

MEETING NOTICE

Governing Board

A regular meeting of the Board of Directors of the Southern Humboldt Community Healthcare District will be held on March 2, 2026, at 1:00 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=md45af463d549c21c6625d5ac33bc4e81>

Written comments may also be sent to 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

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

H. New Business

1. Approval of the Updated Medical Staff Privilege Checklist
 - a. Family Medicine
 - b. Optometry
 - c. Teleradiology
 - d. Nurse Practitioner
 - e. Mental Health

I. Adjourn to Closed Session

1. Personnel Matter –Evaluation § 54957
 - a. Admin 360 Evaluations

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

K. Resume Open Session

L. 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>CPHQ</i>	Certified Professional in Healthcare Quality	<i>CQO</i>	Chief Quality and Compliance Officer
<i>EMR/EHR</i>	Electronic Medical Record/Electronic Health 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	<i>Resident</i>	Patients Residing in the Skilled Nursing Facility

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.

Posted February 27, 2026



Family Medicine

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a Privilege Cluster.
2. **Uncheck** any privileges you do not want to request in that group.
3. **Check** off any special privileges you want to request.
4. **Sign** form electronically and submit with any required documentation.

Facilities

SoHum

Required Qualifications

Education/Training A request for Privileges or Modification of Privileges must be supported by documentation of training and/or experience supportive of the request.

Primary Privileges in Family Medicine

Description: This listing includes procedures typically performed by physicians in this primary care specialty in the ambulatory and inpatient setting or Internal Medicine or any Outpatient medical field.

Request	Mark the appropriate checkbox for the requested privileges.
	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
<input type="checkbox"/>	Perform history and physical examination
<input type="checkbox"/>	Evaluate adult patients
<input type="checkbox"/>	Provide generalist/primary care consultation (adult patients)
<input type="checkbox"/>	Diagnose adult patients
<input type="checkbox"/>	Evaluate (Pediatric patients)
<input type="checkbox"/>	Diagnose (Pediatric patients)
<input type="checkbox"/>	Provide generalist/primary care consultation (pediatric patients)
<input type="checkbox"/>	Treat pediatric patients
<input type="checkbox"/>	Medically manage and treat adolescent and adult patients
	Procedures
<input type="checkbox"/>	Local anesthetic techniques including regional nerve blocks

Primary Privileges in Family Medicine

Description: This listing includes procedures typically performed by physicians in this primary care specialty in the ambulatory and inpatient setting or Internal Medicine or any Outpatient medical field.

Mark the appropriate checkbox for the requested privileges.

Request

- Newly Requested privileges - Currently Granted privileges

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Local anesthetic techniques including peripheral nerve blocks |
| <input type="checkbox"/> | Local anesthetic techniques including and trigger point injections |
| <input type="checkbox"/> | Arthrocentesis |
| <input type="checkbox"/> | Perform simple skin biopsy or excision |
| <input type="checkbox"/> | Treatment of burns, superficial and partial thickness |
| <input type="checkbox"/> | (Uncomplicated) wound closure |
| <input type="checkbox"/> | Incision and drainage or aspiration of superficial soft tissue mass |
| <input type="checkbox"/> | Management of epistaxis |
| <input type="checkbox"/> | Stabilization of non-displaced closed fractures and uncomplicated dislocations including skeletal immobilization techniques |
| <input type="checkbox"/> | EKG interpretation |
| <input type="checkbox"/> | Remove non-penetrating foreign body from the eye, nose, or ear |
| <input type="checkbox"/> | Joint injection |
| <input type="checkbox"/> | Nail bed lacerations |
| <input type="checkbox"/> | Dental block |
| <input type="checkbox"/> | Peritonsillar abscess management |
| <input type="checkbox"/> | Casting |
| <input type="checkbox"/> | Fracture management including reduction |
| <input type="checkbox"/> | Complex laceration repair, debridement and undermining |
| <input type="checkbox"/> | Thrombosed hemorrhoid incision and drainage (I&D) |
| <input type="checkbox"/> | Hematoma block |
| | Gynecology and Reproductive Health |
| <input type="checkbox"/> | Pap smear and endocervical culture |
| <input type="checkbox"/> | Biopsy of cervix, endometrium |
| <input type="checkbox"/> | Excision/biopsy of vulvar lesions |
| <input type="checkbox"/> | IUD placement and removal |

FPPE (Dept. Chair to select)

Three retrospective chart reviews that are chosen to represent a diversity of medical conditions and management challenges.

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Southern Humboldt Community Healthcare and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff Bylaws, policies and rules applicable generally and any applicable to the particular situation.

B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

SoHum

Chief of Staff Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation.

Privilege	Condition/Modification/Deletion/Explanation
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Optometry

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. **Check** off the privileges you want to request.
2. **Uncheck** any privileges you do not want to request in that group.
3. **Sign** form electronically and submit with any required documentation.

Facilities

SoHum

Required Qualifications

Education/Training A request for Privileges or Modification of Privileges must be supported by documentation of training and/or experience supportive of the request.

Primary Privileges in Optometry

Description: Optometrists are licensed medical professionals trained to prescribe and fit lenses to improve vision, and to evaluate and manage selected eye disease or complaints.

Request	Mark the appropriate checkbox for the requested privileges.
	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Advanced Privileges (NOTE: These privileges tend to be exercised by Optometrists engaged in a hospital-based practice. Confirm that these items are included in the authorized scope of licensure in the State where practice is to occur.)
<input type="checkbox"/>	Consultatively refer patients to physical therapy or other medical disciplines.
<input type="checkbox"/>	Pre- and post-operative care on referred patients under the direction of a qualified Ophthalmologist (i.e., for cataract and refractive surgery patients)
<input type="checkbox"/>	Prescribe appropriate Therapeutic Pharmaceutical Agents (TPA) when indicated, within the limits and specification of current State law for optometric practice or as authorized by a special State sponsored permit
<input type="checkbox"/>	Co-Manage, in conjunction with an ophthalmologist, conditions that affect the ocular health and vision of their patients
	Procedures
<input type="checkbox"/>	Analyze test results and develop treatment plan
<input type="checkbox"/>	Comprehensive examination of the eye and its adnexa and diagnosis of visual disorders and anomalies within limits of licensure

Primary Privileges in Optometry

Description: Optometrists are licensed medical professionals trained to prescribe and fit lenses to improve vision, and to evaluate and manage selected eye disease or complaints.

Request	Mark the appropriate checkbox for the requested privileges.
	<input checked="" type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
<input type="checkbox"/>	Prescribing eyeglasses, contact lenses and other optical devices
<input type="checkbox"/>	Use of topical diagnostic pharmaceutical agents within limits of licensure
<input type="checkbox"/>	Diagnose and refer systemic diseases such as hypertension, diabetes, and others that are initially detected in the eye
<input type="checkbox"/>	Screen for developmental and perceptual vision problems
<input type="checkbox"/>	Evaluate patients and consult with attending physician
<input type="checkbox"/>	Evaluate and prescribe for low vision conditions
<input type="checkbox"/>	Examine and diagnose eye conditions that relate to Traumatic Brain Injury (TBI) Diagnose, evaluate and manage neurosensory visual issues
<input type="checkbox"/>	Prescribe medications in accordance Pharmacy and Therapeutics
<input type="checkbox"/>	Manage Trichiasis
<input type="checkbox"/>	Epilations (by forceps only)

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Southern Humboldt Community Healthcare.

Practitioner's Signature

SoHum

Chief of Staff Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation.

Privilege	Condition/Modification/Deletion/Explanation
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Teleradiology

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. **Check** off the privileges you want to request.
2. **Uncheck** any privileges you do not want to request in that group.
3. **Sign** form electronically and submit with any required documentation.

Facilities

SoHum

Required Qualifications

Education/Training A Request for Privileges or Modification of Privileges must be supported by documentation of training and/or experience supportive of the request.

Teleradiology

Description: The transmission imaging from the location where the patient is being seen to a remote location for the purposes of interpretation and/or consultation by physician at the remote location.

Request	Mark the appropriate checkbox for the requested privileges.
	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Interpretation of Ultrasounds
<input type="checkbox"/>	Interpretation of x-rays
<input type="checkbox"/>	Interpretation of CT scans
<input type="checkbox"/>	Interpretation of Mammography
<input type="checkbox"/>	Interpretation of bone density scans
<input type="checkbox"/>	Interpretation of MRIs

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Southern Humboldt Community Healthcare.

Practitioner's Signature

SoHum

Chief of Staff Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation.

Privilege

Condition/Modification/Deletion/Explanation



Nurse Practitioner - General

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Check off the privileges you want to request.
2. Uncheck any privileges you do not want to request in that group.
3. Sign form electronically and submit with any required documentation..

Facilities

SoHum

Required Qualifications

Education/Training A request for Privileges or Modification of Privileges must be supported by documentation of training and/or experience supportive of the request.

Primary Privileges in Nurse Practitioner - General

Description: Privileges available to the Nurse Practitioner working in the practice area of general medicine.

Request	Mark the appropriate checkbox for the requested privileges.
	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Procedures
<input type="checkbox"/>	Arthrocentesis and joint injection
<input type="checkbox"/>	Incision and drainage of palpable superficial mass
<input type="checkbox"/>	Treatment of burns, superficial and partial thickness
<input type="checkbox"/>	Perform simple skin biopsy or excision
<input type="checkbox"/>	(Uncomplicated) wound closure
<input type="checkbox"/>	Management of epistaxis
<input type="checkbox"/>	EKG interpretation
<input type="checkbox"/>	Remove non-penetrating foreign body from the eye, nose, or ear
<input type="checkbox"/>	Pap smear and endocervical culture
<input type="checkbox"/>	Biopsy of cervix, endometrium
<input type="checkbox"/>	Excision/biopsy of vulvar lesions

Primary Privileges in Nurse Practitioner - General

Description: Privileges available to the Nurse Practitioner working in the practice area of general medicine.

Request	Mark the appropriate checkbox for the requested privileges.	
	<input type="checkbox"/>	- Newly Requested privileges
	<input type="checkbox"/>	- Currently Granted privileges
	<input type="checkbox"/>	IUD placement and removal
<input type="checkbox"/>	Local anesthetic techniques including trigger point injections	
<input type="checkbox"/>	Local anesthetic techniques including peripheral nerve blocks	

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Southern Humboldt Community Healthcare.

Practitioner's Signature

SoHum

Chief of Staff Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation.

Privilege	Condition/Modification/Deletion/Explanation
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Mental Health Counselor/Therapist

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a Privilege Cluster.
2. **Uncheck** any privileges you do not want to request in that group.
3. **Check** off any special privileges you want to request.
4. **Sign** form electronically and submit with any required documentation.

Facilities

SoHum

Required Qualifications

Education/Training A request for Privileges or Modification of Privileges must be supported by documentation of training and/or experience supportive of the request.

Primary Privileges in Mental Health Counselor/Therapist

Description: Mental Health Counselors work with individuals, families, and groups to address and treat emotional and mental disorders and to promote mental health. They provide a variety of therapeutic techniques used to address issues, including depression, addiction and substance abuse, suicidal impulses, stress, problems with self-esteem, and grief.

Request	Mark the appropriate checkbox for the requested privileges.
	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	Assessment, Diagnosis and Management of Mental Health Problems and Disorders
<input type="checkbox"/>	Complete mental health assessment - including mental status, current and past history of violence, suicidal or self-harm behavior, substance use, level of functioning, health behaviors, trauma, sexual behaviors and social and developmental history
<input type="checkbox"/>	Identify health and mental health risk factors
<input type="checkbox"/>	Formulate recommendations to meet the patient's health and mental health needs
<input type="checkbox"/>	Treat acute and chronic mental health problems in accordance with any supervision requirements and/or protocols
<input type="checkbox"/>	Facilitate the referral of patients to the community's health and social service agencies when appropriate. Also refer and communicate with appropriate consultants in regard to patient management.
	Inpatient and/or Outpatient Care

Primary Privileges in Mental Health Counselor/Therapist

Description: Mental Health Counselors work with individuals, families, and groups to address and treat emotional and mental disorders and to promote mental health. They provide a variety of therapeutic techniques used to address issues, including depression, addiction and substance abuse, suicidal impulses, stress, problems with self-esteem, and grief.

Mark the appropriate checkbox for the requested privileges.

Request

- Newly Requested privileges - Currently Granted privileges

Conduct individual, group, couple and family counseling

Obtain informed consent in conformance with organization policies and procedures

Assess changes in patient's condition and alert the supervising/collaborating physician

Assist with discharge planning/needs of patients

Supplemental Privileges Requesting any of the following privilege(s) requires additional evidence of education, training and/or experience.

Addiction therapy/substance abuse counseling.

FPPE (Dept. Chair to select)

Retrospective evaluation of (5) cases seen by the professional counselor for a variety of medical conditions.

Feedback from involved clinician

Acknowledgment of Applicant

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A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff Bylaws, policies and rules applicable generally and any applicable to the particular situation.

B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

SoHum

Chief of Staff Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation.

Privilege	Condition/Modification/Deletion/Explanation
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