



**Hazel Hawkins**  
MEMORIAL HOSPITAL

**SPECIAL AND REGULAR MEETING OF THE BOARD OF DIRECTORS  
SAN BENITO HEALTH CARE DISTRICT  
911 SUNSET DRIVE, HOLLISTER, CALIFORNIA  
THURSDAY, AUGUST 25, 2022 – 5:00 P.M.  
SUPPORT SERVICES BUILDING, 2<sup>ND</sup>-FLOOR, GREAT ROOM  
IN-PERSON AND BY VIDEO CONFERENCE**

**Mission Statement** - The San Benito Health Care District is a public agency that serves as a responsive, comprehensive health care resource for its patients, physicians, and the health care consumers of the community.

**Vision Statement** - San Benito Health Care District is committed to meeting community health care needs with quality care in a safe and compassionate environment.

**This meeting will be held in-person and by video conference in order to reduce the risk of spreading COVID-19 and pursuant to the Governor’s Executive Orders and the County of San Benito Public Health Officer’s Orders. All votes taken during this meeting will be by roll call vote, and the vote will be publicly reported.**

There is limited capacity for the public to attend at the physical location of the meeting. Members of the public may also participate in the public meeting using the Zoom application by using the information set forth below. Members of the public may submit email correspondence to [lgarcia@hazelhawkins.com](mailto:lgarcia@hazelhawkins.com) up to two (2) hours before the meeting begins. Members of the public may also speak during the meeting through the Zoom application during the public comment time period. Comments are limited to three (3) minutes.

**Phone Number: 1+ (669) 900-6833  
Meeting ID: 931 6668 9955  
Passcode: 564382**

**AGENDA**

**Presented  
By**

- |  |             |
|--|-------------|
| 1. <b><u>Call to Order/Roll Call</u></b>   | (Hernandez) |
| 2. <b><u>Approval of the Agenda</u></b>  | (Hernandez) |
| <ul style="list-style-type: none"> <li>➤ Motion/Second</li> <li>➤ Action/Board Vote-Roll Call</li> </ul>   | (Hernandez) |
| 3. <b><u>Board Announcements</u></b><br>A. Physician Recognition   | (Hernandez) |
| 4. <b><u>Public Comment:</u></b><br>This opportunity is provided for members to comment on the closed session topics, not to exceed three (3) minutes. | (Hernandez) |
| 5. <b><u>Closed Session</u></b> (pgs. 1-3)<br>(See Attached Closed Session Sheet Information)  | (Hernandez) |
| 6. <b><u>Reconvene Open Session/Closed Session Report</u></b> (estimated time 5:45 P.M.)   | (Hernandez) |

7. **Public Comment**

(Hernandez)

This opportunity is provided for members of the public to make a brief statement, not to exceed three (3) minutes, on matters within the jurisdiction of this District Board which are not otherwise covered under an item on this agenda. This is the appropriate place to comment on items, on the Consent Agenda. Written comments for the Board should be provided to the Board clerk for the official record. Whenever possible, written correspondence should be submitted to the Board in advance of the meeting to provide adequate time for its consideration. Board Members may not deliberate or take action on an item not on the duly posted agenda.

8. **Board Resolution** (pgs. 4-5)

(Hernandez)

Consider Approval of RESOLUTION NO. 2022-15 PROCLAIMING A LOCAL EMERGENCY, RATIFYING THE PROCLAMATION OF A STATE OF EMERGENCY BY GOVERNOR'S STATE OF EMERGENCY DECLARATION ON MARCH 4, 2020, AND AUTHORIZING REMOTE TELECONFERENCE MEETINGS FOR THE PERIOD AUGUST 31, 2022, THROUGH SEPTEMBER 30, 2022.

- Report
- Board Questions
- Motion/Second
- Public Comment
- Action/Board Vote-Roll Call

9. **Consent Agenda—General Business** (pgs. 6-95)

(Hernandez)

(A Board Member may pull an item from the Consent Agenda for discussion.)

A. Minutes of the Regular Meeting of the Board of Directors July 28, 2022.

B. Policies Reviewed/Revised/Adopted:

- Care of the OB Hypertensive/Preeclampsia/Eclampsia Patient
- Screening for HIE in the Neonate
- Antepartum Testing Post Trauma
- Medical Screening Exam Process
- Surgical Attire in the OR/Semi-Restricted Area
- Pre-Anesthesia Testing Standardized Procedure
- Use of Portable Fans
- BOD-Development of Agenda
- BOD-Board Member Code of Conduct
- BOD-Strategic Planning
- BOD-Compensation
- BOD-Yearly Calendar Events
- BOD-Board Member Expenditure Reimbursement
- BOD-Records Retention

- Motion/Second
- Public Comment
- Action/Board Vote-Roll Call

10. **Report from the Medical Executive Committee** (pgs. 96-98)

(Dr. Bogey)

A. Medical Staff Credentials: August 17, 2022

- Report
- Board Questions
- Motion/Second
- Public Comment
- Action/Board Vote-Roll Call

B. Medical Staff Synopsis: August 17, 2022

11. **President/Chief Executive Officer (CEO)** (pgs. 99-121) (Hannah)  
(Jeanne B)
- A. Mission Statement
  - B. Board Education – Pharmacy
  - C. Comments on Officer/Director Reports (Board Members may comment on the reports listed)
    - o Chief Clinical Officer/Patient Care Services (Acute Facility)
    - o Chief Operating Officer/VP Ambulatory Services
    - o Provider Services & Clinic Operations
    - o Skilled Nursing Facilities Reports (Mabie Southside/Northside)
    - o Home Health Care Agency – No Report
    - o Laboratory
    - o Patient & Community Engagement/Business Development
    - o Foundation Report
  - D. CEO Written Report and Verbal Updates
    - o Administrative Dashboard
    - o Anthem Blue Cross Negotiations
12. **Report from the Finance Committee** (pgs. 122-135) (Robinson)
- A. Finance Committee Minutes  
Minutes of the Meeting of the Finance Committee, July 18, 2022.
  - B. Finance Report/Financial Statement Review
    - 1. Review of Financial Report for July 2022.
  - C. Financial Updates
    - 1. Finance Dashboard
    - 2. Noridian/Medicare Adjustment
    - 3. 401 (a) Plan
13. **Recommendations for Board Action** (pgs. 136-173) (Robinson)
- A. Contracts:
    - 1. Proposed Approval of 591 McCray Street Lease Agreement with Meridian Professional Properties, LLC.
      - Report
      - Board Questions
      - Motion/Second
      - Public Comment
      - Action/Board Vote-Roll Call
  - B. Physician Agreements: (Casillas)
    - 1. Proposed Approval of Christopher Verioti, D.O. – Orthopedic Surgery Coverage Agreement.
      - Report
      - Board Questions
      - Motion/Second
      - Public Comment
      - Action/Board Vote-Roll Call
  - C. Capital Leases (Robinson)
    - 1. Proposed Approval for Ultrasound Machines (2).
      - Report
      - Board Questions
      - Motion/Second
      - Public Comment
      - Action/Board Vote-Roll Call

2. Proposed Agreement of 4K Video Upgrade for Surgery Center OR.

- Report
- Board Questions
- Motion/Second
- Public Comment
- Action/Board Vote-Roll Call

14. **Report from the Facilities Committee** (pgs. 174-175) (Robinson)  
A. Minutes of the Meeting of the Facilities Committee, August 18, 2022.
15. **New Business:** (Hernandez)  
No new business to discuss.
16. **Upcoming Events:** (Hernandez)  
A. ACHD Annual Conference – September 14, 2022 - September 16, 2022
17. **Adjournment** (Hernandez)  
The next Regular Meeting of the Board of Directors is scheduled for **Thursday, September 22, 2022**, at 5:00 p.m., and will be held in person, and by video conference in order to reduce the risk of spreading COVID-19.

The complete Board packet including subsequently distributed materials and presentations is available at the Board Meeting and in the Administrative Offices of the District. All items appearing on the agenda are subject to action by the Board. Staff and Committee recommendations are subject to change by the Board.

Notes: Requests for a disability-related modification or accommodation, including auxiliary aids or services, to attend or participate in a meeting should be made to District Administration during regular business hours at 831-636-2673. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations.

**\*\*\* To be distributed at or before the Board meeting**

**SAN BENITO HEALTH CARE DISTRICT BOARD OF DIRECTORS  
AUGUST 25, 2022**

**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.

**CLOSED SESSION AGENDA ITEMS**

**[ ] LICENSE/PERMIT DETERMINATION**  
(Government Code §54956.7)

**Applicant(s):** (Specify number of applicants) \_\_\_\_\_

**[ ] CONFERENCE WITH REAL PROPERTY NEGOTIATORS**  
(Government Code §54956.8)

**Property:** (Specify street address, or if no street address, the parcel number, or other unique reference, of the real property under negotiation): \_\_\_\_\_

**Agency negotiator:** (Specify names of negotiators attending the closed session): \_\_\_\_\_

**Negotiating parties:** (Specify name of party (not agent): \_\_\_\_\_

**Under negotiation:** (Specify whether instruction to negotiator will concern price, terms of payment, or both):  
\_\_\_\_\_

**[ ] CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION**  
(Government Code §54956.9(d)(1))

**Name of case:** (Specify by reference to claimant's name, names of parties, case or claim numbers):  
\_\_\_\_\_, or

**Case name unspecified:** (Specify whether disclosure would jeopardize service of process or existing settlement negotiations): \_\_\_\_\_

**[ X ] CONFERENCE WITH LEGAL COUNSEL-ANTICIPATED LITIGATION**  
(Government Code §54956.9)

Significant exposure to litigation pursuant to Section 54956.9(d)(2) or (3) (Number of potential cases): 1

Additional information required pursuant to Section 54956.9(e): \_\_\_\_\_

Initiation of litigation pursuant to Section 54956.9(d)(4) (Number of potential cases): \_\_\_\_\_

**[ ] LIABILITY CLAIMS**  
(Government Code §54956.95)

**Claimant:** (Specify name unless unspecified pursuant to Section 54961): \_\_\_\_\_

**Agency claimed against:** (Specify name): \_\_\_\_\_

1.

**THREAT TO PUBLIC SERVICES OR FACILITIES**  
(Government Code §54957)

**Consultation with:** (Specify the name of law enforcement agency and title of officer): \_\_\_\_\_

**PUBLIC EMPLOYEE APPOINTMENT**  
(Government Code §54957)

**Title:** (Specify description of the position to be filled):

**PUBLIC EMPLOYMENT**  
(Government Code §54957)

**Title:** (Specify description of the position to be filled): \_\_\_\_\_

**PUBLIC EMPLOYEE PERFORMANCE EVALUATION**  
(Government Code §54957)

**Title:** (Specify position title of the employee being reviewed): Chief Executive Officer

**PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL/RELEASE**  
(Government Code §54957)

(No additional information is required in connection with a closed session to consider discipline, dismissal, or release of a public employee. Discipline includes potential reduction of compensation.)

**CONFERENCE WITH LABOR NEGOTIATOR**  
(Government Code §54957.6)

**Agency designated representative:**

**Employee organization:**

**Unrepresented employee:** (Specify position title of unrepresented employee who is the subject of the negotiations): Chief Executive Officer

**CASE REVIEW/PLANNING**  
(Government Code §54957.8)

(No additional information is required to consider case review or planning.)

**REPORT INVOLVING TRADE SECRET**  
(Government Code §37606 & Health and Safety Code § 32106)

**Discussion will concern:** (Specify whether discussion will concern proposed new service, program, or facility):

1. Trade Secrets, Strategic Planning, Proposed New Programs, and Services.

**Estimated date of public disclosure:** (Specify month and year): unknown

**HEARINGS/REPORTS**  
(Government Code §37624.3 & Health and Safety Code §§1461, 32155)

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

1. Report from Quality, Risk, and Compliance.

**CHARGE OR COMPLAINT INVOLVING INFORMATION PROTECTED BY FEDERAL LAW** (Government Code §54956.86)

(No additional information is required to discuss a charge or complaint pursuant to Section 54956.86.)

**ADJOURN TO OPEN SESSION**

**RESOLUTION NO. 2022-15  
OF THE BOARD OF DIRECTORS OF  
SAN BENITO HEALTH CARE DISTRICT**

**PROCLAIMING A LOCAL EMERGENCY, RATIFYING THE PROCLAMATION OF A  
STATE OF EMERGENCY BY GOVERNOR'S STATE OF EMERGENCY DECLARATION  
ON MARCH 4, 2020, AND AUTHORIZING REMOTE TELECONFERENCE MEETINGS  
FOR THE PERIOD AUGUST 31, 2022 THROUGH SEPTEMBER 30, 2022**

WHEREAS, San Benito Health Care District ("District") is a public entity and local health care district organized and operated pursuant to Division 23 of the California Health and Safety Code;

WHEREAS, the District Board of Directors is committed to preserving and nurturing public access and participation in its meetings;

WHEREAS, all meetings of the District's governing body are open and public, as required by The Ralph M. Brown Act, so that members of the public may attend, participate, and observe the District's public meetings;

WHEREAS, The Brown Act, Government Code section 54953(e), makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions;

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558;

WHEREAS, a proclamation is made when there is an actual incident, threat of disaster, or extreme peril to the safety of persons and property within the boundaries of the District, caused by natural, technological, or human-caused disasters;

WHEREAS, it is further required that (i) state or local officials have imposed or recommended measures to promote social distancing, or (ii) the legislative body meeting in person would present imminent risks to the health and safety of attendees;

WHEREAS, such conditions now exist within the District Boundaries of San Benito Health Care District;

WHEREAS, the District Board of Directors does hereby acknowledge the current state of emergency and is following the September 30, 2021 Recommendations on Social Distancing and Hybrid Meetings issued by San Benito County Health and Human Services Agency recommending that public agencies continue to utilize remote meetings for the purpose of preventing the transmission of COVID-19;

WHEREAS, as a consequence of the local emergency, the District Board of Directors may conduct meetings without compliance with Government Code Section 54953(b)(3), as authorized by Section 54953(e), and that the District shall comply with the requirements to provide the public with access to the meetings pursuant to Section 54953(e) (2);

WHEREAS, meetings of the District Board of Directors will be available to the public via the zoom application listed on the agenda;



NOW THEREFORE IT IS HEREBY ORDERED AND DIRECTED THAT:

1. Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.
2. Proclamation of Local Emergency. The District hereby proclaims that a local emergency continues to exist throughout San Benito County, and as of September 30, 2021, the San Benito County Health Department continues to recommend that physical and social distancing strategies be practiced in San Benito County, which includes remote meetings of legislative bodies, to the extent possible.
3. Ratification of Governor's Proclamation of a State of Emergency. The District hereby ratifies the Governor of the State of California's Proclamation of State of Emergency, effective as of its issuance date of March 4, 2020.
4. Remote Teleconference Meetings. The District Board of Directors is hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this Resolution including conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of The Brown Act.
5. Effective Date of Resolution. This Resolution shall take effect immediately upon its adoption and shall be effective until the earlier of (i) September 30, 2022, or such time the District adopts a subsequent resolution in accordance with Government Code section 54953(e)(3) to extend the time during which the District may continue to meet via teleconference meeting all the requirements of Section (3)(b).

This Resolution was adopted at a duly noticed Regular Meeting of the Board of Directors of the District on August 25, 2022, by the following vote.

AYES:

NOES:

ABSTENTIONS:

ABSENT:

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Board Member  
San Benito Health Care District

**REGULAR MEETING OF THE BOARD OF DIRECTORS  
SAN BENITO HEALTH CARE DISTRICT  
SUPPORT SERVICES BUILDING, 2<sup>ND</sup>-FLOOR, GREAT ROOM  
In-person and Video Conference**

**THURSDAY, JULY 28, 2022  
MINUTES**

**HAZEL HAWKINS MEMORIAL HOSPITAL**

**Directors Present**

Jeri Hernandez, Board Member  
Bill Johnson, Board Member  
Don Winn, Board Member  
Josie Sanchez, Board Member  
Rick Shelton, Board Member

**Also, Present In-person/Video Conference**

Steven Hannah, Chief Executive Officer  
Mark Robinson, Chief Financial Officer (Absent)  
Barbara Vogelsang, Chief Clinical Officer (Absent)  
Mary Casillas, Chief Operating Officer/VP of Ambulatory Services  
Laura Garcia, Executive Assistant  
Dr. Bogey, Chief of Staff  
Heidi A. Quinn, District Legal Counsel  
Sherrie Bakke, Patient & Community Engagement/Business Development

Pursuant to Executive Order N-25-20 issued by the Governor of the State of California in response to concerns regarding COVID-19, Board Members of San Benito Health Care District, a local health care district, are permitted to participate in this duly noticed public meeting via teleconference and certain requirements of The Brown Act are suspended.

**1. Call to Order**

Attendance was taken by roll call, all Directors present, and the meeting was called to order at 5:00 p.m. by Board President, Jeri Hernandez.

**2. Approval of Agenda**

**MOTION:** By Director Johnson to approve the agenda; Second by Director Hernandez. Moved/Seconded/and Unanimously Carried. Ayes: Johnson, Hernandez, Sanchez, Shelton, Winn. Approved, 5-0 by roll call.

**3. Board Announcements**

Director Winn stated he participated in the Medical Staff meeting, and it was a positive report.

Director Hernandez stated Facebook had positive posts. She also had Dr. Barra join her for public recognition, and a video from YouTube was shared for the public to view. Dr. Barra was also presented with a gift.

**4. Public Comment**

No public comment.

**5. Closed Session**

The Board of Directors went into a closed session at 5:12 pm to discuss four items: Conference with Legal Counsel-Anticipated Litigation, Government Code §54956.9, Conference with Labor Negotiator, Government Code §54957.6, Report Involving Trade Secret, Government Code §37606 Health & Safety Code §32106, and Hearing Reports, Government Code §37264.3 & Health and Safety Code §1461,32155.

6. **Reconvene Open Session/Closed Session Report**

The Board of Directors reconvened into Open Session at 5:48 pm. District Counsel, Quinn reported that in Closed Session the Board discussed Conference with Legal Counsel-Anticipated Litigation, Government Code §54956.9, Conference with Labor Negotiator, Government Code §54957.6, Report Involving Trade Secret, Government Code §37606 Health & Safety Code §32106, and Hearing Reports, Government Code §37264.3 & Health and Safety Code §1461,32155, information was provided to the Board, direction given, and no reportable action taken.

7. **Public Comment**

No public comment was received.

8. **Board Resolution No. 2022-11**

**Item: Proposed Approval for RESOLUTION NO. 2022-11 OF THE BOARD OF DIRECTORS OF SAN BENITO HEALTH CARE DISTRICT PROCLAIMING A LOCAL EMERGENCY, RATIFYING THE PROCLAMATION OF A STATE OF EMERGENCY BY THE GOVERNOR'S STATE OF EMERGENCY DECLARATION ON MARCH 4, 2020, AND AUTHORIZING REMOTE TELECONFERENCE MEETINGS FOR THE PERIOD, JULY 31, 2022 THROUGH AUGUST 31, 2022.**

No public comment.

**MOTION:** By Director Hernandez to approve Resolution No. 2022-11 Proclaiming a local emergency; Second by Director Johnson. Moved/Seconded/and Unanimously Carried. Ayes: Hernandez, Johnson, Winn, Sanchez, Shelton. Approved, 5-0 by (Roll Call).

9. **Consent Agenda-General Business**

Director Hernandez presented the Consent Agenda and requested a motion to approve.

A. Minutes of the Regular Meeting of the Board of Directors, June 23, 2022.

No public comment.

**MOTION:** By Director Winn to approve the Consent Agenda; Second by Director Shelton. Moved/Seconded/and Unanimously Carried. Ayes: Winn, Shelton, Johnson, Sanchez, Hernandez. Approved, 5-0 by roll call.

10. **Report from the Medical Executive Committee**

A full written report can be found in the Board packet.

A. **Credentials Report:** Chief of Staff, Dr. Bogey presented the Credentials Report from July 20, 2022.

**Item: Proposed Approval of the Credentials Report; Six (6) New Appointments, nine (9) Allied Health – New Appointments, and two (2) Resignations.**

Dr. Bogey stated that Dr. Vetter will reappoint next month. He did not return his reappointment application in time.

No public comment.

**MOTION:** By Director Sanchez to approve the Credentials as presented; Second by Director Johnson. Moved/Seconded/and Unanimously Carried. Ayes: Sanchez, Johnson, Shelton, Winn, Hernandez. Approved, 5-0 by roll call.

B. Medical Staff Synopsis: Dr. Bogey, Chief of Staff, provided a summary of the Medical Executive Committee Report.

11. **President/Chief Executive Officer**

A full written report can be found in the Board packet for CEO Report.

A. **Mission Statement**: Mr. Hannah drew attention to the Mission Statement.

B. **Comments on Officer/Directors Reports**:

- Chief Clinical Officer: Mr. Hannah provided a summary of the CCO report and said there has been a transition in the responsibilities of the Kitchen and Nutrition. Jennifer Bange now reports to the Chief Clinical Officer and is in charge of nutrition services. Jessica Kopeczy is the new manager of the kitchen.
- Chief Operating Officer: Mr. Hannah provided a summary of the COO report and said the new location for General surgery should be ready to go by the end of October. Maple Street location is being scoped to be an Orthopedic Center and it will house Physical Therapy services. Scoping should be completed by mid-August. For the imaging services, Chris DeMaggio, a 32-year employee, was promoted to Diagnostic Imaging Manager and will report directly to Bernadette Enderez, Director of Imaging Services.
- Provider Services/Clinic Operations: Mr. Hannah stated that the report shows an 11% decrease in monthly visits compared to June 2021. Ms. Casillas stated the reason for the decrease is because last year the clinics were providing major vaccinations, now not as many vaccines are being given, the other reason is there was a provider out for the month, but they will continue to monitor the visits.
- Skilled Nursing Facilities Report: Mr. Hannah stated the survey went very well, a plan of correction for the seven (7) deficiencies was submitted but one of them is being appealed. Mr. Hannah was pleased with the responses and congratulated Sherry Hua and her team.
- Patient Engagement | Satisfaction: Mr. Hannah stated that Reputation.com is a survey management program the District is subscribed to and the results have been significant.

C. **CEO Report and Verbal Updates**:

- Anthem Blue Cross Negotiations: Mr. Hannah provided an update regarding Anthem Blue Cross and the negotiation process. He stated the pending termination date is August 10, 2022. There have been several months of negotiations and indicated that there has been no increase from the payor in 4-years. Ms. Bakke stated there was a multi-disciplinary team who gathered to plan communication regarding Anthem Blue Cross that started in July. She stated that 11,376 communication letters will be mailed out to the community members on August 5th. She also stated that CEO announcement letters were sent out today, Thursday, July 28th. There were a total of 343 employer letters mailed. Ms. Bakke informed the Board that Mr. Hannah will be attending the Business Council Meeting on Thursday, August 4th. She also stated the Business Office will have a dedicated line with a dedicated employee to that line for the calls that will come in with questions about the Anthem Blue Cross contract. Media release communicating the same information will be released approximately Wednesday, August 10th. During the morning huddles, starting Friday, August 12th, there will be discussions on which patients will be impacted. Mr. Hannah stated that employees will not be impacted.
- Strategic Planning Update: Mr. Hannah stated that a strategic planning retreat is being planned to occur on October 13th at an offsite location. Ms. Bakke and Laura are working on the coordination of the meeting.
- Legislative Update: Mr. Hannah stated CHA continues to work on a two-fold proposal to limit what structures need the highest level of seismic compliance to structures that are necessary during an immediate emergency, after the event. He said CHA represents hospitals of all sizes and would like to work on a proposal to help all hospitals. The second part of the proposal is delaying the process to 2037.

- **Administrative Dashboard:** Ms. Bakke stated she is excited Monica Hamilton has joined the team and has worked to move Patient Satisfaction into a quality improvement assessment. She also stated the State and National averages of rating the hospital a 9 or 10 is lower than ours, it is 69% and the District is at 70%, and for recommended your hospital it is at 64%. Ms. Bakke also thanked Director Shelton for spending time learning more about Patient Experience. Mr. Hannah stated CMS 30-Day All-Cause Readmission rate is 11%, surgical site infections are static at 1.00. The average daily census for acute was just under 21 with a target of 13%, for SNF the average daily census is up significantly from its low point. Mr. Robinson will be reporting on it throughout the fiscal year. Surgery volumes have been soft this summer. EBIDA shows the year-end numbers and they are not audited, there will be adjustments to it. Mr. Hannah also stated the census as of the morning was 17 and another 7 were holding in the emergency room. Four additional employees tested positive for COVID and currently have approximately 24 due to COVID. There are 15 new cases and 66 active cases in the community.

**12. Report from the Finance Committee**

A full report can be found in the Board packet.

**A. Finance Committee Minutes**

Minutes of the meeting of the Finance Committee, from July 21, 2022, have been provided to the Board of Directors.

**B. Financial Report/Financial Statement Review**

1. Finance Statements – June 2022
2. Finance Dashboard
3. Surgery Rural Health Clinic
4. Parking Lot Repaving
5. CNA Agreement
6. Anthem Blue Cross Commercial Agreement

**13. Recommendation for Board Action**

**A. Contracts:**

**Item: Proposed Approval for RESOLUTION NO. 2022-12 OF THE BOARD OF DIRECTORS OF SAN BENITO HEALTH CARE DISTRICT REGARDING UNION BANK.**

Mr. Hannah stated that the resolution authorizes the individual now or subsequent holding the position of Controller of the District to enter into a contract with the bank in conducting the District's normal banking activities.

No public comment.

**MOTION:** By Director Winn to approve Resolution No. 2022-12 regarding Union Bank; Second by Director Hernandez. Moved/Seconded/and Unanimously Carried. Ayes: Winn, Hernandez, Shelton, Johnson, Sanchez. Approved, 5-0 by roll call.

**Item: Proposed Approval for RESOLUTION 2022-13 OF THE BOARD OF DIRECTORS OF SAN BENITO HEALTH CARE DISTRICT ADOPTING AMENDMENT NO. 1 TO THE AMENDED AND RESTATED SAN BENITO HEALTH CARE DISTRICT PENSION PLAN.**

District Counsel, Ms. Quinn stated she is stepping in for Mr. Robinson. She indicated the District has a Pension Plan and said this Resolution will allow staff to add a 401(a) and would authorize an agreement with Valic Retirement Services Company and allow a retirement contribution for a certain designated employee, it excludes those who are not qualified as CEO, COO, CFO, CCO, and VP-HR. this resolution memorializes the authority for staff to enter into this agreement.

Director Hernandez asked if this plan was for all employees or just the individuals who were listed. Ms. Quinn stated it would only be for the individuals she listed, other employees would not be eligible for the program. Discussion ensued regarding the need to attract and retain executive leaders. The 401 (a) would be an option for executives who may not be at the District long enough to benefit from the pension plan.

No public comment.

**MOTION:** By Director Hernandez to approve Resolution 2022-13 Adopting Amendment NO.1 to the Amended and Restated San Benito Health Care District Pension Plan; Second by Director Shelton. Moved/Seconded/and Unanimously Carried. Ayes: Hernandez, Shelton, Winn, Johnson, Sanchez. Approved, 5-0 by roll call.

C. Physician Agreements

Item: **Proposed Approval for Michal Bogey, M.D., Master Services Agreement for Chief Medical Officer Coverage and Trauma Program Medical Director.**

After discussion, the following motion was taken.

No public comment.

**MOTION:** By Director Hernandez to approve Dr. Bogey's Agreement with direction to staff to review the hourly rate and bring the findings back to the Board at the August meeting; Second by Director Shelton. Moved/Seconded/and Unanimously Carried. Ayes: Hernandez, Shelton, Sanchez, Winn, Johnson. Approved, 5-0 by roll call.

14. **Report from District Facilities & Service Development Committee**

A full report can be found in the Board packet.

- A. Minutes of the meeting of the Facilities Committee, from July 21, 2022, have been provided to the Board of Directors.

15. **New Business:**

Item: **Proposed Approval for RESOLUTION NO. 2022-14 OF THE BOARD OF DIRECTORS OF SAN BENITO HEALTH CARE DISTRICT APPROVING AND ADOPTING A MEMORANDUM OF UNDERSTANDING WITH THE CALIFORNIA NURSES ASSOCIATION.**

No public comment.

**MOTION:** By Director Sanchez to approve Resolution 2022-14 Approving and Adopting a Memorandum of Understanding with the California Nurses Association; Second by Director Hernandez. Moved/Seconded/and Unanimously Carried. Ayes: Sanchez, Hernandez, Johnson, Winn, Shelton. Approved, 5-0 by roll call.

15. **Upcoming Events:**

- A. ACHD Annual Conference – September 14, 2022.  
B. Strategic Planning Retreat – October 13, 2022.

17. **Adjournment:**

There being no further regular business or actions, the meeting was adjourned at 7:01 p.m.

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, August 25, 2022**, at 5:00 p.m., and will be conducted in person and via teleconference to reduce the risk of spreading COVID-19, and pursuant to SBHCD Board Resolution No. 2022-05.



## CARE OF THE OB HYPERTENSIVE/PREECLAMPSIA/ ECLAMPSIA PATIENT

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### Disclaimer

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### Revision Insight

Document ID:	10838
Revision Number:	0
Owner:	Deanna Williams,
Revision Official Date:	No revision official date

Revision Note:  
New Policy: CMQCC Hypertensive Disorders of Pregnancy Toolkit 2021

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DocID: 10838  
Revision: 0  
Status: Draft  
Department: Obstetrics  
Manual(s):

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## Policy : CARE OF THE OB HYPERTENSIVE/PREECLAMPSIA/ ECLAMPSIA PATIENT

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### Summary/Intent

To outline the nursing management of inpatients who have preeclampsia including special considerations for management of patients on magnesium sulfate, patients on antihypertensive medications and management of eclampsia.

### Definitions

Please see definitions outlined in each section of policy for clarity

### Affected Departments/Services

1. OBSTETRICS
2. EMERGENCY DEPARTMENT

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### Policy: Compliance: Key Elements

#### Definitions:

1. **Preeclampsia:** is a hypertensive disorder of pregnancy characterized by vasospasm and endothelial damage, which may impact the cardiovascular, renal, hematological, neurologic, and hepatic systems as well as the uteroplacental unit. It is of unknown etiology. Preeclampsia is characterized by new-onset of hypertension and proteinuria after 20 weeks of gestation in a previously normotensive woman.
2. **Hypertension:** two blood pressure readings of  $\geq 140$  systolic OR  $\geq 90$  diastolic taken at least four hours apart
3. **Proteinuria:** 0.3 gm of protein in a 24-hour urine collection

#### Reportable conditions:

*Notify provider for:*

1. Blood pressure  $\geq 160$  mm Hg systolic OR  $\geq 110$  mm Hg diastolic x2 (taken at least 15 minutes apart)
2. New or worsening complaint of any of the following:
  - a. Headache
  - b. Visual changes
  - c. Right Upper Quadrant (RUQ) or epigastric pain
  - d. Abnormal lab values.

#### Admission assessment:

1. Assess for absence or presence of:
  - a. Visual changes
  - b. Headache
  - c. Right upper quadrant or epigastric pain
  - d. Nausea/vomiting
  - e. General malaise
2. Assess upper or lower deep tendon reflexes.
3. Auscultate for lung sounds, noting any presence of rales, rhonchi, wheezing, etc.
4. Assess for generalized edema and significant, rapid weight gain.

5. Assess blood pressure using an appropriately sized blood pressure cuff with patient sitting or in the upright position with the patient's arm at the level of the heart. Do not reposition the patient to her left side and retake blood pressure. It will give a false lower reading.
6. Apply external fetal monitor (if viable fetus). Follow institutional guidelines.
7. Prepare to obtain IV access as ordered by provider.
8. Prepare to administer medications to lower blood pressure and prevent seizure activity.
9. Prepare to monitor intake and output.
10. Maintain activity as ordered by provider. If on bedrest, maintain side-lying position as much as possible, avoiding supine position, and change position every two hours or more often as needed.
11. Provide emotional support and opportunity for patient family to verbalize questions, concerns and/or fears.
12. Assess maternal vital signs including: blood pressure as described above, respiratory rate, heart rate, temperature, and oxygen saturation.
13. Prepare to assess lab values as ordered.
14. Ensure oxygen and suction equipment are present and functioning.
15. Implement measures to decrease stress level, such as provision of a quiet environment and low lighting.
16. Monitor temperature per department protocol.
17. If fluid overload or oliguria is suspected the use of a Foley catheter should be used with frequent assessment of urinary output, i.e. hourly.

### **Antepartum ongoing assessment:**

1. Goals of patient management
  - a. Early recognition of severe or worsening preeclampsia with severe features or development of eclampsia.
  - b. Prolongation of pregnancy to optimize fetal maturation weighed against risks of pregnancy continuation.
2. Preeclampsia without severe features (formerly called "mild," a term now discouraged from use):
  - a. Obtain temperature, pulse, respirations, and oxygen saturation every 4 hours.
  - b. Complete temperature every 2 hours if membranes ruptured.
  - c. Complete Preeclampsia Early Recognition Tool (PERT) Assessment every 4 hours and document Intellispace. SEE ATTACHMENT PREECLAMPSIA ASSESSMENT TOOLS
  - d. Obtain blood pressure every 4 hours if not in labor/ antepartum status.
  - e. Obtain blood pressure q 30 minutes if laboring.
  - f. Obtain Non Stress Test (NST) or monitor Fetal Heart Rate (FHR) with uterine activity for 30 minutes every shift or as condition warrants
  - g. Monitor FHR and uterine activity continuously if laboring.
  - h. Assess fetal movement every shift.
3. Preeclampsia with severe features
  - a. Obtain pulse, respirations, and oxygen saturation hourly.
  - b. Assess temperature every 4 hours if intact membranes and 2 hours if membranes are ruptured
  - c. Assess lung sounds every 2 hours.
  - d. Obtain blood pressure q 15 minutes
  - e. Complete PERT assessment every 1 hour and document in Intellispace.
  - f. Monitor FHR and uterine activity continuously

### **Postpartum to discharge ongoing assessment:**

1. Preeclampsia without severe features (formerly called "mild," a term now discouraged from use):
  - a. Obtain blood pressure, pulse, respirations, and oxygen saturation every 4 hours.
  - b. Assess lung sounds every 4 hours.
  - c. Assess deep tendon reflexes (DTRs), clonus, edema, level of consciousness (LOC), headache (HA), visual disturbances, epigastric pain every 4 hours. Complete PERT Assessment and document in Intellispace every 4 hours.
2. Preeclampsia with severe features:
  - a. Obtain blood pressure, pulse, respirations, and oxygen saturation hourly for first 24 hours after delivery then every 4 hours.
  - b. Assess lung sounds every 2 hours for first 24 hours after delivery then every 4 hours.
  - c. Document PERT assessment every 1 hour in Intellispace for 24 hours or until Magnesium Sulfate infusion is discontinued and then document every 4 hours.

### **Prevention and management of eclamptic seizures:**

*Magnesium sulfate is administered as a first line drug to prevent maternal eclamptic seizures.*

### **Antihypertensives:**

#### **Background:**

1. A persistent systolic blood pressure  $\geq 160$  mm Hg OR  $\geq 110$  mm Hg diastolic persisting for 15 minutes or more, is treated with IV antihypertensive medication to protect the patient from cerebral vascular accident.\*
2. The goal of blood pressure treatment is 130-150/80-100 mm Hg to maintain perfusion.
3. **Labetalol:** is a combined alpha and beta-blocker, resulting in decreased peripheral vascular resistance without altering heart rate or cardiac output. Its use is contraindicated in patients with bronchial asthma, heart block and severe bradycardia.
4. **Hydralazine:** is a vasodilator and results in vasodilation of vascular smooth muscle.
5. **Nifedipine:** is a calcium channel blocker that acts to relax the smooth muscle of the heart and blood vessels

#### **Administration of Antihypertensives:**

1. Ensure presence of mainline IV infusion.
2. Monitor the fetal heart rate continuously if a viable fetus is present
3. Maintain bedrest during and for 3 hours following medication administration. Assess for postural hypotension prior to ambulation.
4. If unable to control blood pressure, contact physician regarding consideration of other medications and/or transfer to a higher level of care.
5. If the patient's BP thresholds remain below between 130-150/80-100 mm Hg then follow instructions for nursing assessment after antihypertensive medication administration
6. Consult with maternal-fetal medicine, internal medicine, anesthesia, or critical care subspecialists as directed by physician.
7. Please see Antihypertensive Treatment Algorithm for Hypertensive Emergencies (Attached) for dosage and administration instructions for each antihypertensive medication.

#### **Nursing assessment after antihypertensive medication administration:**

1. Every 10-20 minutes based on medication administered until stable, then BP every 10 minutes x 1 hour, every 15 minutes x 1 hour, every 30 minutes x 1 hour and every one hour x 4 hours. (ACOG Practice Bulletin 222)
2. Additional BP monitoring should be done per provider order or as needed.
3. Reportable conditions to notify provider
  - a. Systolic blood pressure greater than or equal to 160 mm Hg. Diastolic blood pressure less than 80 mm Hg or greater than or equal to 110 mm Hg following medication administration.
  - b. Category II or III fetal heart rate tracing following antihypertensive administration.
  - c. Sustained maternal heart rate less than 50 bpm or greater than 120 bpm during or within 30 minutes following medication administration.

### **Eclampsia management:**

#### **Background**

1. Eclampsia is characterized by convulsions and loss of consciousness, which can occur without warning during the antepartum, intrapartum or postpartum period.
2. The eclamptic patient is at risk for aspiration and cerebral hemorrhage.
3. Fetal bradycardia frequently occurs during and following an eclamptic seizure due to tetanic contractions or maternal hypoventilation.
4. Best treatment for baby is maternal stabilization.

#### **Management**

1. Notify charge nurse, attending provider, and anesthesiologist/CRNA immediately. Initiate emergency pager (if institution has instituted).
2. Position patient on side.
3. Protect from injury.
4. Prepare to administer magnesium sulfate. Anticipate obtaining lab tests (magnesium level, blood for liver enzymes, serum creatinine, etc.).
5. Following seizure:
  - a. Suction mouth with Yankauer PRN
  - b. Give oxygen by non-rebreather mask at 10 liters per minute.
  - c. Provide ventilatory support as needed
  - d. Assess blood pressure, pulse, and respirations every 5 minutes.

- e. Assess oxygen saturation and level of consciousness every 15 minutes until stable for a minimum of one hour.
- f. Monitor fetal heart rate and uterine activity continuously if viable fetus is present.
- g. Observe for signs and symptoms of placental abruption or impending delivery.
- h. Obtain order for indwelling catheter.

### **References:**

Kristi Gabel, RNC-OB, C-EFM, MSN, CNS, Sutter Roseville Medical Center; co-author of policy for CMQCC toolkit

Nancy Peterson, MSN, RNC-OB, PNNP, Dominican Hospital, Common Spirit Health; co-author of policy for CMQCC toolkit

ACOG Practice Bulletin 222; Obstet Gynecol. 2020 Jun; 135 (6):e237-e260

CMQCC Toolkit Hypertensive Disorders of Pregnancy; 2021

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<b>Document Owner</b>	Williams, Deanna	<b>Next Review Date</b>	
<b>Keywords</b>	PIH, hypertension, eclampsia, pre-eclampsia, hydralazine, nifedipine, APPENDIX B: SUSPECTED PRE-ECLAMPSIA ALGORITHM APPENDIX D: PREECLAMPSIA SCREENING TOOLS APPENDIX E: SEVERE HYPERTENSION AND ECLAMPSIA TREATMENT ALGORITHM HOW TO DOCUMENT PERT EXAM IN INTELLISPACE		
<b>Attachments:</b> <b>(REFERENCED BY THIS DOCUMENT)</b>			

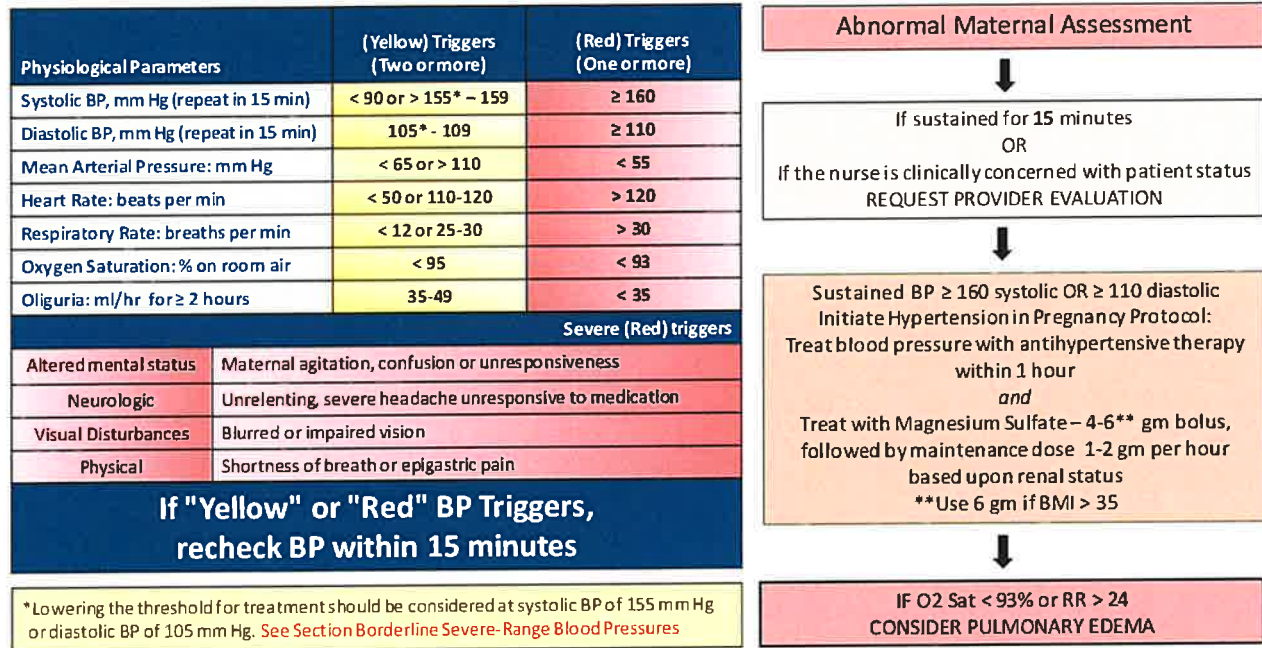
**Other Documents:**  
**(WHICH REFERENCE THIS DOCUMENT)**

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[https://www.lucidoc.com/cgi/doc-gw.pl?ref=hmh:10838\\$0](https://www.lucidoc.com/cgi/doc-gw.pl?ref=hmh:10838$0).

# Appendix D: Preeclampsia Screening Tools

## A. Preeclampsia Early Recognition Tool integrated within a Maternal Early Warning System



This figure was adapted from the *Improving Health Care Response to Preeclampsia: A California Quality Improvement Toolkit*, funded by the California Department of Public Health, 2014; supported by Title V funds.

## B. Preeclampsia Early Recognition Tool (PERT), page 1 of 2

ASSESS	NORMAL (GREEN)	WORRISOME (YELLOW)	SEVERE (RED)
Awareness	Alert/oriented	<ul style="list-style-type: none"> <li>▶ Agitated/confused</li> <li>▶ Drowsy</li> <li>▶ Difficulty speaking</li> </ul>	Unresponsive
Headache	None	<ul style="list-style-type: none"> <li>▶ Mild headache</li> <li>▶ Nausea, vomiting</li> </ul>	Unrelieved headache
Vision	None	Blurred or impaired	Temporary blindness
Systolic BP (mm Hg)	100-139	≥ 155-159	≥ 160
Diastolic BP (mm Hg)	50-89	90-109	≥ 110
HR	61-110	110-120	> 120
Respiration	11-24	< 12 or 25-30	< 10 or > 30
SOB	Absent	Present	Present
O2 Sat (%)	≥ 95	< 95	< 93
Pain: Abdomen or Chest	None	<ul style="list-style-type: none"> <li>▶ Nausea, vomiting</li> <li>▶ Chest pain</li> <li>▶ Abdominal pain</li> </ul>	<ul style="list-style-type: none"> <li>▶ Nausea, vomiting</li> <li>▶ Chest pain</li> <li>▶ Abdominal pain</li> </ul>
Fetal Signs	<ul style="list-style-type: none"> <li>▶ Category I</li> <li>▶ Reactive NS</li> </ul>	<ul style="list-style-type: none"> <li>▶ Category II</li> <li>▶ IUGR</li> <li>▶ Non-reactive NST</li> </ul>	Category III
Urine Output (ml/hr)	≥50	35-49	≤ 35 (in 2 hrs)
Proteinuria*	Trace	<ul style="list-style-type: none"> <li>▶ ≥ +1**</li> <li>▶ ≥ 300mg/24 hours</li> </ul>	Protein/Creatinine Ratio (PCR) > 0.3 Dipstick ≥ 2+
Platelets	>100	50-100	< 50
AST/ALT	< 70	> 70	> 70
Creatinine	≤ 0.8	0.9-1.1	≥ 1.1
Magnesium Sulfate Toxicity	<ul style="list-style-type: none"> <li>▶ DTR +1</li> <li>▶ Respiration 16-20</li> </ul>	Depression of patellar reflexes	Respiration < 12

## B. Preeclampsia Early Recognition Tool (PERT), page 2 of 2

**\*Level of proteinuria is not an accurate predictor of pregnancy outcome**

**GREEN=NORMAL: proceed with caution**

**YELLOW=WORRISOME: Increase assessment frequency**

**1 Trigger, TO DO:**

Notify provider

**≥ 2 Triggers, TO DO:**

- ▶ Notify charge RN
- ▶ In-person evaluation
- ▶ Order labs/test
- ▶ Anesthesia consult
- ▶ Consider magnesium sulfate
- ▶ Supplemental oxygen

**\*\*Provider should be made aware of worsening or new-onset proteinuria**

**RED=SEVERE: Trigger, 1 of any type listed below**

**1 of any type:**

- ▶ Immediate evaluation
- ▶ Transfer to higher acuity level
- ▶ 1:1 staff ratio

**Awareness, Headache, Visual**

- ▶ Consider Neurology consult
- ▶ CT Scan
- ▶ R/O SAH/intracranial hemorrhage

**BP**

- ▶ Labetalol/Hydralazine/nifedipine within 30-60 min
- ▶ In-person evaluation
- ▶ Magnesium sulfate loading or maintenance infusion

**Chest Pain**

- ▶ Consider CT angiogram

**Respiration SOB**

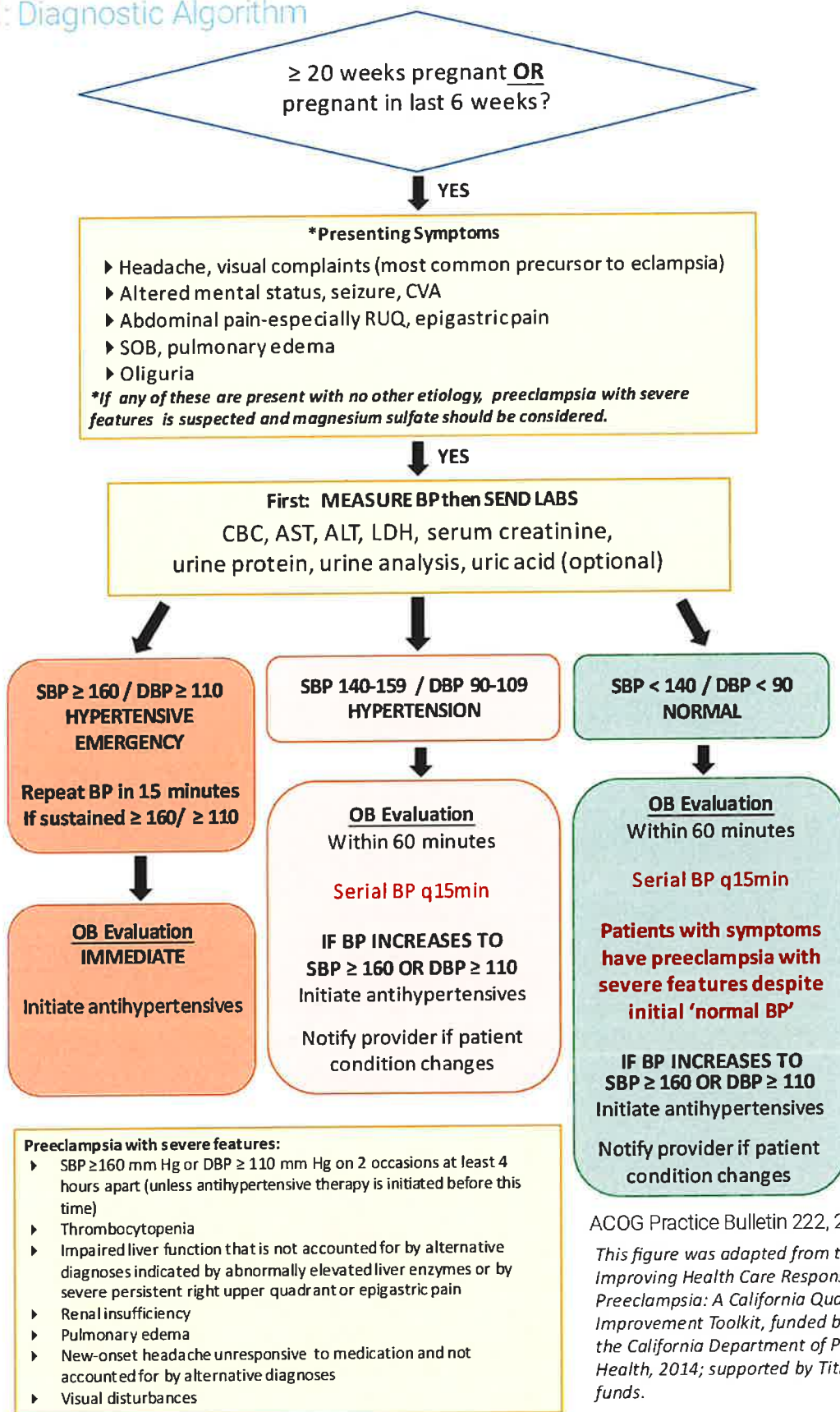
- ▶ O2 at 10L per non-rebreather mask

*This figure was adapted from the Improving Health Care Response to Preeclampsia: A California Quality Improvement Toolkit, funded by the California Department of Public Health, 2014; supported by Title V funds.*



# Appendix E: Acute Treatment Algorithm

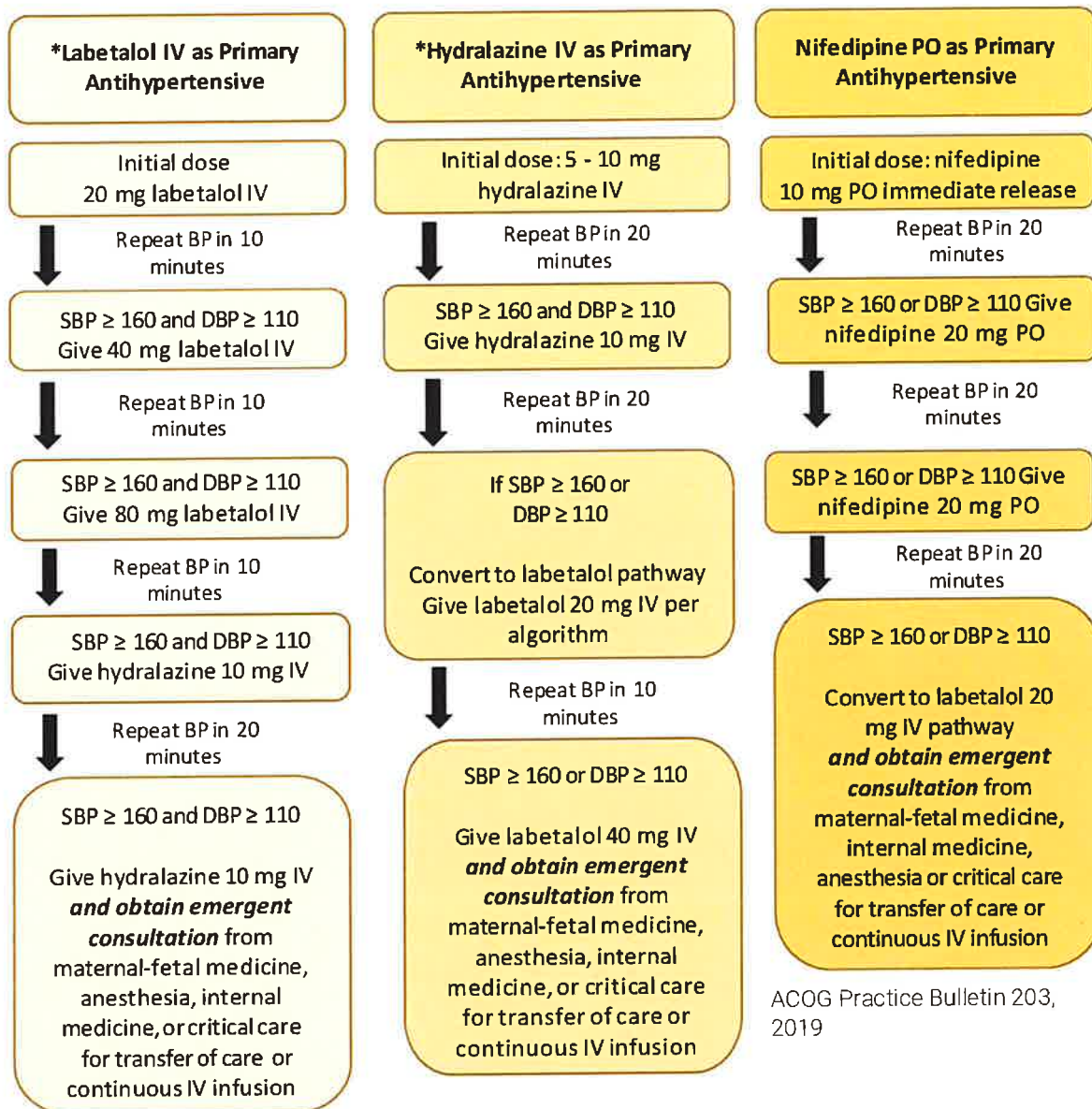
## Part 1: Diagnostic Algorithm



## Part 2: Antihypertensive Treatment Algorithm for Hypertensive Emergencies

### Treatment Recommendations for Sustained Systolic BP $\geq$ 160 mm Hg or Diastolic BP $\geq$ 110 mm Hg

\*Antihypertensive treatment and magnesium sulfate should be administered simultaneously. If concurrent administration is not possible, antihypertensive treatment should be 1st priority.



ACOG Practice Bulletin 203, 2019

Target BP: 130-150/80-100 mm Hg

Once BP threshold is achieved:

- ▶ Q10 min for 1 hr
- ▶ Q15 min for 1 hr
- ▶ Q30 min for 1 hr
- ▶ Q1hr for 4 hrs

\*Intravenous hydralazine or labetalol should be given over 2 minutes. In the presence of sinus bradycardia or a history of asthma, hydralazine or nifedipine are preferred as initial agents. If maternal HR > 110, labetalol is preferred.

This figure was adapted from the Improving Health Care Response to Preeclampsia: A California Quality Improvement Toolkit, funded by the California Department of Public Health, 2014; supported by Title V funds.

## Part 3: Magnesium Dosing and Treatment Algorithm for Refractory Seizures

### Magnesium: Initial Treatment

1. Loading Dose: 4-6 gm over 20-30 minutes (6 gm for BMI > 35)
2. Maintenance Dose: 1-2 gm per hour
3. Close observation for signs of toxicity
  - ▶ Disappearance of deep tendon reflexes
  - ▶ Decreased RR, shallow respirations, shortness of breath
  - ▶ Heart block, chest pain
  - ▶ Pulmonary edema
4. Calcium gluconate or calcium chloride should be readily available for treatment of toxicity

### For recurrent seizures while on magnesium

1. Secure airway and maintain oxygenation
2. Give 2nd loading dose of 2-4 gm Magnesium over 5 minutes
3. If patient still seizing 20 minutes after 2nd magnesium bolus, consider one of the following:
  - ▶ Midazolam 1-2 mg IV; may repeat in 5-10 min
  - OR
  - ▶ Diazepam 5-10 mg IV slowly; may repeat q15 min to max of 30 mg
  - OR
  - ▶ Phenytoin 1,250 mg IV at a rate of 50 mg/min
  - ▶ Other medications have been used with the assistance of anesthesia providers such as:
    - Sodium thiopental
    - Sodium amobarbital
    - Propofol
4. Notify anesthesia
5. Notify neurology and consider head imaging

### Seizures Resolve

1. Maintain airway and oxygenation
2. Monitor vital signs, cardiac rhythm/EKG for signs of medication toxicity
3. Consider brain imaging for:
  - ▶ Head trauma
  - ▶ Focal seizure
  - ▶ Focal neurologic findings
  - ▶ Other suspected neurologic diagnosis
4. Reassure patient with information, support
5. Debrief with team before shift end



# INTELLISPACE PERINATAL STANDARD OPERATING PROCEDURE

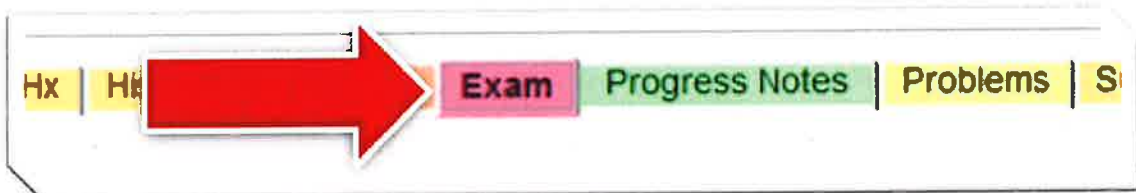
## *How to Document a Pre-Eclamptic Early Recognition Tool (PERT) Assessment*

### When to use:

1. The PERT assessment in Intellispace will replace the paper Pre-eclampsia documentation used previously. Those papers will be for downtime only.
2. Patients who come in to be screened in OB Triage for pre-eclampsia or hypertension evaluation will have a PERT assessment completed to determine if they are in Normal, Worrisome, or Severe range. The outcome of this assessment will be used to determine plan of care and to update Physician.
3. For pre-eclamptic patients without severe features, a PERT assessment will be documented every 4 hours.
4. For pre-eclampsia patients with severe features, a PERT assessment will be documented every 1 hour.
5. A mom on Magnesium Sulfate infusion will have hourly PERT assessments documented while Mag is running. Continue to use Intellispace for documentation post-partum until Mag is discontinued. This will allow you to use the fetal monitor so that frequent vitals flow over as well. Just place the fetal monitor on Maternal Only Mode.

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**STEP 1:** To access the PERT (Pre-Eclampsia Early Recognition Tool) Assessment in Intellispace click on the pink exam tab.



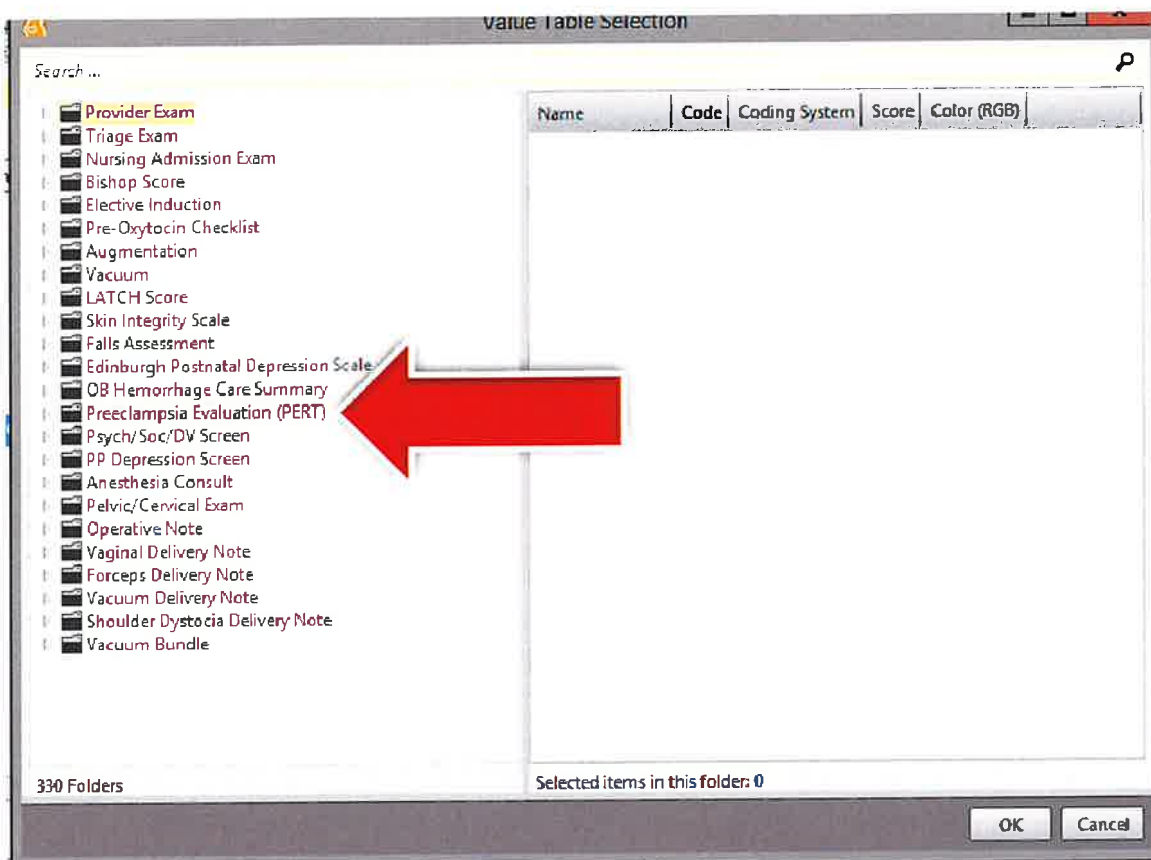
**STEP 2:** Click the "Add New" Button



# INTELLISPACE PERINATAL STANDARD OPERATING PROCEDURE

## *How to Document a Pre-Eclamptic Early Recognition Tool (PERT) Assessment*

**STEP 3** Choose Pre-Eclampsia Evaluation (PERT) From the Exam Menu and click OK



**STEP 4:** Answer all of the pertinent questions on the PERT exam.

1. You will only be allowed to choose one item in each category. This is an intentional design meant to help determine the severity of symptoms. Please choose the most significant assessment items to document. Click SAVE to record your exam.
2. Each answer will be highlighted in Green, Yellow, or Red to indicate if the symptom is Normal, Worrisome, or Severe in feature.
3. Once the exam is completed you will have an overall score that will provide an objective look at the risk and recommended treatment plan for your patient based on overall assessment and not just blood pressure measurements.
4. Notify the Physician for any change in status, ie from Normal to Worrisome or from Worrisome to Severe.
5. See next page for an example of what the completed assessment will look like.

# INTELLISPACE PERINATAL STANDARD OPERATING PROCEDURE

## *How to Document a Pre-Eclamptic Early Recognition Tool (PERT) Assessment*

EXAMPLE PERT assessment:

	Examination	Result	Score	
?	Awareness	Alert/oriented	0	De
?	Headache	Mild headache	100	De
?	Vision	None	0	De
?	Systolic BP (taken twice in 15 minutes)	140-159	100	De
?	Diastolic BP	90-104	100	De
?	Heart Rate (bpm)	61-110	0	De
?	Respiration rate	11-24	0	De
?	Shortness of Breath	Present	100	De
?	Oxygen Sat %	91-94	100	De
?	Pain: Abdomen or Chest	Nausea, vomiting	100	De
?	Fetal Trace	Category II	100	De
?	Urine Output (ml/hour)	30-49	100	De
?	Proteinuria	≥ 300mg/24 hours	100	De
?	Platelets	50-100	100	De
?	AST/ALT	> 70 - Severe	10000	De
?	Creatinine	0.9-1.1	100	De
?	Magnesium Sulfate Toxicity	DTR +1	0	De
?	Risk Level	Severe - initiate action per protocol	11100	

All else negative  
Save      Undo

**ADDITIONAL COMMENTS:**

Additional info can be typed in on the comment section on the opposite side that makes it easier to track progress of the assessments and interventions. There is also a spot for physicians to co-sign notes if they so desire after they review them. After you write any comments, do not forget to hit the SAVE button again under the examination form!!!

▶	Pre-eclampsia Evaluation (PERT)	S Physician notified. Magnesium sulfate started. DSW	Deanna Williams	7/19/
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## SCREENING FOR HIE IN THE NEONATE

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Manual(s):

---

## Policy : SCREENING FOR HIE IN THE NEONATE

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### PURPOSE

To determine if a baby is at risk for moderate or severe hypoxic ischemic encephalopathy (HIE) to promote the early arrangement of transfer to a higher level of care for activation of cooling in a timely manner to minimize negative effects. Early detection and intervention has been proven to improve outcomes for babies requiring active cooling.

### DEFINITIONS

- A. **Hypoxic ischemic encephalopathy (HIE)**-a very serious type of infant brain damage that occurs during childbirth when the baby's brain is deprived of blood and oxygen. The blood and oxygen deprivation causes cells in the baby's brain to die within minutes.

### PROCEDURE

#### Process for screening:

- At birth, all babies will be screened starting within 0-10 minutes of birth to determine if they are possible candidates for transfer to a higher level of care for active cooling using select criteria following the Cooling Transfer Protocol Algorithm attached to this Policy:
  - Are they  $\geq 35$  weeks gestation?
  - Are they  $< 6$  hours of age?
  - Did they have an APGAR score of  $\leq 6$  at 10 minutes of age?
  - Is there a history of an acute perinatal event?
  - Was there PPV that continued for 10 minutes or was CPR performed?
  - Was the cord gas pH  $\leq 7$  or was the BE  $\leq -10$ ?
- Babies that are screened positive will have the following steps carried out within 10-60 minutes of birth:
  - Cord blood gas will be requested if not already done
  - Pediatrician will complete the Standardized Neurologic Exam Checklist and obtain additional pregnancy and birth history
  - Baby will be observed for signs of seizure
  - A request for transfer to a higher level of care will be initiated to a facility that is capable of providing active cooling. Good Samaritan and Lucille Packard Children's Hospital both offer this treatment.
- The goal will be for the transport team to arrive within 60-120 minutes of birth. Neonates should start active cooling within 6 hours of birth to obtain the best results.

#### Facilitating Timely Active Cooling:

- A plan to transfer to initiate active cooling is made between the Pediatrician and the Receiving Facility.
- Stabilization care while awaiting transport team:
  - Apply continuous monitoring
  - Place umbilical line (UVC)
  - Keep neonate NPO
  - Begin D10W IV drip at 80ml/kg/day
  - Initiate hypoglycemia protocol
  - Pediatrician will remain at bedside until transport team arrives

---

### REFERENCES

- Stanford Children's Health Hypoxic Ischemic Encephalopathy (HIE) Screening and Cooling Criteria (2021)
- Stanford Children's Health Clinical Tips for Babies with Suspected HIE; recommendations for transferring hospitals (2021).
- Hanna C. Glass, based on Sarnat, HB and Sarnat, MS, Neonatal encephalopathy following fetal distress. A clinical electroencephalographic study. Arch Neuro. 1976 Oct;33(10):696-705 and Volpe's "Neurology of the Newborn."

### ATTACHMENTS

29.

A. Cooling Transfer Protocol HIE Algorithm

B. Standardized Neurologic Exam Checklist (also built as an exam in Meditech)

**REPLACES**

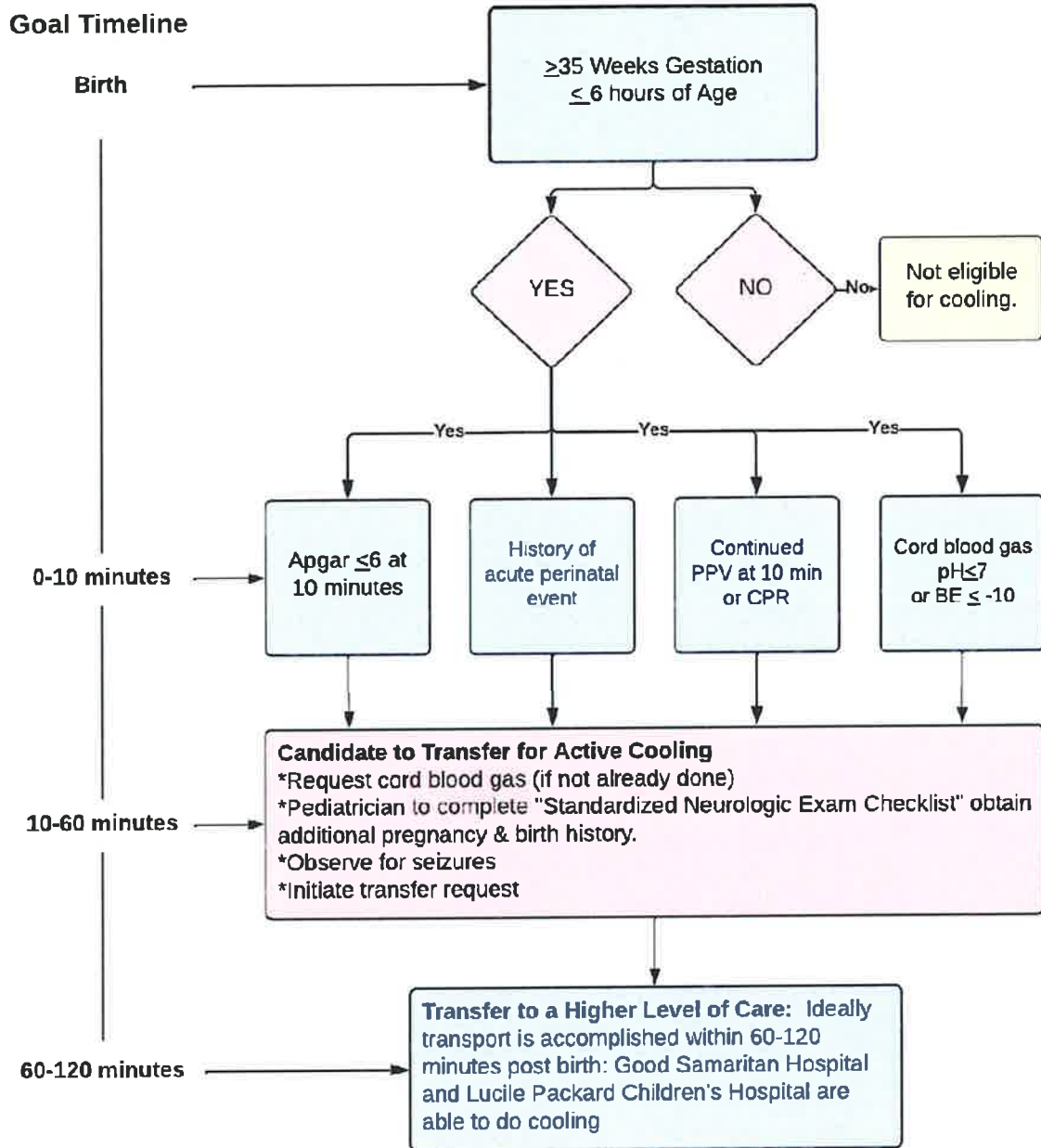
This is a new policy in 2022 intended to improve the standard of care for transporting neonates

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<b>Keywords</b>	HIE, TRANSFER, COOLING PROTOCOL, HIGH RISK		
<b>Attachments:</b> <b>(REFERENCED BY THIS DOCUMENT)</b>	2018; Initial Care of the Ill Newborn STANDARDIZED NEUROLOGIC EXAM CHECKLIST HHMH COOLING TRANSFER HIE PROTOCOL ALGORITHM		
<b>Other Documents:</b> <b>(WHICH REFERENCE THIS DOCUMENT)</b>			

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# COOLING TRANSFER PROTOCOL HIE ALGORITHM



**TABLE 10.2** Normal Umbilical Cord Blood Gas Values

	Arterial	Venous
pH	7.25–7.30	7.30–7.40
PCO <sub>2</sub> (mm Hg)	50	40
PO <sub>2</sub> (mm Hg)	20	30
HCO <sub>3</sub> (mEq/hr)	25	20

[https://www.brainkart.com/article/Initial-Care-of-the-III-Newborn\\_25674/](https://www.brainkart.com/article/Initial-Care-of-the-III-Newborn_25674/)

## Standardized Neurologic Exam Checklist

Patient Name \_\_\_\_\_ Date of examination \_\_\_\_\_

Date/time of birth \_\_\_\_\_ / \_\_\_\_\_ Time of examination \_\_\_\_\_

Intubated \_\_\_yes \_\_\_No

Temperature \_\_\_\_\_ Source \_\_\_\_\_ (e.g. axillary/rectal/skin)

### Mental Status:

1. Does the baby cry?

Vocalization \_\_\_Normal \_\_\_High-pitched, irritable \_\_\_Weak \_\_\_No cry

2. Does the baby open his/her eyes?

Eyes opening \_\_\_Spontaneous, sustained \_\_\_Brief or to stimulus \_\_\_No eye-opening

3. Does the baby move?

Motor response \_\_\_Yes, spontaneous, smooth, coordinated \_\_\_Yes, spontaneous but jittery

\_\_\_Yes, to pain \_\_\_No movement

Tone: (i.e., Resistance to passive movement)

Truncal \_\_\_Normal \_\_\_Decreased \_\_\_Increased \_\_\_Cannot determine

Extremities \_\_\_Normal \_\_\_Decreased \_\_\_Increased \_\_\_Cannot determine

### Primitive Reflexes:

Palmar grasp \_\_\_Present \_\_\_Weak \_\_\_Absent \_\_\_Cannot Determine

Moro \_\_\_Present \_\_\_Weak \_\_\_Absent \_\_\_Cannot Determine

Suck \_\_\_Present \_\_\_Weak \_\_\_Absent \_\_\_Cannot Determine

Other:

### Summary:

\_\_\_Normal – consolable, active, normal exam

\_\_\_Abnormal hyperalert – jittery, irritable, agitated

\_\_\_Abnormal mildly depressed- decreased or no eye-opening, weak cry, movements only with stimulation, depressed primitive reflexes

\_\_\_Abnormal severely depressed – no eye-opening, no cry, limited movements, no primitive reflexes

By Hanna C. Glass, based on Sarnat, HB and Sarnat, MS, Neonatal encephalopathy following fetal distress. A clinical and electroencephalographic study. Arch Neuro. 1976 Oct;33(10) 696-705, and Volpe's "Neurology of the Newborn"

Performed By the Physician



## ANTEPARTUM TESTING POST TRAUMA

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### Approvals

- Signature: Deanna Starr Williams, MSN, RN, C-ONQS, Director of Obstetrics signed on 4/22/2022, 5:43:59 PM
- 

### Revision Insight

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Owner:	Deanna Williams,
Revision Official Date:	4/22/2022

Revision Note:  
Review of content and editing for formatting. DSW

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DocID: 10715  
Revision: 1  
Status: Official  
Department: Obstetrics  
Manual(s):

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## Policy : ANTEPARTUM TESTING POST TRAUMA

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### Summary/Intent

The purpose is to establish observation standards for pregnant patients who have been victims of trauma or a motor vehicle accident. The physician is responsible for ordering observation, NST, fetal monitoring, ultrasound. The following is intended as a guideline.

### Definitions

None listed

### Affected Departments/Services

1. OBSTETRICS
2. EMERGENCY DEPARTMENT

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### Policy: Compliance: Key Elements

#### INDICATIONS:

Pregnant patients who have suffered trauma/motor vehicle accident need to be observed for a minimum of 6 hours after the traumatic event. Placental abruption occurs in 40-50% of cases of severe trauma during pregnancy. Most cases of fetal loss after trauma occur following minor trauma, however, and placental abruption may occur in 1% - 5% of cases of non-life threatening trauma. Studies have shown that all adverse pregnancy outcomes, including placental abruption and fetal death, are apparent by 6 hours after the traumatic event.

#### POLICY:

1. A pregnant patient presenting to the ED or Labor and Delivery after blunt trauma to the abdomen will be triaged following pregnant patient in the ED guidelines.
2. In major trauma the primary assessment will first be airway, breathing, and circulation of the mother.
3. Once the primary assessment has been completed, a secondary assessment will include fetal well being and assessing the patient for other injuries.
4. If the pregnant patient is stable, they may be further assessed for fetal well being in the OB Unit. If the pregnant patient needs further assessment of maternal injuries, an OB nurse will bring a fetal monitor to ED and perform the fetal well being assessment in the ED.
5. The OB nurse will remain in attendance in ED until the patient is stable to transfer to the OB department.
6. Patient over 20 weeks will be assessed for fetal well being including the following items.
  1. Increased uterine contractions or uterine tenderness or uterine tenderness or irritability
  2. Any abnormalities of fetal heart rate
  3. Vaginal bleeding
  4. Ruptured membranes
7. Patients who are greater than 20 weeks gestation will be monitored for a minimum of 4 hours with a toco per physician order for the presence of contractions
8. Patient who are greater than 24 weeks gestation will be monitored for a minimum of 4-6 hours per physician order for fetal well being and the presence of contractions
9. Please consider ultrasound or laboratory tests as needed in the event that placental abruption is suspected.

## **DOCUMENTATION:**

1. MSE, OB Triage or Labor Documentation per procedure
2. Charges as per unit policy

## **REFERENCES:**

1. Jain V, Chari R, Maslovitz S, Farine D; Maternal Fetal Medicine Committee, Bujold E, Gagnon R, Basso M, Bos H, Brown R, Cooper S, Gouin K, McLeod NL, Menticoglou S, Mundle W, Pylypjuk C, Roggensack A, Sanderson F. Guidelines for the Management of a Pregnant Trauma Patient. *J Obstet Gynaecol Can.* 2015 Jun;37(6):553-74. English, French. doi: 10.1016/s1701-2163(15)30232-2. PMID: 26334607.
2. Greco, Patricia S. MD; Day, Lori J. MD; Pearlman, Mark D. MD. (2019) Guidance for Evaluation and Management of Blunt Abdominal Trauma in Pregnancy. *Obstetrics & Gynecology*, 134(6); p1343-1357; DOI: 10.1097/AOG.0000000000003585<https://opqic.org/acog-green-journal-guidance-for-evaluation-and-management-of-blunt-abdominal-trauma-in-pregnancy/>



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<b>Attachments:</b> <b>(REFERENCED BY THIS DOCUMENT)</b>	<a href="#">BETA Triage of Pregnant Patient in the Emergency Department and Labor and Delivery</a> <a href="#">OB TRIAGE: LIPPENCOTT PROCEDURE</a> <a href="#">DOCUMENTATION FOR OB TRIAGE IN INTELLISPACE</a>		

**Other Documents:**  
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[https://www.lucidoc.com/cgi/doc-gw.pl?ref=hmh:10715\\$1](https://www.lucidoc.com/cgi/doc-gw.pl?ref=hmh:10715$1).

## Previous Revision Differencing:

## Summary/Intent

The purpose is to establish observation standards for pregnant patients who have been victims of trauma or a motor vehicle accident. The physician is responsible for ordering observation, NST, fetal monitoring, ultrasound. The following is intended as a guideline.

## Definitions

None listed ~~or~~

1. ~~Definition — Explanation of Definition~~

## Affected Departments/Services

1. OBSTETRICS
2. EMERGENCY DEPARTMENT

## Policy: Compliance: Key Elements

### ~~Indications~~INDICATIONS:

Pregnant patients who have suffered trauma/motor vehicle accident need to be observed for a minimum of 6 hours after the traumatic event. Placental abruption occurs in 40-50% of cases of severe trauma during pregnancy. Most cases of fetal loss after trauma occur following minor trauma, however, and placental abruption may occur in 1% - 5% of cases of non-life threatening trauma. Studies have shown that all adverse pregnancy outcomes, including placental abruption and fetal death, are apparent by 6 hours after the traumatic event.

### POLICY:

1. ~~If a pregnant patient comes presenting into the hospital ED or Labor and Delivery after blunt trauma/motor vehicle to accident the but abdomen will be triaged following pregnant patient in the ED guidelines.~~
2. ~~In major trauma the primary assessment will first be airway, breathing, and circulation of the mother.~~
3. ~~Once the primary assessment has ~~no~~ been severe completed, a secondary assessment will include fetal well being and assessing the patient for other injuries.~~
4. ~~If the pregnant patient is stable, they may be further assessed for fetal well being in the OB Unit. If the pregnant patient needs further assessment of maternal injuries, she ~~an~~ should OB still nurse will bring a fetal monitor to ED and perform the fetal well being assessment in the ED.~~
5. ~~The OB nurse will remain in attendance in ED until the L&D patient unit is on stable continuous to transfer to the OB department.~~
6. ~~Patient over 20 weeks will be assessed for fetal monitoring well for being a minimum of 6 hours after including the traumatic following event items. The important signs to monitor that are indicative of placental abruption are as follows:~~
  1. Increased uterine contractions or uterine tenderness or uterine tenderness or irritability
  2. Any abnormalities of fetal heart rate
  3. Vaginal bleeding
  4. Ruptured membranes
7. ~~Patients who are greater than 20 weeks gestation will be monitored for a minimum of 4 hours with a toco per physician order for the presence of contractions~~
8. ~~Patient who are greater than 24 weeks gestation will be monitored for a minimum of 4-6 hours per physician order for fetal well being and the presence of contractions~~
9. ~~Please consider ultrasound or laboratory tests as needed in the event that placental abruption is suspected.~~

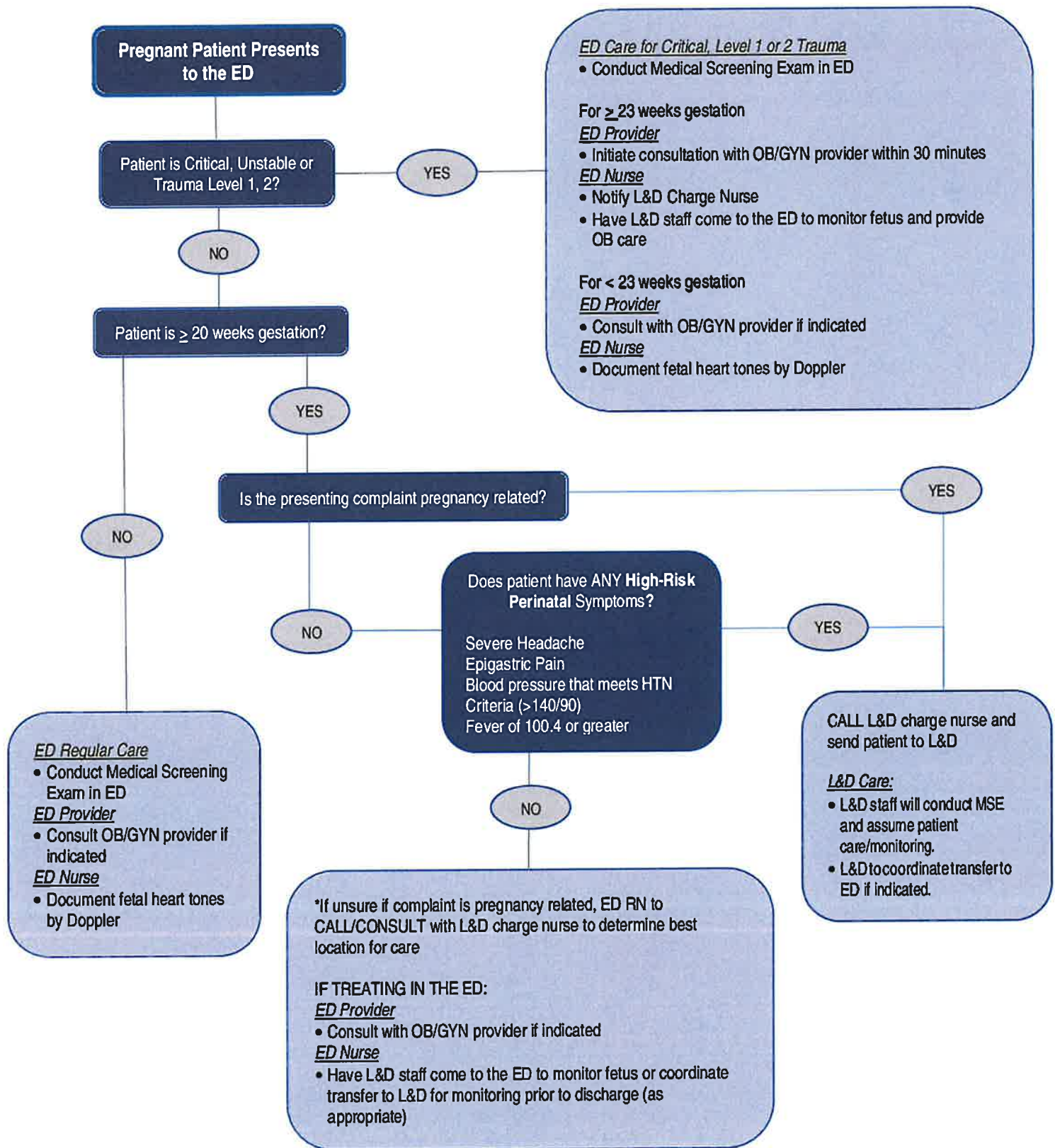
### ~~Documentation~~DOCUMENTATION:

1. MSE, OB Triage or Labor ~~Record, Documentation Computerized per charting as indicated, procedure~~
2. Charges as per unit policy

## REFERENCES:

1. Jain V, Chari R, Maslovitz S, Farine D; Maternal Fetal Medicine Committee, Bujold E, Gagnon R, Basso M, Bos H, Brown R, Cooper S, Gouin K, McLeod NL, Menticoglou S, Mundle W, Pylypjuk C, Roggensack A, Sanderson F. Guidelines for the Management of a Pregnant Trauma Patient. *J Obstet Gynaecol Can.* 2015 Jun;37(6):553-74. English, French. doi: 10.1016/s1701-2163(15)30232-2. PMID: 26334607.
2. Greco, Patricia S. MD; Day, Lori J. MD; Pearlman, Mark D. MD. (2019) Guidance for Evaluation and Management of Blunt Abdominal Trauma in Pregnancy. *Obstetrics & Gynecology*, 134(6); p1343-1357; DOI: 10.1097/AOG.0000000000003585<https://opqic.org/acog-green-journal-guidance-for-evaluation-and-management-of-blunt-abdominal-trauma-in-pregnancy/>

# Triage Of Pregnant Patients in the Emergency Department and Labor & Delivery

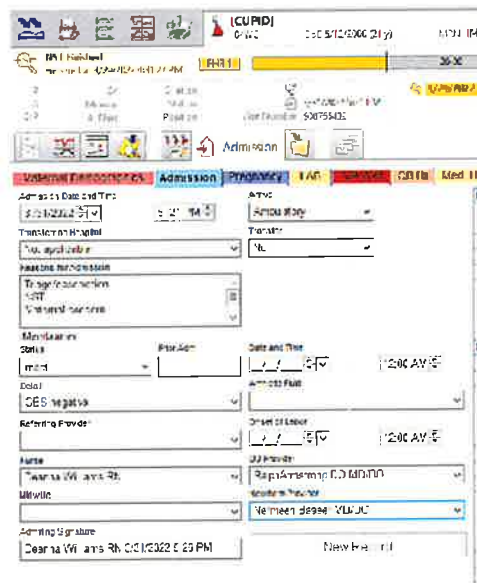
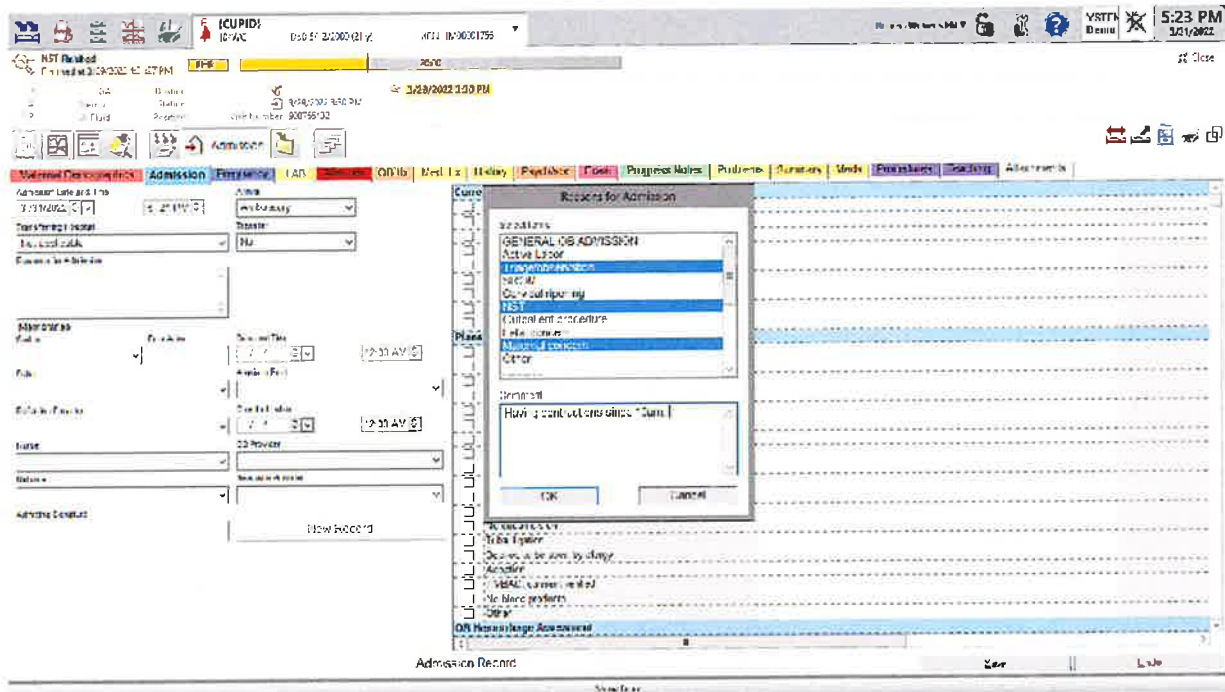


ED and L&D personnel should strongly consider transferring to L&D any pregnant patient ≥20 weeks gestation who complains of symptoms that might be related to the pregnancy and does NOT have a condition requiring emergent care or evaluations that can only be obtained in the ED.

# INTELLISPACE PERINATAL STANDARD OPERATING PROCEDURE

## OB Triage Documentation

**STEP 1:** To begin documentation on your triage patient, click first on the admission tab and click on the button “New Record” Complete the fields: admission date, time, arrival, and for reason(s) for admission select Triage/Observation and NST. In the comment section write exactly what the patient states is their reason for coming in today. Also fill in the membrane status, GBS info if known, the OB Provider, the Nurse caring for the patient, and **sign as the admitting signature**.

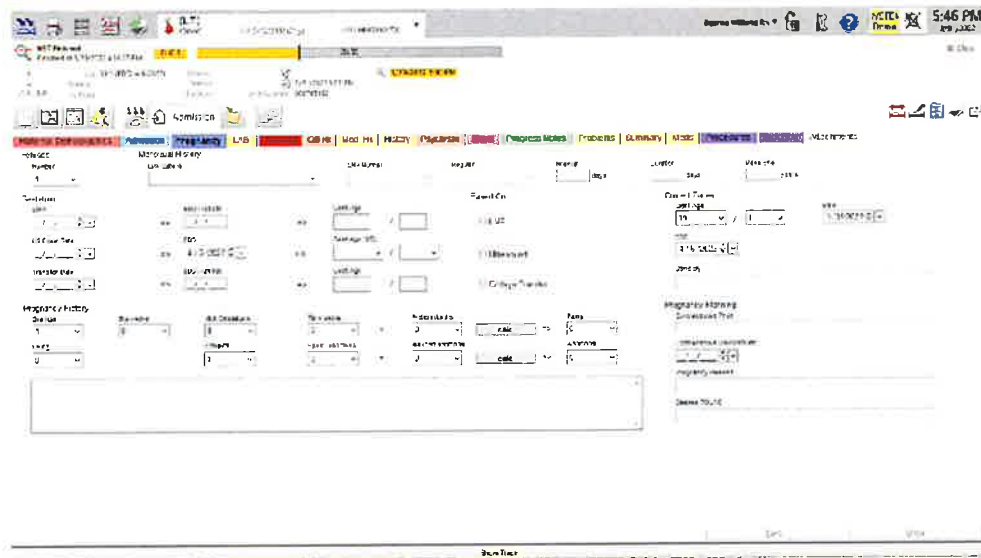


4.

# INTELLISPACE PERINATAL STANDARD OPERATING PROCEDURE

## *OB Triage Documentation*

**STEP 2:** On the pregnancy tab select the number of fetuses, completely fill out Pregnancy history and press the calc button, complete gestational age information using the appropriate method for the final EDD on the prenatal record. Once complete, click save. **(NOTE: You will only have to do this step on the patient's first triage visit during the pregnancy. On return visits, review the entries for accuracy).**



**STEP 3:** Next click the OB HX tab: Enter information about previous pregnancies. **This also will only need to be created on the first triage visit during a pregnancy.** Please list all previous deliveries, including losses, gestational age and year.



**STEP 4:** Height, Weight, and Allergies will need to be added in Meditech for basic functioning. The allergies will flow into Intellispace.

**STEP 5:** On the flowsheet, document an admission set of vitals and vitals as often as indicated by reason for triage visit. Document on fetal heart rate and contraction pattern a minimum of once every hour, or every 30 minutes if the patient is actively contracting.

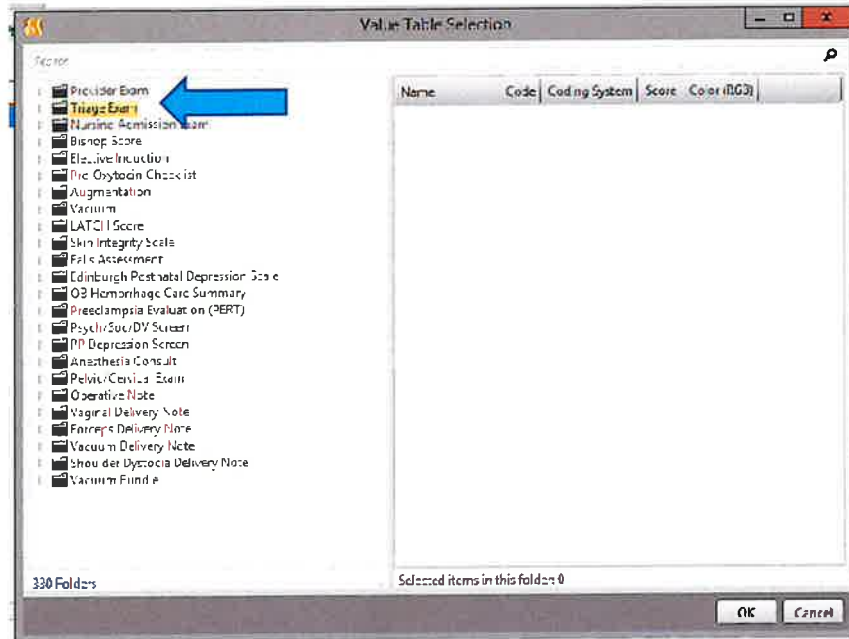
**STEP 6:** Document any appropriate info such as meds given, provider updates, vaginal exams, ffn or amniure completed, etc.

**STEP 7:** Each OB Triage patient will need to have an NST Completed. *To Document the NST click on the exam tab and click "Add New" then select "Triage Exam" from the list and click OK.*

42.

# INTELLISPACE PERINATAL STANDARD OPERATING PROCEDURE

## OB Triage Documentation



**STEP 7:** Complete all appropriate assessments on the examination including at the minimum (see screenshot on next page):

- Reason for Triage (*drop down selection*)
- Uterine Activity (*drop down selection*)
- Fetus (*drop down selection*)
- Procedure Performed (*select NST*)
- NST Indication (*drop down menu or free-text*)
- NST Result (*choose reactive or non-reactive*)
- RN Co-signature for NST. *Have another RN review your strip, log in to your exam and type their name in this space.*
- Membrane Status (*drop down menu*)
- Communication Barrier (*either denies or choose other appropriate items from drop down menu*)
- Plan of Care: Choose the appropriate response based on what the plan is for patient. *Choices are; Test and Discharge, Treat and Discharge (if you give IV fluids, etc), Admit and Treat (if becomes a labor or ante admission) or Stabilize and Transfer (if patient will be sent to another hospital for a higher level of care)*
- **THIS IS OUR EMTALA REQUIRED INFORMATION FOR DISPOSITION**
- Consent to Plan of Care: *Choose Consented to Treatment, or Refused Treatment*
- **CLICK SAVE**







DocID: 11008  
Revision: 0  
Status: Official  
Department: Obstetrics  
Manual(s):

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## Procedure : OB TRIAGE: LIPPENCOTT PROCEDURE

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### Summary/Intent

Lippencott is our source for OB Triage Procedure. This procedure provides guidance in the screening and evaluation of OB triage patients to either test and discharge, treat and discharge, or admit for inpatient care.

### Definitions

None listed or

1. **Definition** — Explanation of Definition

### Affected Departments/Services

1. Obstetrics

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### Procedure: Compliance: Key Elements

#### 1. Obstetric triage of patients

Obstetric triage is a process of care that enables early discovery and intervention for pregnant patients who are in labor and for those who may be experiencing a complication. It provides for correct and timely care based on the patient's medical and obstetric history, assessment of the patient's physical condition, and evaluation of fetal status.<sup>1</sup>

Today, many facilities are equipped with units specifically designed for obstetric triage that are staffed with nurses and other medical personnel specially trained in performing the assessments and testing necessary to determine the well-being of the patient and fetus. Their findings are reviewed by the patient's practitioner or by another practitioner who has assumed responsibility for the patient in the triage unit. Then the patient is placed under continued observation in the triage unit, admitted for treatment, or discharged with detailed instructions about follow-up care.

The most common evaluations performed during obstetric triage are determining whether the patient is in active labor, determining the current stage of labor, evaluating the status of the amniotic membranes, and determining the effects of labor on the fetus. Patients with signs and symptoms of pregnancy complications, such as vaginal bleeding or discharge, abdominal pain, premature uterine contractions, preterm premature rupture of membranes, and decreased fetal movements, are evaluated, as are pregnant patients who have experienced abdominal trauma, domestic violence, hypertensive disorders, seizure, or a motor vehicle accident.<sup>2</sup> Such patients should receive priority status, careful assessment, and prompt intervention because of the increased risk of an unfavorable outcome for the patient and fetus.

Having specific procedures for obstetric triage ensures compliance with Emergency Medical Treatment and Active Labor Act (EMTALA) regulations, which require health care practitioners to examine a patient to determine whether an emergency medical condition exists, to provide necessary stabilizing treatment when an emergency medical condition is identified, and to stabilize the patient or, if a practitioner certifies that the benefits of transfer outweigh the risks, arrange for proper transfer to another facility. In addition, hospitals are prohibited from delaying patient assessment and treatment because of a patient's insurance coverage or ability to pay. Under EMTALA, a practitioner, certified nurse-midwife, or other qualified medical professional (acting within the scope of practice and state law) is required to certify all patient assessments and dispositions.<sup>23</sup>

#### 2. Equipment

45.

1. Fetal monitor or Doppler ultrasound device
2. Water-soluble conductive gel
3. Tocodynamometer
4. Maternal belts or bands for attaching the monitors
5. Vital signs monitoring equipment
6. Pulse oximeter and probe
7. Gloves
8. Clean-catch urine specimen supplies or sterile specimen container
9. Blood collection tubes
10. Venipuncture supplies
11. Equipment to test amniotic fluid
12. Facility-approved disinfectant
13. Optional: large-bore (16G to 18G) IV catheters, IV catheter insertion equipment, prescribed IV fluids, IV administration set, supplemental oxygen and oxygen administration equipment, indwelling urinary catheter, discharge instructions, sterile speculum, other personal protective equipment

### 3. Preparation of Equipment

1. Inspect all equipment and supplies. If a product is expired, is defective, or has compromised integrity, remove it from patient use, label it as expired or defective, and report the expiration or defect as directed by your facility.
  2. Implementation
  3. Gather and prepare the necessary equipment and supplies.
  4. Perform hand hygiene.<sup>456789</sup>
  5. Confirm the patient's identity using at least two patient identifiers.<sup>10</sup>
  6. Provide privacy.<sup>11121314</sup>
  7. Perform a rapid initial assessment of the patient's condition *to determine whether immediate interventions are indicated.*
4. **Clinical alert:** If the patient is in the second or third stage of labor, has sustained abdominal trauma or has been in a motor vehicle collision, reports a significant decrease in or lack of fetal movement, or is experiencing moderate to heavy bleeding, severe abdominal or back pain, respiratory difficulties, or chest pain, initiate emergency interventions (according to your facility's protocols) while performing the remaining steps of this procedure.♦
1. Throughout your assessments and interventions, explain to the patient and family (if appropriate) what you're doing and why according to their individual communication and learning needs *to increase their understanding, allay their fears, and enhance cooperation.*<sup>15</sup>
  2. Ask the patient about the reason for coming to the facility.
  3. Ask the patient the date of the last menses and anticipated due date, and confirm the gestational age.
  4. Determine whether the patient has received prenatal care. If so, ask the name of the practitioner and whether the practitioner was contacted before coming to the facility.
5. **Clinical alert:** If the patient hasn't contacted the practitioner, have another staff member do so and attempt to obtain prenatal records (if time permits) while you complete your assessment and gather information.♦
1. Have the patient describe symptoms, including their onset, duration, and severity, along with any factors that make them better or worse.
  2. Determine whether the patient has received previous treatment for the current condition.
  3. Obtain the patient's complete medical, obstetric, and current prenatal histories, if possible.
  4. Ask the patient about any medications currently taken, including prescription drugs, over-the-counter medications, vitamins, supplements, and drugs of abuse.<sup>16</sup> With the patient's help, create a complete list of the medications the patient takes at home (including the dose, route, and frequency) and document this information in the medical record.<sup>1718</sup>
  5. Determine whether the patient has any allergies.
  6. Ask if the patient has experienced complications during the pregnancy.
  7. Screen for and assess the patient's pain using facility-defined criteria consistent with the patient's age, condition, and ability to understand.<sup>19</sup> Assess the location, quality, intensity, and frequency of the patient's pain.<sup>1</sup>

8. Provide nonpharmacologic comfort measures, as appropriate.
9. Raise the bed to waist level before providing care *to prevent caregiver back strain*.<sup>20</sup>
10. Perform hand hygiene.<sup>456789</sup>
11. Obtain the patient's vital signs and oxygen saturation level using pulse oximetry. Perform serial monitoring, as indicated.
6. **Clinical alert:** If the patient's systolic blood pressure exceeds 140 mm Hg or the diastolic blood pressure exceeds 90 mm Hg, notify the practitioner *because these signs may indicate gestational hypertension*. Gestational hypertension is defined as a blood pressure that exceeds these values on two separate occasions at least 4 hours apart after 20 weeks' gestation.<sup>21</sup>◆
7. Perform a non-stress test, calculate the appropriate amniotic fluid index, and obtain a biophysical profile for gestational age, as ordered. (See the "[Non-stress test](#)" procedure.)
8. Initiate continuous fetal and uterine activity monitoring. (See the "[Fetal heart rate monitoring, auscultation](#)" and "[Uterine contraction palpation](#)" procedures.) Make sure that the alarm limits are set appropriately for the patient's current condition and that the alarms are turned on, functioning properly, and audible to staff.<sup>222324</sup>
9. **Clinical alert:** If fetal bradycardia (fetal heart rate [FHR] of less than 110 beats/minute) or tachycardia (FHR of greater than 160 beats/minute) is present, initiate IV fluids (based on the practitioner's order or facility protocol) and oxygen, and reposition the patient onto the left side. Notify the practitioner immediately and, if indicated, transfer the patient to a unit capable of emergency cesarean birth.◆
10. Perform hand hygiene.<sup>456789</sup>
11. Put on gloves and, as needed, other personal protective equipment *to comply with standard precautions*.<sup>252627</sup>
12. Observe the patient for vaginal bleeding and discharge.
13. **Clinical alert:** If bleeding is present, obtain an ultrasound scan *to determine the placenta's location*.
  1. Perform a test to determine whether amniotic fluid is present. (See the "Amniotic fluid assessment using AmniSure®" or "[Amniotic fluid assessment using Nitrazine paper](#)" or "[Amniotic fluid assessment using the fern test](#)" procedures.)
  2. Obtain a clean-catch or catheterized urine specimen *to check for protein, glucose, ketones, red blood cells, and white blood cells*.<sup>28</sup> (See the "[Urine specimen collection, pregnant patient](#)" procedure.)
  3. Perform a venipuncture to obtain blood for laboratory studies, including type and crossmatch, complete blood count, blood chemistries, and Kleihauer-Betke test if the patient is Rh-negative. (Rh immune globulin may be indicated.) (See the "[Venipuncture](#)" procedure.)
  4. If permitted by your facility, perform a vaginal examination if the patient appears to be in active labor and if a vaginal examination isn't contraindicated *to determine cervical dilation and effacement, fetal presentation, and station*. (See the "[Vaginal examination during labor](#)" procedure.) Contraindications include active bleeding, which may signal placenta previa, and premature rupture of membranes.<sup>29</sup>
  5. Insert a large-bore IV catheter into a peripheral vein (as ordered) if the patient is in active labor, is exhibiting signs or symptoms of dehydration, or has abnormal fetal heart tones, active vaginal bleeding, or persistent nausea, vomiting, or diarrhea *to provide access for transfusion or rapid fluid administration*.<sup>30</sup> (See the "[IV catheter insertion](#)" procedure.)
  6. Reassure the patient and family (if appropriate), and answer their questions.
14. Notify the practitioner of all assessment findings and interventions.
15. Admit the patient for labor and delivery or other necessary treatment, as indicated and ordered by the practitioner.
16. If the patient will be discharged, provide detailed oral and written instructions for home monitoring, activity restrictions, and follow-up care.
17. Ensure that all laboratory and diagnostic test results have been reported to and reviewed by the practitioner before the patient's discharge.
18. If the patient will be transferred to another facility:
19. Ensure that the patient has been informed of the risks involved and has signed a consent form for transfer. <sup>31323334353637</sup>
20. Confirm that permission has been obtained from both facilities, that the practitioner has certified in writing that the benefits of transfer outweigh the risks, that the necessary medical records will accompany the patient, and that any necessary equipment and qualified personnel will be present during transport.

47.

1. Make sure that the reconciled list of the patient's medications has been communicated to the next practitioner who will care for the patient and that the communication is documented in the patient's medical record *to reduce the risk of transition-related adverse medication events*. If the next practitioner is unknown, make sure that the list is given to the patient or, when appropriate, the family.<sup>1718</sup>
  2. Make sure that handoff communication is provided to the person who will assume responsibility for the patient's care and that it is documented in the patient's medical record.<sup>2838</sup>
  3. Return the bed to the lowest position *to prevent falls and maintain the patient's safety*.<sup>39</sup>
21. Discard used supplies in appropriate receptacles.<sup>27</sup>
  22. Remove and discard your gloves and, if worn, other personal protective equipment.<sup>2627</sup>
  23. Perform hand hygiene.<sup>456789</sup>
  24. Put on gloves and other personal protective equipment, as needed.<sup>27</sup>
  25. Clean and disinfect reusable equipment according to the manufacturer's instructions *to prevent the spread of infection*.<sup>4041</sup>
  26. Remove and discard your gloves and other personal protective equipment, if worn.<sup>27</sup>
  27. Perform hand hygiene.<sup>456789</sup>
  28. Document the procedure.<sup>42434445</sup>
29. ■Special Considerations
1. Facilities may vary slightly in their protocols related to obstetric triage. These variations usually involve the point in the pregnancy (gestational age) at which the patient would be triaged in an obstetrics department versus an emergency department.
  2. If your facility uses acuity systems or algorithms, assign and document an obstetric triage severity rating based on the assessed acuity level.<sup>14647</sup>
  3. Patients whose pregnancies are at less than 26 weeks' gestation and those who have suspected premature rupture of membranes are likely to undergo a sterile speculum examination *to confirm or rule out the diagnosis*.
  4. The Joint Commission issued a sentinel event alert concerning medical device alarm safety *because alarm-related events have been associated with permanent loss of function or death*. Among the major contributing factors were improper alarm settings, alarm settings turned off inappropriately, and alarm signals that were inaudible to staff. Make sure that alarm limits are set appropriately and that alarms are turned on, functioning properly, and audible to staff. Follow facility guidelines for preventing alarm fatigue.<sup>24</sup>
  5. The Joint Commission issued a sentinel event alert related to inadequate handoff communication *because of the potential for patient harm that can result when a receiver receives inaccurate, incomplete, untimely, misinterpreted, or otherwise inadequate information*. *To improve handoff communication*, standardize the critical information communicated by the sender. At a minimum, include the sender contact information; illness assessment; patient summary, including events leading up to the illness or admission, hospital course, ongoing assessment, and care plan; to-do action list; contingency plans; allergy list; code status; medication list; and dated laboratory test results and vital signs. Provide face-to-face communication whenever possible in an interruption-free location, using facility-approved, standardized tools and methods (such as forms, templates, checklists, protocols, and mnemonics). Provide ample time and opportunity for questions, and include the multidisciplinary team members and the patient and family when appropriate.<sup>48</sup>

30. ■Patient Teaching

If the patient is discharged before giving birth, provide oral and written instructions about home monitoring, activity restrictions, and follow-up care. Provide the patient with a complete and reconciled list of medications and explain the list to the patient.<sup>1718</sup> Tell the patient to discard any old lists *to reduce the risk of transition-related adverse medication events*. Ensure that the patient feels reassured about their condition and the condition of the fetus. Make sure that any questions and concerns were addressed while the patient was in your facility.

Teach the patient to perform kick counts by lying on the left side and counting the number of fetal movements that occur during a 1-hour period.<sup>49</sup> The patient should feel at least five movements during this time; however, obtain the preferences of the patient's practitioner regarding the number of movements to feel in a specified amount of time. Some practitioners prefer to have the patient monitor fetal activity 30 to 60 minutes after breakfast and again after dinner by counting fetal movements for 1 hour. Instruct the patient to contact the practitioner if the number of movements counted is fewer than one-half of the usual count or fewer than five movements in 1 hour.

Make sure that the patient fully understands the condition and that the patient is aware of the importance of attending all scheduled follow-up visits. Tell the patient to contact the practitioner and to return to the facility if the condition doesn't improve, if the condition worsens, or if new signs or symptoms appear. Review with the patient the warning signs and symptoms that require an immediate call to the practitioner or a return to the facility.

#### ■ Complications

Complications of obstetric triage include failure to diagnose active labor, inappropriate discharge from the triage unit, and incorrect assessment of the patient's condition, fetal well-being, or pregnancy-related complications.

#### ■ Documentation

Record the patient's reason for seeking care (using the patient's own words, if possible) and any information provided during your interview with the patient. Note the patient's estimated due date and date of last menses; fetal well-being, including FHR tracings,<sup>28</sup> fetal presentation and station; presence and duration of uterine contractions; presence of vaginal bleeding or discharge; and amniotic fluid test results. Include the time of the patient's last meal and oral fluids, allergies, and group B *Streptococcus* status. Document all physical assessment findings thoroughly, including baseline and serial vital signs; pain assessment; the severity or acuity rating assigned, if used; and all interventions provided.

If emergency treatment was indicated, document your interventions, being sure to include the name of the patient's practitioner and time notified. Note whether the patient was admitted to your facility, discharged, or transferred to another facility as well as all pertinent information about the patient's disposition. Document teaching provided to the patient and family (if applicable), their understanding of that teaching, and any need for follow-up teaching.

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 CHECKLIST OB TRIAGE TESTING.

**Other Documents: (WHICH REFERENCE THIS DOCUMENT)** [ANTEPARTUM TESTING POST TRAUMA](#)

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## MEDICAL SCREENING EXAM PROCESS

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### Approvals

- Signature: Deanna Starr Williams, MSN, RN, C-ONQS, Director of Obstetrics signed on 4/22/2022, 4:19:44 PM
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### Revision Insight

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#### Revision Note:

While this policy is entitled Medical Screening Exam Process it describes the entire OB Triage Process. That is not the definition of Medical Screening Exam as described in EMTALA guidelines. Updating policy to be more purposeful in meeting requirements of EMTALA law and Medical Screening Exam.

PRESENTING TO PERINATAL DEPARTMENT MEETING ON 05/24/2022

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## Policy : MEDICAL SCREENING EXAM PROCESS

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### PURPOSE

1. To ensure that pregnant women presenting to the hospital receive a timely medical screening exam to determine whether they have an emergency medical condition
2. To ensure that patients are appropriately stabilized or transferred if the obstetric caregiver determines that the benefits of transfer outweigh the risks

### DEFINITIONS

None listed

### AFFECTED DEPARTMENTS/SERVICES

1. Obstetrics
2. Emergency Room

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### PROCEDURE

1. When a pregnant patient  $\geq 20$  weeks gestation presents to the OB Department for care they will be screened to determine if a true medical emergency exists. This screening includes an evaluation of the woman and the fetus.
2. The medical condition of a woman having contractions is not considered an emergency if there is adequate time for her safe transfer before delivery or if the transfer will not pose a threat to the health or safety of the woman or the fetus.
3. An Obstetric (OB) RN qualified to perform a medical screening examination will perform an appropriate medical screening exam to determine whether the patient has an emergency medical condition.
  1. An OB RN is qualified to perform a medical screening examination if he/she has a minimum of 2 years of experience caring for Labor and Delivery patients; and
  2. The OB RN has completed a skills checklist for care of the OB Triage patient
4. An appropriate medical screening may not be delayed to inquire about payment method or insurance status
5. The responsible Obstetric provider should be informed promptly if any of the following are present or suspected:
  1. Vaginal Bleeding
  2. Acute abdominal pain
  3. Temperature of 100.4 degrees F or Higher
  4. Abnormal maternal heart rate or respiratory rate
  5. Preterm labor
  6. Preterm premature rupture of Membranes

7. Hypertension, Pre-Eclampsia
  8. Category II or Category III fetal heart rate pattern
  9. Signs of imminent delivery
  10. Inability to detect fetal heart rate
6. A woman in labor is considered unstable from the latent phase through delivery of the placenta if there is inadequate time to transfer her to another hospital before delivery or if that transfer may pose a threat to her or her fetus's health.
  7. If after a period of time a qualified medical professional is able to determine that a patient is not in labor or her contractions are "false labor" then her condition would be considered stable and she would be eligible for transfer or discharge.
  8. In the event of preterm premature rupture of membranes less than 35 0/7 weeks, transport of the woman in labor is recommended if time allows with proper documentation from the obstetric physician.

## DOCUMENTATION REQUIRED FOR A MEDICAL SCREENING EXAM:

1. Maternal vital signs
2. Fetal Heart Rate
3. Uterine contractions
4. Reason for presentation (chief concern)
5. Status of labor: presence of uterine contractions, vaginal bleeding, status of membranes
6. Patients perception of fetal movement
7. Any high risk medical or obstetric conditions as identified by a review of history or patient's report.
8. Notification of physician for any emergency conditions present and orders received, actions taken to stabilize
9. Continuation to triage or admission/transfer status and all documentation required for those steps
10. Disposition of patient: either transferred to a higher level of care, admitted, or discharged to home undelivered and stable
11. Co-signature of a physician after discharge

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## Previous Revision Differencing:

### Summary/IntentPURPOSE

1. To ensure that pregnant women presenting to the provision hospital receive a timely medical screening exam to determine whether they have an emergency medical condition
2. To ensure that patients are appropriately stabilized or transferred if the obstetric caregiver determines that the benefits of an transfer approved outweigh protocol the risks

### DEFINITIONS

None listed

### AFFECTED DEPARTMENTS/SERVICES

1. Obstetrics
2. Emergency Room

### PROCEDURE

1. When a pregnant patient > 20 weeks gestation presents to the OB Department for triage care assessment they performed will be screened to determine if a true medical emergency exists. This screening includes an evaluation of the woman and the fetus.
2. The medical condition of a woman having contractions is not considered an emergency if there is adequate time for her safe transfer before delivery or if the transfer will not pose a threat to the health or safety of the woman or the fetus.
3. An Obstetric (OB) RN staff qualified into compliance perform with State medical and screening Federal examination Regulations.
4. To will assure perform that:
  1. The individual is provided with an appropriate medical care screening throughout exam to determine whether the process patient has an emergency medical condition.
    1. An OB RN is qualified to perform a medical screening examination if he/she has a minimum of 2 years of experience caring for Labor and Delivery patients; and
    2. The exam OB and RN disposition has completed a skills checklist for care of the individual OB does Triage not create a medical hazard or liability; patient
  2. To An document appropriate medical Screening screening Examination may performed not by qualified be nursing delayed personnel; to inquire about payment method or insurance status.

### Definitions

None listed

### Affected Departments/Services

1. Obstetrics
2. Emergency

The Room responsible Obstetric provider should be informed promptly if any of the following are present or suspected:

1. Vaginal Bleeding

### Policy:

3. Acute Compliance: abdominal Key pain
4. Temperature Elements

of 100.4 degrees F or Higher

- A. Abnormal maternal heart rate or respiratory rate
- B. Preterm labor
- C. All Preterm patients premature presenting rupture of Membranes
- D. Hypertension, Pre-Eclampsia
- E. Category II or Category III fetal heart rate pattern
- F. Signs of imminent delivery
- G. Inability to detect Labor fetal & heart Delivery Department for care will receive a Medical Screening Exam and Assessment.
- H. A qualified RN in collaboration with a physician with Obstetrical privileges at Hazel Hawkins hospital can perform an OB Medical Screening Exam (MSE)
- I. Upon patient arrival to OB, the admitting department is notified via fax that includes:
  - 1. Patients name and D.O.B.
  - 2. Physicians name
  - 3. Diagnosis
  - 4. LMP and EDC
  - 5. Physician order for evaluation/admission
- J. Following a examination woman and in assessment labor is considered unstable from the latent phase through delivery of the placenta if there is inadequate time to transfer her to another hospital before delivery or if that transfer may pose a threat to her or her fetus's health.
- K. If after a period of time a qualified medical professional is able to determine that a patient is not in labor or her contractions are "false labor" then her condition would be considered stable and she would be eligible for transfer or discharge.
- L. In the RN will complete the "Obstetrics Medical Screening Exam form and communicate with the physician by telephone to apprise him/her of the findings. The physician will determine disposition and give an appropriate order. The attending physician will sign this order within 24 hours. Patients who are discharged will be given written and verbal discharge instructions.

#### Considerations

- 1. Function event of Triage preterm Medical premature Screening Exam:
  - a. Assessment rupture of obstetric membranes history less and than associated 35 information. 0/7 Review weeks, transport of the prenatal woman record in labor is recommended if time allows with proper documentation from the obstetric physician.
  - b. Vaginal examination to determine state of cervix, presenting part, state of membranes and bleeding.
  - c. Placement of external electronic fetal monitor and Toco to determine contraction frequency, duration and assess fetal well-being.
  - d. Determine nutritional/hydration status.

#### Equipment DOCUMENTATION REQUIRED FOR A MEDICAL SCREENING EXAM:

- Labor and Delivery Nursing Record
- Labor and Delivery Medical Screening Exam scoring form
- Fetal Monitor

#### Pregnant Patient Enters Labor & Delivery Unit:

- 1. Place patient on the fetal monitor and assess labor
  - 1. If delivery is imminent – CALL THE PHYSICIAN and prepare for immediate delivery.
  - 2. If delivery is not imminent continue assessment which will include but is not limited to:
    - 1. Gravida, parity, EDC, maternal age, chief complaint
    - 2. prenatal preparation, determine physician/patient relationship
    - 3. partner support needs
    - 4. obstetric history, risk factors
    - 5. labor status: Maternal vital signs

6. **Fetal fetalHeart monitoring,Rate**
7. **Uterine frequencycontractions**
8. **Reason for presentation (chief concern)**
9. **Status of labor: presence of uterine contractions, presentationvaginal bleeding, status of membranes**
3. **AssessmentPatients of Maternal Hydration with fever present:**
  1. **Assess for bladder distension**
  2. **encourage patient to void**
  3. **check urine for ketones, glucose, protein, color, amount and odor**
  4. **if unable to void, continue to assess bladder and include this information with report to physician when total assessment is completed.**
  5. **Suspect infection – CALL ATTENDING PHYSICIAN**
  6. **Assess for other abnormal findings such as elevated blood pressure or excessive bleeding. Determine proteinuria and check reflexes. If present – CALL PHYSICIAN**
4. **Assessment of Maternal Hydration with normal temperature:**
  1. **Encourage to void**
  2. **Check urine for ketones, glucose, protein, color, amount and odor.**
  3. **Include this information with report to physician when total assessment is completed.**
5. **Assessment of Labor Progress:**
6. **Abdominal palpation**
  1. **Assess contractions noting:**
    1. **frequency**
    2. **duration**
    3. **intensity**
  2. **If normal, include this information with report to physician when total assessment is completed.**
  3. **Potential complications may include but are not limited to:**
    1. **hypertonia**
    2. **hypotonia**
    3. **tachysystole**
  4. **If potential complications are present, CALL THE PHYSICIAN**
7. **Vaginal Examination**
  1. **Determine the state of membranes**
    1. **intact or ruptured**
    2. **odor and clear**
    3. **include this information with report to physician when total assessment is completed.**
  2. **NO DIGITAL EXAM IF PRETERM, Actively bleeding, or suspected/ diagnosed placenta previa**
  3. **Assess position of presenting part**
  4. **Determine descent of presenting part**
  5. **if normal, include this information with report to physician when total assessment is completed.**
  6. **if abnormal, CALL THE PHYSICIAN**
8. **Determine the state of the cervix**
  1. **effacement**
  2. **dilation**
  3. **station**
9. **if normal, include this information with report to physician when total assessment is completed.**
10. **if abnormal, CALL THE PHYSICIAN**
11. **Assess bleeding**
12. **CALL THE PHYSICIAN if abnormal due to:**
  1. **abnormal; color, odor, or amount**
  2. **suspected bleeding (greater than normal "bloody show")**
  3. **if normal, include this information with report to physician when total assessment is completed.**
13. **Assessmentperception of fetal well-beingmovement**
14. **Any high risk medical or obstetric conditions as identified by a review of history or patient's report.**
15. **Notification of physician for any emergency conditions present and orders received, actions taken to stabilize**
16. **IdentifyContinuation fetalto hearttriage rateor patternadmission/transfer withstatus applicationand all documentation required for those steps**
17. **Disposition of patient: either transferred to a higher level of care, admitted, or discharged to home undelivered and stable**
18. **Co-signature of a doppler or an electronic fetal monitor.**

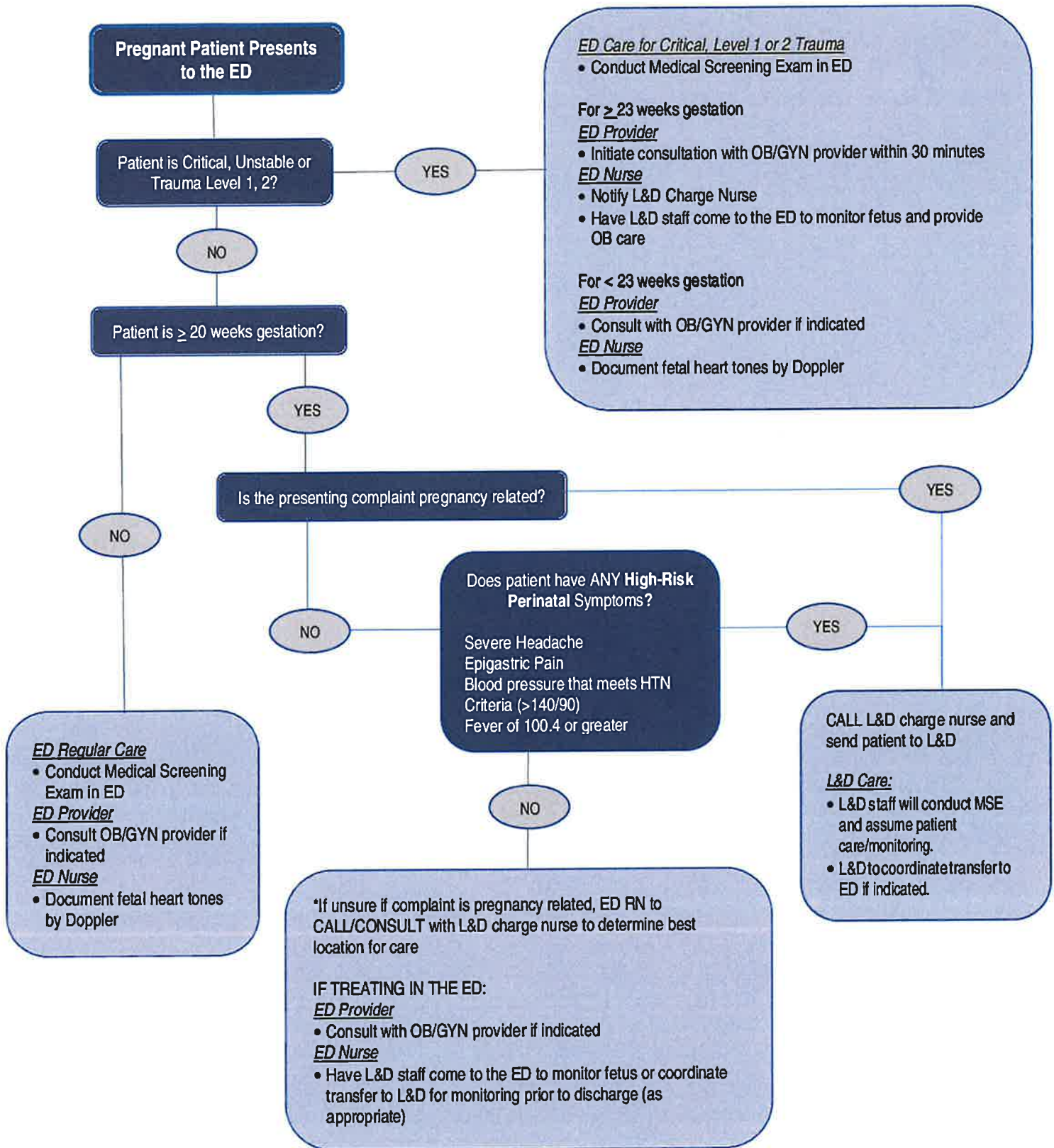


19. **Abnormal patterns, Category II and/or Category III tracings**
  1. **baseline outside normal range with recurrent late or variable decelerations**
  2. **prolonged decelerations**
  3. **absence of variability**
  4. **sinusoidal pattern**
  5. **severe bradycardia**
  6. **if abnormal, CALL THE PHYSICIAN**
20. **Normal pattern, Category I**
  1. **consistent baseline rate of 110-160 beats per minute**
  2. **average variability**
  3. **periodic accelerations**
  4. **early decelerations**
  5. **include this information with report to physician when after total assessment is completed, discharge**

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  - **All areas completed**
  - **To include reason for visit**
2. **Physician order sheet**
  - **To include order for evaluation**
  - **To include discharge/follow up orders if appropriate**
3. **Discharge instructions if appropriate**
4. **Labor record if appropriate**

# Triage Of Pregnant Patients in the Emergency Department and Labor & Delivery



ED and L&D personnel should strongly consider transferring to L&D any pregnant patient ≥20 weeks gestation who complains of symptoms that might be related to the pregnancy and does NOT have a condition requiring emergent care or evaluations that can only be obtained in the ED.

62.



## SURGICAL ATTIRE IN THE OR/ SEMI-RESTRICTED AREA

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### Approvals

- Signature: Deanna Williams, MSN, RN, C-ONQS signed on 7/6/2022, 6:12:11 PM
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Revision Note:  
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## Policy : SURGICAL ATTIRE IN THE OR/ SEMI-RESTRICTED AREA

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### Purpose

To provide guidance to perioperative personnel for surgical attire, including scrub attire, shoes, and head coverings, worn in the semi-restricted and restricted areas. Guidance is also provided for managing personal items and electronic devices taken into the semi-restricted and restricted areas. The expected outcome is that the patient will be free from signs and symptoms of infection.

### Definitions

- *Scrub attire*: Nonsterile apparel designed for the perioperative practice setting that includes two-piece pantsuits and scrub dresses.
- *Surgical attire*: Nonsterile apparel designated for the perioperative practice setting that includes scrub attire (eg, two-piece pantsuits, scrub dresses), scrub jackets, and head coverings.

### Affected Departments/Services

1. Surgery
2. Central Sterilizing
3. PACU
4. Anesthesia
5. Obstetrics

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### Policy: Compliance: Key Elements

### Policy

It is the policy of **Hazel Hawkins Memorial Hospital** that:

- Clean surgical attire will be worn in semi-restricted and restricted areas.
- Individuals who enter semi-restricted and restricted areas will wear scrub attire that has been laundered **and provided through our contracted vendor service**
- Laundered surgical attire will be protected from contamination during transport to the health care facility and during storage.
- The health care worker's arms will be covered during performance of preoperative patient skin antisepsis.
- The health care worker's scalp and hair will be covered in the semi-restricted and restricted areas.
- The health care worker's beard will be covered in the restricted areas and during preparation and packaging of items in the clean assembly section of the sterile processing department.
- Shoes worn within the perioperative environment will be clean and meet the health care organization's safety requirements.
- Identification badges and lanyards will be cleaned on a regular basis and when contaminated.
- Stethoscopes will be cleaned before and after each patient use.
- Personal items brought into the semi-restricted and restricted areas will be cleaned or contained.
- Personal electronic devices will be cleaned before they are brought into the OR.
- Visitors entering the semi-restricted or restricted areas of the surgical suite will don either clean surgical attire or a single-use jumpsuit that completely covers personal attire.

# Procedure Interventions

## Laundering

- Wear clean surgical attire when entering the semi-restricted and restricted areas.
- Remove attire that has been penetrated by blood, body fluids, or other potentially infectious materials immediately or as soon as possible and replace with clean attire.
- Do not wear contaminated surgical attire outside the health care facility; bag or containerize the attire and leave it at the location where it was used. Do not rinse or sort the attire.
- After each daily use, leave scrub attire at the health care facility to be laundered per facility policy.
- If wearing personal clothing under scrub attire, ensure that sleeves are covered by a cover jacket.
- Leave personal clothing that becomes contaminated with blood, body fluids, or other potentially infectious material at the health care facility for laundering.
- Remove surgical attire before leaving the health care facility.
- Transport laundered surgical attire in enclosed carts or containers and in vehicles that have been cleaned and disinfected on a regular basis.
- Store laundered surgical attire in enclosed carts and cabinets that have been cleaned and disinfected on a regular basis.

## Long Sleeves

- Cover arms with long sleeves during performance of preoperative patient skin antisepsis.

## Cover Apparel

- If wearing cover apparel (eg, a lab coat), make sure it is clean.
- Laundered scrub jackets are provided.

## Head Coverings

- Cover your scalp and hair when entering the semi-restricted and restricted areas.
- Cover your beard when entering the restricted areas and while preparing and packaging items in the clean assembly section of the sterile processing department.
- Disposable bouffant style and cap style head coverings are provided.
- Remove head coverings at the end of the shift or when contaminated.
- Leave contaminated reusable head coverings at the health care facility for laundering.
- Leave reusable head coverings at the facility for laundering daily after use. This laundering is done on campus.

## Shoes

- Wear shoes that are clean.
- Wear fluid-resistant shoe covers or boots when gross contamination can be reasonably anticipated.
- Remove single-use shoe covers worn as personal protective equipment immediately after use, discard them, and perform hand hygiene.

## Identification Badges

- Clean identification badges and clips or lanyards with a low-level disinfectant one time per week and when they become soiled.

## Stethoscopes

- Clean stethoscopes before and after use with a low-level disinfectant.

## Personal Items

- Clean briefcases, backpacks, and other personal items taken into the semi-restricted or restricted areas with a low-level disinfectant or place them in **the locker room or an office prior to entering the semi-restricted or restricted area.**
- Clean cell phones, tablets, and other personal communication or hand-held electronic equipment according to the manufacturer's instructions for use before taking these items into the OR, and perform hand hygiene.

## Visitor Attire

- Ensure visitors entering the semi-restricted or restricted areas of the surgical suite (eg, law enforcement officers, parents, biomedical engineers) wear clean surgical attire or a single-use jumpsuit (eg, coveralls, bunny suit) designed to completely cover personal apparel.
- Ensure vendors who are required in the OR follow the health care organization surgical attire policy and procedures.

## References

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<b>Reviewed</b>	[06/01/2007], [07/01/2008], [05/01/2018], [03/01/2021]		
<b>Keywords</b>	surgical attire, OR scrubs, OB and Surgery OR		
<b>Attachments: (REFERENCED BY THIS DOCUMENT)</b>			
<b>Other Documents: (WHICH REFERENCE THIS DOCUMENT)</b>			

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[https://www.lucidoc.com/cgi/doc-gw.pl?ref=hmh:10680\\$3](https://www.lucidoc.com/cgi/doc-gw.pl?ref=hmh:10680$3).

## Previous Revision Differencing:

### Summary/Intent/Purpose

To provide guidance to perioperative personnel for surgical attire, including scrub attire, shoes, and head coverings, worn in the perioperative semi-restricted setting and restricted areas. Guidance is also provided for managing personal items and electronic devices taken into the number of microorganisms in the environment semi-restricted and restricted areas. The expected outcome is that the patient's risk will be free from developing a surgical site infection. Cleanliness signs and uniformity symptoms of surgical attire enhances safety from exposure risks and communicates professionalism within Hazel Hawkins Memorial Hospital infection.

### Definitions

- **Nonsterile attire:** Nonsterile apparel designed for the perioperative practice setting that includes two-piece pantsuits and scrub dresses.
- **Surgical attire:** Nonsterile apparel designated for the perioperative practice setting that includes scrub attire (eg, two-piece pantsuits, scrub dresses), scrub jackets, and head coverings.

### Affected Departments/Services

1. Surgery
2. Central Sterilizing
3. PACU
4. Anesthesia
5. Obstetrics

## Policy: Compliance: Key Elements

### Policy

All persons employed by or providing direct patient care within the Perioperative Department will be dressed in appropriate attire according to the procedures performed.

Personal protective equipment (PPE) will be provided by Hazel Hawkins Memorial Hospital at no expense to the health care worker. Personal protective equipment shall be selected and worn by the health care worker for personal protection from exposure to possible hazardous pathogens associated with patient care.

#### Responsibility

All health care workers and employees providing service within [insert facility name here] are responsible for compliance with [insert facility name here]'s dress code.

#### Process

Clinical persons shall adhere to the following standards that:

- Facility-approved Clean surgical attire shall be changed daily and is to be worn in all semi-restricted and restricted areas.
  1. Changing Individuals from who street enter clothes semi-restricted into and facility approved restricted areas will wear scrub attire that has been laundered and provided through our contracted vendor service
  2. Laundered surgical attire before will entering be protected from contamination during transport to the health care facility and during storage.
  3. The health care worker's arms will be covered during performance of preoperative patient skin antisepsis.
  4. The health care worker's scalp and hair will be covered in the semi-restricted and restricted area areas.



5. The health care worker's ~~decreases~~ beard will be covered in the ~~possibility~~ restricted areas and during preparation and packaging of ~~transferring items~~ microorganisms ~~in from the street~~ clean clothes assembly to patients.
  6. Health care personnel should change into street clothes whenever they go outside section of the building sterile processing department.
  7. To help contain skin squames shed from bare arms, health care personnel should wear surgical attire that covers the arms while performing perioperative skin antisepsis.
  8. Perioperative personnel should wear clean shoes that are dedicated for use within the perioperative area.
  9. Shoes worn within the perioperative environment ~~must will~~ have be closed toes clean and backs, low heels, and nonskid soles and must meet Occupational Safety and Health Administration (OSHA) and the health care organization's safety requirements.
  10. Identification ~~fresh~~ surgical mask should cover the mouth badges and ~~nose~~ lanyards will be cleaned on a regular basis and ~~be when~~ secured in a manner that prevents venting at the sides of the mask contaminated.
  11. Briefcases, Stethoscopes ~~backpacks~~, will be cleaned before and ~~other~~ after ~~personal~~ each patient use.
  12. Personal items that are taken brought into the semi-restricted ~~or~~ and restricted areas ~~shoul~~ will be cleaned with or a low-level disinfectant and should not be placed on the floor contained.
  13. Surgical attire contaminated with visible blood or body fluids must be exchanged for clean attire before beginning the next procedure.
- o Jewelry Personal including electronic earrings, devices necklaces, watches, and bracelets that cannot will be contained cleaned ~~or~~ before confined they within are brought into the surgical attire should not be worn in the restricted or semi-restricted area OR.
    1. Rings are to be removed before hand washing, performing a surgical scrub, or using hand rubs.
    2. The removal of watches and bracelets allows for more thorough hand washing.
  - o Persons Visitors entering the semi-restricted or restricted areas of the surgical suite ~~for~~ will don either clean surgical attire or a ~~brief~~ single-use jumpsuit that completely covers personal attire.

## Procedure Interventions

### Laundering

- o Wear clean surgical attire when entering the semi-restricted and restricted areas.
- o Remove attire that has been penetrated by blood, body fluids, or other potentially infectious materials immediately or as soon as possible and replace with clean attire.
- o Do not wear contaminated surgical attire outside the health care facility; bag or containerize the attire and leave it at the location where it was used. Do not rinse or sort the attire.
- o After each daily use, leave scrub attire at the health care facility to be laundered per facility policy.
- o If wearing personal clothing under scrub attire, ensure that sleeves are covered by a cover jacket.
- o Leave personal clothing that becomes contaminated with blood, body fluids, or other potentially infectious material at the health care facility for laundering.
- o Remove surgical attire before leaving the health care facility.
- o Transport laundered surgical attire in enclosed carts or containers and in vehicles that have been cleaned and disinfected on a regular basis.
- o Store laundered surgical attire in enclosed carts and cabinets that have been cleaned and disinfected on a regular basis.

### Long Sleeves

- o Cover arms with long sleeves during performance of preoperative patient skin antisepsis.

## **Cover Apparel**

- *If wearing cover apparel (eg, a lab coat), make sure it is clean.*
- *Laundered scrub jackets are provided.*

## **Head Coverings**

- *Cover your scalp and hair when entering the semi-restricted and restricted areas.*
- *Cover your beard when entering the restricted areas and while preparing and packaging items in the clean assembly section of the sterile processing department.*
- *Disposable bouffant style and cap style head coverings are provided.*
- *Remove head coverings at the end of the shift or when contaminated.*
- *Leave contaminated reusable head coverings at the health care facility for laundering.*
- *Leave reusable head coverings at the facility for laundering daily after use. This laundering is done on campus.*

## **Shoes**

- *Wear shoes that are clean.*
- *Wear fluid-resistant shoe covers or boots when gross contamination can be reasonably anticipated.*
- *Remove single-use shoe covers worn as personal protective equipment immediately after use, discard them, and perform hand hygiene.*

## **Identification Badges**

- *Clean identification badges and clips or lanyards with a low-level disinfectant one time ~~for~~ per week and when they become soiled.*

## **Stethoscopes**

- *Clean stethoscopes before and after use with a ~~specific~~ low-level ~~purpose~~ disinfectant.*

## **Personal Items**

- *Clean briefcases, backpacks, and other personal items taken into the semi-restricted or restricted areas with a low-level disinfectant or place them in **the locker room or an office prior to entering the semi-restricted or restricted area.***
- *Clean cell phones, tablets, and other personal communication or hand-held electronic equipment according to the manufacturer's instructions for use before taking these items into the OR, and perform hand hygiene.*

## **Visitor Attire**

- *Ensure visitors entering the semi-restricted or restricted areas of the surgical suite (eg, law enforcement officers, parents, biomedical engineers) ~~shall wear cover all head and facial hair, and these individuals shall don either freshly laundered~~ clean surgical attire or a single-use jumpsuit (eg, coveralls, bunny suit) designed to completely cover ~~outside~~ personal apparel.*
- *Perioperative ~~Ensure~~ ~~personnel~~ vendors ~~should wear clean shoes that~~ who are ~~dedicated~~ required for use within the perioperative OR area.*
- *Shoes worn within the perioperative environment must have closed toes and backs, low heels, and nonskid soles and must meet Occupational Safety and Health Administration (OSHA) and follow the health care organization's safety requirements.*
- *Identification badges shall be worn by all personnel authorized to enter the perioperative setting and shall be visible and secured on the top of the surgical attire. Badge holders such as lanyards, chains, or beads may be difficult to clean, pose a risk for contamination, and are not recommended.*

- All personnel shall cover head and facial hair, including sideburns and the nape of the neck, when in semi-restricted and restricted areas.
  1. A surgical head cover or hood that confines all hair and covers the ears, scalp skin, sideburns, and nape of the neck should be worn.
  2. Single-use head coverings shall be removed and discarded in a designated receptacle daily or more frequently when contaminated.
  3. Reusable head coverings shall be laundered daily by a health care-accredited laundry facility after each daily use or more frequently when contaminated.
- Surgical attire shall be laundered in a health care-accredited laundry facility and should not have been previously worn.
- All individuals entering the restricted areas shall wear a surgical mask when open sterile supplies and equipment are present.
  1. The mask shall cover the mouth and nose and be secured in a manner to prevent venting.
  2. A clean surgical mask should be worn for every procedure.
- When in the semi-restricted areas, all non-scrubbed personnel should completely cover their arms with a long-sleeved scrub top or warm-up jacket snapped closed with cuffs extending down to the wrists.
- All personal clothing, such as T-shirts, that can be completely contained underneath the scrub top may be worn.
  1. Personal clothing that cannot be contained within the surgical attire either should not be worn or should be laundered in a health care-accredited laundry facility after each daily use policy and when contaminated.
- Personal protective equipment (PPE) is defined as any clothing or other equipment that protects a person from exposure to chemicals, heat, biohazards, and airborne particulate matter. Personal protective equipment shall be worn when performing, assisting with, or in the presence of invasive procedures.
  1. Scrub attire is not considered PPE.
  2. Personal protective equipment includes disposable, fluid-resistant barriers provided by the facility (eg, gloves, protective eyewear, gowns, shoe covers, and impervious clothing). Surgical attire and lab coats are not considered PPE because they are not impervious.
  3. The selection of PPE is to be based on the possibility of contact with body tissues or fluids according to standard precautions.
  4. All PPE must be removed before entering areas where food is prepared or consumed and before performing personal grooming.
  5. All PPE shall be removed at the point of use and deposited in regular trash, if appropriate.
  6. If soiled with blood or fluid containing blood that has not soaked into the garment but is runny, caked, flaked, or pooled, PPE shall be placed into biohazardous waste for disposal.
  7. Hands shall be washed following the removal of any PPE, between patients, after restroom use, and before eating to prevent transmission of disease.

## Care and Laundering of Linens and Surgical Attire

### Surgical Attire

- Home laundering of surgical attire is not monitored for quality, consistency, or safety and is not recommended.
- Clean surgical attire shall be transported from the laundry into the facility in an enclosed cart or container.
- Surgical attire shall be stored in a clean, enclosed cart or cabinet.
- Clean surgical attire stored in a locker with personal items from outside the facility may lead to contamination of the attire.
- Surgical attire may be stored in a dispensing machine.
- Clean surgical attire is to be worn every day.

- Surgical attire shall be changed if it becomes soiled or wet.
- All scrubs that become soiled shall be placed in a fluid-resistant bag designated for dirty linen.

## **Linen**

Clean linen shall be separated from soiled linen and kept covered in nonrestricted traffic areas and may be kept separated but uncovered in semi-restricted and restricted traffic areas. Linen carts must have a solid bottom shelf. Sterile linen must be provided for use on the sterile field. Sterile linen (eg, hand towels) must be maintained in sterile wrappers and stored with other sterile surgical supplies in restricted area.

All linen shall be considered contaminated following patient use. Linen that has had prior patient contact is a reservoir of cells and associated flora from skin shedding. Linen used on patients shall be

## **References**

- contained AORN in Syntegrity® a fluid-resistant bag Solution. Biohazard AORN labeling Syntegrity® is On-line not Companion necessary for linen unless it is caked with dried blood, body fluids, or other potentially infectious materials in which case it must be placed in a closeable, leak-proof container or color-coded bag;
- handled with gloves, held away from surgical attire, not agitated, and bagged at the location of use Guide; ano2018
- handled with an apron for protection, if the linen is wet.

## **REFERENCES**

- Guidelines Guideline for Surgical Attire. In: Guidelines for Perioperative Practice. Denver, CO: AORN, Inc; 2018
- <https://aornguidelines.org/tool/content?gbosid=426382>



## PRE-ANESTHESIA TESTING STANDARDIZED PROCEDURE

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### Revision Insight

Document ID:	11388
Revision Number:	0
Owner:	Deanna Williams,
Revision Official Date:	7/9/2022

#### Revision Note:

This is the Standardized Procedure and Order Set that is in use in the PAT Department. It was initiated on 07/06/2022 DSW

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## Policy : PRE-ANESTHESIA TESTING STANDARDIZED PROCEDURE

### PURPOSE

To provide standing orders and reference tables, established by the Anesthesia group CCAS, that may be used by Registered Nurses in the Pre-Anesthesia Testing Clinic at Hazel Hawkins Memorial Hospital for the initiation of testing as part of the screening of patients prior to inpatient and outpatient surgical procedures. All testing results and charts will be reviewed by an Anesthesia provider prior to patient being cleared for surgery.

### PROCEDURE

Please use the following guidelines for patients scheduled for surgery:

- **LOW RISK PATIENTS:** No preoperative testing is needed for healthy patients < 65 years old: healthy= no prescription home meds (excluding sleep aids, allergy pills, etc.), BMI <30, no drug abuse history, no systemic/chronic disease, etc.
- **EYE AND ENDOSCOPY PROCEDURES:** Eye and most Endoscopic screening cases do not require routine lab/preoperative testing (see notes below)\*\*\*
- **EXCEPTIONS TO NO TESTING REQUIREMENTS:** Women and girls 10-55 years old need an HCG test (serum or urine) preferable within 3 days of surgery or less. *No HCG needed if patient has had a hysterectomy or 1 year of no menstrual period (post-menopausal)*
- **PATIENTS WITH HISTORY OF CARDIAC STENTS:**
  - a. Drug Eluting= No *elective* surgery for 1 year;
  - b. Bare Metal Stent= No *elective* surgery for 6 months. Have patient bring their stent card on DOS.
- **PATIENTS ON BLOOD THINNERS:** Do not stop blood thinners without consulting ordering physician. *Any exceptions must be decided by cardiology*
- **MEDICATION GUIDANCE FOR DAY OF AND NIGHT BEFORE SURGERY:** Patients may take all *routine A.M. meds morning of surgery* with minimal amount of WATER with these EXCEPTIONS (do NOT take the following): ACE-Inhibitors & Angiotensin Receptor Blockers, Diabetic medications and insulin (short acting insulin OK the night prior, ½ dose of long – acting), herbal supplements, non-prescription meds, and diuretics.
- **MEDICATION GUIDANCE FOR THE WEEKS LEADING UP TO SURGERY:** Weight-loss and dietary supplements (stop 2 weeks prior if possible). Make sure if the patient is on anticoagulants, these have been addressed (hold or not) by surgeon or prescribing physician

\*\*\*= see notes below chart

### PRE-ANESTHESIA TESTING REFERENCE CHART

CONDITION/DISEASE/ PATIENT HISTORY/ PROC	EKG	CBC	CHEM	COAG.	SPECIAL LAB/ OTHER	TYPE & SCREEN
Age >65	EKG*	CBC (H&H if minor procedure*)	BMP			
Age > 75	EKG*	CBC	CMP			
AICD/PM	AICD should be interrogated within 6 months of surgery. Pacemaker within 1 year. Cardiac clearance and EKG within 30 days <i>if not regularly seen by cardiologist</i> (set regular appointments with cardiologist within last year). Have pt. bring their PM/AICD card.					
Current Dx Anemia or recent bleeding		CBC				
Arrhythmia History (see below C #5)	EKG				Cardiac Clearance*	

Bleeding disorder/Hemophilia		CBC (unless minor procedure**)		PT/INR/PTT		
Blood thinners (except ASA)					Cardiology/Prescribing Physician or Surgeon to address holding anticoagulants prior to Sx	
C-sections		CBC				T&S
Cardio/cerebro-vascular disease (CAD, Carotid stenosis, Aneurysm, etc.)	EKG	CBC	BMP			Cardiac Clearance*
CHF	EKG*	CBC	CMP			Cardiac Clearance*
Coumadin		CBC (unless minor procedure**)		PT/INR		
Diabetes	EKG*		BMP			
Diuretic use	EKG*		BMP			
Hypertension	EKG*					
Kidney Disease – CKD (stage 3 or 4) or ESRD		CBC		CMP		
Liver Disease (Cirrhosis, untreated Hepatitis, etc)		CBC	CMP	PT/PTT		
Major Case**/ Expect blood loss / Laparoscopy		CBC	BMP			T&S* (except appy, Tubal and chole)
Malignancy/Cancer/Chemo (treatment within 1 year)	EKG	CBC	BMP	PT/INR		
Obesity BMI>30	EKG*		BMP			
Periph Vasc Disease	EKG	CBC	BMP			
TB (History or Active)	<i>Ensure patient is stable (No ACTIVE TB)...do they get regular CXR, have they received a vaccine, etc.)</i>					
Pulmonary Disease (COPD)	EKG	CBC	BMP			
Radiographic Dye/Contrast to be used			BMP			
Sleep Apnea	EKG*	CBC	BMP			
TURP/TURBT		CBC	BMP			
Current Steroid Use	EKG*		CMP			
Sinus Surgery/Adult Tonsillectomy		CBC				

- **LAB TIMING GUIDANCE:** Labs, testing, etc. should be within 30 days of surgery for outpatient surgery unless noted\*.
- **EKG GUIDANCE:** EKG with \*\* signifies that it can be within 6 months *unless* history of abnormal EKG *or* change in condition (new arrhythmia, chest pain, new symptoms). **No new EKG** needed for asymptomatic patients coming for eye procedures (asymptomatic= METS>4, no symptoms/changes in past 6 months, etc.)
- **CHEST XRAY GUIDANCE:** No CXR required for otherwise healthy/stable patient with stable disease *unless* abnormal findings on CXR within 12 months and no follow up or change in symptoms (recent PNA, active TB, effusion, etc).
- **CARDIAC CLEARANCE REQUIRED:** Clearance for *specific* surgery is required for the following diagnoses:

- Decompensated CHF (METS<4, poorly controlled symptoms, new or worsening symptoms, most recent ECHO shows EF <35%),
  - New-onset of symptoms (angina, palpitations, dizziness, edema, etc.),
  - Known valvular disease that patient is being treated/managed for,
  - CAD, MI and/or stents (within 1 year),
  - Significant arrhythmias: High grade AV block, Mobitz 2, 3<sup>rd</sup> degree block, Symptomatic ventricular arrhythmias, A-fib with uncontrolled rate (>100),
  - Symptomatic patients without known or diagnosed history-but with symptoms= shortness of breath, edema, angina, dizziness, syncope or near syncope, frequent palpitations- they need to be further worked up by surgeon and/or cardiology.
- **CARDIAC CLEARANCE GUIDANCE:** Cardiac Clearance should *specifically address* the new symptom or issue with further testing as indicated. If a patient will be seeing their cardiologist soon prior to surgery (for a regular visit or for new concerns) it should be encouraged that they see them prior to their procedure **ESPECIALLY** if it is for a change in symptoms.
    - For **ENDOSCOPY PATIENTS:** Will need to see cardiologist if they have known cardiac history but have not seen their doctor/cardiologist in past 12 months or missed appointments, *or* with new/change in condition/symptoms (i.e. they are not being followed or poor management of condition). Follow guidelines as above for criteria for obtaining EKG if no recent EKG (within a year) is available.
  - **EYE PROCEDURES:** Eye procedures do not need further testing **EXCEPT** those on Coumadin (DOS- PT/INR if no recent level available to ensure patient not supratherapeutic)
  - **PACEMAKER INSERTION:** PM/AICD should have routine check-up and interrogation (see above chart) for all cases.
  - **DEFINITION OF MINOR PROCEDURES:** All cases not involving extensive blood loss (or where tourniquet can be used) and duration is expected to be short (less than/or = approx 60 mins of surgical time) *Examples include eye procedures, podiatry, carpal tunnel, small cyst removal, vasectomy, lesion excision, endo (in theory), hardware removal, generator exchange and PM insertion, etc.*
  - **DEFINITION OF MAJOR PROCEDURES:** Procedures where bleeding risk, fluid shift, physiological changes, or length of procedure are concerns. *Examples include laparoscopic cases (except tubal ligation), laparotomy cases (any open case), total joints, obstetric and GYN cases (except tubals), TURP, Orthopedic cases involving the hip or shoulder (except arthroscopic shoulder), mastectomy, T&A in adults, vascular surgery, etc.*

## FUTURE ORDERS TO BE PLACED IN MEDITECH

Conditional Order                      T;N, If history of Hypertension, Coronary Artery Disease, Peripheral Vascular Disease, Cerebral Vascular Accident, Dysrhythmias, angina, previous coronary bypass surgery, Congestive Heart Failure (unless minor procedure), age greater than 75 years, history of Malignancy/Chemotherapy, or Chronic Obstructive Pulmonary Disease, then **order ECG.**

Conditional Order                      T;N, If age > 65, history of Diabetes (unless eye cases), Diuretic use (unless eye cases), sleep apnea, current steroid use or obesity BMI >30, and no ECG within last 6 months and/or if ECG within last 6 months was abnormal or a change in condition, **order ECG.**

Conditional Order                      T;N, If Age >75, current diagnosis of anemia or recent bleeding, history of bleeding disorder/Hemophilia, Coronary Artery Disease, Peripheral Vascular Disease, Carotid stenosis, aneurysm, Cerebral Vascular Accident, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, sleep apnea, chronic renal failure, malignancy/chemotherapy, or scheduled: C-sections, sinus surgery, adult tonsillectomy, \*major cases, age >65 for major cases, **order CBC.** . \*Order Comment: Major Procedures – C-section, Hysterectomy, Sinus surgery, Adult tonsillectomy, hip fractures, total joints and ruptured ectopic pregnancy, Laparoscopy, prostatectomy, AP resections, bladder cystectomy, gastric resection, esophagogastrectomy, major intra-abdominal or thoracic vascular procedures involving the aorta or major vessels (including stents), splenectomy, thoracotomy, mediastinoscopy, liver resections, radial nephrectomy, multi-level laminectomy with hardware.

Conditional Order                      T;N, If age > 65 and scheduled for minor cases, **order H&H.**

Conditional Order                      T;N, If age > 65, history of Coronary Artery Disease, Peripheral Vascular Disease, Cerebral Vascular Accident, dysrhythmias, angina, Carotid stenosis, Aneurysm, Diabetes (unless scheduled for eye surgery), Diuretic use (unless scheduled for eye surgery), malignancy/chemotherapy, chronic obstructive pulmonary disease, sleep apnea, Obesity BMI >30 or scheduled for radiographic dye/contrast to be used, scheduled \*major case with expected blood loss, **order BMP.** . \*Order

70-



Comment: Major Procedures – C-section, Hysterectomy, Sinus surgery, Adult tonsillectomy, hip fractures, total joints and ruptured ectopic pregnancy, Laparoscopy, prostatectomy, AP resections, bladder cystectomy, gastric resection, esophagogastrectomy, major intra-abdominal or thoracic vascular procedures involving the aorta or major vessels (including stents), splenectomy, thoracotomy, mediastinoscopy, liver resections, radial nephrectomy, multi-level laminectomy with hardware.

Conditional Order T;N, If history of congested heart failure, chronic kidney disease (stage 3 or 4), End Stage Renal Disease, or current steroid use, **order CMP.**

Conditional Order T;N, If taking warfarin (Coumadin), history of malignancy/chemotherapy, order **PT/INR.**

Conditional Order T;N, If history of Bleeding disorder/Hemophilia, order **PT/INR/PTT.**

Conditional Order T;N, If undergoing major procedure with potential for significant blood loss, or history of Bleeding disorder/Hemophilia (major procedure only), order **Type & Screen.** \*Order Comment: Major Procedures – C-section, Hysterectomy, Sinus surgery, Adult tonsillectomy, hip fractures, total joints and ruptured ectopic pregnancy, laparoscopy, prostatectomy, AP resections, bladder cystectomy, gastric resection, esophagogastrectomy, major intra-abdominal or thoracic vascular procedures involving the aorta or major vessels (including stents), splenectomy, thoracotomy, mediastinoscopy, liver resections, radial nephrectomy, multi-level laminectomy with hardware.

Conditional Order T;N, If history of stable Chronic Obstructive Pulmonary Disease and no chest xray within 1 year, order **Chest PA + Lat.** Order Comment: No Chest PA + Lat needed for Endo patients unless history of severe/poorly controlled pulmonary disease.

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## REFERENCES

Standardized Procedure and Order Set by CCAS Anesthesia Group 2022

## ATTACHMENTS

Please see attached printable version of the [Pre-Anesthesia Testing Reference Chart](#)

## REPLACES

None

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<b>Document Owner</b>	Williams, Deanna	<b>Next Review Date</b>	07/09/2023
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[https://www.lucidoc.com/cgi/doc-gw.pl?ref=hmh:11388\\$0](https://www.lucidoc.com/cgi/doc-gw.pl?ref=hmh:11388$0).

## PRE-ANESTHESIA TESTING REFERENCE CHART

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Age > 75	EKG*	CBC	CMP			
AICD/PM	AICD should be interrogated within 6 months of surgery. Pacemaker within 1 year. Cardiac clearance and EKG within 30 days <i>if not regularly seen by cardiologist</i> (set regular appointments with cardiologist within last year). Have pt. bring their PM/AICD card.					
Current Dx Anemia or recent bleeding		CBC				
Arrhythmia History (see below C #5)	EKG				Cardiac Clearance*	
Bleeding disorder/Hemophilia		CBC (unless minor procedure**)		PT/INR /PTT		
Blood thinners (except ASA)					Cardiology/Prescribing Physician or Surgeon to address holding anticoagulants prior to Sx	
C-sections		CBC				T&S
Cardio/cerebro-vascular disease (CAD, Carotid stenosis, Aneurysm, etc.)	EKG	CBC	BMP		Cardiac Clearance*	
CHF	EKG*	CBC	CMP		Cardiac Clearance*	
Coumadin		CBC (unless minor procedure**)		PT/INR		
Diabetes	EKG*		BMP			
Diuretic use	EKG*		BMP			

## PRE-ANESTHESIA TESTING REFERENCE CHART

Hypertension	EKG*					
Kidney Disease – CKD (stage 3 or 4) or ESRD		CBC		CMP		
Liver Disease (Cirrhosis, untreated Hepatitis, etc)		CBC	CMP	PT/PTT		
Major Case**/ Expect blood loss / Laparoscopy		CBC	BMP			T&S* (except appy, Tubal and chole)
Malignancy/Cancer/ Chemo (treatment within 1 year)	EKG	CBC	BMP	PT/INR		
Obesity BMI>30	EKG*		BMP			
Periph Vasc Disease	EKG	CBC	BMP			
TB (History or Active)	<i>Ensure patient is stable (No ACTIVE TB)...do they get regular CXR, have they received a vaccine, etc.)</i>					
Pulmonary Disease (COPD)	EKG	CBC	BMP			
Radiographic Dye/Contrast to be used			BMP			
Sleep Apnea	EKG*	CBC	BMP			
TURP/TURBT		CBC	BMP			
Current Steroid Use	EKG*		CMP			
Sinus Surgery/Adult Tonsillectomy		CBC				

## Policy : USE OF PORTABLE FANS

### PURPOSE

The following protocol will be followed to ensure that portable fans used in patient care areas do not cause an infection control risk.

### SCOPE

All patient care departments that utilized portable fans.

### POLICY STATEMENT

Portable fans are currently used in some areas of the hospital and skilled nursing facility to assist in patient comfort. Portable fans have the potential to disperse dust and airborne-transmitted microorganisms, create airborne *C. Difficile* spores, and alter airflow patterns. Patient care staff and environmental services will follow the below protocol when using portable fans in patient care areas to ensure that we have taken steps to minimize the risk of spreading infections.

### PROCEDURE

#### When NOT to use portable fans:

1. Portable fans are prohibited in Airborne Isolation rooms or any other room that has positive or negative pressure differentials between the room and external spaces that may disrupt the designed air flow patterns.
2. Do not use fans for patients who have been placed on Contact, Contact Plus, or Droplet precautions, due to the risk of microorganism dispersal. If avoiding fans is not possible in these circumstances, close the door of the room or pull the curtain.
3. Do not use fans in high risk areas where immunocompromised patients receive care. Immunocompromised refers to patients with congenital or acquired immunodeficiency or immunodeficiency due to therapeutic agents or hematologic malignancies.
4. Do not use fans in areas where sterile supplies are stored.

#### Proper placement of fans:

1. If fans are approved for use, use only facility owned fans:
  - a. Ensure airflow is into patient's bed space and not across patient to roommate or hallway. If the patient is in a room with two beds, ensure that the privacy curtain is pulled to prevent air from blowing from one patient toward the other.
  - b. Position the fan at the patient's bed level or higher. Placement of table fans on floors is not acceptable; fans must be positioned such that airflow is level with the surface of the bed (i.e., place table fans on a surface at bed level; telescoped floor fans may be acceptable if this can be accomplished).
2. Once patient has been discharged, fan will be cleaned during terminal cleaning of the patient room
  - a. Disassemble fan
  - b. Thoroughly clean and disinfect fan according to manufacturer's recommendations.
3. If the fan is utilized outside of a patient's room, it is still important to maintain some level of infection control.
  - a. Keep fans from blowing air from patients on precautions toward non-precaution patients.
  - b. Keep fan elevated off floor and at bed height.
  - c. Clean fan weekly according to manufacture recommendation

### REFERENCES

Bartley, J. and Olmsted, R., Construction and Renovation: A Toolkit for Professionals in Infection Prevention and Control. 3rd Ed. Association for Professionals in Infection Control and Epidemiology (APIC) (2007): pp 324-326.

Best, E., et al., The Potential for Airborne Dispersal of *Clostridium difficile* from symptomatic patients. *Clinical Infectious Diseases* (2010; 50 (11): 1450-1457.



## **BOARD OF DIRECTORS POLICY MANUAL**

Committee Approval: 7/20/22

Board Approval: 9/21/00

Policy #: BOD-10

Reviewed:

Revised: 7/20/22

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**SUBJECT:** Development of Board Agenda

### **POLICY:**

The Board President, Administrator, and Administrative Assistant are to develop the monthly Board meeting agenda based on Board committee reports, consent agenda, and old, and new business proposed by the CEO and/or Board members.

### **PROCEDURE:**

Department and committee reports that are to be included as part of the board packet are to be given to the Administrative Assistant by noon Tuesday the week before the Board meeting. All information provided for the board packet is considered public knowledge, and rules of confidentiality should be of the highest priority.

Board packets are available hardcopy or email for:

Board members	( 5)
Executive Team	( 4) CEO, CCO, CFO, COO
Chief of Medical Staff	( 1)
Administrative Assistant	( 2) (one for Admin. Assistant; one desk copy)
Board Counsel	( 1) (email and hardcopy at meeting)



## BOARD OF DIRECTORS POLICY MANUAL

Committee Approval: 7/20/22

Board Approval:

Policy #: BOD-7

Reviewed: 7/20/22

Replaces: 5/24/01

Pg. 1 of 1

**SUBJECT:** Board Member Code of Conduct

**POLICY:**

The following Code of Conduct was adopted by the San Benito Health Care District Board of Directors on July 20, 2022, to describe the expectations of each Board member during and after their service.

As a member of the San Benito Health Care District Board of Directors I will:

- Represent the best interests of the San Benito Health Care District members and the association; Be a positive example to others at San Benito Health Care District in both my attitude and actions, acting at all times with honesty, integrity, diligence, competence, and good faith.
- Become and stay knowledgeable about the Board's bylaws and procedures;
- Become well-informed about each matter coming before the Board for decision;
- Bring matters to the Board's attention that I believe may have a significant effect on the well-being of San Benito Health Care District members' or the association;
- Participate actively in Board and committee discussions;
- Listen carefully to other members and consider their opinions respectfully, particularly if they differ from mine;
- Respect and support majority decisions of the Board, even if I disagree with the result;
- Acknowledge conflicts that arise between my personal interests and the Board's activities, identifying them early and withdrawing from related discussions and votes;
- Maintain, in accordance with the law, the confidentiality of information provided to me in my role as a Board member;
- Refer member complaints promptly and directly to the Board Chair and appropriate Association staff.
- Surrender all information related to San Benito Health Care District matters to my successor, but continue to maintain related duties of confidentiality;
- Comply with all San Benito Health Care District policies and procedures to support a work environment that discourages any form of inappropriate conduct, harassment, discrimination, or retaliation;
- Recognize and respect the differentiation between Board and staff responsibilities.

I will not:

- Share opinions elsewhere that I am unwilling to discuss before the Board or its committees;
- Decide how to vote before hearing discussion and becoming fully informed;
- Interfere with duties and activities of other Board members;
- Speak publicly on behalf of the Board unless specifically authorized to do so.

Signature

Date

8/3



## **BOARD OF DIRECTORS POLICY MANUAL**

Committee Approval: 7/20/22

Policy #: BOD-23

Reviewed: 5/2001, 7/20/22

Revised: 5/24/2001, 7/27/22

Board Approval: 5/24/2001

San Benito Health Care District Bylaws – Section X.B (1)

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**SUBJECT:** Strategic Planning

**POLICY:**

The President of the Board shall appoint all members of the Strategic Planning Committee to include at least two (2) members of the Board, one (1) representative of the Medical Staff, one (1) representative of the Hospital Auxiliary, one (1) representative of the Director of Nursing, one (1) representative of the Foundation Board, and the Chief Executive Officer and/or his/her designee.

**PROCEDURE:**

The Strategic Planning Committee shall meet as necessary during the year to propose to the Board specific goals and objectives for a minimum three (3) year period. The long-range plan shall be revised and updated no less than annually.





## **BOARD OF DIRECTORS POLICY MANUAL**

Committee Approval: 7/20/22

Policy #: BOD-8

Reviewed: 11/3/2016

Revised: 5/24/2001, 12/15/2005

Board Approval: 3/25/2021

San Benito Health Care District Bylaws – Section VII.D (1, 2)

Pg. 1 of 1

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**SUBJECT:** Compensation

**PURPOSE:** Compensation for serving on the Board of Directors.

**POLICY:**

The members of the Board shall serve without compensation except that each shall be allowed actual necessary travel and incidental expense incurred in the performance of the official business of the District as approved by the Board.

The members of the Board shall be entitled to participate in District-sponsored health and life insurance by virtue of their status as Board members.

**PROCEDURE:**

The Board's contact for health insurance enrollment is the District's Human Resources Department.



## BOARD OF DIRECTORS POLICY MANUAL

Committee Approval: N/A  
Board Approval: 5/24/2001  
Policy #: BOD-13  
Reviewed: 8.2.22  
Revised: 8.2.22

Pg. 1 of 2

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**SUBJECT:** Yearly Calendar Events

**POLICY:**

It is helpful to the Board to have a yearly calendar of events in which they are expected to participate.

**PROCEDURE:**

A yearly calendar of Board meetings, events, and holidays is developed for Board approval in December for the following year.

The calendar should include:

- ACHD Annual Conference
- Holidays
- Proposed Meeting Dates
- Auxiliary Bazaar
- Foundation Annual Event
- Financial Audit
- Strategic Planning

*ste.*

**SAN BENITO HEALTH CARE DISTRICT  
ANNUAL BOARD CALENDAR**

<b>MONTH</b>	<b>AGENDA ITEMS</b>
January	<ul style="list-style-type: none"> <li>• Annual Bylaws/Board Policies Review</li> </ul>
February	<ul style="list-style-type: none"> <li>• Semi-Annual QA/PI Report</li> </ul>
March	
April	<ul style="list-style-type: none"> <li>• Annual Evaluation – Environment of Care Report</li> </ul>
May	<ul style="list-style-type: none"> <li>• Board Self-Evaluation</li> </ul>
June	<ul style="list-style-type: none"> <li>• Operating/Capital Budget Presentation &amp; Approval</li> </ul>
July	<ul style="list-style-type: none"> <li>• Review of Annual Strategic Planning/Business Plan</li> </ul>
August	<ul style="list-style-type: none"> <li>• Audit Completed</li> </ul>
September	<ul style="list-style-type: none"> <li>• Board Review of Audit</li> <li>• End of Year Report</li> <li>• Annual Patient &amp; Community Engagement/Business Development Report</li> <li>• ACHD Annual Meeting</li> </ul>
October	<ul style="list-style-type: none"> <li>• Annual Corporate Compliance Review</li> </ul>
November	
December	<ul style="list-style-type: none"> <li>• Oath of Office – New Board Members</li> <li>• Election of Officers</li> <li>• Resolution Setting Board Annual Meeting Calendar</li> <li>• Setting Board Committee Assignments</li> </ul>



## BOARD OF DIRECTORS POLICY MANUAL

Committee Approval:

Board Approval:

Policy #: BOD-

Reviewed: 1/2017, 8/2/22

Revised:

Pg. 1 of 3

**SUBJECT:** Board Member Expenditure Reimbursement

### PROCEDURE:

1. **Authorized Expenses**
  - 1.1 **Generally Authorized Expenses.** District funds, equipment, supplies, titles, and staff time must only be used for authorized district business. Authorized expenses are, generally, expenses incurred in connection with activities including, but not limited to, the following:
    - 1.1.1 Communicating with representatives of regional, state and national government on district adopted policy positions;
    - 1.1.2 Attending educational seminars designed to improve Board Member's skill and information levels;
    - 1.1.3 Participating in regional, state and national organizations whose activities affect the district's interests;
    - 1.1.4 Participating in an event recognizing service to the district; and
    - 1.1.5 Attending district events.
  - 1.2 **Prior Approval for Other Expenses.** All other expenditures require prior approval by the district board of directors. The following expenses also require prior approval by the district board of directors:
    - 1.2.1 International and out of state travel;
    - 1.2.2 Expenses that exceed the annual limits established for each office holder; and
    - 1.2.3 Expenses exceeding **\$2,500** per trip.
  - 1.3 **Personal Expenses.** Examples of personal expenses that the district will not reimburse include, but are not limited to:
    - 1.3.1 The personal portion of any trip;
    - 1.3.2 Political or charitable contributions or events;
    - 1.3.3 Family expenses, including partners' expenses when accompanying official on district-related expenses;
    - 1.3.4 Entertainment expenses;
    - 1.3.5 Non-mileage personal automobile expenses, including repairs, traffic citations, insurance or gasoline; and
    - 1.3.6 Personal losses incurred while on district business.

- 1.4 Questions. Any question regarding the propriety of a particular type of expense should be resolved by the district board of directors before the expense is incurred.
2. Cost Control. To conserve district resources and keep expenses within community standards for public officials, expenditures should adhere to the following guidelines. In the event that expenses are incurred that exceed these guidelines, the cost borne or reimbursed by the district will be limited to the costs that fall within the guidelines.
- 2.1 Transportation. Directors shall utilize the most economical mode and class of transportation reasonably consistent with scheduling needs and cargo space requirements must be used, using the most direct and time-efficient route.
- 2.1.1 Rental Vehicles. Charges for rental vehicles may be reimbursed under this provision if the expense is economical and reasonable for purposes of conducting the business of the district.
- 2.1.2 Airfare. Charges for airfare may be reimbursed under this provision if the expense is economical and reasonable for purposes of conducting the business of the district.
- 2.1.3 Automobile. Automobile mileage is reimbursed at Internal Revenue Service rates in effect at the time the expense is incurred. The IRS mileage reimbursement rate does not include bridge and road tolls, which are also reimbursable. These rates are designed to compensate the driver for gasoline, insurance, maintenance and other expenses associated with operating the vehicle. The Internal Revenue Service rates will not be paid for rental vehicles; only receipted fuel expenses will be reimbursed for rental vehicles.
- 2.1.4 Taxis/Shuttles. Taxis or shuttle fares may be reimbursed, including a fifteen percent (15%) gratuity per fare, when the cost is economical and reasonable for purposes of conducting the business of the district.
- 2.2 Lodging. Lodging expenses will be reimbursed or paid for when travel on official district business reasonably requires an overnight stay.
- 2.2.1 Conferences/Meetings. If lodging is in connection with a conference, lodging expenses may not exceed the group rate published by the conference sponsor for the meeting in question if such rates are available at the time of booking. If the group rate is not available, see next section.
- 2.2.2 Other Lodging. Travelers must request government rates, when available. Lodging rates that are equal or less than government rates are presumed to be reasonable and hence reimbursable for purposes of this policy. In the event that government rates are not available at a given time or in a given area, lodging rates that do not exceed \$300 per night or the conference rate are presumed reasonable and hence reimbursable for purposes of this policy.
- 2.3 Meals. Reimbursable meal expenses and associated gratuities will not exceed the Internal Revenue Service rates in effect at the time the expense is incurred. When the meal function is an organized event, the director shall be reimbursed the amount being charged by the event organizer for the meal, regardless of whether the per person cost exceeds the Internal Revenue Service rates. The district will not pay for alcohol/personal bar expenses.
- 2.4 Phone/Fax/ Internet. Board Members will be reimbursed for actual telephone and fax expenses incurred on district business. Telephone bills should identify which calls were made on district business. Board Members will be reimbursed for internet access connection and/or usage fees away from home, not to exceed \$25.00 per day, if internet access is necessary for district-related business.
- 2.5 Airport Parking. Long-term parking must be used for travel exceeding twenty-four (24) hours. Board Members will be reimbursed for airport parking expenses.

3. **Expense Reports**

3.1 **Expense Report.** All expense reimbursement requests must be submitted on an expense report form provided by the district. Expense reports must document that the expense in question met the requirements of this policy.

3.2 **Submission Deadline.** Officials must submit their expense reports within sixty (60) days of an expense being incurred, accompanied by receipts documenting each expense.

3.3 **Audits.** All expenses are subject to verification that they comply with this policy.

4. **Compliance With Laws.** Board Members understand that some expenditures may be subject to reporting under the Political Reform Act and other laws. All agency expenditures are public records subject to disclosure under the Public Records Act and other laws.

5. **Violation Of This Policy.** Under state law, use of public resources or falsifying expense reports in violation of this policy may result in any or all of the following: (1) loss of reimbursement privileges; (2) a demand for restitution to the district; (3) the agency's reporting the expenses as income to the elected official to state and federal tax authorities; (4) civil penalties of up to \$1,000 per day and three times the value of the resources used; and (5) prosecution for misuse of public resources.



## BOARD OF DIRECTORS POLICY MANUAL

Committee Approval: 7/20/22

Board Approval:

Policy #: BOD

Adopted: 7/20/22

Reviewed:

Revised:

Pg. 1 of 5

**SUBJECT:** Records Retention

### **POLICY:**

It is the policy of the San Benito Health Care District's Board of Directors to provide guidelines regarding the retention or disposal of San Benito Health Care District records; provide for the identification, maintenance, safeguarding, and disposal of records in the normal course of business; ensure prompt and accurate retrieval of records, and ensure compliance with legal and regulatory requirements.

### **PROCEDURE:**

1. The California Secretary of State has issued local government records management guidelines in accordance with Government Code Section 60200 et seq., which augments the authority of local governments and districts to establish records retention schedules. The Board of Directors of San Benito Health Care District ("District") is authorized by the provisions of California Government Code sections 60200 et seq., to establish a records retention schedule applicable to District records. The records retention policy assists the District in documenting the records that (i) require office or temporary storage, (ii) have historic or research value, and (iii) should be destroyed because they no longer have any administrative, fiscal, or legal value.

**1.1 Authorization for Destruction of Records.** The record retention schedule, Exhibit "A", is the approved schedule for the District which is in compliance with Government Code sections 60200 et seq. The schedule gives the time periods documents must remain open/active for the public, the time period documents will remain closed (saved but may be boxed or in storage) and the process for destroying documents.

**1.2 Destruction of Records after Scanning.** Any record not expressly required by law to be filed and preserved in original form may be destroyed at any time after it is electronically stored in conformance with the requirements of the Government Code section 60203.

**1.3 Destruction of Duplicates:** Pursuant to Government Code section 60200, any duplicate record, paper, or document the original or a permanent photographic copy is in the files of the District, may be destroyed after confirmation that the original or permanent photographic copy remains on file in the District.

**1.4 Retention of Records Not Mentioned.** All records, papers, and documents not mentioned in this policy may be scanned as archival records or destroyed so long as such disposal is consistent with the recommendations of Local Government Record Management Guidelines as set forth by the Secretary of State as the same may be amended from time to time.

**1.5 Retained Records.** Following Government Code Section 60201, the District shall retain records that

- Relate to the formation, change of organization, or reorganization of the District;
- District ordinance unless it has been repealed or is invalid or unenforceable for a period of five years;
- Minutes of a meeting of the legislative body of the District;
- Pending claims and litigation records for two (2) years after the disposition;
- Records that are the subject of a pending Public Records Act request until the request is granted or two (2) years have passed since denial;

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- Records of construction projects prior to notice of completion and release of stop notices, if any;
- Records related to non-discharged contracts or debts; records or title for District real property;
- Unaccepted construction bids/proposals until two (2) years old;
- Records that specify the amount of compensation paid to District employees, officers, or independent contractors until seven (7) years old;
- Records for which the administrative, fiscal, or legal purposes have not yet been fulfilled.



**EXHIBIT "A"**  
**Review Period**

<b>Record Series (Description)</b>	<b>Open/Active</b>	<b>Closed</b>	<b>Disposal</b>	<b>Notes</b>
Accident reports and logs	2 years	2 years	Shred	
Accounting files, Miscellaneous	5 years	5 years	Shred	
Accounts payable (vendor files, invoices, employee travel expense records)	1 year	6 years	Shred	
Accounts receivable	1 year	4 years	Shred	
Agendas, minutes, and supporting materials for Board/Committee packets	1 year	Indefinite	Archive	
Agreements with agencies, firms, individuals	1 year	5 years	Shred	Depending on type of agreement, some will be indefinite
Appraisal Reports	1 year	5 years	Shred	Originals to be filed in project file
Audit Reports	10 years	10 years	Shred	
Bank Statements (with canceled checks)	1 year	4 years	Shred	
Board Correspondence	1 year	4 years	Shred	Dispose after leaving the Board
Budgets, annual	1 year	Indefinite	Archive	
Cash receipt books with backup and deposit tickets	1 year	4 years	Shred	
Claim or litigation on behalf of DHD	1 year	Indefinite	Archive	
Claim or litigation against DHD		Indefinite	Archive	
Computer maintenance files	1 year	3 years	Toss	
Computer programs	1 year	6 years	Toss	
Computer tape disks/backup	2 years	2 years	Toss	
Computer tracking records	1 year	3 years	Toss	

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Conflict of Interest Statements	1 year	Indefinite	Archive	Include oath of office, economic statements, etc.
Correspondence, general	1 year	2 years	Toss	
Deeds	1 year	Indefinite	Archive	
Director's compensation and reimbursement	1 year	4 years	Shred	Dispose after Director leaves Board
Director's fees	1 year	6 years	Shred	Dispose after Director leaves Board
Disability Claims	1 year	Indefinite	Archive	
Easements	1 year	Indefinite	Archive	
Employee records	1 year	6 years	Shred	
Employee records terminated	1 year	6 years	Shred	
Employee time records (i.e. payroll files) including deduction authorizations and overtime	1 year	6 years	Shred	
Employee travel and expense records	6 years	6 years	Shred	
Equipment maintenance records and contracts	1 year	5 years	Toss	
Financial reports, miscellaneous	10 years	10 years	Shred	
Financial Statements, annual	1 year	Indefinite	Archive	
Historical files (history of the former DHD)	1 year	Indefinite	Archive	
Insurance certificates and policies	1 year	6 years	Shred	
Inventory Records	1 year	6 years	Toss	
Investment Portfolio	1 year	Indefinite	Archive	Permanent for research/historical value
Investments (certificates of deposit)	1 year	6 years	Shred	
Lease Agreements	1 year	6 years	Shred	Permanent for research/historical value
Ledgers, General and Journal	1 year	Indefinite	Archive	

Legal opinions	1 year	Indefinite	Archive	
Policies and Procedures	1 year	Indefinite	Archive	
Resolutions	1 year	Indefinite	Archive	
Retirement plan agreements, amendments, and related documents	1 year	Indefinite	Archive	Permanent for historical value
Vehicle operation records	1 year	3 years	Toss	
Vendor files, misc. correspondence	1 year	1 year	Shred	Dispose when no longer relevant
Workers' Compensation files	1 year	6 years	Shred	

\*Schedule Instructions

1. Records are Open/Active files for at least the period stated as a matter of general practice. After the Open/Active period has passed, to the extent possible, records will be identified to the applicable department for closure recommendation, via electronic records management systems.
2. Records placed in closed files will be retained for the scheduled period. Notice to the applicable department will be made prior to disposal.



MEMORIAL HOSPITAL  
SKILLED NURSING FACILITIES  
HOME HEALTH AGENCY

San Antonio Health Care District

**MEDICAL EXECUTIVE COMMITTEE  
CREDENTIALS REPORT  
AUGUST 17, 2022**

**NEW APPOINTMENTS**

PRACTITIONER	DEPT/SERVICE	STATUS	PROCTOR ASSIGNED
Burchett IV, Lawrence MD	Emergency/Emergency	Provisional	
Pin, Bunry DO	Surgery/General	Provisional	
Romo, Richard, MD	Surgery/Anesthesia	Provisional	

**REAPPOINTMENTS**

PRACTITIONER	DEPT/SERVICE	STATUS	TERM
Cassery, Ryan MD	Surgery/Otolaryngology	Provisional to Courtesy	2 yr
Gamboa, Edgar MD	Surgery/General Surgery	Active to Courtesy	2 yr
Ranka, Pankaj MD	Surgery/Anesthesia	Courtesy to Affiliate	2 yr
Sajed, Mohammad MD	Medicine/Teleneurology	Provisional to Consulting	2 yr
Sun, Vivek MD	Medicine/Internal Medicine	Active	2 yr
Vetter, Steven MD	Surgery/ENT	Courtesy	2 yr
Wang, Aileen MD	Medicine/Endocrinology	Active	2 yr

**ADDITIONAL PRIVILEGES**

PRACTITIONER	FIELD	SERVICE

**ALLIED HEALTH – NEW APPOINTMENT**

PRACTITIONER	DEPT/SERVICE	STATUS
Rabbani, Robbin CRNA	Surgery/Anesthesia	Provisional
Witzel, Jason CRNA	Surgery/Anesthesia	Provisional

**AHP – REAPPOINTMENTS**

PRACTITIONER	DEPT/SERVICE	STATUS	TERM
Nola, Andrea PA-C	Surgery/Ortho First Assist	Current	2 yr
Tran, Amy PA-C	Clinic/Physician Assistant	Current	2 yr

**RESIGNATIONS/RETIREMENTS**

PRACTITIONER	DEPT/SERVICE	CURRENT STATUS/DEPT	COMMENT
Kato, Anne MD	Surgery/Ophthalmology	Active	Resign-No longer with Spectrum Eye

Rev: 2/16/2022

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# Hazel Hawkins

## MEMORIAL HOSPITAL

San Benito Health Care District  
Board of Directors Meeting  
25 August 2022  
Chief Clinical Officer Report

- Emergency Department:
  - Visits 1943
  - Admitted 224
  - Codes Trauma 24
  - Codes Stroke 22
  - LWBS 0
- Med / Surg: ADC 13.5
- ICU: ADC 3.1
- OB: 39 deliveries; 132 Outpatient Visits
- OR Cases: 121 (44 inpatient / 77 Outpatient)
- A Process Improvement Team led by Monica Hamilton, Deanna Williams and Shanell Kerkes focused on the workflow of getting patients from the ED to the OR in a timely, efficient manner. Updates to the electronic medical record and education about this to the ED, OR and registration staff contributed to the success of the project.



### Ambulatory Services

- General Surgery Clinic – Construction has begun and we expect to be complete in October of this year. We continue in the licensing process for this clinic.
- Rural Health Clinics – We had two new mid-level providers start at our clinics in August.
- Recruitment – We are in continued discussion with a GI group for additional coverage both in clinic and with call. This month we will be in discussions with a Pediatrician and an ENT physician for possible recruitment. Dr. H. Nguyen, Cardiologist, intends to start providing services at HHH in the near future expanding upon his current practice in Hollister. Recruitment efforts continue for OB, Behavioral Health, Family Medicine, Endocrinology and Cardiology.
- Maple Street – We have completed the scoping of this project and are now vetting architects to complete the planning process of the project. We expect to have this portion underway in a month.

### Imaging Services

- The Imaging team is working with Physicians and other departments to create a Breast Program. They are in the discovery phase and are learning what it will take to implement this program.

### Laboratory Services

- The in house Lab area underwent remodeling this month to enhance patient privacy.





**Hazel Hawkins**  
MEMORIAL HOSPITAL

To: San Benito Health Care District Board of Directors  
From: Amy Breen-Lema, Director, Provider Services & Clinic Operations  
Date: August 13, 2022  
Re: All Clinics – July 2022

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**2022 Rural Health and Specialty clinics' visit volumes**

Total visits for July 2022 in all outpatient clinics = **6,289**

Orthopedic Specialty	415
Multi-Specialty	698
Primary Care Associates	1450
Sunset/Annex	1051
San Juan Bautista	276
1st Street	488
4th Street	1323
Barragan	588

- On July 5<sup>th</sup>, we welcomed Family and Sports Medicine physician Dr. Jullian Nguyen. He has joined the 1<sup>st</sup> Street clinic providing family medicine services and is working in our orthopedic clinic treating non-surgical conditions. He has already proven to be a great addition to the Community Health Care clinics seeing a variety of patients.
- On July 18<sup>th</sup>, our 2 general surgeons Dr. Ryan Gerry & Dr. Nick Gabriel relocated to the Sunset Annex site where they are now seeing all their patients. Having them in one office with the same staff has made a big improvement to streamlined patient care and surgery scheduling.



# Hazel Hawkins

MEMORIAL HOSPITAL

## WILLIAM & INEZ MABIE SKILLED NURSING FACILITY

AUGUST 2022

### BOARD REPORT

AUGUST 16, 2022

**To:**  
**San Benito Health Care District**  
**Board of Directors**

**From:**  
**Sherry Hua, RN, MSN, DON for William & Inez Mabie SNF**

#### **I. Management Activities:**

1. On 8/4/2022, SNF received final determination from CDPH for removal of one of the 7 deficiencies from annual survey after our SNF filed the dispute.
2. Northside had resident COVID outbreak from 7/26/2022. It has been under control. The outbreak source is most likely from visitors due to the high positivity rate in the community.
3. Northside Chiller was recently installed.
4. Both SNFs has been continuing to accommodate admissions.
5. Palliative Care received grant for \$60,000 from Hospice Giving Foundation to support the SNF and hospital Palliative Care Program. Thank you Liz Sparling in Foundation for successful submission of the grant application.

#### **II. In-services for the month of August:**

- |             |  |
|-------------|--|
| <b>8/9</b>  | <b>Dementia: Oral Health</b><br><b>Mandatory L.N. &amp; C.N.A.</b>                     |
| <b>8/16</b> | <b>Pressure Ulcer Prevention &amp; Management</b><br><b>Mandatory L.N. &amp; C.N.A</b> |
| <b>8/30</b> | <b>Dementia: Psychoactive Medication Regimen</b><br><b>Mandatory L.N. &amp; C.N.A</b>  |



### III. Census Statistics for July:

<b>Statistics:</b>	<b>2022</b>	<b>2021</b>
Total Number of Admissions:	6	8
Number of Transfers from HHH:	6	6
Number of Transfers to HHH:	3	2
Number of Deaths:	1	0
Number of Discharges:	8	8
Total Discharges:	9	8
<b>Total Census Days:</b>	<b>1349</b>	<b>1397</b>

Note: Transfers are included in the number of admissions and discharges.  
Deaths are included in the number of total discharges. Total census excludes bed hold days.

<b>Total Discharged by Payer Status Category:</b>	
Medicare:	4
Medicare MC:	1
Medical:	2
Medical MC:	1
Private (self pay):	0
Insurance:	1
<b>Total:</b>	<b>9</b>

<b>Total Patient Days by Payer Status Category:</b>	
Medicare:	154
Medicare MC:	13
Medi-Cal:	1118
Medi-Cal MC:	14
Private:	31
Insurance:	19
Bed Hold/LOA	10
<b>TOTAL:</b>	<b>1359</b>
<b>Average Daily Census</b>	<b>43.84</b>

### IV. Palliative Care Referral Statistics for July:

<b>Referral Sources:</b>	
New Referrals	8
Acute Referrals	4
Southside Referrals	2
Northside Referrals	2

Patients Served	30
Patients Discharged	3
Patients Deceased	5
Grief Support	32
<b>Total Patient Visits</b>	<b>82</b>



**Hazel Hawkins**  
MEMORIAL HOSPITAL

**Mabie Northside SNF**

**Aug 2022**  
**BOARD REPORT**

Aug 12, 2022

**To:**  
**San Benito Health Care District**  
**Board of Directors**

**From:**  
**Sherry Hua, RN, MSN, DON for Mabie Northside SNFs**

**I. Management Activities:**

1. On 8/4/2022, SNF received final determination from CDPH for removal of one of the 7 deficiencies from annual survey after our SNF filed the dispute.
2. Northside had resident COVID outbreak from 7/26/2022. It has been under control. The outbreak source is most likely from visitors due to the high positivity rate in the community.
3. Northside Chiller was recently installed.
4. Both SNFs has been continuing to accommodate admissions.
5. Palliative Care received grant for \$60,000 from Hospice Giving Foundation to support the SNF and hospital Palliative Care Program. Thank you Liz Sparling in Foundation for successful submission of the grant application.

**II. In-services for the month of Aug 2022:**

- 08/04 **Preservation of Patient Dignity and Provision for Privacy, Covid 19 Mitigation Plan, Infection Control**  
Mandatory – All Staff
- 08/18 **Stress Reduction for Resident's Family and Staff, Covid 19 Mitigation Plan, Infection Control and Prevention**  
Mandatory – All Staff

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<b>July STATISTICS:</b>	<b>2022</b>
Total Number of Admissions:	12
Number of Transfers from HHH:	9
Number of Transfers to HHH:	1
Number of Deaths:	0
Number of Discharges:	7
<b>Total Census Days:</b>	<b>1,289</b>

Note: Transfers are included in the number of admissions and discharges.  
Deaths are included in the number of discharges. Total census excludes bed hold days.

<b>Total Discharged by Payer Status Category:</b>	
Medicare:	3
Medicare MC:	0
Medical:	4
Medical MC:	0
Private (self pay):	0
Insurance:	0
<b>Total:</b>	<b>7</b>

<b>Total Patient Days by Payer Status Category:</b>	
Medicare:	210
Medicare MC:	16
Medi-Cal:	1,012
Medi-Cal MC:	0
Private:	31
Insurance:	20
Bed Hold/LOA	21
<b>TOTAL:</b>	<b>1,310</b>
<b>Average Daily Census</b>	<b>41.58</b>



# Hazel Hawkins

MEMORIAL HOSPITAL

To: San Benito Health Care District Board of Directors

From: Anita Frederick, Administrator, San Benito Home Health Care

Date: JULY 2022

## HOME HEALTH STATS

	APRIL 2022	MAY 2022	JUNE 2022	JULY 2022
Total Admissions	45	45	44	37
Total Home Visits	556	476	422	519
Census / Total Patients	77	75	86	88

## REFERRAL SOURCES

	APRIL 2022	MAY 2022	JUNE 2022	JULY 2022
Hazel Hawkins	33%	39%	32%	52%
Other Hospitals	6.5%	11%	14%	16%
Southside SNF	6.5%	2%	7%	5%
Northside SNF	18%	18%	11%	3%
Other SNFs	0%	2%	2%	5%
M.D. / Clinics	36%	28%	34%	19%

## PAYOR REFERRAL SOURCE

	APRIL 2022	MAY 2022	JUNE 2022	JULY 2022
Medicare	83%	62%	89%	68%
PVT	2%	7%	2%	2.5%
Medicare Managed	13%	18%	5%	19%
Medical	2%	11%	2%	8%
Workers Comp	2%	2%	2%	2.5%

## \*PAYOR SOURCE OF VISITS MADE

	APRIL 2022	MAY 2022	JUNE 2022	JULY 2022
Medicare	73%	77%	81%	78%
Medi-Cal	4%	5%	5%	4%
Private	7%	7%	4%	3%
Managed Medicare	16%	11%	8%	12%
Workers Comp	0%	0%	2%	3%

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**Hazel Hawkins**  
MEMORIAL HOSPITAL

To: San Benito Health Care District Board of Directors  
From: Bernadette Enderez, Director of Diagnostic Services  
Date: August 2022  
Re: Laboratory and Diagnostic Imaging

=====

Updates:

Laboratory

1. Service/Outreach
  - Main laboratory outpatient modification completed
  
2. Covid Testing
  - Period: July 2022
  - Total Samples tested: 4119
  - Positivity Rate: 6.91%
  
3. New Tests/Analyzers
  - Handheld patient identification printers delivered. Training on phlebotomists ongoing.
  
4. Quality Assurance/Performance Improvement Activities
  - Sunquest project implementation meeting every Monday.
  - Evaluations on Laboratory Staff currently ongoing
  - Medical Necessity performance improvement project with Skilled Nursing in process looking at possibly connecting PCC with Sunquest
  
5. Laboratory Statistics
  - See attached report

Diagnostic Imaging

1. New Analyzers
  - Ultrasound Probe high level disinfection machine approved for purchase
  - Business case for replacement of 2 ultrasound machines submitted for approval



# Hazel Hawkins

MEMORIAL HOSPITAL

## 2. Quality Assurance/Performance Improvement Activities

- Workflow modification implemented for Ultrasound requests to deliver easier access to care for patients
- Policy review and revision ongoing with Rad Tech Leads
- Mammo educator consultant was on-site for an evaluation of the current workflow in Mammo department.
- Cross training of staff for modalities below is ongoing to ensure operational continuity
  - a. Dexa
  - b. CT
  - c. Mammo special procedures
- Forms creation and revision for improved workflow standardization:
  - a. Verbal order form
  - b. Mammo requisition form
  - c. Ultrasound Tech worksheet
  - d. Interventional Radiology laboratory request form
  - e. MRI reference list

MAIN LABORATORY													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
2020	1019	840	799	602	801	875	1138	925	903	1080	942	1059	10983
2021	891	739	1020	939	955	1058	1080	1272	1563	1504	1491	1584	14096
2022	2035	1336	1506	1323	1277	1165	1112						

HHH EMPLOYEE HEALTH WEEKLY COVID TEST (INCLUDING SNF_NEW SNF LOCATION ONLY)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
2020							89	478	725	560	565	2599	5016
2021	1888	1566	1443	1110	1031	1122	1045	1656	2143	1695	1842	2458	18999
2022	2987	2136	1915	1767	2219	2546	2244						

MC CRAY LAB													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
2020	1074	1019	941	921	1143	1125	1111	1028	1061	1260	999	1073	12755
2021	1263	1274	1394	1125	1119	1193	1165	1248	1192	1187	1100	1099	14359
2022	1230	1044	1206	1069	1033	1025	1061						

SUNNYSLOPE LAB													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
2020	671	652	424	2	135	472	437	426	463	498	377	470	5027
2021	699	601	624	590	479	636	553	613	580	574	462	487	6898
2022	536	511	632	521	467	488	495						

ER AND ASC													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
2020	1199	1034	943	931	909	1163	1909	1490	1145	1114	1186	1186	14209
2021	1628	1162	1126	1077	1083	1089	1174	1415	1272	1139	1059	1279	14503
2022	1434	839	1040	993	1328	1335	1111						

TOTAL OUTPATIENT													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
2020	3963	3545	3107	2456	2988	3635	4684	4347	4297	4512	4069	6387	47990
2021	6369	5342	5607	4841	4667	5098	5778	6204	6750	6750	5945	6907	70258
2022	8222	5866	6299	5673	6324	6559	6023						

TOTAL INPATIENT (ICU,MEDSURG,OB,SNF)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
2020	443	409	412	353	473	508	814	700	494	442	653	1146	6847
2021	1116	1053	603	654	705	751	761	803	791	986	874	1301	10398
2022	1311	1102	945	678	963	1258	1321						



LABORATORY DEPARTMENT  
REQUISITION STATISTICS

Bernadette Enderez  
Director of Laboratory Services

Michael McGinnis, M.D.  
Medical Director

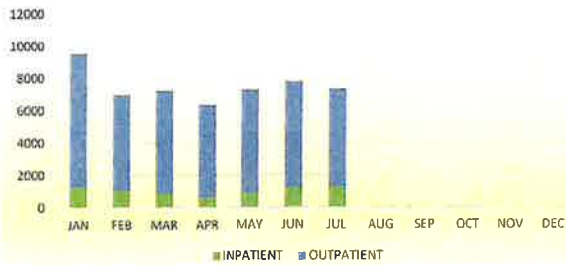
*8/14/21*  
*Michael McGinnis*

**INPATIENT VS OUTPATIENT LABORATORY STATISTICS**

YR 2022														
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	
INPATIENT	1311	1102	945	678	963	1258	1321						7578	INPATIENT
OUTPATIENT	8222	5866	6299	5673	6324	6559	6023						44966	OUTPATIENT

YR 2021														
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	
INPATIENT	1116	1053	603	654	705	751	946	803	791	986	874	1301	10583	INPATIENT
OUTPATIENT	6369	5342	5607	4841	4667	5098	5778	6204	6750	6750	5954	6907	70267	OUTPATIENT

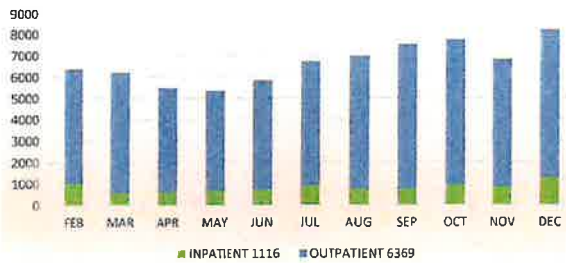
YR 2022 INPATIENT VS OUTPATIENT STATS



YR 2022 INPATIENT VS OUTPATIENT TOTALS



YR 2021 INPATIENT VS OUTPATIENT STATS



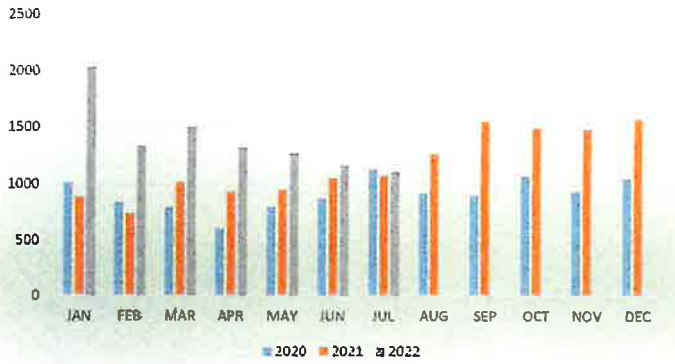
YR 2021 INPATIENT VS OUTPATIENT TOTALS



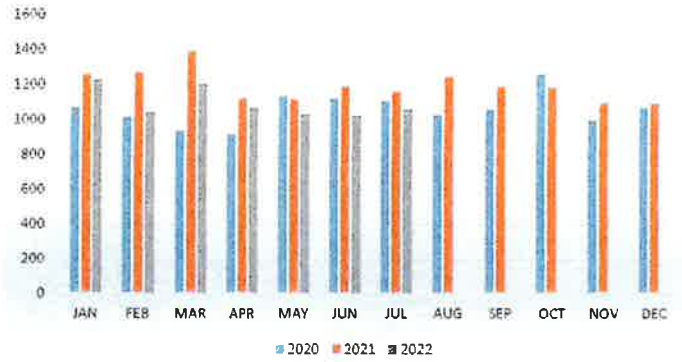
110



**MAIN LAB OUTPATIENT STATISTICS**



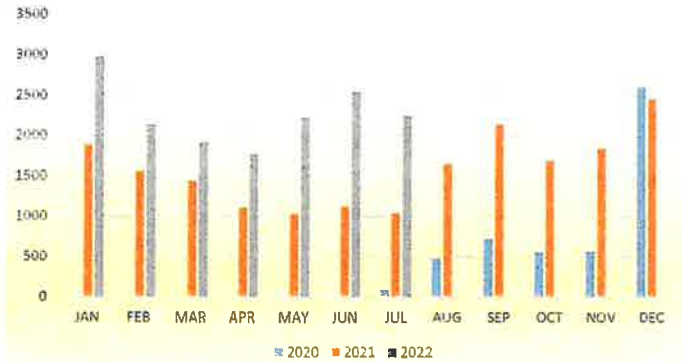
**MC CRAY OUTPATIENT STATISTICS**



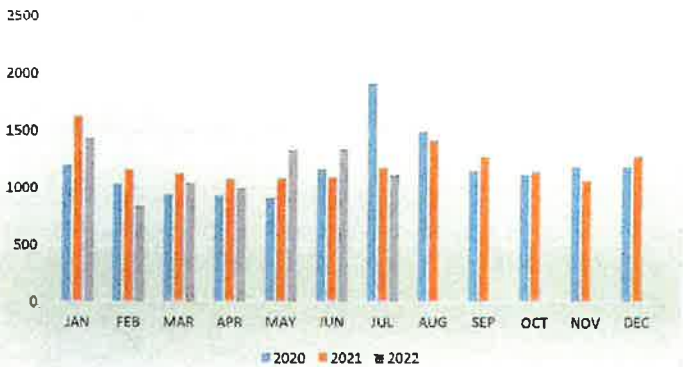
**SUNNYSLOPE LAB STATISTICS**



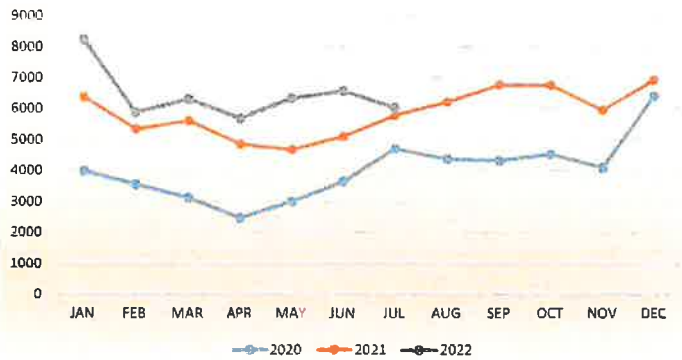
**HHH EMPLOYEE COVID19 SURVEILLANCE STATISTICS**



**ER AND ASC LAB STATISTICS**



**OUTPATIENT LAB STATISTICS**



**LABORATORY DEPARTMENT**

**OUTPATIENT STATISTICS**

**Bernadette Enderez**  
Director of Laboratory Services

**Michael McGinnis, M.D.**  
Medical Director

lll.

**PATIENT ENGAGEMENT | SATISFACTION**

- Rounding
- Press Ganey Comments and Results Distribution to Directors
- Press Ganey Contract Revision—Change to mail and email.
- Collaboration with Quality to resolve grievances.
- Reputation.Com survey management

**Reputation**

Year	Surveys Sent	Surveys Opened	Clicked	CTR	Facebook/Google Reviews	Negative	Positive	Overall Rating
2022	1826	1727	266	15%	34	24%	76%	4.1/5
2021	0	0	0	0	28	54%	46%	2.9/5

**COMMUNITY ENGAGEMENT**

**Employees:**

- Hawkins Happenings
- Employee of the Month Postings
- National Health Center Month - Clinic Staff recognition at all 7 clinics.
- Employee Forum Slide Deck

**Physicians / Providers**

- Introduced Drs. Gabriel and T. Nguyen to Gary Byrne at the Community Foundation.
- Physician Advisory Council
- Branding Videos for Dr. Gerry and Dr. Gabriel
- Patient Testimonial Video
- Surgical Specialist Information Sheet

**Public:**

- Sponsored Hollister 150th Anniversary and Attended the Gala
- Anthem Blue Cross Communications
- Donated 250 bottles of hand sanitizer to golf tournament for PJ Galvan Memorial Scholarship Fund
- Meeting with Bea Gonzales, County Board of Supervisors
- Business Council Participation
- Sheriff Taylor and the Emergency Department



**SURGICAL SPECIALISTS**

PHYSICIAN	LOCATION	SCAN QR CODE FOR VIDEO INTRODUCTION
 Luis B. MD	1111 University Ave, Suite 1000, Hollister, CA 95023	
 Daniel Smith, MD	1111 University Ave, Suite 1000, Hollister, CA 95023	
 Mark Collins, MD	1111 University Ave, Suite 1000, Hollister, CA 95023	
 Pete Gerry, MD	1111 University Ave, Suite 1000, Hollister, CA 95023	
 C. Allen Griffith, MD	1111 University Ave, Suite 1000, Hollister, CA 95023	
 Hector Nguyen, MD	1111 University Ave, Suite 1000, Hollister, CA 95023	
 Steven Rogers, MD	1111 University Ave, Suite 1000, Hollister, CA 95023	

**MARKETING**

Social last 28 days

- Social Media Postings:

Facebook Page reach ⓘ

13,070 ↑ 12.3%

Instagram reach ⓘ

36 ↓ 84.5%

**Content ⓘ**

Sort by: Reach ▾



Wed Jul 27 7:03pm  
**Welcome Dr. Nguyen - y...**  
Post  
Reach 2,652



Fri Jul 22 4:36pm  
**Our Emergency Medicine...**  
Post  
Reach 1,133



Fri Aug 12 10:35am  
**Day 5 of National Health ...**  
Post  
Reach 988



Mon Aug 8, 1:58pm  
**This week, August 7 - 13, ...**  
Post  
Reach 936



Thu Aug 11 3:50pm  
**Day 4 of National Health ...**  
Post  
Reach 910



Fri Aug 5, 1:53pm  
**Dr. Tolentino is one of Ho...**  
Post  
Reach 883



Wed Aug 10 1:19pm  
**Day 3 of National Health ...**  
Post  
Reach 807



Tue Aug 9 9:05am  
**Day 2 of National Health ...**  
Post  
Reach 713

**BUSINESS DEVELOPMENT**

- Anthem Blue Cross Taskforce
- Website Development
- On Boarding Thomas Nguyen, MD, Orthopedic Surgeon
- Breast Program Taskforce
- Strategic Planning Preparation



TO: San Benito Health Care District Board of Directors  
FROM: Liz Sparling, Foundation Director  
DATE: August 2022  
RE: Foundation Report

The Hazel Hawkins Hospital Foundation Board of Trustees met on August 11<sup>th</sup> in the Horizon Room. Anita Frederick, RN, HHMH Administrator of San Benito Home Health Care gave a presentation on the Home Health Program at HHMH.

**Financial Report for June & July**

1. Income	\$ 16,542.61
2. Expenses	\$ 39,799.97
3. New Donors	12
4. Total Donations	163

**Approved Allocations - No Allocations.**

**Directors Report**

- The Foundation had our Flagpole/Garden area Dedication to Gerald McCullough on July 15th. The event was very successful and the refreshed garden area looks really nice. Thank you to all who helped with the project especially Mary and Jeri and thank you to all who attended.
- I am thrilled to report that a new Administrative Coordinator position has been created to help the Foundation and Marketing Departments.
- Lanetta Bishop's Trust left the Foundation a donation after she passed. I have been in touch with Paul Rovella, and we are waiting to receive the funds. She was a very strong supporter of our Hospital Foundation and Auxiliary.
- The grant report for the Monterey Peninsula Foundation Grant was submitted and we have now fulfilled all our reporting requirements with this grant. I will now set up a meeting with Mary and Barbara to discuss future grant applications.
- Our FLEX grant report for the Diabetes Education Program report has been submitted and CHA asked Amy Breen-Lema, Kristi Matthews and I to be at their August 16th Roundtable to present our program. They were very impressed with our program and report on our Diabetes Education Program.
- The Hospice Giving Foundation awarded us \$60,000 for our Palliative Care Program.
- I attended the Twin Oaks opening of their new Club House and Pool on July 8th. It is a very nice housing community adjacent to HHMH. They spoke very highly of the Hospital.
- Our marketing department is revamping the hospital website and our site is included in the project. We are hopeful it can launch in the next couple months.
- CSU, Chico (where I went to college) has a Women in Leadership program that approached me to attend and be a part of this year's class. It is a yearlong professional development course. Most of the classes are still Zoom at this time.

**Dinner Dance Committee**

Our "Save the Date" postcard was mailed in late June that explains that we will be having a Gourmet Dinner Pick-Up again this year but with a social hour at the Inn's private guest house that will have music, wine and beer tasting, no host bar and an awards presentation. Sponsor letters went out in at the end of July and we have over \$30,000 in sponsorships already. We are looking forward to a very successful event.

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# Hazel Hawkins

MEMORIAL HOSPITAL

## SAN BENITO HEALTH CARE DISTRICT

**Mission Statement** -The San Benito Health Care District is a public agency that serves as a responsive, comprehensive health care resource for its patients, physicians, and the health care consumers of the community.

**Vision Statement** - San Benito Health Care District is committed to meeting community health care needs with quality care in a safe and compassionate environment.

### CEO's Administrative Report – August 25th, 2022

To: San Benito Health Care District Board of Directors

#### COVID-19 Pandemic Surge

Handouts will be provided at the Board meeting with the most current San Benito County COVID – 19 information.

#### Administrative General Updates

##### Administration Dashboard:

Verbal report at the meeting during CEO update.

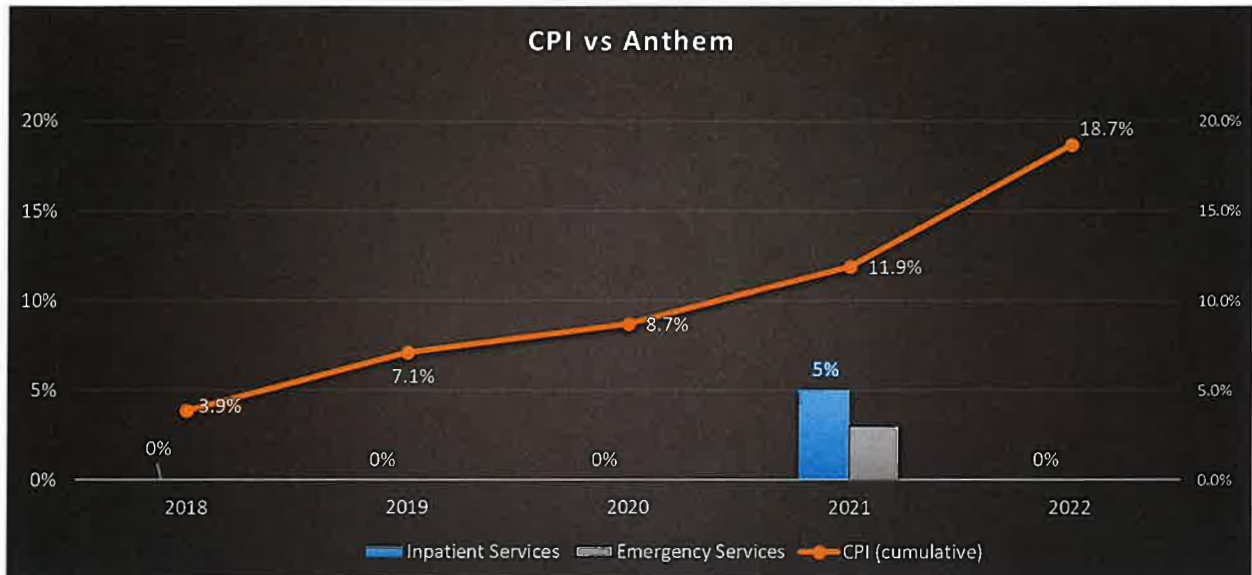
##### Anthem Blue Cross Negotiation:

Follow-up meetings have occurred or are being scheduled to occur with the San Benito County Human Resources, Board of Supervisor individual members, private employers, schools, and others.

As reported last month and at Finance Committee this month, a stand-alone hospital like HHMH has very little negotiating leverage when it comes to a large national for-profit insurance company like Anthem Blue Cross. Terminations occur across the industry by large systems and stand-alone hospitals as it seems to be the only way that Anthem will begin to offer a competitive rate. Below is a chart showing the increase provided by Anthem over the past 4 years as one comparison of the variance from basic cumulative CPI increases. The actual hospital increase in the cost of providing services exceeds the CPI in most years due to increases in labor costs, supplies, and medical equipment.



# Hazel Hawkins MEMORIAL HOSPITAL



The termination on August 10<sup>th</sup>, 2022 has caused significant concern in the community and disruption to the ease of access to healthcare services at HHMH for members covered by the Anthem Blue Cross PPO products. HHMH's attorney and consultant have advised that the best thing to occur is for multiple complaints to be filed by concerned citizens, physicians, employers, and legislators with the State Department of Managed Healthcare DMHC and with Anthem. HHMH is providing contact information to all who are interested in filing a complaint and the main message is that Anthem is responsible for ensuring that the local hospital, where tens of thousands of covered members (best estimate), has "in-network" status. It is the insurance plan's responsibility to provide "in-network" coverage and we believe it is irresponsible to ask their covered members to leave the District and travel to other communities for their care. This is especially the case when we believe that Anthem is compensating other hospitals at a much higher rate than they have historically compensated HHMH.

Any Board members that wish to file complaints with DHMC, Anthem, or to call local legislators would be welcome to do so. This would assist the overall effort to draw attention to this situation and to get it resolved by Anthem offering a competitive and fair compensation rate to HHMH.

### Strategic Plan Update:

The Strategic Planning Retreat scheduled for October 13<sup>th</sup> has been delayed by Board leadership recommendation. Targeting the first of the next CY will allow more time to prepare for the retreat.

### Legislative Update:

I participated in the CHA, DHLF, and ACHD Seismic discussions throughout this past month. CHA revealed that their negotiated agreement with part of Labor leadership included an increase to

llc



# Hazel Hawkins

## MEMORIAL HOSPITAL

the minimum wage across 3 tiers of Counties in exchange for a delay in the Seismic requirements for 7 years. While we cautiously support this proposed legislation, there are concerns that the delay is not actually a solution as most hospitals that haven't met seismic requirements are financially unable to do so and another 7 years is not likely to change that fact. In addition, the minimum wage increase is not widely supported by hospitals. However, efforts for the issue to become a ballot initiative, at which point no negotiation of how the increases would occur, has been an offsetting factor to the overall concern of combining the increases with Seismic relief proposed legislation.

We also communicate while participating in the various discussions that the underlying crisis is not necessarily seismic retrofitting costs but, that MediCal has not increased the rates paid to hospitals for the past 10 years. If hospitals had had better compensation for MediCal for the past decade, the seismic retrofitting would be further along for many hospitals. There seems to be very little ability for the legislators to make progress on moving forward with MediCal increases but there is continued expansion of eligibility for the program which is concerning from a financial impact perspective on healthcare.

The executive team met with Assembly Member Rivas' staff this past week to discuss both the CHA proposed legislation and the Anthem Blue Cross PPO termination. The "ask" of AM Rivas was for calls to be made by his office to the DMHC and Anthem in order to provide a catalyst for HHMH to receive a fair rate.

Communication has also occurred with Senator Caballero's office on the same issues.

### **Medical Staff updates**

#### **Medical Staff:**

The ER Physician coverage agreement with USACs is coming up for renewal in February of 2023 and the Radiologist coverage agreement for HHMH is coming up for renewal in June of 2023. It has been decided to allow the ER contract to auto-renew for a 1-year extension through February 2024. While HHMH is strongly promoting a solid and loyal medical staff, it is also important to ensure that coverage agreements meet the District's requirements for quality of care provided, patient experience and are financially adequate.

I would like to complement the Medical Staff Leadership in the handling of a couple of challenging situations this past month. Strong, policy-based, process-focused Medical Staff Leadership can have a positive impact in ensuring that the hospital meets regulatory compliance, implements changes and improvements where necessary, and that the relationship with hospital administration functions well.

### **Community and Regional Activities**



# Hazel Hawkins

MEMORIAL HOSPITAL

Several HHMH leaders attended the Hollister 150 Year gala this past month. It was a well-attended event and many of us were able to meet other community leaders and network on behalf of HHMH. The history of Hollister dating back to 20 years after the State of CA was formed is quite interesting.

**CEO HHMH/Community Activities:**

- Hospital Rounding – Daily
- San Benito County Sherrif – Aug 2nd
- FQHC Phone Meeting – Aug 10th
- Physician Advisory Council Meeting – Aug 10th
- Foundation Board Meeting – Aug 11<sup>th</sup>
- HHMH Employee Forum Meetings – Aug 16<sup>th</sup> and 17th
- Public health – Monthly
- Anthem Blue Cross PPO Situation Meetings – Daily

**CEO Regional/National Activities:**

- Kaiser Permanente Zoom Meeting – Aug 4<sup>th</sup>
- ACHD Seismic Meeting – Aug 4th
- CHA Seismic/Min Wage Zoom Meeting – Aug 11th
- CCAHN Seismic/Min Wage Zoom Meeting – Aug 15th
- DHLF Board Meeting – Aug 17th
- Monterey Hospital Council – Aug 19th

Sincerely,

*Steven Hannah*

Steven M. Hannah, MHA  
*Chief Executive Officer*

**Acronyms**

ACHD	Association of California Hospital Districts
ACO	Accountable Care Organization
AFE	*Acronym Free Environment
AM	Assembly Member
APP	Advanced Practice Practitioners (FNP and PA)
ASC	Ambulatory Surgery Center
BBK	Best, Best and Krieger Law Firm
CAH	Critical Access Hospital
CCAHN	California Critical Access Hospital Network (CHA)

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# Hazel Hawkins

## MEMORIAL HOSPITAL

CDC	Center for Disease Control
CDPH	California Department of Public Health
CEO	Chief Executive Officer
CFO	Chief Finance Officer
CHA	California Hospital Association
CHNA	Community Health Needs Assessment (Not applicable to Districts)
CIN	Clinically Integrated Network
CMI	Case Mix Index (CMS acuity measure)
CMMI	Centers for Medicare and Medicaid Innovation
CMO	Chief Medical Officer
CMS	Centers for Medicare and Medicaid (HCFA from the old days)
CNE	Chief Nurse Executive
COO VP AS	Chief Operating Officer, Vice President of Ambulatory Services
COS	Chief of Staff (Medical)
COVID – 19	Coronavirus SARS-CoV-2
CPI	Consumer Price Index
CY	Calendar Year
CYTD	Calendar Year to Date
DHLF	District Hospital Leadership Forum
DMHC	CA Department of Managed Healthcare
DPM	Doctor of Podiatry Medicine
ED	Emergency Department
FMV	Fair Market Value
FNP	Family Nurse Practitioner
FQHC	Federally Qualified Health Center
FY	Fiscal Year
HCA	Hospital Corporation of America
HCP	Healthcare personnel
HHMH	Hazel Hawkins Memorial Hospital
HIPPA	Health Information Privacy and Portability Act
HIT	Health Information Technology
HMO	Health Maintenance Organization
HOPD	Hospital Outpatient Department
HPF	Hospital Provider Fee Program
HR	Human Resources
ICU	Intensive Care Unit
IPA	Independent Physician Association
LLP	Limited Liability Partnership
Locum Tenens	Temporary physician – “in place of another”
LOI	Letter of Intent
MACRA	CMS-Medicare Access & CHIP Reauthorization Act of 2015 MAP
MAP	Management Action Plan
MD	Medical Doctor
MGMA	Medical Group Management Association
MS & Med Surg	Medical Surgical Unit
MIPs	CMS-Merit Based Incentive Payment System
MOB	Medical Office Building
MOR	Management Operating Review
MOU	Memorandum of Understanding
OR	Operating Room
OSHPD	Office of Statewide Health Planning and Development



# Hazel Hawkins

## MEMORIAL HOSPITAL

P&L	Profit and Loss
PA	Physician Assistant
PC	Professional Corporation
PCP	Primary Care Provider
PHO	Physician Hospital Organization
PPO	Preferred Provider Organization
PPS	Prospective Payment System
PR	Public Relations
PSA	Professional Services Agreement
Q1, Q2, etc.	Quarter 1, Quarter 2, etc.
QIP	Quality Incentive Program
RA	Recruitment Agreement
RFI	Request for Information
RFP	Request for Proposal
RHC	Rural Health Clinic
SNF	Skilled Nursing Facility
SPC	Structural Performance Category
TBD	To be Determined
TJC	The Joint Commission (formerly JACHO)
TPA	Third Party Administrator
USACS	US Acute Care Solutions
VEP	Pinehurst Hospitalist Medical Group d/b/a VEP Healthcare
VP	Vice President
YTD	Year to Date



San Benito Health Care District  
 Hazel Hawkins Memorial Hospital  
 August 25, 2022

Description	Target	Rolling 12 month July
Overall Rating of the Hospital	77%	71.08 ↑
Likelihood to Recommend the Hospital	75%	64.50 ↓
CMS 30-Day All Cause Readmission Rate	11%	11.52 ↑
Surgical Site Infections (SIR)	1.00	1.65 ↓

Description	Target	MTD Actual	YTD Actual	YTD Target
Average Daily Census - Acute	17.87	18.26	18.26	17.52
Average Daily Census - SNF	88.00	85.10	85.10	88.00
# of Surgery Cases	158	120	120	158
EBIDA %	4.45%	0.00%	0.00%	4.45%
Operating Margin	-0.30%	-4.71%	-4.71%	-0.30%
<b>Met or Exceeded Target</b>				
<b>Within 10% of Target</b>				
<b>Not Within 10%</b>				

Note: Proposed targets for "Overall Rating of the Hospital" and "Likelihood to Recommend the Hospital" are based on the 50th percentile of Small Hospitals < 50 Beds in the Press Ganey Database.  
 SIR = The Standardized Infection Ratio compares the actual number of Hospital Acquired Infections to the predicted number of infections. A SIR of 1 means that the actual number is equal to the predicted number.  
 SIR = Jan - Jun 2022 rate. SSI SIR is calculated utilizing NHSN data every 6 months.

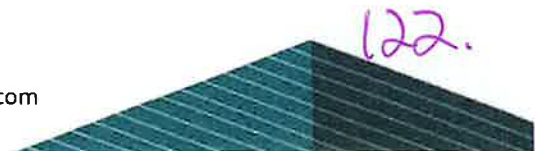
121.

**FINANCE COMMITTEE**  
**Thursday, August 18, 2022, 5:00 p.m**  
**Meeting Agenda**

Call to Order

- I. Financial Reports:
  - A. Financial Statements – July 2022
  
- II. Financial Updates
  - A. Finance Dashboard
  - B. Noridian/Medicare Adjustment
  - C. 401(a) Plan
  
- III. Contracts
  - A. 591 McCray Street Lease Agreement with Meridian Professional Properties, LLC **(Action item)**
  
- IV. Physician Contracts
  - A. Christopher Verioti, D.O. – Orthopedic Surgery Coverage Agreement **(Action item)**
  
- V. Capital Leases
  - A. Ultrasound Machines (2) **(Action Item)**
  - B. 4K Video Upgrade for Surgery Center OR **(Action Item)**

Adjournment



San Benito Health Care District  
Finance Committee Minutes  
August 18, 2022 - 5:00pm

Present: Jeri Hernandez, Board President  
Rick Shelton, Board Treasurer  
Bill Johnson, Board Vice President  
Don Winn, Board Secretary  
Josie Sanchez, Board Assistant Secretary  
Steven Hannah, Chief Executive Officer  
Mark Robinson, Vice President-Finance\Support Services  
Barbara Vogelsang, Chief Clinical Officer  
Mary Casillas, Chief Operations Officer  
Lindsey Parnell, Controller

**CALL TO ORDER**

The meeting of the Finance Committee was called to order at 5:02pm as a hybrid virtual meeting due to the COVID-19 outbreak. Instructions to log in were posted with the agenda on the Public Notice bulletin board.

I. **FINANCIAL STATEMENTS**

**A. July 2022**

The Financial Statements for July 2022 were presented for review. For the month ending July 31, 2022, the District's Net Surplus (Loss) is (\$259,737) compared to a budgeted Surplus (Loss) of \$226,436. The District is under budget for the month by \$486,173.

Acute discharges were 224 for the month, over budget for the month by 27 discharges or 14%. The Average Daily Census was 18.26 compared to a budget of 17.87. The average length of stay was 2.53. The Acute I/P gross revenue was over budget by \$402,073 while O/P services gross revenue was over budget by \$1.4 million or 7%. Inpatient ER visits were 186 visits while ER O/P visits were below budget by 116 visits or 6%. The Rural Health Clinics treated 3,726 patients (includes 588 visits at the Diabetes Clinic) while the other clinics treated 2,563 outpatients.

Other Operating revenue was under budget by \$20,083 due to decrease in physician collections.

Operating expenses exceeded budget by \$103,268 due mainly to variances in: Salary and wages being under by \$145,868 while being offset by registry overages of \$253,425.

Non-operating Revenue exceeded budget by \$43,122 due to receiving donations exceeding budget by \$34,583.

The Skilled Nursing Facilities had an average daily census of 85.10 with a budgeted ADC of 88. The SNFs Net Surplus (Loss) is \$75,549 compared to a budget of \$73,638.

Fiscal year ending June 30, 2023 is budgeted to meet or exceed all of the Cal- Mortgage 2021 bond covenant targets. They are a **1.25** DSR, **30** days cash-on-hand and a **1.5** current ratio.

## II. FINANCIAL UPDATES

- A. **Finance Dashboard** – The Finance Dashboard was reviewed by the Committee in detail.
- B. **Noridian/Medicare Adjustment** – On June 30, 2022, Noridian Healthcare Solutions (Medicare Intermediary) informed the district that it estimated the district was over-reimbursed by \$5.158 million for the fiscal year ended June 30, 2022. The Medicare Cost Report is scheduled to be filed by October 31, 2022. It will provide the District with a more accurate Due To/From settlement amount. This has a negative impact on the cash flow for the fiscal year ended June 20, 2023 in two ways. First, the District made a \$491,174 payment towards the settlement and will continue to pay \$441,036 per month for the next 11 months. Secondly, Noridian has reduced the reimbursement rates until the new estimate is available in January 2023.
- C. **401(a)** – A brief update was provided on the benefits of the 401(a) plan.

## III. CONTRACTS

- A. **591 McCray Street Lease Agreement with Meridian Professional Properties, LLC** – The District currently leases space at 591 McCray Street for Lab services. The lease extension is effective 07/01/2022 and will extend the lease term from February 1, 2023 to February 1, 2028. Base rent during the extended lease term will be \$3,740 in year 1, \$3,785 in year 2, \$3,829 in year 3, \$3,874 in year 4, and \$3,918 in year 5. Finance Committee recommends this lease extension for Board approval

## IV. PHYSICIAN CONTRACTS

- A. **Christopher Veriotti, D.O., Orthopedic Surgery Coverage Agreement** – The Orthopedic Surgery Coverage Agreement has a proposed effective date of 09/01/2022 with a 1-year contract term and a 30-day termination clause. The agreement allows for part-time clinic and emergency call coverage for a minimum of 10 shifts per month. The base monthly compensation will be set in the 60<sup>th</sup> percentile of Fair Market Value at \$25,000 per month (\$2,500 per shift) plus reimbursement of travel expenses. The Finance Committee recommends this agreement for Board approval.

## V. CAPITAL

- A. **Ultrasound Machines (2)** – The business case was presented for replacing two ultrasound units that are currently end of life.
  - i. **Equipment:** The Finance Committee recommends the capital lease of two Siemens Sequoia ultrasound units for Board action. Units will be leased at a total cost of \$6,272.86 per month with a \$1.00 buyout option at the end of the 5-year lease term.
  - ii. **Service Contract:** The Finance Committee recommends the service contract for the leased ultrasound units for Board action. Service contract cost is \$28,190 annually, beginning in the second year, for a total of \$112,760 over the 5-year term.

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**B. 4K Video Upgrade for Surgery Center OR –**

- i. Equipment: The Finance Committee recommends the capital lease of a 4K Video Upgrade for Board action. Equipment will be leased at a total cost of \$5,788.33 per month with a \$1.00 buyout option at the end of the 5-year lease term.
- ii. Service Contract: The Finance Committee recommends the service contract for the leased 4K Video Equipment for Board action. Service contract cost is \$1,983.33 per month for four years, beginning in the second year of the capital lease term.

**ADJOURNMENT**

There being no further business, the Committee was adjourned at 5:40pm.

Respectfully submitted,



Lindsey Parnell  
Controller



August 18, 2022

**CFO Financial Summary for the Finance Committee:**

For the month ending July 31, 2022, the District's Net Surplus (**Loss**) is **(\$259,737)** compared to a budgeted Surplus (**Loss**) of \$226,436. The District is under budget for the month by \$486,173.

Acute discharges were 224 for the month, over budget by 27 discharges or 14%. The ADC was 18.26 compared to a budget of 17.87. The ALOS was 2.53. The acute I/P gross revenue was over budget by **\$402,073** while O/P services gross revenue was **\$1.4 million** or 7% over budget. ER I/P visits were 186 and ER O/P visits were under budget by 116 visits or 6%. The RHCs & Specialty Clinics treated 3,726 (includes 588 visits at the Diabetes Clinic) and 2,563 visits respectively.

On June 30, 2022, Noridian Healthcare Solutions (Medicare Intermediary) informed the District that it estimated the District was over reimbursed by **\$5.158 million** for the FYE June 30, 2022. The Medicare Cost report is scheduled to be filed by October 31, 2022. It will provide the District with a more accurate due to from settlement.

This has a negative impact on the cash flow for FYE June 30, 2023 in two ways: 1) The District made a \$491,174.26 payment towards the settlement and will pay \$441,036.22 per month for the next 11 months. 2) Noridian has reduced the reimbursement rates until the new estimate is available in January 2023.

**Other Operating** revenue was under budget by **\$20,083** due to a decrease in physician collections.

**Operating Expenses** exceeded budget by **\$103,268** due mainly to variances in: Salary and Wages being under by \$145,868 while being offset by Registry overages of \$253,425.

**Non-operating Revenue** exceeded budget by **\$43,122** due to receiving donations exceeding budget by \$34,583.

The SNFs ADC was **85.10** for the month. The Net Surplus (**Loss**) is **\$75,549** compared to a budget of \$73,638. The ADC is budgeted to be 88 residents each month for the year.

The debt service ratio for the fiscal year ending June 30, 2023 is budgeted to exceed **1.25**, the days-cash-on-hand is budgeted to exceed **30.00** and the current ratio is budgeted to be less than **1.5**. The Cal- Mortgage 2021 bond covenant targets are a **1.25** DSR, **30** days cash-on-hand and a **1.5** current ratio.

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HAZEL HAWKINS MEMORIAL HOSPITAL- COMBINED  
 HOLLISTER, CA 95023  
 FOR PERIOD 07/31/22

	ACTUAL 7/31/2022	BUDGET 7/31/2022	CURRENT MONTH POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 7/31/2021	ACTUAL 7/31/2022	BUDGET 7/31/2022	YEAR-TO-DATE POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 7/31/2021
GROSS PATIENT REVENUE:										
ACUTE ROUTINE REVENUE	4,070,057	3,786,775	283,282	7%	3,432,037	4,070,057	3,786,775	283,282	7%	3,432,037
SNF ROUTINE REVENUE	1,982,350	2,046,000	(63,650)	-3%	1,712,120	1,982,350	2,046,000	(63,650)	-3%	1,712,120
ANCILLARY INPATIENT REVENUE	4,986,091	4,848,080	138,011	3%	4,747,913	4,986,091	4,848,080	138,011	3%	4,747,913
HOSPITALIST\PEDS I\P REVENUE	198,310	191,663	6,647	3%	168,501	198,310	191,663	6,647	3%	168,501
<b>TOTAL GROSS INPATIENT REVENUE</b>	<b>11,236,808</b>	<b>10,872,518</b>	<b>364,290</b>	<b>3%</b>	<b>10,060,571</b>	<b>11,236,808</b>	<b>10,872,518</b>	<b>364,290</b>	<b>3%</b>	<b>10,060,571</b>
ANCILLARY OUTPATIENT REVENUE	21,194,412	19,807,921	1,386,491	7%	20,681,846	21,194,412	19,807,921	1,386,491	7%	20,681,846
HOSPITALIST\PEDS O\P REVENUE	72,851	55,855	16,996	30%	45,638	72,851	55,855	16,996	30%	45,638
<b>TOTAL GROSS OUTPATIENT REVENUE</b>	<b>21,267,263</b>	<b>19,863,776</b>	<b>1,403,487</b>	<b>7%</b>	<b>20,727,484</b>	<b>21,267,263</b>	<b>19,863,776</b>	<b>1,403,487</b>	<b>7%</b>	<b>20,727,484</b>
<b>TOTAL GROSS PATIENT REVENUE</b>	<b>32,504,072</b>	<b>30,736,294</b>	<b>1,767,778</b>	<b>6%</b>	<b>30,788,055</b>	<b>32,504,072</b>	<b>30,736,294</b>	<b>1,767,778</b>	<b>6%</b>	<b>30,788,055</b>
DEDUCTIONS FROM REVENUE:										
MEDICARE CONTRACTUAL ALLOWANCES	9,215,367	7,407,376	1,807,991	24%	7,756,675	9,215,367	7,407,376	1,807,991	24%	7,756,675
MEDI-CAL CONTRACTUAL ALLOWANCES	7,337,713	7,364,806	(27,093)	0%	8,370,981	7,337,713	7,364,806	(27,093)	0%	8,370,981
BAD DEBT EXPENSE	233,530	293,579	(60,049)	-20%	253,140	233,530	293,579	(60,049)	-20%	253,140
CHARITY CARE	35,607	66,981	(31,374)	-47%	94,023	35,607	66,981	(31,374)	-47%	94,023
OTHER CONTRACTUALS AND ADJUSTMENTS	4,110,739	3,627,077	483,662	13%	3,158,352	4,110,739	3,627,077	483,662	13%	3,158,352
HOSPITALIST\PEDS CONTRACTUAL ALLOW	30,275	8,026	22,249	277%	20,721	30,275	8,026	22,249	277%	20,721
<b>TOTAL DEDUCTIONS FROM REVENUE</b>	<b>20,963,230</b>	<b>18,767,844</b>	<b>2,195,386</b>	<b>12%</b>	<b>19,653,892</b>	<b>20,963,230</b>	<b>18,767,844</b>	<b>2,195,386</b>	<b>12%</b>	<b>19,653,892</b>
<b>NET PATIENT REVENUE</b>	<b>11,540,842</b>	<b>11,968,450</b>	<b>(427,608)</b>	<b>-4%</b>	<b>11,134,163</b>	<b>11,540,842</b>	<b>11,968,450</b>	<b>(427,608)</b>	<b>-4%</b>	<b>11,134,163</b>
<b>OTHER OPERATING REVENUE</b>	<b>535,130</b>	<b>555,213</b>	<b>(20,083)</b>	<b>-4%</b>	<b>471,477</b>	<b>535,130</b>	<b>555,213</b>	<b>(20,083)</b>	<b>-4%</b>	<b>471,477</b>
<b>NET OPERATING REVENUE</b>	<b>12,075,972</b>	<b>12,523,663</b>	<b>(447,691)</b>	<b>-4%</b>	<b>11,605,641</b>	<b>12,075,972</b>	<b>12,523,663</b>	<b>(447,691)</b>	<b>-4%</b>	<b>11,605,641</b>
OPERATING EXPENSES:										
SALARIES & WAGES	4,662,374	4,884,726	(222,352)	-5%	4,528,984	4,662,374	4,884,726	(222,352)	-5%	4,528,984
REGISTRY	581,025	310,000	271,025	87%	326,538	581,025	310,000	271,025	87%	326,538
EMPLOYEE BENEFITS	2,627,174	2,608,445	18,729	1%	2,545,004	2,627,174	2,608,445	18,729	1%	2,545,004
PROFESSIONAL FEES	1,366,966	1,620,626	(253,660)	-16%	1,397,213	1,366,966	1,620,626	(253,660)	-16%	1,397,213
SUPPLIES	1,250,649	1,198,922	51,727	4%	1,060,135	1,250,649	1,198,922	51,727	4%	1,060,135
PURCHASED SERVICES	1,212,195	1,087,500	124,695	11%	955,963	1,212,195	1,087,500	124,695	11%	955,963
RENTAL	162,811	150,175	12,636	8%	137,525	162,811	150,175	12,636	8%	137,525
DEPRECIATION & AMORT	313,826	327,000	(13,174)	-4%	325,777	313,826	327,000	(13,174)	-4%	325,777
INTEREST	9,876	3,750	6,126	163%	1,275	9,876	3,750	6,126	163%	1,275
OTHER	457,814	370,000	87,814	24%	343,920	457,814	370,000	87,814	24%	343,920
<b>TOTAL EXPENSES</b>	<b>12,644,709</b>	<b>12,561,144</b>	<b>83,565</b>	<b>1%</b>	<b>11,622,334</b>	<b>12,644,709</b>	<b>12,561,144</b>	<b>83,565</b>	<b>1%</b>	<b>11,622,334</b>
<b>NET OPERATING INCOME (LOSS)</b>	<b>(568,737)</b>	<b>(37,481)</b>	<b>(531,256)</b>	<b>1417%</b>	<b>(16,693)</b>	<b>(568,737)</b>	<b>(37,481)</b>	<b>(531,256)</b>	<b>1417%</b>	<b>(16,693)</b>

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HAZEL HAWKINS MEMORIAL HOSPITAL- COMBINED  
 HOLLISTER, CA 95023  
 FOR PERIOD 07/31/22

	ACTUAL 7/31/2022	BUDGET 7/31/2022	CURRENT MONTH POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 7/31/2021	ACTUAL 7/31/2022	BUDGET 7/31/2022	YEAR-TO-DATE POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 7/31/2021
NON-OPERATING REVENUE\EXPENSE:										
DONATIONS	39,583	5,000	34,583	692%	3,677	39,583	5,000	34,583	692%	3,677
PROPERTY TAX REVENUE	195,915	194,511	1,404	1%	185,249	195,915	194,511	1,404	1%	185,249
GO BOND PROP TAXES	164,964	164,964	(0)	0%	160,091	164,964	164,964	(0)	0%	160,091
GO BOND INT REVENUE\EXPENSE	(72,048)	(72,048)	(1)	0%	-75,091	(72,048)	(72,048)	(1)	0%	(75,091)
OTHER NON-OPER REVENUE	19,124	7,866	11,258	143%	7,874	19,124	7,866	11,258	143%	7,874
OTHER NON-OPER EXPENSE	(38,785)	(36,377)	(2,408)	7%	-47,283	(38,785)	(36,377)	(2,408)	7%	(47,283)
INVESTMENT INCOME	246		246	0%	2,944	246		246	0%	2,944
COLLABORATION CONTRIBUTIONS	-		-	0%	0	-		-	0%	-
TOTAL NON-OPERATING REVENUE/(EXPENSE)	309,001	263,917	45,084	17%	237,461	309,001	263,917	45,084	17%	237,461
NET SURPLUS (LOSS)	(259,737)	226,436	(486,173)	-215%	220,768	(259,737)	226,436	(486,173)	-215%	220,768
EBIDA	(\$42)	\$557,186	(557,228)	-100%	\$508,828	(\$42)	\$557,186	(557,228)	-100%	\$508,828
EBIDA MARGIN	0.00%	4.45%	-4.45%	-100%	4.38%	0.00%	4.45%	-4.45%	-100%	4.38%
OPERATING MARGIN	-4.71%	-0.30%	-4.41%	1474%	-14%	-4.71%	-0.30%	-4.41%	1474%	-0.14%
NET SURPLUS (LOSS) MARGIN	-2.15%	1.81%	-3.96%	0%	1.90%	-2.15%	1.81%	-3.96%	0%	1.90%

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HAZEL HAWKINS MEMORIAL HOSPITAL- ACUTE FACILITY  
 HOLLISTER, CA 95023  
 FOR PERIOD 07/31/22

	CURRENT MONTH					YEAR-TO-DATE				
	ACTUAL 7/31/2022	BUDGET 7/31/2022	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 7/31/2021	ACTUAL 7/31/2022	BUDGET 7/31/2022	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 7/31/2021
GROSS PATIENT REVENUE:										
ROUTINE REVENUE	4,070,057	3,786,775	283,282	7%	3,432,037	4,070,057	3,786,775	283,282	7%	3,432,037
ANCILLARY INPATIENT REVENUE	4,719,830	4,607,686	112,144	2%	4,453,126	4,719,830	4,607,686	112,144	2%	4,453,126
HOSPITALIST I/P REVENUE	198,310	191,663	6,647	3%	168,501	198,310	191,663	6,647	3%	168,501
<b>TOTAL GROSS INPATIENT REVENUE</b>	<b>8,988,197</b>	<b>8,586,124</b>	<b>402,073</b>	<b>5%</b>	<b>8,053,664</b>	<b>8,988,197</b>	<b>8,586,124</b>	<b>402,073</b>	<b>5%</b>	<b>8,053,664</b>
ANCILLARY OUTPATIENT REVENUE	21,194,412	19,807,921	1,386,491	7%	20,681,846	21,194,412	19,807,921	1,386,491	7%	20,681,846
HOSPITALIST O/P REVENUE	72,851	55,855	16,996	30%	45,638	72,851	55,855	16,996	30%	45,638
<b>TOTAL GROSS OUTPATIENT REVENUE</b>	<b>21,267,263</b>	<b>19,863,776</b>	<b>1,403,487</b>	<b>7%</b>	<b>20,727,484</b>	<b>21,267,263</b>	<b>19,863,776</b>	<b>1,403,487</b>	<b>7%</b>	<b>20,727,484</b>
<b>TOTAL GROSS ACUTE PATIENT REVENUE</b>	<b>30,255,461</b>	<b>28,449,900</b>	<b>1,805,561</b>	<b>6%</b>	<b>28,781,148</b>	<b>30,255,461</b>	<b>28,449,900</b>	<b>1,805,561</b>	<b>6%</b>	<b>28,781,148</b>
DEDUCTIONS FROM REVENUE ACUTE:										
MEDICARE CONTRACTUAL ALLOWANCES	9,088,189	7,235,912	1,852,277	26%	7,557,872	9,088,189	7,235,912	1,852,277	26%	7,557,872
MEDI-CAL CONTRACTUAL ALLOWANCES	7,186,017	7,206,164	(20,147)	0%	8,328,592	7,186,017	7,206,164	(20,147)	0%	8,328,592
BAD DEBT EXPENSE	224,593	293,579	(68,986)	-23%	253,361	224,593	293,579	(68,986)	-23%	253,361
CHARITY CARE	35,607	66,981	(31,374)	-47%	94,023	35,607	66,981	(31,374)	-47%	94,023
OTHER CONTRACTUALS AND ADJUSTMENTS	4,040,745	3,581,349	459,396	13%	3,150,601	4,040,745	3,581,349	459,396	13%	3,150,601
HOSPITALIST/PEDS CONTRACTUAL ALLOW	30,275	8,026	22,249	277%	20,721	30,275	8,026	22,249	277%	20,721
<b>TOTAL ACUTE DEDUCTIONS FROM REVENUE</b>	<b>20,605,426</b>	<b>18,392,010</b>	<b>2,213,416</b>	<b>12%</b>	<b>19,405,170</b>	<b>20,605,426</b>	<b>18,392,010</b>	<b>2,213,416</b>	<b>12%</b>	<b>19,405,170</b>
<b>NET ACUTE PATIENT REVENUE</b>	<b>9,650,034</b>	<b>10,057,889</b>	<b>(407,855)</b>	<b>-4%</b>	<b>9,375,978</b>	<b>9,650,034</b>	<b>10,057,889</b>	<b>(407,855)</b>	<b>-4%</b>	<b>9,375,978</b>
OTHER OPERATING REVENUE	535,130	555,213	(20,083)	-4%	471,477	535,130	555,213	(20,083)	-4%	471,477
<b>NET ACUTE OPERATING REVENUE</b>	<b>10,185,164</b>	<b>10,613,102</b>	<b>(427,938)</b>	<b>-4%</b>	<b>9,847,456</b>	<b>10,185,164</b>	<b>10,613,102</b>	<b>(427,938)</b>	<b>-4%</b>	<b>9,847,456</b>
OPERATING EXPENSES:										
SALARIES & WAGES	3,756,587	3,902,455	(145,868)	-4%	3,610,931	3,756,587	3,902,455	(145,868)	-4%	3,610,931
REGISTRY	553,425	300,000	253,425	84%	315,147	553,425	300,000	253,425	84%	315,147
EMPLOYEE BENEFITS	2,073,841	2,016,695	57,146	3%	2,025,447	2,073,841	2,016,695	57,146	3%	2,025,447
PROFESSIONAL FEES	1,364,246	1,618,351	(254,105)	-16%	1,395,173	1,364,246	1,618,351	(254,105)	-16%	1,395,173
SUPPLIES	1,152,176	1,079,512	72,664	7%	968,458	1,152,176	1,079,512	72,664	7%	968,458
PURCHASED SERVICES	1,104,742	1,025,000	79,742	8%	891,631	1,104,742	1,025,000	79,742	8%	891,631
RENTAL	161,815	149,375	12,440	8%	136,555	161,815	149,375	12,440	8%	136,555
DEPRECIATION & AMORT	274,797	285,000	(10,203)	-4%	285,587	274,797	285,000	(10,203)	-4%	285,587
INTEREST	9,876	3,750	6,126	163%	1,275	9,876	3,750	6,126	163%	1,275
OTHER	356,902	325,000	31,902	10%	299,713	356,902	325,000	31,902	10%	299,713
<b>TOTAL EXPENSES</b>	<b>10,808,406</b>	<b>10,705,138</b>	<b>103,268</b>	<b>1%</b>	<b>9,929,916</b>	<b>10,808,406</b>	<b>10,705,138</b>	<b>103,268</b>	<b>1%</b>	<b>9,929,916</b>
<b>NET OPERATING INCOME (LOSS)</b>	<b>(623,241)</b>	<b>(92,036)</b>	<b>(531,205)</b>	<b>577%</b>	<b>-82,460</b>	<b>(623,241)</b>	<b>(92,036)</b>	<b>(531,205)</b>	<b>577%</b>	<b>-82,460</b>

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HAZEL HAWKINS MEMORIAL HOSPITAL- ACUTE FACILITY  
 HOLLISTER, CA 95023  
 FOR PERIOD 07/31/22

	CURRENT MONTH					YEAR-TO-DATE				
	ACTUAL 7/31/2022	BUDGET 7/31/2022	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 7/31/2021	ACTUAL 7/31/2022	BUDGET 7/31/2022	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 7/31/2021
NON-OPERATING REVENUE\EXPENSE:										
DONATIONS	39,583	5,000	34,583	692%	3,677	39,583	5,000	34,583	692%	3,677
PROPERTY TAX REVENUE	166,528	167,085	(557)	0%	159,183	166,528	167,085	(557)	0%	159,183
GO BOND PROP TAXES	164,964	164,964	(0)	0%	160,091	164,964	164,964	(0)	0%	160,091
GO BOND INT REVENUE\EXPENSE	(72,048)	(72,048)	(1)	0%	-75,091	(72,048)	(72,048)	(1)	0%	-75,091
OTHER NON-OPER REVENUE	19,124	7,866	11,258	143%	7,874	19,124	7,866	11,258	143%	7,874
OTHER NON-OPER EXPENSE	(30,442)	(28,035)	(2,407)	9%	-36,907	(30,442)	(28,035)	(2,407)	9%	-36,907
INVESTMENT INCOME	246		246		2,944	246		246		2,944
COLLABORATION CONTRIBUTIONS	0		0		0	0		0		0
TOTAL NON-OPERATING REVENUE/(EXPENSE)	287,956	244,834	43,122	18%	221,771	287,956	244,834	43,122	18%	221,771
NET SURPLUS (LOSS)	(335,285)	152,798	(488,083)	-319%	139,311	(335,285)	152,798	(488,083)	-319%	139,311

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HAZEL HAWKINS SKILLED NURSING FACILITIES  
 HOLLISTER, CA 95023  
 FOR PERIOD 07/31/22

	CURRENT MONTH				YEAR-TO-DATE					
	ACTUAL 7/31/2022	BUDGET 7/31/2022	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 7/31/2021	ACTUAL 7/31/2022	BUDGET 7/31/2022	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 7/31/2021
GROSS SNF PATIENT REVENUE:										
ROUTINE SNF REVENUE	1,982,350	2,046,000	(63,650)	-3%	1,712,120	1,982,350	2,046,000	(63,650)	-3%	1,712,120
ANCILLARY SNF REVENUE	266,261	240,395	25,866	11%	294,787	266,261	240,395	25,866	11%	294,787
<b>TOTAL GROSS SNF PATIENT REVENUE</b>	<b>2,248,611</b>	<b>2,286,395</b>	<b>(37,784)</b>	<b>-2%</b>	<b>2,006,907</b>	<b>2,248,611</b>	<b>2,286,395</b>	<b>(37,784)</b>	<b>-2%</b>	<b>2,006,907</b>
DEDUCTIONS FROM REVENUE SNF:										
MEDICARE CONTRACTUAL ALLOWANCES	127,177	171,464	(44,287)	-26%	198,803	127,177	171,464	(44,287)	-26%	198,803
MEDI-CAL CONTRACTUAL ALLOWANCES	151,696	158,642	(6,946)	-4%	42,389	151,696	158,642	(6,946)	-4%	42,389
BAD DEBT EXPENSE	8,937	0	8,937		-221	8,937	0	8,937		-221
CHARITY CARE	0	0	0		0	0	0	0		0
OTHER CONTRACTUALS AND ADJUSTMENTS	69,993	45,728	24,265	53%	7,751	69,993	45,728	24,265	53%	7,751
<b>TOTAL SNF DEDUCTIONS FROM REVENUE</b>	<b>357,804</b>	<b>375,834</b>	<b>(18,030)</b>	<b>-5%</b>	<b>248,722</b>	<b>357,804</b>	<b>375,834</b>	<b>(18,030)</b>	<b>-5%</b>	<b>248,722</b>
<b>NET SNF PATIENT REVENUE</b>	<b>1,890,808</b>	<b>1,910,561</b>	<b>(19,753)</b>	<b>-1%</b>	<b>1,758,185</b>	<b>1,890,808</b>	<b>1,910,561</b>	<b>(19,753)</b>	<b>-1%</b>	<b>1,758,185</b>
OTHER OPERATING REVENUE	0	0	0	0	0	0	0	0	0	0
<b>NET SNF OPERATING REVENUE</b>	<b>1,890,808</b>	<b>1,910,561</b>	<b>(19,753)</b>	<b>-1%</b>	<b>1,758,185</b>	<b>1,890,808</b>	<b>1,910,561</b>	<b>(19,753)</b>	<b>-1%</b>	<b>1,758,185</b>
OPERATING EXPENSES:										
SALARIES & WAGES	905,787	982,271	(76,484)	-8%	918,053	905,787	982,271	(76,484)	-8%	918,053
REGISTRY	27,600	10,000	17,600	176%	11,391	27,600	10,000	17,600	176%	11,391
EMPLOYEE BENEFITS	553,333	591,751	(38,418)	-6%	519,557	553,333	591,751	(38,418)	-6%	519,557
PROFESSIONAL FEES	2,720	2,275	445	20%	2,040	2,720	2,275	445	20%	2,040
SUPPLIES	98,473	119,410	(20,937)	-18%	91,678	98,473	119,410	(20,937)	-18%	91,678
PURCHASED SERVICES	107,453	62,500	44,953	72%	64,332	107,453	62,500	44,953	72%	64,332
RENTAL	997	800	197	25%	970	997	800	197	25%	970
DEPRECIATION	39,030	42,000	(2,970)	-7%	40,190	39,030	42,000	(2,970)	-7%	40,190
INTEREST	0	0	0	0	0	0	0	0	0	0
OTHER	100,912	45,000	55,912	124%	44,207	100,912	45,000	55,912	124%	44,207
<b>TOTAL EXPENSES</b>	<b>1,836,304</b>	<b>1,856,006</b>	<b>(19,702)</b>	<b>-1%</b>	<b>1,692,418</b>	<b>1,836,304</b>	<b>1,856,006</b>	<b>(19,702)</b>	<b>-1%</b>	<b>1,692,418</b>
<b>NET OPERATING INCOME (LOSS)</b>	<b>54,504</b>	<b>54,554</b>	<b>(50)</b>	<b>0%</b>	<b>65,767</b>	<b>54,504</b>	<b>54,554</b>	<b>(50)</b>	<b>0%</b>	<b>65,767</b>
NON-OPERATING REVENUE/(EXPENSE):										
DONATIONS	0	0	0	0%	0	0	0	0	0%	0
PROPERTY TAX REVENUE	29,387	27,426	1,961	7%	26,066	29,387	27,426	1,961	7%	26,066
OTHER NON-OPER EXPENSE	(8,343)	(8,343)	(0)	0%	(10,376)	(8,343)	(8,343)	(0)	0%	(10,376)
<b>TOTAL NON-OPERATING REVENUE/(EXPENSE)</b>	<b>21044</b>	<b>19,083</b>	<b>1,961</b>	<b>10%</b>	<b>15,690</b>	<b>21044</b>	<b>19,083</b>	<b>1,961</b>	<b>10%</b>	<b>15,690</b>
<b>NET SURPLUS (LOSS)</b>	<b>75,549</b>	<b>73,638</b>	<b>1,911</b>	<b>3%</b>	<b>81,457</b>	<b>75,549</b>	<b>73,638</b>	<b>1,911</b>	<b>3%</b>	<b>81,457</b>

131.



San Benito Health Care District  
Hazel Hawkins Memorial Hospital  
JULY 2022

Description	Target	MTD Actual	YTD Actual	YTD Target
Average Daily Census - Acute	17.87	18.26	18.26	17.87
Average Daily Census - SNF	88.00	85.10	85.10	88.00
Acute Length of Stay	2.81	2.53	2.53	2.81
<u>ER Visits:</u>				
Inpatient	151	186	186	151
Outpatient	1,868	1,752	1,752	1,868
Total	2,019	1,938	1,938	2,019
Days in Accounts Receivable	45.0	43.5	43.5	45.0
Productive Full-Time Equivalents	529.11	515.45	515.45	529.11
Net Patient Revenue	11,968,450	11,540,842	11,540,842	11,968,450
Medicare Traditional Payor Mix	30.14%	30.65%	30.65%	30.14%
Commercial Payor Mix	24.47%	24.56%	24.56%	24.47%
Bad Debt % of Gross Revenue	0.96%	0.72%	0.72%	0.96%
EBIDA	557,186	-42	-42	557,186
EBIDA %	4.45%	0.00%	0.00%	4.45%
Operating Margin	-0.30%	-4.71%	-4.71%	-0.30%
Salaries, Wages, Registry & Benefits %:				
by Net Operating Revenue	62.31%	65.18%	65.18%	62.31%
by Total Operating Expense	62.12%	62.24%	62.24%	62.12%
<u>Bond Covenants:</u>				
Debt Service Ratio	1.25	-0.01	-0.01	1.25
Current Ratio	1.50	1.94	1.94	1.50
Days Cash on hand	30.00	37.2	37.2	30.00
<b>Met or Exceeded Target</b>				
<b>Within 10% of Target</b>				
<b>Not Within 10%</b>				

132.

**Statement of Cash Flows**

**Hazel Hawkins Memorial Hospital**

**Hollister, CA**

**One month ending July 31, 2022**

	CASH FLOW		COMMENTS
	Current Month 7/31/2022	Current Year-To-Date 7/31/2022	
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>			
Net Income (Loss)	(\$259,737)	(\$259,737)	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:			
Depreciation	326,626	326,626	
(Increase)/Decrease in Net Patient Accounts Receivable	321,360	321,360	
(Increase)/Decrease in Other Receivables	(113,019)	(113,019)	
(Increase)/Decrease in Inventories	(34,716)	(34,716)	
(Increase)/Decrease in Pre-Paid Expenses	(265,962)	(265,962)	
(Increase)/Decrease in Due From Third Parties	0	0	
Increase/(Decrease) in Accounts Payable	(1,046,377)	(1,046,377)	
Increase/(Decrease) in Notes and Loans Payable	0	0	
Increase/(Decrease) in Accrued Payroll and Benefits	34,346	34,346	
Increase/(Decrease) in Accrued Expenses	(6,612)	(6,612)	
Increase/(Decrease) in Patient Refunds Payable	(8,557)	(8,557)	
Increase/(Decrease) in Third Party Advances/Liabilities	(977,899)	(977,899)	
Increase/(Decrease) in Other Current Liabilities	69,206	69,206	Semi-Annual Interest - 2021 Insured Revenue Bonds
<b>Net Cash Provided by Operating Activities:</b>	<b>(1,701,604)</b>	<b>(1,701,604)</b>	
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>			
Purchase of Property, Plant and Equipment	(359,526)	(359,526)	
(Increase)/Decrease in Limited Use Cash and Investments	0	0	
(Increase)/Decrease in Other Limited Use Assets	(249,335)	(249,335)	Bond Principal & Int Payment - 2014 & 2021 Bonds
(Increase)/Decrease in Other Assets	6,223	6,223	Amortization
<b>Net Cash Used by Investing Activities</b>	<b>(602,638)</b>	<b>(602,638)</b>	
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>			
Increase/(Decrease) in Bond/Mortgage Debt	(4,397)	(4,397)	Refinancing of 2013 Bonds with 2021 Bonds
Increase/(Decrease) in Capital Lease Debt	(28,520)	(28,520)	
Increase/(Decrease) in Other Long Term Liabilities	0	0	
<b>Net Cash Used for Financing Activities</b>	<b>(32,917)</b>	<b>(32,917)</b>	
(INCREASE)/DECREASE IN RESTRICTED ASSETS	0	0	
<b>Net Increase/(Decrease) in Cash</b>	<b>(2,596,896)</b>	<b>(2,596,896)</b>	
Cash, Beginning of Period	17,401,264	17,401,264	
<b>Cash, End of Period</b>	<b>\$14,804,368</b>	<b>\$14,804,368</b>	\$0

Cost per day to run the District

\$397,770

Operational Days Cash on Hand

37.22

133-

Hazel Hawkins Memorial Hospital  
 Bad Debt Expense  
 For the Year Ending June 30, 2023

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total		
Budgeted Gross Revenue	30,736,294	33,713,261	33,688,496	34,057,045	33,125,250	36,331,595	36,576,317	31,661,878	36,697,195	30,954,767	31,443,265	30,602,610	399,587,973		
Budgeted Bad Debt Expense	293,579	324,237	324,633	327,729	318,825	351,198	353,536	305,275	355,128	296,590	300,820	293,015	3,844,565		
BD Exp as a percent of Gross Revenue	0.96%	0.96%	0.96%	0.96%	0.96%	0.97%	0.97%	0.96%	0.97%	0.96%	0.96%	0.96%	0.96%		
Actual Gross Revenue	32,232,911	-	-	-	-	-	-	-	-	-	-	-	32,232,911		
Actual Bad Debt Expense	233,530	-	-	-	-	-	-	-	-	-	-	-	233,530		
BD Exp as a percent of Gross Revenue	0.72%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.72%		
Budgeted YTD BD Exp	293,579	0.96%													
Actual YTD BD Exp	233,530	0.72%													
													YTD Charity Exp Budget	66,981	
													YTD Charity Exp Actual	35,607	
Amount under (over) budget	60,049	0.23%												Amt under (over) budget	31,374
Prior Year percent of Gross Revenue	0.92%													Charity Exp % of Gross Rev	0.11%
Percent of Decrease (Inc) from Prior Year	21.2%														

134.



Hazel Hawkins Memorial Hospital  
 Medicare CAH Reimbursement Timeline  
 As of June 30, 2022

	Inpatient	Outpatient	Total
<b>Noridian Letter dated February 23, 2021</b>			
Based on As filed Cost Report 06/30/2020 and PS&R through Feb. 5, 2021			
- Part A from \$4,600 to \$5,598	816,000		
- Part B from 19% to 26%		2,057,000	
Received in March 2021			2,873,000
<b>Medicare Cost Report as Filed 06/30/2021</b>			
- Part A from \$5,060	(460,784)		
- Part B from 23%		(648,164)	
Paid on 11/24/2021			(1,108,948)
<b>Noridian Letter dated January 26, 2022</b>			
Based on As filed Cost Report 06/30/2021 and PS&R through Jan. 7, 2022			
- Part A from \$5,598 to \$5,060	(706,000)		
- Part B from 26% to 23%		(858,000)	
Paid on 02/15/2022			(1,564,000)
<b>Noridian Letter dated June 30, 2022</b>			
Based on As filed Cost Report 06/30/2021 and PS&R through June 2, 2022			
- Part A from \$5,060 to \$3,997	(3,205,000)		
- Part B from 23% to 20%		(1,953,000)	
Total			(5,158,000)

**EXTENSION OF OFFICE LEASE  
BETWEEN MERIDIAN PROFESSIONAL PROPERTIES, LLC  
AND SAN BENITO HEALTH CARE DISTRICT**

**THIS EXTENSION OF OFFICE LEASE** ("Extension"), is entered into as of this 1st day of July, 2022 (the "**Execution Date**") by and among MERIDIAN PROFESSIONAL PROPERTIES, LLC, a California limited liability company ("**Landlord**"), and SAN BENITO HEALTH CARE DISTRICT, a California public health care district ("**Tenant**") with respect to the following facts and circumstances.

A. Landlord and Tenant entered into certain Office Lease dated as of April 22, 2008, Extension of Office Lease dated as of December 1, 2019, and First Amendment to Lease dated as of February 1, 2021 (collectively referred to as "**Lease**") concerning Tenant's lease of property located at 591 McCray Street, Hollister, CA ("**Premises**").

B. Per provision 1 of the Extension of Office Lease, dated as of December 1, 2019, the Lease expires January 31, 2023. Landlord and Tenant desire to extend the Lease as set forth herein.

**NOW, THEREFORE**, in consideration of the foregoing and for other good and valuable consideration Landlord and Tenant agree as follows.

1. Extended Term. The Extended Term shall be February 1, 2023 and continue through January 31, 2028.

2. Base Rent. Base Rent during the Extended Term is as follows:

Months 1-12	\$3,740.10 (\$2.10 x 1,781 rentable sq. feet)
Months 13-24	\$3,784.63 (\$2.125 x 1,781 rentable sq. feet)
Months 25-36	\$3,829.15 (\$2.15 x 1,781 rentable sq. feet)
Months 37-48	\$3,873.68 (\$2.175 x 1,781 rentable sq. feet)
Months 49-60	\$3,918.20 (\$2.20 x 1,781 rentable sq. feet)

3. Operating Costs. The annual limit of capital improvements that may be included in operating costs per Section 6.3 and Exhibit C of the original lease dated April 22, 2008 shall be increased from five thousand dollars (\$5,000) to ten thousand dollars (\$10,000).

3. Continuing Effectiveness of Lease. Tenant acknowledges and agrees that the Lease is in full force and effect except as amended hereby, and reaffirms its obligations thereunder. Except as specifically modified by this Extension, the Lease and all of its terms, provisions, exhibits, and addenda shall remain in full force and effect and shall establish and govern all aspects of Tenant's and Landlord's respective rights, remedies, and obligations with respect to the Premises.

4. Counterparts. This Extension may be executed in any number of counterparts, each of which shall constitute an original, that all of which shall constitute but one Extension.

IN WITNESS WHEREOF, Landlord and Tenant have executed this Extension as of the day and year first set forth.

**MERIDIAN PROFESSIONAL  
PROPERTIES, LLC**

**SAN BENITO HEALTH CARE  
DISTRICT**

By: \_\_\_\_\_, Manager      By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Its: \_\_\_\_\_



**Board of Directors Contract Review Worksheet**

*Orthopedic Surgery Coverage Agreement for **Christopher Verioti, D.O.***

**Executive Summary:** With the a reduction in coverage from orthopedic surgeon Dr. Allen Gustafson beginning in September 2022, Dr. Christopher Verioti will assume part-time clinic and emergency call coverage a minimum 10 shifts per month.

**Recommended Board Motion:** It is recommended the hospital Board approve an Orthopedic Surgery Coverage Agreement with Dr. Christopher Verioti for a minimum of 10 shifts per month at the rate of \$2,500 per shift.

**Services Provided:** Part-time orthopedic clinic & Emergency Call coverage a minimum of 10 shifts per month.

**Agreement Terms:**

<b>Contract Term</b>	<b>Effective Date</b>	<b>FMV %ile</b>	<b>Base Monthly Cost</b>	<b>Estimated Annual Cost</b>	<b>Term clause</b>
1 year	9/1/2022	60th	\$25,000 + travel (flight/rental car)	\$300,000 + travel (flight/rental car)	30 days

**Contract Rate:** \$2,500 per shift + reimbursement of travel (*flight/rental car*) expenses.

## SAN BENITO HEALTH CARE DISTRICT

### ORTHOPEDIC SURGERY COVERAGE AGREEMENT

This Orthopedic Surgery Coverage Agreement (“Agreement”) is made and entered into as of **September 1, 2022** (“Effective Date”), by and between **San Benito Health Care District**, a local healthcare district organized and operating pursuant to Division 23 of the California Health and Safety Code (“SBHCD”), and **Christopher A. Verioti, D.O.** (“Physician”).

#### RECITALS

- A. SBHCD owns and operates Hazel Hawkins Memorial Hospital, a general acute care facility (“Hospital”) and multispecialty community medical clinics (“Clinic”), which includes orthopedic surgery services, and requires 24-hour per day coverage by an appropriately privileged physician (“Orthopedic Services”).
- B. Physician is licensed to practice medicine in the State of California, is a member in good standing of the Medical Staff of Hospital, has and maintains the appropriate privileges to provide Coverage Services, and agrees to provide the Orthopedic Services.

The parties hereby agree as follows:

#### 1. SERVICES

- 1.1 Professional Services. Orthopedic Services by Physician shall be provided in accordance with the Hospital Medical Staff Bylaws, Rules and Regulations, and Clinic/Hospital’s policies and procedures, as they may be amended from time to time, in addition to all requirements imposed by federal and California state law and all standards and recommendations of The Joint Commission.
  - 1.1.1 Orthopedic Services. Beginning on the Effective Date of this Agreement, Physician shall be available to provide Orthopedic Services on a part-time basis for a minimum of ten (10) shifts per month, which shall include four (4) weekend shifts, as further described in Exhibit A of this Agreement. Orthopedic Services will include Hospital services, Hospital call coverage services, and Clinic services.
  - 1.1.2 Reports. Physician shall promptly report the results of Orthopedic Services to the patient’s attending physician(s), if any, in accordance with the policies and procedures established by SBHCD and Hospital Medical Staff. Physician shall promptly prepare all written reports and medical records required by SBHCD with reference to such services by Physician. SBHCD retains ownership and right of control of all reports, records, and supporting documents prepared in connection with Orthopedic Services performed by Physician, and SBHCD shall be custodian of all patient records. Physician shall cooperate fully with SBHCD by maintaining and making available all necessary records, or by executing any agreements, in order to assure that SBHCD will be able to meet all requirements for participation and payment associated with public or private third-party payment programs, including but not limited to the Federal Medicare program. Physician shall use Hospital’s/Clinic’s electronic medical record as applicable.
- 1.2 Licensure. Physician shall at all times during the term of this Agreement be licensed to practice medicine in the State of California, shall maintain Federal Drug Enforcement Administration certification, and shall maintain membership in good standing on the Medical Staff of the Hospital with the appropriate privileges to render Orthopedic Services.

- 1.3 Professional Liability Coverage. Physician shall maintain professional liability insurance with a carrier of his choice that provides coverage for any act of Physician that may have occurred during the term of this Agreement while providing the services under this Agreement notwithstanding the termination or expiration of the term of this Agreement. Such policies or coverage must have limits of liability for the Physician of at least One Million Dollars (\$1,000,000) per claim and Three Million Dollars (\$3,000,000) annual aggregate "claims made" insurance coverage. Physician will ensure that SBHCD is listed as a named insured and provide confirmation of coverage in good standing via a certificate of insurance from the carrier. Upon termination of this Agreement, Physician shall continue the current policy, obtain prior acts coverage or "extended discovery period" or "extended reporting period" coverage, or otherwise take steps to insure that no lapse of coverage occurs for the period of time covered by this Agreement.
- 1.4 Control and Direction. SBHCD shall not exercise any control or direction over the professional (medical) aspects of providing Orthopedic Services, which control and direction shall be the sole responsibility of Physician; provided, however, that such Orthopedic Services are rendered in accordance with the provisions of this Agreement and the Bylaws, Rules and Regulations, standards, and policies of Hospital, its Medical Staff and Clinic, The Joint Commission, and any other regulatory agency with jurisdiction over one of the parties covering matters subject to this Agreement.
- 1.5 Independent Contractor Status. This Agreement shall not be construed to create any agency or employment relationship between SBHCD or any of its affiliates, and the Physician. Physician is an independent contractor and shall be solely responsible for payment of all wages and salaries, taxes, withholding payments, penalties, fees, contributions to insurance and pension or other deferred compensation plans (including, but not limited to, workers' compensation and Social Security contributions), licensing and registration fees. Physician shall not make any claim that SBHCD is responsible for the payment or filing of any of the foregoing payments, withholdings, contributions, taxes, or documents.

## 2. SBHCD RESPONSIBILITIES

- 2.1 General. SBHCD shall provide the space, furniture, equipment, supplies, personnel, and services that SBHCD deems reasonably necessary for the provision of Orthopedic Services under this Agreement. Physician shall use such space, items, and services only for the performance of the Orthopedic Services required by this Agreement.
- 2.2 Non-Physician Personnel. SBHCD shall be solely responsible for all salaries, other compensation, employer's payroll taxes, workers' compensation coverage, and fringe benefits, for SBHCD employed non-physician personnel associated with the provision of Orthopedic Services and administrative services under this Agreement. SBHCD retains full authority to employ, appoint, discipline, transfer and terminate such non-physician personnel.
- 2.3 Management. SBHCD shall, at all times, retain and exercise ultimate responsibility for and management and operation of the Hospital and the Clinics. Further, SBHCD in its sole discretion shall determine and set hours of operation for the Clinic and operating room.

## 3. COMPENSATION

- 3.1 Compensation. SBHCD shall compensate Physician for Physician's Orthopedic Services in accordance with Exhibit B of this Agreement. Incorporated into compensation under this Agreement, unless specifically excluded, are all the Physician's sources of practice revenues and income from SBHCD, including medical staff emergency call stipends, other on-call fees, stipends and reading fees.
- 3.2 Payment. Payment for Orthopedic Services will be on a monthly basis, for Orthopedic Services provided in the prior month, based on the final schedule and in accordance with the SBHCD contract payment process.

- 3.3 Billing and Collection. Physician hereby assigns to SBHCD all claims, demands and rights of Physician to bill and collect for all Orthopedic Services rendered to SBHCD patients, regardless of site of service. Physician shall not bill or collect for any services rendered to SBHCD patients, and all SBHCD receivables and billings shall be the sole and exclusive property of SBHCD. Any payments made pursuant to a payor agreement (including co-payments made by patients) shall constitute revenue of SBHCD. In the event any payment is made to Physician pursuant to any payor agreement, Physician shall promptly remit such payment directly to SBHCD. Physician shall timely complete any documents or forms necessary to document the assignment set forth in this section.
- 3.4 Assignment of Professional Service Revenues. Physician hereby assigns to SBHCD the right to all revenue from all patients, third-party payors, and governmental programs for all Orthopedic Services rendered by Physician at the Hospital and the Clinic under this Agreement. The Parties intend that SBHCD may bill and collect directly from the Medicare carrier for Physician Services to Medicare beneficiaries in compliance with Medicare Publication 100-04, Chapter 1, Sec. 302.7.
- 3.5 Form W-9. Physician shall complete and provide to SBHCD a W-9 form.

#### 4. TERM AND TERMINATION

- 4.1 Term. The term of this Agreement shall commence on the Effective Date and continue for a period of one (1) year, unless earlier terminated pursuant to the terms of this Agreement.
- 4.2 Termination without Cause. Either party may terminate this Agreement, without stating a cause or reason and without penalty, at any time by giving thirty (30) days' prior written notice of termination to the other party. Should this Agreement be terminated prior to the end of one (1) year from the Effective Date, the parties shall not renegotiate the terms of this Agreement or any other financial arrangement between the parties for the same services for the duration of one (1) year from the Effective Date.
- 4.3 Termination for Default. Either party may terminate this Agreement in the event of a material breach or default under this Agreement by the other party by giving written notice specifying the grounds for such termination. Such termination shall be effective fifteen (15) calendar days after the giving of written notice of termination if the default or breach specified in the notice shall not have been cured.
- 4.4 Termination for Cause. Either party shall have the right to terminate this Agreement if performance of the Agreement violates any applicable law, regulation, bond covenant, licensure requirement, or accreditation standard.
- 4.5 Termination by SBHCD. This Agreement shall terminate immediately, upon notice to Physician, if Physician:
- 4.5.1 Dies or is disabled for more than thirty (30) consecutive days or more than forty-five (45) days in a ninety (90) day period;
  - 4.5.2 Has his or her Medical Staff membership, Medical Staff clinical privileges, or license to practice medicine terminated (whether voluntarily or involuntarily), restricted, or suspended;
  - 4.5.3 Is convicted of any crime punishable as a felony (whether final or on appeal) or is excluded from participation in any state or federal health care program, including but not limited to Medicare or Medicaid;
  - 4.5.4 Fails to meet the requirements of this Agreement; or
  - 4.5.5 Fails to qualify for the required professional liability insurance.

## 5. COMPLIANCE

- 5.1 Applicable Laws. Physician agrees, represents, and warrants that Physician will maintain full compliance with all applicable federal, state, and local laws and regulations, including, without limitation, laws and regulations regarding billing for services. Nothing in this Agreement shall be construed to require SBHCD or Physician to make referrals of patients to one another. No payment is made under this Agreement in return for the referral of patients or in return for the ordering, purchasing, or leasing of products or services from SBHCD. Furthermore, the Parties acknowledge, agree, and warrant to the other that the compensation provided under this Agreement is not in excess of the fair market value of the services rendered.
- 5.2 Compliance Program. Physician acknowledges that SBHCD has implemented a Compliance Program for ensuring that the provision of, and billing for, care at the Hospital and the Clinic complies with applicable federal and state laws (“Compliance Program”). Physician agrees to adhere to, abide by, and support the Compliance Program and policies promulgated therein.
- 5.3 Physician Warranties. Upon execution of this Agreement, Physician agrees, represents and warrants that Physician: (i) has not been convicted of a criminal offense related to healthcare (unless Physician has been officially reinstated into the federal healthcare programs by the Office of Inspector General and provided proof of such reinstatement to SBHCD); (ii) is not currently under sanction, exclusion or investigation (civil or criminal) by any federal or state enforcement, regulatory, administrative or licensing agency or is ineligible for federal or state program participation; or (iii) is not currently listed on the General Services Administration list of parties excluded from the federal procurement and non-procurement programs. Physician agrees that if Physician becomes involved in a pending criminal action or civil proposed debarment or exclusion related to any federal or state healthcare program, Physician shall immediately notify SBHCD administration and SBHCD shall then have the right to terminate this Agreement.
- 5.4 Patient Confidentiality. As a member of an Organized Health Care Arrangement with Hospital, Physician has access to patient health information, including as necessary to perform services under this Agreement. Federal, State and local laws and regulations, including the California Confidentiality of Medical Information Act, California Privacy Laws, and the Federal Health Insurance Portability and Accountability Act of 1996 and associated regulations (HIPAA), (“collectively “Privacy Regulations”), require providers to implement policies and procedures to protect the privacy and security of individually identifiable patient information (“protected health information” or “PHI”) and to afford individuals certain rights with regard to their health information. Physician shall comply with all Privacy Regulations duly implemented by SBHCD in the use and/or disclosure of patient-identifiable health care information that is received from Hospital/Clinic in the course of furnishing services under this Agreement.
- 5.5 Access to Records. In accordance with Section 952 of the Omnibus Reconciliation Act of 1980 (PL 96-499), in the event that any of the services to be performed under this Agreement are compensated to Physician in an amount of \$10,000 or more over a twelve (12) month period, Physician agrees that the books and records related to Physician’s compensation under this Agreement will be available to the Secretary of Department of Health and Human Services and the Comptroller General of the United States, or their duly authorized representatives, for four (4) years after termination of this Agreement.

## 6. GENERAL PROVISIONS.

- 6.1 No Requirement to Refer. Nothing in this Agreement, or in any other written or oral agreement, or any consideration in connection with this Agreement contemplates or requires the admission or referral of any patient to SBHCD or Hospital. This Agreement is not intended to influence Physician’s judgment in choosing the medical facility appropriate for the proper care and treatment of Physician’s patients.



- 6.2 Assignment. Physician shall have no right to assign, delegate or in any manner transfer all or any portion of his interest, obligation or duty under this Agreement, without first obtaining the written consent of SBHCD, which consent shall be in SBHCD' sole and absolute discretion.
- 6.3 Waiver. Any waiver of any terms and conditions of this Agreement shall not be effective unless set forth in writing signed by the parties to this Agreement. A waiver of any of the terms and conditions of this Agreement shall not be construed as a waiver of any other terms and conditions of this Agreement or a continuing waiver of the terms and conditions waived.
- 6.4 Entire Agreement/Amendments. This Agreement, including its attachments and exhibits, constitutes the entire agreement between the parties pertaining to the subject matter of this Agreement. This Agreement supersedes all prior agreements or understandings of the parties which relate to the subject matter of this Agreement. No supplement, amendment or modification of this Agreement shall be binding unless executed in writing and signed by all parties to this Agreement.
- 6.5 Governing Law. This Agreement shall be governed by and interpreted under the laws of the State of California. Venue shall be in San Benito County, California.
- 6.6 Partial Invalidity. If a lawful forum finds any part of this Agreement invalid or unenforceable, such finding shall not invalidate the remaining provisions, unless such invalidity or unenforceability would defeat an essential business purpose of this Agreement
- 6.7 Non-Discrimination. Physician represents and warrants that, in providing services hereunder, he or she is, and at all times during this Agreement will be, in full compliance with California Health and Safety Code Section 1317 et seq. Physician further represents and warrants that he or she shall not discriminate against or refuse to provide care and services to any patient on the basis of race, ethnicity, religion, national origin, citizenship, age, sex, pre-existing medical condition, physical or mental handicap, insurance status, economic status or ability to pay for medical services.
- 6.8 Notices. All notices under this Agreement shall be in writing and sufficient if personally delivered, sent by overnight delivery, or sent by certified or registered mail, return receipt requested, postage prepaid, to each parties' current address appearing above the signatures of the parties to this Agreement. All notices shall be deemed given on the date of delivery if delivered personally or by overnight delivery, or three (3) business days after such notice is deposited in the United States mail, addressed, and sent as provided above.

The parties have executed this Agreement as of the Effective Date first written above.

**SBHCD**  
 San Benito Health Care District  
 911 Sunset Drive  
 Hollister, CA 95023

**PHYSICIAN**  
 Christopher A. Verioti, DO  
 27570 Park Plaza Avenue #2  
 Menifee, CA 92584

By: \_\_\_\_\_  
 Steven M. Hannah, CEO

\_\_\_\_\_  
 Christopher A. Verioti, DO

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

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

EXHIBIT A

ORTHOPEDIC SERVICES

A.1 Professional Services. Physician's Orthopedic Services under this Agreement shall include the usual and typical professional medical activities of a board-certified orthopedic surgeon, including but not limited to Hospital care for Physician's patients, surgical assisting, patient rounds, consultations, Clinic patient services, and on-call coverage for the Hospital and its emergency department and operating rooms. More specifically, Physicians Orthopedic Services shall include:

A.1.1 Hospital Services. Physician shall provide the following Hospital Services:

A.1.1.1 Participation in multi-disciplinary rounds as requested and in coordination with other physicians providing services in his specialty. During the multi-disciplinary rounds, Physician will assist in the evaluation and management of patients, and when necessary, may intervene in the care of patients. Physician shall report information in a timely manner to the attending physician.

A.1.1.2 Consultations, upon request, to members of the Hospital's Medical Staff managing their own patients or concerning the application of the admission or discharge criteria or the admission or discharge of Physician's patients.

A.1.1.3 Assistance with the management and treatment of patients for whom Physician is responsible as part of a multi-disciplinary team. When the patient has an attending/referring physician, Physician shall include such physician in decision-making and keep such physician informed.

A.1.2 Clinic Services. Physician shall provide the following Clinic Services:

A.1.2.1 Render evaluation, management, surgical and non-surgical services to orthopedic patients.

A.1.2.2 The coordination of medical activities of the Clinic to be accomplished through continuous communication with appropriate SBHCD administrative personnel regarding matters relating to the orthopedic medical administration of the Clinic.

A.1.2.3 Provide chart review and audits of appropriate mid-level practitioner staff, as needed.

A.1.3 Hospital Call Coverage Services. During the hours when Physician is providing Hospital Call Coverage Services, Physician must respond by telephone within ten (10) minutes, and Physician must be physically present within thirty (30) minutes. Hospital Call Coverage Services include availability to the emergency department, the operating rooms, and to inpatient units.

A.2 Additional Services

A.2.1 Communication with Referring Physicians. When furnishing care to patients upon the referral by another physician, Physician shall provide the referring physician with appropriate follow-up oral reports and updates on the patient's course of treatment and condition in a manner and frequency consistent with the patient's condition. When Physician discharges any patient referred by another physician, Physician shall provide the referring physician with Physician's recommendations concerning appropriate patient follow-up care if Physician will no longer be following the patient.

- A.2.2 Communication. Physician shall maintain an effective communication process to interface with patients, patients' attending and specialist physicians, staff at the Hospital and Clinic, and the public, with the goal of enhancing patient satisfaction and the quality of care.
- A.3 Schedule. Depending on the needs of SBHCD and the availability of Physician, Physician's schedule shall consist of a variety of the following types of shifts:
- A.3.1 Day Shift – where Physician is providing services in the Clinic and the Hospital operating room generally between the hours of 7:30 a.m. and 5:00 p.m. Monday through Friday. This shift includes availability for scheduled and walk-in Clinic patients, performance of scheduled and unscheduled surgical procedures, availability for Hospital consults, patient rounds, and assisting in the operating room.
- A.3.2 24-hour Shift – where Physician is available to respond to SBHCD for Hospital inpatients, the emergency department, and the operating room for consultations, assisting in surgery, and performing surgery in accordance with the response times outlined in Section A.1.3. A 24-hour shift begins at 7:00 a.m. and ends at 6:59 a.m. the next morning. A 24-hour shift includes daily patient rounds on all hospitalized orthopedic service patients.
- A.3.3 Combination Shift – where Physician is providing both Day Shift and 24-hour shift activities in the same day.

**EXHIBIT B**

**COMPENSATION, HOUSING AND EXPENSE REIMBURSEMENT**

- B.1 Shift Compensation. As full compensation for each shift worked by Physician, SBHCD shall pay Physician the amount of Twenty-Five Hundred Dollars (\$2,500.00).
- B.2 Housing. SBHCD will provide Physician with local housing accommodations while Physician is providing Orthopedic Services under this Agreement. Housing accommodation is to be used from arrival the day before the start of the shift and ending on the last day of shift.
- B.3 Expense Reimbursement. SBHCD will reimburse Physician for: (1) round trip mileage at the standard Internal Revenue Service rate, between Physician's home/office and SBHCD, (2) standard rental car expenses, (3) round-trip coach flight expenses, and (4) for the provision of professional liability coverage as outlined in Section 1.3, SBHCD will reimburse Physician Seventy Dollars (\$70.00) per coverage shift under the normal monthly SBHCD payment process. . Physician shall submit an itemized invoice within ten (10) days of the conclusion of each month for expenses from the prior month.



# Hazel Hawkins

MEMORIAL HOSPITAL



Business Case

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## Executive Summary



Ultrasound machines provide images of the body's internal structure that aids in the diagnosis of a patient's underlying health issue and fetus monitoring.

The District has 5 ultrasound units wherein 3 of them are >10yrs old. A strategic phased approach will be implemented to replace these units.

This proposal is to request approval of replacing two ultrasound units which are currently end of life.

# SWOT ANALYSIS

STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS FRAMEWORK FOR CURRENT ULTRASOUND EQUIPMENT



# Objectives



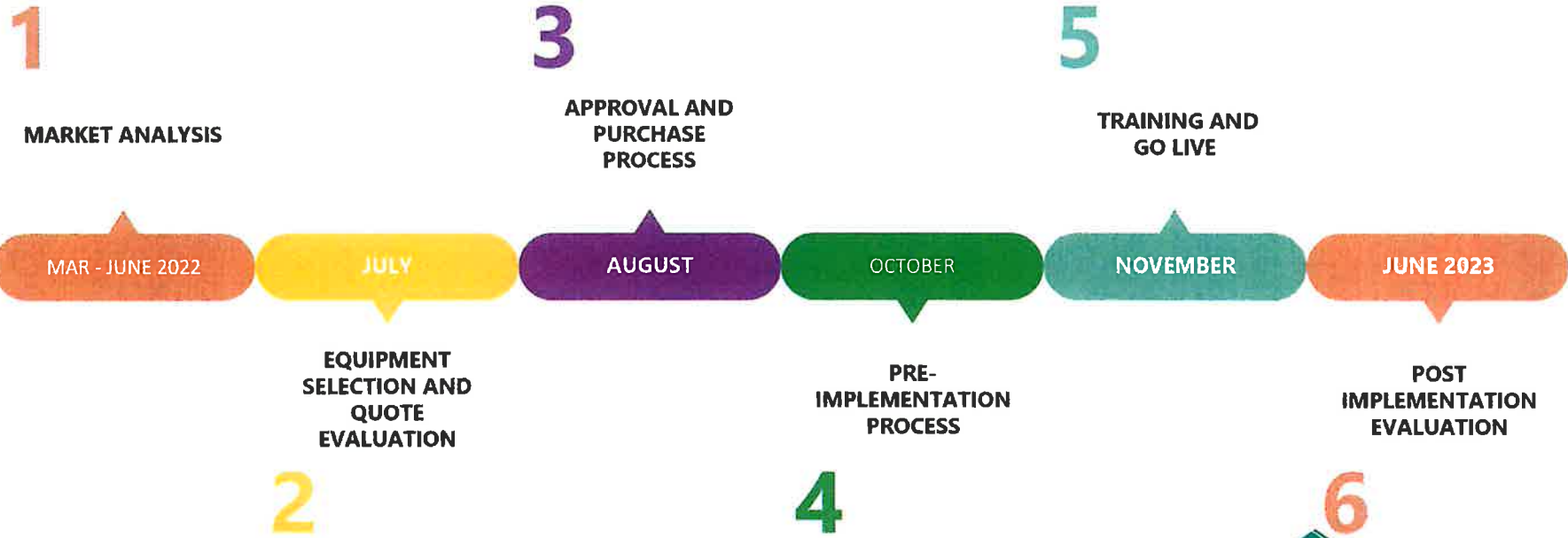
*Request approval for purchase or lease of:*

two (2) Siemens Sequioa ultrasound units for a total price of \$325,326.

Service contract of \$28,190/yr starting on 2<sup>nd</sup> yr. total of \$112,760 for 5 yrs.



# Project Scope and Timeline



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# Proposed State- acquisition options of Siemens Sequioa

## Capital Purchase

Equipment

- \$325,326.00

Service Contract

- \$112,760.00 (\$28,190/yr for 4yrs)

Grand Total at 5 yrs

- \$438,086.00

## Siemens Lease option with \$1 buyout

Equipment

- \$6,272.86 /month
- Financed amount: \$325,326.00
- Total with Interest: \$376,371.60 (\$51,045.60)

Service Contract

- \$112,760.00 (\$28,190/yr for 4yrs)

Grand Total at 5yrs

- \$489,131.60

# Return on Investment

## Ultrasound Revenue Inquiry

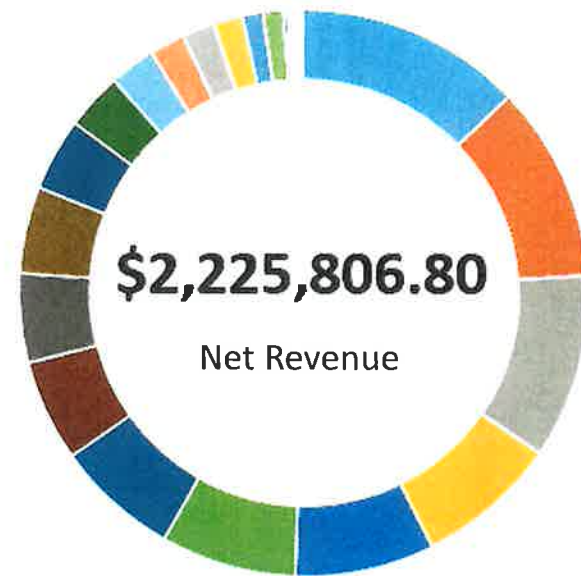
The purpose of this analysis is identify the total revenue for Ultrasound procedures during CY 2021.

46 unique charge codes were reviewed for CY 2021 with a total of 30 *unique CPT codes*.

**Note: Emergency Services and Inpatient claims were excluded in this analysis .**

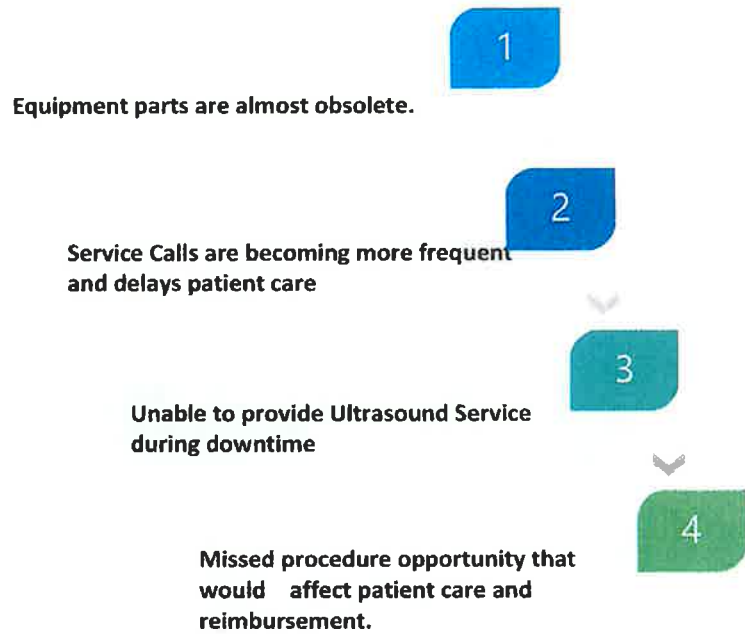
Prepared by: Charity Duran  
07/20/2022

**Return on Capital Investment in  
approximately 2 months.**



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# Risks



## Recommendation

*It is recommended to replace three out of five ultrasound units (>10yrs old); however, we will be implementing a phased replacement approach wherein the 3<sup>rd</sup> unit will hopefully be replaced Q2 2023.*

*With this strategy, we are recommending the approval of replacing two ultrasound units with the **Siemens Sequioa** for a **total capital amount of \$325,326.00**. If the District has the capability for a capital purchase, it would result to a savings of \$51,045.60 for a five year period including service contract.*

*Conversely, the Lease option with a \$1 buyout at the end of the 5-year term offers a **monthly capital lease payment of \$6,272.86** and an annual service for \$28,190.00 starting at year 2.*



Hazel Hawkins

MEMORIAL HOSPITAL

[www.hazelhawkins.com](http://www.hazelhawkins.com)

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**ACQUISITION OPTIONS FOR ULTRASOUND MACHINE**

Proposal option	Acquisition type	equipment			yr1	YR2	YR3	YR4	YR5		total price	grand total
1	PURCHASE	SIEMENS SEQUOIA		\$352,827.00							<b>\$325,326.00</b>	\$438,086.00
			SERVICE		warranty	\$28,190.00	\$28,190.00	\$28,190.00	\$28,190.00		\$112,760.00	
				\$17,500							\$17,500.00	
				\$10,001							\$10,001.00	
2	LEASE	SIEMENS SEQUOIA		\$6,272.86	\$75,274.32	\$75,274.32	\$75,274.32	\$75,274.32	\$75,274.32		\$376,371.60	\$489,131.60
	\$1 BUYOUT		SERVICE		warranty	\$28,190.00	\$28,190.00	\$28,190.00	\$28,190.00		\$112,760.00	
	SIEMENS											
			FINANCED AMT	\$325,326								
			*** SERVICE NOT INCLUDED IN LEASE									
3	LEASE	SIEMENS SEQUOIA		\$6,620.00	\$79,440.00	\$79,440.00	\$79,440.00	\$79,440.00	\$79,440.00		\$397,200.00	\$509,960.00
	\$1 BUYOUT		SERVICE		warranty	\$28,190.00	\$28,190.00	\$28,190.00	\$28,190.00		\$112,760.00	
	LAB											
			FINANCED AMT	\$325,326								
			*** service not included in LEASE									
Proposal option	Acquisition type	equipment			yr1	YR2	YR3	YR4	YR5		total price	grand total
1	PURCHASE	GE LOGIQ E10 R3		\$443,688.30							<b>\$393,688.30</b>	\$491,240.30
			SERVICE		warranty	\$24,388.00	\$24,388.00	\$24,388.00	\$24,388.00		\$97,552.00	
			LESS DISC	\$25,000							\$25,000.00	
			LESS DISC	\$25,000							\$25,000.00	
2	LEASE	GE LOGIQ E10 R3		\$7,639.44	\$91,673.28	\$91,673.28	\$91,673.28	\$91,673.28	\$91,673.28		\$458,366.40	\$555,918.40
	\$1 BUYOUT		SERVICE		warranty	\$24,388.00	\$24,388.00	\$24,388.00	\$24,388.00		\$97,552.00	
			FINANCED AMT	\$393,688.30								
			*** SERVICE NOT INCLUDED IN LEASE									
3	LEASE	GE LOGIQ E10 R3		\$9,216.61	\$110,599.32	\$110,599.32	\$110,599.32	\$110,599.32	\$110,599.32		\$552,996.60	\$552,996.60
	\$1 BUYOUT		SERVICE		warranty	included	included	included	included			
			FINANCED AMT	\$393,688.30								
			*** service included in LEASE									

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**Hazel Hawkins Memorial Hospital**  
Capital Procurement Request Form

\*\*Please attempt to complete as many applicable fields as possible. At minimum, yellow cells are required to be completed.\*\*

Department: Surgery  
Item Requested: 4K Video Upgrade for Surgery Center OR  
Requested by: Daanna Williams

New <input checked="" type="checkbox"/>	Replacement <input type="checkbox"/>
Purchase <input type="checkbox"/>	Lease <input checked="" type="checkbox"/>

**Purchase Price:**  
- Equipment Cost \$ 268,218.40  
- Sales Tax 24,810.20  
- Implementation 27,615.62  
- Shipping 0  

---

Total Cost \$ 320,644.22

**Lease Terms:**  
- Total Equipment and Implementation \$ 295,834.02  
- Number of Years 60  
- Cost per month at 6.5% Interest 5,788.33  

---

- Equipment Cost under Lease 347,299.80  
- Sales Tax 24,810.20  

---

Total Cost of Equipment 372,110.00

Service Agreement Required: 

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
--	--------------------------------

If Yes, Annual Cost: Year 2 through 5 \_\_\_\_\_

Revenue Producing: 

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
--	--------------------------------

If yes, Gross Charge per procedure:  
- Average Reimbursement per Procedure \_\_\_\_\_  
- Estimated Annual Number of Procedures \_\_\_\_\_  
- Estimated Annual Net Revenue for Procedures \$ \_\_\_\_\_

Return on Investment in Months \_\_\_\_\_  
Useful Life of Equipment in Months \_\_\_\_\_

**Reason(s) for Request:**  
This request is made on behalf of our surgeons. Dr. Gabriel has requested this technology to use for higher risk endo cases. This upgrade will allow us to utilize Spy Fluorescence Imaging for procedures as well as increase the resolution of images captured in endoscopy procedures.

**Justification:**  
4k Video equipment and Spy Fluorescence Imaging technology has applications in Mastectomy and Breast Reconstruction surgery, maxillofacial surgery (if we ever have an ENT interested in using it), Gastrointestinal surgery, and more advanced applications such as vascular surgery. This will provide opportunities to schedule more advanced cases that may be transferred out of the facility to a higher level of care. Having this equipment in house will also provide the opportunity for Dr. Gabriel to train our new surgeon, Dr. Plin, when he arrives on it's use from the beginning of his career with us. Joey from Stryker is able to assist with marketing the advantages of this equipment as well as assist with business and service line growth.

<u>Mark Robinson</u> Print Name	<u>Steve Hannah</u> Print Name
_____ Signature	_____ Signature
_____ CFO Title	_____ CEO Title
_____ Date	_____ Date

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# Design. Equip. Connect.

## Equipping Your Suite

### Executive Summary

Prepared For: **HAUTE ORTHOPEDIC MEDICAL GROUP**  
May 03, 2022  
Kevin Shull  
kevin.shull@stryker.com



Stryker Communications  
571 Silveron Blvd.  
Flower Mound, TX 75208  
Tel: 1 877 789 8106 Fax: 1 408 574 2969

# SwitchPoint Infinity<sup>®</sup> 3 HD Integration System



This all-in-one, HD digital video routing system supports a huge variety of video standards and resolutions including 1080P and up to 1200P. The SwitchPoint Infinity 3 Control System offers a platform tailored specifically to each individual operating room, providing efficiency and flexibility during surgical procedures.

Designed for the OR, the system features an integrated surgical checklist, customizable room presets, remote control of the Stryker Digital Capture device and centralized OR equipment controls. The unique flexibility offered by the SwitchPoint Infinity 3 Control System makes it easy to expand and upgrade as technology changes. The tool-less assembly and modular card-based design allows for upgrades to be performed quickly, reducing OR downtime.

With centralized OR control, staff can control all compatible Stryker equipment from the touch panel, saving time and space. Additionally, the Switchpoint Infinity 3 Control System provides users with the flexibility to upgrade as technology or needs change.

**Design.Equip.Connect.**

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**BOARD OF DIRECTORS  
DISTRICT FACILITIES & SERVICE DEVELOPMENT COMMITTEE  
VIA TELECONFERENCE**

**Thursday, August 18, 2022  
4:00 P.M. – Hybrid Zoom Meeting**

**MINUTES**

**PRESENT:** Jeri Hernandez, Board President  
Bill Johnson, Board Secretary  
Steven Hannah, Chief Executive Officer  
Barbara Vogelsang, Chief Clinical Officer  
Mark Robinson, VP/Chief Financial Officer  
Mary Casillas, VP/Chief Operations Officer  
Adrian Flores, Plant Operations Director  
Tina Pulido, Plant Operations/Construction Coordinator

**I. CALL TO ORDER:**

The meeting of the District's Facilities & Service Development Committee was called to order by Jeri Hernandez at 4:00p.m. via Hybrid Zoom. The meeting will be recorded for purposes of taking minutes.

**II. REVIEW OF MINUTES:**

The minutes of the District's Facilities & Service Development Committee of July 21, 2022, were reviewed.

**III. UPDATE ON CURRENT PROJECTS:**

- Acute Roof Replacement (Adrian Flores)  
Adrian F. reported that this project has been completed.
- Northside SNF Chiller Replacement (Adrian Flores)  
Adrian F. reported that this project has been completed.
- Grounds Maintenance (Adrian Flores)  
Adrian F. reported that we have installed irrigation and install a drought tolerant ground cover.
- Parking Lot Reseal (Adrian Flores)  
Adrian F. reported that this project is scheduled to start the middle of September.
- Office Refresh for General Surgeons (Adrian Flores)  
Adrian F. reported that the project is still underway and still scheduled to be completed the end of October beginning of November.
- Front Lobby Registration Doors (Adrian Flores)  
Adrian F. reported that the doors have arrived and will be installed next Thursday, August 25<sup>th</sup>.
- Mabie SNF Flooring (Adrian Flores)  
Adrian F. reported that this project has been completed.

#### IV. UPDATE ON PENDING PROJECTS:

- CAT Scanner (Mary Casillas)  
Mary C. reported that they are revisiting this project. Steve H. reported that our current planning strategy doesn't require two scanners.
- Northside SNF Generator Replacement (Adrian Flores)  
Adrian F. reported that he met with Tansy and Jasmine from TreanorHL to access the building.
- Main Lobby Cafeteria Area (Adrian Flores)  
Adrian F., nothing new to report.
- Mabie SNF Exit Door (Adrian Flores)  
Adrian F., nothing new to report.

#### V. MASTER PLAN:

- SPC-4d (Adrian Flores)  
Adrian F., nothing new to report.
- Maple Street Project (Mary Casillas)  
Mary C. reported that they are ending the scoping phase. Adrian F. reported that he is looking into different Architect options.
- Current Campus Bed Optimization Plan (Barbara Vogelsang)  
Barbara V. reported that the Architect accessed the old OB rooms today. There are five rooms being accessed.
- Women's Center 3<sup>rd</sup> Floor Buildout
  - 1) Financing Plan (Mark Robinson)  
Mark R. reported that at this point, financing would have to come from the District. Steve H. inquired about Foundation funding.
  - 2) Design and Buildout Timeline (Mary Casillas)  
Mary C. reported that this project will be determined by what happens with Maple Street.

#### VI. OPEN DISCUSSION:

- Mabie SNF Wood Fascia (Adrian F.)  
Steve H. reported that the wood fascia on the West and South side are weathered. Adrian F. will look into it.

#### VII. ADJOURNMENT:

There being no further business, the meeting was adjourned at 4:27 PM.