

## MEETING NOTICE

### Governing Board

A regular meeting of the Board of Directors of the Southern Humboldt Community Healthcare District will be held on October 30, 2025, at 1:30 p.m., by teleconference and in-person. Members of the public may participate virtually via Webex or telephone, or appear in person at the Sprowel Creek Campus at 286 Sprowel Creek Road, Garberville, California 95542.

Call-In Information: Join by phone +1-415-655-0001 US Toll

Webex Link:

<https://shchd.webex.com/shchd/j.php?MTID=m65c1024281b4ef67076bbe032ec5f0d9>

Written comments may also be sent to [boardcomments@shchd.org](mailto:boardcomments@shchd.org). Comments received no later than two hours prior to the start of the meeting will be provided to the Board or may be read aloud or summarized during the meeting. Members of the public may also comment in real time during the meeting by attending in person or via Webex or phone.

## Agenda

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### Item

- A. Call to Order
- B. Approval of the Teleconferencing of a Board Member
- C. Approval of the Agendas
- D. Public Comment on Non-Agendized Items  
**See below for Public Comment Guidelines**
- E. Board Member Comments  
**Board members are invited to address issues not on the agenda and to submit items within the subject jurisdiction of the Board for future consideration. Please limit individual comments to three minutes.**
- F. Announcements
- G. Consent Agenda –

1. Approval of Previous Minutes
  - a. Governing Board Meeting, September 30, 2025

2. SHCHD New and Updated Policies

12-17

**Patient Financial Services:**

- a. Employee Discount
- b. Voucher Program
- c. Clinic & Operational Scheduling

18-20

**Skilled Nursing:**

- d. Facility Assessment
- e. Activity Program

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**Clinic:**

- f. Brixadi Risk Evaluation and Mitigation Strategy (REMS) program
- g. Services
- h. Admitting Clinic Patients to Hospital
- i. Patient Care Services

34-43

**Optometry:**

- j. Scope of Service
- k. Perimetry
- l. Prescreening
- m. Punctal Plugs
- n. Chemical Burns

44-50

**Quality:**

- o. Statement of Patient Rights
- p. Complaints and Grievances
- q. Persons with Limited English Proficiency (LEP)

51-56

**Dietary:**

- r. Dishwashing
- s. Food Preparation and Storage

3. Quarterly Reports - (Feb, May, Aug, Nov) - None
  - a. Human Resources – Season Bradley Koskinen, HR Manager
  - b. Foundation – Chelsea Brown, Outreach Manager
  - c. Operations – Kent Scown, Chief Operations Officer

## Approval of Consent Agenda

H. Last Action Items for Discussion

1. Update on Clinic Provider Credentialing with Private Insurance
2. Update on Optometry Insurance Credentialing
3. Governing Board and Finance Committee, November and December Meeting Schedule

I. Correspondence, Suggestions, or Written Comments to the Board

J. Administrator's Report – Matt Rees, CEO

1. Department Updates
  - a. Milestones
  - b. August Employee Anniversaries
    - 1 Year: MA Alysha McCafferey, Business Development Director  
Ryan Staples
    - 5 Year: EVS Tech Kathy Wilcox
    - 10 Years: Security Ron Horn
    - 15 Years: Plebotomist Todd Gregory
  - c. Approval of the September Financials - Paul Eves – See Report
  - d. CNO Report – Adela Yanez – See Report
  - e. Family Resource Center – Amy Terrones – Mar and Oct – See Report

57-58  
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K. Old Business

1. Approval of the Peer Review Policy
2. Medstaff Coordinator Update

65-72

L. New Business

1. Approval of the Revised Medical Staff Bylaws

M. Parking Lot

1. Sprowel Creek Parking

N. Meeting Evaluation

O. New Action Items

P. Next Meetings

1. Medical Staff Committee – Thursday, November 13, 2025, at 12:30

- p.m
- 2. Medical Staff Policy Development Committee – Tuesday, November 18, 2025, 10:00 a.m
- 3. QAPI Meeting – Wednesday, November 12, 2025, at 10:00 a.m.
- 4. Finance Committee – TBD
- 5. Governing Board Meeting – TBD

Q. Adjourn to Closed Session

- 1. Closed Session
- 2. Update on Peer Review, Credentialing, and Appointment/Reappointments – Medstaff
- 3. Compliance, Risk, and Reports of Quality Assurance Committees **[H&S Code § 32155]** - Kristen Rees, CQCO
- 4. Quarterly Reports - None
  - a. Quality and Risk Management **H&S Code § 32155** – Feb., May, Aug., Dec.
  - b. Patient Safety – Mar., June, Sept., Dec.
  - c. Medication Error – Feb., May, Aug., Dec.
- 5. Approval of Medical Staff Appointments/Reappointments **[H&S Code § 32155]**
  - a. Approval of Dr. Snehal Raison, Reappointment as a Medical Staff member, Active status in Clinic/Ambulatory, November 1, 2025, to October 31, 2025.
  - b. Approval of Wallace McKinney, MD, as Provisional Status for Emergency Medicine and Inpatient Privileges, November 1, 2025 – October 31, 2026
  - c. Approval of Michael Murphy, MD, Reappointment as a Medical Staff member as Active Status for Clinic/Ambulatory, November 1, 2025 – October 31, 2026
- 6. Personnel Matter –Evaluation § 54957
  - a. CQCO Kristen Rees

R. Adjourn Closed Session; Report on Any Action Taken, If Needed

S. Resume Open Session

T. Adjourn

Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
<i>AR</i>	Accounts Receivable	<i>BLS</i>	Basic Life Support Certification
<i>CAIR</i>	California Immunization Registry	<i>CEO</i>	Chief Executive Officer

<i>CFO</i>	Chief Financial Officer	<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>CNO</i>	Chief Nursing Officer	<i>COO</i>	Chief Operating Officer
<i>CPHO</i>	Certified Professional in Healthcare Quality	<i>COO</i>	Chief Quality and Compliance Officer
<i>EMR</i>	Electronic medical record	<i>ER</i>	Emergency Room
<i>FTE</i>	Full Time Equivalent/Full Time Employee	<i>HIM</i>	Health Information Management
<i>HRG</i>	Healthcare Resource Group	<i>HVAC</i>	Heating, Ventilation and Air Conditioning system
<i>IGT</i>	Intergovernmental transfer	<i>IT</i>	Information Technology
<i>JPCH</i>	Jerold Phelps Community Hospital	<i>LCSW</i>	Licensed Clinical Social Worker
<i>LVN</i>	Licensed Vocational Nurse	<i>MPH</i>	Master of Public Health
<i>OBS</i>	Observation	<i>PALS</i>	Pediatric Advanced Life Support Certification
<i>PFS</i>	Patient Financial Services	<i>QAPI</i>	Quality Assurance Performance Improvement
<i>QIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
<i>SHCC</i>	Southern Humboldt Community Clinic	<i>SHCHD</i>	Southern Humboldt Community Healthcare District
<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine		

**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.

**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. 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. Comments are limited to three minutes per person per agenda item, at the discretion of the Chair of the Board.

**OTHER OPPORTUNITIES FOR PUBLIC COMMENT:** Members of the public are encouraged to submit written comments to the Board at any time by writing to SHCHD Board of Directors, 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.

**IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT,** if you require special accommodations to participate in a District meeting, please contact the District Clerk at 707-923-3921, ext. 1276 at least 48 hours prior to the meeting.”

*\*Times are estimated*

**COPIES OF OPEN SESSION AGENDA ITEMS:** Members of the public are welcome to see and obtain copies of the open session regular meeting documents by contacting SHCHD Administration at (707) 923-3921 ext. 1276 or stopping by 291 Sprowel Creek Rd, Garberville, CA 95542 during regular business hours. Copies may also be obtained on the District’s website, [sohumhealth.org](http://sohumhealth.org).

*Posted October 26, 2025*

## Governing Board

**Date:** September 30, 2025  
**Time:** 1:30 p.m.  
**Location:** Sprowel Creek Campus and Via Webex Conferencing  
**Facilitator:** Board President, Kevin Church

## Minutes

**The following people attended at Sprowel Creek Campus and via Webex**

**The Governing Board consists of Corinne Stromstad, Kevin Church, Yvonne Hendrix, all in person, and Christopher Schille via Webex.**

**Not Present: Galen Latsko**

**Also in person:** Administrative Assistant Darrin Guerra, CFO Paul Eves, PFS Manager Marie Brown, CQCO Kristen Rees, and Compliance Lead Coral Ciarabellini

**Also via Webex:** Chief of Staff Joseph Rogers, Vice Chief of Staff Carl Hsu, Quality Specialist Kana Voelckers, and MedStaff Attorney Rebecca Hoyes

A. Call to Order – Board President Kevin Church called the meeting to order at 1:30 pm.

B. Approval of the Teleconferencing of a Board Member

**Motion:** Corinne Stromstad motioned to approve the Teleconferencing of Christopher Schille at 345 Park Ave, San Jose, CA 955110.  
**Second:** Yvonne Hendrix  
**Ayes:** Corinne Stromstad, Yvonne Hendrix, Christopher Schille, and Kevin Church  
**Noes:** None  
**Not Present:** Galen Latsko  
**Motion Carried**

C. Approval of the Agenda

Motion: Galen Latsko motioned to approve the agenda.  
Second: Yvonne Hendrix  
Ayes: Corinne Stromstad, Galen Latsko, Yvonne Hendrix, and Kevin Church  
Noes: None  
Not Present: Christopher Schille  
Motion Carried

D. Public Comment on Non-Agendized Items

E. Board Member Comments - None

F. Announcements

G. Approval of Consent Agenda

1. Approval of Previous Minutes
  - a. Governing Board Meeting, August 28, 2025
2. SHCHD New and Updated Policies

**Patient Financial Services:**

- a. Registration Procedures
- b. Debt Collection

**Skilled Nursing:**

- c. Monthly Medication Regimen Review
- d. Staffing and Coverage
- e. Insulin Utilization

**Obsolete Policies:**

- f. Death of a Resident
- g. Discharge from Skilled Nursing
- h. Pastoral Services
- i. Resident Care Planning
- j. Chaperones
- k. Death of a Child in the Emergency Department
- l. Care Planning for Inpatients
- m. Fall Prevention Risk Assessment
- n. Hourly rounding
- o. Patient and Staff Safety Plan
- p. Compassionate Access to Medical Cannabis

3. Quarterly Reports - (Feb, May, Aug, Nov)
  - a. Human Resources – Season Bradley Koskinen, HR Manager
  - b. Foundation – Chelsea Brown, Outreach Manager
  - c. Operations – Kent Scown, Chief Operations Officer

Chris Schille pulled G.1.A from the consent agenda.

Motion: Yvonne Hendrix motioned to approve the consent agenda.  
Second: Corinne Stromstad  
Ayes: Corinne Stromstad, Christopher Schille, Yvonne Hendrix, and Kevin Church  
Noes: None  
Not Present: Galen Latsko  
Motion Carried

Motion: Christopher Schille motioned to approve agenda items G.1.A with corrections. Christopher was mistakenly marked as an “Aye” on multiple motions when he was not present.  
Second: Yvonne Hendrix  
Ayes: Corinne Stromstad, Christopher Schille, Yvonne Hendrix, and Kevin Church  
Noes: None  
Not Present: Galen Latsko  
Motion Carried

#### H. Last Action Items for Discussion

##### 1. Peer Review policy

Motion: Yvonne Hendrix motioned to Table item H.1 until the October 30<sup>th</sup> Governing Board Meeting.  
Second: Christopher Schille  
Ayes: Corinne Stromstad, Christopher Schille, Yvonne Hendrix, and Kevin Church  
Noes: None  
Not Present: Galen Latsko  
Motion Carried

#### I. Correspondence Suggestions or Written Comments to the Board - None

#### J. Administrator’s Report – Matt Rees, CEO

1. Department Updates

a. Milestones

- i. Darrin Guerra updated the Board on the various achievements and projects that have been completed since January 1, 2025, and presented the revised Strategic Plan.

b. August Employee Anniversaries

1 Year: Pharmacist Brian Winterburg, LVN Rhonda Wilhoit, Piper Keener, LVN Jenn Rose, LVN Larry Rose, Hether Johnson, and ED Tech Michael Carnahan

c. Approval of the August Financials - Paul Eves – See Report

- i. Paul presented a supplemental packet for the August financials and answered corresponding questions.
- ii. Kevin stated that he would like to see the Income Statement presented in a visual graph.

d. CNO Report – Adela Yanez – See Report

- i. Adela presented her staff report.

e. Family Resource Center – Amy Terrones – Mar and Oct - None

Motion: Yvonne Hendrix motioned to approve the July 2025 Financials.

Second: Christopher Schille

Ayes: Corinne Stromstad, Christopher Schille, Yvonne Hendrix and Kevin Church

Noes: None

Not Present: Galen Latsko

Motion Carried

K. Old Business - None

L. New Business - None

M. Parking Lot - None

N. Meeting Evaluation

1. Moving forward, “Meeting Evaluation” will be moved to after the Closed Session.

O. New Action Items

1. Approval of the Peer Review Policy
2. Holiday Agenda
3. Medstaff Coordinator

P. Next Meetings

1. Medical Staff Committee – Thursday, October 9, 2025, at 12:30 p.m
2. Medical Staff Policy Development Committee – Tuesday, October 14, 2025, 10:00 a.m

3. QAPI Meeting – Wednesday, October 8, 2025, at 10:00 a.m.
4. Finance Committee – October 24, 2025, at 10:00 a.m.
5. Governing Board Meeting – October 30, 2025, at 1:30 p.m.

Q. Closed Session

Motion: Yvonne Hendrix motioned to Adjourn to Closed Session  
Second: Corinne Stromstad  
Ayes: Corinne Stromstad, Christopher Schille, Yvonne Hendrix, and Kevin Church  
Noes: None  
Not Present: Galen Latsko  
Motion Carried

1. Closed Session Opened at 2:36 p.m.
2. Update on Peer Review, Credentialing, and Appointment/Reappointments – Medstaff
3. Compliance, Risk, and Reports of Quality Assurance Committees [**H&S Code § 32155**] - Kristen Rees, CQCO
4. Quarterly Reports -
  - a. Quality and Risk Management **H&S Code § 32155** – Feb., May, Aug., Dec.
  - b. Patient Safety – Mar., June, Sept., Dec.
  - c. Medication Error – Feb., May, Aug., Dec.
5. Approval of Medical Staff Appointments/Reappointments [**H&S Code § 32155**]
  - a. Approval of Supriya Gupta, MD Reappointment as Active status for Teleradiology – Diagnostic Radiology privileges October 1, 2025 – September 30, 2027
  - b. Approval of Arron Jun, MD Reappointment as Active status for Teleradiology – Diagnostic Radiology privileges October 1, 2025 – September 30, 2027
  - c. Approval of Nicolaus Kuen, MD Reappointment as Active status for Teleradiology – Diagnostic Radiology privileges October 1, 2025 – September 30, 2027
  - d. Approval of Joshua McCain, MD Reappointment as Active status for Teleradiology – Diagnostic Radiology privileges October 1, 2025 – September 30, 2027
  - e. Approval of Paul Rupin, MD Reappointment as Active status for Teleradiology – Diagnostic Radiology privileges October 1, 2025 – September 30, 2027
  - f. Approval of Carl Hsu, MD Reappointment as Active status for Emergency Medicine, Inpatient, and Clinic/Ambulatory privileges October 1, 2025 – September 30, 2025.
6. Personnel Matter –Evaluation § 54957
  - a. CQCO Kristen Rees

R. Kevin Church Adjourned Closed Session

S. Kevin Church Resumed Open Session

1. Action Items to Report in Open Session

**Motion:** Yvonne Hendrix motioned to approve Supriya Gupta, MD Reappointment as Active status for Teleradiology – Diagnostic Radiology privileges October 1, 2025 – September 30, 2027, Arron Jun, MD Reappointment as Active status for Teleradiology – Diagnostic Radiology privileges October 1, 2025 – September 30, 2027, Nicolaus Kuen, MD Reappointment as Active status for Teleradiology – Diagnostic Radiology privileges October 1, 2025 – September 30, 2027, Dr. Joshua McCain, MD Reappointment as Active status for Teleradiology – Diagnostic Radiology privileges October 1, 2025 – September 30, 2027, Paul Rupin, MD Reappointment as Active status for Teleradiology – Diagnostic Radiology privileges October 1, 2025 – September 30, 2027, and Carl Hsu, MD Reappointment as Active status for Emergency Medicine, Inpatient, and Clinic/Ambulatory privileges October 1, 2025 – September 30, 2025.

**Second:** Corinne Stromstad

**Ayes:** Corinne Stromstad, Christopher Schille, Yvonne Hendrix, and Kevin Church

**Noes:** None

**Not Present:** Galen Latsko

**Motion Carried**

T. Kevin Church Adjourned Open Session

*Submitted by Darrin Guerra*

Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
<i>AR</i>	Accounts Receivable	<i>BLS</i>	Basic Life Support Certification
<i>CAIR</i>	California Immunization Registry	<i>CEO</i>	Chief Executive Officer
<i>CFO</i>	Chief Financial Officer	<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>CNO</i>	Chief Nursing Officer	<i>COO</i>	Chief Operating Officer
<i>CPHQ</i>	Certified Professional in Healthcare Quality	<i>CQO</i>	Chief Quality Officer
<i>EMR</i>	Electronic medical record	<i>ER</i>	Emergency Room
<i>FTE</i>	Full-Time Equivalent/Full-Time Employee	<i>HIM</i>	Health Information Management
<i>HRG</i>	Healthcare Resource Group	<i>HVAC</i>	Heating, Ventilation and Air Conditioning system
<i>IGT</i>	Intergovernmental transfer	<i>IT</i>	Information Technology
<i>JPCH</i>	Jerold Phelps Community Hospital	<i>LCSW</i>	Licensed Clinical Social Worker
<i>LVN</i>	Licensed Vocational Nurse	<i>MPH</i>	Master of Public Health
<i>OBS</i>	Observation	<i>PALS</i>	Pediatric Advanced Life Support Certification
<i>PFS</i>	Patient Financial Services	<i>QAPI</i>	Quality Assurance Performance Improvement
<i>QIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
<i>SHCC</i>	Southern Humboldt Community Clinic	<i>SHCHD</i>	Southern Humboldt Community Healthcare District
<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine		

**Subject:**  
**Employee Discount**

**Manual:**  
**Patient Financial Services**

**POLICY:**

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") that full-time and regular part-time employees, and their immediate family members (husband, wife, child, significant other) are eligible for specific healthcare discounts.

**PURPOSE:**

The purpose of this policy is to provide employees of SHCHD and their immediate family members, a discount for specific healthcare services to alleviate the cost of co-pays, co-insurance, and deductibles.

**PROCEDURE:**

When a hospital employee or their immediate family member has an insurance covered, medically necessary procedure or service performed at Southern Humboldt Community Healthcare District, all remaining co-pay, co-insurance, and deductibles will be waived.

All insurance payments will be applied to the account and any remaining co-pay, co-insurance, and deductible amounts as determined by the explanation of benefits will be adjusted from the account using an employee adjustment code.

When an employee has primary insurance other than the Southern Humboldt Community Healthcare District's, it will be the employee's responsibility to provide their ~~billing statement to Patient Financial Services..employee number or a copy of their employee badge at time of registration. The staff will document what method was used for verification.~~ All insurance payments will be applied to the account and any remaining co-pay, co-insurance, and deductible amounts as determined by the explanation of benefits will be adjusted from the account.

**DEFINITIONS:**

**NONEADMINSTRATION DETERMINATON**

The process in which it is determined an employee qualifies for the employee discount.

<b>Subject:</b> <b>Voucher Program</b>	<b>Manual:</b> <b>Patient Financial Services</b>
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**POLICY:**

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to provide those property owners who have paid the SHCHD special tax, their dependents, or renters of a property on which the special tax is paid, with a parcel voucher credit redeemable in the amount of the SHCHD tax paid, for medical services provided by the District.

**PROCEDURE:**

Persons who support SHCHD through payment of a Special Assessment on their property tax bill(s) receive a parcel voucher credit for each tax paid, usable toward healthcare services provided at SoHum Health~~*Jerold Phelps Community Hospital, its emergency, laboratory, x-ray, and mammography departments, and/or the Southern Humboldt Community Clinic.*~~

The person responsible for payment of the tax may choose to use their parcel voucher credit for themselves and their dependents, or to pass it along to persons residing on and renting the parcel. Parcels with multiple rental units receive a single voucher credit. How that voucher credit is disseminated is the decision of the person(s) responsible for payment of the tax.

Tax years run from July 01 through June 30 of the following year. You may apply for a parcel voucher credit from the day the tax year begins through September 30<sup>th</sup> of the following year, three months after the end of each tax year ~~(i.e. July 1, 2023<sup>17</sup> to September 30, 2024<sup>18</sup> for the tax year 2023<sup>17</sup>-2024<sup>18</sup>; July 01, 2023<sup>18</sup> to September 30, 2024<sup>19</sup> for the tax year 20<sup>18</sup>23-20<sup>19</sup>24, etc.)~~.

Credits are valid for up to two years, beginning July 01 of the tax year of issuance through June 30 of the following tax year and can be used to cover insurance co-pay and deductible amounts and uninsured patient-related costs, though they cannot be used in lieu of claims processing that must be filed with an insurance company, Medi-Cal, Medicare, or any other third-party ~~claims. Credits may be used as payment of patient account balances from January 01, 2016 forward.~~

No refunds will be given for parcel voucher credits not redeemed for services and there is no actual cash value to the parcel voucher credit.

Parcel voucher credits may not be sold or transferred. They are exclusively for use by the property owner(s), renter(s), and/or their dependents in lieu of cash.

**How The Process Works:**

~~When you desire to use a parcel voucher credit, request the discount when arriving for an appointment or when making a payment for medical services.~~

Property owners will present a copy of their tax bill showing the SHCHD special tax along with state issued identification. Note that owners who reside outside of the district boundaries (absentee owners) are eligible to receive parcel voucher credits in the same manner as resident owners.

If you are not the property owner, you will need to provide proof of residence and permission from the owner:

- Present a copy of the current tax bill with the name of the owner along with a statement from the owner containing the names, addresses and phone numbers of both the owner of the taxed parcel and the person who lives on the parcel. The statement must also include a list of individual(s) eligible to use the parcel voucher credit.
- In addition, you must show proof of residence in one of the following ways:
  - Utility bill with the physical address and renter’s name

- State issued ID with physical address and renter's name

Our business office will track parcel voucher credits and their use by parcel number with one voucher issued per parcel.

**EXAMPLE**

~~On January 2, 2018, John Smith requests his \$125 voucher credit for the tax year beginning July 1, 2017. He also has a \$50 credit remaining from his July 2016-June 2017 voucher, for a total of \$175 in voucher credits. In March 2018, Mr. Smith receives an invoice advising that his insurance has paid its portion, leaving \$225 for the district services he received on his recent visit. Mr. Smith is able to apply his current 2017-18 \$125 voucher and his remaining 2016-17 credit of \$50, reducing the amount he owes to \$50.~~

**OTHER INFORMATION**

District property owners should consult their income tax preparer regarding tax implications of this benefit. Properties within the healthcare district boundaries are included within the following zip codes:

- Alderpoint 95511
- Garberville 95542
- Miranda 95553
- Myers Flat 95554
- Phillipsville 95559
- Piercy 95587
- Redway 95560
- Weott 95571
- Whitethorn/Shelter Cove 95589

~~If you have questions, phone the SHCHD Billing Manager at 923-3921 or phone our billing office at the phone number on your statement.~~

**DEFINITIONS:**

None



<b>Subject:</b> <b>Clinic &amp; Operational Scheduling Guidelines Medical Appointments</b>	<b>Manual:</b> <b><u>Clinic Patient Financial Services</u></b>
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**POLICY:**

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to adequately meet ~~provide for~~ our patients' scheduling needs in order to best serve our community.

The purpose of this policy and procedure is to delineate the steps taken to assure that all patients ~~clients~~ are treated fairly.

**Medical Visits:**

- Jerold Phelps Hospital Emergency Department: Always available.
- Southern Humboldt Community Clinic: Monday through Friday, ~~1520-~~, ~~3040-~~ or ~~4560-~~ minute appointments. Starting at 9:00 am and ending at 1:00 pm; starting at 2:00 pm and ending at 5:00 pm.

**Laboratory:**

- Lab visits can be done Monday through Friday, 8:00 am to 5:00 pm and Saturday and Sunday, 8:00 am to 12:00 pm, ~~and 1:00 pm- 5:00 pm~~ with the exception of lunch period ~~and Holidays.~~
- Walk-in only.

**Radiology:**

- X-ray visits can be done Monday through Friday, 8:00 am to 5:00 pm and Saturday and Sunday 8:00 am to 5:00 pm, with the exception of lunch period.
- Walk-in only.

**Mammography:**

- ~~Varies First week of each month.~~
- Scheduled only appointments.

**PROCEDURE:**

- Appointments can be scheduled in person or over the phone by the patient or legal caregiver.
- The patient will be told to arrive 15 minutes (30 minutes for new patients) prior to the time they are scheduled in the system. There will be no mention of the exact time the provider's schedule is blocked for the patient.
  - For example, if you schedule an appointment for a patient at 1 pm, they are told.
    - "You are now scheduled to see Dr. Smith on Friday, January 30<sup>th</sup>. Please show up at 12:45." or
  - For example, if the patient requests to see a provider in the afternoon and there is an available appointment slot for 1pm, they are told:
    - "How about 12:45 on Friday, January 30<sup>th</sup> with Dr. Smith? Does that work for you?"
- New patients are instructed to arrive an additional ~~1530~~ minutes prior to their scheduled time in order to complete all necessary paperwork. If a new patient is late, they will be asked to reschedule their appointment.
- When making an appointment, patients are instructed if they need to cancel their scheduled appointment they are expected to call and cancel 24 hours prior to that scheduled appointment time. Failure to do so could result in our records as a documented "No-Show" ~~appointment~~ ~~appointment~~.

**Commented [AH1]:** Still needs Policy, this was just the purpose included in the procedure

Repeated No-Shows may result in loss of appointment scheduling privileges. See *Late Arrival, Canceled/Cancelled and No-Show Appointments policy* for further information.

- All patients are instructed to bring a photo identification card, their insurance cards, co-pay, and all of their medications to their appointment.
- Walk-ins can be scheduled in open time slots or worked into the provider’s schedule depending on circumstance. Contact office manager when uncertain.
- Patients are to be informed that scheduled patients will be seen first and they will be worked in as soon as space is available. We cannot guarantee how long a Walk-in will have to wait.
- Patients who feel they cannot wait because of the emergent nature of their condition will be informed that the Emergency Room is always open.

Provider Preferences and Scope:

- Each provider may have a personal scheduling request that best suits his or her clientele; however, there are general scheduling guidelines that will be followed in order to best serve our clients, providers, and the District.
- Some patients require longer appointments due to circumstances, for example, wheelchair bound patients. The Clinic Nurse Manager will notify scheduling of these patients. In *Epic-Centriq*, the schedule clerk will input “4030 Minutes” in the *Alerts/Comments* box in *the Registration Activity Master Patient Index in the Registration Module*.

Event Types and length of visits:

- Medical

Appointment Length		
2015 Minute	4030 Minute	6045 Minute
<ul style="list-style-type: none"> <li>• Acute Care</li> <li>• <a href="#">Allergy Injection</a></li> <li>• <a href="#">Audiometry</a></li> <li>• Birth Control Consult</li> <li>• <del>Central Line Care</del></li> <li>• <a href="#">Colposcopy Consult</a></li> <li>• <a href="#">Consult</a></li> <li>• <a href="#">Diabetic Follow-Up</a></li> <li>• <a href="#">Diabetic Foot Exam</a></li> <li>• <a href="#">Ear Lavage</a></li> <li>• <del>Employment Physical</del></li> <li>• <del>Endometrial Biopsy Consult</del></li> <li>• <a href="#">Injection- IM/SQ</a></li> <li>• <a href="#">Joint Injection</a></li> <li>• <a href="#">Lesion Consult</a></li> <li>• <a href="#">Office Visit Follow-up</a></li> <li>• <a href="#">Refill- Controlled Substance</a></li> <li>• <del>Referral</del></li> <li>• <del>Refill- General</del></li> <li>• <a href="#">Sports Physical/School/Camp Physical</a></li> <li>• <a href="#">SWING Visit</a></li> <li>• <a href="#">SNF Visit</a></li> <li>• <del>STD Screen</del></li> <li>• <del>Suture Removal</del></li> <li>• <del>Test Results</del></li> <li>• <del>Women’s Health Short</del></li> <li>• <a href="#">Wound Care Check</a></li> </ul>	<ul style="list-style-type: none"> <li>• <del>Acute Illness- Extended</del></li> <li>• <del>Audiometry</del></li> <li>• Cast Placement</li> <li>• Cast Removal</li> <li>• <del>Consult</del></li> <li>• <del>Diabetic Follow-Up</del></li> <li>• <del>Diabetic Foot Exam</del></li> <li>• DMV Physical</li> <li>• <del>Ear Lavage</del></li> <li>• <del>Employment Physical</del></li> <li>• Establishing Care</li> <li>• <del>Female Problem</del></li> <li>• Hospital Follow-up</li> <li>• <del>Incision &amp; Drainage</del></li> <li>• <del>Injection- Joint</del></li> <li>• <del>Laceration</del></li> <li>• Lesion Biopsy/Removal</li> <li>• New Patient</li> <li>• <del>Office Follow-Up- Extended</del></li> <li>• <del>Paperwork</del></li> <li>• <del>Pre-OP Physical</del></li> <li>• <del>Referral - Extended</del></li> <li>• <del>Refill- Controlled Substance</del></li> <li>• <del>Refill- General- Extended</del></li> <li>• <del>School/ Camp Physical</del></li> <li>• <del>SNF Visit, Monthly</del></li> <li>• <del>SWING Visit, Weekly</del></li> <li>• <del>Telehealth Follow-up</del></li> <li>• <del>Telehealth Visit</del></li> <li>• <del>Test Results - Extended</del></li> </ul>	<ul style="list-style-type: none"> <li>• <del>Allergy Injection</del></li> <li>• Colposcopy Biopsy</li> <li>• Endometrial Biopsy</li> <li>• <del>Phlebotomy</del></li> <li>• Well Baby 0-2 Yrs</li> <li>• Well Child 3-18 Yrs</li> <li>• <a href="#">Discharge from Hospital/SNF</a></li> <li>• <a href="#">History &amp; Physical (SWING/SNF)</a></li> </ul>
		<b>60 Minutes</b>
		<ul style="list-style-type: none"> <li>• <del>Discharge from Hospital/SNF</del></li> <li>• <del>History &amp; Physical (SWING/SNF)</del></li> </ul>

Event Chains require more than one appointment:

- Lesion Biopsies/Removals: 2-3 appointments:
  - ~~Lesion~~ Consult (2015 minutes)
  - Lesion Biopsy/Removal (4030 minutes)
  - Suture Removal, which can include Test Results (2015 minutes)
- Colposcopy: 2-3 appointments:
  - Consult (2015 minutes)
  - Biopsy (6045 minutes)
  - Test Results (2015 minutes)
- Endometrial Biopsies: 2-3 appointments:
  - Consult (2015 minutes)
  - Biopsy (6030 minutes)
  - Test Results (2015 minutes)

Scheduling Rules - Timing of Events:

- For medication refill visits, the patient will not be asked what type of medication refill it is in regards to General or Controlled Substance. The scheduler will look in the patient's appointment history for which type of appointment they have had in the past and schedule accordingly. If it is unclear, then the patient will be scheduled for a [Office Visit Sort \(1\)Refill-General](#) and the appointment length will be changed to 2030 minutes. A note will be made in the appointment description to clarify with the Clinic Nurse Manager the appropriate appointment type and length.
- Worker's Comp. visits are always separate from other medical care and cannot be combined.
- No more than one Colposcopy or Endometrial Biopsy per half-day session with the provider who has been properly trained and not consecutive with a Well Female Exam without provider or office manager's approval. Be sure to notify the PCC or nurse the day before the scheduled visit.
- When scheduling a procedure (excision, biopsy, I&D, toenail, diabetic foot exams), always check to make sure another procedure is not scheduled (with another provider) at that same time (remember, we have only one procedure room). Be sure that the [GYN Room has been added to the providers list on the appointment. Treatment Room has been blocked for these appointment types.](#)

**DEFINITIONS:**

**A full day:** is a clinic day, 9:00 am to 5:00 pm.

**A half-day:** is called a session, 9:00 am to 1:00 pm or 2:00 pm to 5:00 pm.

<b>Subject:</b> Facility Assessment	<b>Manual:</b> <b>Skilled Nursing Facility</b>
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**POLICY:**

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to provide guidance for an annual facility assessment ~~which that will~~ reflect the administration's evaluation of the resident population, staffing, staff competency, and other necessary resources required to most practicably meet the ~~highest practicable~~ physical, mental, and psychosocial needs of the residents.

**DEFINITIONS:**

Facility Assessment: Used to determine what resources are necessary to care for the facility’s residents competently during both day-to-day operations (including nights and weekends) and emergencies.

**PROCEDURE:**

This facility shall conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility assessment shall be reviewed and updated as necessary and at least annually. The assessment shall be reviewed and updated where there is or the facility plans for, any change that would require a substantial modification to any part of this assessment.

The facility assessment shall address:

Resident population including, but not limited to:

- Both the number of residents and the facility’s resident capacity.
- The care required by the resident population, which shall be assessed using evidence-based and data-driven methods. ~~The assessment will that~~ consider the types of diseases, conditions, physical and behavioral health needs, cognitive disabilities, overall acuity, and other pertinent facts ~~that are~~ present within the at population, consistent with and informed by individual resident assessments.
- The staff competencies ~~that are~~ necessary to provide the level and types of care, treatment, and services needed for the resident population.
- The physical environment, equipment, services, and other physical plant considerations ~~that are~~ necessary to care for the residentis population.
- Any ethnic, cultural, or religious factors ~~which that~~ may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.

The facility’s resources, including but not limited to:

- All buildings and/or other physical structures and vehicles.
- Equipment (medical and non-medical).

- Services provided, such as physical therapy, pharmacy, behavioral health, and specific rehabilitation therapies.
- All staff, including managers, registered nurses, ~~or~~ other direct care staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care.
- Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies.
- Health information technology resources, such as systems for electronically managing resident records and electronically sharing information with other organizations

In conducting the facility-based and community-based risk assessment, this facility shall use an all-hazards approach and ensure a:

Active involvement of the following participants in the process:

Nursing home leadership and management, including but not limited to a member of the governing body, the medical director, an administrator, and the director of nursing

Direct care staff, including but not limited to RNs, LPNs/LVNs, CNAs, and representatives of the direct care staff, if applicable.

Input shall be solicited and considered from residents, resident representatives, and family members.

This facility shall use the facility assessment to:

Inform staffing decisions to ensure ~~that~~ there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care.

Consider specific staffing needs for each resident unit in the facility and adjust as necessary based on changes to its resident population.

Consider specific staffing needs for each shift, such as day, ~~evening~~, night, and weekend to make-and adjustments as necessary based on any changes to its resident population.

Develop and maintain a plan to maximize recruitment and retention of direct care staff.

Inform contingency planning for events that do not require activation of the facility's emergency plan but do have the potential to affect resident care, such as, but not limited to, the availability of direct care nurse staffing or other resources needed for resident care.

Areas of improvement identified by the facility assessment shall be addressed by administration. Actions taken to address the areas of improvement shall be documented.

<b>Subject:</b> <b>Activity Program</b>	<b>Manual:</b> <b>Skilled Nursing Facility</b>
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**POLICY:**

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD," ~~or~~ "District," "SoHum Health") to provide all residents with an on-going activity program in accordance with the comprehensive assessment, interests, and physical, mental, and psychosocial well-being.

**PURPOSE:**

The purpose of this policy and procedure is to delineate our activities program.

**PROCEDURE:**

The nurse and/or the activities staff member will complete an activities assessment upon admission. After an interview with the resident and the nursing assessment, the nursing and activities staff will make the resident's individualized care plan.

The care plan will be updated quarterly as needed and reviewed every month.

The activities staff will take all residents' interests into consideration and make a monthly calendar of activities as well as arrange special one-on-one time and outings.

The activities staff will be responsible for the following:

- Conducting group and individual activities
- Documenting both group and individual activities in the medical record at least quarterly
- Developing the monthly activity calendar
- Arranging for special group and individual activities
- Setting up activities for CNA staff to conduct when activity staff is not present.

**DEFINITIONS:**

None

<b>Subject:</b> <b>Brixadi Risk Evaluation and Mitigation Strategy (REMS) Program</b>	<b>Manual:</b> <b>Clinic</b>
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**POLICY:**

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to comply with and follow all processes and audits required by the Brixadi Risk Evaluation and Mitigation Strategy (REMS) program of Braeburn. All relevant staff shall be trained in dispensing and administering Brixadi prior to dispensing and administering Brixadi. Brixadi shall never be dispensed to a patient. Brixadi shall always be administered by a healthcare professional in a healthcare environment of care. Relevant staff shall maintain records consistent with this and all other policy and procedure.

**PROCEDURE:**

**TRAINING**

All relevant staff shall be trained in dispensing, storing, and administering Brixadi prior to dispensing, storing, and administering Brixadi. During training, providers [will be trained to look for potential side effects, educate patients, and administer Brixadi](#). Namely, a healthcare provider shall administer Brixadi to the patient and the patient shall not self-administer or take the medication home. Retraining may be advised by the Hospital Pharmacy Department staff, Quality Department staff, and/or Medical Staff members.

**Storing**

Store BRIXADI at room temperature at 20°C to 25°C (68°F to 77°F); with excursions permitted at 15°C to 30°C (59°F to 86°F) [see United States Pharmacopeia (USP) Controlled Room Temperature]. BRIXADI is a Schedule III drug product. Handle with adequate security and accountability.

**Administering and Dispensing**

Brixadi shall be dispensed and administered by a trained healthcare provider in a healthcare setting. Brixadi shall **not** be dispensed directly to and shall not be administered by a patient.

SoHum Health and its personnel shall not transfer, sell, loan, or distribute Brixadi.

**Disposal**

After administration, syringes should be properly disposed per facility procedure for a Schedule III drug product and per applicable federal, state, and local regulations.

**DEFINITIONS:**

**Braeburn:** Pharmaceutical company that owes Brixadi.

**Brixadi:** Brand name for extended-release buprenorphine.

<b>Subject:</b> <b>Services</b>	<b>Manual:</b> <b>Clinic</b>
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**POLICY:**

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to provide outpatient medical services to patients of all ages.

The purpose of this policy and procedure is to establish Southern Humboldt Community Clinic’s list of services available, hours of operation, and Clinic location.

**PROCEDURE:**

The services that are provided by Southern Humboldt Community Clinic include, but are not limited to the following:

**Clinic Location and Hours:**



Southern Humboldt Community Clinic is located at 509 Elm Street, Garberville, California, 95542, in Humboldt County.

Telephone: (707) 923-39215  
 Fax: (707) 923-3902  
 Website: http://www.shchd.org/projects/

**Southern Humboldt Community Clinic**

**Office Hours:**

Monday 9:00 – 5:00  
Tuesday 9:00 – 5:00  
Wednesday 9:00 – 5:00  
Thursday 9:00 – 5:00  
Friday 9:00 – 5:00

Saturday      Closed  
Sunday        Closed

**After Hours:**

In the event of a medical emergency after regular clinic hours, patients seeking either urgent or emergent medical care will be instructed via Southern Humboldt Community Clinic's recorded phone message to hang up their phone and dial 911.

**Clinic Holidays / Closures:**

Notifications of clinic closures will be posted one week prior to the closure or as soon as possible. Southern Humboldt Community Clinic is closed in observation of the following holidays stated below. If the holiday falls on a day the Clinic is routinely closed the Clinic will closed the day prior or after the observed holiday.

New Year's Day (January 1)  
Martin Luther King Jr Day (Third Monday in January)  
President's Day (Third Monday in February)  
Memorial Day (Last Monday in May)  
Independence Day (July 4)  
Labor Day (First Monday in September)  
Thanksgiving Day and the day after (Fourth Thursday and Friday in November)  
Christmas Day (December 25)

**Clinic Staff:**

- Clinic Manager: See Job Description
- Physicians
- Advanced Practice Providers
  - NP: See Standardized Procedures
  - PA: See Delineation of Services
  - LCSW: See Job Description (LCSW Policy)
  - Optometrists: See Work Protocol (Optometry Policy)
- Nursing: See Standardized Procedures
- Medical Assistants: See Job Description
- Referral Coordinator: See Job Description
- Patient Navigator: See Job Description
- **PT/OT?**

**BASIC SCOPE OF SERVICE:**

- Acute Care
- Geriatric Care
- Preventative (Women's Health, Men's Health and Well Child Care)
- Chronic Disease Management and Education
- ~~Illness Prevention and Patient~~ Education and counseling.
- Immunization (Adult and Childhood)
- Minor Procedures (lesion removals, minor wound repair, etc.)
- Telehealth Services
- Visiting Nurse Program Services

**DIAGNOSTIC LABORATORY PROCEDURES, INCLUDING:**

- Provide laboratory services appropriate to the medical needs of the patient, using the facilities located on-site or at Jerold Phelps Community Hospital.
- Rural Health Clinic Laboratory
  - Basic laboratory procedures will be performed at Southern Humboldt Community Clinic that are applicable under the clinic's CLIA Waived Laboratory Certificate (PPM).
    - Appropriately trained clinic personnel will perform services.

- Laboratory services available on site are:
  - Urinalysis, by dipstick
  - Hematocrit
  - Blood sugar
  - Examination of stool specimens for occult blood
  - Group A strep - Rapid Test
  - Pregnancy testing (urine)

- Urinalysis, by dipstick
- Hematocrit
- Blood sugar
- Examination of stool specimens for occult blood
- Group A strep - Rapid Test
- Papanicolaou Test (PAP Smear) for transmittal to reference lab
- Pregnancy testing (urine)
- Primary culturing for transmittal to reference lab
- Biopsy for transmittal to reference lab

The basic scope of services includes those diagnostic and therapeutic services and supplies that are commonly furnished in a medical practice or at the entry point into the health care delivery system. This is accomplished by the following direct services:

- Prevention of illness and promotion of health through obtaining medical history, physical exams, assessing health status, treatment of various medical conditions, providing annual check-ups, well child exams and patient education.
- Diagnosis of problems presented at the medical clinic by taking health histories, doing appropriate physical exams, lab tests, pap smears, pregnancy tests and other diagnostic testing and procedures.
- Treatment of immediate problems and chronic illnesses with drug prescriptions, injections, and other procedures as medically necessary.
- Acute care for minor injuries or illnesses.
- Counseling regarding questions or concerns that patients may have about their physical and/or mental health.
- Referral of patients to medical specialists, testing (imaging, etc.) public and private health and social services agencies.
  
- Referral and follow-up treatment to patients who require hospitalization, emergency room care, assisted living or home health care.
- Specimens requiring testing not available at Southern Humboldt Community Clinic are referred to one of the following laboratories:

Pathology Services:	Quest Diagnostics
	St. Joseph Hospital Laboratory
All Other:	Jerold Phelps Community Hospital Laboratory
	Redwood Memorial Hospital
	LabCorp
	Ameritox

<b>Subject:</b> <b>Admitting Clinic Patients to Hospital</b>	<b>Manual:</b> <b>Clinic</b>
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**POLICY:**

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to directly admit a patient from the clinic to the hospital floor for acute care services when the patient meets criteria and requires a higher level of care.

The purpose of this policy and procedure is to describe the process for admitting a clinic patient to the hospital.

**PROCEDURE:**

When a patient requires direct admittance to the hospital:

1. The Practitioner will inform the Clinic Nurse **Manager** or designee.
2. The Clinic Nurse **Manager** or designee will notify the Emergency Room/Acute Nurse Manager, the Skilled Nursing Manager, and/or Director of Nursing of intent.
3. The patient’s current diagnosis, laboratory results, x-rays, and any other pertinent data will be reviewed by the Nursing department and Utilization Review Committee to see if criteria for admittance is met.
4. The Nursing department will notify the Clinic Nurse **Manager** or designee if the patient is accepted. The room number the patient will be admitted to will be given at that time.
- 4.5. The Clinic Nurse or designee will notify Patient Financial Services with the details of the new admit.
- 5.6. The Clinic Nurse **Manager** or designee will transport clinic patient via wheelchair and give report to the hospital floor nurse on.

**DEFINITIONS:**

NONE

<b>Subject:</b> <b>Patient Care Services</b>	<b>Manual:</b> <b>Clinic</b>
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**POLICY:**

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to provide the best and most appropriate and medically necessary services to the members of Humboldt County.

The purpose of this policy and procedure is to establish the patient care services provided at Southern Humboldt Community Clinic.

**PROCEDURE:**

Southern Humboldt Community Clinic will provide the following direct services at the clinic site, making use of the services of both the physicians and the [advanced practice midlevel](#) providers (refer to job descriptions).

1. Professional Services
  - a. Office Visits
  - b. Physical Exams
  - c. Preventive Exam and Services
  - d. Chronic Disease Management and Education
  - e. Patient Education and Counseling
  - f. Minor Procedures (lesion removals, minor wound repair, etc.)
  - g. Blood Pressure Checks
  - h. Immunizations / Injections
  - i. Telehealth Services
  - j. Visiting Nurse Program Services
2. Clinical Procedures
  - a. Audiometry
  - b. Catheterization (bladder)
  - c. Ear Examinations
  - d. Cauterization
  - e. Excision of Small and Large Skin Lesions
  - f. Excision of Ingrown Toenail
  - g. Foreign Body Removal (minor)
  - h. Foreign body Removal (eye)
  - i. Fracture Treatment and Follow-up Care
  - j. Incision and Drainage (simple and uncomplicated)
  - k. Laceration Repair
  - l. Visual Acuity Testing
3. Laboratory
  - a. Provide laboratory services appropriate to the medical needs of the patient, using the facilities located on-site or at Jerold Phelps Community Hospital.
4. Rural Health Clinic Laboratory
  - a. Basic laboratory procedures will be performed at Southern Humboldt Community Clinic that are applicable under the clinic’s CLIA Waived Laboratory Certificate (PPM).
  - b. Appropriately trained clinic personnel will perform services.
  - c. Laboratory services available on site are:
    - i. Urinalysis, by dipstick
    - ii. Hematocrit
    - iii. Blood sugar

- iv. Examination of stool specimens for occult blood
    - v. Group A strep - Rapid Test
    - vi. Pregnancy testing (urine)
  - d. Laboratory Services (collected on-site with off-site analysis)
    - i. Papanicolaou Test (PAP Smear)
    - ii. Primary culturing for Culture & Sensitivity
    - iii. Urine Culture
    - iv. Biopsy
      - 1. Punch
      - 2. Endometrial
      - 3. Cervical
  - e. Laboratory tests that are not available at the Southern Humboldt Community Clinic will be collected at the Jerold Phelps Community Hospital Lab.
- 5. Injections / Immunizations / Procedures offered at Southern Humboldt Community Clinic are
  - a. Allergy Injections
  - b. Flu Shots (all ages)
  - c. Childhood and Adult Vaccines, including Vaccines For Children (VFC)
  - d. Prescribed Injectable Medications (i.e. Depo-Provera, B-12, etc.)
- 6. Guidelines for Medical Management of Health Care Problems
  - a. All records entered into the Southern Humboldt Community Clinic electronic medical record are permanent. All healthcare records shall be well documented, containing sufficient data to correctly assess and respond to medical problems, ~~and will be~~which are reviewed.
  - b. The physician or ~~advanced practice midlevel~~ provider will make all consultations and referrals after consultations with the patient. Such consultation/referral will be documented in the patient record.
  - c. Southern Humboldt Community Clinic's Referral's Coordinator shall coordinate referrals.
- 7. Off-Site Services
  - a. It is the policy of Southern Humboldt Community Clinic to provide the following services to the members of Humboldt County off site:
    - i. Home Visits and Assisted Living Visits, when appropriate
    - ii. Inpatient and Outpatient Hospital Services and Procedures
    - iii. Skilled Nursing Visits
    - iv. Emergency Room Coverage
    - iv-v. Optometry Visits
- 8. Security of Medications
  - a. Administration of all drugs and biologicals (if appropriate) will be performed by the physician, ~~advanced practice midlevel~~ provider, or other appropriately trained personnel, upon the order of the physician or ~~advanced practice midlevel~~ provider.

**DEFINITIONS:**

High concentration (51% - 100%)

<b>Subject:</b> <b>Scope of Service</b>	<b>Manual:</b> <b>Optometry</b>
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**POLICY:**

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to provide a procedure to delineate the hours of operation and services provided by the Optometry department (“Fortuna Optometry” and “Mobile Optometry Unit”) of SHCHD.

**DEFINITIONS:**

**Adjust/Adjusting:** Includes the following acts, either singly or in combination with others: adapting or manipulation of an ophthalmic device to fit the face of the consumer.

**Adnexa:** the eyelids and muscles within the eyelids, the lacrimal system, and the skin extending from the eyebrows inferiorly, bounded by the medial, lateral, and inferior orbital rims, excluding the intraorbital extraocular muscles and orbital contents.

**Anterior Segment:** the portion of the eye anterior to the vitreous humor, including its overlying soft tissue coats.

**Antiglaucoma Agents:** Topical and oral pharmaceuticals that alter the pressure of the eye. Classes of drugs include: beta-blockers, alpha-agonists, prostaglandin analogs, rho kinase inhibitors, and carbonic anhydrase inhibitors.

**DEA License:** A license from the Drug Enforcement Administration is required for medical practitioners to prescribe controlled substances.

**Diagnostic Pharmaceutical:** Includes, but isn’t limited to: tropicamide, phenylephrine, cyclopentolate, and proparacaine.

**Direct Supervision:** meaning a licensed or certified optometrist or optician is physically present.

**OCT:** Ocular Coherence Tomography.

**Ophthalmologist:** Means a physician and surgeon, licensed under Chapter 5 (commencing with Section 2000) of Division 2 of the California Business and Professions Code, specializing in treating eye disease.

**Outside Facility:** A facility that may or may not be part of SoHum Health.

**Physician and Surgeon:** Means a physician and surgeon licensed under Chapter 5 (commencing with Section 2000) of Division 2 of the California Business and Professions Code.

**TLG-Certified:** In addition to the TPG-certified definition, the TLG designation means the optometrist can also perform lacrimal irrigation and dilation procedures for patients over the age of 12 years.

**TPG-Certified:** The TPG designation means the optometrist is certified to use therapeutic pharmaceutical agents and the optometrist may treat certain conditions and diseases of the human eye, or any of its appendages, with therapeutic pharmaceutical agents. The optometrist may also perform certain procedures on the eye. The therapeutic pharmaceutical agents that may be prescribed, the conditions of the eye, and the authorized procedures are listed in California Business and Professions Code Section 3041. Additionally, the optometrist is certified to diagnose and treat primary open-angle glaucoma in patients over the age of 18.

**PROCEDURE:**

**Hours of Operation**

- Fortuna Optometry is open for optometric exams from 9:00 AM to 5:00 PM Monday through Thursday, and 9:00 AM to 4:00 PM on Friday. The Opticiany is open for services from 9:00 AM to 5:00 PM Monday through Thursday and 9:00 AM to 4:00 PM on Friday. The office is closed for lunch from 12:00 PM to 1:00 PM.
- The Mobile Optometry Unit is open for optometric exams from 9:00 AM to 5:00 PM Tuesday through Thursday. The Mobile Unit's onboard Opticianry is open for services from 9:00 AM to 5:00 PM Tuesday through Thursday. The Mobile Optometry Unit is closed for lunch from 12:00 PM to 1:00 PM.
- Fortuna Optometry and the Mobile Optometry Unit will accept patients of all ages.
- In the event no Optometrist is available, all scheduled exams will be rescheduled.
- There shall be sufficient personnel to provide the scope of services offered.
- Optometry services shall have a person designated to direct and coordinate the service.
- There shall be sufficient and appropriate equipment and supplies related to the scope and nature of the anticipated needs and services.
- Waiting areas shall be readily accessible to patients and personnel. Restrooms, water bottles, and a public telephone shall be provided.
- Laboratory, radiology, and pharmacy services shall be readily available to the optometry service.
- Appropriate means of control against the hazards of infection, electrical or mechanical failure, fire, and explosion shall be provided.
- Provisions for sterilizing equipment and supplies will be available to maintain sterile technique.
- Appropriate equipment for emergency cardiopulmonary resuscitation will be provided.

**The Following Defines the Scope of Practice for Optometrists at SoHum Health.**

- Optometrists employed by SoHum will be TPG- or TLG-licensed.
- Optometrists employed by SoHum will be DEA licensed.
- Optometrists employed by SoHum will review the Scope of Service and Policies and Procedures for optometrists, opticians, and related personnel and make revisions as needed. Policies shall be approved by the governing body. Procedures will be approved by the administration and medical staff where such is appropriate.
- For outpatient services, patients must be examined by a licensed practitioner whose scope of licensure permits prior to discharge.
- All other healthcare professionals providing services in outpatient settings shall meet the same qualifications as those professionals providing services in inpatient services.
- A medical record shall be maintained for each patient receiving care by an optometrist. This record may also be used by the opticians to maintain a record of glasses and contact lens orders.
- The optometrist shall examine the human eyes and their adnexa, including through the use of topical and oral diagnostic pharmaceutical agents that are not controlled substances, and the analysis of the human vision system, either subjectively or objectively.
- The optometrist shall determine the refractive and accommodative powers or ranges of the human eyes.
- The optometrist shall determine the capability of the external ocular muscles and diagnose and treat disorders of ocular version, vergence, phoria, and strabismus

- The optometrist shall prescribe, fit, or adapt the use of spectacle lenses, contact lenses, and other optical devices for the treatment and management of refractive, accommodative, and vergence errors; low vision; and degenerative myopia.
- The optometrist may prescribe, use, or direct the use of any optical device in connection with ocular exercises, vision training, or orthoptics.
- The optometrist may diagnose and prevent conditions and diseases of the human eye and adnexa, and treat nonmalignant conditions of the anterior segment of the eye. The optometrist may prescribe, including for rational off-label purposes, topical and oral prescription and nonprescription pharmaceutical agents that are not controlled substances.
- The optometrist may prescribe the oral analgesic controlled substance codeine with compounds, hydrocodone with compounds, and tramadol, limited to three days, with referral to an ophthalmologist if pain persists.
- TPG- and TLG-certified optometrists may diagnose and prescribe antiglaucoma agents to patients with primary open-angle, pigmentary, exfoliation, and steroid-induced glaucomas in patients over 18. In the case of steroid-induced glaucoma, the optometrist will promptly notify the doctor that prescribed the steroid.
- The optometrist may utilize the following techniques to assist in the diagnosis and treatment of conditions and diseases of the eye and adnexa:
  - Laboratory tests or examinations ordered from another department of SoHum or an outside facility for the purpose of detecting indicators of possible systemic disease that manifests in the eye for the purpose of facilitating referral to or consultation with a physician or surgeon.
  - Skin testing performed in an office to diagnose ocular allergies, limited to the superficial layer of the skin.
  - X-rays ordered from an outside facility.
  - Other imaging studies ordered from an outside facility subject to prior consultation with an appropriate physician and surgeon.
  - Other imaging studies performed in an office, including those that utilize laser or ultrasound technology, but excluding those that utilize radiation.
- The optometrist may perform the following procedures:
  - Corneal scraping with cultures.
  - Debridement of corneal epithelium not associated with band keratopathy.
  - Mechanical epilation.
  - Suture removal if co-managing a patient with an ophthalmologist who has given the optometrist written permission to do so.
  - Treatment or removal of sebaceous cysts by expression.
  - Lacrimal punctal occlusion using plugs, or placement of a stent or similar device in the lacrimal canaliculus intended to deliver a medication the optometrist is certified to prescribe or provide.
  - Foreign body and staining removal from the cornea, eyelid, and conjunctiva with any appropriate instrument. Removal of corneal foreign bodies and related stain shall be limited to that which is non-perforating, no deeper than midstroma, and not reasonably anticipated to require surgical repair.
  - (TLG-certified only) Lacrimal irrigation and dilation in patients 12 years of age or over, excluding probing of the nasolacrimal tract.
  - Administration of oral fluorescein for ocular angiography.

- Use of noninvasive devices delivering intense pulsed light therapy or low-level light therapy that do not rely on laser technology, limited to treatment of conditions and diseases of the adnexa.
- Use of an intranasal stimulator in conjunction with treatment of dry eye syndrome.
- The optometrist may use additional noninvasive medical devices or technology that:
  - Have received a United States Food and Drug Administration approved indication for the diagnosis or treatment of a condition or disease authorized by California Business and Professions Code Section 3041. The optometrist shall complete any clinical training imposed by a related manufacturer prior to using any of those noninvasive medical devices or technologies.
  - Have been approved by the California Board of Optometry through regulation for the rational treatment of a condition or disease authorized by California Business and Professions Code Section 3041. The optometrist shall complete an appropriate amount of clinical training to qualify to use each noninvasive medical device or technology approved by the California Board of Optometry.

**Limitations to the Practice of Optometry Include the Following, Unless Explicitly Allowed Otherwise:**

- Treatment of the following is excluded in a patient under 18 years of age:
  - Anterior segment inflammation (excluding the conjunctiva, nonmalignant ocular surface disease, contact lens-related inflammation of the cornea, or infection of the cornea).
  - Conditions or diseases of the sclera.
- Use of any oral prescription steroid anti-inflammatory medication for a patient under 18 years of age shall be done pursuant to a documented, timely consultation with an appropriate physician and surgeon.
- Use of any nonantibiotic oral prescription for a patient under five years of age shall be done pursuant to a documented, prior consultation with an appropriate physician and surgeon.
- The following classes of agents are excluded from the practice of optometry unless there is an explicit United States Food and Drug Administration-approved indication for treatment of a condition or disease that optometrists are authorized to diagnose and treat:
  - Antiamoebics, antineoplastics, coagulation modulators, hormone modulators, immunomodulators.
- Performing surgery is excluded from the practice of optometry in California. "Surgery", as defined by California law, means any act in which human tissue is cut, altered, or otherwise infiltrated by any means.
- The optometrist shall consult with and, if necessary, refer to a physician and surgeon or other appropriate healthcare provider when a situation or condition occurs that is beyond the optometrist's scope of practice. Consultations, referrals, and notifications shall be documented in the patient record.
- All staff must adhere to privacy rules and regulations, such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Privacy and security measures should be employed. Documents and screens with patient information should be secured. Discussions with patients regarding their care should be held in as private a setting as possible. Exam room doors may be closed or open at the discretion of the optometrist for operational and security purposes. The optometrist may request additional staff should the patient request the door be closed.
- Legal guardians are encouraged to attend visits with minors.

**The Following Defines the Scope of Practice of Opticians at SoHum Health.**

- Opticians employed by SoHum must be certified, or under the direct supervision and responsibility of a certified optician or optometrist.
- Opticians will maintain a record of glasses and contact lens orders for all patients.
- Opticians may perform every function of an optometric assistant (see below).
- Opticians may perform the following tasks:
  - Fit and adjust spectacle lenses and frames or take facial measurements.
  - Order spectacle and contact lenses using a valid prescription from an optometrist, ophthalmologist, or other physician and surgeon, including prescriptions from an outside provider.
  - Order replacement parts for spectacles.
  - Perform contact lens insertion and removal training.
- Opticians may not:
  - Order spectacle or contact lens prescriptions if the prescription is invalid.
    - An expired spectacle prescription may be filled if the patient's spectacles are lost, broken, or damaged beyond usability. If filled, the optician should recommend the patient return to the prescribing optometrist or physician and surgeon and provide the prescriber with a written notification of the prescription that was filled.
  - Prescribe glasses or contact lenses.
  - Prescribe pharmaceuticals.

**The Following Defines the Scope of Practice of Optometric Assistants at SoHum Health.**

- The optometric assistant acts under the direct responsibility of the optometrist. They may perform the following tasks:
  - Prepare patients for examination.
    - Schedule and confirm appointments.
    - Obtain insurance information.
    - Receive co-payments and exam fees.
    - Inform patients that spectacle and contact lens orders have arrived.
  - Collect preliminary patient data, including taking a patient history.
  - Perform simple noninvasive testing of visual acuity, pupils, and ocular motility.
  - Perform automated visual field testing.
  - Perform ophthalmic photography and digital imaging.
  - Perform tonometry.
  - Perform lensometry.
  - Perform non-subjective auto-refraction.
  - Perform preliminary subjective refraction procedures in connection with finalizing subjective refraction procedures performed by an optometrist. This can only be done if the assistant completes 45 hours of documented training in refraction procedures acceptable to a supervising optometrist or ophthalmologist.
    - Assistant may use appropriate related equipment, including, but not limited to, a phoropter, trial lenses, and a retinoscope.
  - Administer cycloplegics, mydriatics, and topical anesthetics that are not controlled substances, for ophthalmic purposes.
  - Perform pachymetry, keratometry, fundus photography, and OCT procedures.

- Perform contact lens insertion and removal training, after being trained by an optometrist or optician to do so and demonstrates competence.
- The optometric assistant may not:
  - Prescribe glasses or contact lenses.
  - Prescribe pharmaceuticals.

<b>Subject:</b> Perimetry Testing	<b>Manual:</b> <b>Optometry</b>
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**POLICY:**

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to perform perimetry to diagnose and monitor the progression of ocular diseases. Perimetry consists of using computer equipment to measure the visual field of the patient.

**DEFINITIONS:**

**Perimeter:** Humphrey Visual Field, Olleyes VR Visual Field, etc...

**Perimetry:** A measurement of the peripheral visual field.

**PROCEDURE:**

The test is performed dilated or undilated, at the discretion of the optometrist. If the patient is to be dilated, perimetry is performed before a fundus examination. A patient’s eyelids may need to be taped open for the test.

The parts of the instrument the patient will contact are cleaned using an alcohol pad (e.g. forehead rest, chin rest, handheld button, eye patch). If required, the patient’s prescription is put into the machine to calculate what loose lenses are needed to put into the lens well (some machines and contact lens wearers may not require this step). Clean and insert the appropriate loose lenses into the lens well.

Select the appropriate visual field test protocol. Cover the eye that isn’t being tested with an eye patch. The room should be as dark as possible. Give the patient the button. Have the patient position their head within the machine. If the machine has multiple head/chin rest positions, make sure the patient is appropriately placed according to the eye being tested. Adjust the height of the table for comfort. Position the lens well in front of the patient’s eye so it is close, like a glasses lens (12-15mm from eye), but not touching the eyelashes. Move the chin rest to center the patient’s eye in the machine. Direct the patient on where to look. Tell the patient that they may blink as needed but must always look at the fixation target for the duration of the test. The patient may practice pressing the button if they wish. Inform the patient you are starting the test before beginning. Remain with the patient for the duration of the test. Remind the patient to focus on the fixation target as needed. Between tests, the patient may be given a break to stretch or use the restroom.

Exchange the lenses in the lens well for the appropriate lenses for the other eye. Cover the eye that won’t be tested. Perform the test for the other eye.

The 24-2 Humphrey Visual Field protocol or equivalent is used for patients with, or suspected of having, glaucoma. The 10-2 Humphrey Visual Field protocol or equivalent is used for patients with a history of taking Plaquenil (hydroxychloroquine) or advanced glaucoma.

<b>Subject:</b> Prescreening	<b>Manual:</b> <b>Optometry</b>
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**POLICY:**

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to perform prescreening at every visit. Prescreening consists of auto-refraction, auto-keratometry, color vision testing, stereoscopic vision testing, tonometry, perimetry, fundus photography, and visual acuities. Any or all portions of prescreening may be skipped upon request by the patient, the nature of the visit, or at the discretion of the optometrist. PRETESTING SHOULD NOT BE PERFORMED ON PATIENTS THAT HAD A CHEMICAL SPLASH IN THEIR EYE(S).

**DEFINITIONS:**

**Appropriate color vision test:** Ishihara plates, HRR (Hardy Rand and Rittler) Pseudoisochromatic Plates, Farnsworth D-15, etc...

**Appropriate eye chart:** Examples include Snellen, ETDRS, Tumbling E, LEA Symbols, etc...

**Appropriate stereoscopic vision test:** Titmus “Stereo Fly” test, Lang stereo test, Randot Stereotest, etc...

**Auto-refraction:** A computer estimation of the patient’s spectacle prescription

**Auto-keratometry:** A computer estimation of the anterior curvature of the cornea

**IOP:** Intraocular pressure

**NCT:** Non-contact tonometer

**Tonometry:** Measurement of the intraocular pressure

**PROCEDURE:**

Pretesting is performed after the patient checks in at the front desk (or equivalent area) and fills out insurance information and health history paperwork.

Auto-refraction/Auto-keratometry

The chin and forehead rests are sanitized with an alcohol pad. The table is adjusted so the patient can comfortably place their chin and forehead on the rests. The chin rest may need to be adjusted to position the patient’s eyes properly within the apparatus. The machine is aligned with the patient’s eye. If the machine has multiple settings, choose the appropriate measurement setting. The patient is instructed to open their eyelids wide, but continue to blink, and look at the image in the machine. Repeat with the other eye. The results are printed or recorded.

Tonometry

If using iCare: insert a new probe into the iCare and turn on the machine. Wear the safety wrist strap to reduce the risk of accidentally dropping and damaging the device. The patient’s head should be in a neutral position. Instruct the patient to try to not blink and look at the wall behind the tester. Five measurements should be taken for each eye and the average for each eye should be recorded under NCT or iCare in the health record.

Color Vision Screening

Using an appropriate color vision test, the patient is asked to identify what symbol they see. This test may be performed monocularly or binocularly at the discretion of the optometrist. The test booklet should be held at an appropriate test distance from the patient (40cm or greater depending on the test). The room should have normal room lighting. The results are recorded.

Stereoscopic Vision Screening

Using an appropriate stereoscopic vision test, the patient is asked to identify which symbol they can see or is “popping out” at them. If the test requires the patient to wear polarized or red/green glasses, the glasses should be cleaned with an alcohol wipe before the patient wears them. The test booklet should be held at an appropriate test distance from the patient (40cm or greater depending on the test). The room should have normal room lighting.

#### Perimetry Screening

The chin and forehead rests and button are sanitized with an alcohol pad. The table is adjusted so the patient can comfortably place their chin and forehead on the rests. The chin rest may need to be adjusted to position the patient’s eyes properly within the apparatus. The machine is aligned with the patient’s eye. If the machine has multiple settings, choose the appropriate measurement setting. The patient is given the button and they may practice pressing the button if they wish. The patient is instructed to blink normally. The patient should stare at the fixation target (usually a small light or dot) for the duration of the test. When patient notices a light at the edge of their vision, they should press the button. Repeat with the other eye. The results are printed or recorded.

#### Fundus Photography

The chin and forehead rest are sanitized with an alcohol pad. The table is adjusted so the patient can comfortably place their chin and forehead on the rests. The chin rest may need to be adjusted to position the patient’s eyes properly within the apparatus. The machine is aligned with the patient’s eye. If the machine has multiple settings, choose the appropriate measurement setting. The patient is instructed to open their eyelids wide, but continue to blink, and look at the image in the machine. Repeat with the other eye. The results are printed or recorded.

#### Visual Acuities

The chair, phoropter, slit lamp, and occluder paddle are cleaned before the patient enters the exam room. The patient is seated in the room.

If wearing glasses: The patient removes their glasses and one eye is occluded. The patient reads the smallest line of letters they can see. The other eye is occluded and the patient reads again. Without any occlusion, both eyes read the smallest line they can. The patient replaces their glasses on their face and acuities are again tested monocularly and binocularly. The smallest line of letters that the patient could read half or more of the letters is recorded, noting any additional letters that were read from the next smallest line, or how many letters were missed. (e.g. 20/20-3 means the patient could read the 20/20 line of letters, but missed 3 of the letters.) Watch the patient’s eyes to ensure they are not squinting during the test.

If wearing contact lenses: While wearing the contact lenses, occlude one eye and have the patient read the smallest line they can. Occlude the other eye and have the patient read the smallest line they can. With both eyes uncovered, the patient reads the lowest line they can. The patient only removes their contact lenses at the discretion of the optometrist. Watch the patient’s eyes to ensure they are not squinting during the test.

#### Phoropter

The results of the auto-refraction are placed in the phoropter unless the optometrist desires otherwise.

<b>Subject:</b> Punctal Plug Insertion and Removal	<b>Manual:</b> <b>Optometry</b>
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**POLICY:**

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to insert punctal plugs into the lacrimal punctum for dry eye patients. Punctal plugs may be temporary collagen plugs (“intra canalicular plugs”) or permanent silicone plugs. The procedure may be performed for upper and lower puncta.

**DEFINITIONS:**

**Dacryocystitis:** Inflammation of the lacrimal sac

**Epiphora:** Excessive tearing. Caused by too much tear production or not enough tear drainage.

**PROCEDURE:**

**Preparation**

Review the patient’s health history for allergies to the punctal plugs (bovine collagen, silicone, etc...). The eyelids, punctum, conjunctiva, and cornea are assessed for contraindications to the procedure such as significant ocular surface inflammation, dacryocystitis, epiphora, etc....

At the optometrist’s discretion, a topical analgesic (proparacaine 0.5%, Fluress, etc) is placed in the patient’s eye. Numbing drops may be soaked into a cotton swab, which is placed over the lacrimal punctum for 30-60 seconds. The patient may squeeze their eyes closed to keep the cotton swab in place.

Pull the lid down to expose the punctum (pull up for the upper lid). A punctal sizing gauge is used to measure the size of the punctum. Alternatively, careful observation and estimation may be performed with the slit lamp if a gauge is unavailable. Have the patient look away from the punctum being measured (look up and to the right if dilating the right lower punctum). Dilate the punctum with a punctal dilator if needed (see Dilation and Irrigation). Select the appropriate plugs for the patient.

**Intra canalicular Plugs**

Use forceps to insert a portion of the plug vertically into the punctum. Pull laterally on the eyelid and insert the plug the rest of the way. Have the patient blink a few times to make sure the plug slides into position.

**Silicone Plugs**

Using the packaged applicator, insert the plug until the top is flush with the lid margin and release the plug. Have the patient blink a few times to make sure the plug stays in place.

Caution the patient to not rub their eyes as this may dislodge the plugs. If the plugs irritate the patient, they may be removed. Discuss the option of punctum cautery with the patient and refer the patient to an ophthalmologist if the patient desires.

**Canalicular Gel (Lacrifill®)**

After application of topical anesthetic, the lacrimal canal is probed and irrigated (see Lacrimal Dilation and Irrigation Procedure) to demonstrate patency of the lacrimal drain. The canalicular gel packaging is inspected for damage. Remove the tray containing the gel-filled syringe and peel off the tray cover. Remove the cap from the gel-filled syringe, attach a sterile, disposable 27-gauge Bailey lacrimal cannula. Extrude 0.1mL of gel through the cannula. Place the tip of the cannula into the lower punctum of the first eyelid and insert 0.2mL of gel. Excess gel can be irrigated from the ocular surface if it obscures the patient’s vision.

Purge 0.1mL of gel from the needle and repeat for the other eye. Remove the cannula from the syringe and dispose in a sharps container. Discard the gel-filled syringe and packaging in the appropriate receptacles.

### **Punctal Plug Removal**

If it becomes necessary to remove collagen plugs before they dissolve, the plugs can be removed by saline irrigation (see Dilation and Irrigation). Silicone plugs may be removed by grasping the exposed end with forceps and pulling it out. Cannular gel may be removed by thorough irrigation of the lacrimal canal. If this proves insufficient, surgical intervention may be necessary. If epiphora occurs due to the silicone plugs, partial-occlusion plugs should be considered as a replacement.

<b>Subject:</b> Chemical Burns in Eye(s)	<b>Manual:</b> <b>Optometry</b>
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**POLICY:**

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to treat chemical burns of the eye. CHEMICAL BURN TREATMENT IS AN EMERGENCY, and the patient should be given immediate treatment. Treatment should not be postponed for updating patient history or insurance information. No pretesting is performed.

**DEFINITIONS:**

**Eye irrigation tools:** Morgan lens (preferred), Undine for eye irrigation.

**Narrow Range pH Strip:** range should be between 6 and 8. Examples include Hydrion Narrow Range pH Test Paper 6.0-8.0.

**Non-caustic fluid:** sterile water, sterile saline (0.9%), Cederroth Eye Wash, Ringer’s lactate, tap water (if no other option).

**PROCEDURE:**

If a patient calls before arriving at the clinic, they should be instructed on how to treat the burn: irrigate the affected eye(s) copiously with any available non-caustic fluid. The patient should be transported to a hospital if possible.

If the patient arrives at the clinic: remove the patient’s contact lenses. Instill an anesthetic eye drop (proparacaine 0.5%) in the affected eye(s). Bring the patient into an available room and begin irrigating the eye(s) with any available non-caustic fluid. While irrigating, have the patient look up, down, side-to-side, and evert lids to ensure good coverage of the eye wash. The pH of the eye should be taken every 15 to 30 minutes using a narrow-range pH strip (between 6 and 8). The goal is to achieve a pH of 7.0 to 7.2 and continue irrigation for 15-30 minutes after achieving this. The eyewash fluid may be applied with or without the use of eye irrigation tools. If eyelid retractors are used to keep the eye open, the retractor should be removed periodically, and the eyelids should be flushed with water as well. The fornices should be swept with a sterile cotton swab to remove debris. Once irrigation is stopped, the patient’s visual acuity is measured and recorded.

Patient history may be obtained (what chemical was spilled, how long ago, what first aid was given, etc...) during the irrigation procedure.

In the case of alkali and acid burns, the patient should be transported to an ophthalmologist as soon as possible. Irrigation should be continued during transit. It is important to transport the patient to a higher standard of care as treatment may require 12-24 hours of constant IV dripline irrigation or surgery to rescue the patient’s vision.

<b>Subject:</b> <b>Statement of Patient Rights</b>	<b>Manual:</b> <b>Quality</b>
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**Purpose:**

The purpose of this Appendix is to outline patient rights as defined by the Medicare Conditions of Participation, California Health and Safety Code, and California Code of Regulations Title 22.

**APPENDIX A:**

Statement of Patient Rights

Patients of SoHum Health have the right to:

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychosocial, spiritual, and personal values, beliefs and preferences.
2. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
3. Know the name of the licensed health care practitioner acting within the scope of his or her professional licensure who has primary responsibility for coordinating your care, and the names and professional relationships of physicians and non-physicians who will see you.
4. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to access your medical records. You will receive a separate "Notice of Privacy Practices" that explains your rights to access your records. You have the right to effective communication and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
5. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or nontreatment and the

risks involved in each, and the name of the person who will carry out the procedure or treatment.

6. Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against the advice of members of the medical staff, to the extent permitted by law.

7. Be advised if the hospital/licensed health care practitioner acting within the scope of his or her professional licensure proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.

8. Reasonable responses to any reasonable requests made for service.

9. Appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of pain with methods that include the use of opiates.

10. Formulate advance directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.

11. Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.

12. Confidential treatment of all communications and records pertaining to your care and stay in the hospital. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information.

13. Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.

14. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.

15. Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.

16. Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided this information also.

17. Know which hospital rules and policies apply to your conduct while a patient.

18. Designate a support person as well as visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood, marriage, or registered domestic partner status, unless:

- No visitors are allowed.
- The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of the facility.
- You have told the health facility staff that you no longer want a particular person to visit. However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. The health facility must inform you (or your support person, where appropriate) of your visitation rights, including any clinical restrictions or limitations. The health facility is not permitted to restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

19. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will comply with federal law and be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household and any support person pursuant to federal law.

20. Examine and receive an explanation of the hospital's bill regardless of the source of payment.

21. Exercise these rights without regard to, and be free of discrimination on the basis of, sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity/expression, disability, medical condition, marital status, age, registered domestic partner status, genetic information, citizenship, primary language, immigration status (except as required by federal law) or the source of payment for care.

22. File a grievance. If you want to file a grievance with this hospital, you may do so by writing or by calling:

E-mail: [QUALITY@SHCHD.ORG](mailto:QUALITY@SHCHD.ORG)

Mail: Attn: Quality Dept  
733 Cedar Street  
Garberville, CA 95542

The grievance committee will review each grievance and provide you with a written response within 30 days. The written response will contain the name of a person to contact at the hospital, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process. Concerns regarding quality of care or premature discharge will also be referred to the appropriate Utilization and Quality Control Peer Review Organization (PRO).

23. File a complaint with the California Department of Public Health regardless of whether you use the hospital's grievance process. You can contact the California Department of Public Health Licensing and Certification Program:

California Department of Public Health  
Licensing and Certification Program  
Santa Rosa District Office  
2170 Northpoint Parkway  
Santa Rosa, CA 95407  
Phone: (707) 576-6775  
Toll Free: (866) 784-0703  
Facsimile: (707) 576-2037  
E-mail: [CDPH-LNC-SANTAROSA@CDPH.CA.GOV](mailto:CDPH-LNC-SANTAROSA@CDPH.CA.GOV)

24. File a complaint with the Department of Fair Employment and Housing at [www.dfeh.ca.gov](http://www.dfeh.ca.gov), (800) 884-1684 or (800) 700-2320 (TTY) or 2218 Kausen Dr., #100, Elk Grove, CA 95758.

25. File a complaint with the Medical Board of California at [www.mbc.ca.gov/consumers/complaints](http://www.mbc.ca.gov/consumers/complaints), (800) 633-2322 or 2005 Evergreen St., #1200, Sacramento, CA 95815.

<b>Subject:</b> <b>Complaints and Grievances</b>	<b>Manual:</b> <b>Compliance</b>
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**POLICY:**

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to respond to complaints and grievances according to applicable regulations and in a patient-centered, standardized way. SoHum Health strives to provide excellent quality of care and services. Every effort is made to resolve complaints at the time a complaint is received. Grievances are acknowledged, investigated, and an appropriate response provided to the patient/patient representative in a timely manner. "Timely" is defined as within seven (7) days to acknowledge the grievance and within thirty (30) days for the completion of the investigation and a final response back to the patient. For more complicated grievances, an interim response will be sent by thirty (30) days and a final in sixty (60) days. This policy applies to all patients, their families, and all employees, volunteers, contractors, and medical staff at SoHum Health. Billing issues are not usually considered grievances for the purposes of this policy.

All patients/patient representatives have the right to file a complaint, grievance, concern, or suggestion without consequence. Complaints or grievances involving situations that place a patient in immediate danger are resolved immediately in collaboration with the appropriate service director or manager, administrator, and/or medical staff leader. SoHum Health encourages staff members to invite feedback from patients and families and work immediately to resolve the patient/patient representative complaints, at the time the complaint is voiced. Complaints, grievances, or suggestions may include but are not limited to quality-of-care issues, patient safety concerns, staff competency, physician or staff behavior, abuse, neglect, patient harm, or any noncompliance with regulatory requirements.

**PROCEDURE**

- A. Patients and families may file a complaint or grievance using the following methods:
  - a. Letter or email to the Quality Department
    - i. E-mail: [QUALITY@SHCHD.ORG](mailto:QUALITY@SHCHD.ORG)

ii. Letter: Attn: Quality Dept  
733 Cedar Street  
Garberville, CA 95542

- b. Notifying any member of Administration, the Medical Staff, or SoHum Health staff of their concern.
- B. The Statement of the Patient Rights is posted in the hospital and outlines the methods for filing a concern, complaint, or grievance. The Statement of Patient Rights includes the phone number and address of the California Department of Public Health Licensing and Certification Program.
- C. Regarding care concerns filed by persons other than a patient (e.g., patient's spouse, conservator, or parent/legal guardian of minor child):
- a. SoHum Health supports interested third parties' (e.g., such as patient representatives, family members, or friends), ability to raise concerns regarding patient care. To protect patient privacy, it is our policy to notify the patient/conservator/legal guardian that a concern was raised. We will send our response to the concern to the patient/conservator/legal guardian, not the complainant.
- D. Complaints or grievances will be directed as defined below, according to the nature of the issues discussed in the complaint.
- a. Concerns, complaints, and grievances about billing/charges are directed to Patient Financial Services.
- b. Concerns, complaints, and grievances concerning privacy violations will be routed to the Compliance Officer for resolution.
- c. Complaints concerning lost belongings will be directed to the department where the item was lost and that department should:
- i. Make efforts to locate the item.
- ii. Get from the patient or patient representative a description and statement of value for the missing item(s).
- iii. Investigate the loss and determine an appropriate course.
- d. Quality of care and all other complaints or concerns will be directed to the appropriate manager, director, or designee for resolution. If it cannot be resolved while the patient is still in the care of SoHum Health, then the complaint will be considered a grievance.
- e. All grievances will be logged into the event reporting software by the staff member who received the grievance.

- f. The Quality Department and, for physician complaints, the Medical Staff Coordinator, will coordinate responses and follow-up actions related to the complaint/grievance.
  - g. The Quality Department will send an acknowledgement letter to the patient within seven (7) days of receiving the grievance.
  - h. Grievances will be investigated with the appropriate administrator and or manager and will require an investigation and response within thirty (30) days and a detailed response in writing within sixty (60) days.
    - i. The response for accredited services must include the following elements and be worded in a manner that is suitable for the patient response letter:
      1. Title of person(s) completing the investigation
      2. Steps taken on behalf of the patient to investigate the grievance
      3. Results and/or actions taken as a result of the investigation
      4. Date investigation was completed
    - ii. For non-accredited services, the minimum expectation would be a phone call to the patient acknowledging their complaint and, if applicable, the outcome of any investigation.
  - i. Grievances regarding physicians are addressed through the Medical Staff Professional Practice Evaluation process.
  - j. The Compliance Officer/Risk Manager and the appropriate administrator will be informed of any grievances which may be potentially compensable or are received as a Notice of Intent. Legal counsel and/or liability insurance carrier(s) may become involved.
  - k. The Compliance Officer and Administrator or the Administrator-On-Call will be immediately notified of any complaints which may involve the media or an imminent safety or security concern.
- E. If the grievance was received via E-mail, it is managed via the same process outlined above, but written responses will be sent via US Mail. If there is no mailing address available, the response may be sent via encrypted E-mail.
- F. Language Assistance
- a. For non-English speaking patients, interpreter services are available to assist patients in registering a complaint and to notify them regarding the status of the complaint.

**DEFINITIONS:**

**Complaint:** An expression of dissatisfaction by a patient or their family regarding the quality of care or services provided that can be resolved at the point of service by staff present.

**Grievance:** A formal or written complaint by a patient or their family that cannot be resolved promptly by staff present and requires further investigation.

<b>Subject:</b> <b>Persons with Limited English Proficiency (LEP)</b>	<b>Manual:</b> <b>Compliance</b>
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**POLICY:**

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in SoHum Health services, activities, programs, and other benefits. SoHum Health strives to ensure meaningful communication with LEP patients/clients and their authorized representatives involving their medical conditions and treatment. This policy also provides for communication of information contained in vital documents, including but not limited to: waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators, and other aids needed to comply with this policy shall be provided without cost to the person being served and patients/clients and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of contracts with organizations providing interpretation or translation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in the use of an interpreter and TTY/TDD services.

**PROCEDURE:**

**Identifying LEP persons and their language needs:**

- SoHum Health will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or “I speak cards,” available online at <https://www.cdss.ca.gov/inforesources/forms-brochures/translated-forms-and-publications/i-speak-cards>) or posters to determine the language. In addition, when records are kept of past interactions with patients (clients/residents) or family members, the language used to communicate with the LEP person will be included as part of the record.

**Interpreter:**

- To obtain an outside interpreter:
  - *Language Line Personal Interpreter*
    - Dial: 1(888) 808-9008, enter the 8-digit PIN Number 98487275, then clearly state the name of the language you need. You’ll be

asked if you need them to dial a third party number for you. Say yes and you will be connected to our agent who will dial the number for you. Say no and you'll go straight to a professional interpreter.

- *Partnership HealthPlan of California*
  - Offers interpretation services through their health plan. This service requires an Access Code. Log on to PHC E-Systems at [www.partnershiphp.org](http://www.partnershiphp.org) to obtain the telephone number and access code. Call the Provider Relations Department at (707) 863-4100 if you have questions or need assistance.
- Some LEP persons may prefer or request to use a family member or friend as an interpreter. This is not recommended. The *Language Line Personal Interpreter* should be used for all patients who do not speak English. Family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood that SoHum Health offers a *Language Line Personal Interpreter* at no charge to the person. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, *Language Line Personal Interpreter* services will be provided to the LEP person.
- Children and other clients/patients/residents/staff will not be used to interpret, to ensure confidentiality of information and accurate communication.

### **Providing Written Translations:**

- When translation of vital documents is needed, SoHum Health will facilitate translation of written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.

### **Providing notice to LEP persons:**

- SoHum Health will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in intake areas and other points of entry, including but not limited to the emergency room and outpatient areas.

### **Monitoring language needs and implementation:**

- On an ongoing basis, SoHum Health will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, SoHum Health will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, and feedback from patients and community organizations.

**DEFINITIONS:**

None

<b>Subject:</b> <b>Dishwashing</b>	<b>Manual:</b> <b>Dietary</b>
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**POLICY:**

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD” or “District”) to ensure all dishes, trays, utensils, pots, and pans are cleaned and sanitized according to established procedures. All utensils for eating, drinking, and in the preparation and service of food and drink shall be cleaned and sanitized or discarded after each use. Clean and sanitized dishes, utensils, pots, and pans are a part of the department’s safeguards against food-borne illness.

**DEFINITIONS:**

Nesting: This is the term that describes when spoons scooppe area is fully in contact with each other. Thus, there is no space for water or air to run over the surface of the spoon to allow for adequate cleaning.

**PROCEDURE:**

Procedures for washing, rinsing, and sanitizing shall follow the manufacturer’s directions and those established by the industry as safe.

The patient tray cart is returned to the hallway outside the dish room door. The cart with dirty dishes cannot come into the food preparation area. The soiled, dirty dishes are removed from the cart as soon as possible in dish room area on designated “dirty side.” Once the dishes and trays are removed, the cart must be sanitized with 1/2 oz. chlorine sanitizer to 1 gallon of water following manufacturer’s instructions.

Gross food particles shall be removed by scraping and pre-rinsing in running water. All food scraps will be disposed of in the garbage disposal being careful not to put bones, paper products or food scraps determined not appropriate for the disposal unit.

Silverware is placed utensil side down in soapy water in utensil holder. Food particles are rinsed, soaked, or scrubbed off and silverware is placed utensil side up in the utensil holder on flat racks. **Do not overload utensil holder.** Be sure spoons are not “nesting” and that there is sufficient room for water circulation. Run through dish machine and let dry. Turn silverware into empty holder without touching utensils.

Use appropriate racks for plates, bowls, silverware, etc. Do not overload racks and be sure sufficient room exists for all items to be washed and rinsed thoroughly. Plates, bowls, and dessert dishes are not to be washed on flat racks, as this prevents adequate washing and drying.

The dish machine must operate at temperatures adequate to sanitize dishes. Wash temperature must be minimally 140°F, hot water must be a minimal of 180°F at the manifold on the final rinse, or 160°F at the plate. Temperatures of the final rinse will be checked two times daily. Read the wash gaugeguage and rinse gauge, record temperatures in the dish-machineDishmachine log, and enter the initials of the employee who obtained the readings.

If the temperature check of dish machine rinse cycle is below 180°F minimum it will be turned off. An out-of-order sign will be placed on the dish machine and the dietary manager will be notified. Dietary staff will then follow the three-compartment sink method using chlorine sanitizer. All disposable dishes and utensils will be used to serve food.

Employees are very attentive to the danger of cross contaminating the dishes from handling dirty dishes and then clean dishes. Dietary staff will wear disposable plastic aprons while washing and handling soiled patient meal trays and dishes. The aprons will be removed and disposed of in the trash can when

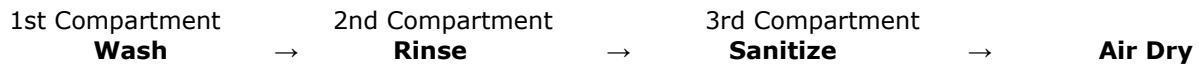
[switching from handling/washing dirty dishes to any other task within the kitchen.](#) Hands must be thoroughly washed between handling clean and dirty dishes.

Dishes will be allowed to drain and air dry on non-absorbent surfaces. Drying towels will not be used on any dish, utensil, pot or pan.

Employees will not touch any eating or food contact surface with bare hands while handling clean dishes.

The tray cart will be cleaned after every meal with a solution of bleach sanitizer mixed to manufacturer's recommendations.

If the dish machine is not operational, the dishes will be washed using approved methods to ensure sanitation. The three-compartment sink method will be followed:



The manufacturer's recommendation will be followed:

- 1 ounce of bleach to 2 gallons of water; immersed for at least 2 minutes.

Chlorine test strips will be used to measure 220ppms and logged on the form above the three-compartment sink.

Directions and the log form for the three-compartment sink method will be posted above the three-compartment sink.

Plastic ware, china, and glassware that is unsightly, unsanitary, or hazardous because of chips, cracks, or loss of glaze will be discarded.

Cooking equipment or utensils that are rusted, cracked, or in any way have the surface scarred in a manner that makes sanitation difficult, will be discarded.

A contract for preventative maintenance on the dish machine will be maintained with Eco-Labs or a similar company to check the dishwasher monthly to ensure the proper operation and delivery of chemicals.

<b>Subject:</b> <b>Food Preparation and Storage</b>	<b>Manual:</b> <b>Dietary</b>
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**POLICY:**

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD," "District," "SoHum Health") to prepare and store food in a safe manner and to store chemicals and other toxic substances separately from food according to recognized standards for food handling.

**PROCEDURE:**

**DEFINITIONS:**

Potentially hazardous foods are food items that require time and/or temperature control for safety to limit pathogenic microorganism growth or toxin formation.

FIFO (First In, First Out) is a method for inventory management that prioritizes using older foods or supplies before moving past their use-by dates.

**Food Preparations**

- Food is prepared to retain nutritional value, flavor, appearance, and absence of bacteria associated with food borne illness. Store, prepare, distribute, and serve food in accordance with professional standards for service safety.
  - Foods will be prepared according to patient's diet order, recommendations from Registered Dietitian, and dietary staff following menus/recipes approved by Registered Dietitian.
  - Vegetables are prepared in as little water as is practical to retain nutrients and color.
  - All meats are cooked to the recommended safe temperature to prevent food borne illness.
  - All produce is thoroughly washed under cold running water and inspected for dirt and insects prior to use.
  - Eggs are not served raw or undercooked unless pasteurized eggs are being used. If a resident is requesting an undercooked preparation of unpasteurized eggs, then dietary will provide education on the food safety risks and obtain a signed waiver form.
  - Temperatures of all potentially hazardous foods are recorded at the time of service.
  - Temperatures of all refrigeration units are recorded in the morning and afternoon, daily.
  - No potentially hazardous food shall be in the danger zone of 41°F to 140°F for longer than a total of four hours including delivery, processing, and service time. As a practical means, no potentially hazardous food should sit at room temperature for longer than 45 minutes during preparation and service. Any questionable foods will be discarded.
  - All foods brought to patients or residents from home by family or visitors must meet the same storage and handling specifications as foods being prepared by the dietary department staff. Foods must be marked with the patient's name, date and time of arrival and must be disposed of after 24 hours if not consumed. These food items must only be stored in resident refrigerator (if perishable) or resident kitchen.

- Food storage areas are clean at all times.

## **Food Storage**

- **Receiving:**

- All food delivered is checked against the delivery slip. Food is checked for correct quantity, quality, and sanitation of the containers.
- If unacceptable, the product is returned at the time of delivery.

- **Dry Storage:**

- Food is arranged in dry storage according to groups, i.e., vegetables, fruits, dry products, seasonings, etc.
- All groceries are stocked on the shelves according to FIFO (First In, First Out). New items are always placed behind the older product. All labels are facing forward. All cans are dated when they are received to facilitate this process.
- Flour, sugar and dry bulk products are stored in plastic containers with tight fitting lids to prevent insect and rodent contamination. All containers are labeled with product name, and date the container was filled on the container, not the lid. The containers are washed and sanitized prior to refilling.
- Bread will be stored in freezer or dry storage areas. Bread is to be used within 7 days of open/defrost date.
- All products are stored away from the walls, 6" off the floor.
- All dry products are dated when they are opened and stored in closed containers.
- The heaviest items should be stored on the middle shelves to prevent back injury when lifting.

- **Refrigerated Storage:**

- All refrigerated units must have a working thermometer.
- All refrigerators will operate at or below 41° F. Temperatures are recorded during the AM and PM shifts. To ensure the thermometer in the refrigerator is accurate, the temperature of the milk will be taken every morning and recorded. The temperature of the milk must be 41° F or below. If an inappropriate temperature is found, it is immediately reported to maintenance.
- All freezers will operate at 0°F or below. Temperatures are recorded during the AM and PM shifts. Inappropriate temperatures are immediately reported to maintenance.
- The doors of the refrigeration units must be securely closed as soon as possible after opening to maintain appropriate temperatures.
- All refrigerated and frozen foods are rotated according to FIFO (First In, First Out).
- Foods must be stored and packed loosely to maximize the air circulation within the unit.
- Heaviest items should be stored on the middle shelves to prevent back injury when lifting.
- All foods must be covered and dated and identified if not in the original packaging.

## **Pointers for the Storage of Certain Foods:**

- **Dairy:**

- Cheese must be tightly wrapped to prevent drying and dated when opened. It must be inspected for mold regularly, and discarded if any mold is present or if it has reached the expiration date.
- Milk should be stored in original carton, except when poured into glasses for service to patients. Cartons will be dated when opened and discarded in 7 days. Unopened cartons will be disposed of on expiration date.
- Yogurts, cottage cheese, and other similar products will be dated when opened and discarded on the expiration date. Cottage cheese should be checked for freshness

every time it is served.

- **Eggs:**

- Eggs must be stored in the original carton.
- Eggs must be refrigerated and used by the expiration date on the package.
- Eggs must not be stored above any food. A cracked raw egg could contaminate, i.e., any food to be served raw or the outside of a container.

- **Fruits and Vegetables:**

- Cases of fruits and vegetables are generally heavy and should be stored on the lower shelves.
- Fruits and vegetables need to be in sealed containers to avoid rapid decline in quality and nutrients contents.

- **Meats:**

- Meats should be loosely wrapped and stored on the lowest shelves to prevent contamination of other food products with dripping blood.

- **Foods With Best By/Expiration Dates:**

- Best By Dates:
  - Best By dates are the manufacturer's quality assurance date and are not an indicator of food safety. Therefore, foods do not need to be discarded after the date has passed unless there is an apparent change of quality (i.e., discolored, texture change, bad odor, off taste, etc.).
  - Expiration Dates: Foods that have an expiration date shall be discarded after the specified date.
- Freezing, Thawing and Refreezing Food Products:
  - Previously frozen meat that has been thawed is never refrozen unless it has ice crystals on the outside or has been cooked.
  - Shellfish and fish are never refrozen.
  - Precooked foods should never be refrozen after they are defrosted.
  - All meats must be thawed in the refrigerator on the bottom shelf. If necessary, defrosting under cold running potable water is acceptable.
- Acceptable Storage Times for Refrigerated Products:
  - Leftover cooked meats 3 days
  - Leftover cooked poultry 3 days
  - Raw meats 3 days
  - Raw fish 1-2 days
  - Gravies 3 days
  - Leftover canned fruit 3 days
  - Cut fresh fruit 7 days
  - Leftover cooked vegetables 3 days
  - Puddings, custards 3 days
  - Protein or potato salads made on site 2 days
  - Commercial potato salad 5 days
  - Fruit juices 7 days
  - Jello 5 days
  - Cold cuts, deli meats, hot dogs 3-5 days of opening package

- Milk, yogurt, cottage cheese 7 days
- Feta cheese, Brie 7 days of opening package
- Condiments: catsup, mustard, bottled salad dressing, pickles 4 months
- Frozen leftovers 30 days

**All leftovers must be clearly labeled with product name and date prepared. Product must be in a plastic container with a tight-fitting lid, or securely wrapped.**

- Chemicals and Non-Food Items and storage of chemicals and other toxic substances is separate from food to ensure that contaminants are not accidentally mixed with food, resulting in food borne illness:
  - Pesticides will not be stored in the kitchen.
  - Only those poisonous and toxic chemicals that are required to maintain sanitation in the kitchen will be stored in dietary.
  - Dish-washing and cleaning chemicals will be stored in the cabinet or on the shelf in the dish room.
  - All cleaning chemicals will be stored separately from food, including unopened containers.
  - All containers of poisonous or toxic materials will be stored in original containers with prominent labels for easy identification.
  - Bactericides, cleaning compounds, or other compounds intended for use of food contact surfaces will be used in accordance with manufacturers' instructions, and in a manner that does not constitute a hazard to patients or employees.
  - Paper goods will be stored on separate shelves from food.
  - Employee's clothing and coats will not be stored on shelves containing food.
  - Dietary department manager will ensure that all hazardous chemicals and employee clothing is stored appropriately.
  - Department will maintain Safety Data Sheets (SDS) on all hazardous chemicals. These will be stored in a place that is accessible to all employees. All new employees will be instructed of the availability and use of SDS.
  - Dietary department manager is responsible for securing SDS on all new chemicals introduced to the department, and the education of all dietary employees as to use and safety precautions.
  - A container previously used to store poisonous or toxic materials may not be used to store, transport, or dispense food. All cleaning/sanitizing buckets will be clearly marked for use.

**Southern Humboldt Community Healthcare District**  
**Comparative SoHum Income Statement**  
**Aug 2025**

<b>Financial Row</b>	<b>Aug 2025</b>	<b>Prior Period (Jul 2025)</b>	<b>Last FY - Aug 2024</b>
<b>Revenue</b>			
Gross Patient Revenue			
Inpatient	\$308,032	\$321,137	\$459,011
Inpatient Ancillary	\$71,719	\$124,825	\$31,989
Outpatient	\$1,721,842	\$2,100,301	\$1,594,039
Outpatient Ancillary	\$853,501	\$997,318	\$731,318
<b>Total Patient Revenue</b>	<b>\$2,955,094</b>	<b>\$3,543,581</b>	<b>\$2,816,357</b>
<b>Deductions from Revenue</b>			
9060-913 - Supplemental Revenue	(\$891,164)	(\$865,068)	(\$500,000)
Contractual Allowances	\$1,327,546	\$1,700,278	\$1,114,021
Provision for Bad Debts	\$106,451	\$51,520	\$192,807
Other Allowances / Deductions	\$35,388	\$21,091	\$18,020
Cost Of Sales	\$365,500	\$352,018	\$323,276
<b>Total Deductions</b>	<b>\$943,721</b>	<b>\$1,259,839</b>	<b>\$1,148,124</b>
<b>Net Patient Revenue</b>	<b>\$2,011,373</b>	<b>\$2,283,742</b>	<b>\$1,668,233</b>
Other Operating Revenue	\$545,492	\$526,683	\$376,071
<b>Total Operating Revenue</b>	<b>\$2,556,865</b>	<b>\$2,810,426</b>	<b>\$2,044,304</b>
<b>Expenses</b>			
Salaries & Wages	\$1,337,712	\$1,217,149	\$862,234
Employee Benefits	\$508,405	\$489,867	\$378,749
Professional Fees	\$320,537	\$491,331	\$509,344
Supplies	\$91,385	\$118,295	\$171,993
Repairs & Maintenance	\$17,666	\$22,881	\$30,081
Purchased Services	\$245,920	\$286,393	\$261,029
Utilities	\$29,399	\$42,595	\$32,536
Insurance	\$22,865	\$22,865	\$18,539
Depreciation/ Amortization	\$55,168	\$55,168	\$62,731
Other	\$33,844	\$57,852	\$73,522
<b>Total Operating Expenses</b>	<b>\$2,662,901</b>	<b>\$2,804,397</b>	<b>\$2,400,759</b>
<b>Operating Profit (Loss)</b>	<b>(\$106,036)</b>	<b>\$6,029</b>	<b>(\$356,455)</b>
Tax Revenue	\$117,362	\$116,333	\$117,397
Other Non Operating Revenue (Expense)	\$27,082	\$12,122	\$43,504
Interest Income	\$1,519	\$44,239	(\$606)
<b>Net Non Operating Revenue (Expense)</b>	<b>\$145,963</b>	<b>\$172,694</b>	<b>\$160,295</b>
<b>Net Income (Loss)</b>	<b>\$39,927</b>	<b>\$178,723</b>	<b>(\$196,160)</b>

**Southern Humboldt Community Healthcare District**

**SoHum Balance Sheet**

**Aug 2025**

<b>Financial Row</b>	<b>Amount</b>
<b>Assets</b>	
Current Assets	
Cash - Checking & Investments	\$2,439,272
Patients Accounts Receivable Less Allowances	\$6,602,732
Other Receivables	\$7,432,869
Inventories	\$622,620
Prepaid Expenses and Deposits	\$1,265,451
Total Current Assets	\$18,362,944
Property and Equipment	
Land	\$1,193,526
Land Improvements	\$553,251
Buildings	\$5,720,831
Equipment	\$8,409,815
Construction in progress	\$15,862,475
<u>Less: Accumulated Depreciation</u>	(\$9,841,016)
Net Property and Equipment	\$21,898,882
Total Assets	\$40,261,826
<b>Liabilities &amp; Fund Balance</b>	
Current Liabilities	
Accounts Payable	\$1,647,337
Accrued Payroll & Related costs	\$2,332,533
Other Current Liabilities	
Deferred Revenue IGT	\$2,720
Loans & Current Portion of Lease Obligations	\$122,529
Other	
<u>Accrued Purchases</u>	\$4,707
<u>Other Current Liabilities</u>	\$4,707
Total Other Current Liabilities	\$129,956
Total Current Liabilities	\$4,109,826
Long Term Debt, Less Current Portion	
Maple Lane Loan	\$186,187
ELGA Lease Loan	
2250-030 - ELGA Lease Loan	\$1,697,196
Total - ELGA Lease Loan	\$1,697,196
CHFFA Help II Loan	\$1,808,368
<u>Lease Obligations</u>	\$236,003
Net Long Term Debt	\$3,927,754
Equity	
Unrestricted Fund Balance - Prior Years	\$2,830,961
Retained Earnings	\$29,174,635
Net Income	\$218,650
Total Fund Balance	\$32,224,246
Total Liabilities & Fund Balance	\$40,261,826

## CNO Board Report – October 2025

### **Infection Prevention**

On October 15, 2025, Dr. Candy Stockton, MD, FASAM, Humboldt County Health Officer, issued a mask mandate for all health care workers who decline or cannot receive the annual seasonal influenza vaccination by November 1, 2025. She stated, “In keeping with previous years, I am issuing a Health Officer order mandating that all hospitals, skilled nursing facilities, long-term care facilities, and community clinics in Humboldt County require their health care workers (HCWs) to receive the annual seasonal influenza vaccination. If they decline or are unable to be vaccinated for medical reasons, they must wear a mask in patient care areas during the 2025-2026 respiratory virus season. We strongly recommend implementing a similar policy for other clinical facilities providing direct patient care.

As of October 2025, the COVID-19 virus continues to circulate year-round and has not settled into a single seasonal peak. We have just come off a late summer surge of COVID infections in Humboldt County, and many health care workers have had COVID infections within the last six months. This makes it difficult to issue a broad requirement that applies to all health care workers, and any such requirement would be logistically challenging for health care systems to enforce.

At the same time, our local health care systems are under strain due to staffing shortages and high patient numbers. The spread of influenza and/or COVID-19 among staff and patients in health care settings this winter will further exacerbate these challenges. Protecting our health care staff and vulnerable patients seeking care is critical for our community. For these reasons, we strongly recommend that individual health care systems implement a similar requirement for COVID-19 vaccinations.”

### **Emergency Department/Acute Care Update**

In September, the Emergency Department (ED) provided care to 332 patients, while the Acute Care unit attended to six swing-bed patients and eight inpatients. The hospital is committed to maintaining high standards of care by staffing the department with one Registered Nurse (RN) and one Licensed Vocational Nurse (LVN), ensuring the delivery of quality care to more than five acute patients simultaneously in accordance with state regulations.

The department is actively preparing for the impending survey of the Acute/Emergency Department, emphasizing a strong commitment to exceptional patient care and cultivating a supportive environment conducive to recovery. ED Manager Melissa is advancing the development of an electronic scheduling system that will allow nursing staff to engage in self-scheduling, thereby enhancing their autonomy and flexibility in determining their workdays.



Furthermore, the ED/Acute Care team is collaborating with the Quality Department to ensure comprehensive readiness for the survey. The objective is to engage a state-certified agency to conduct the survey by the close of this year or within the first month of 2026, reinforcing the department's dedication to maintaining excellence in patient care and operational effectiveness.

### **Laboratory**

Adam, our laboratory manager, reports that the laboratory significantly enhances our testing capabilities and services. We have successfully implemented body fluid cell counts and Gram stains, vital tools enabling emergency department (ED) physicians to diagnose or treat conditions like meningitis faster and more accurately. This week, we proudly launched blood cultures—an essential addition that has been absent from our lab for nearly two decades. This advancement will dramatically expedite sepsis testing, reducing result delivery times by approximately 36 hours and eliminating the need for courier runs to Petaluma for Quest drop-offs every Sunday.

Our strengthened partnership with the laboratory at Mad River Community Hospital is set to eliminate courier runs further altogether. We are actively discussing arrangements to send our additional cultures to them over the weekends until we can resume plate microbiology in 2026.

In line with this collaboration, we effectively utilize the mutual reference laboratory agreement established with MRCH earlier this year. We are currently facing issues with our D-Dimer test, but we are proactively addressing this with the vendor, who has provided a two-week repair timeline. Meanwhile, we are sending our D-Dimer samples to MRCH, achieving results in approximately four hours—significantly faster than the 24 hours or more associated with sending them to Quest.

We are fully committed to quality assurance and continuous improvement initiatives. As part of this commitment, we are preparing to submit ongoing compliance evidence to our accreditation agency, ACHC, in December. The lab's quality system is robust, efficiently accommodating our numerous changes and the expanded services we have planned.

A critical priority is our lab capital equipment plan, as much of our existing equipment has reached or exceeded its expected lifespan. We are grateful for the exceptional support from our administration, finance, and purchasing teams in developing a strategy to acquire the necessary new testing systems. Next week, our assistant manager, Shyanna Francis, will travel to one of our shortlisted vendors' headquarters, with significant travel planned in the coming months to secure the best solutions for our laboratory.

### **Skilled Nursing Update**

Katherine, our SNF DON, provides an insightful overview of September, which has proven to be an active month for the department. We are pleased to report that our census has remained steady at eight residents, and we are encouraged by the positive outcomes of our recent survey, reflecting our commitment to excellence.

Our team has been diligently focused on crafting new policies that will uphold the highest standards of daily operations and ensure regulatory compliance. These initiatives are designed to support our staff in delivering high-quality care, with a strong emphasis on safety and the rights of our residents.

Regarding staffing, we currently have one traveler engaged on the skilled nursing facility (SNF) side. Additionally, we are delighted to welcome a new per diem Certified Nursing Assistant (CNA) to our team. As she advances her education in nursing, we hope she finds a fulfilling career path with us here at SoHum.

Our activity director continues to curate a range of engaging activities for our residents. The flower garden is thriving, and our dice games have become a popular daily event. Furthermore, we have successfully added Healy Center lunches to our calendar a couple of times each month, providing additional opportunities for community engagement. Our Friday Afternoon Music Event, featuring local performers, remains a cherished highlight for residents and continues to foster a wonderful sense of community. We are proud of the environment we are cultivating together.

### **Clinic Update**

I'm excited to share some positive updates about our clinic! Shawna, our dedicated clinic manager, has reported fantastic performance lately. The mobile clinic is set to visit Shelter Cove on November 21, and we're thrilled to welcome Dr. Ordonez, who will be joining us on October 22.

In an effort to expand our capabilities, we're transitioning Shaya Polson from Patient Financial Services to receive training as a Medical Assistant. We also warmly welcome Patricia Gallagher to our team, who will support the growth of our visiting nurse program and take over Shane's responsibilities when he mobilizes.

Great news—Dax-AI is now fully operational for our providers! We're committed to enhancing its functionality further to streamline charting and improve efficiency.



As a team, we're ensuring that all providers have time off scheduled while also collaboratively addressing coverage gaps to maintain the continuity of patient care. On another note, our UC Davis PA students are currently looking for alternative funding due to government budget cuts, but we remain hopeful for a favorable resolution.

### **Radiology Update**

Our Radiation Director, Lora, reports that the department conducted 184 X-ray exams, 127 CT scans, 58 ultrasounds, and 41 mammograms in September.

We currently have a traveling technician in the CT/X-ray department, but are continuing our efforts to recruit permanent staff.

In addition, we have a busy schedule ahead in October for mammography in recognition of Breast Cancer Awareness Month. We are also preparing for our annual mammography inspection, which is scheduled for the end of October or the beginning of November.

### **Pharmacy**

The Pharmacy department is working diligently to enhance its policies and procedures, especially in navigating COVID-19 vaccine recommendations. We are collaborating with local clinics to provide immunizations to schools in Redway and ensuring precision in medication orders for transfer patients in long-term care. Our team also monitors storage and inventory for the UCLA Buprenorphine Study/Grant.

### **Physical Therapy Update**

Sierra, our Physical Therapy Manager, has reported significant improvements since relocating physical therapy treatments to the newly expanded therapy room within the hospital. This larger space increases our capacity and enables us to serve the community better with various therapy services.

As our hospital and its services continue to grow, it may be beneficial to consider adding a Rehabilitation Nursing Assistant (RNA) to support therapy services, especially in skilled nursing home treatments. Physical Therapy (PT) and Occupational Therapy (OT) professionals would make referrals and issue prescriptions for the necessary treatments. The RNA could then carry out essential maintenance care under the direction of the therapists, such as contracture management and bracing, following established therapeutic protocols.

This addition is timely, as our skilled nursing services are expected to expand rapidly with the



construction of the new hospital. We have identified a potential candidate from our in-house Certified Nursing Assistants (CNAs) for this role, since the RNA training program is relatively short, requiring only 16 hours to complete. This individual would not only fulfill the responsibilities of an RNA but could also continue performing the regular duties expected of a CNA.

Furthermore, the physical therapy team, alongside our administrative team, has recently conducted interviews for a new physical therapist. We are optimistic that the selected candidate will enhance our team's capabilities and enable us to accommodate more outpatient physical therapy patients. Our overarching goal is to ensure that we can continually accept new patients and provide high-quality care as the demand for our services grows.

Thank you for your ongoing support and dedication!

Adela Yanez, RN, BSN, CNO

**October 2025**

**Family Resource Center- SHCHD Board Report**

Executed grant funding-

DHHS	\$94,440.00
Prop 64	\$50,000.00
Mental Health Services Act	\$24,900.00
First 5 Humboldt	\$12,000.00
Humboldt Area Foundation	\$4,000.00
Humboldt Sponsors	\$2,000.00
Sorroptimist	\$1,000.00

Community Donation-

Community First Credit Union	\$10,000.00
SHJUSD	\$6,000.00
RRHC	\$4,000.00

Michelle Kaufmann- Prop 64

Youth Diversion Coordinator  
1:1 Substance Abuse counseling for students at MJH and SFHS  
Classroom Education Sessions  
Family Meetings

Brandy Bremer- Mental Health Services Act

Parenting Classes, 10-week course, 12 participants  
Parent support nights  
Diaper Program- 65 families  
Alderpoint Food pantry

Piper Kenner- First 5 Playgroup leader

Redway and Shelter Cove Playgroups, 35-45 families

Michelle Pogue- CalFRESH DHHS

25 Weekly food bags, 10 emergency bags monthly  
Fresh produce weekly  
Winter Break food support  
Myer's Flat Food Distribution

<b>Subject:</b> <b>Peer Review Program</b>	<b>Manual:</b> <b>Medical Staff</b>
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**Policy:**

Southern Humboldt Community Healthcare District (SHCHD) and its Medical Staff are committed to maintaining high standards of clinical care and ensuring continuous quality improvement through a structured Peer Review Program. This Policy outlines the procedures for conducting peer review to assess, monitor, and improve the quality of care provided by individuals working in the SHCHD’s hospital and clinics operated under the hospital’s license. The scope of this Policy applies to all Medical Staff Members and other healthcare providers credentialed and privileged by the Medical Staff (collectively referred to as “Practitioners”). The purpose of the Peer Review Program is to promote excellence in clinical practice, enhance patient safety, and ensure compliance with applicable laws and regulations.

**Definitions:**

**Case Review:** A detailed assessment of a specific clinical case to evaluate the quality of care provided.

**Committee of the Whole (CW):** As defined in the Medical Staff Bylaws, Section 6.4.

**Medical Staff Coordinator:** The Medical Staff Manager, Director, and/or credentialing coordinator responsible for supporting the Medical Staff in its Peer Review functions, including carrying out administrative tasks on behalf of the Medical Staff.

**Peer Review:** Peer review is the process by which the Medical Staff evaluates Practitioners applying and reapplying for staff membership and privileges, establishes standards and procedures for patient care, assesses the performance of Practitioners currently on staff, and reviews other matters critical to the hospital’s functioning. Peer Review helps assure patient safety and is intended to be performed efficiently on an ongoing basis, and with an emphasis on early detection of potential quality problems and resolutions through informal educational interventions, where possible. In accordance with Business and Professions Section 805, peer review also includes all other activities of the Medical Staff which is the hospital’s peer review body. All peer review information is confidential in accordance with the Medical Staff Bylaws, state and federal laws, and regulations pertaining to confidentiality and non-discoverability, including but not limited to California Evidence Code Section 1157.

**Case Review Form:** The form developed by the Medical Staff and approved by the Governing Board for use in Case Review that captures the Reviewer(s)’ impressions of the Case Review. For purposes of this Policy, the Case Review Form refers to a hard copy document. See **Addendum A**.

**Performance Health Systems (PHP):** The electronic peer review platform used by the hospital and medical staff to maintain and track peer review information.

**Practitioner Competencies:** The six general Practitioner Competencies for evaluation are as follows:

- Patient Care
- Medical Knowledge
- Interpersonal and Communication Skills
- Professionalism
- Systems Based Practice
- Practice Based Learning and Improvement

**Reviewer:** A physician Member of the Medical Staff responsible for Case Review and completion of the Case Review Form. Cases may also be assigned to a non-physician Member of the Medical Staff or a Member of the AHP staff for their input if the case involves their particular expertise and is within their scope of practice but will always be reviewed by a physician.

Additional terms have the same definition as stated in the Medical Staff's Bylaws and other policies.

### **Quality Indicators:**

Measures of Practitioner performance will be selected by the CW and approved by the Governing Board using multiple sources of data to reflect the six general Practitioner Competencies and the standards for Practitioners established in the Medical Staff Bylaws. Copies of the current indicators will be maintained by the Quality Department and any changes will be presented to CW and Governing Board on an annual basis.

### **Case Selection**

Cases referred for Peer Review may include, but are not limited to:

- Cases identified by the Quality Department using quality indicators selected by the Medical Staff and approved by the Governing Board.
- Cases referred by members of the medical staff.
- Any sentinel event or event reportable to regulatory authorities.
- Other event reports or other adverse events complications.
- Complaints by patients or patient representatives.
- Cases referred by another Practitioner.

- Random review of a Practitioner's cases at least 5 cases per calendar year.

### **Review Process:**

- Assignment of Case.

- Each case indicated for review will be assigned by Medical Staff Coordinator under the guidance of the Chief of Staff to a Reviewer who has not been involved in the care of the patient.
- Reports of unprofessional conduct by a Practitioner in circumstances not involving the care of a patient will be assigned by Medical Staff Coordinator under the guidance of the Chief of Staff to a Reviewer who was not involved in the alleged event.
- To the extent the case subject to Case Review involves the Chief of Staff, the case will be assigned to a Reviewer by Medical Staff Coordinator or designee under the guidance of the Vice Chief of Staff.
- If the assigned Reviewer is unable to conduct the Case Review due to a conflict of interest, lack of expertise, personal involvement in the care, or other justifiable reason(s), the case will be assigned to another Reviewer.
- External peer review may be used to complement Medical Staff Peer Review as delineated below.

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- Responsibilities of Practitioners.

- All Practitioners have a responsibility to cooperate in the Peer Review process, including, but not limited to, responding to inquiries regarding their care.
- All Practitioners have the responsibility to
  - Act as a Reviewer when requested.
  - Promptly and thoroughly conduct any assigned Case Review.
  - Complete all Case Review Forms.
  - Promptly return all hard copy Case Review Forms to Medical Staff Coordinator in a timely manner.
  - Present Peer Review information at executive sessions of CW meetings.
  - Maintain the confidentiality of the Peer Review process in accordance with the Bylaws.

- Review Guidelines. Each case is assessed for adherence to clinical guidelines, appropriate standards of care, compliance with Medical Staff Bylaws, rules and policies, and patient outcomes. The assigned Reviewer shall conduct a thorough review of selected/referred cases, such as:

- Medical records;
- Clinical documentation;
- Feedback from the Practitioner(s) involved in the care of the patient;
- Interviews with other healthcare practitioners; and
- Other relevant available data.

The Reviewer may review the case with the involved Practitioner verbally, by phone, or by e-mail (using secured SHCHD email addresses). The Practitioner may respond to the Reviewer either verbally or via written communication (letter or internal e-mail). Communication from the Practitioner should be attached to the respective CaseReview Form.

- Completion of Case Review Form.

- The Reviewer shall complete all fields in the Case Review Form, as is determined to be relevant, and comment on the care provided in the case and/or the professionalism of the Practitioner.
- The assigned Reviewer will complete the Case Review Form and return it to the Medical Staff Coordinator, who will update the PHP System to indicate that the Reviewer has completed the Case Review. Alternatively, the Reviewer may directly input their comments into the PHP System.
- To the extent the Reviewer indicates that referral to CW if appropriate, Medical Staff Coordinator will add the case to the next CW agenda for discussion.
- The Case Review Form and data derived from the Case Review Form will be retained as part of the OPPE process, for purposes of tracking peer review outcomes, and for consideration at the time of reappointment.

- Initial Case Disposition Score.

The Reviewer will assign a Case Disposition Score regarding the Practitioner’s clinical performance. To the extent the case involves deviation(s) from policies and procedures or allegations of unprofessional behavior, this will also be indicated in the form and assigned a Case Disposition Score.

APPROPRIATE CARE – No deviation from expected practice.

MINIMAL OPPORTUNITY FOR IMPROVEMENT – Minimal or moderate deviation from the standard of care but no actual or potential adverse outcome for the patient.

MAJOR OPPORTUNITY FOR IMPROVEMENT – Care below standard of care and there was possible or actual adverse outcome for the patient.

- Reviewer Recommendation. The Reviewer will recommend one or more action(s) for the CW to take, choosing from the options on the Case Review Form. This includes, but is not limited to, asking for further input from the Practitioner subject to review or conducting

additional review at CW. Cases involving egregious outcomes or demonstrating a trend of Major Opportunity for Improvement scores may be referred to the Chief of Staff expedited for review.

- CW Review and Final Case Disposition.

- Case Reviews referred to CW will be set for discussion during executive session attended by voting members of the Medical Staff only unless an invitation is extended to other by the Chief of Staff or designee.
- Prior to the meeting, the Practitioner subject to review shall be notified that his or her case will be discussed at the meeting and given an opportunity to respond to the committee in writing or during the committee discussion.
- The CW will determine by majority vote whether it agrees with the initial case disposition score or whether to assign a new score. The CW will also decide what, if any, further action will be taken, including but not limited to, education, additional training, or corrective action consistent with the Medical Staff Bylaws.
- Once a final score has been assigned and the follow up action has been taken, this will be indicated on the Case Review Form and the Case Review will be deemed “closed.” The final disposition and closure of the Case Review will be logged in the PHP system by Medical Staff Office Personnel.

- Referral to Administration

The CW may refer any concern or question related to issues outside of the purview of Medical Staff (e.g., operational concerns, issues involvement hospital employees) to the Hospital Administration.

- Expected Timeframe for Review

- When a case has been referred to the Medical Staff for review, a Reviewer shall be assigned within 21 days.
- Case Reviews and the Case Review Form will be completed by the assigned Reviewer within 14 days of receiving the assignment.
- Completed Case Reviews referred to the CW that are received seven or more business days prior to the CW meeting will be on the meeting agenda.
- If a case review is not completed within in a timely manner, the Medical Staff Coordinator will notify Physician Reviewer to ensure the case review is expedited.
- All deadlines stated herein are meant to serve as guidelines, as circumstances may warrant the more immediate review of a case or a delayed review while additional information is gathered.
- The Medical Staff Coordinator shall be responsible for assisting the CW with the coordination of the peer review process and meeting scheduling, as applicable.

- External Peer Review Process.

- The Chief of Staff (or their designee) or the CW may determine that external peer review is necessary when, for example:
  - The concern at issue is sufficiently complex to warrant outside review;
  - There is a conflict of interest between the subject Practitioner and the other Practitioners (e.g. current partner) such that there is no other Practitioner available to perform a review; or
  - As otherwise deemed necessary by the Chief of Staff
- No Practitioner is entitled to an external review. An external reviewer may be provided access to records and information following the signing of a confidentiality agreement and Business Associate Agreement, if required by the hospital.
- The CW, in its sole discretion, will determine the nature of the involvement for the Practitioner under review.
- An external review may be conducted under peer review confidentiality and afforded the protections of Evidence Code Section 1157 or may be conducted by legal counsel under attorney/client privilege.
- Once the results of external peer review are obtained, the report will be reviewed by the CW. The CW will determine if improvement opportunities exist as determined by the CW and it will be addressed.

**Action Following Case Review Closure:**

- Once a case is closed, the subject Practitioner is informed, in writing, of the final disposition of the Case Review and a copy of the closing letter will be maintained by the Medical Staff Coordinator in the subject Practitioner's Peer Review file (in electronic or hard copy form).
- PHP System Data Entry.
  - The information below, as defined on Addendum B, will be entered into the PHP system in a timely manner by Medical Staff Coordinator or designee, the Chief of Staff, or Vice-Chief of Staff:
  - Addendum B
    - MRN reviewed;
    - Name of Practitioner subject to review;
    - Name of assigned Reviewer;
    - Date case referred to Medical Staff for review;
    - Date of case closure;

- Final Case Disposition score; and
- Action taken
- Addendum C
  - General Information Regarding Performance Health Partners (PHP)
    - An digital information storage platform across a number of industries including healthcare.
- Retention of Case Review Forms or Other Peer Review Documents.
  - Hard copies of Case Review Forms, letters, or other documents are maintained by the Medical Staff Coordinator in a locked file cabinet in the Medical Staff Administration office and available only to the Chief of Staff, Vice-Chief of Staff, and Medical Staff Coordinator. Hard copies will be maintained unless and until the form is scanned and saved in a secure, password-protected file on the hospital's network.
  - Any electronic copies of Case Review Forms are saved in a secure, password-protected file on the hospital's network. Access to the folder is granted to the current Chief of Staff, Vice-Chief of Staff, and the Medical Staff Coordinator.
  - Peer review information in a Practitioner's peer review file is available only to authorized individuals who have a legitimate need to know this information based upon their responsibilities. The Chief of Staff, or their designee, and Medical Staff Coordinator, will assure that only authorized individuals have access to individual Practitioner files.
  - No copies of peer review documents will be created or distributed unless authorized by Medical Staff policy or Bylaws, or by the Chief of Staff or CW.

### **Reporting to Governing Board:**

- The CW, via the Chief of Staff or designee, will provide a quarterly report to the Governing Board in a closed session meeting summarizing overall peer review activities, including the number of cases reviewed and quality trends.
- The Medical Staff will use the Practitioner-specific peer review results in making its recommendations to the Governing Board regarding the credentialing and privileging process and, as appropriate, in its performance improvement activities.

## **Statutory Authority**

This Policy is based on the statutory authority of Business and Professions Code Section 805 et seq., Section 809 et seq., Evidence Code Section 1157, the Health Care Quality Improvement Act of 1986 42 U.S.C. 11101, et seq. and any other applicable Federal and California statutes and case law. All peer review conducted under this policy is subject to any available peer review privilege(s) and immunities provided under both state and federal law.

All minutes, reports, recommendations, communications and actions made or taken pursuant to this policy are deemed to be covered by such provisions of federal and state law providing protection to peer review related activities. Documents, including minutes and case review materials, prepared in connection with this policy, should be labeled consistent with the following language: “Privileged & Confidential—Protected by California law, including, but not limited to Evidence Code Section 1157.”