

Regular Board Packet

April 2, 2026

Board Packet

Agenda

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Oak Valley Hospital District

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**

**April 2, 2026, 5:30 p.m.  
350 S. Oak Ave. Oakdale, CA 95361  
REDWOOD ROOM**

| <u>Time</u> | <u>Action</u> | <u>Item</u>                                                |
|-------------|---------------|------------------------------------------------------------|
| 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 and Consideration for Adoption of Electoral Zone Map for Election of Members of the Board of Directors and Adoption of Final Sequence of Zones for Election of Oak Valley Hospital District Board of Directors.**  
- Presented by Matt Ottone, Ottone & Leach LLP, Matt Rexroad, and Fabian Valdez Jr., Redistricting Insights

Action                                **Consideration of Resolution No. 2026-02 Approving Establishment of Geographical Zones and Sequencing for Election of Members of Board of Directors of Oak Valley Hospital District.**

Information/Action                **CONSENT CALENDAR ITEMS**  
Items 1- 2 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 –**  
• March 5, 2026 – Regular Meeting

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 March 17, 2026 meeting.**

- |                                                                                                             |                      |
|-------------------------------------------------------------------------------------------------------------|----------------------|
| A. The Department of Medicine Committee Report – (03/10/2026)<br>Lee Horwitz, MD, Chairperson               | <b>Standing</b>      |
| i. Summary Report                                                                                           | <b>Informational</b> |
| ii. Policies<br><u><b>Clinical Manual</b></u>                                                               | <b>Approval</b>      |
| o Blood Recipient ID Bands<br><u><b>Emergency Department Manual</b></u>                                     |                      |
| o RN Initiation of Clinical Protocols                                                                       |                      |
| B. The Department of Surgery Committee Report – (Next Sch Mtg 04/14/2026)<br>Matthew Huber, MD, Chairperson | <b>Standing</b>      |
| C. The Quality Council Report – (Next Sch Mtg 04/16/2026)<br>Lee Horwitz, MD, Chairperson                   | <b>Standing</b>      |

**FINANCE COMMITTEE** – Edward Chock, M.D., Chairperson

- Chang Ahn, Chief Financial Officer

- Action
1. Financial Reports for February 2026 – Chang Ahn, Chief Financial Officer
    - Approval of February 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

- Action
2. Consideration and Possible Approval for Purchase of One Demers TSE Type II Ambulance and First Responder Vehicle, Not to Exceed \$125,000.
    - Dave Hunter, Chief of Ambulance Services

- Action
3. Consideration and Possible Approval for Purchase of Urology Ultrasound System, Not to Exceed \$135,000.

- Action
4. Consideration and Possible Approval for Purchase of General Ultrasound System, Not to Exceed \$125,000.

**ADJOURN TO CLOSED SESSION**

- Action
1. **Approval of Closed Session Minutes** –
    - March 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 May 7, 2026 at 5:30p.m.**

Posted on: March 30, 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  
April 2, 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 Credentialing Report – Matthew Tilstra, M.D.**

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

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

- o Consideration and possible action regarding claim for damages.  
*Pursuant to Government Code §912.6*

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.

## April 2026 ONRC Board Report

ONRC recorded an average daily census of 90 in the prior month, reflecting a decrease of 3 patients per day. This decline was primarily observed within our long-term care population. Encouragingly, March census has rebounded, driven by increased LTC admissions, with an average of 94 patients per day.

From a regulatory standpoint, ONRC experienced zero unannounced complaint surveys and submitted no new self-reports to CDPH during the past month. We continue to await the outcome of a prior self-reported event and associated investigation. Additionally, we are currently within our annual survey window and are actively preparing to ensure readiness.

Facility improvements have been a key focus. The landscaping at the corner of West H and South Oak has been fully redesigned, and the entrance and front parking areas have been upgraded with drought-tolerant landscaping. These enhancements significantly improve curb appeal and community perception of the facility.

Respectfully submitted,

William Pringle II

**REGULAR MEETING OF THE BOARD OF DIRECTORS  
OF OAK VALLEY HOSPITAL DISTRICT  
OPEN SESSION  
March 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 5:30 p.m.

**PUBLIC COMMENT**

Public comment was opened. Members of the public were present.

**Public Hearing – Proposed Electoral Zone Maps**

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

A public hearing was held to review proposed maps establishing electoral zone boundaries for the election of Board members. Multiple map options were presented, and the process and criteria for drawing the zones were discussed. Public comment was received. The Board provided general direction on preferred map options to be refined and brought back for consideration at a future meeting.

**CONSENT CALENDAR**

The following items, 1-3, 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 –**

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

**3. Admin Policies**

- **HR Manual**
  - a. District Vehicle Policy
  - b. Disability Accommodation & Interactive Process
  - c. Leave of Absence
  - d. Sick Leave
  - e. State Mandated Paid Sick Leave
  
- **Emergency Operations Management Manual**
  - f. Disruption of Services-Electric
  - g. Disruption of Services-Water
  - h. Patient Chart and Victim Registration Log
  
- **Patient Financial Services Manual**
  - i. Hospital Pricing Procedure

Fran Krieger made the motion to approve the Consent Calendar items. Edward Chock, M.D., 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 February 17, 2026, meeting.

Committee Reports

- A. Department of Surgery Committee Report – (02/10/2026)  
Matthew Coates, MD, Chairperson
- i. Summary Review – Discussion
  - ii. Forms/Policy – Approval  
Policy – Operative Services Manual
    - Specimen Management for Surgical and Invasive Procedures
  - iii. Other
    - General Surgery Privilege Request / Approval Form
  - o Update and additions to Gastroenterology

B. Quality Council Report – (02/12/2026)

Lee Horwitz, MD, Chairperson

i. Summary Review – Deferred

ii. Forms/Policy – Approval

Administrative Manual

- Performance Improvement Plan FY2026
- Strategic Plan for Health Equity 2026–2027

C. Department of Medicine Committee Report – (Next Mtg 02/18/2026) – Standing

Lee Horwitz, MD, Chairperson

D. Interdisciplinary Practice Committee (IDPC) – (Next Mtg 03/03/2026) – Standing

Chaitanya Mahida, MD, Chairperson

E. Credentials Committee – (Next Mtg 03/03/2026) – Standing

Chaitanya Mahida, MD, Chairperson

Sara Shipman made the motion to approve the Medical Staff Report. Danielle Sanders made the second.  
No public input.

Cummins – Aye

Krieger – Aye

Chock – Aye

Shipman – Aye

Sanders – Aye

**MOTION CARRIED**

**Financial Report for January 2026**

A financial overview was provided, including a change in reporting IGT payments as a \$4.8 million monthly operating expense, which is impacting operating margin. Despite this, the organization reported a positive EBIDA of approximately \$261,000 for January. Gross patient revenue was strong, with \$30.2 million in January and \$31.2 million in February, reflecting significant year-over-year growth. Days cash on hand remain stable following receipt of supplemental payments. It was also noted that current reporting may lead to increased supplemental payments in the next fiscal year.

Edward Chock, M.D., made the motion to approve the January 2026 Financial Report. Sara Shipman made the second. No public input.

Cummins – Aye

Krieger – Aye

Chock – Aye

Shipman – Aye

Sanders – Aye

**MOTION CARRIED**

**Chairperson Report – Dan Cummins**

No report.

**Chief Executive Officer Report - Matt Heyn**

Mr. Heyn provided several key updates for the record. A new gastroenterology specialist has officially started and will begin transitioning cases to Oak Valley, expanding services and keeping more care within the community.

It was reported that three primary care physicians have now been recruited to serve the community, including a husband-and-wife team and an additional physician, all expected to begin practice later this year. This was noted as a significant step in addressing the community’s primary care shortage.

A cardiologist has committed to providing comprehensive services, including inpatient care, consultations, diagnostic testing, and clinic support, with a start date of May 1. This addition is expected to strengthen cardiac care services and program development.

Additional updates included continued growth in surgical services, progress toward opening a dedicated robotic operating room, and facility planning efforts to convert space into medical-surgical inpatient beds. The upcoming opening of a coffee shop in the hospital lobby was also noted as an enhancement for patients, staff, and visitors.

**Human Resources Statistic Report – David Rodrigues, Chief Operation Officer**

A report was provided on staffing, recruitment, and employee engagement. Continued growth in staffing levels was noted, along with improved recruitment in key clinical areas and a reduction in turnover. Updates on new positions, employee events, and benefit programs were shared. Positive employee satisfaction trends were also highlighted.

**ADJOURNMENT TO CLOSED SESSION**

Danielle Sanders made the motion to adjourn to Closed Session. Fran Krieger 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 6:47 p.m.

**RECONVENE TO OPEN SESSION**

**ANNOUNCEMENT OF CLOSED SESSION**

- Approval of Closed Session February 5, 2026 – Regular Meeting Minutes
- Approval of Medical Staff Report

**ADJOURNMENT**

Danielle Sanders 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 7:12 p.m.  
Recorder: Sheryl Perry, Clerk of the Board.

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

MEMORANDUM

To: Board of Directors  
Oak Valley Hospital District

From: Matthew W. Ottone  
District Legal Counsel

Re: Resolution 2026-02 Approving Establishment of Geographical Zones and  
Sequencing for Election of Members of Board of Directors of Oak Valley  
Hospital District

Date: March 24, 2026

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A Draft Resolution 2026-02 Approving Establishment of Geographical Zones and Sequencing for Election of Members of Board of Directors of Oak Valley Hospital District is provided for your review and consideration in your Board Packet. The Draft Resolution does not include specific information as to the Map Scenario and the Sequencing of Zones for Election in the 2026 and 2028 election cycles as those matters will be determined by the Board during the Board's meeting on April 2, 2026.

In terms of sequencing, the following Directors' terms are expiring in 2026: Dan Cummins, Francis Krieger, Danielle Sanders (appointee - 2 year term) and Edward Chock, M.D. Only Sara Shipman's term runs until 2028.

Since Ms. Sanders was appointed within the first two years of the term of the Board Member who resigned, she is required under the Elections Code to run for election in 2026 complete the resigned member's term. If she wins and is elected in 2026 to complete the resigned member's term, she will then need to run in 2028 for a full four (4) year term.

Mr. Cummins, Ms. Krieger and Dr. Chock, if they desire to run for re-election in November, 2026, will be running for election for a full four (4) year term.

It is within the Board's discretion on how to best sequence the zones up for election in 2026 and 2028 cycles respectively. However, please note the following issues that should be considered while making this determination:

- The California Voting Rights Act was designed to increase representation on local elected bodies with individuals from areas within the District boundaries that have not historically had residents serve on the legislative body. My understanding is that historically most of the Board Members that have served reside in or adjacent to the Oakdale community. Under both Map 3 and Map 4 scenarios, there is one electoral zone that is located outside of Oakdale, along the southern boundaries of the District, primarily in the Waterford area. Therefore, I suggest that dependent upon the Map you select, this Zone located outside of Oakdale be designated for election in the 2026 cycle to promote the representation of historically underrepresented communities.
- Second, for purposes of returning to an election cycle that alternates between three (3) Directors being elected in one election cycle, and two (2) Directors being elected in the next election cycle, if Ms. Sanders seeks to run for election in 2026, I suggest you place the Electoral Zone (depending on the Map you select) in which she resides for election in 2026. That will then act to place that Electoral Zone for regular re-election for a full four-year term beginning in 2028.
- Lastly, I suggest that since Ms. Shipman's term does not expire until 2028, that you do not select the zone in which she resides for election in 2026 so she can fulfill her term and so that she can represent that Zone on the Board.

I will be available via video conferencing during your Board Meeting to address any questions you may have regarding the selection of a Map Scenario and/or the sequencing of election zones.

**DRAFT RESOLUTION NO. 2026-02  
OF THE BOARD OF DIRECTORS OF  
OAK VALLEY HOSPITAL DISTRICT**

**APPROVING THE ESTABLISHMENT OF GEOGRAPHICAL  
ZONES AND SEQUENCING FOR ELECTION OF MEMBERS  
OF THE BOARD OF DIRECTORS**

WHEREAS, Oak Valley Hospital District is a Local Health Care District duly organized and operating pursuant to Division 23 of the California Health and Safety Code.

WHEREAS, the Board of Directors ("Board") of Oak Valley Hospital District ("OVHD" or "District") is charged with managing OVHD in a manner to maximize efficiency and to ensure delivery of quality health care in the health care district it serves.

WHEREAS, the Board therefore desires to be as responsive as possible to the needs of the health care district it serves.

WHEREAS, voter participation in the election process for Board members is of the utmost importance, and the Board desires to encourage the fullest voter participation in elections of Board members.

WHEREAS, the Board desires that its members represent the interests and wishes of the residents of Eastern Stanislaus County, and that the community have confidence that the Board continues to represent the interests and wishes of the health care district.

WHEREAS, on November 25, 2025 the District received a communication from Attorney Kevin Shankman who alleged that the District's current manner for election of the members of the Board of Directors utilizing an at-large election system, was in violation of the California Voting Rights Act (CVRA). Mr. Shenkman demanded the District to immediately transition to a Zone-Based Election System whereby members of the Board of Directors would be elected from distinct geographical zones comprised of equal population throughout the District boundaries. Mr. Shenkman further alleged that the current at-large election system resulted in racially polarized voting and a dilution of minority voters' ability to elect representatives to the Board of Directors of their own choosing.

WHEREAS, on December 4, 2025, at the regularly scheduled monthly meeting of the OVHD Board of Directors, Matthew Ottone of Ottone & Leach LLP, District Legal Counsel discussed with the Board of Directors in Closed Session under the Anticipated Litigation Safe Harbor (Government Code Section 54956.9) the nature of the allegations made by Mr. Shenkman, the purpose and operative provisions of the CVRA and the process of transitioning to the Zone-Based Election System.

WHEREAS, on January 8, 2026, at the regularly scheduled monthly meeting of the OVHD Board of Directors, the Board received a formal presentation in Open Session on the California Voting Rights Act (CVRA) from District Legal Counsel and the purpose of the legislation to transition California public entities from an at-large electoral system for the selection of public members of legislative bodies, to zoned based electoral system in areas where racially polarized voting exists. The Board discussed the process of determining whether racially polarized voting exists within a jurisdiction, and what steps would need to be taken to change to a zoned-based electoral system if such evidence was found. After discussion, the Board elected to forego the process of obtaining demographic data to determine whether racially polarized voting exists in the OVHD. The Board determined that based on prior election results in Stanislaus County it was likely that racially polarized voting did exist within the boundaries of OVHD. Consequently, the

Board authorized Legal Counsel to retain the services of a qualified Demographer to review the voting data for purposes of an immediate transition of the electoral system for the election of Board Members from an at-large system to a zoned-based system.

WHEREAS, on January 20, 2026, at a Special Meeting of the Board of Directors, District legal counsel presented the Board with the proposals from qualified entities to perform demographic services to assist the Board in the drawing of geographical electoral zones for the election of Board Members. The Board reviewed the proposals and selected to utilize the services of Redistricting Insights for said demographic services, voted to immediately transition to a Zone-Based Election System and authorized Redistricting Insights to prepare at least (3) different map options. The Board further authorized a calendar of public hearings to comply with the requirements of California Elections Code Section 10010 and seek public input on the proposed map scenarios.

WHEREAS, on February 5, 2026 at a regularly schedule meeting of the Board of Directors, Redistricting Insights presented at the first of two Public Hearings to solicit public input on areas of interest, geographical boundaries, and communities of interest for purposes of drawing proposed Maps for the division of the District into five (5) geographical election zones.

WHEREAS, on February 12, 2026 at a Special Meeting of the Board of Directors, Redistricting Insights presented at the second of two Public Hearings to solicit public input on areas of interest, geographical boundaries, communities of interest for purposes of drawing proposed Maps for the division of the District into five (5) geographical election zones.

WHEREAS, on February 26, 2026, the District posted on its website ([www.oakvalleyhospital.com](http://www.oakvalleyhospital.com)) four (4) potential Draft Map options as prepared by Redistricting Insights, a copy of which is attached as Exhibit "A" to this Resolution and incorporated herein by this reference.

WHEREAS, on March 5, 2026, at the regularly scheduled monthly meeting of the Board of Directors, the Board and public provided questions and comments to Redistricting Insights and provided additional information regarding the boundaries of the various proposed zones, the boundaries of the District itself and important information regarding communities of interest. Redistricting Insight determined that the District should be divided into five zones with 9,050 voters per Zone. After a review of the demographic data, Redistricting Insight determined that it would not be possible to draw maps to create an Electoral Zone with a Latino Citizen Voting Age Population (CVAP) of more than 50% because of the dispersal of Latino residents throughout the District boundaries. At the conclusion of the presentation and Public Hearing, the Board signaled its preference for Map Options 3 or 4 signaling that such scenarios would provide residents of certain areas of the District where members of the Board have not typically resided, particularly in the Waterford area, an opportunity to elect an individual to the Board of Directors. The Board of Directors directed Redistricting Insights to make minor corrections to Map Scenarios 3 and 4 and provide the revised versions of such scenarios for the consideration of the regularly scheduled monthly meeting of the Board of Directors on April 2, 2026.

WHEREAS, Redistricting Insights provided revised Maps 3 and 4 to the District on March 6, 2026 and the District posted revised Maps 3 and 4 on the District's website the on March 24, 2026 and at the Oakdale Public Library and Refuge Coffee, 113 N. 3<sup>rd</sup> Avenue, Oakdale, California on March 25, 2026 in compliance with California Elections Code Section 10010.

WHEREAS, the Board of Directors placed on the agenda for the regularly scheduled monthly meeting on April 5, 2026 two separate items for consideration, to wit:

1. “Public Hearing and Consideration for Adoption of Electoral Zone Map for Election of Members of the Board of Directors and Adoption of Final Sequence of Zones for Election of Oak Valley Hospital District Board of Directors”
2. “Consideration of Resolution No. 2026-02 Approving Establishment of Geographical Zones and Sequencing for Election of Members of Board of Directors of Oak Valley Hospital District”

WHEREAS, The Board of Directors has conducted the final Public Hearing on the Revised Map Scenarios and received information from District Legal Counsel on the expiration of terms of existing Board Members.

THEREFORE, the Board finds that Map “\_\_” provides for the establishment of five (5) geographic electoral zones for the election of members of the Board of Directors of the District in accordance with all federal, State and local laws and regulations, inclusive of the following:

- Compliance with one person, one vote requirement by limiting the deviation to less than 10% among the five zones from the ideal zone population according the US Census Tract Data of 9,050 residents per zone;
- There are no options for the creation of a geographical zone for with a percentage of Latino Citizen Voting Age Population in excess of 50.00% due to the dispersal of residence of Latino voters throughout the District and the limitations due to the limited number of residents within the District boundaries.
- Consideration of topography, geography, cohesiveness, contiguity, integrity and compactness of territory, as well as maintaining vital communities of interest;

NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:

1. The Board hereby approves the adoption of zone boundaries for the election of Directors to the District Board of Directors as represented in Map “\_\_” attached hereto, as prepared by Redistricting Insights and pursuant to California Health and Safety Code Section 32100.01 and California Elections Code Section 10010; and
2. The Board finds that due to the lack of historical representations from residents in areas outside the city limits and adjacent areas of the Town of Oakdale, the following Electoral Zones as presented in Map \_\_, shall be designated for Election during the November, 2026 General Election for the following terms:

|         |             |
|---------|-------------|
| Zone __ | 4 year term |
| Zone __ | 4 year term |
| Zone __ | 4 year term |
| Zone __ | 2 year term |

3. The Board directs the President/CEO to take all necessary steps and execute all documents to the County of Stanislaus Department of Elections for implementation of zone boundaries for election of Directors to the District Board of Directors pursuant to provisions of the California Health & Safety Code, Elections Code and Government Code.

This Resolution was adopted at a Regular Meeting of the Board of Directors of the District on April 2, 2026, by the following vote:

AYES:

NOES:

ABSTENTIONS:

\_\_\_\_\_  
\_\_\_\_\_, Secretary

**MEMO:** April 2, 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 March 17, 2026, meeting.**

- |                                                                                                            |                      |
|------------------------------------------------------------------------------------------------------------|----------------------|
| A. The Department of Medicine Committee Report – (03/10/2026)<br>Lee Horwitz, MD, Chairperson              | <b>Standing</b>      |
| i. Summary Report                                                                                          | <b>Informational</b> |
| ii. Policies                                                                                               | <b>Approval</b>      |
| <u>Clinical Manual</u>                                                                                     |                      |
| o Blood Recipient ID Bands                                                                                 |                      |
| <u>Emergency Department Manual</u>                                                                         |                      |
| o RN Initiation of Clinical Protocols                                                                      |                      |
| B. The Department of Surgery Committee Report – (Next Sch Mtg 04/14/2026)<br>Andrew Huber, MD, Chairperson | <b>Standing</b>      |
| C. The Quality Council Report – (Next Sch Mtg 04/16/2026)<br>Lee Horwitz, MD, Chairperson                  | <b>Standing</b>      |

# OAK VALLEY HOSPITAL DISTRICT

## Clinical Manual

|                                                                                                       |                           |                                  |                 |
|-------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------|-----------------|
| <b>Policy/Procedure:</b>                                                                              |                           | <b>**Bi-Annual Review</b>        |                 |
| <b>BLOOD RECIPIENT ID BANDS</b>                                                                       |                           |                                  |                 |
| <b>Effective Date:</b> 1982                                                                           |                           | <b>Page 1 of 2</b>               |                 |
| Areas Affected: All Divisions and Departments of the Hospital District                                |                           |                                  |                 |
| Composed by: Unknown                                                                                  |                           |                                  |                 |
| <input type="checkbox"/> Reviewed <input checked="" type="checkbox"/> Revised by: Manager, Laboratory |                           |                                  |                 |
| <b>Dept / Committee Approval:</b>                                                                     | <b>Dept/Title:</b>        | <b>Date</b>                      | <b>Approved</b> |
| Policy, Procedures, Forms Comm.                                                                       | VP of Nursing             |                                  |                 |
| Department of Medicine                                                                                | Medical Staff Coordinator |                                  |                 |
| Medical Executive Committee                                                                           | Medical Staff Coordinator |                                  |                 |
| District Board                                                                                        | Board Liaison             |                                  |                 |
|                                                                                                       |                           |                                  |                 |
| <b>Revised:</b> 3/17; 11/19                                                                           |                           | <b>Reviewed:</b> 07/2012, 8/2024 |                 |
|                                                                                                       |                           | <b>Next Review Date:</b>         |                 |

### PURPOSE

To provide a positive identification link of a blood product to the intended recipient. This identification is of such importance that no crossmatch will be performed, or any product issued, on any specimen lacking this method of identification. All patients receiving any blood product, Packed Red Blood Cells, Fresh Frozen Plasma, Platelets or Rhogam must have a Blood Recipient ID Band in place **before** administration.

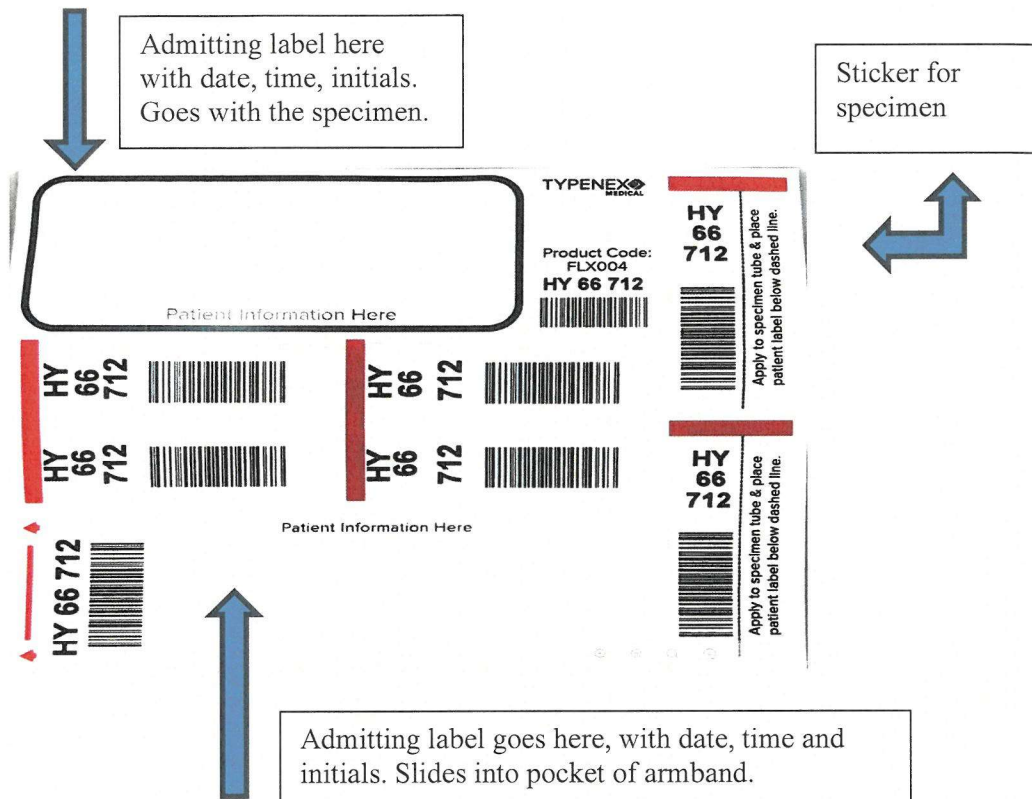
### Supplies Needed:

- [Tynex Flexi 2.1 Green Blood Bank Armband](#)
- [Tynex Flexi Blood Bank Armband # form](#)
- [Patients Admitting stickers \(at least 3\)](#)
- [Pink top EDTA collection tube](#)

### Procedure

#### Phlebotomist/Registered Nurse

1. [Gather supplies](#)
2. [Confirm patient identity \(Name and Date of Birth\) verbally and with patient armband. \(See routine venipuncture procedure for ID of unresponsive patients\)](#)
3. [Collect one Ethylenediaminetetraacetic acid \(EDTA\) tube \(pink top\) for Blood Banking requests like hold clot, type screen and hold, type and cross or rhogam.](#)
4. [Label the tube with the blood bank band form sticker that says “ apply to specimen” see example below. Then place the patients admitting label up to the dotted line on the numbered sticker on the tube. Include the date, time and your initials.](#)



5. Remove the portion of the sticker form that goes into the armband. Slide the label with number into the open end of the plastic armband. The opening is closest to the tail with the holes. Remove the white tape over the seal and press the pocket closed to form a watertight seal.
6. Fasten the armband to the patients wrist, tight enough that it can not be slipped over their hand. Cut off the excess portion of the band.
7. Double check completion of labels on tube, card and armband.
8. Deliver the tube and its sticker card, along with the extra admitting labels to the lab.

## PROCEDURE

### Phlebotomist/Registered Nurse

1. Confirm name and date of birth (DOB) with patient or Admitting Armband (see routine venipuncture procedure) for unresponsive patient.
2. Draw one Ethylenediaminetetraacetic acid (EDTA) tube (pink top) for the crossmatch. Armbands will be filled out at the bedside at the time that specimens are obtained for compatibility testing.
3. Use pen (not felt tip) with sufficient pressure that the label information will be legible on the band portion after the peel away portion of the label is removed for the clot tube.
4. Required on the label are the patient's last name, first name, date of birth, medical record number, date and time of draw, and initials of the phlebotomist.

- ~~5. Place the peel away portion on the pink tube. Place the band sticker directly over the manufacturers label on tube so specimen is still visible.~~
- ~~6. Fasten the armband on patient and remove the excess portion of the band that contains the extra numbers.~~
- ~~7. Fasten the numbered portion of the band to the side of the pink tube opposite the label. It is fastened using the sticky area at the very end of the band, on the reverse side of the numbers (the protective covering must be removed to expose the sticky area).~~
- ~~8. The Meditech label does not need to be attached to the specimen. Write initials, date and time on stickers and send to Blood Bank with specimen.~~

### Technologist

1. When preparing blood products always compare information on the pink tube label with that on the patient labels from Admitting and Meditech.
2. Place peel-off blood recipients ID numbers on luggage tag attached to each unit.
3. If the amount of peel-off numbers are insufficient for the units being cross matched, the number may be written on a small label and placed on the unit.

### Nursing (See complete Blood Products Procedure)

1. When preparing to obtain blood product from the lab, verify that the patient has a Blood Recipient armband on and that the number of the armband matches the number on the copy of the Blood Transfusion Record. A comparison of the product will be made with the numbers appearing on the blood product unit and its paperwork before the blood is released to you. Make sure to take a copy of the order to transfuse to lab when picking up blood. Except in cases of emergency transfusions (i.e., a “code blue”, an ongoing surgical case), staff should verify there is a physician’s order present in the chart to transfuse the blood product and that there is a signed blood transfusion consent.
2. If the patient does not have the proper armband on, notify the laboratory transfusion service. The patient will be redrawn, re-banded and re-crossed if indicated.

**NOTE:** Presence of the Blood Recipient armband is the only positive proof that the units were tested against this patient.

3. Before nursing administers the blood, two nurses must make a bedside comparison of the information on the patient's Blood Recipient armband and the patient’s information on the blood product and its paperwork. (See Blood Products Procedure)
4. If the blood recipient I.D. band needs to be removed, notify lab before removing, lab personnel will observe removal and replacement. The person that cuts the band is responsible for reattaching the band. The band should be taped immediately. The tape must be dated, timed and initialed by the person that cut the band. The person that cut the band must also make note of it in the patient's progress notes. It is not acceptable to transfuse blood to a patient that is not properly banded.

**NOTE:** Blood Bank recipient ID bands are only good for the life of the specimen, usually 72 hours.

After that time patient will be redrawn and re-banded.

## **REFERENCES**

1. Standards for Blood Banks and Transfusion Services, AABB, current edition.
2. Technical Manual, AABB, current edition.

# OAK VALLEY HOSPITAL DISTRICT

## Emergency Department Manual

|                                                                                                           |                           |                          |                 |
|-----------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|-----------------|
| <b>Policy/Procedure:</b>                                                                                  |                           |                          |                 |
| <b>RN Initiation of Clinical Protocols</b>                                                                |                           |                          |                 |
| Effective Date: NEW Policy                                                                                |                           | Page 1 of 2              |                 |
| Areas Affected: Emergency Department                                                                      |                           |                          |                 |
| Composed by: VP Nursing/Director of Quality,Risk,PI - approved for Draft prior to District Board approval |                           |                          |                 |
| <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 of Nursing             |                          |                 |
| Department of Medicine                                                                                    | Medical Staff Coordinator |                          |                 |
| Medical Executive Committee                                                                               | Medical Staff Coordinator |                          |                 |
| District Board                                                                                            | Board Liaison             |                          |                 |
| <b>Revised:</b>                                                                                           | <b>Reviewed:</b>          | <b>Next Review Date:</b> |                 |

**POLICY**

Emergency Department Registered Nurses (RNs) may initiate Medical Staff–approved standardized procedures (protocols) prior to direct provider evaluation when patients meet clearly defined clinical criteria. All protocols must:

1. Be developed and approved by the Medical Staff and Nursing Leadership.
2. Meet California requirements for standardized procedures under §2725.
3. Be evidence-based.
4. Be maintained in the official ED Policy Manual.

\*Protocols function as standing delegated medical orders and do not replace provider evaluation.

**PURPOSE**

To establish guidelines for Registered Nurses in the Emergency Department (ED) to initiate standardized clinical protocols to ensure timely, safe, and evidence-based patient care.

**SCOPE**

An RN may initiate an ED protocol when:

1. The RN holds a current, active, unrestricted California RN license.
2. The patient presentation meets established inclusion criteria.
3. No exclusion criteria are present.
4. The protocol falls within the RN’s validated scope of competency.

**PROCEDURE**

**A. Assessment**

The RN shall:

1. Perform and document a focused clinical assessment.

2. Determine whether inclusion criteria are met.
3. Confirm absence of exclusion criteria.

### **B. Protocol Initiation**

If criteria are met, the RN will:

1. Initiate diagnostic testing as outlined.
2. Administer medications within protocol parameters.
3. Implement nursing interventions specified in the protocol.
4. Activate time-sensitive alerts (e.g., Stroke Alert, STEMI Alert).

### **C. Provider Notification**

1. The ED provider shall be notified of protocol initiation as soon as clinically appropriate.
2. The provider assumes responsibility for ongoing medical management upon evaluation.
3. The provider may modify, continue, or discontinue protocol-directed care.

### **DOCUMENTATION**

All clinical assessments, interventions, medications and adverse effects must be clearly documented in the patient's medical record.

### **REFERENCES**

1. California Business & Professions Code §2725
2. CMS Conditions of Participation (42 CFR §482)