



SoHum Health

Southern Humboldt Community Healthcare District

CRITICAL ACCESS HOSPITAL

GOVERNING BOARD POLICIES, PROCEDURES AND BYLAWS PACKET

February 24, 2022



**SoHum
Health**

Southern Humboldt
Community Healthcare District
733 CEDAR STREET
GARBERVILLE, CA 95542
(707) 923-3921

DEPARTMENT: Governing Board	NO:	Page 1 of 1
SUBJECT: Acting Administrator	EFFECTIVE DATE: 03/25/2021	SUPERCEDES: 03/28/2019

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a guide that designates who is the acting Administrator at all times and which manager shall be the Governing Board's direct executive representative in the management of the District if the Administrator is not available.

PROCEDURE:

- A. When the Administrator is not available, the managers should be contacted in the following order as "Acting Administrator":
 - 1. Chief Operations Officer (COO)
 - 2. Chief Nursing Officer (CNO)
 - 3. Chief Financial Officer (CFO)
 - 4. Chief Quality and Compliance Officer
 - 5. Human Resources Manager
- B. Unless otherwise stated, the current CEO/Administrator will be available to staff and Governing Board members.
- C. A current list of who is on call as the Acting Administrator is posted at the nurse's station and in the Emergency Department.
- D. When the Administrator is absent, the Administrative Assistant will take all calls and relay them to the Acting Administrator, or forward them on to the voice mail of the Administrator.

REVIEWED BY:

Board President
Board Vice-President/Secretary
Board Member
Board Member
Board Member
CEO/Administrator



733 Cedar Street, Garberville, CA 95542

(707) 923-3921, ext. 276

APPLICATION FOR INSPECTION AND/OR COPYING OF PUBLIC RECORDS FORM

ATTENTION APPLICANT: To expedite your request for District records, please fill out this form completely, and identify specifically the type of records you are requesting. Please limit your request to three requested items per form. The application should reasonably describe identifiable records prepared, owned, used or retained by the District. For further information see the **Guidelines for the Accessibility of the Public Records of the Southern Humboldt Community Healthcare District** and **Inspection and Copying Policy of the Public Records of the Southern Humboldt Community Healthcare District** which are available upon request.

APPLICANT INFORMATION – PLEASE PRINT

NAME: _____ DATE: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE #: _____ CELL #: _____ FAX #: _____
EMAIL ADDRESS: _____

PUBLIC RECORDS REQUESTED* (3 items per form)

REQUESTED DATE OF INSPECTION and/or COPIES:

Direct costs of duplication:

No charge if in electronic format (if available)
\$.10 per single sided black and white paper copies.....
\$.20 per double sided black and white paper copies.....
\$.60 per page of color copy
\$1.25 per double sided color copy.....
\$1.25 per CD (if available).....
\$5.00 per CD by mail (if available).....
\$10.00 per certification of records.....
Large format 11 x 17 sheets will be based upon the actual cost to produce the copies.....
Binding of copies is an additional fee.....

Estimated copying/certification costs: \$ _____
Amount deposited: \$ _____
Final costs: \$ _____
Balance due: \$ _____
Final payment: \$ _____

- I wish to inspect the requested public records, where applicable, or receive the requested public records electronically (if possible) at no charge. I do not want copies produced at this time.
- I request that the Southern Humboldt Community Healthcare District (SHCHD and/or District) contact me prior to copying the requested public records if the cost will exceed \$_____.
- I would like copies of the requested public records and I hereby agree to reimburse the Southern Humboldt Community Healthcare District for the direct cost of duplication in accordance with Gov. Code Sec. 6253(b).

Signature of Applicant

*When specific written authorization is required to inspect or receive duplicate copies of subject records, a copy of such written authorization must accompany the application and shall be permanently affixed thereto.



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DEPARTMENT: Governing Board	NO:	Page 1 of 1
SUBJECT: Board Community Outreach Policy	EFFECTIVE DATE: 03/25/2021	SUPERCEDES: 03/28/2019

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to communicate with the public according to the guidelines and procedures listed below.

PURPOSE:

As stated in Article I, Section 1. of the SHCHD Bylaws, "The District shall encourage the practice of preventive medicine and the education of both health service workers and the general public." The purpose of this policy is to ensure that board members communicate with the general public in ways that are both consistent with the District's Vision and Mission and in conformance with relevant laws and regulations

PROCEDURE:

Board members are encouraged to offer suggestions to the Board's representatives on the District's Community Outreach Committee (COC) for ideas on topics that they or the committee representatives might address.

Board members are encouraged to seek guidance and review from the Board's COC representatives before addressing the public, but it is understood that each board member has the right to communicate his/her views directly to the public without Board review.

In conformance with the Brown Act, a Board member may advocate for a position on an issue that may come before the Board for action, but s/he must limit discussion on that issue to only one other Board member except at publicly noticed meetings of the board.

The Board's representatives on the COC shall endeavor to maintain an archive of all Board members' public communications. With the permission of the author and the approval of the COC, these communications may be posted on the District's website and/or used in other ways in support of District community outreach efforts.

Board members will make clear that all communications, whether written or oral, are expressions of their individual views rather than those of the Board as a whole or the District, unless the content has received specific prior authorization through a vote of the Board in a public meeting.

Communication can be via letters to the editors of newspapers or magazines, via radio, TV or other electronic media, or through presentations to local community organizations or governmental bodies.

REVIEWED BY:

- Community Outreach Committee Members
- Board President
- Board Vice-President/Secretary
- Board Members
- CEO/Administrator
- ARCHER NORRIS



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DEPARTMENT: Governing Board	NO:	Page 1 of 1
SUBJECT: Board Correspondence Policy	EFFECTIVE DATE: 03/25/2021	SUPERCEDES: 03/28/2019

POLICY:

All written or electronic correspondence addressed to the Board of Directors is to be sent to the District office. Copies of the written or electronic correspondence and written responses in reply thereto, if any, shall be distributed to each member of the Board, together with the next regular agenda or at the next regular meeting of the Board, depending on date of receipt or response. Individual Board members may receive correspondence addressed to him or her in his or her official capacity. However, Board members are not permitted to use agency resources for sending or receiving personal correspondence.

REVIEWED BY:

Board President
Board Vice President/Secretary
Board Member
Board Member
Board Member
CEO/Administrator



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DEPARTMENT: Governing Board	NO:	Page 1 of 2
SUBJECT: Code of Conduct for Directors and Committee Members	EFFECTIVE DATE: 03/25/2021	SUPERCEDES: 03/28/2019

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide an ethics policy for the Board of Directors and Committee Members to provide guidance with addressing ethical issues and a mechanism for addressing unethical conduct.

PURPOSE:

The purpose of this policy is intended to provide guidance with ethical issues and a mechanism for addressing unethical conduct.

PROCEDURE:

A. BOARD RESPONSIBILITIES

The general duties for directors are to enforce the District's governing documents, collect and preserve the District's financial resources, insure the District's assets against loss, and keep the common areas in a state of good repair. To fulfill that responsibility, directors must:

- regularly attend board meetings,
- review material provided in preparation for board meetings,
- review the District's financial reports, and
- make reasonable inquiry before making decisions.

B. PROFESSIONAL CONDUCT

In general, directors and committee members must conduct all dealings with the members of the District, vendors, medical staff, and employees with honesty and fairness, and safeguard information that belongs to the District.

1. Confidential Information. Directors and committee members are responsible for protecting the District's confidential information. As such they may not use confidential information for the benefit of themselves or their relatives. Except when disclosure is duly authorized or legally mandated, no director or committee member may disclose confidential information. Confidential information includes, without limitation:
 - private personal information of fellow directors and committee members,
 - private personal information of patients,
 - private personnel information of the District's employees,
 - disciplinary actions against members of the District,
 - assessment collection information against members of the District, and
 - legal disputes in which the District is or may be involved -- directors may not discuss such matters with persons not on the board without the prior approval of the District's legal counsel. Failure to follow these restrictions could constitute a breach of the attorney-client privilege and loss of confidential information;
 - patient confidentiality per the Health Insurance Portability and Accountability Act (HIPAA).
2. Misrepresentation. Directors and committee members may not knowingly misrepresent facts. All District data, records and reports must be accurate and truthful and prepared in a proper manner.
3. Interaction with Employees. To ensure efficient management operations, avoid conflicting instructions from the board to management and avoid potential liability, committee members and directors shall observe the following guidelines:
 - The president of the board shall serve as liaison between the board and CEO/Administrator.
 - Except for the president, committee members and directors may not give direction to management, medical staff, employees or vendors.

- Directors may not contact management after hours unless there is an emergency representing a threat of harm to persons or property.
 - If directors or committee members are contacted by employees with complaints, the employees shall be instructed to contact management or the board as a whole.
 - No director may threaten or retaliate against an employee who brings information to the board regarding improper actions of a director or committee member.
 - Directors and committee members are prohibited from harassing or threatening employees, vendors, directors, committee members, and owners, whether verbally, physically or otherwise.
5. Proper Decorum. Directors and committee members are obligated to act with proper decorum. Although they may disagree with the opinions of others on the board or committee, they must act with respect and dignity and not make personal attacks on others. Accordingly, directors and committee members must focus on issues, not personalities and conduct themselves with courtesy toward each other and toward employees, managing agents, vendors and members of the District. Directors shall act in accordance with board decisions and shall not act unilaterally or contrary to the board's decisions.

C. IMPLEMENTATION

Situations may arise that are not expressly covered by this policy or where the proper course of action is unclear. Directors and committee members should immediately raise such situations with the board. If appropriate, the board will seek guidance from the District's legal counsel.

1. Violations of Policy. Directors and committee members who violate the District's Code of Conduct policy may be deemed by the Board to be acting outside the course and scope of their authority. Anyone in violation of this policy may be subject to immediate disciplinary action, including, but not limited to:
 - censure
 - removal from committees
 - request for resignation from the board

REFERENCES:

www.Davis-Stirling.com

REVIEWED BY:

Board Member, Board Policy & Bylaws Committee
Board Member, Board Policy & Bylaws Committee
Board President
Board Vice-President/Secretary
Board Member
CEO/Administrator
ARCHER NORRIS



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DEPARTMENT: Governing Board	NO:	Page 1 of 1
SUBJECT: Consent Agenda	EFFECTIVE DATE: 03/25/2021	SUPERCEDES: 03/28/2019

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District Governing Board ("Board") to create and place a "Consent Agenda" in their monthly meeting agenda. The Consent Agenda will include all previous meeting minutes, committee reports, subcommittee reports, staff reports, consultant reports, and non-action items.

PROCEDURE:

Items for the Consent Agenda shall be submitted to the Board President, Vice-President/Secretary, or the Administrator on the Thursday preceding the Board meeting. These reports will be accepted by the Administrative Assistant employed by the District. If any report is not submitted, the agenda item will be labeled "No Report." The Board President, Vice-President/Secretary, or the Administrator may place any item that appears to be noncontroversial on the Consent Agenda. Any item listed in the Consent Agenda may be removed at the request of anyone wishing to speak to the item. The items pulled will be placed on the agenda in the appropriate area.

REVIEWED BY:

Board Policy & Bylaws Committee
Board Members
Board Vice President/Secretary
Board President
CEO/Administrator



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DEPARTMENT: Governing Board	NO:	Page 1 of 5
SUBJECT: Guidelines for the Accessibility of the Public Records of the Southern Humboldt Community Healthcare District (SHCHD)	EFFECTIVE DATE: 03/25/2021	SUPERCEDES: 03/28/2019

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District (District) to provide access to the public records prepared, owned, used or retained by the District for the inspection thereof as allowed by Federal and State law.

PURPOSE:

The purpose of these Guidelines is to serve as general rules to be followed by those persons charged with administration of the Inspection & Copying Policy of Public Records of the Southern Humboldt Community Healthcare District heretofore adopted by the Board of Directors. Certain requirements of law must be observed relating to disclosure of records and to the protection of the confidentiality of records. These Guidelines set forth the general rules contained in such laws.

PROCEDURES:

The procedures referred to, shall be followed in all of their specifics at all times. Records of inspections shall be accurately maintained.

A. Definitions

“Person” and “public records” are defined in the Inspection & Copying Policy of the Public Records of the Southern Humboldt Community Healthcare District and such definitions apply herein.

“Writing” means handwriting, typewriting, word processing, printing, photo-stating, photographing and every other means of recording upon any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combination thereof, and all papers, maps, magnetic or paper tapes, photographic films and prints, magnetic or punched cards, compact discs, discs, drums and other documents.

B. Questions of Interpretation

In case of any question as to the accessibility of the records of the District under these Guidelines, records shall not be made accessible to the public until such question has been resolved by the Administrator of the District. The decision of such officer is final unless overruled by the Board of Directors or by Court Order.

The District shall justify the withholding of any record by reasonably demonstrating that the record requested and withheld is exempt under Paragraph C of these Guidelines or that, on the facts of the particular case, the public interest served by not making the record public, outweighs the public interest served by the disclosure of such record.

In the case of any denial of an Application for Inspection and/or Copying of Public Records Form (Application), the District shall notify the applicant of the decision to deny the application for public records and shall set forth the names and positions of each person responsible for the denial of the request.

C. Records Subject to Inspection

All public records of the District are subject to inspection pursuant to these Guidelines except as follows:

1. Records set forth hereinafter as records subject to inspection only with authorization;

2. Records NOT SUBJECT to inspection (unless by Court order) as defined below; or
3. Records which may be withheld by exercise of discretion.

If the District discloses a public record which is otherwise exempt from disclosure under the California Public Records Act, the disclosure shall constitute a waiver of the exemption as to that record only otherwise applicable to such record.

D. Records Subject to Inspection Only with Authorization

Any records relating to patients of the Southern Humboldt Community Healthcare District (including but not limited to the patient's records of admission and discharge, medical treatment, diagnosis and other care and services) shall only be made available for inspection and/or copying under the following conditions:

1. Upon presentation of a written authorization therefore signed by an adult patient, by the guardian or conservator of his person or estate, or, in the case of a minor, by a parent or guardian of such minor, or by the personal representative or an heir of a deceased patient, and then only upon the presentation of the same by such person above named or an attorney at law representing such person.
2. Upon presentation of a written order therefore issued by a Court of the State of California or of the United States of America (see reference to Subpoena Duces Tecum hereinafter) this specifically commands the District to disclose specified records.

E. Records Not Subject to Inspection (Unless by Court Order)

The following records of the District are not subject to inspection by any person without a written order therefore issued by a Court of the State of California or of the United States of America (see references to Subpoena Duces Tecum hereinafter):

1. Records of the proceedings or other records of an organized committee of medical or medical-dental staffs in the Southern Humboldt Community Healthcare District having the responsibility of evaluation and improvement of the quality of care rendered in the Hospital and/or Clinic.
2. Records pertaining to pending litigation to which the District is a party, or to claims made pursuant to Division 3.6 (commencing with Section 810) of Title 1 of the Government Code of California, until such litigation or claim has been finally adjudicated or otherwise settled.
3. Personnel, medical or similar files of non-patients, the disclosure of which would constitute an unwarranted invasion of personal privacy of the individual or individuals concerned.
4. Records of complaints to or investigations conducted by or investigatory or security files compiled by the District for correctional, law enforcement or licensing purposes.
5. Test questions, scoring keys and other examination data used to administer a licensing examination, examination for employment or academic examination.
6. The contents of real estate appraisals, engineering or feasibility estimates and evaluations made for or by the District relative to the acquisition of property, or to prospective public supply and construction contracts, until such time as all of the property has been acquired or all of the contract agreement obtained.
7. Records the disclosure of which is exempted or prohibited pursuant to provisions of federal or state law, including, but not limited to, provisions of the Evidence Code of California relating to privilege. (Privileges are conditionally provided for all communications between lawyer and client, physician and patient, and psychotherapist and patient).
8. Preliminary drafts, notes, or inter-district, intra-district or other memoranda, between districts, departments of the District, and/or other agencies, which are not retained by the District in the ordinary course of business, and provided that the public interest in withholding such records outweighs the public interest in disclosure.

9. Records in the custody of or maintained by legal counsel to the District.
10. Statements of personal worth or personal financial data required by any licensing agency and filed by an applicant with the licensing agency to establish his or her personal qualification for the license, certificate or permit applied for.
11. Records of state agencies related to activities governed by Articles 2.6, 2.8, and 2.91 of Chapter 7 of part 3 of Division 9 of the Welfare and Institutions Code, pertaining to Medi-Cal provider contracting, which reveal the special negotiator's deliberative processes, discussion, communications or any other portion of the negotiations with providers of healthcare services, impressions, opinions, recommendations, meeting minutes, research, work product, theories, or strategy, or which provide instruction, advice or training to employees.
12. Employment contracts between the District and any public official, public employee or independent contractor pursuant to California Government Code.
13. Documents related solely to internal personnel rules and practices.
14. Documents specifically exempted by other rules, regulations or statutes.

F. Records Submitted to Agencies Which Are Exempted From Disclosure By District Hospitals

In addition to the limitations upon disclosure of public records otherwise set forth in these Guidelines, the District is not required to disclose public records, or permit the inspection of public records pertaining to financial or utilization data, other than such financial and utilization data as is filed with the California Health Facilities Commission and/or the Office of Statewide Health Planning and Development. It is sufficient compliance with the law to permit inspection of financial and utilization information reported to the Office of Statewide Health Planning and Development pursuant to Division 1, Part 1.8 of the California Health and Safety Code. In case of doubt, consult the District legal counsel.

G. Discretionary Withholding of Records

In addition to the limitation upon disclosure of records set forth in these Guidelines, the District may, in its discretion, withhold inspection of any record or writing when the District determines the facts of the particular case the public interest served by not making the record public clearly outweighs the public interest served by disclosure of the record. Such discretion shall be exercised by the District by and through the Administrator, whose decision shall be final unless overruled by the Board of Directors.

H. Compliance with Subpoena Duces Tecum

While a Subpoena Duces Tecum (a notice to appear and to bring records, or to produce records without appearance) is issued by a court, it is not an order of the court declaring that the particular records are subject to disclosure. Such records may still be subject to protection against disclosure by reason of the existence of a privilege or other legal excuse. Therefore, receipt of such a subpoena does not permit disclosure of records in and of itself and the following rules should be followed:

1. Subpoena in action where District is a party:
 - Immediately consult with legal counsel representing the District as to the proper response.
2. Subpoena in other actions:
 - (a) If the records sought to be discovered (which are ordered to be produced) fall within one of the categories in Paragraphs D, E or F, consult with the District's counsel prior to responding to the subpoena.
 - (b) If the records sought to be discovered are those which can be inspected, it is sufficient compliance with the subpoena (if it seeks only records and does not specify that a "testimony" or "examination upon such records" will be required) to deliver a copy by mail or otherwise, following the procedure set forth in "Application for Inspection and/or Copying of Public Records Form," attached hereto.

3. If only a portion of the records may be disclosed or inspected:

If only portions of any requested records may be disclosed or inspected, the disclosable portions should be segregated from the non-disclosable portions, and the segregated non-disclosable portions should be withheld unless and until a court orders their production.

- (a) Except as provided in Paragraph (e) hereafter, when a Subpoena Duces Tecum is served upon the custodian of records or other qualified witness of the District in an action in which the District is neither a party, nor the place where any cause of action is alleged to have arisen, and such subpoena requires the production of all or any part of the records of the District, it is sufficient compliance if the custodian or other qualified witness, within five days after the receipt of such subpoena, delivers by mail or otherwise, a true legible, and durable copy of all the records described in such subpoena to the clerk of the court, or to the judge if there is no clerk, or to the notary public set forth in said subpoena, together with the affidavit described in Paragraph (c) hereinafter.
- (b) The copy of the records shall be separately enclosed in an inner envelope or wrapper, sealed with the title and number of action, name of witness, and date of subpoena clearly inscribed thereon; the sealed envelope or wrapper shall then be enclosed in an outer envelope or wrapper, sealed and directed as follows:
 - (1) If the subpoena directs attendance in court, to the clerk of such court or to the judge thereof if there is no clerk.
 - (2) If the subpoena directs attendance at the deposition, to the officer before whom the deposition is to be taken, at the place designated in the subpoena for the taking of the deposition or at this place of business.
 - (3) In other cases, to the officer, body or tribunal conducting the hearing, at a like address.
- (c) The records shall be accompanied by the affidavit of the custodian, or other qualified witness, stating in substance each of the following:
 - (1) The affiant is the duly authorized custodian of the records or other qualified witness and has authority to certify the records.
 - (2) The copy is a true copy of all the records described in the subpoena.
 - (3) The records were prepared by the personnel of the District in the ordinary course of business at or near the time of the act, condition, or event.
- (d) If the District has none of the records described, or only part thereof, the Custodian or other qualified witness shall so state in the affidavit, and deliver the affidavit and such records as are available in the manner provided in Paragraph (b) above.
- (e) Notwithstanding the procedure for sending records described above, the personal attendance of the custodian or other qualified witness and the production of the original records is required at the time and place designated if the Subpoena Duces Tecum contains a clause which reads:

“The personal attendance of the custodian or other qualified witness and the production of the original records is required by this subpoena. The procedure authorized pursuant to subdivision (b) of Section 1560, and Sections 1561 and 1562 of the Evidence Code will not be deemed sufficient compliance with this subpoena.”
- (f) (1) Where the business records described in a subpoena are patient records of a Hospital, or of a Physician and Surgeon, Osteopath, or Dentist licensed to practice in this State, or a group of such practitioners, and the personal attendance of the custodian of such records or other qualified witness is not required, the sole fee for complying with such a subpoena is sixteen dollars (\$16.00), or ten cents (\$.10) a page for single sided or twenty cents (\$.20 a page for double-sided, plus clerical time at a maximum of sixteen dollars (\$16.00) per person, completed on a basis of four dollars (\$4.00) a quarter of an hour.

(2) When the personal attendance of the custodian of a record or other qualified witness is required, he shall be entitled to mileage reimbursement at current IRS guidelines for mileage actually traveled one way only and to seventy-five dollars (\$75.00) for each day of actual attendance.

REFERENCES:

California Public Record Act

REVIEWED BY:

President, SHCHD Governing Board
Administrative Assistant, SHCHD
CEO/Administrator, SHCHD



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(707) 923-3921

DEPARTMENT: Governing Board	NO:	Page 1 of 1
SUBJECT: Hiring of Second Level Administrative Positions	EFFECTIVE DATE: 03/25/2021	SUPERCEDES: 03/28/2019

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") that all applicants being considered for Second Level Administrative positions shall submit their applications and resumes to the CEO for consideration. All applicants being considered and the CEO's recommendations shall be submitted to the Governing Board, but the CEO will have the final decision.

Second Level Administrative Positions at the District are as follows:

- Chief Financial Officer
- Chief Operations Officer
- Chief Nursing Officer
- Chief Quality and Compliance Officer
- Director of Patient Care Services
- Human Resources Manager and/or Director
- Medical Director of the E.R./Hospital
- Medical Director of the Clinic
- Administrative Assistant/Medical Staff Coordinator/Board Clerk

REVIEWED BY:

President
Vice-President/Secretary
Board Member
Board Member
Board Member
CEO/Administrator



DEPARTMENT: Governing Board	NO:	Page 1 of 2
SUBJECT: Inspection and Copying of Public Records of the Southern Humboldt Community Healthcare District (SHCHD)	EFFECTIVE DATE: 03/25/2021	SUPERCEDES: 03/28/2019

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District (District) to provide access to the public records prepared, owned, used, or retained by the District for the inspection thereof as allowed by Federal and State law and the copying and/or certifying fees of said documents.

PROCEDURE:

The following Procedures govern the inspection and copying of all the public records of the District. These procedures have been set by the Board of Directors of the District and are administered by the Administrator of the District under the Guidelines adopted by the Board of Directors.

A. Definitions

"Person" includes any natural person, corporation, partnership, firm or association.

"Public records" includes any writing containing information relating to the conduct of the business of the District regardless of physical form or characteristics.

B. Time of Inspection

The public records of the District subject to inspection and copying pursuant to the Guidelines for Accessibility of the Public Records of the Southern Humboldt Community Healthcare District may be inspected during the regular office hours of the administrative office of the District, i.e., on Monday through Friday (holidays excepted) during the hours of 9:00 a.m. until 5:00 p.m.

C. Place of Inspection

The public records of the District may be inspected at the office of the Administrator of the District in Garberville, California.

D. District's Response to Request

Upon receipt of the request the District shall determine within ten (10) days after the receipt of such request whether to comply with the request. The District shall immediately thereafter notify the person making the request of the District's determination, and, if denied, the reasons therefore.

In case of unusual circumstances, the ten (10) day time limit may be extended by written notice from the District Administrator to the person making the request. Such notice shall set forth the reasons for the extension and the date on which a determination is expected to be made. Any such extension shall not exceed an additional ten (10) working days. As used in this paragraph, "unusual circumstances" means:

1. The need to search for and collect the requested records from field facilities;
2. The need to search for, collect and appropriately examine a voluminous amount of separate records; or
3. The need for consultation, which shall be conducted with practicable speed, with another agency having a substantial interest in the determination of the application or among two or more components of the District which have substantial interest in matters covered by the application.

E. Fee for Copying and Certifying Public Records

The copying of such records shall be accomplished by the District according to state guidelines as soon as possible after the request therefore without disruption of the normal business of the District. The applicant shall be informed of the time necessary to accomplish such copying.

When the applicant desires a certification of such copy of such records, a fee of ten dollars (\$10.00) shall be paid for each such certification.

F. Records Not to Be Removed

No records of any kind may be removed by an inspecting party from the place of inspection for any purpose whatsoever without an order of a court of competent jurisdiction.

G. Guidelines Available

A copy of the District's Guidelines for the Accessibility of the Public Records of Southern Humboldt Community Healthcare District is available upon request.

REFERENCES:

California Public Records Act
Govt. Code §§6250-6276.48

REVIEWED BY:

Board President
Board Vice-President/Secretary
Board Members
CEO/Administrator



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DEPARTMENT: Governing Board	NO:	Page 1 of 1
SUBJECT: Outside Counsel	EFFECTIVE DATE: 03/25/2021	SUPERCEDES: 03/28/2019

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to speak with one voice and to make the best decisions possible for our patients. Occasionally this may require the services of outside counsel from professional specialists.

PURPOSE:

The purpose of this procedure is to clarify and advance the aforementioned policy.

PROCEDURE:

The authority to reach out to other organizations or persons for guidance and counsel shall rest with the Board Chair or their designee.

No prior authorization shall be required.

However, the full Board should be informed either prior to or as soon as reasonable after such counsel.

This authority may only be revoked by a majority vote of the Board during on a case by case basis.

REFERENCES:

ARTICLE IV SECTION 1. SPECIAL COMMITTEES

REVIEWED BY:

Governing Board Policy & Procedure Committee



**SoHum
Health**

Southern Humboldt
Community Healthcare District
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GARBERVILLE, CA 95542
(707) 923-3921

DEPARTMENT: Governing Board	NO:	Page 1 of 1
SUBJECT: Public Comment Instructions	EFFECTIVE DATE: 03/25/2021	SUPERCEDES: 03/28/2019

POLICY:

The SHCHD Board of Directors shall accept comments from the public at its public board meetings according to the procedures listed below.

PURPOSE:

This policy is to ensure that the SHCHD board receives public comments according to consistent and clearly defined guidelines which are readily available for the public's information.

PROCEDURE:

- A. The following statement shall be printed directly under the Public Comment Agenda Item:
"See Below for Public Comment Guidelines."
- B. The following guidelines are to be printed at the bottom of the agenda for every public board meeting:
 - 1. PUBLIC COMMENT ON MATTERS NOT ON THE MEETING AGENDA**
Members of the public are welcome to address the Board on items not listed on the agenda and within the jurisdiction of the Board of Directors. The Board is prohibited by law from taking action on matters not on the agenda, but may ask questions to clarify the speaker's comment and/or briefly answer questions. The Board limits testimony on matters not on the agenda to three minutes per person and not more than ten minutes for a particular subject, at the discretion of the Chair of the Board.
 - 2. PUBLIC COMMENT ON MATTERS THAT ARE ON THE AGENDA**
Individuals wishing to address the Board regarding items on the agenda may do so after the board has completed their initial discussion of the item and before the matter is voted on, so that the board may have the benefit of these comments before making their decision. Public comment is limited to three minutes per person and not more than ten minutes for a particular subject, at the discretion of the Chair of the Board. Please remember that it is the Board's responsibility to discuss matters thoroughly amongst themselves and that, because of Brown Act constraints, the board meeting is their only opportunity to do so.
 - 3. OTHER OPPORTUNITIES FOR PUBLIC COMMENT**
Members of the public are encouraged to submit written comments to the board at any time by writing to Board of Directors, SHCHD, 733 Cedar Street, Garberville, CA 95542. Writers who identify themselves may, at their discretion, ask that their comments be shared publicly. All other comments shall be kept confidential to the board and appropriate staff.

REFERENCES:

Northern California Healthcare Authority

REVIEWED BY:

Board President
Board Vice-President/Secretary
Board Members
CEO/Administrator



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Southern Humboldt
Community Healthcare District
733 CEDAR STREET
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DEPARTMENT: Governing Board	NO:	Page 1 of 1
SUBJECT: Special Committees	EFFECTIVE DATE: 03/25/2021	SUPERCEDES: 03/28/2019

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to establish Special Committees for a specific purpose and such committees shall disband once the said purpose is achieved or the Board decides the committee is no longer needed.

PURPOSE:

The purpose of this policy and procedure is to provide special committees with procedures that promote effective meetings and prompt results.

PROCEDURE:

Special Committees shall be established pursuant to Article IV Section 1. of the District Bylaws. Said committees shall elect a chairperson, establish a decision making process, and submit a written or verbal report at each Board meeting.

REFERENCES:

Article IV Section 1 of the Southern Humboldt Community Healthcare District Bylaws.

REVIEWED BY:

- Board President
- Board Vice-President/Secretary
- Board Member
- Board Member
- Board Member
- CEO/Administrator



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DEPARTMENT: Governing Board	NO:	Page 1 of 2
SUBJECT: Statement of Investment	EFFECTIVE DATE: 03/25/2021	SUPERCEDES: 04/30/2020

PURPOSE:

The purpose of this Statement is to ensure that surplus funds are invested by the Southern Humboldt Community Healthcare District (the "District") in accordance with statutory guidelines and a prudent balance between fund preservation, liquidity and return on investment. As a California healthcare district, investment options are governed by the State of California as set forth in Government Code section 53600, et seq. ("Investment of Surplus") and Government Code section 53630, et seq. ("Deposit of Funds").

1. Investment Management

The CEO and CFO shall be in charge of oversight of the District's surplus funds and their investment and shall advise the board on investment options and investment policy. The CEO and CFO shall have such other responsibilities that may be set forth in the District Bylaws or from time to time assigned by the Board of Directors. The Board of Directors is ultimately responsible for the disposition of the District's funds. The Board may at any time appoint one or more investment managers to advise on Board fund investment issues. The Board of Directors may, if it chooses, delegate discretion and authority to the CEO and CFO, the District Chief Executive Officer ("CEO") or a professional investment manager(s) over surplus funds, subject to the limitations on such delegation and investment restrictions established by state law, this policy or from time to time by the Board of Directors. Based on budget or other spending needs of the District, the CEO, subject to CEO and CFO approval, is authorized to shift surplus funds in operational bank accounts to District surplus fund investment vehicles approved by the board, or to shift liquid investment funds into operations spending accounts to cover budgeted or otherwise approved expenditures of the District. If such shift of funds occurs, it shall be reported to the Board at its next meeting.

2. Investment Guidelines

- A. Investment of funds on behalf of the District shall conform to the "prudent investor standard" as set forth in Government Code section 53600.3, which includes proceeding in a manner "a prudent person acting in a like capacity and familiarity with those matters would use in the conduct of funds of a like character and with like aims, to safeguard the principal and maintain the liquidity needs of the agency."
- B. Investment vehicles authorized and described in Government Code section 53600, et seq. ("Investment of Surplus") and Government Code section 53630, et seq. ("Deposit of Funds"), including U.S. Treasury instruments, certain Bank obligations, "prime" commercial paper and bills of exchange, bank certificates of deposit, money market funds, bonds and notes, shall be limited in the manner described therein. The District is specifically authorized to place funds in the Local Agency Investment Fund established by the State of California (Government Code section 16429.1) and with the County Pooled Investment Fund (Government Code section 53684).
- C. Pursuant to Health and Safety Code section 32121(c), the Board of Directors may also invest in certain real property for the benefit of the District. Any real estate acquisition or arrangement with private organizations should have an existing or potential health-related purpose. A health-related purpose shall include purchasing property: (i) with the intention of leasing it back to an entity that agrees to provide needed health services to people within the District; (ii) with the intention of entering into a joint venture with an entity that will provide needed health services within the District; (iii) that will enhance the value or desirability of existing District projects; or (iv) that will be open to the general public for exercise or rehabilitation. Real property that is zoned for health services and is easily accessible by public transportation is the most desirable. The board directs the CEO and CEO and CFO to actively pursue real estate opportunities and present them to the full board for consideration of acquisition. The board may invest such money not required for the immediate needs of the agency in such portions as it deems wise or expedient. (Government Code section 53601). In deciding whether to make an investment, the board shall consider three primary objectives: (x) safeguarding the principal; (y) meeting the liquidity needs of the District; and (z) achieving a return. (Government Code section 53600.5). At the first public meeting at which the acquisition of any real estate is publicly announced by the board, the board shall also announce the purpose of the acquisition, and record the purpose in the official minutes. If the original purpose becomes frustrated, the Board shall either publicly announce a new purpose and

record the same in the official minutes, sell the real estate, or hold the real estate until market conditions improve to a specified level.

- D. The CEO and CFO shall annually provide the board a copy of this policy for review at a public meeting. In addition, the CEO and CFO shall deliver a quarterly report to be submitted within 30 days following the end of the quarter covered by the report. This report shall cover information required by Government Code section 53646, including type of investment, issuer, investments and moneys held, and shall additionally include a description of any of District funds under the management of contracted parties, and general investment fund compliance with this policy. For investments that have been placed in the Local Agency Investment Fund or in the County Investment Pool, or any combination of these, the CEO and CFO may supply to the board and District auditor the most recent statement or statements received from these institutions in lieu of the CEO and CFO's own report required by this policy.

3. Legislative Changes

The statutory references within this policy shall be deemed to incorporate any legislative changes to the codes subsequent to adoption of this policy and shall further be deemed to incorporate any successor statutes that subsequently replace the referenced statutes or statutory schemes.

REVIEWED BY:

Board President
Board Vice-President/Secretary
Board Member
Board Member
Board Member
CEO/Administrator
CFO



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DEPARTMENT: Governing Board	NO:	Page 1 of 1
SUBJECT: Vision, Mission and Values	EFFECTIVE DATE: 03/25/2021	SUPERCEDES: 03/28/2019

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "district") to operate under the Vision, Mission and Values as approved by the Board on February 15, 2017.

VISION:

Our vision is to empower individuals to live longer, healthier lives through the use of information, relationships and technology.

MISSION:

It is the mission of the Southern Humboldt Community Healthcare District to provide high quality, local medical services, to engage community members with education, activities and lifestyle opportunities which promote optimal health and to assist our patients in navigating access to services throughout the healthcare system.

VALUES:

The core values that drive SHCHD are:

- **Caring:** we bring warmth and professionalism to all aspects of patient care
- **Quality:** we are committed to our patients, to our services and to enriching the communities of Southern Humboldt
- **Teamwork:** we prioritize working together within our hospital as well as the larger community and healthcare network.
- **Positivity:** we believe in supporting an environment where healthy attitudes and respect fuel our culture

Approved By:

Governing Board



SoHum Health

733 Cedar Street
Garberville, CA 95542
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shchd.org

SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT

BYLAWS

Revised: October 2019
 December 2018
 August 2014
 June 2014
 August 2011 (No Resolution)
 August 2008
 January 2008
 August 2007
 January 2005
 December 2001
 January 1997
 March 1994
 October 1992
 July 1990
 December 1988
 May 1986
 August 1980

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BYLAWS

PREAMBLE

Pursuant to the Local Healthcare District Law of California, and the authority granted by Section 32104 of the Health and Safety Code of the State of California, these Bylaws are adopted for the purpose of establishing rules and regulations for the exercise of powers conferred and the performance of the duties imposed upon the Board of Directors of this Healthcare District by the laws of the State of California.

ARTICLE I

GENERAL

SECTION 1. PURPOSE

It shall be the purpose of the Southern Humboldt Community Healthcare District (the "District") to provide and operate a general hospital and 95-210 Rural Health Clinic in the District, for the purpose of furnishing those people in the District, whether residents or non-residents, hospital services such as may be associated with the operation of the general hospital. The Healthcare District shall encourage the practice of preventive medicine and the education of both health service workers and the general public. The District may enter into cooperative agreements with any recognized health concern or agency in order to further hospital and medical care, education and research.

SECTION 2. FULFILLMENT OF PURPOSE

To fulfill its duties and obligations to the District, the Board of Directors shall maintain and operate Jerold Phelps Community Hospital in Garberville, California, the Southern Humboldt Community Clinic in Garberville, California, and outpatient services and other operations at the Sprowel Creek Campus, in Garberville. The Board shall employ such persons as necessary to operate the hospital and clinic and carry out what other services the Board may direct. Board members shall be actively involved in the quality management process.

SECTION 3. OTHER BY-LAWS

The Board may authorize such bodies as the Medical Staff and others to have their own Bylaws, which must have the approval of the Board, and may authorize the adoption of certain rules and regulations by the Administrator of the District. The Board is the supreme and final authority in all matters, and should any bylaws, rules or regulation conflict with the Bylaws of the District, the Bylaws of the District are to remain in full force and effect and the contrary sections of the other bylaws, rules or regulations are deemed to have no force and effect.

SECTION 4. PRINCIPLE OFFICE

The principle office for the transaction of the business of the District is hereby fixed at 733 Cedar Street, Garberville, California, Humboldt County.

ARTICLE II

MEETINGS

SECTION 1. PUBLIC

All meetings of the Board, whether regular or special, shall be open to the public, except as otherwise authorized by law.

SECTION 2. PLACE

All regular and special meetings of the Board shall be held at such time and place as established by the Board.

SECTION 3. TIME AND NOTICE

A. Regular Meetings

The regular meeting date, time and location of the Board shall be established annually by Resolution of the Board. The regular monthly Board meetings shall be held on the Thursday of each month following the fourth Tuesday of each month. Written notice of the time, place and purpose of such special meeting shall be delivered as required by Government Code section 54956. No business other than that stated in the above required notice shall be acted upon. In the event a day shall fall upon a legal holiday, or should a canvas of Board members reveal that a quorum would not be present for the meeting, or should other conditions make it necessary or advisable to postpone the meeting scheduled for the regular date, the President of the Board may select an alternate meeting date. In the event an alternate date is selected, all Board members within the District must be notified of this date and local news media and all persons having business with the Board scheduled for the date shall be notified as required by law.

B. Special Meetings

Special meetings may be called by the presiding officer or by a majority of Board members for any purpose or purposes. Written notice of the time, place and purpose of such special meeting shall be delivered as required by Government Code section 54956. No business other than that stated in the above required notice shall be acted upon.

C. Adjourned Meetings

An adjourned meeting of a regular or special meeting may consider any business of the meeting that was adjourned.

SECTION 4. QUORUM

A majority of the Board shall constitute a quorum for the purpose of conducting its business and exercising its powers and for other purposes, but a small number may adjourn from time to time until a quorum is obtained. When a quorum is in attendance, action may be taken by Board members present.

SECTION 5. MINUTES

The Secretary of the Board shall cause to be kept at the principle office of the Board, a digital computer file of the minutes of all meetings of the Board, showing the time and place, whether regular or special, how authorized, the notice given, the names of Board members present, and a statement of the vote of Board members on all motions and Resolutions.

SECTION 6. MOTIONS AND RESOLUTIONS

A. General

Action on all questions and other matters before the Board shall be by motion or by Resolution. The voting on Resolutions coming before the Board shall be by roll call, and the ayes and nays shall be entered upon the minutes of such meeting, except on the election of officers, which may be by ballot.

B. Records

Resolutions are formal documents and each is to have its own number and caption, be signed separately by the President and attested to by the Secretary. The resolutions are to be typed, indexed and filed separately.

C. Repeal or Amendments

Resolutions shall be amended or repealed at any regular or special meeting.

SECTION 7. AGENDA OF BUSINESS

The agenda of business at any meeting of the Board of the District may include, but not be limited to, the following items:

1. Call to Order
2. Public Comment
3. Board Member Comments
4. Announcements
5. Consent Agenda
 - a. Approval of Agenda
 - b. Approval of Previous Meeting Minutes
 - b. Family Resource Center Report
 - c. Foundation Report
 - d. Finance Report
 - e. Chief Nursing Officer's Report
 - f. Quality Assurance Performance Improvement Committee Report
 - g. Administrator's Report
 - h. Human Resources Quarterly Report
6. Old Business
7. New Business
8. Meeting Evaluation
9. Next Meeting Date
10. Adjourn to Closed Session
11. Closed Session
12. Adjourn to Open Session
13. Closed Session Report
14. Public Comments
15. Board Comments

SECTION 8. PARLIAMENTARY AUTHORITY

Subject to the provisions of these Bylaws the Board will use the 2011 edition of Rosenberg's Rules of Order as the parliamentary guidelines for our District meetings.

ARTICLE III

DIRECTORS AND OFFICERS

SECTION 1. DIRECTORS

The Healthcare District Board shall consist of five directors, each of whom shall be a registered voter residing in the District. The members of the Board of Directors shall be elected by the qualified voters in the District to four-year terms. Any vacancy upon the Board shall be filled by the Board or the county Board of Supervisors as provided by law.

SECTION 2. ABSENCES AS CREATING VACANCY

Notwithstanding any other provision of law, the term of any member of the Board of Directors shall expire if he/she has unexcused absences from three consecutive regular meetings, or from three of any five consecutive meetings of the Board and the Board by Resolution declares that a vacancy exists on the Board.

SECTION 3. OFFICERS

The officers of the Board of Directors shall be President and Vice-President/Secretary, and they shall be elected by the Board from among its members at a regular or special meeting in January.

SECTION 4. TERM OF OFFICE

President and Vice-President/Secretary shall be elected in January of odd-numbered years for a term of two years.

SECTION 5. VACANCIES OF TERMS OF OFFICE

Should the office of President become vacant, the Vice-President/Secretary shall fill that vacancy in the unexpired term of said office. A successor in a vacancy for the office of Vice-President/Secretary shall be elected at the next regular meeting, and such election shall be for the unexpired term of said office.

SECTION 6. PRESIDENT

The President shall chair all meetings of the Board of the District. The President shall sign all documents, and other instruments for and on behalf of the District, as authorized by Resolution of the Board. It shall be the duty of the President to meet with the Vice-President/Secretary and the Administrator as often as necessary to facilitate communication of issues and development of staff reports and agendas for regular and special meetings of the Board. They shall meet as often as necessary at the discretion of the President.

SECTION 7. VICE-PRESIDENT/SECRETARY

The Vice-President/Secretary shall serve as President Pro Tem and shall perform the duties of the President in the absence or incapacity of the President; and in case of the resignation or death of the President, the Vice-President/Secretary shall fill the unexpired term of office. It shall be the duty of the Vice President/Secretary to meet with the President and the Administrator as often as necessary to facilitate communication of issues and development of staff reports and agendas for regular and special meetings of the Board. They shall meet as often as necessary at the discretion of the President.

SECTION 8. ADDITIONAL DUTIES

The Officers of the District shall perform such other duties and functions as may from time to time be required by the Board or the Bylaws or rules and regulations of the District or by the applicable statutory law of the State of California.

ARTICLE IV

COMMITTEES

SECTION 1. BOARD COMMITTEES

1. **Appointment:** All committees shall be appointed by the President of the Board to serve up to two years or for the life of the Committee with the advice and consent of the Board and shall be reappointed at the annual organizational meeting. The President of the Board shall appoint the chair of each committee. All committees shall be advisory only to the Board unless otherwise specifically authorized to act by the Board.
2. **Committee Membership:** Every effort shall be made to include qualified and interested Board Members and volunteers from the District.

SECTION 2. SPECIAL COMMITTEES

Special committees, including no more than two Board members, may be appointed by the President with the concurrence of the Board for such special tasks as circumstances warrant. Such special committee shall limit its activities to the accomplishment of the task for which created and appointed, and shall have no power to act, except such as is specifically conferred by action of the Board. Upon completion of the task for which it was appointed, such special committee shall stand discharged.

SECTION 3. STANDING COMMITTEES

Standing committees may be appointed by the President with the concurrence of the Board when such standing committees are deemed necessary. Such standing committee shall limit its activities to the accomplishment of the task for which it was created and appointed. Said standing committee as may be created shall be discharged by motion duly made and passed by the Board Directors.

1. **Finance Committee:** The Finance Committee shall be a standing committee of the Board. The Finance Committee shall consist of at least three members. The chairperson of the Finance Committee shall be a member of the Board. The purpose of the Finance Committee shall be to obtain and present to the Board the financial reports necessary for the Board to carry out its fiduciary responsibility. The Finance Committee shall review financial reports on a regular basis with the purpose of ensuring the relevant information is presented in a clear and comprehensible format and to alert the Board to information requiring its attention. The Finance Committee shall meet monthly and report to the Board of Directors each month. Finance Committee meeting minutes shall be maintained at the principle office of the Board showing such time and place, whether regular or special and the nature of the deliberations of the Committee.

ARTICLE V

ADMINISTRATOR

SECTION 1. SELECTION

The Board shall select and employ, or contract with, a competent, experienced Administrator who shall be its direct executive representative in the management of the District. The desirable educational qualifications of the Administrator are: graduation from an accredited college or university with a degree in hospital, public or business administration, accounting, or a closely related field. (Additional experience in hospital administration may be substituted for education on a year-for-year basis.) The

qualifications of experience are: three years of experience in a hospital as Administrator, business manager, accounting officer, personnel officer, or equivalent level position. This Administrator shall be given the necessary authority and held responsible for the administration of the District in all its activities and departments, subject only to such policies as may be adopted, and such orders as may be issued, by the Board or by any of its committees to which it has delegated power for such action. He or she shall act as the "duly authorized representative" of the Board in all matters in which the Board has not formally designated some other person for that specific purpose. However, nothing in this section is to be construed as depriving or delegating from the Board to the Administrator any of the powers and duties imposed upon the Board by the "Local Healthcare District Law," Division 23, Chapter 12, of the Health and Safety Code of the State of California, or related statutes. The Board shall designate a mechanism for the periodic review of performance and compensation of the chief executive officer.

SECTION 2. AUTHORITY AND DUTIES

Among the specific duties of the Administrator are the following:

1. To assume administrative authority as delegated by the District's Board.
2. To act as business manager of the hospital and clinic, acting for the Board in the handling of admissions to the hospital, and in the handling of financial arrangements between the District and patients; to act in the interest of this District in the collection of its accounts receivable; to purchase equipment and supplies needed in the operation of the District; to prepare for payment all of the accounts payable; and to assume responsibility for payrolls, office records, and bank deposits.
3. To receive communications and other matters to be brought to the attention of the Board at times when the Board is not in session. To report these as well as other matters pertaining to District operations regularly to the Board.
4. To handle matters pertaining to District personnel, including employment and discharge of District employees.
5. To do any and all things possible toward protection of patients of this District from injury or negligence on the part of persons serving patients and to act to protect this District and its Board from any cause that might give rise to any legal action and from any condition that might subject the District or the Board to legal action for negligence and the like.
6. To assure the District maintains an effective quality assessment and improvement program.
7. To act in the capacity of liaison between the Board and the Medical Staff of the District, which would include representing the Board at meetings of the Medical Staff and its committees and subcommittees when not contra-indicated by the Bylaws of the Medical Staff.
8. To act for the Board in the matter of medical records, including the enforcement of state requirements as to contents and other matters, and the retention of possession and custody of all records in accordance with generally accepted healthcare practice, enforcing at all times the policies of the Board in the matter of record keeping.
9. To be official custodian of all minutes of the Medical Staff and its committees and subcommittees.
10. To act in the interest of the District in the matter of maintaining the highest possible standards of medical care for its patients.
11. To act in the interest of the Board in all the aforementioned duties to the best of his or her ability in the interpretation and enforcement of policies set forth by the Board in such other matters as may be specifically delegated to him or her by this Board from time to time.

12. To designate an individual to act for him/her in his/her absence, in order to provide the District with administrative direction at all times.
13. To oversee the development and implementation of the budget.
14. Responsibility to monitor contractor services and assure quality. All new and/or renegotiated contracts that would increase cost to the District of \$15,000.00 annually are to be brought to the Board for approval.
15. To present all unbudgeted expenses over \$5,000.00, with the exception of emergency repairs and expenses, to the Board for approval.
16. To meet with the President and Vice-President/Secretary of the Board as often as necessary to facilitate communication of issues and development of staff reports and agendas for regular and special meetings of the Board. They shall meet as often as necessary at the discretion of the President.

It is understood that while responsibility rests on the Administrator of this District for the duties assigned, many tasks so included will be delegated to other employees of the District by the Administrator.

ARTICLE VI

MEDICAL STAFF

SECTION 1. THE MEDICAL STAFF

The Board shall approve appointment of all members of the Medical Staff; which Medical Staff shall have its own Bylaws and shall comply with all of the requirements set forth in Section 32128 of the Health and Safety Code of the State of California. Said Medical Staff shall further be governed by bylaws, rules and regulations, which meet accreditation standards and the legal requirements of Title XXII (C.A.C.).

SECTION 2. MEDICAL STAFF MEMBERSHIP

1. **Board Powers:** The Board shall have the power to exclude from Medical Staff membership, to deny reappointment to the Medical Staff, and to restrict the privileges of any physician, dentist, podiatrist, or clinical psychologist at any facility operated by the District who fails to meet the standards of competence, character, training, experience, judgment, and professional ethics prevailing at said facility for membership on the Medical Staff or the enjoyment of particular privileges.
2. **Non-Discrimination:** No aspect of Medical Staff membership or particular clinical privileges shall be denied on the basis of sex, race, age, creed, color, national origin, sexual orientation, or physical or mental impairment that does not pose a threat to the quality of patient care.
3. **Effect of Other Affiliations:** No person shall be entitled membership on the Medical Staff merely because that person holds a certain degree, is licensed to practice in this or any other state, is a member of any professional organization, is certified by any clinical board, or because this person had, or presently has, staff membership or privileges at another healthcare facility. Medical Staff membership or clinical privileges will not be conditioned or determined on the basis of an individual's participation or non-participation in a particular medical group, IPA, PPO, PHO, hospital-sponsored foundation, or other organization or in contracts with a third party which contracts with this District.

SECTION 3. ADMISSION AND CARE OF PATIENTS

1. Only physician members of the Medical Staff of the District shall admit patients to the Hospital.
2. Physician members of the Medical Staff shall be responsible for the medical aspects of each hospitalized patient's care.
3. Physician members of the Medical Staff are delegated the responsibility for the quality of medical care utilizing quality assessment and improvement standards which call for unification of all elements designed to assure quality of patient care.

SECTION 4. MEDICAL STAFF BYLAWS

1. The Medical Staff shall develop, adopt, and periodically review Medical Staff Bylaws and rules and regulations, which are consistent with District policy and with any applicable legal or other requirement. Such Medical Staff Bylaws are subject to and effective upon approval by the Board. The Board shall not unreasonably withhold approval.
2. The Medical Staff Bylaws shall provide for the organization of physicians, dentists, podiatrists, and clinical psychologists licensed to practice in this state who are permitted to practice in the District into a formal professional staff, with appropriate officers and bylaws and with staff appointments at least every two years.
3. The Medical Staff Bylaws shall provide for procedure for appointment and reappointment of Medical Staff as provided by the standards of Title 22. Appointment to the Medical Staff shall confer on the appointee only such clinical privileges as may be provided in the Bylaws and in such rules and regulations as the Medical Staff may from time to time adopt.
4. The Bylaws of the Medical Staff shall provide procedures for a hearing by the Medical Staff Committee of the Whole where an applicant has been denied a recommendation for membership or privileges. The Bylaws shall also provide for a final hearing by the Board of Directors or its designate as set forth in Section 32150-32155 of the Health and Safety Code of the State of California.
5. The Medical Staff Bylaws shall provide that the Medical Staff shall be self-governing with respect to the professional work performed in District facilities; that the Medical Staff shall meet regularly and review and analyze its clinical experience in accordance with at least the requirements of community standards for medical care, and all applicable Federal and State statutes, regulations or applicable codes; and that the medical record review function shall be performed by the Medical Staff Committee of the Whole in accordance with the guidelines as set forth in the Quality Assurance Plan of the District.
6. The Medical Staff Bylaws shall provide that accurate and complete medical records be prepared and maintained for all patients. Medical records are to include identification data, person and family history, history of present illness, physical examination, special examination, provisional or working diagnosis, condition on discharge, and such other matters as the Medical Staff shall determine.
7. The Medical Staff Bylaws shall provide for the continuing quality improvement of medical care. The Medical Executive Committee, as a Committee of the Whole, shall perform the quality assessment and improvement function. Reports from the Medical Staff Committee concerning quality assessment and improvement shall be submitted quarterly to the Board of Directors.
8. The Medical Staff Bylaws shall provide for an effective means of review for all relevant hospital policy and procedure referred for consideration by hospital administration or the Board of Directors. The Medical Staff Committee shall indicate its approval of policy by signature, or make alternative recommendations to the Board of Directors.

ARTICLE VII

BYLAWS

SECTION 1. INSPECTION

These Bylaws shall be kept at the principle office of the District and shall be open to public inspection.

SECTION 2. AMENDMENTS

The Bylaws may be amended by approval and vote of the majority of the Board at a regular or special meeting as necessary.

ARTICLE VIII

MISCELLANEOUS PROVISIONS

SECTION 1. ADOPTION

These Bylaws shall be adopted by Resolution of the Board. Upon adoption of these Bylaws, all prior Bylaws and Amendments thereto shall be of no further force and effect, and provided further, that if any of these Bylaws, sections or section are found to be contrary to the laws of the State of California, the constitution of laws of the United States of America such Bylaws, sections or section, are deemed to have no force and effect, but all remaining Bylaws, sections or section are to remain in full force and effect.

The Board Bylaws shall be reviewed annually, revised as necessary, and dated to indicate time of last review.

SECTION 2. DELEGATION

No assignment, referral, or delegation of authority by the Board to the Hospital, Administrator, the Medical Staff, or anyone else shall transfer ultimate responsibility for conduct of the District. The Board shall retain the right to rescind any such delegation.

SECTION 3. ORIENTATION

A comprehensive orientation program shall be provided for new members of the Board to enhance the effectiveness of their participation. A continuing education program, based at least in part on identified needs, shall be provided for members of the Board. Members of the Board shall avail themselves of training opportunities as available at least once per year.

The Administrator will meet with all new Board members, elected or appointed, prior to attendance at their first Board meeting. At this time, the Administrator will discuss the format of the reports, which he or she presents at the Board meetings, and explain their significance to the operation of the District. New Board members will be given a tour of facilities and will review the prior twelve (12) months Board minutes and any other relevant documents. Questions regarding this material should be addressed to the Administrator.

ORIENTATION CHECKLIST FOR NEW GOVERNING BOARD MEMBERS

1. Most recent annual District financial audit.
2. District Bylaws.
3. Medical Staff Bylaws, Rules and Regulations.
4. District organization chart.
5. Minutes of previous year's Board meetings, except minutes of closed sessions.

6. Most recent facility licensing and certification survey.
7. Comprehensive tour of the facilities.
8. Copy of the Healthcare District Act.
9. Quality Assurance Plan.
10. Ralph M. Brown Act.

SECTION 4. CONFLICT OF INTEREST

Any Board member having a potential conflict of interest in a matter before the Board shall so indicate and shall abstain from participation in any discussion or decision relating to that matter.