



**SIERRA VIEW LOCAL HEALTH CARE DISTRICT
BOARD OF DIRECTORS ANNUAL MEETING
465 West Putnam Avenue, Porterville, CA – Board Room**

**AGENDA
December 17, 2024**

OPEN SESSION (5:00 PM)

The Board of Directors will call the meeting to order at 5:00 P.M. at which time the Board of Directors will undertake procedural items on the agenda. At 5:05 P.M. the Board will move to Closed Session regarding the items listed under Closed Session. The public meeting will reconvene in person at 5:30 P.M. In person attendance by the public during the open session(s) of this meeting is allowed in accordance with the Ralph M. Brown Act, Government Code Sections 54950 et seq.

Call to Order

I. Oath of Office and Installation of Re-Elected Directors

II. Approval of Agendas

Recommended Action: Approve/Disapprove the Agenda as Presented/Amended

The Board Chairman may limit each presentation so that the matter may be concluded in the time allotted. Upon request of any Board member to extend the time for a matter, either a Board vote will be taken as to whether to extend the time allotted or the chair may extend the time on his own motion without a vote.

III. Adjourn Open Session and go into Closed Session

CLOSED SESSION (5:01 PM)

As provided in the Ralph M. Brown Act, Government Code Sections 54950 et seq., the Board of Directors may meet in closed session with members of the staff, district employees and its attorneys. These sessions are not open to the public and may not be attended by members of the public. The matters the Board will meet on in closed session are identified on the agenda or are those matters appropriately identified in open session as requiring immediate attention and arising after the posting of the agenda. Any public reports of action taken in the closed session will be made in accordance with Gov. Code Section 54957.1

IV. Closed Session Business

- A. Pursuant to Evidence Code Sections 1156 and 1157.7; Health and Safety Code Section 32106(b): Chief of Staff Report

Bindusagar Reddy
Zone 1

Gaurang Pandya
Zone 2

Vacant
Zone 3

Liberty Lomeli
Zone 4

Areli Martinez
Zone 5



**SIERRA VIEW LOCAL HEALTH CARE DISTRICT
BOARD OF DIRECTORS ANNUAL AGENDA
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- B. Pursuant to Evidence Code Sections 1156 and 1157.7; Health and Safety Code Section 32106(b):
 - 1. Evaluation – Quality of Care/Peer Review/Credentials
 - 2. Quality Division Update –Quality Report
 - 3. Compliance Report – Quarter 1
- C. Pursuant to Gov. Code Section 54962; Health and Safety Code Section 32106(b): Discussion Regarding Trade Secrets Pertaining to Service and Strategic Planning (2 Items). Estimated date of Disclosure: January 1, 2026
- D. Pursuant To Gov. Code Section 54956.9(D)(2), Conference With Legal Counsel About Recent Work Product (B)(1) And (B)(3)(F): Significant Exposure To Litigation; Privileged Communication (1 Item).

To the extent items on the Closed Session Agenda are not completed prior to the scheduled time for the Open Session to begin, the items will be deferred to the conclusion of the Open Session Agenda.

v. Adjourn Closed Session and go into Open Session

OPEN SESSION (5:30 PM)

vi. Closed Session Action Taken

Pursuant to Gov. Code Section 54957.1; Action(s) to be taken Pursuant to Closed Session Discussion

- A. Chief of Staff Report
Recommended Action: Information only; no action taken
- B. Quality Review
 - 1. Evaluation – Quality of Care/Peer Review/Credentials
Recommended Action: Approve/Disapprove Report as Given
 - 2. Quality Division Update –Quality Report
Recommended Action: Approve/Disapprove Report as Given

Page 2

Bindusagar Reddy
Zone 1

Gaurang Pandya
Zone 2

Vacant
Zone 3

Liberty Lomeli
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Zone 5



**SIERRA VIEW LOCAL HEALTH CARE DISTRICT
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- C. Discussion Regarding Trade Secrets Pertaining to Service and Strategic Planning (2 Items).
Recommended Action: Information Only; No Action Taken
- D. Conference with Legal Counsel
Recommended Action: Information Only; No Action Taken

VII. Public Comments

Pursuant to Gov. Code Section 54954.3 - NOTICE TO THE PUBLIC - At this time, members of the public may comment on any item not appearing on the agenda. Under state law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public may make comments at this time or present such comments when the item is called. This is the time for the public to make a request to move any item on the consent agenda to the regular agenda. Any person addressing the Board will be limited to a maximum of three (3) minutes so that all interested parties have an opportunity to speak with a total of thirty (30) minutes allotted for the Public Comment period. Please state your name and address for the record prior to making your comment. Written comments submitted to the Board prior to the Meeting will be distributed to the Board at this time, but will not be read by the Board secretary during the public comment period.

VIII. Consent Agenda

Recommended Action: Approve Consent Agenda as presented

Background information has been provided to the Board on all matters listed under the Consent Agenda, covering Medical Staff and Hospital policies, and these items are considered to be routine by the Board. All items under the Consent Agenda covering Medical Staff and Hospital policies are normally approved by one motion. If discussion is requested by any Board member(s) or any member of the public on any item addressed during public comment, then that item may be removed from the Consent Agenda and moved to the Business Agenda for separate action by the Board.

IX. Approval of Minutes

- A. **November 26, 2024 Minutes of the Regular Meeting of the Board of Directors**
Recommended Action: Approve/Disapprove November 26, 2024 Minutes of the Regular Meeting of the Board of Directors



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DECEMBER 17, 2024

X. Business Items

- A. **November 2024 Financials**
Recommended Action: Approve/Disapprove November 2024 Financials
- B. **Annual Nursing Report**
Recommended Action: Approve/Disapprove Annual Nursing Report as Given
- C. **Retirement Planning Advisory Committee Report**
Recommended Action: Approve/Disapprove Retirement Report as Given
- D. **Resolution 12.17.24/01 Escrow of Westwood Property**
Recommended Action: Approve/Disapprove Resolution Ratifying Sale of the Westwood Property to the Burton School District
- E. **Board Seat Vacancy – Zone 3; Appointment of New Director by the January 28, 2024 Regular Board Meeting**
Recommended Action: Approve/Disapprove Leadership’s Plan to Obtain Applicants to Fill the Vacancy by the January 28, 2024 Regular Meeting
- F. **Election of Officers – Board Organization**
Recommended Action: Elect Board Chair, Vice Chair, and Secretary
- G. **Appointment of CFO as Treasurer of the Board**
Recommended Action: Approve/Disapprove Resolution Appointing CFO as Board Treasurer

XI. CEO Report

XII. Announcements:

- A. Regular Board of Directors Meeting – January 28, 2024 at 5:00 p.m.

XIII. Adjournment

PUBLIC NOTICE

Any person with a disability may request the agenda be made available in an appropriate alternative format. A request for a disability-related modification or accommodation may be made by a person with a disability who requires a modification or accommodation in order to participate in the public meeting to Melissa Mitchell, VP of Quality and Regulatory Affairs, Sierra View Medical Center, at (559) 788-6047, Monday – Friday between 8:00 a.m. – 4:30 p.m. Such request must be made at least 48 hours prior to the meeting.



**SIERRA VIEW LOCAL HEALTH CARE DISTRICT
BOARD OF DIRECTORS ANNUAL AGENDA
DECEMBER 17, 2024**

PUBLIC NOTICE ABOUT COPIES

Materials related to an item on this agenda submitted to the Board after distribution of the agenda packet, as well as the agenda packet itself, are available for public inspection/copying during normal business hours at the Administration Office of Sierra View Medical Center, 465 W. Putnam Ave., Porterville, CA 93257. Privileged and confidential closed session materials are/will be excluded until the Board votes to disclose said materials.

Senior Leadership Team	12/17/2024
Board of Director's Approval	
Bindusagar Reddy, MD, Chairman	<u>12/17/2024</u>

SIERRA VIEW MEDICAL CENTER CONSENT AGENDA December 17, 2024 BOARD OF DIRECTOR'S APPROVAL		
The following Polices/Procedures/Protocols/Plans have been reviewed by Senior Leadership Team and are being submitted to the Board of Director's for approval:		
	Pages	Action
Policies: <ul style="list-style-type: none"> • Bonus Policy 	2-3	Approve ↓
Plans: <ul style="list-style-type: none"> • Risk Management Plan 	4-9	
Forms <ul style="list-style-type: none"> • 026164 Intrauterine Growth Curve – Female • 026165 Intrauterine Growth Curve – Male 	10-11 12-13	

SUBJECT: SIGN-ON BONUS	SECTION: Page 1 of 2
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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To provide an incentive for candidates applying for full-time targeted positions to select Sierra View Medical Center (SVMC) as their employer.

AFFECTED PERSONNEL/AREAS: *ALL FULL-TIME EMPLOYEES*

PROCEDURE:

Employees hired into targeted full-time positions may receive a sign-on bonus of up to \$20,000. The amount of a sign-on bonus may vary due to a number of factors, such as market conditions, competitiveness, degree of recruitment difficulty and budgetary considerations.

Positions targeted for a sign-on bonus are designated by Administration and may change periodically. A listing of targeted positions is maintained by Human Resources for recruitment purposes and is available to the public.

Per diem/part-time employees who initially fill targeted positions will not be eligible for a sign-on bonus. They will become eligible for a sign-on bonus when changing status to a full-time targeted position as long as they meet the eligibility requirements.

Sign-on bonuses are extended as part of the employment process. Human Resources approval is required before making a commitment to the prospective candidates. Sign-on bonuses are processed and tracked by the Human Resources Department and the sign-on bonus language will be incorporated into the candidate's offer letter.

Disbursement practices of sign-on bonuses may be modified at the discretion and approval of the Senior Leadership Team to accommodate specific recruitment challenges. The President/CEO will submit a written report of discretionary disbursements exceeding policy limits to the Board of Directors.

Should the employee terminate voluntarily or involuntarily prior to receiving full payment of their sign-on bonus, any remaining disbursements will be forfeited.

Personal leaves of absence prior to receipt of any sign-on bonus disbursements will automatically extend the payment schedule by the number of days not worked due to the leave of absence.

Rehired employees are eligible to receive sign-on bonuses if their prior termination is (1) one year or more from the date of the newly offered position. Employees that are rehired into the same position (i.e., RN) who previously received a sign on bonus, are ineligible to receive an additional sign on bonus regardless of the department they are hired for.

Disbursements as designated in this policy will be taxed as appropriate and are subject to mandatory payroll deductions.

SUBJECT: SIGN-ON BONUS	SECTION: Page 2 of 2
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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

REFERENCES:

- The Joint Commission (2018). Hospital accreditation standards. Joint Commission Resources. Oak Brook, IL.

CROSS REFERENCES:

- [STAFF RECRUITMENT, EMPLOYMENT, AND RETENTION](#)

SUBJECT: RISK MANAGEMENT PLAN	SECTION: <i>Improving Organizational Performance (PI)</i> Page 1 of 6
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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

The Risk Management Plan is designed to support the mission and vision of the organization as it pertains to clinical risk, as well as potential business, operational, and property risks.

GUIDING PRINCIPLES:

The Risk Management Plan is an overarching, conceptual framework that guides the development of a program for risk management and patient safety initiatives and activities. The plan is operationalized through a formal, written risk management and patient safety program.

The organization's Risk Management Plan stimulates the development, review, and revision of the organization's practices and protocols in light of identified risks and chosen loss prevention and reduction strategies. Principles of the Plan provide the foundation for developing key policies and procedures for day-to-day risk management activities, including:

- Claims management
- Complaint resolution
- Trend analysis of events, near misses, and claims

GOVERNING BODY LEADERSHIP

The success of the organization's Risk Management Program requires top-level commitment and support. The Governing Board authorizes the formal program and adoption of this Plan as documented in Board meeting minutes.

Risk management will provide quarterly reports to the governing body summarizing activities, achievements, and ongoing risk management issues that have occurred since the prior report. As necessary, the Board will receive interim reports of new risk exposures that require board intervention and action.

PROGRAM GOALS AND OBJECTIVES

The Risk Management Program goals and objectives are to:

- Minimize adverse effects of errors, events, and system breakdowns when they occur.
- Minimize losses to the organization overall by proactively identifying, analyzing, preventing, and controlling potential clinical, business, and operational risks.
- Facilitate compliance with regulatory, legal, and accrediting agency requirements.
- Protect human and intangible resources (e.g., reputation).

SUBJECT: RISK MANAGEMENT PLAN	SECTION: <i>Improving Organizational Performance (PI)</i> Page 2 of 6
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SCOPE AND FUNCTIONS OF THE PROGRAM

The organization's Risk Management program interfaces with many operational departments and services throughout the organization. Risk Management's role is to influence, persuade and educate leaders within the organization in order to achieve quality care in a safe environment and protect the organization's resources.

Recognizing that the effectiveness of risk management activities is contingent upon collaboration and integration with facility-wide performance improvement activities, Risk Management will work with the various committees structured to enhance the performance of the facility in the communication and resolution of risk-related issues. Risk management will collaborate with any hospital department as needed to help mitigate risk and/or improve patient safety.

5.1 Functional Interfaces

Risk Management will collaborate with any hospital department as needed to help mitigate risk and/or improve patient safety.

5.2 Risk Management Program Functions

Risk Management functional responsibilities include, but are not limited to:

- Promoting the quality of patient care, in collaboration with quality/performance improvement activities.
- Enhancing patient satisfaction.
- Minimizing the frequency and severity of adverse events.
- The timely reporting of events as it pertains to the following:
 - Centers for Medicare and Medicaid Services (CMS) established reportable requirement for certain restraint and seclusion events.
 - Assists in Food and Drug Administration (FDA), Safe Medical Device Act both mandatory and voluntary reporting elements related to device malfunctions and/or biological malfunctions.
- Assisting in the maintenance of a robust event reporting system that is used to report actual events or events with the potential of causing adverse patient outcomes or other injuries to people, property or other assets of the organization. (Refer to housewide policy & procedure, *Patient Safety Event*).

SUBJECT: RISK MANAGEMENT PLAN	SECTION: <i>Improving Organizational Performance (PI)</i> Page 3 of 6
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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

- Managing of patient and family complaints/grievances as required by CMS. (refer to house-wide policy and procedure, Complaints and Grievances, Handling of)
- Maintaining a robust insurance portfolio to safeguard the organization against financial risk arising from claims made.
- Decreasing the likelihood of lawsuits through effective claims management, and investigating and assisting in claim resolution to minimize financial exposure in coordination with the liability insurer and its representatives.
- Enhancing environmental safety for patients, visitors and staff through participation in various improvement committees.
- Utilizing risk management strategies to identify and minimize the frequency and severity of near misses, incidents and claims.
- Monitoring adverse events and injuries to minimize financial loss to include employment-attributed injury and illnesses (worker's comp).
- Evaluating systems that can contribute to patient care, error or injury.
- Educating stakeholders on emerging and known risk exposures and risk reduction initiatives.
- Serving as a resource for staff concerning actual or potential legal matters related to the provision of care.
- Contributing to the achievement of requirements implemented by accrediting organizations.
- Complying with state-specific scope of practice, applicable laws, regulations and standards.
- Monitoring the effectiveness and performance of risk management and patient safety actions. Performance monitoring data may include:
 - Claims and claim trends
 - Ongoing risk assessment information
 - Patient's and/or family's perceptions of how well the organization meets their needs and expectations
 - Quality performance data

SUBJECT: RISK MANAGEMENT PLAN	SECTION: <i>Improving Organizational Performance (PI)</i> Page 4 of 6
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- Research data
- Completing insurance and deeming applications.

1. ADMINISTRATIVE AND COMMITTEE STRUCTURE AND MECHANISMS FOR COORDINATION

The Risk Management Program is administered through the Risk Department’s leadership, and reports to the Vice President of Quality & Regulatory Affairs. Department leadership interfaces with administration, staff, medical providers, and other professionals and has the authority to cross operational lines in order to meet the goals of the program. The Leader (or alternate as designated by VP) chairs the activities of the Patient Safety Committee and the Threat Assessment Team. The two committee’s activities are an integral part of patient safety, quality improvement, and risk mitigation activities.

Risk Leadership is responsible for overseeing day-to-day monitoring of patient safety and risk management activities to include the investigation of and reporting to the insurance carrier actual or potential clinical, operational, or business claims or lawsuits arising out of the organization, according to requirements specified in the insurance policy and/or contracts. Risk Leadership serves as the primary contact between the organization and other external parties on matters relative to risk identification, prevention, and control, as well as risk retention and risk transfer. Risk Leadership or alternative as designated by VP of Quality and Regulatory Affairs oversees the reporting of events to external organizations, per regulations and contracts, and communicates analysis and feedback of reported risk management and patient safety information to the organization for action.

2. ANNUAL PROGRAM EVALUATION

Risk Management/Patient Safety, in concert with members of the Performance Improvement and Patient Safety (PIPS) Committee, analyzes data and trends. During the year, events that have shown a trend of reoccurrence, a high likelihood of harm to patients or staff, or that have created delays in care across two or more departments are reviewed by responsible leadership in collaboration with Risk Management and Patient Safety. The events are reviewed via the Crisis Management Team (CMT) and Root Cause Analysis (RCA) process. CMTs and RCAs are reported quarterly to the PIPS Committee. At the end of each year, a risk assessment is conducted based on CMT, RCA, and Incident Reporting System data using a numeric scoring to assign a degree of likelihood, consequence and response to arrive at a collective risk score and a hierarchy of action. Specific risk reduction goals will focus on elements scored in the upper quartile. The reduction of risk-related exposures is a facility-wide initiative and is owned by everyone. The successful attainment of the identified goals will involve stakeholders who have influence and experience with key components of the issue.

7.1 GOALS FOR 2025-2026

1. Continue occurrence reporting training housewide to ensure quality data
2. Continue Just Culture training to support Culture of Safety in organization.

SUBJECT: RISK MANAGEMENT PLAN	SECTION: <i>Improving Organizational Performance (PI)</i> Page 5 of 6
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3. Maintain a current and robust insurance portfolio
4. Remain current on grievance and complaints (logs and correspondence)

3. PROTECTION OF RISK MANAGEMENT INFORMATION

Any and all documents and records that are part of the risk management process shall be privileged and confidential to the extent provided by state and federal law. Confidentiality protections can include attorney client privilege, patient safety work product, and peer review protections.

REFERENCES:

- California Evidence Code §1157 (January 1, 2018). Retrieved from https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=EVID§ionNum=1157.
- Department of Health and Human Services, FDA: 21 CFR Parts 803 and 804 (April 1, 2021). Retrieved from <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRPart=803>.
- California Health & Safety Code, §1279.1(b): 1279.2, 1279.3, 1279.4, &100171 (January 1, 2008). Retrieved from https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1279.1.&lawCode=HSC
- *The Safe Medical Devices Act of 1990 and the Medical Device Amendments of 1992*. (1993). Washington, D.C.: U.S. Dept. of Health and Human Services, Public Health Services / Food and Drug Administration, Center for Devices and Radiological Health.
- Code of Federal Regulations 482.13(e)-(g) (September 30, 2019). Retrieved from <https://www.law.cornell.edu/cfr/text/42/482.13>.
-
- The Joint Commission (2024). Hospital accreditation standards. Joint Commission Resources. Oak Brook, IL.

CROSS REFERENCES

- [Housewide Policy & Procedure Manual, *Serious Clinical Adverse Event*](#)
- [Housewide Policy & Procedure, *Complaints and Grievances, Handling of*](#)
- [Housewide Policy & Procedure, *Patient Safety Plan*](#)

SUBJECT: RISK MANAGEMENT PLAN	SECTION: <i>Improving Organizational Performance (PI)</i> Page 6 of 6
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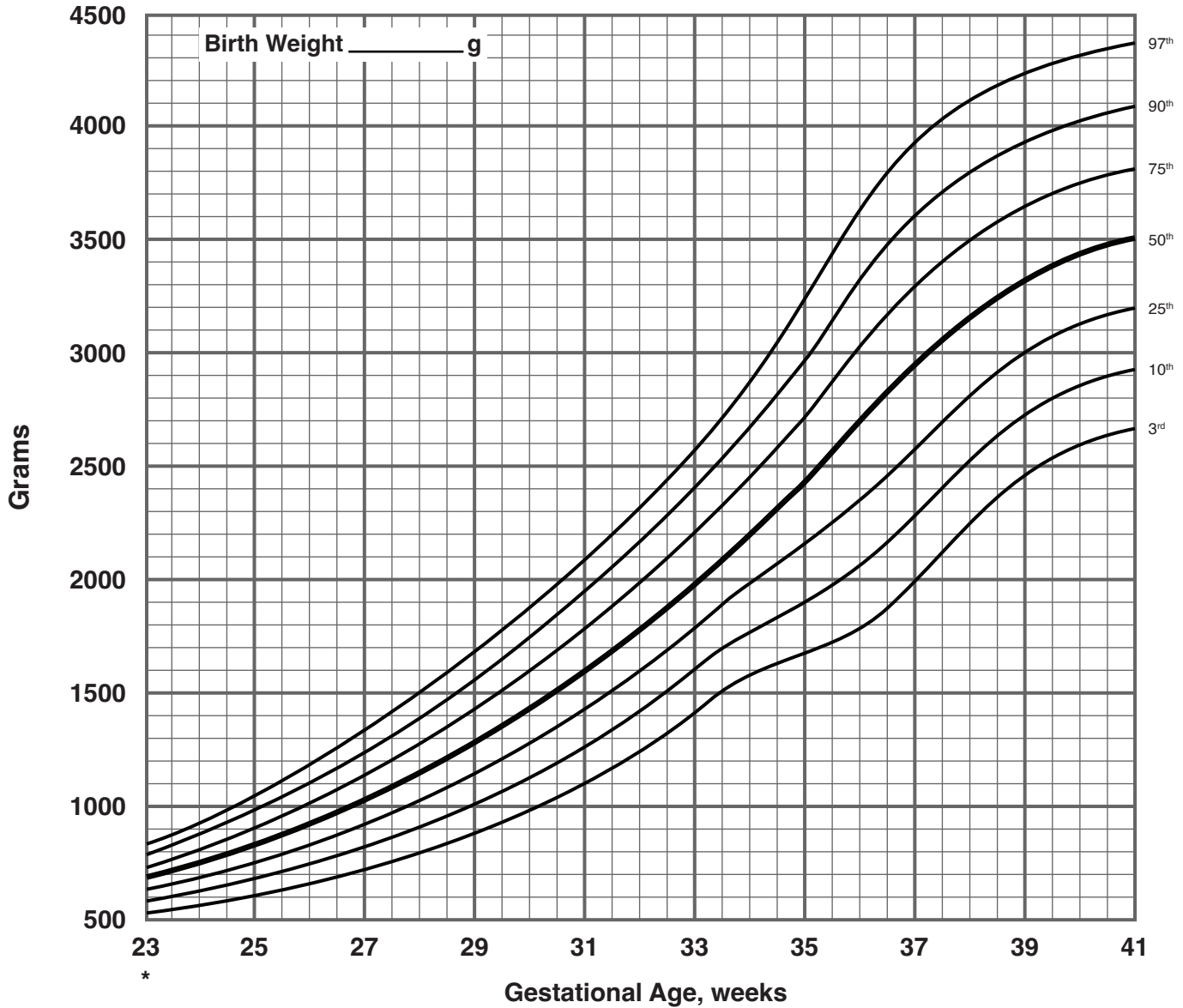
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- [Environment of Care Policy and Procedure Manual, Medical Device Tracking & FDA Reporting Product Recalls](#)

FEMALES

Name: _____

Record #: _____



Reproduced with permission from: Olsen IE, Groveman S, Lawson ML, Clark R, Zemel B. New intrauterine growth curves based on U.S. data. Pediatrics, Volume 125, Pages e214-e244. Copyright 2010 by the American Academy of Pediatrics. Data source: Pediatrix Medical Group

BIRTH SIZE ASSESSMENT

Date of Birth: / / (wks GA)	Select One
Large-for-gestational age (LGA) >90 th percentile	<input type="checkbox"/>
Appropriate-for-gestational age (AGA) 10-90 th percentile	<input type="checkbox"/>
Small-for-gestational age (SGA) 10 th percentile	<input type="checkbox"/>

* 3rd and 97th percentiles on all curves for 23 weeks should be interpreted cautiously given the small sample size.



Porterville, California 93257

INTRAUTERINE GROWTH CURVE - FEMALE



Form # 026164 REV 11/24

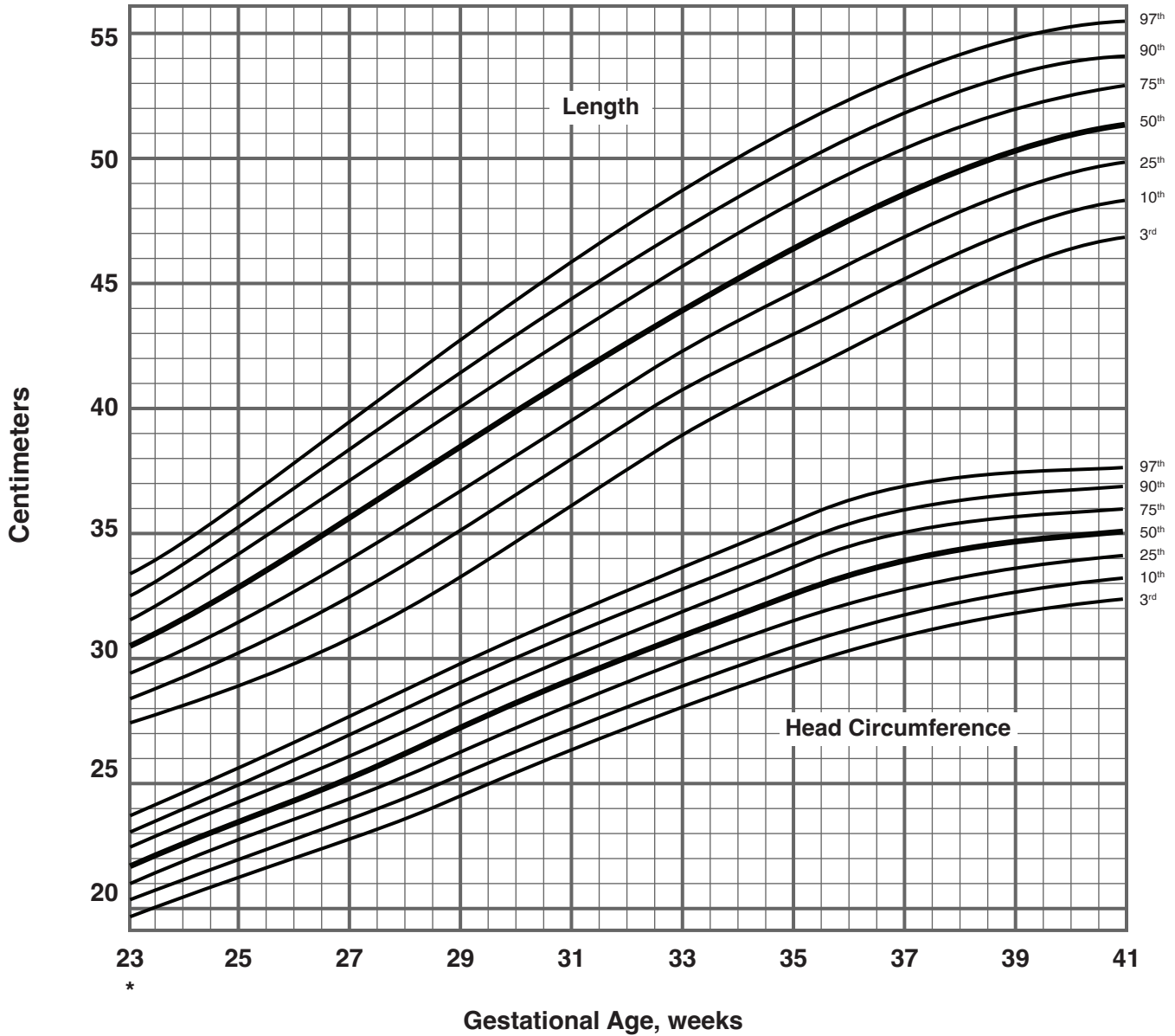
Sierra View Medical Center is a service of the Sierra View Local Health Care District.

PATIENT'S LABEL

Name: _____

Record #: _____

FEMALES



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Date																				
GA (wks)																				
WT (g)																				
L (cm)																				
HC (cm)																				

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Porterville, California 93257

INTRAUTERINE GROWTH CURVE - FEMALE



Form # 026164 REV 11/24

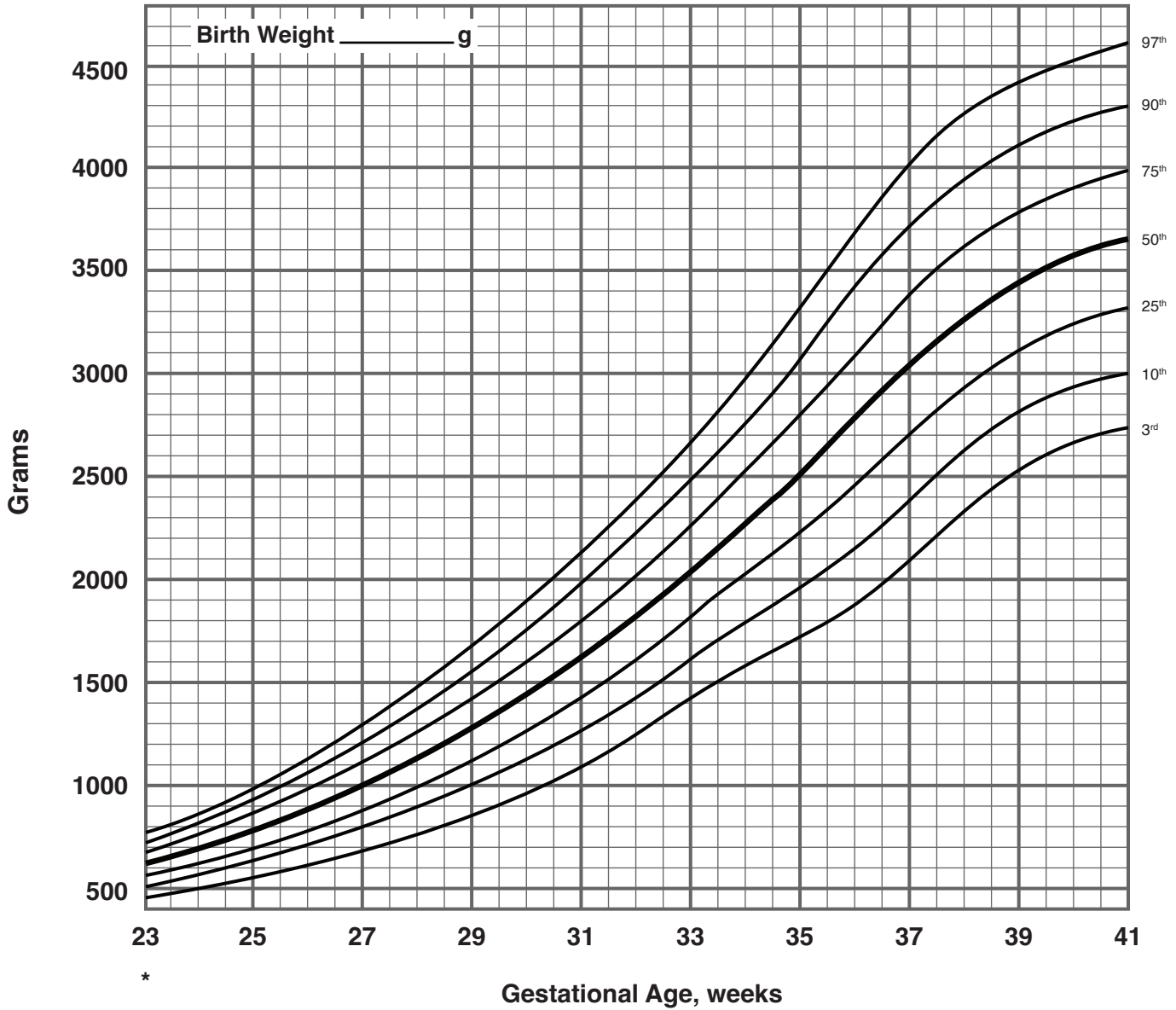
Sierra View Medical Center is a service of the Sierra View Local Health Care District.

PATIENT'S LABEL

Name: _____

Record #: _____

MALES



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BIRTH SIZE ASSESSMENT

Date of Birth: / / (wks GA)	Select One
Large-for-gestational age (LGA) >90 th percentile	<input type="checkbox"/>
Appropriate-for-gestational age (AGA) 10-90 th percentile	<input type="checkbox"/>
Small-for-gestational age (SGA) 10 th percentile	<input type="checkbox"/>

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Porterville, California 93257

INTRAUTERINE GROWTH CURVE - MALE



Form # 026165 REV 11/24

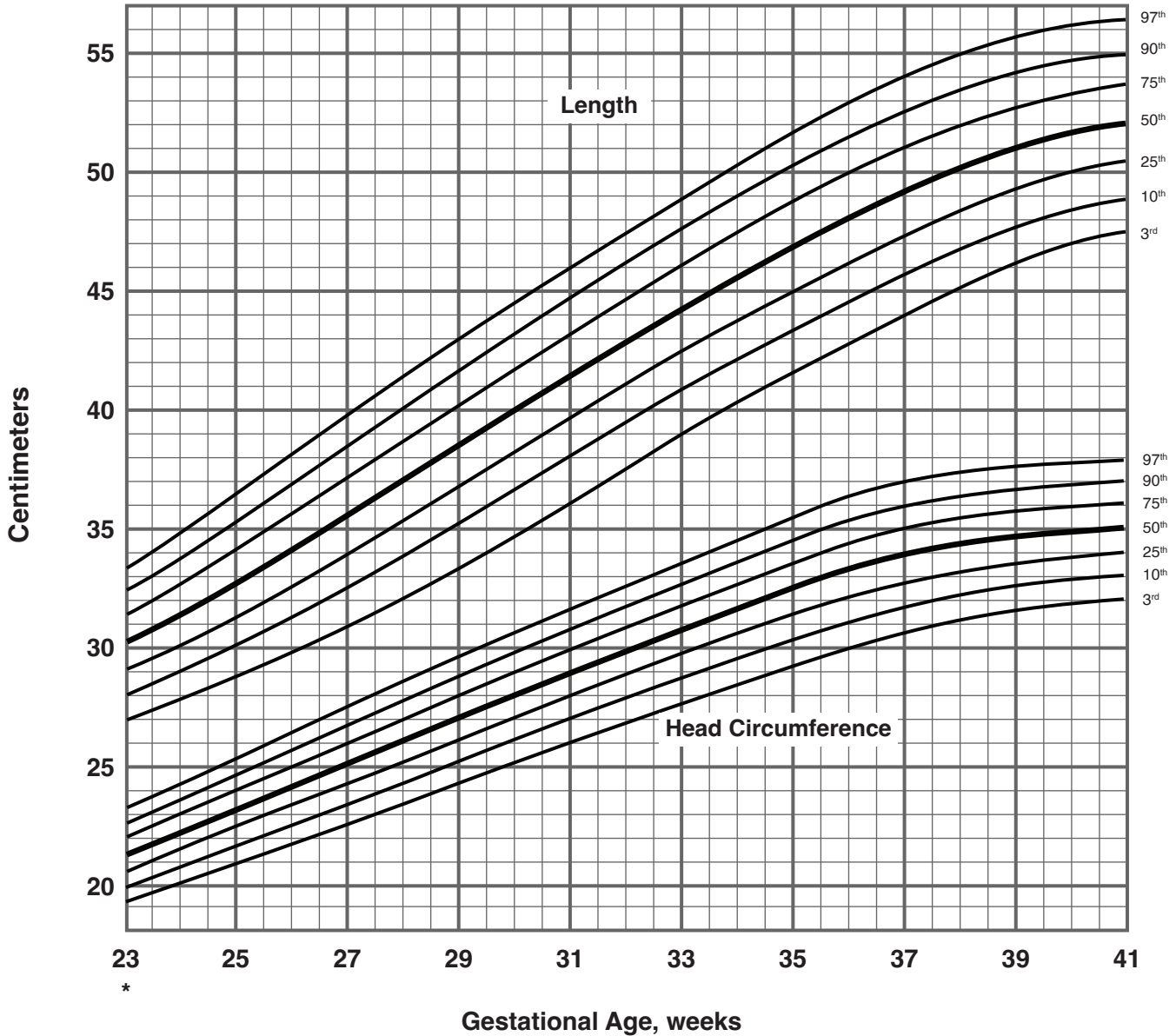
Sierra View Medical Center is a service of the Sierra View Local Health Care District.

PATIENT'S LABEL

Name: _____

Record #: _____

MALES



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Date																			
GA (wks)																			
WT (g)																			
L (cm)																			
HC (cm)																			

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Porterville, California 93257
INTRAUTERINE GROWTH CURVE - MALE



Form # 026165 REV 11/24

Sierra View Medical Center is a service of the Sierra View Local Health Care District.

PATIENT'S LABEL

MEDICAL EXECUTIVE COMMITTEE	12/04/2024
BOARD OF DIRECTORS APPROVAL	
	12/17/2024
BINDUSAGAR REDDY, MD, CHAIRMAN	DATE

**SIERRA VIEW MEDICAL CENTER
CONSENT AGENDA REPORT FOR
December 17, 2024 BOARD APPROVAL**

The following Policies/Procedures/Protocols/Plans/Forms have been reviewed by the Medical Executive Committee and are being submitted to the Board of Directors for approval:

	Pages	Action
I. <u>Policies:</u>		APPROVE
• Accommodations for the Disabled	1-2	
• Administration of Influenza Vaccine to Inpatients	3-5	
• Administration of Pneumococcal Vaccine to Inpatients	6-11	
• Classification of Surgical Wounds	12-13	
• Guidelines for Single Use Devices (Disposables), Reuse and Reprocessing of Patient Care Equipment	14-15	
• Guidelines for Waste Handling – Waste Management Program	16-19	
• Hospital-Approved Handwashing, Cleaning and Disinfectant Products	20-23	
• Legibility of Medical Record Documentation	24-25	
• Seasonal Influenza Plan	26-30	
• Urinary Catheter Discontinuation Protocol	31-33	
• Surgical Privileges/Appropriate Assistants to the Surgeon	34-40	

SUBJECT: ACCOMMODATIONS FOR THE DISABLED	SECTION: <i>Ethics, Rights and Responsibilities (RI)</i> Page 1 of 2
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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

It is the policy of Sierra View Medical Center (SVMC) to ensure that qualified handicapped individuals who require a disability-based accommodation will be provided reasonable accommodations to allow equal access to care and treatment.

DEFINITION:

Qualified handicapped person: Any person who (1) has a physical or mental impairment which substantially limits one or more major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment.

Physical or mental impairment: (1) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major life activities: Functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Has a record of such impairment: A history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

Is regarded as having an impairment: (1) Has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; (2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward such impairment; or (3) has none of the impairments defined but is treated by a recipient as having such an impairment.

IMPLEMENTATION:

- A. Designated handicapped parking spaces are maintained at all SVMC buildings as per code.
- B. Designated bathrooms, both patient and public bathrooms, are available to accommodate handicapped access.
- C. Handicapped patients, including those with impaired sensory or speaking skills, must not be denied effective notice concerning services, or written material concerning waiver of rights or consent to treatment because of their handicap.
- D. Appropriate auxiliary aids are available to persons with impaired sensory, manual, or speaking skills when necessary to afford such persons an equal opportunity to benefit from the service in question. Such auxiliary aids may include:

SUBJECT: ACCOMMODATIONS FOR THE DISABLED	SECTION: <i>Ethics, Rights and Responsibilities (RI)</i> Page 2 of 2
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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

1. TDD phones for hearing impaired patients.
2. American Sign Language is instantly available 24/7 via HCIN's secure, dedicated high-speed video routing network.

Educational programs and materials shall be available to deal with deafness and communication with deaf patients and other persons with impaired vision and other impaired sensory, manual or speaking skills in question.

AFFECTED AREAS/PERSONNEL: *ALL AREAS OF THE FACILITY*

REFERENCES:

- Appropriate accessibility to facility and services to accommodate the disabled
- Title XII Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- The Americans with Disabilities Act of 1990
- The ADA Amendments Act of 2008

CROSS REFERENCES:

- House-Wide Policy & Procedure Manual, [INTERPRETIVE SERVICES: LANGUAGE ASSISTANCE PROGRAM](#)
- House-Wide Policy & Procedure Manual, [SEEING/HEARING/COMPANION DOG \(SERVICE ANIMALS\)](#)

SUBJECT: ADMINISTRATION OF INFLUENZA VACCINE TO INPATIENTS	SECTION: <i>Surveillance, Prevention, Control of Infection (IC)</i> Page 1 of 3
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INTRODUCTION:

Influenza (the flu) is a contagious viral respiratory illness with different viral strains that circulate perennially around the world. Depending on the strain, the virus may cause mild to severe illness and possibly even death especially in high-risk populations. Therefore, Sierra View Medical Center (SVMC) will offer and administer the influenza vaccine to all inpatients who meet the criteria established by the Centers for Disease Control and Prevention (CDC) and the CDC's Advisory committee on Immunization Practices (ACIP).

POLICY:

SVMC will administer the influenza vaccine to all inpatients who meet the criteria set by the CDC and ACIP and who give consent to receive influenza vaccination.

PROCEDURE:

Influenza Season - Although each year varies, influenza season usually begins in October and may run through March/late spring. During this time inpatients will be evaluated to determine if they are eligible influenza vaccination.

1. Influenza vaccination may be administered by nurses (see below for full description) that have met the initial and annual internal competencies. Those eligible to administer the vaccine will use the following parameters to identify inpatients in need of influenza vaccination, obtain consent and subsequently vaccinate the inpatient.
2. Eligible inpatients include:
 - a. All inpatients \geq 6 months of age
 - b. Inpatients with chronic medical disorders
3. Inpatients will be screened for contraindications and precautions such as:
 - a. Serious reaction (e.g. anaphylaxis) after ingesting eggs or after receiving a previous dose of influenza vaccine or an a component of the influenza vaccine
 - b. Already immunized for the current flu season
 - c. Admitted from a long-term care facility that routinely immunizes residents
 - d. Fever ($\geq 38^{\circ}\text{C}/100.4^{\circ}\text{F}$)
 - e. History of Guillain-Barre Syndrome
 - f. Physician orders to withhold influenza vaccine
 - g. Patient refused – NOTIFY PHYSICIAN

SUBJECT: ADMINISTRATION OF INFLUENZA VACCINE TO INPATIENTS	SECTION: <i>Surveillance, Prevention, Control of Infection (IC)</i> Page 2 of 3
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4. Plan – vaccinate all inpatients who meet criteria for influenza vaccine
 - a. Treatment:
 - i. Screen all adults for contraindications and precautions to influenza vaccine
 - ii. For age 9 and older, administer manufacturer’s recommended dose of injectable inactivated quadrivalent influenza vaccine IM (usually a 22-25 g, 1-1 ½ inch needle) in the deltoid muscle. For ages 6 months to 8 years, see manufacturer’s recommendations on dosage and administration for pediatric inpatients
 - iii. Monitor for serious side effects (i.e. anaphylaxis)
 - iv. Consultation required – none
 - b. Education:
 - i. Provide a copy of the most current federal Vaccine Information Statement (VIS) sheet. You must document in the patient’s medical record or office log, the publication of the VIS and the date it was given. Provide non-English speakers with a copy of the VIS in their native language if it is available, which may be found at: www.immunize.org/vis
 - c. Follow-up
 - i. Reassess patient in 30 minutes or less as needed. Annual vaccinations of influenza vaccine are needed to ensure adequate protection from influenza
5. Documentation
 - a. Electronic Medical Record – record the date that the vaccine was administered, the manufacturers and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g. medical contraindication, refusal, etc.)

Staff Authorized To Perform Vaccination:

Included are:

1. Licensed Vocational Nurse (LVN)
2. Registered Nurse (RN)
3. Family Nurse Practitioner (FNP)
4. Physician Assistant (PA)

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5. Physician (MD or DO)

Requirements for administration:

1. Education – licensed personnel (see list above)
2. Training as required by initial and annual internal competencies
3. Review of CDC immunization criteria upon initial training
4. Annual review of CDC immunization criteria

Development & Approval of the Standardized Procedure:

1. Method: Infection Prevention Committee, Infection Prevention Manager and the Medical Director of Infection Prevention
2. Review of schedule: yearly

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3. The Joint Commission (2024). Hospital Accreditation Standards Manual. Joint Commission Resources. Oak Brook, IL. IC.06.01.01, EP 2 & EP 4.
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SUBJECT: ADMINISTRATION OF PNEUMOCOCCAL VACCINE TO INPATIENTS	SECTION: <i>Surveillance, Prevention, Control of Infection (IC)</i> Page 1 of 6
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POLICY

PURPOSE

To provide guidelines for the administration of pneumococcal vaccine to all inpatients who meet the criteria established by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).

BACKGROUND

Streptococcus pneumoniae (*S. pneumoniae*) is a gram-positive facultative anaerobe with more than 100 known serotypes. Although most serotypes cause serious disease only a few cause pneumococcal infections such as meningitis, bacteremia and pneumococcal pneumonia. Vaccination opportunities for those with an increased risk of pneumococcal disease are often missed during two critical times – regular office visits and during hospitalization. Screening followed by immunization of at-risk hospital patients (see Table 1) would significantly reduce the complications associated with pneumococcal disease, up to and including death.

A. PREREQUISITES

- a. Offer to any inpatient who meets the criteria in Table 1, especially:
 - i. Patients age 65 years or older
 - ii. Immunocompromised patients including, but not limited to, patients with chronic heart, pulmonary renal, metabolic or liver disease; cancer, anemia, alcoholism, HIV/AIDS, etc. (See Table 1, from Epidemiology and Prevention of Vaccine-Preventable Diseases, CDC)
 - iii. Any vaccine recipients with more than 5 years since the last vaccination
 - iv. In 2021, ACIP recommended use of PCV20 for all adults aged ≥ 65 years who have not previously received a pneumococcal vaccine or whose previous vaccination history is unknown

B. PRECAUTIONS

- a. The following should be taken into consideration before administering pneumococcal vaccination:
 - i. The patient should wait to be vaccinated if moderately or severely ill
 - ii. The patient should wait to be vaccinated if the health care provider decides to postpone vaccination

C. CONTRAINDICATIONS AND RISKS

SUBJECT: ADMINISTRATION OF PNEUMOCOCCAL VACCINE TO INPATIENTS	SECTION: <i>Surveillance, Prevention, Control of Infection (IC)</i> Page 2 of 6
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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

- a. The patient should tell the vaccination provider if any of the following conditions exist:
 - i. The patient has received two pneumococcal vaccine doses
 - ii. The patient received the vaccine less than 5 years ago
 - iii. The patient is allergic to the vaccine or any component of the vaccine
 - iv. The patient is pregnant – women who are at increased risk of pneumococcal disease and who are candidates for pneumococcal vaccine should be vaccinated before pregnancy, if possible
 - v. The patient has had any neurological reaction(s) to the vaccine
 - vi. The patient is at risk for having less than 50,000 platelets per microliter of blood
 - vii. The patient has a fever greater than 38°C/100.4°F at the time of vaccination
 - viii. The patient refused vaccination (notify the physician)
 - ix. Physician provides orders that the patient not be given the vaccine
 - x. Lesser known risks or reactions include pain, redness or swelling at the injection site, mild fever, headache, feeling tired, etc. (Consult product insert for additional lesser known risks)

D. RESPONSIBILITIES

- a. Any of the following health care professionals with current California licenses may administer the vaccine: Licensed Vocational Nurse (LVN), Registered Nurse (RN), Family Nurse Practitioner (FNP), Physician's Assistant (PA), or a physician (MD or DO)
- b. Prior to administering vaccines for the first time at SVMC, the health care professional must conduct an initial review of the CDC immunization criteria and the SVMC Standardized Procedures for Immunizations
- c. The Nursing Staff will review the SVMC Standardized Procedures for Immunizations annually during the Annual Competency Fair
- d. A copy of the most current Vaccine Information Statement (VIS) in the appropriate language must be provided to the vaccine recipient and recorded in the EMR or office log, along with the publication date of the VIS (See References for link to the VIS)

E. PROCEDURE

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a. Treatment

- i. Assess the inpatient for the need of pneumococcal vaccination.
- ii. Screen all adult inpatients for contraindications and precautions associated with the administration of pneumococcal vaccine.
- iii. If inpatient gives consent provide a copy of the most current Pneumococcal Vaccine Information Statement (VIS) in the language appropriate for the recipient.

TABLE 1: Recommendations for use of PCV15 or PCV20 in pneumococcal conjugate vaccine – naïve adults aged ≥ 19 years. Advisory Committee on Immunization Practices, United States, 2023

Medical indication group	Specific underlying medical condition	Age group, yrs	
		19–64	≥ 65
None	None	None	1 dose of PCV20 alone, or 1 dose of PCV15 followed by a dose of PPSV23 ≥ 1 year later*
Underlying medical conditions or other risk factors	Alcoholism Chronic heart disease ^f Chronic liver disease Chronic lung disease ^g Chronic renal failure ^g Cigarette smoking Cochlear Implant Congenital or acquired asplenia ^h Congenital or acquired immunodeficiencies ^{i,*,**} CSF leak Diabetes mellitus Generalized malignancy ^g HIV infection Hodgkin disease ^h Iatrogenic immunosuppression ^{g,*,**} Leukemia ^h Lymphoma ^h Multiple myeloma ^g Nephrotic syndrome ^h Sickle cell disease or other hemoglobinopathies ^h Solid organ transplant ^h	1 dose of PCV20 alone or 1 dose of PCV15 followed by a dose of PPSV23 ≥ 1 year later*	1 dose of PCV20 alone or 1 dose of PCV15 followed by a dose of PPSV23 ≥ 1 year later*

SUBJECT:
**ADMINISTRATION OF PNEUMOCOCCAL
VACCINE TO INPATIENTS**

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Abbreviations: CSF = cerebrospinal fluid; PCV15 = 15-valent pneumococcal conjugate vaccine; PCV20 = 20-valent pneumococcal conjugate vaccine; PPSV23 = 23-valent pneumococcal polysaccharide vaccine.

* Adults with immunocompromising conditions, a CSF leak, or a cochlear implant might benefit from shorter intervals (e.g., ≥8 weeks). These vaccine doses do not need to be repeated at age ≥65 years if administered at age <65 years.

[†] Includes congestive heart failure and cardiomyopathies.

[‡] Includes chronic obstructive pulmonary disease, emphysema, and asthma.

[§] Indicates immunocompromising conditions

^{**} Includes B- (humoral) or T-lymphocyte deficiency, complement deficiencies (particularly C1, C2, C3, and C4 deficiencies), and phagocytic disorders (excluding chronic granulomatous disease).

^{**} Diseases requiring treatment with immunosuppressive drugs, including long-term systemic corticosteroids and radiation therapy.

From: <https://www.cdc.gov/mmwr/volumes/72/rr/rr7203a1.htm>

iv. Administer the manufacturer's recommended dose of the pneumococcal vaccine

b. Education

i. As stated in the treatment section above, provide a copy of the most current VIS. Document in the inpatient's medical record or office log that the VIS was provided, the publication date of the VIS and the date the education was provided (see below for more information on documentation). Provide non-English speakers with a copy of the VIS in their native language if it is available. These may be obtained through the link in the cross-reference below or at the website www.immunize.org/vis

c. Follow-up

i. Reassess the inpatient within 15 to 30 minutes to make sure that there are no immediate adverse side effects such as anaphylaxis, to any component of the vaccine

ii. Be prepared to manage any medical emergency related to the administration of the vaccine.

1. Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). VAERS for reporting only, no medical advice is available. Contact VAERS at www.vaers.hhs.gov or call 1-800- 822-7967 (verified on 11-22-23)

2. The following items should be available at the time of vaccination:

a. A written emergency protocol specifically for vaccination reactions

b. Equipment and/or medication described in the written emergency protocol

d. Documentation

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- i. The following items should be documented in the electronic medical record
 1. Date of vaccination
 2. The manufacturer and lot number
 3. The vaccination site and route
 4. The name and title of the person administering the vaccine
 5. Note that the VIS was provided (see above in Education)
 6. If the vaccine was not administered, record the reason(s) (e.g. medical contraindication, refusal, etc.)

F. DEVELOPMENT & APPROVAL OF THE STANDARDIZED PROCEDURE

- a. The Infection Prevention Committee, the Infection Prevention Manager and the Medical Director of Infection Prevention will participate in the development and approval of the standardized procedure for the administration of pneumococcal vaccine to inpatients
- b. The review is to be done on a yearly basis to incorporate any updated or new information on pneumococcal vaccines.

REFERENCES:

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https://www.cdc.gov/acip/grade/pneumo-pcv20-age-based.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/acip/recs/grade/pneumo-PCV20-age-based.html

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SUBJECT: ADMINISTRATION OF PNEUMOCOCCAL VACCINE TO INPATIENTS	SECTION: <i>Surveillance, Prevention, Control of Infection (IC)</i>
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CDC: Vaccine Information Statements (VISs). Pneumococcal Conjugate VIS (Interim). Last reviewed May 12, 2023. Accessed November 11, 2024 from: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/pcv.pdf>

SUBJECT: CLASSIFICATION OF SURGICAL WOUNDS	SECTION:
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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To use established guidelines for assistance in the identification of high-risk patients, potential sources of infection and as a component of risk stratification.

POLICY:

Surgical wounds shall be classified according to criteria used by the American College of Surgeons.

AFFECTED AREAS/PERSONNEL: *SURGERY*

PROCEDURE:

Surgical wounds will be classified as follows:

1. ***Class I – Clean Operative Wounds***

An uninfected wound in which no inflammation is encountered and the respiratory, alimentary, genital or uninfected urinary tract is not entered. In addition, clean wounds are primarily closed and, if necessary, drained with closed drainage. Operative incisional wounds that follow non-penetrating (blunt) trauma should be included in this category if they meet the criteria.

2. ***Class II – Clean-Contaminated Wounds***

An operative wound in which the respiratory, alimentary, genital or urinary tracts are entered under controlled conditions and without unusual contamination. Specifically, operations involving the biliary tract, appendix, vagina and oropharynx are included in this category, provided no evidence of infection or major break in technique is encountered.

3. ***Class III – Contaminated Wounds***

Open, fresh accidental wounds. In addition, operations with major breaks in sterile technique (e.g., open cardiac massage) or gross spillage from the gastrointestinal tract, and incisions in which acute, non-purulent inflammation is encountered are included in this category.

4. ***Class IV – Dirty-Infected Wounds***

Old traumatic wounds are retained devitalized tissue and those that involve existing clinical infection or perforated viscera. This definition suggests that the organisms causing postoperative infection were present in the operative field before the operation.

REFERENCES:

- Hermand and Boroni, Wound Classification: Herman TF, Bordoni B. Wound Classification. [Updated 2023 Aug 17]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan. Accessed on 2024 Nov 07. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK554456/>

SUBJECT: CLASSIFICATION OF SURGICAL WOUNDS	SECTION: Page 2 of 2
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SUBJECT: GUIDELINES FOR SINGLE USE DEVICES (DISPOSABLES), REUSE AND REPROCESSING OF PATIENT CARE EQUIPMENT	SECTION: Page 1 of 2
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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To ensure safe, clean, sterile equipment for use in patient care.

POLICY:

1. Single-use (disposable) supplies, equipment and devices are for one-time use in accordance with each manufacturer's instructions for use (MIFU) and shall be disposed of after the one-time use.
2. Reuse of supplies, equipment or devices not intended for multi-use *shall not* be practiced by SVMC.

DEFINITIONS:

1. **OPIM** – Other potentially infectious material.
2. **Reprocessing:** The re-packaging and sterilization of single-use medical devices and supplies for use on other patients.
3. **SCD** – Sequential compression device.

PROCEDURE:

Single-use (disposable) supplies and equipment:

1. Dispose of any sharp object immediately after use by placing it into a labeled sharps container.
2. Dispose of any non-sharp item in a regular trash receptacle (unless contaminated with blood or other potentially infectious materials (OPIM)).
3. Dispose of any non-sharp item contaminated with blood or OPIM in a red/biohazardous bag.

Reuse supplies/equipment not intended for multi-use:

1. This practice is expressly prohibited.

SUBJECT: GUIDELINES FOR SINGLE USE DEVICES (DISPOSABLES), REUSE AND REPROCESSING OF PATIENT CARE EQUIPMENT	SECTION: Page 2 of 2
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Reprocessing supplies/equipment:

1. Identify the item(s) for reprocessing.
2. Locate and review the manufacturer's recommendations for reprocessing (i.e. disposable pulse oximeter, sequential compression device (SCD) and pick-up, if applicable.)
3. Evaluate the feasibility of reprocessing the identified item(s).
4. Identify the current standards of care for possible reprocessing of item(s).
5. Identify the legal responsibilities of SVMC as an FDA-defined 'manufacturer' and the implications of reprocessing to patients.

REFERENCES:

- Disinfection and Sterilization: Guideline for Disinfection and Sterilization in Healthcare Facilities (2008. Updated June 2024) Centers for Disease Control & Prevention (CDC) Accessed October 16, 2024. Print Version:
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CROSS REFERENCES:

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SUBJECT: GUIDELINES FOR WASTE HANDLING – WASTE MANAGEMENT PROGRAM	SECTION: Page 1 of 4
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PURPOSE:

To provide an effective waste management program in accordance with local, state, and federal requirements.

POLICY:

Sierra View Medical Center (SVMC) waste management program describes the procedure for identification, packaging, storage, collection and disposal of all waste generated. State and local regulations will be observed in the handling and disposal of SVMC waste.

PROCEDURE:**A. Definitions and Classifications of Wastes:**

1. **Solid Waste** includes, but is not limited to, empty specimen containers, bandages, dressings containing non-liquid blood, paper towels, trash, and surgical gloves. Solid wastes shall be stored and eliminated in a manner to preclude the transmission of communicable disease.
2. **Medical Waste** is defined by the State of California Department of Health Services, 2017 which meets both of the following requirements:
 - a. The waste is composed of waste which is generated or produces as a result of any of the following actions:
 - Diagnosis, treatment, or immunization of human beings.
 - Research pertaining to the activities specified in the 2017 regulation.
 - The production or testing of biologicals.
 - The accumulation of properly contained home-generated sharps waste that is brought by a patient, a member of the patient's family, or by a person authorized by the enforcement agency.
 - b. The waste is either of the following:
 - Biohazardous waste.
 - Sharps waste.
3. **Biohazardous Waste** requires special disposal treatments such as autoclave, sewer disposal or incineration. Biohazardous waste includes all of the following:
 - a. Laboratory waste includes, but is not limited to, all of the following:
 - Human specimen cultures from medical and pathological laboratories,

SUBJECT: GUIDELINES FOR WASTE HANDLING – WASTE MANAGEMENT PROGRAM	SECTION: Page 2 of 4
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- Cultures and stocks of infectious agents from research and industrial laboratories,
 - Wastes from the production of bacteria, viruses, or the use of spores, discarded live and attenuated vaccines used in human health care or research, discarded animal vaccines, including Brucellosis and Contagious Ecthyma, and culture dishes and devices used to transfer, inoculate, and mix cultures.
- b. Human surgery specimens or tissues removed during surgery or at autopsy which are suspected by the attending physician and surgeon or dentist of being contaminated with infectious agents known to be contagious to humans.
- c. Waste which at the point of transport from the generator's site, at the point of disposal, or thereafter, contains recognizable fluid blood, fluid blood products, containers, or equipment containing blood that is fluid.
- d. Waste containing discarded materials contaminated with excretion, exudates or secretions from humans who are required to be isolated by infection prevention staff, the attending surgeon, or the local health officer to protect others from highly communicable diseases.
4. **Sharps Waste** means any devices having acute rigid corners, edges, or protuberances capable of cutting or piercing, including but not limited to, all of the following:
- a. Hypodermic needles, hypodermic needles with syringes, blades, and needles attached to tubing, syringes contaminated with biohazardous waste, acupuncture needles, and root canal files.
 - b. Broken glass items such as Pasteur pipettes and blood vials contaminated with biohazardous waste.
 - c. Any item capable of cutting or piercing the skin, that is contaminated with trauma scene waste.
- B. Waste Disposal:**
1. Personal Protective Equipment (PPE), including impervious gloves, shall be worn when handling biohazardous waste materials.
 2. Containers filled with blood or body fluids:
 - a. Empty contents of containers designated "safe to empty" (low risk for splash potential) carefully into the sewer system. Then dispose of container in solid waste.
 - b. Containers filled with body fluids that have not been designated "safe to empty" are to be secured to prevent leakage and placed in a red bag labeled "biohazard waste." Place red bag in biohazard container to be picked up by Environmental Services for transport to secured area until waste handler takes for final disposal.

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3. Segregate waste at the point of origin:
 - a. Solid waste (general trash) shall be placed in an appropriately-colored plastic lined trash receptacle. These wastes shall not be a nuisance or a breeding place for insects or rodents nor be a food source for either. Solid waste containers shall be stored and located in a manner that will protect against odors.
 - b. Biohazardous (infectious) waste, as defined above, shall be placed in a red-lined trash receptacle and then taken to the soiled utility room for disposal into a closeable, leak-proof, biohazard labeled container.
 - c. Sharps as defined above, shall be placed in a closeable, leak-proof, rigid, puncture-resistant container which, when sealed, cannot be reopened without great difficulty. Sharps containers shall be closed tightly and replaced when they are ¾ full. Sealed “full” containers are to be placed in the soiled utility room. Sharps containers shall be locked in areas where personnel are not present consistently. Safe handling of sharps:
 - Needles should not be recapped, bent, broken or otherwise manipulated by hand.
 - If a sharps safety device is available, activate the device immediately after needle use.
 - Dispose of sharps in a sharps container immediately after use.
 - Needles should always be secured by hospital personnel. (Never leave needles unattended).
 - Sharps used in the operating suite should be placed in a “safe zone” in the sterile field.
 - Report any sharps injuries to Employee Health Services immediately.
 - d. Glass items- regular trash.
 - e. Chemotherapy wastes are to be stored separately in rigid, leak-proof containers marked with “Chemotherapy” warning label.
 - f. Recognizable human anatomical remains shall be placed in a sealed container and transported to the locked facility in the back of the hospital.
 - g. Pharmaceutical Waste: Refer to pharmaceutical services policy, “Pharmaceutical Waste”

C. Final Disposal:

1. Environmental Services shall conduct rounds at least daily to empty and reline all waste receptacles. Movable bins, when used for transporting solid wastes from the premises, shall meet the following requirements:

SUBJECT: GUIDELINES FOR WASTE HANDLING – WASTE MANAGEMENT PROGRAM	SECTION: Page 4 of 4
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- a. Have tight-fitting covers.
 - b. Be in good repair.
 - c. Be leak-proof.
 - d. Be rodent-proof unless stored in a room or screened enclosure. Waste is stored in locked facility behind the hospital grounds.
 - e. Solid waste containers, including movable bins, shall be thoroughly washed and cleaned each time they are emptied unless soil contact surfaces have been completely protected from contamination by disposable liners.
2. Environmental Services shall remove biohazard waste from utility rooms at least daily.
 3. A licensed hauler removes the solid/biohazardous waste in accordance with all local and state regulations.

REFERENCES:

- California Department of Public Health (2019). Medical Waste Management Program. Page update October 8, 2024. Retrieved on October 16, 2024 from <https://www.cdph.ca.gov/Programs/CEH/DRSEM/Pages/EMB/MedicalWaste/MedicalWaste.aspx>.
- California Health and Safety Code, Sections 117600-118360 (2017). Medical Waste Management Act. Retrieved on October 16, 2024 from <https://www.cdph.ca.gov/Programs/CEH/DRSEM/CDPH%20Document%20Library/EMB/MedicalWaste/MedicalWasteManagementAct.pdf>.

SUBJECT:
**HOSPITAL-APPROVED HANDWASHING,
CLEANING AND DISINFECTANT PRODUCTS**

SECTION:

Page 1 of 4

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To establish Infection Prevention-based standards for the review and approval of potential changes to established cleaning and disinfecting products and routines.

POLICY:

All products, reagents and schedules shall be approved by the Infection Prevention Manager and the Infection Prevention Council.

PROCEDURE:

ANTISEPTIC HAND HYGIENE PRODUCTS

1. Hand washing is considered the single most important procedure for preventing healthcare-associated infections. Handwashing removes transient microbial contamination acquired through microscopic holes in gloves, from contact with infected or colonized patients and other environmental sources.
2. Alcohol-based hand sanitizers are effective products for reducing the number of germs on the hands of healthcare providers (Table 1). Alcohol-based hand sanitizers that contain at least 60% alcohol are the preferred product for performing hand hygiene in most, but not all, clinical situations.
3. All hand hygiene products used at SVMC shall be approved by the Infection Prevention Council.
4. Factors influencing the effectiveness of hand hygiene products include:
 - a. The antibacterial agent and its concentration/strength
 - b. The harshness on skin
 - c. Possible interactions with lotions and gloves
 - d. The ability to be easily dispensed
5. Submission process for proposed product change
 - a. All proposed items will be reviewed for their effectiveness, safety, appropriateness and feasibility of application.
 - b. Any proposed change of products, equipment, techniques, etc., used in cleaning and/or disinfecting shall be submitted to Materials Managements for consideration by the Value Analysis Committee, the Infection Prevention Manager, and the Pharmaceutical & Therapeutic Infection Prevention Committee.
 - c. The department requesting the change in products, etc., shall be informed of the outcome (approval or disapproval) from the above stated vetting process. At this point, a representative from the department requesting the change must be prepared to present the product information to the Infection Prevention Council.

SUBJECT:
**HOSPITAL-APPROVED HANDWASHING,
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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

- d. The final evaluation and approval will be done by the Infection Prevention Council and then codified through the Policy Approval Process.

GENERAL CHEMICAL DISINFECTANT PRODUCTS

There are many factors to consider that influence the effectiveness of disinfectants. For this reason, it is necessary to fully understand disinfection principles and apply this knowledge during the selection process.

1. During the selection process, the level of disinfection based on the Spaulding classification scheme, must be taken into consideration. For instance, does the proposed disinfectant need to function as a high level disinfectant for critical items, etc.?
2. In any disinfection process, the item must first be free of dirt, blood, grime, bodily secretions and other extraneous materials that would inhibit the action of the disinfectant. Therefore, the first step in any disinfection process is the meticulous cleaning of medical instruments.
3. The efficiency of any disinfectant is dependent on product concentration and contact time, both of which are clearly described in the manufacturer’s instruction for use (IFUs).
4. Disinfectants require an optimal environmental pH for effectiveness, which is described in the IFUs, and must be followed. Failure to do so could reduce disinfecting properties of the disinfectant and/or cause harm to the surgical instrument.
5. Most disinfectants function within an optimal temperature range therefore it is essential to take temperature into consideration when selecting a new product.
6. Cleaning and disinfecting agents must be used in accordance with the IFUs to ensure effectiveness.

Table 1 from Guideline for Hand Hygiene in Health-Care Settings

Antimicrobial Spectrum and Characteristics of Hand-Hygiene Antiseptic Agents*

Group	Gram-positive bacteria	Gram-negative bacteria	Mycobacteria	Fungi	Viruses	Speed of action	Comments
Alcohols	+++	+++	+++	+++	+++	Fast	Optimum concentration 60%–95%; no persistent activity
Chlorhexidine (2% and 4% aqueous)	+++	++	+	+	+++	Intermediate	Persistent activity; rare allergic reactions
Iodine compounds	+++	+++	+++	++	+++	Intermediate	Causes skin burns; usually too irritating for hand hygiene
Iodophors	+++	+++	+	++	++	Intermediate	Less irritating than iodine; acceptance varies
Phenol derivatives	+++	+	+	+	+	Intermediate	Activity neutralized by nonionic surfactants
Triclosan	+++	++	+	—	+++	Intermediate	Acceptability on hands varies
Quaternary ammonium compounds	+	++	—	—	+	Slow	Used only in combination with alcohols; ecologic concerns

Note: +++ = excellent; ++ = good, but does not include the entire bacterial spectrum; + = fair; — = no activity or not sufficient.
 * Hexachlorophene is not included because it is no longer an accepted ingredient of hand disinfectants.

NOTE: In the state of California, the use of Triclosan has been banned in some products.

SUBJECT:
**HOSPITAL-APPROVED HANDWASHING,
CLEANING AND DISINFECTANT PRODUCTS**

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SELECTION OF DISINFECTANT PRODUCTS

Although there is no ‘universal’ disinfectant, it is economically infeasible to purchase several products for similar disinfecting tasks. Limiting the numbers of products within an institution provides for better and more consistent use of available disinfectants. The following criteria and/or standards should be considered when evaluating disinfectants:

1. Formulation – especially the active ingredients and the product concentration.
2. Disinfectant activity on specific pathogens – for instance, does the product kill microbes at the expected level of disinfection?
3. The contact time or time of action should be less than 15 minutes.
4. Corrosiveness – at what concentration will the disinfectant cause harm to metallic surfaces?
5. Possible side effects such as skin irritation, staining or discoloration of materials, levels of toxicity and possible allergic reactions.
6. Effects of pH on product effectiveness – is disinfectant activity changes in the presence of an acidic or basic environment?
7. Product incompatibility with conditions such as hard water, or the presence of specific detergents or other chemicals commonly used during cleaning and disinfecting.
8. Considerations should include:
 - a. Purchasing disinfectants and cleaning agents from reputable and well-established companies.
 - b. Disinfectants and cleaning agents shall have an EPA registry number, easily understood Manufacturer’s Instructions for Use (IFU) and a product Safety Data Sheet (SDS) that will be kept on file and consulted as needed.

A LIST OF SOME TYPICAL DISINFECTANTS

1. Omega (quaternary ammonium compound)
2. Bleach (sodium hypochlorite)
3. Sani-Cloth Plus (germicidal disposable wipes)
4. Moni-Chlor Wipes (sodium hypochlorite cloths)

REFERENCES

SUBJECT: HOSPITAL-APPROVED HANDWASHING, CLEANING AND DISINFECTANT PRODUCTS	SECTION: Page 4 of 4
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SUBJECT: LEGIBILITY OF MEDICAL RECORD DOCUMENTATION	SECTION: Page 1 of 2
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POLICY:

- Sierra View Medical Center (SVMC) shall set legibility standards for medical record documentation and monitor compliance with these standards as part of our performance improvement and medical error reduction activities.
- This policy is applicable to all documentation within the medical record.

PROCEDURE:

1. Whenever possible, all consults, histories and physicals, interpretations of diagnostic testing, and post-operative/procedure results shall be dictated.
2. Only abbreviations listed in the organization's list of approved abbreviations will be allowed for use in medical record documentation.
3. Handwritten Medication Orders:
 - a. Should include a brief notation of purpose.
 - b. All prescription orders are to be written in the metric system.
 - c. "Units" should be spelled out.
 - d. The order must include drug name, exact metric weight or concentration and dosage form.
 - e. A leading zero must precede a decimal expression of less than one.
 - f. A terminal zero is not to be used after a decimal.
 - g. Prescribers are to avoid the use of abbreviations for drug names and Latin directions for use.
 - h. The age and weight of the patient (especially geriatric and pediatric patients) should be included where appropriate.
4. If a healthcare professional writes an order that is not legible, the order must be clarified with the healthcare professional prior to implementation.
5. Clarification of orders will be documented on the order sheet as a "clarification", timed and dated and signed by the healthcare professional receiving the clarification.
6. Failure to clarify an illegible order will result in employee counseling.

SUBJECT: LEGIBILITY OF MEDICAL RECORD DOCUMENTATION	SECTION: Page 2 of 2
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7. Legibility will be monitored via concurrent and retrospective medical record review:
 - a. Unresolved legibility issues with physicians and allied healthcare professionals will be forwarded to the appropriate Medical Staff Committee.
 - b. Unresolved legibility issues with other healthcare professionals will be forwarded to their respective department managers and will be included as part of the annual review process.

REFERENCE:

- The Joint Commission (2024). Hospital accreditation standards. RC.01.04.01. Joint Commission Resources. Oak Brook, IL.
- 42 CFR § 482.24 Condition of Participation: Medical Record Services

SUBJECT: SEASONAL INFLUENZA PLAN	SECTION: Page 1 of 5
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PURPOSE:

The purpose of the SVMC Seasonal Influenza Plan is:

1. To implement prevention control measures to address seasonal influenza. The expected results are a reduction of cases with reduced severity of seasonal influenza cases.
2. To describe the processes that will ensure the safety of patients, visitors, volunteers and healthcare personnel in the event of severe seasonal influenza.

INTRODUCTION:

- Influenza (the ‘flu’) is a contagious viral respiratory illness. Influenza virus strains perennially circulate throughout the world. In this geographical region, the influenza season can begin as early as October and continue through late May.
- The influenza virus can cause mild to severe illness, which may sometimes lead to death. The elderly, young children and individuals with specific health conditions such as metabolic diseases or a weakened immune system, etc., are at higher risk for serious complications from influenza. Research shows that the best way to prevent influenza is through yearly vaccination.
- Influenza is a disease that is transmitted by droplets expelled when an infected person coughs, sneezes or speaks. Less often, a person may contract influenza via fomite (surfaces that harbor viral particles) followed by touching their own face, especially the mouth, eyes or nose.
- Most individuals are able to transmit the influenza virus to others one day before symptoms appear and up to and through the 7th day after the appearance of symptoms.

POLICY:

- Sierra View Medical Center (SVMC) will monitor guidance and recommendations from the Centers for Disease Control (CDC), as well as state and local health officials, and may revise this flu season policy as more information becomes available.
- SVMC seeks to minimize the risk of influenza infection in patients, staff, students and visitors.
- The seasonal influenza plan and respiratory isolation precautions shall be implemented in the event of signs/symptoms of influenza.

AFFECTED AREAS/PERSONNEL: *ALL PATIENTS/VISITORS/STAFF*

PROCEDURE:

1. Visual alerts in Spanish and English will be posted in all appropriate entrances to the facility instructing all persons with signs/symptoms of infectious disease, especially respiratory, to:
 - a. Inform reception and healthcare personnel when they first register for care that they may be infectious.

SUBJECT: SEASONAL INFLUENZA PLAN	SECTION:
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- b. Practice respiratory hygiene/cough etiquette: covering mouth and nose when coughing or sneezing, using tissues and disposing of them correctly.
2. The waiting area will be set up to enable patients with respiratory symptoms to sit at least 3 feet away from other patients and visitors; if feasible.
3. Signs promoting respiratory hygiene/cough etiquette will be placed in areas such as patient rooms to serve as reminders to all persons in the facility. The signs will instruct persons to:
 - a. Cover the nose/mouth when coughing or sneezing.
 - b. Use tissues to contain respiratory secretions.
 - c. Dispose of tissues in the nearest waste receptacle after use.
 - d. Patients with respiratory signs/symptoms will be given masks upon entry to the facility with instructions to wear them until evaluated and admitted or discharged.
 - e. Perform hand hygiene after contact with respiratory secretions.
4. Personal protective measures:
 - a. Early self-isolation of those feeling ill, feverish and having other symptoms of influenza (e.g., coughing, sneezing)
 - b. Avoid close contact with sick people
 - c. Avoid touching one's eyes, nose or mouth
5. SVMC will provide appropriate materials in waiting areas for patients and visitors:
 - a. Surgical Masks
 - b. Tissues and waste receptacles for used tissue disposals.
 - c. Conveniently located dispensers of hospital-approved alcohol-based hand sanitizers.
 - d. Soap and disposable towels for hand washing where sinks are available.
 - e. If the condition is respiratory in nature and infectious, family members accompanying the patient will be asked to wear masks.
 - f. Visitors will be limited to those necessary for patient's emotional well-being and care.
 - g. Visitors will be required to wear surgical mask while visiting an infected patient.

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- h. Visitors will be instructed on hand hygiene practices (washing hands with soap and water or using alcohol-based hand sanitizer for at least 20 seconds).

- 6. SVMC staff, volunteers, healthcare personnel and students are required NOT to report to work if they have a fever greater than 100.4° Fahrenheit (38° Celsius), combined with one or more of the following symptoms:
 - Cough
 - Sore throat
 - Runny or stuffy nose
 - Body aches
 - Headache
 - Chills
 - Fatigue
 - Diarrhea
 - Vomiting

- 7. Influenza-related complications may affect people age 65 years and older, people with chronic medical conditions, pregnant women and young children and include:
 - Bacterial pneumonia
 - Otitis media
 - Bronchitis and more

- 8. Prevention of illness:
 - a. SVMC endorses and encourages all healthcare personnel, staff, volunteer, and students to adhere to the guidance of the CDC to minimize the risk of becoming sick with seasonal flu. For instance:
 - Get the influenza vaccination

 - Practice good hand hygiene by washing hands often with soap and water or by using alcohol-based hand sanitizer, especially after coughing or sneezing.

 - Practice good respiratory etiquette by covering the mouth and nose with tissue when coughing or sneezing. If a tissue is not available, the cough or sneeze should be directed into a sleeve, elbow, or shoulder, but **not into hands**. Avoid touching eyes, nose or mouth.

 - Individuals who are sick with influenza-like illnesses (ILI) should stay home.
 - Individuals who declined the Influenza vaccine must wear a mask for the duration of Influenza season

Health Care System and Provider Actions

SUBJECT: SEASONAL INFLUENZA PLAN	SECTION: <div style="text-align: right;">Page 4 of 5</div>
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- Vaccinate health care workers.
- Review plans and prevention strategies for seasonal influenza in the health care setting, including implementation of respiratory hygiene, appropriate management of ill staff, and infection control precautions.
- Coordinate with the CDC to identify likely influenza strains that could affect California during the next influenza season:
 1. CDC guidance can be found at: <http://www.cdc.gov/flu/professionals/index.htm>.
- Monitor any disease outbreaks with patients exhibiting upper-respiratory infections or symptoms of ILI.
- Monitor ILI-activity in hospital emergency departments for statistically significant warnings and threats.
- Conduct laboratory testing to identify and confirm any influenza cases prior to the beginning of influenza season or early influenza activity phase.
- Monitor and report adverse reactions to vaccine by accessing the VAERS website at: <https://vaers.hhs.gov/reportevent.html>

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- Influenza (Flu), Centers for Disease Control and Prevention. <https://www.cdc.gov/flu/index.htm>
 Accessed November 12, 2024. Last reviewed August 26, 2024.
- Influenza (Flu), California Department of Public Health. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Influenza.aspx> Accessed November 11, 2024. Last reviewed October 10, 2024.
- Influenza (Flu) Vaccine (Inactivated or Recombinant): What You Need to Know. <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html> Accessed November 12, 2024. Last reviewed August 6, 2021.
- Grohskopf LA, Ferdinands JM, Blanton LH, Broder KR, Loehr J. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2024–25 Influenza Season. MMWR Recomm Rep 2024;73(No. RR-5):1–25. DOI: <https://www.cdc.gov/mmwr/volumes/73/rr/rr7305a1.htm#:~:text=Grohskopf%20LA%2C%20Ferdinands.10.15585/mmwr.rr7305a1> Influenza (Seasonal) and Influenza (Avian and other zoonotic) 2024. Accessed November 12, 2024 from World Health Organization: <https://www.who.int/en/news-room/fact-sheets/detail/influenza>

SUBJECT: SEASONAL INFLUENZA PLAN	SECTION:
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- Centers for Disease Control and Prevention. Chapter 12: Influenza, in *Epidemiology and Prevention of Vaccine-Preventable Diseases (The Pink Book)*. Hall E., Wodi A.P., Hamborsky J., et al., eds. 14th ed. Washington, D.C. Public Health Foundation, 2021. Updated May 6, 2024. Accessed November 12, 2024 at <https://www.cdc.gov/pinkbook/hcp/table-of-contents/chapter-12-influenza.html>

SUBJECT: URINARY CATHETER DISCONTINUATION PROTOCOL	SECTION: <p align="right">Page 1 of 3</p>
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URINARY CATHETER DISCONTINUATION PROTOCOL

PURPOSE:

To reduce the incidence of catheter-associated urinary tract infections (CAUTI).

PRINCIPLES:

Urinary tract infection is the most common hospital-acquired infection; 80 percent of these infections are attributable to an indwelling urethral catheter.

The duration of catheterization is the most important risk factor for development of infection.

DEFINITION:

Catheter-Associated Urinary Tract Infection: A hospital-acquired infection that can develop in patients who have had an indwelling urinary catheter.

PROTOCOL:

Upon admission, patients will be assessed for symptoms of existing urinary tract infection. Further, patients meeting specific criteria will have their urinary catheter removed by the nurse

Surgical patients will have urinary catheter removed on Post-Operative Day 1, with date of surgery as “zero” unless physician documents otherwise. Surgical patients are the exception, and will require a physician order prior to removal of catheter.

Non-surgical patients with indwelling urinary catheters will be assessed each shift and have catheter removed as soon as patient no longer meets any of the following criteria:

CRITERIA FOR PLACING AN INDWELLING URINARY CATHETER:

- Obstruction of the urinary tract distal to the bladder
- Alteration in BP (blood pressure) or volume status requiring accurate volume measure
- Continuous bladder irrigation for urinary tract hemorrhage/TURP (Transurethral Resection of Prostate).
- Pre-op catheter insertion for patient going to OR (operating room) procedure
- Neurogenic bladder dysfunction, acute urinary retention or bladder outlet obstruction
- Incontinence in patients with open sacral or perineal wounds (Key Point: Incontinence alone in general is not an indication)
- Prolonged immobilization (e.g. unstable thoracic or lumbar spine, pelvic fractures, etc.)
- Improve comfort for end of life care

SUBJECT: URINARY CATHETER DISCONTINUATION PROTOCOL	SECTION: Page 2 of 3
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DISCONTINUATION OF INDWELLING URINARY CATHETER:

Following removal of urinary catheter:

- Document removal of urinary catheter in EMR
- Monitor patient's ability to urinate post-catheter removal within 6 hours.
 - If patient voids within 6 hours ≥ 300 mls, no action is required.
 - If patient voids ≤ 300 mls in 6 hours, use bladder scan, and then contact physician for further orders.

STAFF AUTHORIZED TO PERFORM THE STANDARDIZED PROCEDURE: LVN's, RNs

REQUIREMENTS TO PERFORM STANDARDIZED PROCEDURE:

- A. Education: Licensed Personnel (e.g. LVN, RN, MD)
- B. Training: Meets initial and annual competency for the standardized procedure
- C. Experience: All RNs and LVN's that have completed competency for this standardized procedure.

DEVELOPMENT & APPROVAL of the STANDARDIZED PROCEDURE:

- A. **Method:** Infection Prevention Committee, Infection Prevention Manager, and Medical Director of Infection Prevention.
- B. **Review Schedule:** Yearly

REFERENCES:

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SUBJECT: URINARY CATHETER DISCONTINUATION PROTOCOL	SECTION: Page 3 of 3
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Perry, A., & Potter, P. (2021). Urinary Elimination (Chapter 34) in *Clinical Nursing Skills & Techniques*. 10th ed. St. Louis, MO: Moseby. ISBN-10: 0323708633

SUBJECT: SURGICAL PRIVILEGES/APPROPRIATE ASSISTANTS TO THE SURGEON	SECTION: Page 1 of 7
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PURPOSE:

To provide guidelines to ensure appropriately credentialed physicians are providing surgical/invasive procedures within the Surgical Services Department, and to identify which surgical/invasive procedures need what level of assistant. The first assistant in a surgical operation should be a trained individual who is able to participate in and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide exposure, maintain hemostasis, and serve other technical functions within their scope of practice.

The intent of the Surgical Services General Requirements of Title 22 is accomplished by having the appropriate Medical Staff Department Committee approve the assistance level for the case types specific to that Department. (*See Addendum*) Specific privileges are approved by OB/GYN and the Surgery Committee.

POLICY:

A committee of the medical staff shall be assigned responsibility for:

1. Recommending to the governing body the delineation of surgical privileges for individual staff members of the medical staff. A current list of such privileges shall be kept with this policy.
2. Determining which operative procedures require an assistant surgeon or assistants to the surgeon.

AFFECTED PERSONNEL/AREAS: MAIN OPERATING ROOM (OR) & MATERNAL CHILD HEALTH (MCH) OR / REGISTERED NURSE (RN)/REGISTERED NURSE FIRST ASSIST (RNFA); OR TECHNICIAN; PHYSICIAN ASSISTANTS (PA)

PROCEDURE:**Surgical Privileges**

1. Physician privileges for all credentialed surgeons can be found on the computerized program, E>Priv, which is available for all surgical staff.
2. Refer to the Medical Staff Bylaws for credentialing procedures. Medical staff office personnel update the privileges as needed.
3. Surgeries are scheduled only for those physicians having privileges for the specific procedure. Emergency, life and death situations, with no qualified provider available, preclude physician privileges being enforced.
4. Special privileges are granted on a case-by-case basis for visiting surgeons. Application is made through the Medical Staff Office.

SUBJECT:

**SURGICAL PRIVILEGES/APPROPRIATE
ASSISTANTS TO THE SURGEON**

SECTION:

Page 2 of 7**Printed copies are for reference only. Please refer to the electronic copy for the latest version.****Surgical Assistants**

1. Physicians are preferred assistants for all surgical cases. The non-physician first assistant in a surgical operation will be a trained individual who is able to participate in and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide exposure, maintain hemostasis, and serve other technical functions within their scope of practice.
2. An addendum is provided with this document regarding the necessity of an assistant needed for specific surgeries. (See Addendum.)
3. Information regarding non-physician assistants can be found in the Standardized Nursing Procedure for Registered Nurse First Assistants (RNFA). Registered Nurse First Assistant may perform the following activities under the direction of the primary surgeon:
 - a. Provide retraction, hemostasis and knot tying.
 - b. Handle and sever tissue.
 - c. Drilling, reaming, sawing, screwing and utilizing orthopedic hardware/equipment.
 - d. Provide wound closure and assist the surgeon with completing the case.

REFERENCE:

- The Joint Commission. (2017). Comprehensive Accreditation Manual. (MS.06.01.11). Oakbrook Terrace, IL.
- American College of Surgeons. 2023

CROSS REFERENCES:

- Sierra View Medical Center Medical Staff Bylaws
- Physicians Privileges Manuals

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ADDENDUM
2024 Assistant at Surgery Consensus

General Surgical Procedures	Almost Always	Sometimes	Almost Never
Abscess, Incision and Drainage		X	
Appendectomy	X		
Biopsies:			X
a. Breast			X
b. Liver (open would require RNFA assist)	X		
c. Lymph Node	X		
d. Muscle		X	
e. Scalene Node		X	
Bowel Resection	X		
Cholecystectomy; Operative Cholangiogram	X		
Lap. Cholecystectomy; with or without CBDE	X		
Lap. Cholecystectomy w/Operative Cholangiogram	X		
Colostomy	X		
Enterotomy with Exploration	X		
Empyema drainage; Closed and Open	X		
Fistulectomy		X	
Foreign Body, Removal		X	
Gastrostomy with Exploration		X	
Hematoma, Evacuation of		X	
Hemorrhoidectomy			
Herniorrhaphy, Laparoscopic	X		
Hernia Repair:			
a. Diaphragmatic (Hiatal)	X		
b. Epigastric	X		
c. Femoral	X		
d. Inguinal	X		
e. Incisional	X		
f. Umbilical	X		
g. Ventral	X		
Intra-abdominal Cysts or Tumors, Excision of	X		
Laparotomy	X		
Lesion Removal with Skin Graft		X	
Lymph Node Resection	X		
Mastectomy/Gynecomastia, Excision of	X		
Nissen Procedure (Open or Laparoscopic)	X		
Paracentesis with/without Medication instillation			X
Parathyroidectomy	X		

SUBJECT: SURGICAL PRIVILEGES/APPROPRIATE ASSISTANTS TO THE SURGEON	SECTION: <div style="text-align: right;">Page 4 of 7</div>
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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

General Surgical Procedures	Almost Always	Sometimes	Almost Never
Parathyroidectomy with Mediastinal Exploration	X		
Parotidectomy	X		
Pilonidal Cystectomy			X
Plantar Wart, Excision of			X
Preauricular Cyst, Excision of			X
Radical Resections:			
a. Axillary	X		
b. Cervical	X		
c. Inguinal	X		
d. Retroperitoneal	X		
e. supra-hyoid	X		
Rectal Polypectomy			X
Retroperitoneal Tumors and Cysts, Excision of	X		
Scar Revision			X
Sebaceous Cyst, Extension of			X
Splenectomy	X		
Submucosal Resection			X
Thyroidectomy	X		
Tracheostomy	X		
Tracheostomy Wound, Surgical Closure of			X
Tumor, Excision of Soft Tissue			X
Vein Ligation and Stripping		X	

OB/GYN Surgical Procedures	Almost Always	Sometimes	Almost Never
Anterior and Posterior Repair			X
Abdominal Hysterectomy	X		
Bartholin Cystectomy			X
Bartholin Cyst -- Marsupialization			X
Cervical Cerclage			X
Cesarean Section		X	
Cervical Conization			X
Dilation and Curettage			X
Exp. Laparotomy; Ectopic or Ovarian Cyst		X	
Exam under Anesthesia			X
Fulguration Vaginal, Perianal or Cervical Lesions			X
Hymenotomy			X
Hysteroscopy			X
Laparoscopy – Diagnostic		X	
Laser Ablation of Vaginal/Perineal/Cervical Lesions			X

SUBJECT: SURGICAL PRIVILEGES/APPROPRIATE ASSISTANTS TO THE SURGEON	SECTION: <div style="text-align: right;">Page 5 of 7</div>
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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

OB/GYN Surgical Procedures	Almost Always	Sometimes	Almost Never
Perineoplasty		X	
Removal I.U.D.			X
Suction Curettage			X
Salpingectomy		X	
Tubal Ligation			X
Vaginal Hysterectomy	X		
Vaginal Vulvar Lesions, Excision of			X

Urological Surgical Procedures	Almost Always	Sometimes	Almost Never
Bladder Biopsy with Fulguration			X
Circumcision			X
Cystogram – Retrograde Pyelogram			X
Cystoscopy \ Cystoscopy with resection and/or fulguration of small urethral or bladder tumors/neck			X
Dorsal Slit			X
Hydrocelectomy		X	
Lithotripsy			X
Meatotomy			X
Nephrectomy	X		
Open Prostatectomy	X		
Orchiectomy		X	
Orchiopexy			X
Prostate Needle Biopsy			X
Retrograde Pyelogram			X
Scrotal Exploration		X	
Transurethral Resection Bladder Neck/Tmors/Prostate			X
Ureteral Stone Manipulation			X
Ureterolithotomy			X
Urethral Dilatation			X
Urethropexy			X
Urethrosopy			X
Varicocelectomy			X
Vasectomy			X
Vasovasotomy			X

Orthopedic Surgical Procedures	Almost Always	Sometimes	Almost Never
Amputation	X		
Arthroscopy		X	

SUBJECT: SURGICAL PRIVILEGES/APPROPRIATE ASSISTANTS TO THE SURGEON	SECTION: <div style="text-align: right;">Page 6 of 7</div>
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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Orthopedic Surgical Procedures	Almost Always	Sometimes	Almost Never
Arthrotomy		X	
Bunionectomy			X
Bone Graft		X	
Carpal Tunnel Release			X
Cast Application			X
Closed Reduction of Fractures or Dislocations			X
Debridement, Irrigation, Closure Small Wound			X
Exostosis, Excision of (Toe, Finger)			X
Foreign Body, Removal of			X
Fusion of Joints		X	
Ganglion, Excision of			X
Hammertoe Correction			X
Hand Surgery			X
Hardware Removal			X
Hemi arthroplasty	X		
Irrigation and Debridement's			X
Ligament Reconstruction of Ankle/Knee Shoulder	X		
Manipulation of Joints			X
Neuroma, Excision of (Peripheral)			X
Open Reduction Internal Fixation of Fractures		X	
Osteotomy		X	
Repair Nerves and Tendons		X	
Rotator Cuff Repair	X		
Tendon Sheath, Release			X
Tenotomy (Hand or Foot)			X
Total Joints	X		
Trigger Finger Release			X

ENT Surgical Procedures	Almost Always	Sometimes	Almost Never
Adenoidectomy			X
Arch Bars, Removal or Application of			X
Branchial Cleft Cyst, Excision of			X
Caldwell Luc			X
Closed Reduction (Nose or Zygoma)			X
Closed Reduction Fractured Maxilla or Mandible			X
Facial Fractures		X	
Fracture Inferior Turbinates			X
Frenulectomy			X
Functional Sinus Endoscopy			X
Laryngoscopy – Pan endoscopy			X

SUBJECT: SURGICAL PRIVILEGES/APPROPRIATE ASSISTANTS TO THE SURGEON	SECTION: <div style="text-align: right;">Page 7 of 7</div>
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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

ENT Surgical Procedures	Almost Always	Sometimes	Almost Never
Ligation of Internal Maxillary Anterior Ethmoid Arteries			X
Lymphadenectomy			
a. Excision of Node		X	
b. Radical Resection		X	
Myringotomy			X
Nasal Polypectomy			X
Parotid of Submaxillary Stones, Excision			X
Reduction of Jaw Fracture			X
Rhinoplasty			X
Septal Reconstruction			X
Septoplasty			X
Stapedotomy			X
Thyroidectomy	X		
Thyroglossal Duct Cyst or Sinus, Excision		X	
Tonsillectomy and Adenoidectomy			X
Tracheotomy			X
Turbinectomy			X
Tympanoplasty and Mastoidectomy			X

Vascular Surgical Procedures	Almost Always	Sometimes	Almost Never
Angiograms			X
AV Fistula insitu/graft/revision		X	
Chest Tube Insertion			X
Embolectomy		X	
Pacemaker Insertion			X
Port-a-Cath Insertion			X
Varicose Vein excision			X
Vein Ligation/Stripping			X
RF Vein Ablation			X
RF Vein Ablation w/ ligation and stripping			X

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**MINUTES OF A REGULAR MEETING OF THE
BOARD OF DIRECTORS OF
SIERRA VIEW LOCAL HEALTH CARE DISTRICT**

The monthly **November 26, 2024 at 5:00 P.M.** in the Sierra View Medical Center Board Room, 465 West Putnam Avenue, Porterville, California

Call to Order: Chairman REDDY called the meeting to order at 5:03 p.m.

Directors Present: REDDY, LOMELI, MARTINEZ, PANDYA
Director Absent: KASHYAP

Others Present: Donna Hefner, President/Chief Executive Officer, Melissa Mitchell, VP of Quality and Regulatory Affairs, Craig McDonald, Chief Financial Officer, Jeffery Hudson, VPPCS/CNO/DIO, Terry Villareal, Executive Assistant and Clerk to the Board, Malynnda Parsons, Senior Marketing and Community Relations Specialist, Mark Nanamura, Mutual Advisors LLC, Patrick Nanamura , Alex Reed-Krase, Legal Counsel, Harpreet Sandhu, Chief of Staff

I. Approval of Agenda:

Chairman REDDY motioned to approve the Agenda. The motion was moved by Vice Chairman LOMELI, seconded by, Director PANDYA and carried to approve the agenda. The vote of the Board is as follows:

REDDY	Yes
LOMELI	Yes
MARTINEZ	Yes
PANDYA	Yes
KASHYAP	Absent

II. Closed Session: Board adjourned Open Session and went into Closed Session at 5:04 p.m. to discuss the following items:

A. Pursuant to Evidence Code Section 1156 and 1157.7; Health and Safety Code Section 32106(b): Chief of Staff Report

B. Pursuant to Evidence Code Section 1156 and 1157.7:

1. Evaluation – Quality of Care/Peer Review/Credentials
2. Quality Division Update – Quality Report

C. Pursuant to Gov. Code Section 54956.9(d)(2), Significant Exposure to Litigation; Anticipated Litigation: Conference with Legal Counsel. BETA Claim No. 24-001846

- E. Pursuant to Gov. Code Section 54962; Health and Safety Code Section 32106(b): Discussion Regarding Trade Secrets Pertaining to Service and Strategic Planning (1 Item). Estimated date of Disclosure: January 1, 2026

Closed Session Items D and F were deferred to the conclusion of Open Session as there was not enough time for discussion prior to Open Session’s scheduled start time.

- III. Open Session: Chairman REDDY adjourned Closed Session at 5:35 p.m., reconvening in Open Session at 5:35 p.m.

Pursuant to Gov. Code Section 54957.1; Action(s) taken as a result of discussion(s) in Closed Session.

- A. Chief of Staff Report provided by Chief of Staff Sandhu.
Information Only; No Action Taken.

- B. Pursuant to Evidence Code Section 1156 and 1157.7:

- 1. Evaluation – Quality of Care/Peer Review/Credentials

Following review and discussion, it was moved by Vice Chairman LOMELI, seconded by Director MARTINEZ and carried to approve the Evaluation – Quality of Care/Peer Review/Credentials as presented. The vote of the Board is as follows:

REDDY	Yes
LOMELI	Yes
MARTINEZ	Yes
PANDYA	Yes
KASHYAP	Absent

- 2. Quality Division Update – Quality Report

Following review and discussion, it was moved by Vice Chairman LOMELI, seconded by Director MARTINEZ, and carried to approve the Quality Division Update – Quality Report as presented. The vote of the Board is as follows:

REDDY	Yes
LOMELI	Yes
MARTINEZ	Yes
PANDYA	Yes
KASHYAP	Absent

- C. Discussion Regarding Beta Claim No. 24-001846

Following review and discussion, it was moved by Vice Chairman LOMELI, seconded by Director MARTINEZ and carried to reject Beta Claim No. 24-001846. The vote of the Board is as follows:

REDDY	Yes
LOMELI	Yes
MARTINEZ	Yes
PANDYA	Yes
KASHYAP	Absent

- E. Discussion Regarding Trade Secrets Pertaining to Service and Strategic Planning
Recommended Action: Information Only; No Action Taken

IV. Public Comments

None

V. Consent Agenda

The Medical Staff Policies/Procedures/Protocols/Plans and Hospital Policies/Procedures/Protocols/Plans were presented for approval (Consent Agenda attached to the file copy of these Minutes). It was moved by Vice Chairman LOMELI, seconded by Director PANDYA, and carried to approve the Consent Agenda. The vote of the Board is as follows:

REDDY	Yes
LOMELI	Yes
MARTINEZ	Yes
PANDYA	Yes
KASHYAP	Absent

VI. Approval of Minutes:

- A. Following review and discussion, it was moved by Director MARTINEZ and seconded by Vice Chairman LOMELI to approve the October 22, 2024 Minutes of the Regular Board Meeting as presented. The motion carried and the vote of the Board is as follows:

REDDY	Yes
LOMELI	Yes
MARTINEZ	Yes
PANDYA	Yes
KASHYAP	Absent

VII. Business Items

A. October 2024 Financials

Craig McDonald, CFO presented the Financials for October 2024. A copy of this presentation is attached to the file copy of these minutes.

Following review and discussion, it was moved by Director PANDYA, seconded by Vice Chairman LOMELI and carried to approve the October 2024 Financials as presented. The vote of the Board is as follows:

REDDY	Yes
LOMELI	Yes
MARTINEZ	Yes
PANDYA	Yes
KASHYAP	Absent

Reddy left Board Room at 5:48pm to take a phone call, returned at 5:49pm.

B. Capital Budget Report Quarter 1

Following review and discussion, it was moved by Director PANDYA, seconded by Vice Chairman LOMELI and carried to approve the Capital Budget Report for Quarter 1 as presented. The vote of the Board is as follows:

REDDY	Yes
LOMELI	Yes
MARTINEZ	Yes
PANDYA	Yes
KASHYAP	Absent

C. Investment Report Quarter 1

Following review and discussion, it was moved by Director PANDYA, seconded by Vice Chairman LOMELI and carried to approve the Investment Report for Quarter 1 as presented. The vote of the Board is as follows:

REDDY	Yes
LOMELI	Yes
MARTINEZ	Yes
PANDYA	Yes
KASHYAP	Absent

VIII. CEO Report

Donna Hefner, President/CEO provided a report of activities and happenings around Sierra View.

IX. Announcements:

A. Regular Board of Directors Meeting – December 17, 2024 at 5:00 p.m.

X. Closed Session: Board adjourned Open Session at 6:11 p.m., reconvening in Closed Session at 6:19 p.m. to discuss the following items.

D. Pursuant to Gov. Code Section 54956.9(d)(2), Significant Exposure to Litigation; Anticipated Litigation: Conference with Legal Counsel; Pursuant to Gov. Code Section 54962; Health and Safety Code Section 32106(b): Discussion Regarding Trade Secrets, Pertaining to Service and Strategic Planning (1 Item)

F. Pursuant To Gov. Code Section 54956.9(D)(2), Conference With Legal Counsel About Recent Work Product (B)(1) And (B)(3)(F): Significant Exposure To Litigation; Privileged Communication (1 Item).

XI. Open Session: Chairman REDDY adjourned Closed Session at 6:47 p.m., reconvening in Open Session at 6:47 p.m.

Pursuant to Gov. Code Section 54957.1; Action(s) taken as a result of discussion(s) in Closed Session.

D. Discussion Regarding Trade Secrets Pertaining to Service and Strategic Planning
Information Only: No Action Taken

F. Conference with Legal Counsel
Information Only: No Action Taken

XII. Adjournment

The meeting was adjourned at 6:49 p.m.

Respectfully submitted,

Areli Martinez
Secretary
SVLHCD Board of Directors

AM: tv

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FINANCIAL PACKAGE
November 2024

SIERRA VIEW MEDICAL CENTER

BOARD PACKAGE

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Balance Sheet	3-4
Income Statement	5
Statement of Cash Flows	6
Monthly Cash Receipts	7

Sierra View Medical Center
Financial Statistics Summary Report
November 2024

Statistic	Nov-24				YTD				Fiscal 24 YTD	Increase/ (Decrease) 11/2023	% Change
	Actual	Budget	Over/ (Under)	% Var.	Actual	Budget	Over/ (Under)	% Var.			
Utilization											
SNF Patient Days											
Total	11	56	(45)	-80.4%	127	281	(154)	-54.8%	360	(233)	-64.7%
Medi-Cal	11	56	(45)	-80.4%	127	280	(153)	-54.6%	360	(233)	-64.7%
Sub-Acute Patient Days											
Total	1,028	970	58	6.0%	5,099	4,848	251	5.2%	4,769	330	6.9%
Medi-Cal	483	853	(370)	-43.4%	2,590	4,022	(1,432)	-35.6%	3,958	(1,368)	-34.6%
Acute Patient Days	1,674	1,648	26	1.6%	7,982	8,238	(256)	-3.1%	8,328	(346)	-4.2%
Acute Discharges	418	427	(9)	-2.1%	2,191	2,134	57	2.7%	2,155	36	1.7%
Medicare	155	164	(9)	-5.5%	848	813	35	4.4%	820	28	3.4%
Medi-Cal	198	215	(17)	-7.9%	1,048	1,054	(6)	-0.6%	1,064	(16)	-1.5%
Contract	63	45	18	41.5%	280	248	32	13.0%	251	29	11.6%
Self Pay/Other	2	3	(1)	-33.3%	15	20	(5)	-23.3%	20	(5)	-25.0%
Other	2	3	(1)	-33.3%	15	20	(5)	-23.3%	20	(5)	-25.0%
Average Length of Stay	4.00	3.86	0.14	3.8%	3.64	3.86	(0.22)	-5.6%	3.86	(0.22)	-5.7%
Newborn Patient Days											
Medi-Cal	124	161	(37)	-23.0%	763	797	(34)	-4.2%	922	(159)	-17.2%
Other	41	31	10	32.3%	191	164	27	16.2%	159	32	20.1%
Total	165	192	(27)	-14.1%	954	961	(7)	-0.7%	1,081	(127)	-11.7%
Total Deliveries	92	99	(7)	-7.1%	495	495	-	0.0%	531	(36)	-6.8%
Medi-Cal %	75.00%	83.43%	-8.43%	-10.1%	80.85%	83.43%	-2.59%	-3.1%	84.18%	-3.33%	-4.0%
Case Mix Index											
Medicare	1.6167	1.6368	(0.0201)	-1.2%	1.6135	1.6368	(0.0233)	-1.4%	1.5598	0.0537	3.4%
Medi-Cal	1.0870	1.1975	(0.1105)	-9.2%	1.1634	1.1975	(0.0341)	-2.8%	1.1791	(0.0157)	-1.3%
Overall	1.3187	1.3724	(0.0537)	-3.9%	1.3430	1.3724	(0.0294)	-2.1%	1.3393	0.0037	0.3%
Ancillary Services											
 Inpatient											
Surgery Minutes	7,405	8,224	(819)	-10.0%	38,587	41,120	(2,533)	-6.2%	42,005	(3,418)	-8.1%
Surgery Cases	88	94	(6)	-6.1%	455	469	(14)	-2.9%	475	(20)	-4.2%
Imaging Procedures	1,468	1,404	64	4.5%	7,351	7,021	330	4.7%	6,840	511	7.5%
 Outpatient											
Surgery Minutes	12,570	12,775	(205)	-1.6%	67,418	63,875	3,543	5.5%	65,121	2,297	3.5%
Surgery Cases	174	204	(30)	-14.6%	937	1,019	(82)	-8.0%	1,004	(67)	-6.7%
Endoscopy Procedures	150	192	(42)	-21.7%	891	958	(67)	-6.9%	969	(78)	-8.0%
Imaging Procedures	3,778	3,886	(108)	-2.8%	20,300	19,429	871	4.5%	19,073	1,227	6.4%
MRI Procedures	284	302	(18)	-5.9%	1,501	1,508	(7)	-0.5%	1,490	11	0.7%
CT Procedures	1,265	1,237	28	2.3%	6,228	6,185	43	0.7%	6,384	(156)	-2.4%
Ultrasound Procedures	1,146	1,244	(98)	-7.9%	6,550	6,218	332	5.3%	6,227	323	5.2%
Lab Tests	28,683	32,140	(3,457)	-10.8%	155,959	160,701	(4,742)	-3.0%	158,801	(2,842)	-1.8%
Dialysis	5	6	(1)	-21.1%	15	32	(17)	-52.6%	17	(2)	-11.8%

Sierra View Medical Center
Financial Statistics Summary Report
November 2024

Statistic	Nov-24				YTD				Fiscal 24 YTD	Increase/ (Decrease) 11/2023	% Change
	Actual	Budget	Over/ (Under)	% Var.	Actual	Budget	Over/ (Under)	% Var.			
Cancer Treatment Center											
Chemo Treatments	1,551	1,924	(373)	-19.4%	10,165	9,619	546	5.7%	7,671	2,494	32.5%
Radiation Treatments	2,209	1,836	373	20.3%	10,032	9,179	853	9.3%	9,136	896	9.8%
Cardiac Cath Lab											
Cath Lab IP Procedures	12	11	1	6.7%	57	56	1	1.3%	60	(3)	-5.0%
Cath Lab OP Procedures	30	30	0	0.3%	172	150	22	15.0%	166	6	3.6%
Total Cardiac Cath Lab	42	41	1	2.0%	229	206	23	11.3%	226	3	1.3%
Outpatient Visits											
Emergency	3,275	3,415	(140)	-4.1%	17,015	17,073	(58)	-0.3%	17,136	(121)	-0.7%
Total Outpatient	12,633	13,994	(1,361)	-9.7%	69,487	69,971	(484)	-0.7%	66,408	3,079	4.6%
Staffing											
Paid FTE's	871.33	855.00	16.33	1.9%	872.76	855.00	17.76	2.1%	852.53	20.23	2.4%
Productive FTE's	756.55	734.21	22.34	3.0%	744.20	734.21	9.99	1.4%	734.09	10.11	1.4%
Paid FTE's/AOB	5.29	4.82	0.46	9.6%	5.20	4.92	0.28	5.7%	4.98	0.23	4.5%
Revenue/Costs (w/o Case Mix)											
Revenue/Adj. Patient Day	11,036	10,552	484	4.6%	11,175	10,552	623	5.9%	10,476	700	6.7%
Cost/Adj. Patient Day	2,781	2,619	161	6.2%	2,747	2,636	111	4.2%	2,589	159	6.1%
Revenue/Adj. Discharge	57,738	53,065	4,672	8.8%	53,768	53,065	703	1.3%	52,421	1,347	2.6%
Cost/Adj. Discharge	14,548	13,172	1,376	10.4%	13,218	13,257	(40)	-0.3%	12,953	264	2.0%
Adj. Discharge	945	1,057	(112)	-10.6%	5,335	5,287	48	0.9%	5,238	97	1.8%
Net Op. Gain/(Loss) %	-5.23%	-4.33%	-0.90%	20.7%	-2.96%	-4.33%	1.37%	-31.6%	-5.61%	2.64%	-47.1%
Net Op. Gain/(Loss) \$	(683,309)	(578,474)	(104,835)	18.1%	(2,030,276)	(3,343,778)	1,313,502	-39.3%	(3,604,006)	1,573,730	-43.7%
Gross Days in Accts Rec.	82.90	95.03	(12.13)	-12.8%	82.90	95.03	(12.13)	-12.8%	94.68	(11.78)	-12.4%
Net Days in Accts. Rec.	43.37	57.75	(14.38)	-24.9%	43.37	57.75	(14.38)	-24.9%	58.98	(15.61)	-26.5%

Fiscal Calendar JULJUN

**COMBINED BALANCE SHEET FOR SIERRA VIEW LOCAL HLTHCR DISTR
SIERRA VIEW LOCAL HEALTH CARE DISTRICT**

	NOV 2024	OCT 2024
ASSETS		
CURRENT ASSETS:		
CASH & CASH EQUIVALENTS	\$ 12,494,173	\$ 15,427,835
SHORT-TERM INVESTMENTS	66,902	630,775
ASSETS LIMITED AS TO USE	2,818,039	2,336,009
PATIENT ACCOUNTS RECEIVABLE	155,674,625	160,859,869
LESS UNCOLLECTIBLES	(17,505,315)	(23,019,350)
CONTRACTUAL ALLOWANCES	(119,289,769)	(118,552,812)
OTHER RECEIVABLES	27,588,631	23,907,325
INVENTORIES	4,409,275	4,360,181
PREPAID EXPENSES AND DEPOSITS	3,027,887	3,165,715
LEASE RECEIVABLE - CURRENT	339,208	339,208
	<hr/>	<hr/>
TOTAL CURRENT ASSETS	69,623,656	69,454,755
ASSETS LIMITED AS TO USE, LESS		
CURRENT REQUIREMENTS	31,655,530	31,566,256
LONG-TERM INVESTMENTS	135,029,761	133,999,478
PROPERTY, PLANT AND EQUIPMENT, NET	74,694,438	75,140,852
INTANGIBLE RIGHT OF USE ASSETS	363,334	375,340
SBITA RIGHT OF USE ASSETS	2,120,919	2,219,111
LEASE RECEIVABLE - LT	999,344	1,028,220
OTHER INVESTMENTS	250,000	250,000
PREPAID LOSS ON BONDS	1,405,634	1,426,614
	<hr/>	<hr/>
TOTAL ASSETS	\$ 316,142,615	\$ 315,460,626
	=====	=====

Fiscal Calendar JULJUN

**COMBINED BALANCE SHEET FOR SIERRA VIEW LOCAL HLTHCR DISTR
SIERRA VIEW LOCAL HEALTH CARE DISTRICT**

	NOV 2024	OCT 2024
LIABILITIES AND FUND BALANCE		
CURRENT LIABILITIES:		
BOND INTEREST PAYABLE	\$ 577,938	\$ 462,350
CURRENT MATURITIES OF BONDS PAYABLE	4,235,000	4,235,000
CURRENT MATURITIES OF LONG TERM DEBT	1,720,304	1,804,611
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	5,501,316	5,078,539
ACCRUED PAYROLL AND RELATED COSTS	7,877,089	7,446,283
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	3,464,136	3,494,136
LEASE LIABILITY - CURRENT	141,812	141,812
SBITA LIABILITY - CURRENT	1,011,087	1,043,842
	<hr/>	<hr/>
TOTAL CURRENT LIABILITIES	24,528,682	23,706,573
SELF-INSURANCE RESERVES	2,208,572	2,197,657
BONDS PAYABLE, LESS CURR REQ	33,275,000	33,275,000
BOND PREMIUM LIABILITY - LT	2,442,276	2,494,233
LEASE LIABILITY - LT	244,441	256,173
SBITA LIABILITY - LT	1,295,748	1,365,620
DEFERRED INFLOW - LEASES	1,266,518	1,295,874
	<hr/>	<hr/>
TOTAL LIABILITIES	65,261,236	64,591,129
UNRESTRICTED FUND	248,385,511	248,385,511
PROFIT OR (LOSS)	2,495,868	2,483,986
	<hr/>	<hr/>
TOTAL LIABILITIES AND FUND BALANCE	\$ 316,142,615	\$ 315,460,626
	=====	=====

COMBINED INCOME STATEMENT FOR SIERRA VIEW LOCAL HLTHCR DISTR
 SIERRA VIEW LOCAL HEALTH CARE DISTRICT

NOV 2024 ACTUAL	NOV 2024 BUDGET	DOLLAR VARIANCE	PERCENT VARIANCE		Y-T-D ACTUAL	Y-T-D BUDGET	DOLLAR VARIANCE	PERCENT VARIANCE
***** OPERATING REVENUE *****								
5,407,158	5,253,784	(153,374)	3%	INPATIENT - NURSING	26,268,603	26,268,920	317	0%
18,770,537	17,396,289	(1,374,248)	8%	INPATIENT - ANCILLARY	91,778,812	86,981,451	(4,797,361)	6%
24,177,695	22,650,073	(1,527,622)	7%	TOTAL INPATIENT REVENUE	118,047,415	113,250,371	(4,797,044)	4%
30,381,887	33,463,071	3,081,184	(9)%	OUTPATIENT - ANCILLARY	168,791,063	167,315,358	(1,475,705)	1%
54,559,582	56,113,144	1,553,562	(3)%	TOTAL PATIENT REVENUE	286,838,478	280,565,729	(6,272,749)	2%
DEDUCTIONS FROM REVENUE								
(14,709,846)	(18,243,309)	(3,533,463)	(19)%	MEDICARE	(84,804,875)	(91,216,545)	(6,411,670)	(7)%
(19,935,319)	(18,032,202)	1,903,117	11%	MEDI-CAL	(87,624,507)	(90,161,010)	(2,536,503)	(3)%
(7,329,474)	(6,660,852)	668,622	10%	OTHER/CHARITY	(35,278,569)	(33,304,260)	1,974,309	6%
(5,554,667)	(9,556)	5,545,111	58,028%	DISCOUNTS & ALLOWANCES	(17,692,145)	(47,780)	17,644,365	36,928%
5,491,552	(499,610)	(5,991,162)	(1,199)%	BAD DEBTS	4,262,354	(2,498,050)	(6,760,404)	(271)%
(42,037,754)	(43,445,529)	(1,407,775)	(3)%	TOTAL DEDUCTIONS	(221,137,743)	(217,227,645)	3,910,098	2%
12,521,828	12,667,615	145,787	(1)%	NET SERVICE REVENUE	65,700,735	63,338,084	(2,362,651)	4%
541,939	682,482	140,543	(21)%	OTHER OPERATING REVENUE	2,782,218	3,412,410	630,192	(19)%
13,063,767	13,350,097	286,330	(2)%	TOTAL OPERATING REVENUE	68,482,953	66,750,494	(1,732,459)	3%
***** OPERATING EXPENSE *****								
5,385,597	5,517,469	(131,872)	(2)%	SALARIES	28,158,604	27,710,675	447,929	2%
642,439	672,872	(30,433)	(5)%	S&W PTO	3,001,135	3,377,974	(376,839)	(11)%
1,451,480	1,447,343	4,137	0%	EMPLOYEE BENEFITS	7,236,238	7,315,724	(79,486)	(1)%
1,757,913	1,423,023	334,890	24%	PROFESSIONAL FEES	7,861,477	7,119,000	742,477	10%
779,430	816,151	(36,722)	(5)%	PURCHASED SERVICES	4,096,358	4,181,890	(85,532)	(2)%
1,728,126	2,027,599	(299,473)	(15)%	SUPPLIES & EXPENSES	10,114,627	10,159,098	(44,471)	0%
325,691	276,874	48,817	18%	MAINTENANCE & REPAIRS	1,308,821	1,379,748	(70,927)	(5)%
233,447	277,064	(43,617)	(16)%	UTILITIES	1,571,347	1,385,320	186,027	13%
30,567	19,604	10,963	56%	RENT/LEASE	164,388	98,021	66,367	68%
124,141	121,228	2,913	2%	INSURANCE	604,421	606,140	(1,719)	0%
943,931	1,017,211	(73,280)	(7)%	DEPRECIATION/AMORTIZATION	4,798,706	5,132,445	(333,739)	(7)%
344,314	312,133	32,181	10%	OTHER EXPENSE	1,597,108	1,628,237	(31,129)	(2)%
0	0	0	0%	IMPAIRED COSTS	0	0	0	0%
13,747,076	13,928,571	(181,495)	(1)%	TOTAL OPERATING EXPENSE	70,513,228	70,094,272	418,956	1%
(683,309)	(578,474)	104,835	18%	NET GAIN/(LOSS) FROM OPERATIONS	(2,030,276)	(3,343,778)	(1,313,502)	(39)%
138,253	138,253	0	0%	DISTRICT TAXES	691,265	691,265	0	0%
361,319	343,455	(17,864)	5%	INVESTMENTS INCOME	1,933,944	1,717,272	(216,672)	13%
52,005	54,010	(2,005)	(4)%	OTHER NON OPERATING INCOME	255,091	270,052	(14,961)	(6)%
(75,414)	(80,574)	(5,160)	(6)%	INTEREST EXPENSE	(384,159)	(402,867)	(18,709)	(5)%
(22,440)	(36,953)	(14,513)	(39)%	NON-OPERATING EXPENSE	(195,358)	(184,765)	(10,593)	6%
453,723	418,191	(35,532)	9%	TOTAL NON-OPERATING INCOME	2,300,784	2,090,957	(209,827)	10%
(229,586)	(160,283)	69,303	43%	GAIN/(LOSS) BEFORE NET INCR/(DECR) FV INVSMT	270,509	(1,252,821)	(1,523,330)	(122)%
241,468	100,000	(141,468)	142%	NET INCR/(DECR) IN THE FAIR VALUE OF INVSTMT	2,225,360	500,000	(1,725,360)	345%
11,882	(60,283)	(72,165)	(120)%	NET GAIN/(LOSS)	2,495,868	(752,821)	(3,248,689)	(432)%

SIERRA VIEW MEDICAL CENTER
Statement of Cash Flows
11/30/24

	CURRENT MONTH	YEAR TO DATE
Cash flows from operating activities:		
Operating Income/(Loss)	(683,309)	(2,030,276)
Adjustments to reconcile operating income/(loss) to net cash from operating activities		
Depreciation and amortization	943,931	4,798,706
Provision for bad debts	(5,514,035)	(6,040,960)
Change in assets and liabilities:		
Patient accounts receivable, net	5,922,202	10,976,414
Other receivables	(3,681,306)	(9,338,448)
Inventories	(49,094)	(118,623)
Prepaid expenses and deposits	137,828	(706,483)
Advance refunding of bonds payable, net	20,980	104,898
Accounts payable and accrued expenses	422,777	(822,276)
Deferred inflows - leases	(29,356)	42,602
Accrued payroll and related costs	430,806	(682,730)
Estimated third-party payor settlements	(30,000)	(192,809)
Self-insurance reserves	10,915	19,572
Total adjustments	(1,414,352)	(1,960,137)
Net cash provided by (used in) operating activities	(2,097,661)	(3,990,413)
Cash flows from noncapital financing activities:		
District tax revenues	138,253	691,265
Noncapital grants and contributions, net of other expenses	19,437	2,698
Net cash provided by (used in) noncapital financing activities	157,690	693,963
Cash flows from capital and related financing activities:		
Purchase of capital assets	(485,511)	(1,618,611)
Proceeds from lease receivable, net	28,876	(45,661)
Principal payments on debt borrowings	-	(4,055,000)
Interest payments	(1,655)	(792,670)
Net change in notes payable and lease liability	(100,474)	(502,649)
Net changes in assets limited as to use	(571,304)	1,960,574
Net cash provided by (used in) capital and related financing activities	(1,130,068)	(5,054,017)
Cash flows from investing activities:		
Net (purchase) or sale of investments	(788,815)	(4,069,040)
Investment income	361,319	1,933,944
Net cash provided by (used in) investing activities	(427,496)	(2,135,096)
Net increase (decrease) in cash and cash equivalents:	(3,497,535)	(10,485,563)
Cash and cash equivalents at beginning of month/year	16,058,610	23,046,638
Cash and cash equivalents at end of month	12,561,075	12,561,075

SIERRA VIEW MEDICAL CENTER

MONTHLY CASH RECEIPTS

November 2024

	PATIENT ACCOUNTS RECEIVABLE	OTHER ACTIVITY	TOTAL DEPOSITED
Dec-23	9,261,593	1,749,227	11,010,820
Jan-24	12,040,509	3,417,973	15,458,481
Feb-24	10,531,309	1,474,392	12,005,701
Mar-24	11,275,398	3,178,205	14,453,603
Apr-24	13,314,378	6,920,700	20,235,078
May-24	11,564,879	10,488,610	22,053,489
Jun-24	10,598,225	7,664,994	18,263,219
Jul-24	13,499,837	278,849	13,778,686
Aug-24	10,684,807	298,095	10,982,902
Sep-24	12,800,001	1,611,606	14,411,607
Oct-24	14,933,404	1,420,062	16,353,466
Nov-24	11,872,571	1,402,779	13,275,350

NOTE:

Cash receipts in "Other Activity" include the following:

- Other Operating Revenues - Receipts for Café, rebates, refunds, and miscellaneous funding sources
- Non-Operating Revenues - rental income, property tax revenues
- Medi-Cal OP Supplemental and DSH Funds
- Medi-Cal and Medi-Care Tentative Cost Settlements
- Grants, IGT, HQAF, & QIP Supplemental Funds
- Medicare interim payments

November 2024 Summary of Other Activity:

907,726	M-Cal HQAF8 Direct Grant CY24
107,558	M-Cal IP DSH FY21 Audit Redistribution Pymt
<u>387,495</u>	Miscellaneous
<u><u>1,402,779</u></u>	11/24 Total Other Activity

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November 26, 2024

The Retirement Plan Administration Committee (RPAC) of the Sierra View Local Health Care District has been delegated administration and fiduciary responsibility for the Sierra View Local Health Care District Money Purchase Plan, the Sierra View Local Health Care District Employer 457(b) Deferred Compensation Plan, and the Sierra View Local Health Care District Management 401(a) Plan (Plans). Below is a summary of the 2024 RPAC activities conducted on behalf of the Board of Directors.

At each meeting, Multnomah Group reviews the Plans' investments. This review includes an analysis of the funds offered using a proprietary evaluation scorecard. That review is then shared with the RPAC, and the RPAC discusses funds that have evaluation flags to determine whether they should remain as offerings in the Plan. In 2024, no funds were removed for cause.

Quarterly, the RPAC:

- I. Review prior meeting minutes.
- II. Review the Plans' investments against the Investment Policy Statement.
 - No investments were removed during this period.
- III. Review the cash flow of the Forfeiture Account and the Allocation of Revenue Credit Account balances.
- IV. Receive fiduciary education from Multnomah Group.
- V. Review the reporting of the Plans' assets to ensure accurate reporting.
 - From the Year ending September 30, 2024, the total combined plan assets increased by **19.6%** from \$104,213,369 to \$124,647,271
 - For this period, combined Plan contributions increased by **11.6%** from \$6,773,083 to \$7,557,347

At the Q1 2024 meeting, the RPAC:

- I. Reviewed Empower's 2023 Service Performance Guarantees, noting that all service metrics were met with satisfactory scores.
- II. Reviewed new retirement plan legislation, SECURE Act 2.0, discussing the plan-related law changes and their effective dates.
- III. Reviewed Missing Participant location efforts; 16 of the 21 participants have been located.

- IV. Received Empower 2024 Strategic Partnership Plan. Highlights include:
- Personalized automated messaging to participants that is tailored to each participant.
 - An enhanced participant website experience that includes recordings of educational webinars.

At the Q2 2024 meeting, the RPAC:

- I. Reviewed Multnomah Group's "12/31/2023 Fee Benchmarking Report." Currently, each unique participant is charged \$33.75 per plan, which equates to \$63.05 per unique participant. Multnomah Group has projected that competitive bids for like services would range between \$48 - \$75. The Committee discussed plan services and considered the fees reasonable at their current levels.

At the Q3 2024 meeting, the RPAC:

- I. Continued discussion of the SECURE Act 2.0, discussing the plan-related law changes and their effective dates.
- II. Began a discussion about starting a 403(b) Plan to provide a supplemental savings vehicle for staff and to provide a Plan to allow for the employer contribution shortfall for high earners created by the IRS limitation on the definition of compensation used to calculate the employer contributions.
- III. Received the Working Group's Annual Administration and Participant Communication Review. Topics reviewed include, but are not limited to:
- ✓ Required notices and disclosures
 - ✓ Required Fidelity Bond and recommended fiduciary insurance
 - ✓ Distribution of required notices and disclosures
 - ✓ Administrative access to Plans data
 - ✓ Non-discrimination testing results
 - ✓ Small Sum Force Out
 - ✓ Missing Participant report
 - ✓ Empower's SOC 1
 - ✓ Legally required plan document amendments
 - ✓ Recordkeeper administrative efficiencies
 - ✓ Review of participant education and advice strategy
- IV. Received the Working Group's participant education update, reviewing the 2024 participant engagement activities and explaining the planned targeted communication program for 2025.

At the Q4 2024 meeting, the RPAC:



- I. With Board approval, began the creation and implementation of a supplemental 403(b) Plan.
- II. After reviewing the Plan Expense Account & Forfeiture Account Activity as of September 30, 2024, the Committee approved the return to participants on a pro-rata basis the sums of:
 - \$28,204 from the 401(a) MPP Plan,
 - \$29,336 from the 457(b) Plan,
 - \$815 from the 401(a) Management. Plan.
- III. Received Multnomah Group's 2024 Regulatory Update, discussing developments with the IRS, Department of Labor, Congress, and the Courts.
- IV. Discussed the SECURE Act provisions for 2024 and 2025 and the Principal's ability to administer the provisions. The Committee elected several minor enhancements to distribution rights for 2025 and beyond.

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**SIERRA VIEW LOCAL HEALTH CARE DISTRICT
BOARD OF DIRECTORS RESOLUTION NO: 12-17-2024/01
RESOLUTION RATIFYING SALE AGREEMENT FOR THE SALE OF REAL PROPERTY
LOCATED AT 633, 643 AND 663 NORTH WESTWOOD AVENUE IN PORTERVILLE**

WHEREAS, Sierra View Local Health Care District (“Sierra View”) has determined that the ownership of real property located at 633, 643 and 663 North Westwood Avenue, Porterville, Tulare County, California (“Westwood Property”), no longer meets the needs of the District; and

WHEREAS, by motion of the Board for Sierra View on September 26, 2023, Sierra View authorized and appointed a negotiator to find a suitable buyer for the Subject Property; and

WHEREAS, by motion of the Board for Sierra View on August 27, 2024, Sierra View accepted the highest and best offer received, which was from the current tenant Burton School District for the purchase of the Westwood Property; and

WHEREAS, the material terms of the motion approved on August 27, 2024 were memorialized into a written sale agreement that has been executed by the CEO for Sierra View and the Superintendent for Burton School District, a copy of which is attached hereto; and

IT IS THEREFORE RESOLVED, that the Board for Sierra View hereby finds, determines and orders as follows:

1. Adopts the foregoing recitals as true and correct;
2. The Board ratifies the Purchase Agreement pursuant to this Resolution;
3. The CEO for Sierra View, or her designee, is authorized and directed to execute escrow instructions and any/all supplementary agreements necessary to carry out the provisions of this Resolution and the terms of the Purchase Agreement, including any adjustments to total purchase price, escrow fees and costs deemed necessary by the CEO, or her designee, to finalize the sale.



4. This Resolution shall take effect immediately upon its adoption.

PASSED AND ADOPTED, by the Board of Directors of Sierra View Local Health Care District of Tulare County, State of California at a regular meeting of the Board on December 17, 2024.

The vote of the Board is as follows: (Official Seal)

Yes: ____

No: ____

Absent: ____

By: _____
Chairman

Attest: _____
Secretary



**SIERRA VIEW LOCAL HEALTH CARE DISTRICT
BOARD OF DIRECTORS RESOLUTION NO: 12-17-2024/02
APPOINTING TREASURER FOR THE BOARD OF
SIERRA VIEW LOCAL HEALTH CARE DISTRICT**

WHEREAS, The Board’s Bylaws at 5.5 and 7.4 require the Board of Directors appoint a Treasurer for the Board and to do so by passing a resolution when appointing a new Treasurer to ensure there is a record of compliance with all Federal, State and Local laws and regulations.

WHEREAS, The Board has determined that the individual best suited to be Board Treasure is the Chief Financial Officer, Craig McDonald;

IT IS THEREFORE RESOLVED, that the Board hereby appoints Chief Financial Officer, Craig McDonald as Treasurer for the Board of Directors of Sierra View Local Health Care District.

IT IS RESOLVED FURTHER: that the Board delegates to the Chief Financial Officer (“CFO”) for Sierra View Local Health Care District all powers and authority necessary to ensure that the Board, and thereby Sierra View Local Health Care District, is in compliance with all Local, State and Federal laws and regulations that apply to a Board Treasurer’s duty to manage public funds, including but not limited to all powers necessary to conduct those duties outlined in Cal. Health & Safety Code § 32127.

PASSED AND ADOPTED, by the Board of Directors of Sierra View Local Health Care District of Tulare County, State of California at a regular meeting of the Board on October 22, 2024.

The vote of the Board is as follows:

(Official Seal)

Yes: ____

No: ____

Absent: ____

By: _____
Chairman

Attest: _____
Secretary