, including signed agreements with new primary care physicians and additional specialists to expand surgical, GI, urology, and gynecology services, with ongoing efforts to establish cardiology coverage. He noted these efforts are helping close care gaps and expand services within the community.

Mr. Heyn also discussed plans to schedule a Board retreat later in the fiscal year and requested Board consideration of a capital purchase for a digital imaging system to support growing surgical and specialty service needs.

**Capital Project – ONRC Shower Project**

The Board reviewed a proposed capital project to upgrade showers in the Oakdale Nursing and Rehabilitation Center, with a total cost not to exceed \$155,000.

Sara Shipman made the motion to approve the ONRC shower project not to exceed \$155,000. Danielle Sanders made the second. No public input.

Cummins – Aye  
Krieger – Aye  
Chock – Aye  
Shipman – Aye  
Sanders – Aye

**MOTION CARRIED**

**ADJOURNMENT TO CLOSED SESSION**

Edward Chock, M.D., made the motion to adjourn to Closed Session. Sara Shipman made the second. No public input.

Cummins - Aye  
Krieger – Aye  
Chock – Aye  
Shipman – Aye  
Sanders – Aye

**MOTION CARRIED**

The Oak Valley Hospital District meeting was adjourned to Closed Session at 6:39 p.m.

**RECONVENE TO OPEN SESSION**

**ANNOUNCEMENT OF CLOSED SESSION**

- Approval of Closed Session January 8, 2026 Regular Meeting Minutes
- Approval of Closed Session January 20, 2026 Special Meeting Minutes
- Approval of the Medical Staff Credentialing Report

**ADJOURNMENT**

Fran Krieger made the motion to adjourn the Board of Directors meeting. Sara Shipman made the second. No public input.

Cummins – Aye  
Krieger – Aye  
Chock – Aye  
Shipman – Aye  
Sanders – Aye

**MOTION CARRIED**

The Board of Directors meeting was adjourned at 6:42 p.m.  
Recorder: Sheryl Perry, Clerk of the Board.

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

**SPECIAL MEETING OF THE BOARD OF DIRECTORS  
OF OAK VALLEY HOSPITAL DISTRICT  
OPEN SESSION  
February 12, 2026 5:00 p.m.  
350 S. Oak Ave, Oakdale, CA 95361  
Redwood Room**

**Board**

Dan Cummins, Chairperson  
Frances Krieger, Vice Chairperson  
Edward Chock, M.D., Secretary  
Sara Shipman, Director  
Danielle Sanders, Director

**Staff**

Matt Heyn, President and C.E.O.  
David Rodrigues, V.P., C.O.O.  
David Neal, C.N.O.  
Chang Ahn, C.F.O.  
Will Pringle, V.P., Oakdale Nursing & Rehab.

**CALLED TO ORDER**

The District Board of Directors Special Meeting was called to order by Dan Cummins, Board Chairperson, at 5:03 p.m.

**PUBLIC COMMENT**

No public comment read. No public in attendance.

**Trustee Area Rezonings Overview - Presented by Fabian Valdez Jr., Redistricting Insights, and Matt Ottone, Ottone & Leach LLP**

Fabian Valdez Jr., Redistricting Insights, provided an informational presentation regarding the District's obligations and options related to transitioning from at-large elections to zone-based Board elections. He reviewed the criteria for establishing trustee areas, including equal population, compliance with the California Voting Rights Act, communities of interest, geographic boundaries, and public input requirements.

Mr. Valdez responded to Board questions regarding timelines, demographics, and next steps.

At 5:28 p.m., Dr. Chock left the meeting.

**Chief Executive Officer Report - Matt Heyn**

Matt reviewed the 2026 Employee Feedback Survey results with the Board. He shared that throughout his many years working in hospitals, he has consistently asked the same two core questions of employees:

1. Do you enjoy working at OVHD and would you suggest it to others as a place of employment?
2. Are you proud of the quality and care we offer and would you recommend OVHD to friends and family in need of care?

He noted that he has never received such overwhelmingly positive feedback to those questions as he did this year. The results showed a marked improvement over 2025, reflecting increased employee pride, engagement, and confidence in the organization.

Matt expressed that the feedback is a strong indicator of the positive cultural momentum within the District and a testament to the collective efforts of leadership and staff.

**No Closed Session was held.**

-  
**ADJOURNMENT**

Danielle Sanders made the motion to adjourn the Board of Directors meeting. Fran Krieger made the second. No public input.

Cummins - Aye  
Krieger - Aye  
Chock - Absent for Vote  
Shipman - Aye  
Sanders - Aye

**MOTION CARRIED**

The Board of Directors meeting was adjourned at 5:35 p.m.

Recorder: Sheryl Perry, Clerk of the Board.

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

# OAK VALLEY HOSPITAL DISTRICT

## Administrative Human Resources Manual

|                                                                                                                                                                                                                              |                     |                                                    |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------|-----------------|
| <b>Policy/Procedure:</b>                                                                                                                                                                                                     |                     |                                                    |                 |
| <p style="margin: 0;"><b><u>Disability Accommodation and Interactive Process</u></b><br/> <b><del>Americans with Disabilities Act</del></b><br/> <b><del>(ADA/FEHA) and Fair Employment and Housing Act (FEHA)</del></b></p> |                     |                                                    |                 |
| <i>Also Indexed as Disabilities Act</i>                                                                                                                                                                                      |                     |                                                    |                 |
| <b>Effective Date:</b> 06/1996                                                                                                                                                                                               |                     | <b>Page 1 of 4</b>                                 |                 |
| Areas Affected: All Divisions and Departments of the Hospital District                                                                                                                                                       |                     |                                                    |                 |
| Composed by:                                                                                                                                                                                                                 |                     |                                                    |                 |
| <input type="checkbox"/> Reviewed <input checked="" type="checkbox"/> Revised by: <u>V.P. Human Resources Legal</u>                                                                                                          |                     |                                                    |                 |
| <b>Dept / Committee Approval:</b>                                                                                                                                                                                            | <b>Dept/Title:</b>  | <b>Date</b>                                        | <b>Approved</b> |
| Policy, Procedures, Forms Comm.                                                                                                                                                                                              | Medical Staff Coord | <u>02/04/2026</u>                                  | <u>X</u>        |
| Administrative Council                                                                                                                                                                                                       | VP Human Resources  | <u>02/11/2026</u>                                  | <u>X</u>        |
| District Board                                                                                                                                                                                                               | Board Liaison       | <u>03/05/2026</u>                                  |                 |
| <b>Revised:</b> <del>02/01/2017</del> <u>01/2026</u>                                                                                                                                                                         |                     | <b>Reviewed:</b> <del>05/2014</del> <u>01/2026</u> |                 |
|                                                                                                                                                                                                                              |                     | <b>Next Review Date:</b>                           |                 |

### POLICY

The Americans with Disabilities Act (ADA) and California’s Fair Employment and Housing Act (FEHA) prohibit discrimination, harassment, and retaliation against qualified applicants and employees with disabilities and require employers to provide reasonable accommodations, unless doing so would cause undue hardship. When OVHD becomes aware that an employee or applicant may need an accommodation because of a physical or mental disability or medical condition, OVHD will engage in a timely, good-faith interactive process to identify effective reasonable accommodations that enable the individual to perform the essential functions of the position or to enjoy equal benefits and privileges of employment. ~~is a federal anti-discrimination statute designed to remove barriers, which prevent qualified individuals with disabilities from enjoying the same employment opportunities that are available to persons without disabilities. California’s Fair Employment and Housing Act (FEHA) was also designed to remove barriers in the workplace. When an individual’s disability creates an employment barrier, the employer must consider whether reasonable accommodation could remove the barrier. The determination of whether an individual is qualified for a particular position must be made on a case-by-case basis, with an accommodation tailored to match the needs of the disabled individuals with the needs of the job’s essential functions. Oak Valley Hospital District (OVHD) will comply with ADA regulations to ensure equal employment opportunities to qualified individuals with a disability.~~

### PURPOSE

It is the purpose of this policy to ensure fair and equal treatment for employees and applicants ~~seeking employment opportunities~~; to remove barriers, that may which ~~prevent qualified individuals with a disability~~ disabilities ~~from seeking employment opportunities within OVHD~~ working; to describe the process for requesting and considering reasonable accommodations through the ~~to establish an~~ interactive process in which to assess a disabled person’s ability to perform the essential functions of the job held or desired; and to ensure OVHD complies with applicable requirements under the ADA and FEHA, including OVHD’s prohibition against discrimination, harassment, and retaliation.

## DEFINITIONS

**Reasonable Accommodation** – is defined as any modification or adjustment to a job, employment practice, or the work environment that makes it possible for an individual with a disability to enjoy equal employment opportunity. An accommodation must be tailored to match the needs of the disabled individual with the needs of the job’s essential functions unless undue hardship would result. Reasonable accommodations may include, but are not limited to, the following:

- Making facilities accessible to and useable by disabled persons;
- Job restructuring;
- Part-time work;

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- Modified work schedules;
- Reassignments;
- Acquisition of special equipment or devices;
- Modification of existing equipment or devices.

**Undue Hardship** – is defined as something that requires significant difficulty or expense. Factors to be considered include the following:

- Number of employees employed;
- Number of facilities of the employer;
- Size of company’s budget;
- Type of business operation;
- Composition and structure of the workforce;
- Nature of accommodation needed;
- Cost of accommodation needed.

**Essential Job Functions** – are job duties that are essential to the performance of a job. They will be defined by evaluating:

- Whether the reason the position exists is to perform that function;
- The number of other employees available to perform the function or among whose the performance of the function can be distributed;
- The degree of expertise or skill required to perform the function;
- The time spent performing a function;
- The consequences of not requiring that an employee perform a function;
- Terms of collective bargaining agreements, where applicable;
- The actual work experience of present or past employees in the job.

**Qualified Individuals with a Disability** – ~~An employee or applicant is defined as individuals with one or more of the following: who has a Physical-physical or mental disability, medical condition, or perceived disability, as defined by applicable law, who can perform the essential functions of the position with or without reasonable accommodation. Under FEHA, “disability” is broadly defined and includes conditions that limit a major life activity, as well as conditions that are episodic or in remission~~ ~~impairment that limits a major life activity, a record of such impairment, or being regarded as having such impairment.~~

**Interactive Process** – A timely, good-faith communication between OVHD and the employee or applicant to identify the limitations caused by the disability, explore potential reasonable accommodations, and assess whether an effective accommodation is available that does not impose an undue hardship.

**Confidentiality** – Medical information obtained in connection with an accommodation request will be

maintained in a confidential manner and stored separately from personnel files, except as disclosure is permitted or required by law.

## PROCEDURE

1. OVHD will assess an employee or applicant's ability to perform the essential functions of the position and will engage in a timely, good-faith interactive process when an accommodation is requested or when OVHD otherwise becomes aware that an accommodation may be needed. specific job held or desired. This process is an interactive process between OVHD and the employee (or applicant) concerning the disability and the need for reasonable accommodation. All steps OVHD will be documented the interactive process and the outcome.
2. OVHD will document the type of work offered, including pay rate and duties, how the work meets the employees (or applicant's) work restrictions and the employee's (or applicant's) acceptance of the modified or alternative work accommodation considered and/or provided, including any modified duties, schedule adjustments, equipment, temporary modifications, or reassignment options. OVHD will document the employee's response and any follow-up steps.
3. OVHD will initiate the interactive process and The job analysis as appropriate in the following situations process will be implemented:
  - a. Pre-placement, post offer – When a the pre placement, post-offer exam (if applicable and lawful) or medical inquiry reveals a potential need for accommodation disability, or when the applicant discloses a disability and requests an accommodation.
  - b. Workers' Compensation cases – When an employee has work restrictions and OVHD is evaluating modified duty, return-to-work options, or other accommodations. After the employee is deemed permanent and stationary and/or a Qualified Injured Worker, in order to determine if OVHD can offer modified or alternative work as defined by the Labor Code.
  - c. Non-Industrial cases – Once an OVHD representative has been made becomes aware that an employee may need an accommodation due to a physical or mental of a disability or medical condition.
4. An applicant or employee who requires needs an accommodation in order to perform the essential functions of the position job, or who needs an accommodation to enjoy equal benefits and privileges of employment, should contact a Human Resources Representative, and/or Occupational Health, who will coordinate with their appropriate manager/supervisor, and/or Occupational Health, who will coordinate with Human Resources and specify what accommodation he/she needs in order to perform the essential functions of the job. A Human Resources Representative will initiate the job analysis process. A request may be made verbally or in writing and does not need to use special words, such as "ADA," "FEHA," or "reasonable accommodation" to trigger the interactive process.
5. OVHD prohibits retaliation against any employee or applicant for requesting an accommodation, participating in the interactive process, or raising concerns related to disability rights.
- 5.6. If an applicant or employee or applicant believes he/she has they have been subject to any form of unlawful discrimination, he/she should immediately complain to the Vice President of Human Resources or their Department or Department Manager.
- 6.7. Job Analysis Process
  - a. A Human Resources Representative, or designee, will notify the employee (or applicant) that a meeting is necessary to discuss OVHD's obligations (if any) under the Americans With Disabilities Act ADA and FEHA and to engage in the interactive process to evaluate, to provide reasonable accommodations options to allow a qualified injured worker to perform the essential functions of their current or prospective job.
  - b. Analyze the job.
    - 1) Determine the purpose of the job;
    - 2) Determine essential job functions;

- 3) Identify the barriers to performance. [OVHD may request reasonable medical documentation, consistent with applicable law, when needed to understand functional limitations and evaluate accommodation options. OVHD will not request medical information that is unnecessary to evaluate the accommodation request.](#) A medical exam may be required ~~if~~ [only where permitted by law, including when:](#)
  - Medical information is needed to [confirm the existence of a disability or medical condition and/or to understand functional limitations relevant to the accommodation request](#) ~~determine if the employee has a disability covered by ADA and is entitled to an accommodation.~~
  - An examination is required to determine fitness for duty before returning an employee to work.
  - The employee appears to have difficulty performing the essential functions of the job.
  - The examination is necessary to assess the appropriateness of a requested accommodation.
  - Federal, state or local laws require a periodic, or other medical examination, screening or monitoring.
- c. Define the problem
  - 1) Identify the specific symptoms and limitations that are creating barriers to performing essential job functions.
  - 2) Discuss how the limitations affect the individual's job performance and what specific job tasks are problematic.
  - 3) Determine whether the individual's condition is stable or progressing.
  - 4) Determine whether medical documentation needs to be obtained.
- d. Determine whether it is possible to modify the job. Consideration should be given, but not limited to, shift or schedule changes, flexible work schedules, the option to work at home, job duty sharing or trading with another employee, or job restructuring of marginal duties [or a leave of absence as a form of reasonable accommodation where appropriate.](#)
- e. Determine whether it is necessary, and possible, to modify the existing facility. Consider parking, ramps, and warning lights/signals.
- f. Consider whether a product or service exists that would solve the problem.
  - 1) If a product is purchased as an accommodation OVHD must evaluate whether additional accommodations may be needed to support the individual in the use of that product.
  - 2) Ensure proper training, maintenance of the device, and coworker support.
  - 3) Consider the use of readers and interpreters.
- g. Consider whether it is possible to use or combine available products differently than they are usually used or for which they were not necessarily intended, to obtain a reasonable accommodation.
- h. Consider whether it is possible to design a new product, consulting with appropriate specialists, to obtain a reasonable accommodation.
- i. Determine whether alternative placement possibilities are available.
  - [OVHD will consider reassignment to a vacant position for which the employee is qualified \(with or without reasonable accommodation\) when accommodation in the current position is not feasible or would create an undue hardship.](#)
  - An alternative position may not be used to limit, segregate or discriminate against an individual.
  - OVHD is not required to reassign an unqualified individual.
  - OVHD is not required to create a new job or displace another employee.
  - OVHD is not required to promote an employee with a disability as an accommodation.
  - Alternative placement is permitted only when accommodations are not possible for the current position, or when accommodations for the current position would cause undue hardship for OVHD. It is also permitted when OVHD and the employee agree that reassignment is the more appropriate accommodation.

- Reassignment to a ~~vertical~~ position (with less pay and/or benefits) is only permitted when there are not lateral vacant positions, or soon to be vacant positions, for which the employee is qualified with or without reasonable accommodation.
  - Document the type of work offered, including pay rate and duties, how the work meets the employee's work restrictions and the employee's acceptance of the modified or alternative work.
- j. Redefine the situation
- 1) If, at the end of this process, an accommodation has not been identified, the situation must be redefined and an accommodation team assembled. The team will consist of doctors, physical therapists, nurses, EAP professionals, and other appropriate specialists as needed.
  - 2) Consult with the Job Accommodation Network at 1-800-JAN-7234 to obtain a free consultation and information about job accommodation strategies.
- k. Maintain accommodations
- 1) Accommodations must be evaluated for effectiveness, until effectiveness is clearly achieved.
  - 2) The Manager/Supervisor is responsible for ensuring good employee/supervisor communication so the employee can report any problems that may arise with the provided accommodations.
  - 3) The Manager/Supervisor must be cognizant of changes in the employee's condition, limitations, work environment or job duties that would affect existing accommodations and must offer the necessary support to sustain the accommodations that were implemented.
- ~~7.8.~~ The job accommodation process fails to result in a modified or alternative position being identified:
- a. The applicant will be notified that the job offer is withdrawn.
  - b. ~~The employee will be referred to~~ Human Resources will consult with the employee regarding next steps, including any available leave options, benefits information, and whether reassignment to a vacant position is available and appropriate~~for consultation regarding their rights and benefits.~~

## RESPONSIBILITIES

This policy is implemented through the actions of OVHD's managers and supervisors, who are responsible for promptly escalating accommodation issues to Human Resources and participating in the interactive process in good faith. Human Resources is responsible for coordinating the interactive process, maintaining required documentation, and ensuring OVHD's compliance with applicable ADA and FEHA requirements.~~It is recognized that the ADA/FEHA policy cannot be effective solely by reason of OVHD/FEHA policy, but rather that all Managers/Supervisors must be directly responsible for providing equal employment opportunities to qualified individuals with a disability. It is the responsibility of the Human Resources Department to ensure compliance with all applicable ADA/FEHA laws.~~

# OAK VALLEY HOSPITAL DISTRICT

## Human Resources Manual

|                                                                        |                    |                            |                   |
|------------------------------------------------------------------------|--------------------|----------------------------|-------------------|
| <b>Policy/Procedure:</b>                                               |                    |                            |                   |
| <b>District Vehicle Policy</b>                                         |                    |                            |                   |
| <b>Effective Date:</b> NEW POLCY                                       |                    | <b>Page</b> 1 <b>of</b>    |                   |
| Areas Affected: All Divisions and Departments of the Hospital District |                    |                            |                   |
| Composed by: Don Pederson                                              |                    |                            |                   |
| <input type="checkbox"/> Reviewed <input type="checkbox"/> Revised by: |                    |                            |                   |
| <b>Dept / Committee Approval:</b>                                      | <b>Dept/Title:</b> | <b>Date</b>                | <b>Approved</b>   |
| Policy, Procedures, Forms Comm.                                        | VP Nursing         | <a href="#">02/04/2026</a> | <a href="#">X</a> |
| Admin Council                                                          | CEO                | <a href="#">02/11/2026</a> | <a href="#">X</a> |
| District Board                                                         | Board Liaison      | <a href="#">03/05/2026</a> |                   |
| <b>Revised:</b>                                                        | <b>Reviewed:</b>   | <b>Next Review Date:</b>   |                   |

### **PURPOSE**

This policy outlines the rules and regulations regarding the use of company-owned or leased vehicles. It aims to promote safety, maintain the condition of the vehicles, and protect the company from liability.

### **SCOPE**

This policy applies to all employees who are authorized to drive company vehicles, including full-time, part-time, temporary, and contract employees.

### **ELIGIBILITY**

Only employees with valid driver's licenses and a clean driving record can drive company vehicles. Employees must complete a driving record check and any required training before being authorized to use a company vehicle.

### **AUTHORIZED USE**

Company vehicles are to be used for official company business only. Personal use of company vehicles is prohibited.

### **VEHICLE MAINTENANCE AND SAFETY**

Employees are responsible for ensuring company vehicles are kept clean and in good condition. Employees must immediately report any maintenance issues or damage to Engineering.

### **DRIVING AND SAFETY REGULATIONS**

Employees must obey all traffic laws, speed limits, and parking regulations. Seat belts are mandatory for all vehicle occupants. Cell phones or other electronic devices while driving are prohibited.

### **ACCIDENTS AND INCIDENTS**

In the event of an accident, employees must notify the appropriate authorities and obtain a police report. Employees must report any accidents, incidents, or damage to the vehicle to [Manager/Supervisor Name] immediately.

A written accident report must be submitted to Human Resources/Engineering Department within 24 hours.

**PARKING AND SECURITY**

Company vehicles should be parked in secure, designated areas when not in use. Employees must ensure that the vehicle is locked and all valuables are removed or secured when the vehicle is unattended.

**PROHIBITED ACTIVITIES**

The transportation of unauthorized passengers, including hitchhikers, is prohibited. The use of company vehicles for illegal activities, including the transportation of contraband, is strictly forbidden. Eating and drinking is not allowed in company vehicles. Smoking and the consumption of alcohol or illegal drugs in company vehicles are prohibited.

**CONSEQUENCES OF POLICY VIOLATION**

Any misuse of company vehicles or failure to comply with this policy may result in disciplinary action, including termination of employment.

**EMPLOYEE ACKNOWLEDGMENT**

By signing below, I acknowledge that I have read, understood, and agreed to comply with the Oak Valley Hospital District Vehicle Policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# OAK VALLEY HOSPITAL DISTRICT

## Human Resources ~~Administrative~~ Manual

|                                                                                         |                    |                            |                 |
|-----------------------------------------------------------------------------------------|--------------------|----------------------------|-----------------|
| <b>Policy/Procedure:</b>                                                                |                    |                            |                 |
| <b>Leave of Absence</b>                                                                 |                    |                            |                 |
| <b>Effective Date:</b> 06/1998                                                          |                    | <b>Page 1 of 4</b>         |                 |
| Areas Affected: All Divisions and Departments of the Hospital District                  |                    |                            |                 |
| Composed by:                                                                            |                    |                            |                 |
| <input type="checkbox"/> Reviewed <input checked="" type="checkbox"/> Revised by: Legal |                    |                            |                 |
| <b>Dept / Committee Approval:</b>                                                       | <b>Dept/Title:</b> | <b>Date</b>                | <b>Approved</b> |
| Policy, Procedures, Forms Comm.                                                         | VP Nursing         | <a href="#">02/04/2026</a> | <u>  X  </u>    |
| Administrative Council                                                                  | CEO                | <a href="#">02/11/2026</a> | <u>  X  </u>    |
| District Board                                                                          | Board Liaison      | <a href="#">03/05/2026</a> |                 |
| <b>Revised:</b> 11/0; 05/11                                                             | <b>Reviewed:</b>   | <b>Next Review Date:</b>   |                 |

### POLICY

Leaves of absence are granted to eligible employees who are absent from work for specified periods. A leave of absence may be paid or unpaid. (See specific type of leave.)

Except for leaves taken for military service or for family leave taken pursuant to FMLA/CFRA, leaves lasting longer than six (6) months will result in termination of employment. Any employee whose employment is terminated after a six-month leave is encouraged to reapply at Oak Valley Hospital District (OVHD) once circumstances change and they can return to work.

[Notwithstanding the foregoing, OVHD will consider requests for additional leave as a reasonable accommodation under ADA/FEHA through the interactive process, and employment will not be automatically terminated where an extension is required by law or provided as a reasonable accommodation absent undue hardship.](#)

### PURPOSE

To provide for consistent treatment for authorized leaves of absence.

### PROCEDURE

1. Types of Leaves
  - Family Medical Leave under Federal and State Law for Non-Military employees (Non-Occupational disability) and their families
  - Family Medical Leave under Federal Law for Military employees and their families
  - Pregnancy Disability Leave (PDL)
  - Leave for spouse of member of Armed Services, National Guard or Reserves
  - Domestic Violence/Sexual Assault Leave

- Leave to Appear in Court
- Leave for Victims of Crime
- Emergency Duty Leave
- School Activities Leave
- School Discipline Leave
- Personal
- Personal Medical
- Bereavement
- Jury Duty
- Time Off to Vote
- Educational
- Military
- Civil Air Patrol
- Workers' Compensation

## 2. General Procedures for Leave Requests

Employees must comply with the following procedures when requesting leave other than leaves taken pursuant to the Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA).

- a. It is important for an employee to request any leave in writing as far in advance as possible, to keep in touch with his or her supervisor and the Human Resources Department during the leave, and to give prompt notice if there is any change in the return date. If the leave expires and the employee has not contacted his or her supervisor or the Human Resources Department and either obtained additional leave or has returned to work, it will be assumed that he or she has terminated their employment.
- b. The employee must apply for a leave of absence if the absence will exceed three (3) consecutive days. The employee should contact their manager or apply for a leave. If approved, the effective date of the leave will be the first day of absence, even if it is a Saturday, Sunday, PTO, or normal day off. (This paragraph does not apply to Bereavement and Jury Duty Leaves).
- c. The employee must give notice to his/her immediate Supervisor/Manager and to Human Resources as soon as the necessity for the leave arises.
- d. The employee's Supervisor/Manager and Human Resources must approve leaves.
- e. The hospital reserves the right to require the employee to be examined by a physician of the hospital's choice for Workers' Compensation leaves.
- f. Employees must complete one year of service to be eligible for discretionary a-leaves of absence, unless a shorter period is required ~~or as specified~~ by applicable law or OVHD provides leave as a reasonable accommodation under ADA/FEHA.
- g. ~~Except as specifically indicated herein, all leaves~~ Leaves will run concurrently only to the extent permitted by applicable law. Human Resources will determine and notify the employee in writing which leave(s) apply and whether any leave runs concurrently (e.g., FMLA and CFRA where legally allowed).
- h. When possible, all leaves must be scheduled so as to create minimum disruption for OVHD.

## 3. Group Benefits During Leave

- a. An employee who is on leave of absence pursuant to an approved request is eligible to continue on the hospital-provided health insurance coverage enjoyed prior to the leave for as long as he or she is on paid status.
  - b. Except as provided by FMLA and CFRA, when the employee's status changes to unpaid, the hospital will cease making its portion of the premium payments and offer the employee continuation coverage under COBRA. Acceptance of ~~e~~ontinuance-continuation coverage requires that the employee make all premium payments for himself or herself as well as any dependents.
  - c. The employee must contact the Human Resources Department to make arrangements for the continuation of insurance.
  - d. For leaves less than thirty (30) days, the hospital will pay the enrolled insurance premiums for the employee upon approval of a Leave of Absence request. Payments beyond this time and for enrolled dependents are the responsibility of the employee (unless on a qualified Federal Family Leave). If an employee uses thirty (30) hours per week of leave time, they may avoid having to pay the insurance premiums. The employee must contact the Human Resources Office to make arrangements for the continuation of insurance. Time on Leave of Absence for periods in excess of thirty (30) days does not count as continuous employment for the purpose of pay raises, PTO, or sick accrual.
  - e. If the employee elects to discontinue coverage(s) during a leave, coverage will resume on the first day of the month following re-enrollment.
  - f. Employees on leave may continue to participate in retirement plans for which they are eligible, as required under ERISA and the applicable plan documents.
4. Seniority, Status and Accruals
- a. The employee will not accrue seniority or benefits such as PTO and sick time during a leave.
  - b. Failure to return when a leave expires may be considered a voluntary termination. Employees desiring an extension of the leave must request such an extension in writing.
5. Replacing an Employee on Leave
- a. Employees will not be replaced during the period their job is guaranteed (see "Specific Procedures" below).
  - b. Temporary replacements can be made, if allowed for in the manager's budget.
6. The Interactive Process
- Should an employee request an accommodation pursuant to the Americans with Disabilities Act (ADA) ~~of~~ or the Fair Employment and ~~House~~-Housing Act (FEHA), OVHD recognizes its obligation to enter into a timely, good faith interactive process with the employee. The purpose of the interactive process is to discuss the employee's need and identify an appropriate reasonable accommodation that will enable the employee to perform the essential functions of the job. During the meeting, the OVHD Human Resources representative or designee may ask the employee relevant questions about the disabling condition and what limitations the employee's ~~request~~condition imposes, and may offer to discuss available alternatives. The employee is not required to specify the precise accommodation requested, but does need to describe the problems posed by the workplace barrier. Suggestions from the employee may assist OVHD in determining

the type of reasonable accommodation to provide; however, OVHD is not required to accept the employee's suggestion if there are multiple viable accommodations available. All such meetings shall be arranged through the Human Resources Department.

## 7. Specific Leaves and Procedures

### 1) Family Medical Leave Under Federal and State Law for Non-Military Employees (Non-Occupational Disability) and Their Families

#### 2) Purpose

To enable employees to take reasonable leave for medical situations to care for the employee's own serious health condition, for the birth, adoption or foster care of a child or for the care of a family member (parent, spouse, or child) who has a serious health condition. This policy is intended to meet the requirements of the [Family and Medical Leave Act of 1993 \(FMLA\)](#) and of the [California Family Rights Act \(CFRA\)](#). ~~Coverage under the CFRA includes a registered domestic partner and the child of the registered domestic partner.~~ [CFRA leave may apply to additional family members beyond those covered by FMLA. Human Resources will determine eligibility and provide the applicable notice based on the employee's request and the relationship involved.](#)

A serious health condition is defined as an illness, injury, impairment or physical or mental condition that involves at least one of the following:

- a.) Any period of incapacity or treatment in connection with or consequent to inpatient care in a hospital, hospice or residential medical care facility.
- b.) Any period of incapacity requiring absence from work, school or other regular daily activities of more than three (3) calendar days that also involves continuing treatment by, or the supervision of, a health care provider (two or more visits to the doctor).
- c.) Continuing treatment by, or the supervision of, a health care provider for a chronic health condition that is so serious that, if not treated, would likely result in a period of incapacity of more than three (3) calendar days.
- d.) Any period of incapacity due to pregnancy, or to prenatal care (FMLA only). Disability due to pregnancy, childbirth or related conditions is covered by the OVHD Pregnancy Disability Leave Policy (See Section 7.c.)

### 3) Eligibility and Terms of the Leave

In order to qualify for family leave under FMLA and/or CFRA, employees must have been employed by OVHD for at least 12 months, and have worked 1,250 hours in the last 12 months. [FMLA eligibility also requires that the employee work at, or report to, a worksite where OVHD employs at least 50 employees within a 75-mile radius.](#) The one-year service requirement excludes breaks in service of more than seven years, except in the case of military service or written agreement. Eligible employees may take a medical leave of absence of up to 12 workweeks (26 weeks in the case of military care giver leave, as described in the Policy specifically addressing military families) in a ~~12~~-12-month period for the following reasons:

- the employee's own serious health condition, which renders him or her unable to perform the duties of their position;
- the birth or placement of a child with the employee for adoption or foster care (entitlement expires twelve (12) months from the date of the birth or placement);
- to care for a spouse, ~~dependent~~ child or parent who has a serious health condition; and, under CFRA, to care for additional covered family members, including a domestic partner, grandparent, grandchild, sibling, or a designated person (as defined by CFRA and subject to statutory limitations), as applicable.

The 12-month period will be counted from the first date of the previous FMLA/CFRA leave, if any, rather than the employee's anniversary date ~~or the~~

~~calendar year.~~ Human Resources will confirm the applicable 12-month measurement period and provide the required notices. For example, if an employee first uses FMLA/CFRA leave on June 15, 2010, that employee's ~~12-12-~~ month period runs until June 14, 2011. The employee would not be eligible for any subsequent FMLA/CFRA leave until the end of that 12-month period.

Time off work because of the employee's disability due to pregnancy, childbirth or related medical conditions is not counted as used for CFRA leave, but it is counted as time used for FMLA leave. Employees who are disabled by pregnancy, childbirth or related conditions must refer to OVHD's Pregnancy Disability Leave Policy. (See Section 7.c.)

When it is medically necessary, an employee may take leave on an intermittent basis or use a reduced-time schedule, that is, work fewer hours per day or per week than regularly scheduled. OVHD may temporarily transfer to an alternate position an employee who is taking leave intermittently or is on a reduced work schedule.

If an employee normally works a part-time schedule, the amount of leave to which the employee is entitled is determined on a pro-rata basis by comparing the reduced schedule with the employee's normal schedule.

If a leave is foreseeable due to a scheduled medical procedure, the employee must make a reasonable effort to schedule it so that it will not unduly disrupt OVHD operations, subject to approval by the health care provider.

If an employee is granted a leave of absence, he or she may be required to provide periodic reports, as requested, that describe his or her status and when they can be expected to return to work.

Family leave taken under CFRA for purposes of the birth of a child (so-called "bonding" leave) may not be taken until after the birth of the child ~~(unless approved by the Chief Executive Officer).~~

~~Family leave may be taken under CFRA (not FMLA) to care for a registered domestic partner or a child of a registered domestic partner who has a serious health condition.~~

Use of leave will not be counted as an occurrence of absenteeism for purposes of disciplinary action.

Human Resources will provide employees with required notices and will determine whether leave qualifies under FMLA, CFRA, or both, and whether leave runs concurrently as permitted by law.

#### 4) Procedures for Applying for Leave Under FMLA/CFRA

Employees must comply with the following procedures when requesting leave pursuant to the FMLA and the CFRA:

If possible, employees should give at least 30 days' notice of their intent to take a FMLA/CFRA leave of absence. Request forms can be obtained from Human

Resources. The employee must submit, with a Request for Leave of Absence, written certification from his or her health care provider, the family member's health care provider ~~or, for leave under CFRA, registered domestic partner's or child of a registered domestic partner's health care provider~~ as applicable, containing the following information:

- a.) The date on which the disability began or will begin;
- b.) The probable duration of the condition;
- c.) For pregnancy, a statement of anticipated delivery date and the estimated duration of the absence, including any period of time before and after delivery, assuming a normal delivery; and
- d.) A statement that, due to this serious health condition, the employee is (or will be) unable to perform the functions of his or her position.
- e.) In the case of leave to care for an ailing covered family member, ~~domestic partner or child of a domestic partner~~, a statement verifying that the employee requesting the leave is needed to care for the ill person.

If the leave is foreseeable, the health care provider's certification must be provided to Human Resources and his/her Supervisor/Manager within fifteen (15) days of the beginning of the leave. If the leave is not foreseeable, the certification must be provided as soon as the employee becomes aware the leave is necessary. Medical certification is not required in the case of birth or adoption of a child ~~unless the employee wishes to use sick leave~~ for CFRA baby bonding leave. Medical certification may be required for leave due to a serious health condition, consistent with applicable law.

The employee must ~~review the forms with his or her Supervisor or Department Manager and obtain his or her signature on~~ submit the Request for Leave of Absence form. The ~~completed~~ signed forms must ~~then~~ be delivered to Human Resources, where the information will be verified and the request is either granted or denied.

If intermittent leave or leave on a reduced-time leave schedule is requested, certification must be provided as to the medical necessity for either kind of leave, its expected duration and, if applicable, the date on which the medical treatment is to be given and the duration of the treatment.

If an employee needs additional leave after the time stated in the original certification, he or she must submit recertification containing the information outlined above and a health care provider's request for extension of the leave. For pregnancy and childbirth, any request for an extended leave of absence after the disability has ended will be treated as a request for family care leave.

#### 5) Return to Work

If an employee takes 12 work weeks of leave or less in a 12-month period due to either a serious health condition or family care, he or she is entitled, upon return from leave, to be reinstated in the position held before going on leave or to be placed in an equivalent position with equivalent employment benefits, pay and other terms and conditions of employment, ~~-~~ except as permitted by applicable law (including the limited FMLA "key employee" exception). Any determination that reinstatement is not required will be made by Human Resources in consultation with legal counsel. ~~unless doing so would create an undue hardship to OVHD.~~

~~Reinstatement may not be guaranteed for certain “key” employees if such reinstatement would create an undue hardship to OVHD. Any denial of reinstatement must be approved by the Chief Executive Officer. Human Resources can provide a definition of key employees.~~

When an employee is ready to return to work after a leave due to the employee's own serious health condition, he or she must present certification from a physician that ~~he or she is~~they are able to safely perform all of the essential functions of the position; or can do so with reasonable accommodation, as permitted by law.

6) Integration With Other Benefits

When an employee becomes disabled, he or she should apply for State Disability Insurance benefits. These benefits will be integrated so that the employee will not receive over 100 percent of his or her regular pay. The amount of paid time off that is used before disability payments begin will not lengthen the amount of lleave to which an employee is entitled.

When an employee stops working or reduces their work hours to care for a family member who is seriously ill or to bond with a new child, the employee may be eligible to receive Paid Family Leave (PFL) benefits. This benefit does not create a right to leave, but provides ~~six (6) weeks~~up to the maximum benefit duration available under current California law of state insurance benefits to employees who take time off for covered reasons. Ask Human Resources for a copy of "Paid Family Leave," DE 2511, for further information.

7) Sick Leave and PTO

Employees ~~must~~may be required to use any accrued PTO during the leave under this section, consistent with applicable law and OVHD policy. In addition, employees who take a leave of absence for their own serious health condition must use any accrued sick leave. Any portion of the leave that occurs after all paid time off benefits have been exhausted shall be without pay. For purposes ~~if~~of this section's limitation, any paid and unpaid portions of the leave of absence shall be added together whether or not they are taken consecutively.

8) Insurance

Insurance benefits coverage will continue under the same conditions that would apply ~~of~~if the employee were actively at work. Employees who are contributing for dependent medical coverage must continue to pay their share of the premium by personal check if they are on an unpaid leave. Once the Family Leave entitlement has expired, the employee must pay applicable insurance premiums, beginning immediately for dependent coverage or the first of the following month if employee-only coverage is to be continued. If the employee does not return to work after the leave, the hospital may charge the employee retroactively for the full premiums for coverage that was continued during the leave to the extent permitted by applicable law.

b. Leave of Absence Under Federal Law for Military Employees and their Families

1) Purpose

In addition to FMLA leave provided pursuant to the previous policy, this policy provides employees with a process by which they may request and obtain a leave of absence for certain military exigencies or to care for a covered military member who has been injured while on active military duty. This policy is intended to meet the requirements of the Family and Medical Leave Act of 1993 (FMLA) and does not run concurrently with the California Family Rights Act (CFRA).

2) Eligibility and Reasons for Leave

In order to qualify for a leave of absence under this Policy, employees must first meet the eligibility requirements for leave under FMLA, as set forth in Section 7(a) above.

3) Entitlements for Military Exigencies

FMLA-eligible employees may use up to 12 workweeks of their FMLA entitlement if the employee's spouse, child or parent (covered military member) is on active duty in the military or on a call to active duty status in support of a contingency operation as either a member of the Federal reserve components or the National Guard, a retired member of the Regular Armed Forces or Reserve, or is on active duty in the Armed Forces and is deployed to a foreign country, if one or more of the following qualifying exigencies exists: short-notice deployment, military events and related activities, childcare and school activities, financial and legal arrangements, counseling, rest and recuperation, post-deployment activities and/or additional activities arising out of the covered military member's status.

4) Military Caregiver Leave

OVHD will grant an additional 14 weeks of unpaid military caregiver leave to an FMLA-eligible employee who is the spouse, child, parent, or next of kin of a member of the Armed Forces, National Guard or Reserves who has been injured while on active military duty. In order to qualify for the benefits of this section, the injured relative must be undergoing medical treatment, recuperation, or therapy, be otherwise in outpatient status, or be otherwise on the temporary disability retiree list, for a serious injury or illness.

This additional 14 weeks of unpaid leave will also be extended to a FMLA-eligible employee who is the spouse, child, parent, or next of kin of a veteran who was a member of the regular Armed Forces, National Guard or Reserve at any time during the five years preceding the date on which the veteran undergoes medical treatment, recuperation or therapy for a serious illness or injury.

Military caregiver leave will also be granted to an FMLA-eligible employee whose spouse, child, parent or next of kin suffers from an existing or pre-existing injury incurred in the line of duty, which is aggravated while on active duty.

Family members of reservists who are injured while performing regular reserve duties are not eligible for this additional 14 weeks of leave. However, if a reservist is injured while performing the usual reserve duties, the reservist or family member will still be entitled to 12 weeks of FMLA leave, if otherwise eligible.

For purposes of this section, employees who have utilized a portion of their 12 work week FMLA leave for other purposes may use the remaining portion of that FMLA entitlement before taking up to an additional 14 weeks of leave.

Under no circumstances will leave taken under this section exceed 26 weeks.

5) Applying for the Leave

Employees who wish to take advantage of this benefit must provide such notice to the employer as is reasonable and practicable.

The first time an employee requests leave because of a military exigency, OVHD will require the employee to provide a copy of the employee's active duty orders or other documentation issued by the military to verify his or her status.

Employees requesting leave to care for a covered injured service member are required to obtain from an authorized healthcare provider of the injured service member certification providing sufficient facts to support the need for the employee's leave. Certification is also required from the employee requesting the leave.

Certification is also required for leaves requested on an intermittent or reduced schedule basis.

If an employee needs additional leave after the time stated in the original certification, he or she must resubmit re-certification containing the information outlined above.

6) Return to Work

Employees who return to work after taking a military exigency leave of absence of 12 work weeks or less or a caregiver leave of absence of 2 work weeks or less in a 12-month period will be reinstated in the position held before going on leave or placed in an equivalent position with equivalent employment benefits, pay, and other terms and conditions of employment.

7) Sick Leave and PTO

Employee must use any accrued PTO during the leave under this section. Any portion of the leave that occurs after all PTO benefits have been exhausted shall be without pay. For purposes of the FMLA's 12 or 26 work week limitations, whichever applies, any paid and unpaid portions of the leave of absence shall be added together whether or not they are taken consecutively.

8) Insurance

Existing medical insurance coverage for employees who take a leave of absence under FMLA for purposes of this Policy will be maintained by OVHD for not more than 12 or 26 work weeks, whichever applies, from the beginning of the leave of absence. Should the leave of absence continue beyond 12 or 26 work weeks, whichever applies, the employee will have the option of paying the cost of the existing health insurance coverage at OVHD's group premium rate or dropping insurance coverage. In the event insurance coverage is dropped, it is the employee's responsibility to re-enroll upon return from the leave. Benefit coverage will commence on the first of the month following re-enrollment.

c. Pregnancy Disability Leave (PDL)

Under the California Fair Employment and Housing Act (FEHA), California employees who are disabled by pregnancy, childbirth or related medical conditions are eligible to take a Pregnancy Disability Leave (PDL). If you are ~~effected~~ affected by pregnancy or a related medical condition, you are also eligible to transfer to a less strenuous or hazardous position or to less strenuous or hazardous duties, if this transfer is medically advisable. OVHD also complies with the law regarding reasonable accommodation for an employee disabled due to pregnancy, if the employee so requests, with the advice of her physician.

1) Term of Leave

The PDL is for any period(s) of actual disability caused by your pregnancy, childbirth or related medical conditions up to four months per pregnancy.

The PDL does not need to be taken in one continuous period of time, but can be taken on an as needed basis. PDL does not run concurrently ~~consistently~~ with ~~the~~ CFRA leave, but it may ~~does~~ run concurrently with FMLA leave where the employee is eligible for FMLA and the reason for leave qualifies under FMLA.

Time off needed for prenatal care, severe morning sickness, doctor-ordered bed rest, childbirth, and recovery from childbirth would all be covered by your PDL.

Generally, we are required to treat your pregnancy disability the same as we treat other disabilities in similarly ~~situation~~ situated ~~Employees~~ employees. In addition, the rules regarding FMLA/CFRA leave also generally apply to PDL.

2) Medical Certification

You may be required to obtain a certification from your health care provider of your pregnancy disability of the medical advisability for a transfer. The certification should include:

- a.) The date on which you become disabled due to pregnancy or the date of the medical advisability for the transfer;
- b) The probable duration of the period(s) of a disability or the period(s) for the advisability of the transfer;
- c) A statement that, due to the disability, you are unable to work at all, to perform any or more essential functions of your position without undue risk to yourself, the successful completion of your pregnancy or to the persons or a statement that, due to your pregnancy, the transfer is medically advisable.

3) Benefits During Leave

At your option, you can use any accrued PTO or sick leave as part of your pregnancy disability leave before taking the remainder of your leave as unpaid. It is your responsibility to notify Human Resources if you choose not to use your time, otherwise, we will assume you would like to use your accrued benefits. If you choose not to use your accrued benefits, you are required to contact Human Resources to continue making payments for benefit premiums. You may also be eligible for state disability insurance for the unpaid portion of your leave.

4) Contributions to a Group Health Plan While on a Leave

OVHD will continue to pay its standard contributions towards your medical insurance premium for a maximum of twelve (12) work weeks if on a medical leave for an illness or injury, including pregnancy disability. If the leave is extended beyond these times, you have the option to continue your present health insurance coverage under COBRA guidelines.

5) Reinstatement

Employees returning from ~~PDS~~ PDL are entitled to reinstatement to the same or

comparable position consistent with applicable law. You will be required to\_

furnish a statement from your healthcare provider releasing you to return to work before you will be allowed to resume your duties.

- d. **Leaves for Spouse of Member of Armed Services, National Guard or Reserves**  
OVHD will grant up to ten (10) days of unpaid leave to the “qualified spouse” of a member of the Armed Services, National Guard or Reserves who is on leave from deployment during a period of military conflict.

In order to be considered a “qualified spouse”, the employee must:

- 1) Work less than an average of 20 hours per week;
- 2) Provide the employer with a notice of intent to take the leave within two business days of receiving official notice that his or her spouse will be on leave from deployment during the time that the employee requests the leave; and
- 3) Submit official written documentation from the spouse’s military affiliation to the employer that the spouse will be on leave from deployment during the time that the employee has requested the leave.

- e. **Domestic Violence/Sexual Assault Leave**

In the event an employee is the victim of domestic violence or sexual assault, the employee may take time off work to obtain any relief including, but not limited to, a restraining order or other injunctive relief, to seek medical attention for injuries caused by the abuse or assault, services of an assault program, psychological counseling, or to participate in actions that will increase safety against future occurrences of domestic violence or sexual abuse.

Affected employees must give OVHD reasonable notice that they will be absent due to one of the above purposes. In the event of an emergency court appearance or other incident that does not allow for prior notice, the employee must provide the company with documentary evidence that their absence was required for any of the above reasons such as a copy of the police report, court order or documentation from a medical professional, counselor or advocate.

Employees must use any accrued PTO for such absences.

- f. **Leave to Appear in Court**

Employees may take unpaid time off to appear in court to comply with a subpoena or other court order as a witness in any judicial proceeding.

Reasonable Notice – Affected employees must give OVHD reasonable notice that they will be absent due to one of the above purposes. In the event of an emergency court appearance or other incident that does not allow for prior notice, the employee must provide OVHD with documentary evidence that their absence was required for any of the above reasons such as police report, court order or documentation from a medical professional, counselor or advocate.

Employees must use any accrued PTO for such absences.

g. Leave for Victims of Crime

Any employee who is the victim of a crime, an immediate family member of a victim, a registered domestic partner of a victim, or the child of a registered domestic partner of a victim, may be absent from work to attend judicial proceedings related to that crime.

Reasonable Notice – Prior to the absence, the employee must provide the employer with a copy of the notice of each scheduled proceeding unless advance notice is not feasible. If notice is not feasible, the employee must provide OVHD with documentary evidence that their absence was required to attend these judicial proceedings, such as notice from the court or government agency setting the hearing, the district attorney or prosecuting attorney’s office, or the victim/witness office advocating on behalf of the victim.

Employees must use any accrued PTO for such absences.

h. Emergency Duty as a Volunteer Firefighter, Reserve Peace Officer, or Emergency Rescue Personnel

Any employee who volunteers to perform emergency duty as a firefighter, reserve peace officer or emergency rescue personnel may take time off of work at OVHD while actually engaged in providing such emergency service.

A “volunteer firefighter” is a person registered as a volunteer member of a regularly organized fire department of a city, county or district.

“Emergency rescue personnel” means any person who is an officer, employee or member of a fire department, sheriff’s department, police department, or a private fire department, whether that person is a volunteer or partly paid or fully paid, while he or she is actually engaged in providing emergency services.

Any employee who is a volunteer firefighter may take temporary leaves of absence, but not to exceed an aggregate of 14 days per calendar year, for the purpose of engaging in fire or law enforcement training.

i. School Discipline Leave

Any employee who is the parent or guardian of a child and is actually living with the child or grandparent who has custody of a grandchild is eligible for a school-discipline leave. The employee must have received a written notice from the school principal requesting his or her attendance at a conference to discuss the child’s/grandchild’s suspension from school. School-discipline leave is not available to employees who voluntarily consult with school administrators regarding a child’s/grandchild’s performance in school.

OVHD may require the employee to provide a copy of the notice received from the school prior to granting school-discipline leave, and may require documentation from the school as proof that the visit took place. OVHD may ask the employee or the principal to briefly reschedule the conference if the employee’s attendance at work is essential at the time originally scheduled. There is no limit to how frequently employees may be provided school-discipline leave.

Employees must use PTO during school-discipline leave. If an employee does not have any PTO available, the employee may take unpaid leave.

j. School Activities Leave

Time off work will be granted for certain types of school visits, subject to the following criteria:

- 1) Parents, guardians or grandparents having custody of one or more children in Kindergarten or grades 1 through 12 may take time off for a school activity
- 2) The time off for school activity participation cannot exceed eight hours in any calendar month, or a total of 40 hours each school year.
- 3) Employees must provide as much advance notice as possible to their supervisor.
- 4) If both parents are employed by OVHD, the first employee to request such leave will receive the time off. The other parent will receive the time off only if the leave is approved by his or her supervisor.
- 5) Employees must use accrued PTO in order to receive compensation for this time off.
- 6) Employees who do not have time off available must take the time off without pay.
- 7) Employees may need to provide their supervisor with documentation from the school verifying that they participated in a school activity on the day of the absence for that purpose.

k. Personal Leave

Full-time and part-time employees who have completed 2080 hours may request a personal leave of up to 30 calendar days to meet needs of a personal nature, not related to an employee's medical condition.

Requests for personal leave must be made in advance, in writing, and must contain the reason for the leave and the length of time being requested. Leave will be granted in the employer's sole discretion.

The employee must use accrued PTO.

Upon return from a personal leave of absence, OVHD will make reasonable effort to reinstate the employee in the same or similar position.

l. Personal Medical Leave

New full-time and part-time employees who have not completed 2080 hours may request a personal medical leave of up to 30 calendar days to meet needs of a medical nature as part of an employee's medical condition.

Requests for personal medical leave must be made in advance, in writing, and must contain the reason for the leave and the length of time being requested. Leave will be granted in the employer's sole discretion.

The employee must use accrued PTO if available.

Upon return from personal medical leave of absence, OVHD will make reasonable effort to reinstate the employee in the same or similar position, but cannot guarantee such reinstatement.

m. Bereavement Leave

Full-time benefited employees who have completed the 90-day initial provisional period may take up to three (3) paid work days (totaling twenty-four (24) hours) of bereavement time upon the death of an immediate family member.

Part-time employees will be granted paid bereavement leave only for scheduled work days. A day is based on 24 hours.

Immediate family is defined as the following:

- “Child” is defined to mean a biological or adopted.
- “Parent” means a biological, step-parent, adoptive parent, mother/father-in-law and grandparents.
- “Spouse” means the person to whom the employee is legally married.
- “Other” family members include brothers, sisters, step-brothers/sisters.

The employee must obtain the approval of his or her immediate Supervisor/Manager.

If more than three (3) days of bereavement leave is required, the employee may use accrued PTO, or if no paid leave is available, the time must be taken without pay.

An employee who takes more than five (5) days of bereavement leave will not be guaranteed reinstatement to his or her former position, unless the Supervisor/Manager has approved additional time.

n. Jury Duty

Full-time and part-time employees who are summoned for jury duty on scheduled workdays will not suffer any loss of pay up to eight (8) hours per day, up to five regularly scheduled work days, including shift differential and premium in lieu of benefits.

The employee must inform the Supervisor/Manager immediately after receiving the jury summons.

An employee who normally is scheduled for the evening or night shift should be rescheduled for the day’s shift during jury duty, at the Department Manager’s discretion.

On days when jury duty does not require eight (8) hours of attendance, the employee must return to work to complete his or her work shift. If the employee returns to work, he/she will be paid only for actual hours served on jury duty (but no more than eight (8) hours) plus any hours worked.

The Supervisor/Manager must notify Payroll of the days the employee has served on a jury.

The employee must submit the check received from the court as payment for jury duty to Payroll in order to receive regular pay. Payroll will then issue the employee’s normal compensation for the time served on the jury.

Following jury duty, the employee must provide the Supervisor/Manager with written documentation from the court validating the days absent due to jury duty.

The employee's position will be guaranteed if the employee returns to work immediately upon completion of jury duty (even if the leave exceeds five (5) days).

o. Time Off to Vote

In the event that an employee does not have sufficient time outside of working hours to vote in a statewide election, the employee may take time off to enable him or her to vote.

Time off to vote must be taken at the beginning or the end of the regular working shift, whichever allows for more free time, and the time taken off will be combined with the voting time available outside of working hours.

Under these circumstances, an employee will be allowed a maximum of two (2) hours on Election Day without loss of pay. Where possible, the employee must give his or her supervisor at least two days' notice that time off to vote is needed.

p. Military Leave

- 1) Employees who serve in the military and take military leave may be entitled to reinstatement upon completion of their military service.

Employees who serve in the military and wish to take military leave must inform their Supervisor/Manager immediately upon receipt of orders and contact Human Resources for information about their rights before and after such leave.

Employees are entitled to reinstatement and related benefits upon completion of voluntary or involuntary military service provided that:

- The individual gave the employer advance notice of the military services;
- The cumulative length of the absence and of all previous military absences from OVHD does not exceed five years; and
- The person timely reports to the employer or submits a timely application for reemployment (except in certain circumstances).

If the current leave was for longer than thirty (30) days, the employer may require documentation to establish that the re-employment application is timely, the employee has not exceeded the five-year limit on the duration of service and the employee's separation from military service was not disqualifying.

The employee must use accrued PTO.

- 2) An employee granted temporary military leave for active-duty training or extended military leave is entitled to receive no more than the employee's regular Hospital pay for a period of 30 calendar days for any one military leave of absence OR during any service immediately prior to the granting of the leave (all prior full-time military service shall be included in calculating this Hospital service requirement) and provided that the aggregate of payments for temporary

Temporary military leave, extended military leave, and military leave for physical examination do not exceed 30 calendar days pay in any one calendar year.

Should an employee have orders for a period that extends from one year to the next, the employee will be paid for 30 days for the one leave of absence, regardless of the fact that the leave spans more than one year because they are entitled to payment for *any one* military leave of absence.

An employee granted physical examination leave is entitled to receive the employee's regular Hospital pay provided that:

- a.) The physical examination is a pre-induction or pre-enlistment physical examination required to fulfill a commitment under a Selective Service or comparable law, or during a period of war or comparable national emergency; and
- b.) The aggregate of payments for temporary military leave, extended military leave, and military leave for physical examination do not exceed 30 calendar days pay in any one calendar year.

Time off for other physical examinations in connection with military service must be charged to accrued sick leave, accrued PTO.

An employee granted military leave for emergency National Guard duty is entitled to receive no more than the employee's regular Hospital pay for a period of 30 calendar days for any one military leave of absence OR during any one calendar year. An employee is eligible for pay regardless of the length of Hospital service, and such pay is in addition to any Hospital payment for temporary military leave for active-duty training, extended military leave, and military leave for physical examinations.

Should an employee have orders for a period that extends from one year to the next, the employee will be paid for 30 days for the one leave of absence regardless of the fact that the leave spans more than one year because they are entitled to payment for any one military leave of absence.

Leave granted for reserve training or other inactive duty is without pay.

An employee who is not eligible for military leave with pay, or who has exhausted the paid portion of the military leave, may have such absence charged to accrued paid time off, or the military leave may be without pay.

An employee's "regular Hospital pay" is based upon the employee's status at the time the employee begins the leave, e.g., .5 FTE. For per diem employees, "regular Hospital pay" will be calculated based upon analysis of the previous six months' payroll.

q. Educational Leave

Full-time employees who have completed 2,080 hours of employment with OVHD are eligible, upon approval of the Supervisor/Manager, for educational leave to pursue courses related to their current position or career path with the hospital.

An RN or LVN returning from educational leave within 90 days will be guaranteed the position held prior to the leave. Any other employee returning from educational leave within 90 days will be guaranteed a comparable position in the same department, at the same rate of pay as held before the leave.

When the leave exceeds 90 days, there will be no job guarantee. Upon expiration of the education leave, the employee may apply for available positions for which he or she qualifies.

The employee must use accrued PTO.

r. Civil Air Patrol Leave

OVHD will provide eligible employees with up to ten days of leave per year for Civil Air Patrol duty. Each leave for a single emergency mission cannot exceed three days, unless the emergency is extended by the entity in charge of the operation and the extension is approved by the employer.

An eligible employee is one who has been employed by OVHD for a 90-day period before the start of the leave and is a volunteer member of the California Wing of the civilian auxiliary of the United States Air Force (Civil Air Patrol), responding to an emergency operation mission.

Employees are required to provide documentation of the need for leave. OVHD may deny an employee's request for leave if certification is not provided.

Employees are required to exhaust PTO in order to take Civil Air Patrol leave.

Upon return from Civil Air Patrol leave, employees will be reinstated to the position held when the leave began, or to an equivalent position.

s. Workers' Compensation

1) Purpose – To recover from a work-related illness or injury.

2) Eligibility – All employees, upon date of hire.

3) Position Guarantee – The position will be guaranteed, in accordance with applicable law, and the employee's employment will only be terminated if:

- The employee's leave of absence due to the work-related injury or illness lasts longer than six (6) months, and OVHD has completed the interactive process and determined, based on individualized assessment, that no reasonable accommodation (including additional leave) is available absent undue hardship. ~~Any employee whose employment is terminated after a six-month leave is encouraged to reapply at OVHD once circumstances change and they can return to work.~~
- The employee ~~has been determined to be permanently disabled and~~ is unable to perform the essential functions of ~~his/her last the~~ position ~~or any other vacant position~~ with or without reasonable accommodation, and OVHD has determined through the interactive process that the

employee is not qualified for reassignment to any available vacant position for which the employee is qualified, with or without reasonable accommodation.

- The employee's position is being eliminated altogether, in the context of a reduction in force, insofar as the employer follows its regular reduction in force policies.
- The employee has accepted permanent employment elsewhere or has unequivocally indicated, in writing, his/her intention to resign or retire.
- The employee is guilty of misconduct, if the misconduct would result in termination of the employee irrespective of his/her work related injury or illness and the misconduct bears no relationship to the consequences of the employee's work related injury or illness.
- A Workers' Compensation Appeals Board judge who specifically addresses this subject has approved an appropriate Compromise and Release Agreement.
- The employee's position must be filled due to business necessity, and OVHD has completed the interactive process and determined that the employee cannot return to the position ~~caused by the need to provide for hospital operations and the employee is unable to return to work~~ with or without reasonable accommodation and no reasonable alternative (including reassignment to a vacant position) is available absent undue hardship.

#### 4) Procedure

The employee must obtain a physician's certification of illness or injury. Any available accrued sick time will be paid as sick leave (integrated with workers' compensation disability payments). Upon the expiration of accrued sick time, the employee must use other accrued time, such as PTO.

The employee must present a signed physician's release allowing return to ~~full~~ full duties to the Human Resources Department or the Occupational Health Department, and to his/her Supervisor/Manager, before returning to work. Employees who are released to modified duty will be placed in the Transitional Work Program for a maximum of 90 days.

If the Leave must be extended beyond the original return to work date, the employee must advise the Supervisor/Manager and provide a physician's certification for extension to the Occupational Health or Human Resources Department prior to the original return date.

## RESPONSIBILITY

1. The employee is responsible for applying for a leave of absence through Human Resources.
2. The employee's Supervisor/Manager and Human Resources ~~is~~ are responsible for approving all leaves of absence.

# OAK VALLEY HOSPITAL DISTRICT

## Human Resources Manual

|                                                                                                                               |                    |                            |                                         |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------|-----------------------------------------|
| <b>Policy/Procedure:</b>                                                                                                      |                    |                            |                                         |
| <b>Sick Leave</b>                                                                                                             |                    |                            |                                         |
| Effective Date: 01/01/2024                                                                                                    |                    | Page 1 of 3                |                                         |
| Areas Affected: All Divisions and Departments of the Hospital District                                                        |                    |                            |                                         |
| <i>Review on an annual basis</i>                                                                                              |                    |                            |                                         |
| Composed by: Unknown                                                                                                          |                    |                            |                                         |
| <input type="checkbox"/> Reviewed <input checked="" type="checkbox"/> Revised by: <del>Vice President</del> , Human Resources |                    |                            |                                         |
| <b>Dept / Committee Approval:</b>                                                                                             | <b>Dept/Title:</b> | <b>Date</b>                | <b>Approved</b>                         |
| Policy, Procedures, Forms Comm.                                                                                               | VP Nursing         | <a href="#">02/04/2026</a> | <a href="#">X</a>                       |
| Admin Council                                                                                                                 | CEO                | <a href="#">02/11/2026</a> | <a href="#">X</a>                       |
| District Board                                                                                                                | Board Liaison      | <a href="#">03/05/2026</a> |                                         |
| Revised: 01/01/2024                                                                                                           |                    | Reviewed:                  | Next Review Date: <del>01/01/2026</del> |

### POLICY

Oak Valley Hospital District grants paid sick time to eligible employees to be used for the diagnosis, care or treatment of an existing illness or injury, or preventive care, for the employee or for a family member. In addition, paid sick time may be used if the employee is a victim of domestic violence, sexual assault, or stalking (unwanted or obsessive attention).

### PURPOSE

To provide time for eligible employees to obtain preventative care for themselves and their families, recuperate from illness or injury or to care for a family member, as further defined below.

### SUPPORTIVE DATA

Sick Leave does **NOT** include disability insurance, workers' compensation insurance, unemployment compensation disability benefit, or any other benefit not payable from the employer's general assets.

### PROCEDURE

#### Eligibility

##### Employees

1. Benefited employees who regularly work a minimum of 30 hours per week (60 hours per pay period) are eligible for Sick Leave. Eligible employees will begin to accrue sick leave at the commencement of their employment. Eligible employees may begin to use accrued sick leave once they have completed their initial ninety (90) day provisional period of employment, except as otherwise provided herein.

### Accrual Rates

1. Sick Leave hours accrue on any hours paid. This will include straight time, overtime, class time, holiday hours worked, PTO hours used, Sick Leave hours will not accrue on hospital requested (called off) absent day/hours, standby pay, SDI benefits, workers' compensation benefits, long term disability benefits, PTO or Sick Leave hours used during a leave of absence.
2. Accrued Sick Leave may be used in combination with accrued PTO.
3. Sick Leave hours will accrue as outlined below:

|                                              |         |
|----------------------------------------------|---------|
| 80 Hour per Pay Period Accrual Rate Per Hour | 0.01924 |
| 72 Hour per Pay Period Accrual Rate per Hour | 0.02137 |

### Use of Accrued Sick Leave

1. Sick Leave may be used for the diagnosis, care, or treatment of an existing injury or illness, or preventive care, for the employee or for a family member or designated person. Family members include a child (biological, adopted, foster, step), legal ward, child to whom the employee stands in loco parentis; parent (biological, adoptive, step), legal guardian of the employee or employee's spouse or registered domestic partner, person who stood in loco parentis when employee was a minor; spouse; registered domestic partner; grandparent; grandchild; and sibling.  
\*A designated person is someone identified by the employee at the time they use sick leave. An employee may only designate one person in a 12-month period.
2. Sick Leave may also be taken by an employee if the employee is a victim of domestic violence, sexual assault, or stalking.
- ~~2.~~3. [Employees must provide reasonable advance notice for foreseeable leave. For unforeseeable leave, employees may be required to take paid sick leave \(PSL\) in increments of at least \(2\) hours \(2 hour minimum is required\).](#)

### Notification of Supervisor

Employees who wish to use accrued Sick Leave should provide notice to their Supervisor/Manager as soon as practical, and in advance if foreseeable.

### Physicians Certification

The District may request reasonable documentation of illness or injury of physicians' certification of illness or injury and/or a medical provider's release to return to work.

### Integrating Sick Leave

1. If the employee's absence is for the employee's own illness or injury and will exceed seven (7) consecutive days, the employee must apply for State Disability Insurance (SDI). SDI benefits begin after seven (7) consecutive days of illness even if the employee is hospitalized.
2. Under no circumstances will this integrated compensation be in excess of the straight time earnings for an employee's scheduled hours. It is the employee's responsibility to ensure that the combined SDI/WC pay and Sick Leave earnings do not exceed their regular weekly earnings.

### Maximum Accrual

There will be a cap of 100 hours of sick leave, beyond which there will be no accrual.

### Termination of Employment

Unused accrued sick leave will not be paid to Employee at the separation of employment. However, if the employee is rehired within one (1) year of the date of separation, previously accrued but unused sick

leave will be reinstated at the time of rehire.

## **RESPONSIBILITY**

1. Employees are responsible for accurate coding of sick hours on their timesheet.
2. The Manager is responsible for the administration of this policy within the department. Oak Valley Hospital District will maintain records documenting hours worked and sick leave accrued and used for a minimum of three (3) years. Oak Valley Hospital District will make them available to a requesting employee within twenty-one (21) days upon request.

# OAK VALLEY HOSPITAL DISTRICT

## Human Resources Manual

|                                                                                                    |                    |                                                                      |                   |
|----------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------|-------------------|
| <b>Policy/Procedure:</b>                                                                           |                    |                                                                      |                   |
| <b>State Mandated Paid Sick Leave (PSL)</b>                                                        |                    |                                                                      |                   |
| <b>Effective Date:</b> 01/01/2024                                                                  |                    | <b>Page 1 of 2</b>                                                   |                   |
| Areas Affected: All Divisions and Departments of the Hospital District<br><i>Reviewed Annually</i> |                    |                                                                      |                   |
| Composed by: Human Resources                                                                       |                    |                                                                      |                   |
| <input type="checkbox"/> Reviewed <input type="checkbox"/> Revised by:                             |                    |                                                                      |                   |
| <b>Dept / Committee Approval:</b>                                                                  | <b>Dept/Title:</b> | <b>Date</b>                                                          | <b>Approved</b>   |
| Policy, Procedures, Forms Comm.                                                                    | VP Nursing         | <a href="#">02/03/2026</a>                                           | <a href="#">X</a> |
| Admin Council                                                                                      | CEO                | <a href="#">02/11/2026</a>                                           | <a href="#">X</a> |
| District Board                                                                                     | Board Liaison      | <a href="#">03/05/2026</a>                                           |                   |
|                                                                                                    |                    |                                                                      |                   |
| <b>Revised:</b>                                                                                    | <b>Reviewed:</b>   | <b>Next Review Date:</b> <span style="color: red;">01/01/2025</span> |                   |

### POLICY

Effective July 1, 2015, certain California employees are entitled to state-mandated paid sick leave (PSL). PSL is different from Oak Valley Hospital District's Paid Time Off/Holiday and Sick Leave Policies, as further detailed in the Oak Valley Hospital District's Employee Handbook. All employees who are not eligible for Oak Valley Hospital District's Sick Leave and Paid Time Off/Holiday are eligible to receive paid sick leave pursuant to the policy below.

### PROCEDURE

At the commencement of employment, or January 1, 2024, whichever is later, an eligible employee will be provided with a lump sum minimum of forty (40) hours or five (5) days of PSL. Such employees shall also receive forty (40) hours or five (5) days of PSL annually thereafter. Employees who are eligible to receive PSL are not permitted to carry over any unused PSL to the following year(s). PSL will be paid at the employee's hourly rate of pay.

#### Use of PSL

Employees may not use PSL in advance of accrual. An employee may use PSL beginning on the ninetieth (90th) day of employment. Upon an oral or written request, an employee may use PSL for the diagnosis, care or treatment of an existing illness or injury, or preventative care, for the employee or for a family member or designated person. [Employees must provide reasonable advance notice for foreseeable leave, For unforeseeable leave, employees may be required to take paid sick leave \(PSL\) in increments of at least \(2\) hours, \(2 hour minimum\).](#)

Family members include a child (biological, adopted, foster, step), legal ward, child to whom the employee stands in loco parentis, parent (biological, adoptive, step), legal guardian of the employee or employee's spouse or registered domestic partner, person who stood in loco parentis when employee was a minor, spouse, registered domestic partner, grandparent, grandchild, and sibling.

A “designated person” is someone identified by the employee at the time of the request to use PSL. An employee may only designate one person in a 12-month period.

The employee can also take PSL if the employee is a victim of domestic violence, sexual assault, or stalking (unwanted or obsessive attention).

**Notification**

A poster describing PSL rights is located in the break rooms of Oak Valley Hospital District facilities alongside other required employment postings.

The employee should provide notice of the need for leave as soon as practical, and in advance if foreseeable.

**Termination of Employment**

Unused PSL will not be paid to an employee at the separation of employment. However, if the employee is rehired by Oak Valley Hospital District within the same calendar year as the date of separation, previously unused PSL, if any, will be restored at the time of rehire. If the rehired employee returns in a new calendar year, the full annual minimum lump sum will be restored.

**Responsibility**

Oak Valley Hospital District will maintain records documenting hours worked and PSL accrued and used for a minimum of three years. Oak Valley Hospital District will make these records available to requesting employees within twenty-one (21) days upon request.

# OAK VALLEY HOSPITAL DISTRICT

## Emergency Operations Management Manual

|                                                                        |                                                                                |                                  |                   |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------|-------------------|
| <b>Policy/Procedure:</b>                                               |                                                                                |                                  |                   |
| <b>DISRUPTION OF SERVICES ELECTRIC</b>                                 |                                                                                |                                  |                   |
| <b>Effective Date:</b> 10/91                                           |                                                                                | Page 1 of 2                      |                   |
| Areas Affected: All Divisions and Departments of the Hospital District |                                                                                |                                  |                   |
| Composed by: Patient Safety Manager                                    |                                                                                |                                  |                   |
| <input type="checkbox"/> Reviewed <input type="checkbox"/> Revised by: |                                                                                |                                  |                   |
| <b>Dept / Committee Approval:</b>                                      | <b>Dept/Title:</b>                                                             | <b>Date</b>                      | <b>Approved</b>   |
| Policy, Procedures, Forms Comm.                                        | Medical Staff Coord                                                            | <a href="#">02/04/2026</a>       | <a href="#">X</a> |
| EOC Committee                                                          | Chief Engineer                                                                 | <a href="#">01/15/2026</a>       | <a href="#">X</a> |
| Admin Council                                                          | CEO                                                                            | <a href="#">02/11/2026</a>       | <a href="#">X</a> |
| District Board                                                         | Board Liaison                                                                  | <a href="#">03/05/2026</a>       |                   |
| <b>Revised:</b> 10/00, 9/09                                            | <b>Reviewed:</b> 5/93, 10/93, 9/94, 4/99, 10/00, 10/03, 4/04, 4/06, 9/09, 1/13 | <b>Next Review Date:</b> 10/2025 |                   |

### PURPOSE

To notify the proper service of failure, and steps to be taken in the event of failure

### PROCEDURE

In the event of commercial electrical service failure, the following steps will be taken:

1. Check to make sure the electrical generating plant is functioning and that adequate emergency power is provided to the following ESSENTIAL SERVICES:
  - Alarm Systems;
  - Blood, bone and tissue storage units;
  - Egress illumination;
  - Emergency care areas;
  - Emergency communication system;
  - Illumination of exit signs;
  - Medical air compressors;
  - Operating rooms.

- Postoperative recovery rooms;
- In-Patient care.

**NOTE:** Arrangements with Holt of California have been made for access to emergency portable generators. If emergency generators are not functioning the Chief Engineer will contact Holt of California, Stockton for delivery of portable generators. Contact will be made by phone or runners.

2. **Call:** PG&E

- Ask them to determine how long the service will be out.
  - Telephone number: 1-800-743-5000 Oakdale
  - Outage Information Line: 1-877-771-9574

3. Notify all departments and tell them that service will be out and approximately how long. (**Notify surgery first**).

4. After commercial electric service is restored, check for proper operation of:

- Air Compressors
- Air Conditioning
- Boilers
- Motors
- Pumps
- Vacuum Pumps, etc.
- Ventilating Systems

5. Notify all departments that service is restored.

# OAK VALLEY HOSPITAL DISTRICT

## Emergency Operations Management Manual

|                                                                        |                     |                                                                          |                   |
|------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------|-------------------|
| <b>Policy/Procedure:</b>                                               |                     |                                                                          |                   |
| <b>DISRUPTION OF SERVICES WATER</b>                                    |                     |                                                                          |                   |
| <b>Effective Date:</b> 10/91                                           |                     | Page 1 of 1                                                              |                   |
| Areas Affected: All Divisions and Departments of the Hospital District |                     |                                                                          |                   |
| Composed by: Patient Safety Manager                                    |                     |                                                                          |                   |
| <input type="checkbox"/> Reviewed <input type="checkbox"/> Revised by: |                     |                                                                          |                   |
| <b>Dept / Committee Approval:</b>                                      | <b>Dept/Title:</b>  | <b>Date</b>                                                              | <b>Approved</b>   |
| Policy, Procedures, Forms Comm.                                        | Medical Staff Coord | <a href="#">02/04/2026</a>                                               | <a href="#">X</a> |
| EOC Committee                                                          | Chief Engineer      | <a href="#">01/15/2026</a>                                               | <a href="#">X</a> |
| Administrative Council                                                 | CEO                 | <a href="#">02/11/2026</a>                                               | <a href="#">X</a> |
| District Board                                                         | Board Liaison       | <a href="#">03/05/2026</a>                                               |                   |
| <b>Revised:</b> 10/00,                                                 |                     | <b>Reviewed:</b> 5/93, 10/93, 9/94, 4/99, 10/00, 10/03, 4/04, 4/06, 1/13 |                   |
| <b>Next Review Date:</b> 10/2025                                       |                     |                                                                          |                   |

### PURPOSE

To notify the proper service of failure and steps to be taken in the event of failure

### PROCEDURE

In the event that the water service is interrupted for reasons other than a shut down for repairs, take the following steps:

1. Notify the Chief Engineer or his/her designee and each department so they can limit the use of water.
2. Call the City of Oakdale Public Works Department. Ask for an estimate of the amount of time that service will be interrupted.
3. Notify the Chief Engineer or designee. He/she will determine how much water will be needed and coordinate with Materials Management. Management will make arrangements for additional bottled drinking water.
4. Have the Dietary Department go to paper service instead of dishes and silverware. Meals should also be planned to minimize dishwashing.

### EMERGENCY WATER

1. Refer to Emergency Call list for water tanker trucks and bottled water.
2. Approximately 900 gallons of water is stored in the water heaters and in the event of an emergency the incoming supply valve will be turned off to protect the existing water supply. Water supply shutoff is located as follows: southeast corner of hospital.
3. Anticipated disruptions of water service greater than 96 hours – Refer to Disaster Preparedness.

# OAK VALLEY HOSPITAL DISTRICT

## Patient Financial Services Manual

|                                                                                              |                    |                                 |                   |
|----------------------------------------------------------------------------------------------|--------------------|---------------------------------|-------------------|
| <b>Policy/Procedure:</b>                                                                     |                    |                                 |                   |
| <b>Hospital Pricing Procedure</b>                                                            |                    |                                 |                   |
| <b>Effective Date:</b> <a href="#">New Policy</a>                                            |                    | <b>Page 1 of 4 (Attachment)</b> |                   |
| Areas Affected: Revenue Cycle, PFS, Coding, CFO                                              |                    |                                 |                   |
| Composed by: Interim Revenue Cycle Director                                                  |                    |                                 |                   |
| <input type="checkbox"/> Reviewed <input type="checkbox"/> Revised by: Revenue Cycle Manager |                    |                                 |                   |
| <b>Dept / Committee Approval:</b>                                                            | <b>Dept/Title:</b> | <b>Date</b>                     | <b>Approved</b>   |
| Policy, Procedures, Forms Comm.                                                              | VP of Nursing      | <a href="#">02/04/2026</a>      | <a href="#">X</a> |
| Administrative Council                                                                       | CEO                | <a href="#">02/11/2026</a>      | <a href="#">X</a> |
| District Board                                                                               | Board Liaison      | <a href="#">03/05/2026</a>      |                   |
|                                                                                              |                    |                                 |                   |
| <b>Revised:</b>                                                                              | <b>Reviewed:</b>   | <b>Next Review Date:</b>        |                   |

### POLICY

Oak Valley Hospital District will maintain a hospital-wide pricing structure that:

- Reflects the resources, costs, and clinical expertise required to deliver high-quality patient care.
- Promotes fairness, consistency, and transparency across all services and patient populations.
- Is reviewed regularly and updated to reflect changes in costs, market conditions, payer requirements, and regulatory standards.

### PURPOSE

The purpose of this procedure is to establish a standardized, transparent, and compliant methodology for determining, reviewing, approving, and communicating pricing for all hospital services, procedures, supplies, and ancillary charges. This procedure ensures that hospital pricing is consistent, based on objective criteria, and compliant with applicable federal, state, and payer-specific regulations.

## **SCOPE**

This procedure applies to all departments involved in clinical services, revenue cycle operations, billing, coding, finance, contracting, and administrative oversight across Oak Valley Hospital District and affiliated outpatient facilities.

## **PROCEDURE**

### **Pricing Methodology**

Oak Valley Hospital District pricing is informed by multiple objective and operational factors, including but not limited to:

- Direct labor and supply costs
- Pharmacy and supply chain pricing
- Equipment depreciation and maintenance
- Facility overhead and indirect cost allocation
- Staffing requirements and clinical resource utilization

The hospital utilizes a third-party vendor to support development and maintenance of its pricing structure. As an initial benchmark, charges are developed using an adjustment to the Medicare Fee Schedule, where applicable.

Charges are further evaluated against peer hospitals of comparable size and service offerings, using both local and regional market data to ensure competitiveness and appropriateness.

---

### **Chargemaster Review and Approval Process**

All Chargemaster updates, additions, or revisions must follow the approved change control process.

1. Departments requesting Chargemaster changes must submit a completed Chargemaster Request Form (Appendix A) to the designated chargemaster email address: [chargemaster@ovhd.com](mailto:chargemaster@ovhd.com)
2. The Chargemaster review email distribution group includes:
  - Revenue Cycle Director or designee
  - Patient Financial Services (PFS) Manager or designee
  - Coding
  - Chief Financial Officer (CFO)

3. The Coding Team will identify and validate the appropriate CPT/HCPCS code(s), if applicable, within the email review process.
4. The PFS Manager or designee will:
  - Review applicable Medicare Fee Schedule reimbursement rates
  - Confirm the appropriate revenue code
5. The Revenue Cycle Director or designee will:
  - Identify peer hospital pricing benchmarks
  - Communicate all supporting pricing information via the email review thread
6. The CFO will review and provide final approval or denial of the proposed pricing changes via the email review thread.

No pricing changes may be implemented without documented CFO approval.

---

### **Ongoing Pricing Review**

The Revenue Cycle Director will coordinate periodic pricing reviews and make adjustments as appropriate.

Reviews will consider:

1. Changes in supply chain and pharmaceutical costs
2. Labor expenses and overhead allocations
3. Local, regional, and national market conditions
4. Regulatory and payer reimbursement changes

### **REFERENCES**

- Centers for Medicare & Medicaid Services (CMS) 2025  
**Medicare Physician Fee Schedule** – Search the Physician Fee Schedule | CMS  
<https://www.cms.gov/medicare/physician-fee-schedule/search>

Appendix A Chargemaster Request Form



# OAK VALLEY HOSPITAL DISTRICT

## Emergency Operations Management Manual

|                                                                                                              |                       |                                            |                   |
|--------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------|-------------------|
| <b>Policy/Procedure:</b>                                                                                     |                       |                                            |                   |
| <b>PATIENT CHART AND VICTIM REGISTRATION LOG</b>                                                             |                       |                                            |                   |
| <b>Effective Date:</b> 04/03                                                                                 |                       | <b>Page</b> 1 <b>of</b> 2                  |                   |
| Areas Affected: All Divisions and Departments of the Hospital District                                       |                       |                                            |                   |
| Composed by: Disaster Coordinator                                                                            |                       |                                            |                   |
| <input checked="" type="checkbox"/> Reviewed <input type="checkbox"/> Revised by: <a href="#">ED Manager</a> |                       |                                            |                   |
| <b>Dept / Committee Approval:</b>                                                                            | <b>Dept/Title:</b>    | <b>Date</b>                                | <b>Approved</b>   |
| Policy, Procedures, Forms Comm.                                                                              | VP of Nursing         | <a href="#">02/04/2026</a>                 | <a href="#">X</a> |
| Emergency Management Comm./ <a href="#">EOC</a>                                                              | Disaster Coordinator  | <a href="#">01/15/2026</a>                 | <a href="#">X</a> |
| Admin Council                                                                                                | CEO                   | <a href="#">02/11/2026</a>                 | <a href="#">X</a> |
| District Board                                                                                               | Board Liaison         | <a href="#">03/05/2026</a>                 |                   |
| <b>Revised:</b> 9/09                                                                                         | <b>Reviewed:</b> 1/13 | <b>Next Review Date:</b> <del>3/2025</del> |                   |

### POLICY

The Health Information Management Director, or designee, shall be responsible for initiation and maintenance of medical records for incoming casualties and patients who were in the Oak Valley Hospital District (OVHD) prior to the emergency situation.

### MULTI-CASUALTY INCIDENT PATIENT CHART

1. This is the patient record, which is used upon arrival in the Emergency Department/Service during a disaster.
2. The top portion consists of the basic patient information. Be sure to list the field tag number if one is present on the victim.
  - a. One copy goes to Control Center.
  - b. One copy goes to Admitting.
  - c. The chart remains with the patient until admitted or discharged and is used to document patient care.
3. The Flow Tags are to be completed upon arrival of the victim to a department and sent via a runner to Control Center. This guarantees tracking of the patient and his/her ultimate destination.  
**(Discharged/Admitted/Expired)**

### VICTIM REGISTRATION LOG

1. This is used to register all victims brought to the Oak Valley Hospital. It serves a dual purpose of patient registration and as the source of information for Red Cross Disaster Welfare Inquiry. A copy of the log is given to the Hospital Red Cross Disaster/Liaison Nurse to be phoned in or sent into the Red Cross Office, Disaster Welfare Inquiry Service.

2. **\*\*NOTE: VICTIM REGISTRATION LOG AVAILABLE FROM RED CROSS.**

### **TRANSFER PROCEDURE**

These guidelines shall be followed to ensure that the proper records of patient transfers are kept:

1. Sufficient clerical personnel, equipment and supplies must be provided to be able to locate patients moved in case of emergencies.
2. A Transfer Form will be placed in the medical record of any transferred patient.

The Transfer Form and copies shall be distributed as follows:

1. A copy of the Transfer Form is sent to the hospital Medical Care Director for an alphabetical reference file.
2. A copy is sent to the Receiving Facility to which the patient is transferred.
3. The Medical Records Department retains the original.
4. One copy of the completed Transfer Form must be placed in the patient's medical record.

**MEMO:** March 5, 2026  
**TO:** Members of the District Board  
**FROM:** Medical Executive Committee  
**RE:** Approval items to be reviewed in open session

The Medical Executive Committee requests the District Board's approval of the following items forwarded from the February 17, 2026, meeting.

**Committee Reports**

- A. The Department of Surgery Committee Report – (02/10/2026)  
Matthew Coates, MD, Chairperson
- i. Summary Review **Discussion**
  - i. Forms/Policy **Approval**
    - Policy**
    - Operative Services Manual
    - Specimen Management for Surgical and Invasive Procedures
  - ii. Other
    - General Surgery Privilege Request / Approval Form
      - Update and additions to Gastroenterology
- B. The Quality Council Report – (02/12/2026)  
Lee Horwitz, MD, Chairperson
- i. Summary Review **Deferred**
  - ii. Forms/Policy **Approval**
    - Policy**
    - Administrative Manual
    - Performance Improvement Plan FY2026
    - Strategic Plan for health equity 2026 – 2027
- C. The Department of Medicine Committee Report – (Next Mtg 02/18/2026)  
Lee Horwitz, MD, Chairperson **Standing**
- D. Interdisciplinary Practice Committee Meeting (IDPC) – (Next Mtg 03/03/2026)  
Chaitanya Mahida, MD, Chairperson **Standing**
- E. Credentials Committee Meeting – (Next Mtg 03/03/2026)  
Chaitanya Mahida, MD, Chairperson **Standing**

# OAK VALLEY HOSPITAL DISTRICT

## Operative Services Manual

|                                                                                                   |                           |                                           |                 |
|---------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------|-----------------|
| <b>Policy/Procedure:</b>                                                                          |                           |                                           |                 |
| <b>SPECIMEN MANAGEMENT FOR SURGICAL AND INVASIVE PROCEDURES</b>                                   |                           |                                           |                 |
| <i>Also indexed as: Frozen Section; Disposal of Anatomical Parts; Pathology Specimen</i>          |                           |                                           |                 |
| <b>Effective Date:</b> 01/2007                                                                    |                           | <b>Page 1 of 5</b>                        |                 |
| Areas Affected: Surgical Services, G.I. Lab, <a href="#">Laboratory/Pathology</a>                 |                           |                                           |                 |
| Composed by:                                                                                      |                           |                                           |                 |
| <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             | <del>02/24/26</del> 02/04/202<br><u>6</u> |                 |
| Department of Surgery                                                                             | Manager                   |                                           |                 |
| Medical Executive Committee                                                                       | Medical Staff Coordinator |                                           |                 |
| District Board                                                                                    | Board Liaison             |                                           |                 |
|                                                                                                   |                           |                                           |                 |
| <b>Revised:</b> 3/10; 1/13, 04/2022                                                               | <b>Reviewed:</b> 9/17     | <b>Next Review Date:</b>                  |                 |

### PURPOSE

To establish guidelines ensuring accurate recording and appropriate preservation of specimens removed from patients during surgical and invasive procedures.

### POLICY

All specimens, including anatomical parts, tissues and foreign objects removed during surgery or an invasive procedure will be sent to the Pathology Laboratory.

### SUPPORTIVE DATA

1. Oak Valley Hospital District (OVHD) Medical Staff regulations require that all surgical specimens be submitted to the Pathology department for gross, microscopic and other examinations determined necessary by the pathologist to arrive at the correct diagnosis.

### PROCEDURE

- A. **Exempt specimens:** In accordance with Section 70223 (g) Title 22 California Code and The Joint Commission requirements, OVHD hospital staff regulations exempt the following specific specimens from pathology examination:

1. Specimens that by nature or condition do not require submission for pathology examination
  - a. General Surgery
    - simple scar tissue (not associated with disease)
    - finger and toenails
    - foreign bodies ( without medico legal implication or history of cancer or infection)
    - teeth (document fragments and teeth removed)

-debridement specimens (except when associated with disease)

-hernia sac (except in children <5yrs)

-sutures not associated with tissue

-Hematoma

-Normal foreskin

-Normal Placenta

-Saphenous vein segments

**b. Plastic Surgery**

-Liposuction specimens, facelift tissue, skin flaps

-tissues from cosmetic procedures (except breast tissue)

-septoplasty cartilage (unless inflamed)

**c. Thoracic Surgery**

-Rib segments or other tissue removed for gaining surgical access

**d. Ophthalmology**

- Cataracts

-vitreous fluid, subretinal fluid, epiretinal membranes, Iris, scleral flap, extra ocular muscle

**e. Orthopedic Surgery**

-Unused bone or graft material (removed grafts or implants MUST be submitted for pathology)

-Orthopedic appliances

- normal tissue removed for surgical access or appliance/implant placement

~~1. Specimens that by their nature or condition do not permit fruitful examination such as:~~

~~a. cataract~~

~~b. orthopedic appliance~~

~~c. vascular access devices~~

~~d. skin scars~~

~~e. portion of a rib removed only to enhance exposure.~~

~~2. Foreign bodies (i.e., bullets that for legal reasons are given directly in the chain of custody to law enforcement representatives.~~

~~3. Therapeutic radioactive sources~~

~~4. Specimens known to rarely, if ever, show the circumcision of a newborn infant, placentas that are grossly normal and have been removed of operative and non-operative obstetrics with the delivery of a normal viable infant.~~

~~5. Teeth, provided the number, including fragments are recorded in the medical record.~~

~~6. Septoplasty cartilage.~~

**B. Pathology Acquisition Slip Process**

1. Confirm Patient ID per OVHD policy using two identifiers – patient name and date of birth.

2. Collect specimens and label in the presence of the patient.

3. Place patient label on pathology slip and fill out the pathology slip in the presence of the patient.

4. Identify on the pathology slip:

a. Specimen Source

b. Date/Time of Collection

~~a.c.~~ Ordering Proceduralist

~~b.d.~~ Report to be sent to Private physician or Health Clinic.

~~e.e.~~ For Health Clinic identify if GI / ENT / Women's Health

5. Enter into the pathology log.
6. The specimen and completed pathology slip are secured together and picked up by Yosemite pathology.

~~C. Frozen Section~~ – any tissue for frozen section requested by the operating surgeon will be analyzed by Pathology on site. ~~sent to Pathology.~~

C.

1. The Surgery Department must notify the Pathology Department in advance of any surgery requiring pathologist's presence for either Rapid Frozen Section (**RPSRFS**) procedure and diagnosis or pathologic consultation while the patient is undergoing a surgical procedure.

~~2.~~ This notification must be ~~either~~ a day in advance ~~via the surgery schedule, which must be distributed during normal working hours, or~~ by telephone. ~~If~~ the case is added or if it is an emergency add-on case, Pathology needs at least one ~~half~~ hour notice. Optimally, the pathologist is notified as soon as the case is scheduled.

2. Management of frozen section specimen in the OR:

a. RN will notify Pathology that the specimen is coming.

b. RN will place fresh specimen in sterile towel or container properly labeled with patient's name, date of birth and medical record number, pre-op diagnosis, Surgeon's name and OR Room number. Specimen and requisition will be handed directly to Pathologist. ←(new add)

c. RN will complete Pathology Request form.

d. RN will provide the pathologist with the OR room and telephone number.

3. Communication of RFS/consultation results:

a. The pathologist will communicate the results of RFS/Consultation during the surgical procedure.

(i) Direct contact with the surgeon – Verbal Report

(ii) Will identify the name of patient and surgeon before rendering a diagnosis.

(iii) The diagnosis will be a part of a patient's medical record in the Pathology Report form.

~~(iii)~~(iv) Findings will be documented on Pathology form. Pathologist will give findings verbally to Surgeon. (Date/Time, Signature of Pathologist – copy to Medical Records or Patient Chart)

~~4. Management of frozen section specimen in the OR:~~

~~a. RN will notify Pathology that the specimen is coming. RN to hand specimen to pathologist.~~

~~b. RN will place fresh specimen in sterile towel or container properly labeled with patient's name, date of birth and medical record number, pre-op diagnosis, Surgeon's name and OR Room number~~

~~c. RN will complete Pathology Request form.~~

~~d. RN will provide the pathologist with the OR room and telephone number.~~

#### **D. Physical General Management of Specimens in the Operating Room**

1. Don personal protective equipment
2. The scrub person receives the specimen from the surgeon with the description of the specimen.
3. The scrub person will hand off the specimen to the circulating nurse.
4. Upon receiving the specimen, the circulating nurse will:
  - a. Verify the description of the specimen as to name, site and laterality if indicated.
  - b. Complete pathology request form with date, pre-op and post-op diagnosis and handling instructions from the surgeon.
5. Place specimen in appropriately sized container.
6. Cover the specimen with fixative, confirm with surgeon.
7. Label specimens with:
  - a. Date
  - b. Patient name
  - c. Surgeon
  - d. Pre-op and Post-op diagnosis
  - e. Surgical procedure
  - f. Description of specimen
8. Multiple specimens must be numbered and listed individually. Use an additional request form if needed.
9. Place specimen container in a biohazard labeled bag with patient identification label on the outside.
10. Complete Pathology Request form with all the required information on the request.
- ~~11. Call Pathology for fresh and frozen section specimens.~~
- ~~12.~~11. Complete pathology logbook prior to leaving specimen on the "Pick up" bin.
- ~~13.~~12. Know where Formalin spill kit is located in the event of a spillage.
- ~~14.~~13. Document description of specimens in the Intra-operative Nursing Record.
- ~~15.~~14. Consult surgeon regarding lymph nodes if special procedure with the pathologist is needed.
- ~~16.~~15. Call the Courier if past normal pick-up hours.

#### **E. Disposal of anatomical parts:**

1. Obtain a signed consent/permit for disposal of severed body part.
2. Obtain 2 impervious opaque plastic bags.

3. Obtain 3 ID tags that contain:
  - a. patient name
  - b. medical record number
  - c. date of birth
  - d. surgeon's name
  - e. description of anatomical part
4. Place small parts in 10% Formalin solution in container with lid.
5. Place severed member in double plastic bag.
6. Tie inner bag securely and attach tag.
7. Tie and secure outer bag with a tag.
8. Deliver bagged specimen to Pathology with a copy of signed consent "Permission for Disposal" form.
9. After hours place severed member in Pathology refrigerator, documented in the Specimen logbook.

#### **F. Prosthetic / Appliances / Device Explants**

1. Wash thoroughly to remove gross tissue or debris.
2. Place in appropriate specimen container
3. Label specimen with required information including type, model and serial number.
4. Deliver specimen to pathology lab.
5. Faulty devices go to Risk Management.

#### **G. Stones**

1. Place in DRY empty container
2. Label with required information

#### **H. Forensic Specimens** (See "Legal Evidence-Chain of Custody" policy)

1. Complete the chain of custody form.
2. Place specimen in a dry container **DIRECTLY FROM THE SURGEON.**
3. Label specimen with required patient information.
4. Surgeon may hand the specimen directly to law enforcement officer. RN to provide the officer with signed chain of custody form and with officer's badge number.

5. Document in the Intraoperative Nursing Record.

### **I. Specimens for Culture and Sensitivity**

1. Collect culture aseptically.
2. Label culture tube with patient identification (Name, DOB, Source, Date, Time).
3. Follow directions from the surgeon.
4. Complete Microbiology requisition.
5. Number each culture/tube taken.
6. Deliver regular cultures to the Microbiology Lab within 30 minutes.
7. ~~“Stat” cultures must be delivered to the Microbiology Lab immediately and appropriate lab personnel must be notified of “stat” status.~~

### **REFERENCES:**

1. AORN Journal Guidelines in Practice: Specimen Management, October 2021
2. AST (Association of Surgical Technologist) AST Standards of Practice for Handling and Care of Surgical Specimens. Effective, April 13, 2008
3. College of American Pathologists, cap.org
- 2.4. Joint Commission Accreditation Manual (Current Edition)



**Medical Staff use only**

**Physician Name:** \_\_\_\_\_

*Please Print*

**Privilege Period:** \_\_\_\_\_

**GENERAL SURGERY PRIVILEGE REQUEST/ APPROVAL FORM**

**Physician Name:** \_\_\_\_\_

**Initial Appointment Requirements:**

To be eligible to use this form to request clinical privileges, the following minimum threshold criteria must be met:

1. The provider must be an M.D. or D.O.
2. Provide documentation of having satisfactory proficiency from their residency program and/or having been granted these procedures at previous hospital affiliations to include ongoing practice of medicine in a hospital setting for a minimum of two years and provide current competence
3. The provider has undergone additional training in telehealth practices and technologies to ensure competency delivery of care via remote platforms.
4. Provide documents with current DEA licensing reflecting schedules 2, 2N, 3, 3N, 4, 5.
5. Applicants must certify at the time of the initial appointment and reappointment that there are no problems with health or mental status which would interfere with the exercise of clinical privileges requested.

**\*\*\*\*In the case of an emergency, an individual who is a member of the medical staff or who has been granted delineated clinical privileges is permitted to do everything possible, within the scope of his or her license, to save a patient's life or to save a patient from serious harm.**

**Reappointment Requirements:**

Documentation of ongoing practice of medicine in the previous two years with the care of at least five patients.

Lack of activity in a privilege by a practitioner at the time of reappointment is recommended that he or she drop the privilege. If the practitioner wishes to retain the privilege, documentation of proof of current activity will be required. Reappointments will require clinical activity levels as defined by the Medical Staff and acceptable physician profiles resulting from quality improvement activities.

**Proctoring Requirements:** Six (6) to ten (10) retrospective case reviews will be completed within the first ninety (90) days of onboarding in lieu of proctoring. Ongoing professional practice evaluations will be completed bi-annually.

**Medical Staff Category Requested:**

Applicants will choose the appropriate category below based on training and experience. Categories correspond to core privilege bundles on attached.

- Provisional** - Initial appointees expected to become Active, Adjunct, or Courtesy Staff. Duration: 09 to 24 months, and re-appointed physicians who have been absent from staff membership for more than six months. Not eligible for the medical staff leadership position.
- Active** – Regularly admit/treat patients or provide professional services, more than 12 per reappointment. Is a member being in good standing of the provisional staff for at least 9 months or holds a Medical staff leadership position.
- Adjunct** - Regularly admits patients, but not necessarily 12 per reappointment, otherwise active in community and on Medical Staff, eligible for Medical Staff leadership position.
- Courtesy** - Occasionally admit/treat patients, provides consultations on patients as an expert, or is a contracted physician not eligible for Medical Staff leadership position.
- Telemedicine Affiliate** - Provide services via telemedicine modalities.

**Categories based on required training and experience: Please check the appropriate category below:**

**Category I** \_\_\_\_\_

These privileges involve patients who are either well or have minor surgical problems. Physician competency would be expected with relatively minimal training and experience (i.e., rotating internship plus previous private practice or military service). Some practitioners may require mandatory consultations.

**Category II** \_\_\_\_\_



These privileges relate to patients who may have moderately complex surgical problems. Physicians who are Board qualified or certified in Family Practice/ Internal Medicine would be expected to perform some of these procedures.

**Category III** \_\_\_\_\_

Physicians with these privileges have the highest level of competence within a given field, on a par with that considered appropriate for a sub-specialist. They are board certified or board qualified, \* or based on training, continuing education documentation, and current competence meet requirements for Category III. They are qualified to act as consultants.

**\*Board qualified:** Refers to physician's admissibility to take the board examination depending upon the specialty, he/she would be qualified to take the board examinations for a specified number of years. Refer to appropriate specialty board information. If the board's time limits are exceeded, the physician is no longer admissible to apply for the examination.

**Basic General Surgery Privileges**

In each bundle, privileges are grouped according to organ system and procedures which require a similar knowledge base (anatomy, physiology, etc.). For each bundle grouping and/or specific procedure the minimum number of cases required to maintain proficiency is stated. At the time of reappointment, the number of cases performed by the candidate will be reviewed by the department to grant the continuation of that specific privilege(s). If the number is not met, privileges may be kept until the next review period, at which time the required number must be met.

| <b>General Surgery Core Privilege Request</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |                                              |                 |               |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------|-----------------|---------------|
| <b>Request</b>                                | <b>Procedure</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Renewal Criteria</b>                          | <b>Proctoring Requirement</b>                | <b>Approval</b> | <b>Denied</b> |
| <input type="checkbox"/>                      | <p><b>**Please line through privileges or procedures you wish to exclude.</b></p> <p><b><u>Category I, II OR III</u></b></p> <p><b><u>Core General Surgery Privileges include:</u></b></p> <p>Admit and treat patients with general or vascular surgery-related problems. Assessing, evaluating, diagnosing and initially treating patients of all ages who present to the Emergency room with surgery-related problems, diagnose and manage patients in the ICU and/ or Medical Surgical departments. Assessing, evaluating, diagnosing and initially treating patients of all ages with any symptoms of illness, injury, or condition related to surgical interventions. Provided immediate recognition, evaluation, care stabilization, and disposition in response to acute illness and injury. Including but not limited to mental health and wellness, substance abuse, and effective treatment of common problems of the endocrine, eyes, ears, nose, mouth, throat, hematologic/ lymphatic, immunologic, integumentary, gastrointestinal, genitourinary, musculoskeletal, nervous system and using scientific methods to solve problems, evidence-based decision-making, professional values. Using comprehensive knowledge of human biology, behavior, and understanding the epidemiology and pathophysiology of disease in interviewing, physical examination, differential diagnosis, diagnostic testing, physical examination, therapeutic techniques, counseling and disease prevention.</p> <p>Privileges include the performance of history and physical examinations, the ordering and interpretation of diagnostic studies including laboratory, diagnostic imaging, and electrocardiographic examinations, and the administration of medications normally considered part of the practice of general surgery problems. Admission work-up, diagnosis, provision of treatment as defined within the category. Conditions, illnesses and injuries of the</p> | Documentation of training and recent experience. | Minimum 6-10 chart reviews with no findings. |                 |               |





**Medical Staff use only**

Physician Name: \_\_\_\_\_  
*Please Print*

Privilege Period: \_\_\_\_\_

| <b>General Surgery Core Privilege Request</b> |                                                                                                                                                                                                                                                |                                                                     |                                              |          |        |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------|----------|--------|
| Request                                       | Procedure                                                                                                                                                                                                                                      | Renewal Criteria                                                    | Proctoring Requirement                       | Approval | Denied |
|                                               | Paracentesis                                                                                                                                                                                                                                   | two years with no findings.                                         |                                              |          |        |
| <input type="checkbox"/>                      | <b>Urology - Category I/II/III</b><br>Bladder aspiration                      Vasectomy<br>Suprapubic catheter placement      Circumcision<br><b>Category II/III</b><br>Orchiectomy                                                            | Minimum of 2 cases required in the last two years with no findings. | Minimum 6-10 chart reviews with no findings. |          |        |
| <input type="checkbox"/>                      | <b>Upper GI Category I/II/III</b><br>Esophagus-All                              Stomach-All<br>Esophagogastroduodenoscopy<br>with Banding<br><br>Intestinal-All                                                                                | Minimum of 2 cases required in the last two years with no findings. | Minimum 6-10 chart reviews with no findings. |          |        |
| <input type="checkbox"/>                      | <b>Biliary/ Pancreatic/ Splenic - Category II/III</b><br>Gallbladder-All                              Liver Biopsy<br>Liver Resection                              Pancreas- All<br>Portocaval Shunts                              Spleen- All | Minimum of 2 cases required in the last two years with no findings. | Minimum 6-10 chart reviews with no findings. |          |        |

| <b>General Surgery – Non-Core Privilege Request</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                              |          |        |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------|----------|--------|
| Request                                             | Procedure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Renewal Criteria                                                    | Proctoring Requirement                       | Approval | Denied |
|                                                     | <b>Core Privileges in GASTROENTEROLOGY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                              |          |        |
| <input type="checkbox"/>                            | Admit, evaluate, diagnose, treat and provide consultation to patients of all ages except where specifically excluded from practice, with diseases, injuries, and disorders of the digestive organs including the stomach, bowels, liver and gallbladder, and related structures such as the esophagus, and pancreas including the use of diagnostic and therapeutic procedures using endoscopes to see internal organs.<br><del>Core privileges also include the use of moderate sedation in compliance with hospital policy.</del><br><br>Biliary tube/stent placement<br>Biopsy of the mucosa of esophagus, stomach, small bowel and colon<br>Diagnostic and therapeutic colonoscopy<br>Diagnostic and therapeutic EGD<br>Esophageal dilation <del>Fluoroscopy License</del><br>Required Esophageal stent placement<br>Esophagogastroduodenoscopy<br>Esophageal hemostasis, including sclero therapy, band ligation and cautery<br>Flexible Sigmoidoscopy<br>Gastrointestinal motility studies-Rectal<br>Gastrointestinal motility studies-Esophageal<br>Nonvariceal Hemostasis (upper and lower)<br>Percutaneous endoscopic gastrostomy and jejunostomy Percutaneous liver biopsy<br>Pneumatic dilatation for achalasia Proctoscopy<br>Sengstaken/Minnesota tube intubation Snare Polypectomy | Minimum of 2 cases required in the last two years with no findings. | Minimum 6-10 chart reviews with no findings. |          |        |



**General Surgery – Non-Core Privilege Request**

| Request                  | Procedure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Renewal Criteria                                                           | Proctoring Requirement                              | Approval | Denied |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------|----------|--------|
| <input type="checkbox"/> | <p>Admit, evaluate, diagnose, treat and provide consultation to patients of all ages except where specifically excluded from practice, with diseases, injuries, and disorders of the digestive organs including the stomach, bowels, liver and gallbladder, and related structures such as the esophagus, and pancreas including the use of diagnostic and therapeutic procedures using endoscopes to see internal organs.</p> <p><del>Core privileges also include the use of moderate sedation in compliance with hospital policy.</del></p> <p>Biliary tube/stent placement<br/>           Biopsy of the mucosa of esophagus, stomach, small bowel and colon<br/>           Diagnostic and therapeutic colonoscopy<br/>           Diagnostic and therapeutic EGD<br/>           Esophageal dilation - Fluoroscopy License Required<br/>           Esophageal stent placement<br/>           Esophagogastroduodenoscopy<br/>           Esophageal hemostasis, including sclero therapy, band ligation and cautery<br/>           Flexible Sigmoidoscopy<br/>           Gastrointestinal motility<br/>           Stustudies-Rectal<br/>           Gastrointestinal motility studies-Esophageal<br/>           Nonvariceal Hemostasis (upper and lower)<br/>           Percutaneous endoscopic gastrostomy and jejunostomy<br/>           Percutaneous liver biopsy<br/>           Pneumatic dilatation for achalasia<br/>           Proctoscopy<br/>           Sengstaken/Minnesota tube intubation<br/>           Snare Polypectomy</p> | <p>Minimum of 2 cases required in the last two years with no findings.</p> | <p>Minimum 6-10 chart reviews with no findings.</p> |          |        |
|                          | <p><b>SPECIAL PROCEDURES</b><br/> <b>Documentation of compliance with specified criteria listed below must be submitted at the time of request</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                     |          |        |
| <input type="checkbox"/> | <p>Fluoroscopy Privileges - Radiation technique used both as a diagnostic tool and in specified therapeutic modalities.<br/>           Criteria:<br/>           Licensure issued by the State of California<br/>           Maintenance of Privilege:<br/>           Maintenance of Licensure</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>Minimum of 2 cases required in the last two years with no findings.</p> | <p>Minimum 6-10 chart reviews with no findings.</p> |          |        |
| <input type="checkbox"/> | <p>Endoscopic Retrograde Cholangiopancreatography (ERCP)<br/>           Criteria:<br/>           Successful performance of procedure within past 24 months<br/> <del>Fluoroscopy License required</del><br/> <del>Maintenance of Privileges:</del><br/> <del>Continues successful performance of the procedure</del></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>Minimum of 2 cases required in the last two years with no findings.</p> | <p>Minimum 6-10 chart reviews with no findings.</p> |          |        |
| <input type="checkbox"/> | <p>Capsule Endoscopy<br/>           Criteria:<br/>           Documentation of completion an approved fellowship in Gastroenterology that includes experience in capsule endoscopy OR Documentation of completion of comprehensive courses specific to capsule endoscopy training <b>AND Documentation of the successful completion of 10 cases-Proctorship: 2 cases</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>Minimum of 2 cases required in the last two years with no findings.</p> | <p>Minimum 6-10 chart reviews with no findings.</p> |          |        |



**General Surgery – Non-Core Privilege Request**

| Request                  | Procedure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Renewal Criteria                                                                                                                    | Proctoring Requirement                       | Approval | Denied |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------|--------|
|                          | <p><b>**Please line-through privileges or procedures you wish to exclude</b></p> <p><b>Bariatric Surgery - Category III</b><br/>Accepted Standard Bariatric Surgery Procedures</p> <p><input type="checkbox"/> Roux-en-Y Gastric Bypass, Adjustable Gastric Banding, Sleeve Gastrectomy, Urgent or Emergent Surgery Due to Complications from Bariatric Surgery, Revisional Bariatric Surgery. Any Additional procedure for weight loss not on the Accepted Standard Bariatric Procedures List must be approved in through proper medical staff committees.</p> | Documentation of 5 cases for each procedure every two years. If unable to provide current competency, the privilege will be denied. | Minimum 5 chart reviews with no findings.    |          |        |
| <input type="checkbox"/> | <p><b>Cardiac - Category II/III</b></p> <p>Pacemaker<br/>Pericardiocentesis<br/>Pericardium</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Minimum of 2 cases required in the last two years with no findings.                                                                 | Minimum 6-10 chart reviews with no findings. |          |        |
| <input type="checkbox"/> | <p><b>Thoracic - Category II/III</b></p> <p>Bronchoscopy<br/>Thoracentesis<br/>Thoracotomy with lung resection</p> <p>Esophagus mediastinoscopy<br/>Thoracotomy<br/>Trachea-All</p>                                                                                                                                                                                                                                                                                                                                                                             | Minimum of 2 cases required in the last two years with no findings.                                                                 | Minimum 6-10 chart reviews with no findings. |          |        |
| <input type="checkbox"/> | <p><b>Trauma - Category II/III</b></p> <p>Major, excluding head and orthopedic</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minimum of 2 cases required in the last two years with no findings.                                                                 | Minimum 6-10 chart reviews with no findings. |          |        |
| <input type="checkbox"/> | <p><b>Thyroid Category II/III</b></p> <p>Endocrine system, including thyroid, parathyroid, adrenal, and endocrine pancreas.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                 | Minimum of 2 cases required in the last two years with no findings.                                                                 | Minimum 6-10 chart reviews with no findings. |          |        |
| <input type="checkbox"/> | <p><b>Vascular - Category II/III</b></p> <p>Aorta distal to arch<br/>Carotid</p> <p>Peripheral arterial<br/>Venous</p>                                                                                                                                                                                                                                                                                                                                                                                                                                          | Minimum of 2 cases required in the last two years with no findings.                                                                 | Minimum 6-10 chart reviews with no findings. |          |        |
| <input type="checkbox"/> | <p><b>Gynecology - Category I/II/III</b></p> <p>Hymenotomy<br/>D &amp; C associated with diagnostic and therapeutic procedures<br/>Missed AB less than 12 weeks uterine size</p> <p><b>Category II/III</b></p> <p>Cervical cauterization<br/>Excision of vulvar/vaginal cysts or lesions</p> <p>Cervical biopsy (other than conization)<br/>Tubal ligation</p>                                                                                                                                                                                                  | Minimum of 2 cases required in the last two years with no findings.                                                                 | Minimum 6-10 chart reviews with no findings. |          |        |
| <input type="checkbox"/> | <p><b>Assisting on Surgical Procedures:</b></p> <p>General<br/>Ortho<br/>OB-GYN</p> <p>ENT<br/>Plastic<br/>Vascular</p>                                                                                                                                                                                                                                                                                                                                                                                                                                         | Minimum of 2 cases required in the last two years with no findings.                                                                 | Minimum 6-10 chart reviews with no findings. |          |        |
| <input type="checkbox"/> | <p><b>Limb</b></p> <p>Major Amputation<br/>Carpal Tunnel Release</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Minimum of 2 cases required in the last two years with no findings.                                                                 | Minimum 6-10 chart reviews with no findings. |          |        |
| <input type="checkbox"/> | <p><b>Diagnostic Imaging Privileges for Non -Radiologist</b></p> <p>Fluoroscopy/ C-Arm</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Minimum of 2 cases required in the last two years with no findings.                                                                 | Minimum 6-10 chart reviews with no findings. |          |        |

**Acknowledgement of Practitioner:**



**Oak Valley Hospital**  
A Division of Oak Valley Hospital District

**Medical Staff use only**

Physician Name: \_\_\_\_\_

*Please Print*

Privilege Period: \_\_\_\_\_

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise and,

**I understand that:**

1. In exercising clinical privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the situation.
2. Any restriction on the clinical privileges granted to me is waived in an individual who is a member of the medical staff or who has been granted delineated clinical privileges is permitted to do everything possible, within the scope of his license, to save a patient's life or to save a patient from serious harm, regardless of the individual's staff status or clinical privileges. an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Practitioner**

**Department Chair Recommendation:**

I have reviewed the requested clinical privileges and supporting documentation of the above-named applicant and make the following recommendation (s):

- Recommend all requested privileges**
- Recommend requested privileges with the following conditions/ modifications:**
- Do not recommend the following requested privileges**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**Surgery/ Service Director Signature**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**Surgery Department Chair Signature**

|                      |                  |                    |
|----------------------|------------------|--------------------|
| Approved by Surgery: | Approved by MEC: | Approved by Board: |
|----------------------|------------------|--------------------|

# OAK VALLEY HOSPITAL DISTRICT

## Medical Staff/Quality Manual

|                                                                                                                   |                           |                                         |                                                                  |
|-------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------|------------------------------------------------------------------|
| <b>Policy/Procedure:</b>                                                                                          |                           | <i><u>*Annual Review</u></i>            |                                                                  |
| <b>Performance Improvement Plan FY2026<del>5</del></b>                                                            |                           |                                         |                                                                  |
| <i>Also indexed as PI Plan</i>                                                                                    |                           |                                         |                                                                  |
| <b>Effective Date:</b> 01/2001                                                                                    |                           | <i>Page 1 of 11 (+Attachments)</i>      |                                                                  |
| Areas Affected: All Divisions and Departments of the Hospital District                                            |                           |                                         |                                                                  |
| Composed by:                                                                                                      |                           |                                         |                                                                  |
| <input type="checkbox"/> Reviewed <input checked="" type="checkbox"/> Revised by: Performance Improvement Manager |                           |                                         |                                                                  |
| <b>Dept / Committee Approval:</b>                                                                                 | <b>Dept/Title:</b>        | <b>Date</b>                             | <b>Approved</b>                                                  |
| Policy, Procedures, Forms Comm.                                                                                   | VP of Nursing             | <a href="#">12/03/2025</a>              | <u>X</u>                                                         |
| Quality Council                                                                                                   | Medical Staff Coordinator | <a href="#">02/12/2026</a>              |                                                                  |
| Department of Medicine                                                                                            | Medical Staff Coordinator | <a href="#">01/13/2026</a>              |                                                                  |
| Medical Executive Committee                                                                                       | Medical Staff Coordinator | <a href="#">02/17/2026</a>              |                                                                  |
| District Board                                                                                                    | Board Liaison             | <a href="#">03/05/2026</a>              |                                                                  |
| <b>Revised:</b> 12/2021, 7/2023, 10/24                                                                            |                           | <b>Reviewed:</b> 01/2013, 7/2023, 10/24 | <b>Next Review Date:</b> <span style="color: red;">4/2026</span> |

### PURPOSE

To establish a planned, systematic, and interdisciplinary approach to improving the care and services provided by the Oak Valley Hospital District (OVHD).

### AUTHORITY AND RESPONSIBILITY

#### Board of Directors

The OVHD Board of Directors authorizes the establishment of this performance improvement plan. The Board is ultimately responsible for the quality of care provided by OVHD.

#### Medical Executive Committee & Quality Council

The Board delegates the development, implementation, and evaluation of this plan to the OVHD Medical Executive Committee (MEC). The MEC is responsible for monitoring, and taking actions to improve, the quality of clinical care and service provided by OVHD and the medical staff. The MEC is charged with working in a collaborative fashion with the OVHD Administration in carrying out this responsibility. The Quality Council will be responsible for reporting quality improvement recommendations to the MEC for final approval.

#### Administration and Management

The Board also delegates the development, implementation, and evaluation of this plan to the OVHD Administration and Management team. Administration and Management are responsible for monitoring and taking actions to improve the operational quality of care and services provided by OVHD and its staff. Administration and Management are charged with working collaboratively with the Medical Staff in carrying out this responsibility.

#### Medical Staff and OVHD Staff

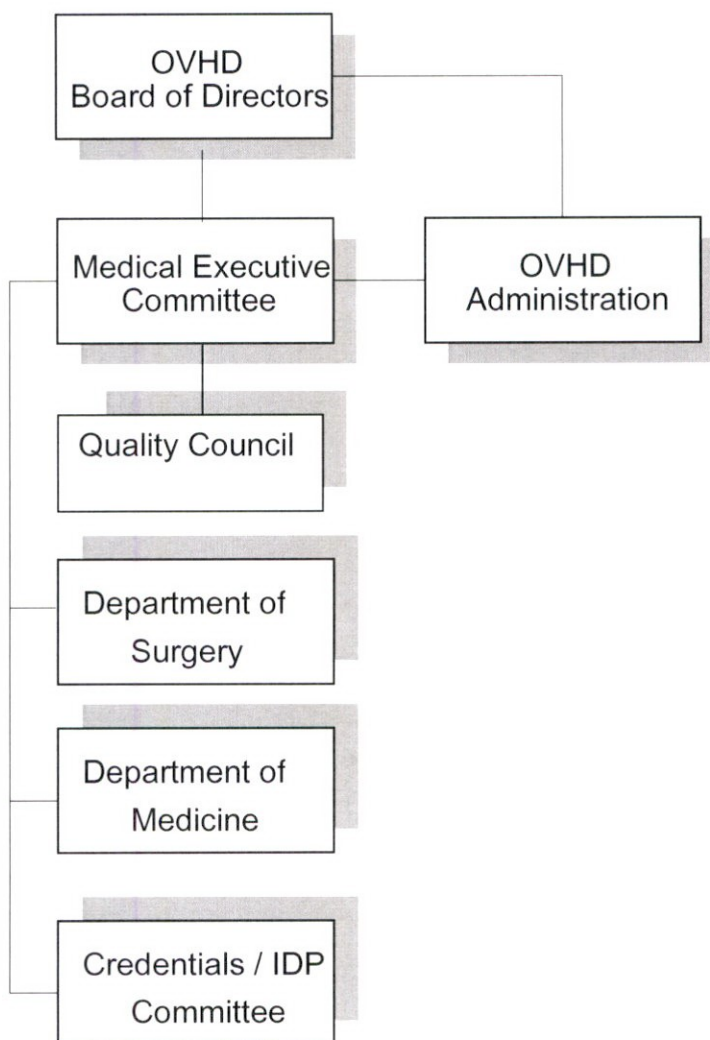
Staff are charged with participating in this performance improvement plan to the degree necessary and appropriate to achieve the plan's purpose.

### Further Delegation of Authority and Responsibility

The MEC, Quality Council and/or OVHD Administration may further delegate aspects of this plan as necessary to discharge their responsibilities. As such, either body may delegate to existing committees in their respective organizational structure(s) or may formulate committees/work teams to achieve specific goals.

An organizational chart of the major entities charged with aspects of this performance improvement plan is found under Figure 1. A detailed accounting of the specific duties and responsibilities of each entity can be found – as appropriate – in the Medical Staff bylaws or rules and regulations, OVHD policy, or other documents.

Figure 1 – Performance Improvement Organizational Chart



### DESIGNING PROCESSES AND SERVICES

When designing a new or modifying an existing process or service, OVHD will strive to assure that it is designed well. The following criteria are utilized to determine the effectiveness of design:

- The design is consistent with the Mission, Vision, Values, and organizational objectives of OVHD.

- The design meets the needs of the individuals served, the organization and medical staff, and key stakeholders.
- When clinical processes are involved, the design is safe, sound, and consistent with accepted national and/or community standards of care.
- The design is consistent with sound business practice and reflects stewardship of resources.
- The design, as appropriate, incorporates information about new technology and/or the performance of similar design(s) in other organizations. (For example, using evidence-based literature and practice guidelines or parameters.)
- The design, as appropriate, incorporates information from other organizations about the occurrence of sentinel events<sup>1</sup>

## **ESTABLISHING ANNUAL PERFORMANCE MEASURES**

On an annual basis, OVHD will establish measurements to monitor its existing level of performance in order to identify opportunities for improvement. The scope of measurement will take into consideration, and be consistent with, the care and services provided, and the critical functions of the organization.

### **Criteria**

The following criteria may be used to determine the scope of performance measurement:

- Assure the safety of the environment of care.
- Assure the safety of the providers of care and the recipients of care.
- Further the Mission and strategic objectives of OVHD.
- Meet legal, regulatory, licensure, and accreditation requirements.
- Establish the effectiveness, timeliness, and stability of processes that are high-risk, ~~high-~~ low-volume or problem prone.
- Establish desirable outcomes of care for at-risk patient populations.

## **ESTABLISHING ANNUAL PERFORMANCE GOALS**

Based on conclusions drawn from data collected, a multi-disciplinary team approach will be used to determine annual performance improvement (PI) goals for the organization. (See annual PI Plans for current FY, Appendix A)

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<sup>1</sup> A sentinel event is defined as an unexpected occurrence involving death or serious physical injury or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes any process variation for which the recurrence would carry a significant chance of a serious adverse outcome. OVHD maintains a separate policy on the identification and management of sentinel events. The reader is referred to that document for further information.

### **Example Areas of Focus**

Based upon an application of the above criteria, the following care, services, and functions may be measured and reported to Quality Council:

- Processes, particularly those that are high risk, low volume, or problem prone
- Perception of Patient Safety
- Clinical outcome
- Risk Management / Error Prevention
- Infection Control
- Utilization Management
- Quality Control
- Safety of the environment
- Staff Opinions & Needs
- Outcomes of Selected Processes or Services
- Autopsy Results
- Customer Satisfaction
- Staffing effectiveness
- Effectiveness of Pain Management
- Staff willingness to Report Errors
- Use of Medications
- Performance of Operative, Invasive, and Non-Invasive Procedures that Place Patients at Risk
- Use of Blood and Blood Components
- Use of Restraint
- Outcomes Related to Resuscitation
- Outcomes Related to the Use of Procedural Sedation
- Sentinel Events
- Performance measures from acceptable data bases
- Care or Services Provided too High-Risk Populations
- Patient Complaints

In collaboration with department leaders and other key stakeholders, and with oversight from the Medical Executive Committee (MEC) and Administration, the Quality Council will annually develop a written summary of specific, annual Performance Improvement Goals to prioritize the measurement of the above areas (Refer to attached document for annual goals, appendix A).

Measurement of the above areas may be organization-wide in scope, targeted to specific areas, departments, and services, or focused on selected populations.

Measurement may be ongoing, time limiting, episodic, intensive, or recurring. The duration, intensity, and frequency of a particular performance measure are based on the needs of the organization, external requirements, and the result of data analysis.

Specific performance measures are established annually for each of the above areas and are submitted to the Board of Directors for approval on an annual basis.

### **DATA COLLECTION AND AGGREGATION**

Data will be collected and aggregated on performance measures.

#### **Purpose**

The purpose of data collection is to:

- Establish a baseline level of performance.
- Determine the stability of process.
- Determine the effectiveness of a process or desirability of an outcome as compared to internal or external targets (benchmarks);
- Identify opportunities for improvement.
- Identify the need for more focused data collection.
- Determine whether improvement has been achieved and/or sustained.

## **Construct**

Performance measures will have a construct to assure that data is appropriately identified, collected, aggregated, displayed, and analyzed. In general, the construct should consist of:

- A definition of the measure – including the dimensions of performance being measured.
- The population to be measured (including, when appropriate, criteria for inclusion and/or exclusion);
- The type of measurement (i.e., rate based, or event based);
- If rate based, a calculation formula (i.e., defined numerator / denominator);
- The minimum sampling size (where appropriate) to assure statistical validity.
- The frequency of data collection / aggregation.
- The methodology by which data will be collected.
- The entity is primarily responsible for data collection.
- The manner in which aggregated data will be displayed. The entity(s) to which the aggregated data will be reported for analysis and action.

## **ASSESSMENT OF PERFORMANCE**

Data on performance measures will be analyzed to identify opportunities for improvement. There are two basic approaches utilized by OVHD to assess performance.

### **Assessment of Aggregated Data**

Data on rate-based performance measures are aggregated to determine patterns, trends, and variation (common or special cause). Data may be aggregated for a single point in time or over time, depending on the needs of the organization and the reason for monitoring performance. In general, measurement designed to establish the desired stability of a process, or a desired outcome will be measured over time until target levels of performance are met. Once a process is considered stable, and/or a desired level of performance has been achieved, then an assessment of performance measures may be conducted in a more episodic fashion.

Data that is event based is assessed in singular or aggregated form depending on the number of data elements in the performance measure. In general, event-based measurements are monitored on an ongoing basis.

### **Intensive Assessments**

There are times when an intense analysis of performance data is indicated. Intense analysis will occur for the following reason:

- The level of a performance, pattern, or trend varies significantly and undesirably from the expected.
- Performance varies significantly and undesirably from that of other organizations.
- Performance varies significantly and undesirably from recognized standards.
- A sentinel event has occurred or there was a near miss (or a sentinel event alert has been published).
- Confirmed blood transfusion reactions.
- Significant adverse drug reactions or medication errors<sup>2</sup>.

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<sup>2</sup> A significant adverse drug reaction or significant medication error is an unintended, undesirable, and unexpected effect of a prescribed medication or medication error that requires discontinuing a medication or modifying dose, requires initial or prolonged hospitalization, results in disability, requires treatment with a prescribed medication, results in cognitive deterioration or impairment, are life threatening, results in death, or result in congenital anomalies.

- Major discrepancies or patterns of discrepancies between preoperative and postoperative diagnosis including those identified during the pathologic review of specimens removed during surgical or invasive procedures.
- Significant adverse events during anesthesia.
- Root Cause Analyses or Systematic Investigative Reviews are performed when deemed appropriate by the Vice President of Quality and Risk Management.

## **IMPROVING PERFORMANCE**

When analysis of data shows an opportunity for improvement, OVHD will undertake a planned approach to effectuate such improvement. This is accomplished by adhering to an organization-wide performance improvement model.

Performance improvement is achieved when customer valid expectations are met or exceeded, and organizational and patient health outcomes improve. The success of performance improvement activities is reliant on four basic steps:

1. Determine what dimensions of performance will be most affected ~~effected~~.
2. Identify how you expect or want the process to perform by setting goals.
3. Define a performance measurement that will accurately evaluate the process and outcome.
4. Involve those closest to the process in the performance improvement activity.

### **Performance Improvement Model**

OVHD has adopted the “Plan, Do, Check, Act” (PDCA) model of performance improvement. This model is described briefly below: (See Attachment A)

- PLAN – The organization selects an action or series of actions to improve its performance in the affected process or outcome.
  - DO – The action(s) is implemented as planned.
  - CHECK – The affected process or outcome is re-measured to determine if actions taken resulted in the desired level of improved performance.
- ACT – The organization acts upon the results of the re-measurement. Such actions may include repeating the PDCA process until a desired level of performance is achieved, continued measurement of ~~measuring~~ the performance level until stability of process is assured or discontinuing performance measurement.

Work teams have the choice of tools using the Quality Improvement Story (QI Story); Rapid Cycle Improvement Methods Model; Clinical Pathways, Clinical Algorithms, or redesign, to solve the problem and improve organizational performance.

- Clinical Pathways/Guidelines – flowcharts, which coordinate and integrate the best practice for physicians and patient caregivers.
- Clinical Algorithms – flowcharts, which serve as medical decision trees.
- QI Story – problem solving process/statistical tools that can be used in conjunction with the P-D-C-A model to assist teams with their work.
- Rapid Cycle Improvement Model – Rapid cycle improvement utilizes a series of small improvement cycles in a continuous P-D-C-A cycle.

### **Sustaining Improvement**

Once a desired level of performance has been achieved and stability of process has been demonstrated, then ongoing measurement is usually not indicated. In these cases, performance will

be measured on a periodic basis to assure that desired level(s) have been sustained. Should such a measurement show that improvement has not been sustained, the PDCA cycle will resume.

### **Performance of the Individual**

OVHD recognizes that, on occasion, improving performance requires addressing the care and/or service provided by an individual. For members of the Medical Staff, this is accomplished through the peer review process, continuing medical education and the credentialing/privileging mechanism. For organization staff, this is accomplished through competency assessments, education and training, and performance evaluations. Refer to documents addressing these processes for further information (see Related Policies below).

## **COORDINATION OF INFORMATION**

Performance improvement activities and outcomes will be communicated through the organization as appropriate. (See Attachment B) Reports will be submitted to the Medical Executive Committee and Board of Directors and will indicate results, analysis, and recommendations. Findings relevant to the performance of individuals will be forwarded to the appropriate departments.

## **EVALUATION OF THE PLAN**

The performance improvement program requires an annual appraisal of the effectiveness of the plan and results of annual Performance Improvement Goals. The evaluation will consider the degree in which performance improvement has been achieved in the processes and outcomes selected for measurement, and the degree in which the organization believes that the plan itself meets the needs of the organization. It will contain information regarding significant problems and/or opportunities to improve the performance improvement process. Individuals involved in performance improvement activities shall participate in the annual appraisal.

The Quality Council shall issue an annual report to the Medical Executive Committee and Board of Directors, outlining the Committee's review of the performance improvement program.

## **CONFIDENTIALITY OF INFORMATION**

All data collection, aggregation, analysis, and resultant activities related to the clinical and attendant operational care of the patient as part of this Performance Improvement plan are undertaken under the auspices of the Medical Staff as part of their quality assurance efforts and are protected from discovery pursuant to CA Evidence Code, Section 1157.

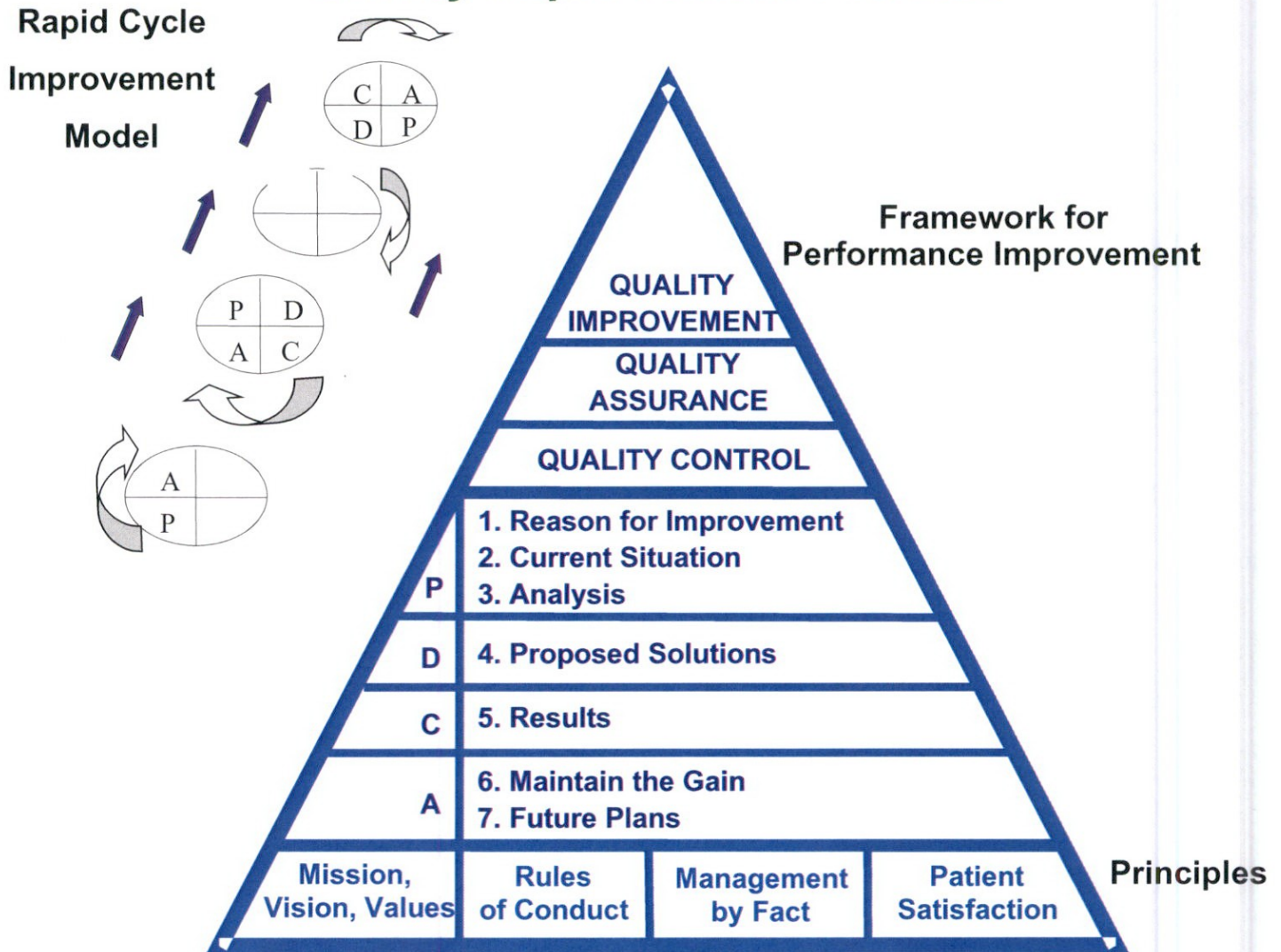
## **RELATED POLICIES**

Medical Staff Peer Review  
Orientation and Annual Education Update  
Patient Safety Plan

## **REFERENCES**

Joint Commission Standard Performance Improvement (PI) Chapter, PI.01.01.01 through PI.04.01.01  
Centers for Medicare and Medicaid Services, Hospital Quality Initiative, last accessed on 7/21/23

# Quality Improvement Process



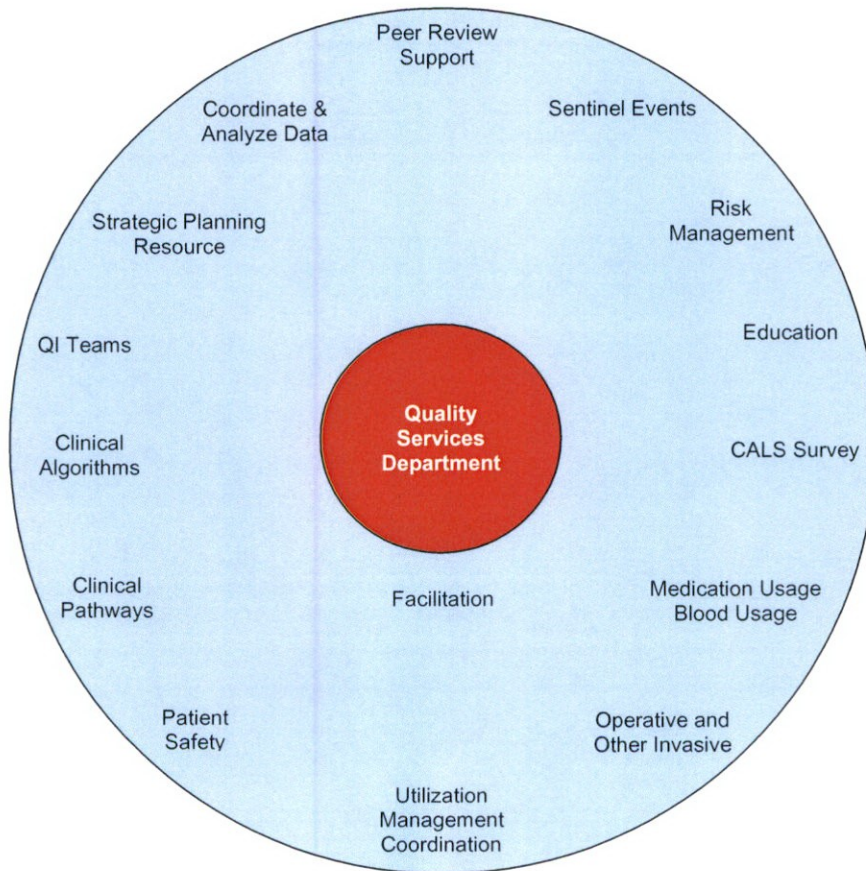
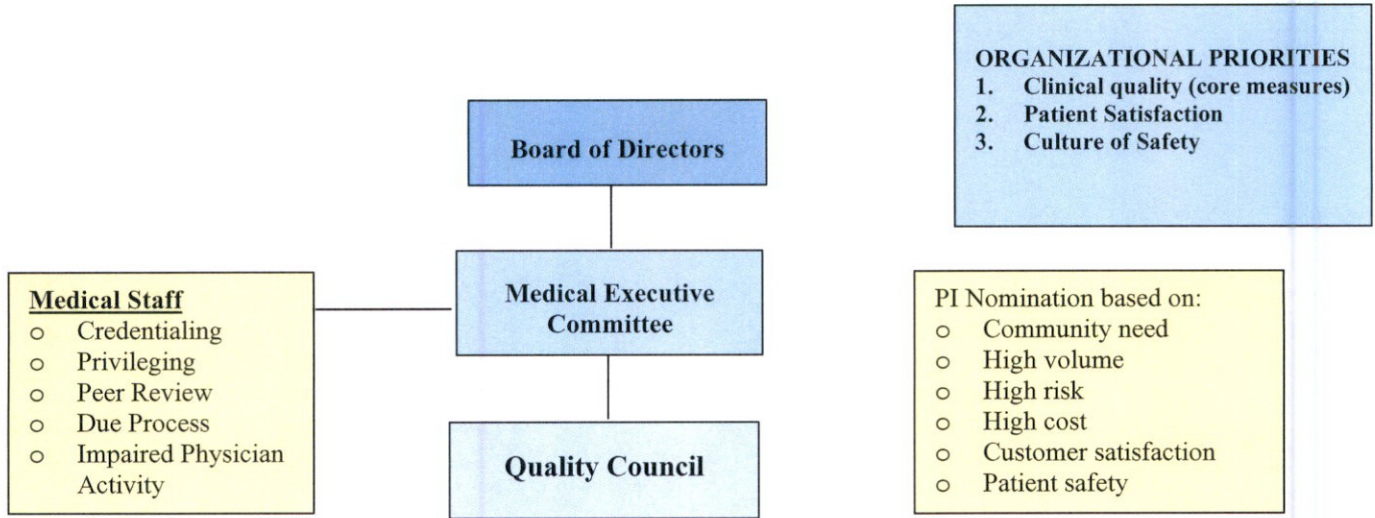
**Mission:** Continuously improve the health and well being of our communities through partnerships with physicians, health care providers and residents.

**Quality Control:** Assessment of stability of existing processes. Includes customer satisfaction.

**Quality Assurance:** Peer review and staff competencies. Focuses on the individual.

**Quality Improvement:** Clinical pathways, clinical algorithms, operational improvements made by interdisciplinary teams using the PDCA (Plan-Do-Check-Act) problem-solving process. Focuses on process and outcomes, which are linked with strategic initiatives.

# Oak Valley Hospital District (Communication Flowchart for Quality)



## FY 2025 2026 Performance Improvement Plan

**MISSION:** We focus on personalized, equitable and quality health care and wellness for those we serve.

### 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 the community's needs and resources
- Promote positive change in the health status of employees and area residents
- Promote diversity, equity, and inclusion in all facets of the operation.

### VALUES

*Accountability*

Being responsible for actions taken and not taken

*Integrity*

Doing the right thing for the right reason

*Respect*

Valuing all people equally, and at all times

### ORGANIZATIONAL PERFORMANCE GOALS

- ✓ **DELIVER EXCELLENT PATIENT CARE**  
Continuously improve processes to advance the quality of care
- ✓ **ENHANCE PATIENT SAFETY**  
Reduce the risk of preventable harm to patients
- ✓ **SERVE THE COMMUNITY**  
Expand and maintain health services to meet the needs of area residents in all demographic groups
- ✓ **CREATE A POSITIVE WORK ENVIRONMENT**  
Promote engagement, satisfaction, diversity, inclusion and safety of all employees and medical staff
- ✓ **ENSURE FISCAL RESPONSIBILITY**  
Allocate resources efficiently and reduce waste

## Appendix A: OVHD FY 2026 Annual Performance Improvement Goals

| Objective                                                                                                                                                                                                                          | FY 2025 2026 Goals                                                                                                                                                                                                                                                                                                                                                      | MEASURE(S) OF SUCCESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>DELIVER EXCELLENT PATIENT CARE</b><br/>Continuously improve processes and enhance staff competency to advance the quality of care.</p>                                                                                       | <ul style="list-style-type: none"> <li>• <del>Improve outcomes for patients suffering from stroke.</del></li> <li>• Recognize and treat patients with sepsis per evidence-based guidelines.</li> <li>• Evaluate and treat emergency patients more efficiently, using evidence-based guidelines.</li> <li>• Enhance cardiopulmonary resuscitation performance</li> </ul> | <ul style="list-style-type: none"> <li>• <del>Stratify stroke patient data by demographic info and utilize this data for effective community education and outreach regarding stroke symptoms and treatment.</del></li> <li>• Sustain the percentage of patients with severe sepsis and septic shock who receive all elements of appropriate care at or better than 70%.</li> <li>• Establish baseline and reasonable target for arrival to triage. Decrease the average door to triage # of minutes by 10%.</li> <li>• Establish mock code education program and perform at least one mock code per shift per quarter.</li> </ul>                                          |
| <p><b>ENHANCE PATIENT SAFETY</b><br/>Reduce the risk of preventable harm to patients.</p> <p>See also:<br/>NPSG 2023<br/>OVHD Annual Patient Safety Plan</p>                                                                       | <ul style="list-style-type: none"> <li>• Reduce the risk of injury related to falls District-wide.</li> <li>• Reduce the risk of harm related to restraints.</li> <li>• Reduce the risk of significant adverse drug reactions.</li> <li>• Reduce the risk of transmission of communicable disease.</li> <li>• Reduce the risk of death related to self-harm</li> </ul>  | <ul style="list-style-type: none"> <li>• Establish baseline number of falls in both Acute Care and Long-term care and reduce the number of falls by 10%.</li> <li>• Establish baseline and increase the frequency of CPOE restraint orders by 10%.</li> <li>• Reduce the incidence of medication errors that may cause harm.</li> <li>• Achieve and sustain 80% district-wide hand hygiene compliance.</li> <li>• Achieve and sustain 100% compliance with screening of ED patients for suicidal thoughts or plans for self-harm, using an evidence-based screening tool.</li> </ul>                                                                                        |
| <p><b>SERVE THE COMMUNITY</b><br/>Expand and maintain health services to meet the needs of area residents.</p> <p>See also: OVHD 2021 Community Health Needs Assessment</p> <p>OVHD 2023-2024 Strategic Plan for Health Equity</p> | <ul style="list-style-type: none"> <li>• Use community, facility, and public health data to identify at-risk populations within our community and to provide equitable care to those populations to reduce healthcare disparities.</li> <li>• Work with community partners to provide needed services and resources to our patient population.</li> </ul>               | <ul style="list-style-type: none"> <li>• Collect and analyzing data related to Social Drivers of Health on at least 70% of the adult inpatient population (housing insecurities, food insecurities, transportation access, utility difficulties and personal safety) to identify healthcare disparities in our community.</li> <li>• <del>Maintain employee active engagement in Diversity, Equity and Inclusion committee whose purpose is to address the identified SDOHs and create action plans designed to promote health equity.</del></li> <li>• Create action plan(s) using data collected to address at least one (1) health care disparity identified.</li> </ul> |
| <p><b>CREATE A POSITIVE WORK ENVIRONMENT</b><br/>Promote engagement, satisfaction, diversity, inclusion and safety of all employees and medical staff.</p>                                                                         | <ul style="list-style-type: none"> <li>• Reduce the risk of preventable illness and injury to staff.</li> <li>• Improve the retention of staff.</li> <li>• Create an organizational culture that promotes diversity and inclusion</li> </ul>                                                                                                                            | <ul style="list-style-type: none"> <li>• Establish baseline and reduce the annual number of employee injuries and decrease the number of injuries by 10%.</li> <li>• Increase overall staff compliance rate with at least one vaccination that protects against preventable illness.</li> <li>• Establish baseline and improve culture of safety via survey.</li> </ul>                                                                                                                                                                                                                                                                                                     |
| <p><b>ENSURE FISCAL RESPONSIBILITY</b><br/>Allocate resources efficiently and reduce waste.</p>                                                                                                                                    | <ul style="list-style-type: none"> <li>• Reduce unanticipated expenses related to all costs i.e., supplies, labor, maintenance, etc.</li> <li>• Reduce the risk of liability.</li> </ul>                                                                                                                                                                                | <ul style="list-style-type: none"> <li>• Meet Annual Budget</li> <li>• Seek outside funding (grants etc.) for Health Equity Committee activities.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

# OAK VALLEY HOSPITAL DISTRICT

## Medical Staff/Quality Manual

|                                                                               |                           |                                             |                 |
|-------------------------------------------------------------------------------|---------------------------|---------------------------------------------|-----------------|
| <b>Policy/Procedure:</b>                                                      |                           | <i>*Annual Review</i>                       |                 |
| <b>Strategic Plan for Health Equity</b>                                       |                           |                                             |                 |
| <b>Effective Date:</b> 10/2024                                                |                           | <i>Page 1 of 6 (Attachments)</i>            |                 |
| Areas Affected: All Divisions and Departments of Oak Valley Hospital District |                           |                                             |                 |
| Composed by: Manager of Performance Improvement                               |                           |                                             |                 |
| <input type="checkbox"/> Reviewed <input type="checkbox"/> Revised by:        |                           |                                             |                 |
| <b>Dept / Committee Approval:</b>                                             | <b>Dept/Title:</b>        | <b>Date</b>                                 | <b>Approved</b> |
| Policy Procedures and Forms                                                   | VP of Nursing             | <a href="#">12/03/2025</a>                  | <u>X</u>        |
| Quality Council                                                               | Medical Staff Coordinator | <a href="#">02/12/2026</a>                  |                 |
| Department of Medicine                                                        | Medical Staff Coordinator | <a href="#">01/13/2026</a>                  |                 |
| Medical Executive Committee                                                   | Medical Staff Coordinator | <a href="#">02/17/2026</a>                  |                 |
| Board                                                                         | Liaison                   | <a href="#">03/02/2026</a>                  |                 |
| <b>Revised:</b>                                                               | <b>Reviewed:</b>          | <b>Next Review Date:</b> <del>10/2025</del> |                 |

**POLICY**

Consistent with the mission, vision, and values of Oak Valley Hospital District (OVHD) to provide consistently safe, high-quality care, treatment, and services, this plan establishes the parameters of the hospital’s efforts to promote health care equity by addressing disparities in health care in our patient population.

**PURPOSE**

To provide guidelines for identifying, analyzing, addressing, and monitoring disparities in health care among the patient populations served by the hospital; to minimize inequities; and to increase quality and safety in an equitable fashion for all patients.

**SCOPE**

Applies to all divisions and departments of OVHD and the populations it serves.

**DEFINITIONS**

Health care disparities – Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

Health equity – A state in which every person has a fair and just opportunity to attain their highest level of health, and in which no person is prevented from achieving this potential because of socially-determined circumstances.

Social Drivers of Health (SDOH)– Nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, live, and age and the wider set of forces and systems shaping the conditions of daily life.

## OBJECTIVES

1. To establish processes for the following:
  - Collecting information about patients' SDOH.
  - Providing patients with information about internal and external resources and support services that address their needs.
  - Identifying health care disparities in the district's patient population.
  - Developing at least one written action plan annually to address identified health care disparities.
2. To describe processes and expectations for orientation and education, performance monitoring, and annual evaluation of this plan and its related policies and procedures.

## PROCEDURE

### 1. Collecting Patient SDOH Information

To identify health care disparities with the goal of reducing or eliminating those disparities, the hospital must identify who its patients are, what SDOHs they have, and what obstacles they face in accessing care. This is accomplished by collecting information about their SDOHs. This process is ongoing, as relevant factors change frequently in response to social, economic, environmental, organizational, and individual changes. The goal is to connect patients with existing services and inform the hospital's health care equity initiatives.

A. Case Management and Social Services staff will perform the following activities:

- Complete training upon hire in the culturally sensitive collection of demographics and/or SDOH information.
- Perform SDOH screening on the majority (at least 51%) of inpatients over the age of 18.
- Document the completed screening in the electronic health record (EHR) under the intervention labeled "Social Determinants of Health (SDOH)".
- Patients will be given an opportunity to opt out of the screening completely, or to opt out of specific questions within the screening process.

B. The Health Equity Committee will perform the following activities:

- Determine the SDOHs for which patient information will be collected. These might include but are not limited to the following:
  - Access to transportation
  - Utility difficulties
  - Food insecurity
  - Housing insecurity
  - Access to childcare
- Create standardized forms (paper, electronic, or a combination of the two) for collecting identified SDOH information.
- Seek input and feedback on quality of SDOH information collection processes from staff, members, patients, community partners and other stakeholders.

### 2. Connecting Patients with Services and Support

OVHD will provide patients with information about relevant services and support programs that are available to address their identified SDOHs. These might be programs run by the hospital, such as pop-up clinics or peer support groups. They might also be community-based programs run by external organizations, groups, or governmental agencies, such as food pantries or work training programs. Connecting patients with existing programs not only addresses health care disparities directly but also informs the hospital of gaps in the services and support available to patients.

- A. Case Management and Social Services staff will perform the following activities:
- Maintain a list of identified programs and services, including current contact information and other relevant details, as applicable.
  - Review the list periodically and updates it when necessary to reflect changes and ensure its accuracy.
  - Ensure that all relevant staff members have access to the list and are educated and trained on connecting patients with available services or programs, when necessary, based on their assessed SDOHs.
- B. The Health Equity Committee will perform the following activities:
- Engage community organizations and resources and participates in local, regional, or national quality improvement activities focused on reducing health disparities.
  - Collaborate with internal programs and services that are available to help address patients' SDOHs.
  - Create strategic plans utilizing discreet action steps to address disparities identified through the collection of SDOH information.

### **PERFORMANCE MONITORING**

The Vice president of Quality and Risk Management and Manager of Performance Improvement (or designee) will oversee development of appropriate performance monitors for the hospital's health care equity initiatives. The committee collects and documents data for the identified performance monitors and reports at least quarterly to leadership and, as appropriate, leaders of identified community partners and stakeholders.

### **ANNUAL EVALUATION**

The Manager of Performance Improvement (or designee) will evaluate the hospital's health care equity initiatives and this plan, including efficacy, continued relevance, and potential areas for improvement.

- A. This evaluation process will occur at the following times:
- At least annually
  - Whenever there are changes to the hospital, its services, or its policies and procedures that could impact equitable provision of care.
  - Whenever there are changes to the community or patient population that could impact equitable provision of care.
  - The results of this evaluation are reported to hospital leadership and other relevant stakeholders, as applicable.
- B. Hospital leadership does the following:
- Reviews and approves the annual evaluation report.
  - Documents its discussions, actions, and recommendations.

### **REFERENCES**

Joint Commission Standard LD.04.03.08, EP 1, EP 2, EP 3, EP 5, and EP 6.  
Centers for Medicare & Medicaid Services. [CMS Framework for Health Equity | CMS](#), last accessed 7/21/2023.  
Centers for Disease Control and Prevention. [What is Health Equity? | Health Equity | CDC](#), last accessed 7/28/2023.  
Stanislaus County Community Health Improvement Plan 2020-2025, Spring revision 2023.

**2024-2025 2026-2027 Strategic Plan for Health Equity**

**MISSION:** Oak Valley Hospital District is dedicated to providing personalized, equitable, quality health care and wellness for those we serve.

**VISION**

Oak Valley Hospital District will continue to provide valuable health care access and resources to the communities we serve by:

- Maintaining and expanding services that best reflect the community's needs and resources.
- Promoting positive change in the health status of all those we serve by identifying and addressing health care disparities in our community.
- Promoting diversity, equity, and inclusion in all facets of the operation.
- Being fiscally responsible in our decision-making process.

**VALUES**

***Accountability***

Accept responsibility for actions taken and not taken

***Integrity***

Be honest, transparent, and committed to doing the right thing, for the right reason

***Respect***

Embrace diversity and recognize the value of each person

***ORGANIZATIONAL PERFORMANCE GOALS***

✓ **DELIVER EXCELLENT, PATIENT-CENTERED CARE**

Focus on each patient's unique needs, and partner with the patient, their families, and their care teams to develop a shared plan of care.

✓ **SERVE THE COMMUNITY**

Expand and maintain health services to meet the needs of all our area residents and use data to identify at-risk populations and develop action plans to ensure equitable care to those we serve.

✓ **CREATE AN EQUITABLE WORK ENVIRONMENT**

Promote engagement, satisfaction, diversity, and inclusion for all employees, and engage staff in plans to decrease health care disparities in the community we serve.

✓ **ENSURE FISCAL RESPONSIBILITY**

Allocate resources efficiently.

## OVHD ~~2024-2025~~ 2026-2027 Strategic Plan for Health Equity

| Objective                                                                                                                                                                                                                                                                                                                                                                                          | 2024-2025 Goals                                                                                                                                                                                                                                                                                                                                                                                                          | Measure(s) of Success                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>DELIVER EXCELLENT PATIENT CARE</b><br/> <i>Focus on each patient's unique needs, and partner with the patient, their families, and their care teams to develop a shared plan of care.</i></p>                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>Implement Social Drivers of Health (SDOH) screening to identify patient's barriers and ensure Oak Valley Hospital District is providing patients the necessary support to succeed after discharge.</li> </ul>                                                                                                                                                                     | <ul style="list-style-type: none"> <li>Provide training to District staff in culturally sensitive collection of demographics and/or SDOH information.</li> <li>Collect and analyze data related to SDOHs including housing insecurities, food insecurities, transportation access, interpersonal safety, and utility difficulties to identify healthcare disparities in our patient population.</li> <li>Screen at least 51% of inpatients age &gt;18 yrs. old for SDOHs</li> </ul>                                                                                                                      |
| <p><b>SERVE THE COMMUNITY</b><br/> <i>Expand and maintain health services to meet the needs of all our area residents and use data to identify at-risk populations and develop action plans to ensure equitable care to those we serve.</i></p> <p><b>See also:</b><br/> <i>OVHD 2024 Community Health Needs Assessment<br/> Stanislaus County Community Health Improvement Plan 2020-2025</i></p> | <ul style="list-style-type: none"> <li>Use community, facility, and public health data to identify at-risk populations within our community and to provide equitable care to those populations in order to reduce healthcare disparities in the community.</li> <li>Create action plan(s) using data collected to address at least one (1) health care disparity identified in <del>2024-2025</del>-2026-2027</li> </ul> | <ul style="list-style-type: none"> <li><del>Decrease the percentage of patients struggling with food insecurities by 0.5%.</del></li> <li>Promote healthier communities through comprehensive education programs focused on nutrition, diabetes prevention and management, and overall wellness.</li> <li>Utilize Social Services and other community resources to aid after discharge to patients screening positive for food insecurities.</li> <li>Build relationships with community organizations to improve the referral process for patients screening positive for food insecurities.</li> </ul> |
| <p><b>CREATE AN EQUITABLE WORK ENVIRONMENT</b><br/> <i>Promote engagement, satisfaction, diversity, and inclusion for all employees, and engage staff in the plans to decrease health care disparities in the community we serve.</i></p>                                                                                                                                                          | <ul style="list-style-type: none"> <li>Identify key individuals within the organization to lead activities that support inclusion and diversity within the organization.</li> <li>Identify key individuals within the organization to lead activities to reduce health care disparities in the community we serve.</li> </ul>                                                                                            | <ul style="list-style-type: none"> <li><del>Continue regular DEI Committee meetings with the goal to expand membership to include members from other departments and areas of OVHD like Human Resources, Dietary and ONRC.</del></li> <li>Strengthen recruitment, hiring, and promotion practices to attract and retain a diverse workforce.</li> <li>Provide ongoing training for all staff and leadership on Social Drivers of Health and Health Equity.</li> </ul>                                                                                                                                    |
| <p><b>ENSURE FISCAL RESPONSIBILITY</b><br/> <i>Allocate resources efficiently.</i></p>                                                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>Allocate resources for action plan(s) responsibly and efficiently to ensure continued financial stability.</li> </ul>                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>Meet annual budget while allocating sufficient resources (funds, personnel etc.) to effectively implement action plan(s) to address health care disparities identified within the patient population.</li> <li>Continue to receive SHIP grant funding (approx. \$13,000/year) to support these activities and seek funding for other Health Equity Committee activities.</li> </ul>                                                                                                                                                                               |

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