

**OAK VALLEY HOSPITAL DISTRICT
MARCH 24, 2010**

**GOVERNING BODY MEETING
OPEN SESSION**

Board

Bob Wikoff, Chair
Jim Teter, Vice President
Belinda Abell, Secretary/Treasurer
Dr. Edward Chock
Stacey Morgan-Foster
Dr. Belski
Richard Vaughan
Wendell Chun

Staff

John Friel, CEO
Wayne Mills, CFO
Susan Spoelma, CNE
Cheryl Koff

Guests

Tom Peterson
Paul Westberg
Susan Mendieta
Bob Gooch
Dennis Durr
Vivian Thompson
Craig Macho, The
Oakdale Leader
David Rodrigues
Dan Cummins

Absent

Dr. Cash
Don Wiley

MEETING CALLED TO ORDER

The Governing Body Open meeting was called to order by Director Wikoff.

INVOCATION

The invocation was a moment of silence.

PUBLIC COMMENT

There was no public comment at this time.

CONSENT CALENDAR

Director Abell asked, under CNE report, how do we know what nurse vacancies we will have available in June? Susan Spoelma stated some of the Global Care nurses will be leaving and we have some vacancies that we have not filled from staff leaving.

Director Abell made the motion to approve the consent calendar. Director Vaughan made the second.

AYES: Abell, Chock, Morgan-Foster, Teter, Wikoff
Belski, Chun, Vaughan

NOES:

ABSENT: Cash, Wiley

ABSTAINED:

MOTION CARRIED

BOARD INFORMATION ITEMS

John Friel introduced Mr. Tom Peterson, Director of Business Development for the ALPHA Fund. Tom did a presentation on Senate Bill 726 which would allow District and Rural Hospitals to employ physicians.

Mr. Peterson provided a power point presentation reviewing the issues on Californians unable to afford healthcare, licensed physicians in California, people impacted, implications and solutions to treating patients who are on Medical or uninsured.

APPROVAL OF MINUTES

February 24, 2010 minutes

Director Morgan-Foster made the motion to approve the minutes of the February 24, 2010 meeting. Director Chock made the second.

AYES: Abell, Chock, Morgan-Foster, Teter, Wikoff
Belski, Chun, Vaughan

NOES:

ABSENT: Cash, Wiley

ABSTAINED:

MOTION CARRIED

FINANCE COMMITTEE REPORT

Approval of February 2010 Financial Report

Wayne Mills gave the financial report for February 2010. He stated that patient admissions showed improvement from previous months with 3% below budget however the average length of stay continued to lag.

Gross patient revenue was \$13,771,000 which was 11% below budget and inpatient fell below budget \$952,000 while outpatient lagged budget \$714,000. Personnel expenses were 1.2% below budget. Wayne reported that we had a \$140,000 loss for the month.

The Accounts Receivable days are at 62.3 days.

It is the recommendation of the Finance Committee to approve the February 2010 financial report.

Director Vaughan made the motion to accept the recommendation of the Finance Committee and approve the Finance Report for February 2010. Director Chun made the second.

AYES: Abell, Chock, Morgan-Foster, Teter, Wikoff
Belski, Chun, Vaughan
NOES:
ABSENT: Cash, Wiley
ABSTAINED:

MOTION CARRIED

Charity Care Cases

Wayne Mills reported that there were two patients with four charity care cases for a total of \$53,838.11.

It is the recommendation of the Finance Committee to approve the Charity Care cases.

Director Abell made the motion to accept the recommendation of the Finance Committee and approve the Charity Care cases in the amount of \$53,838.11. Director Vaughan made the second.

AYES: Abell, Chock, Morgan-Foster, Teter, Wikoff
Belski, Chun, Vaughan
NOES:
ABSENT: Cash, Wiley
ABSTAINED:

MOTION CARRIED

BUILDING COMMITTEE MEETING

Update from March 16th Building Committee Meeting

John Friel explained that the new hospital is being wrapped with a special plastic so fire proofing can be applied to the steel. OHSPD requires we wrap the building so that the

temperature does not fall below 40% while they install the fire proofing and begin installing sheet rock.

All the concrete has been poured on the first and second floor as well as the roof. Each level requires a different type of concrete so they had to be done in separate phases.

We are nearing the half way point with the project and we are scheduled to open the new facility in fall of 2011 if we stay on schedule.

Declare 3303 Stanislaus Street, Riverbank, California as surplus property

John Friel explained that this property was the site of the old Riverbank clinic. We have had on offers on it so we were going to declare the property as surplus. However, there is some interest in the property so we would request that this item be put on hold until we have more information and to see if we get an offer on the building.

Director Teter made the motion to table this action item of declaring 3303 Stanislaus Street, Riverbank, California as surplus property. Director Morgan ó Foster made the second.

- AYES: Abell, Chock, Morgan-Foster, Teter, Wikoff
Belski, Chun, Vaughan
- NOES:
- ABSENT: Cash, Wiley
- ABSTAINED:

MOTION CARRIED

MEDICAL STAFF REPORT

Dr. Belski gave the Medical Staff report. She stated that all the policies presented have been through the appropriate committees and have been approved by the Medical Executive Committee and it is their recommendation to approve them.

2. Coroner's Case

Forms

1. Form 0377 ó Anesthesia Notes/Consent/Evaluation
2. Form 0628 ó OR Surgical and Procedural Safety Checklist

Clinical Manual Policies

Administrative Manual Policies

1. Code Blue ó Designated Rescue team

1. Blood sugar testing ó fingerstick
2. Care Categories Admission Criteria
3. Chest tube insertion procedure
4. Clinical alarms
5. Patient Private duty nurse or companion
6. Post Mortem Care

7. Sponge, Sharps, Instrument Counts

Emergency Manual Policies

1. Head injury protocol

Infection Control Manual Policies

1. 2009/2010 Seasonal influenza preparedness
2. Aerosol transmissible disease exposure control plan
3. Respiratory protection program

OVCC Manual Policies

1. Behavior management
2. Elopement risk assessment and security monitoring system
3. Nursing communication to dietary regarding nutritional problems of residents.

OVCC Manual ó Request for Retirement

1. Artificial eye care
2. Bladder instillation
3. Bowel elimination
4. Bowel Management for prevention of fecal impaction
5. Care of resident with pacemaker
6. Interdisciplinary documentation
7. Laboratory specimen collection sputum
8. Responsibilities for nursing services at mealtime

Surgery Services Manual Policies

1. Acquisition of blood products
2. Admission criteria for outpatient surgery
3. Admission to surgery
4. Anesthesia gas and nitrogen storage
5. Attire in the operating room

6. Bloodless surgery
7. Cardiopulmonary resuscitation in the operating room
8. Clinical Competencies Inventory
9. Closed gowning and gloving technique
10. Comparison of sterilization consent coverage
11. Cost containment checklist
12. Documentation required for a surgical cases
13. Draping for a surgical procedure (new)
14. Electrical equipment safety
15. Electrosurgical cautery unit safety
16. Fire safety ó internal disaster
17. Housekeeping procedures
18. Incident reporting in the surgical services department
19. Intraoperative documentation of operative and invasive procedures
20. Knee arthroscopy equipment set-up and operation
21. Laser surgery ó practice and surgery
22. Legal evidence ó chain of custody
23. Line isolation monitor system
24. Maintenance and repair of patient care equipment
25. Monthly radiation exposure monitoring (Dosimeter)
26. On call staffing ó surgical services
27. Organization structure of surgical services
28. Orientation to the OR and PACU for registered nurses and licensed vocational nurses
29. Patient Positioning
30. Patient safety in the operating room
31. Physician responsibility for obtaining sterilization consent
32. Pre operative tests
33. Pre operative patient assessment for emergency procedures

34. Preparing OR Room, supplies and equipment for surgical procedure
 35. Required surgical services life support equipment.
 36. Revision of surgical services care plan
 37. Safety in the Oxygen Rich Environment
 38. Scheduling emergency cases after hours
 39. Scheduling surgery and GI lab procedures
 40. Scope of responsibility ó Chairperson of Surgical and Anesthesia committee
 41. Selection of barrier material for surgery procedures
 42. Skin prep and hair removal
 43. Solution warming protocol
 44. Specimen Management for Surgical and invasive procedures
 45. Standard & Transmission based precautions in the perioperative practice setting.
 46. Standard of perioperative nursing practice (new)
 47. Sterile Field Medication Management
 48. Sterilization consents
 49. Surgical charges
 50. Surgical clippers (handling and cleaning)
 51. Surgical complication reporting
 52. Surgical gowning and gloving technique, assisted
 53. Surgical hand scrub
 54. Surgical logbook
 55. Surgical services care plan
 56. Surgical services emergency preparedness plan
 57. Surgical services emergency preparedness plan coordination
 58. Surgical services emergency preparedness procedure
 59. Surgical services emergency preparedness staff assignments
 60. Surgical services nursing philosophy and goals
 61. Surgical wound classifications
 62. Transporting and transferring of surgical patients
 63. Types of operative and invasive procedures performed
 64. Unintended intraoperative anesthesia awareness
 65. Uses of immobilization devices
 66. Use of tourniquet
 67. Vision/focus statement
 68. Visitor control, surgical services
- Surgical Services Manual ó Recommend Retirement
1. Admission procedure to the operating room.
 2. Anesthesia coverage
 3. Assessment of surgical patients
 4. Assessment prior to induction of anesthesia
 5. Care of immunosuppressed patients
 6. Child safety
 7. Collection of health status data of nursing diagnosis
 8. Committee representation by surgical services staff
 9. Definition of biohazardous waste
 10. Disposal of anatomical remains
 11. Education profiles
 12. Evaluation of surgical services care plan
 13. Focus statement of surgical services department
 14. Formulation of nursing diagnosis derived from health status data
 15. Frozen section protocol
 16. Implementation of surgical services care plan
 17. Lower extremity draping

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| 18. Malignant hyperthermia cart | 28. Radical mastectomy draping |
| 19. Management of patient with malignant hyperthermia | 29. Refusal of blood/blood component transfusion |
| 20. New employee orientation ó surgical services | 30. Sharps precautions in the operating room. |
| 21. Nursing diagnosis | 31. Standards of practice ó surgery |
| 22. Pathology specimens | 32. Surgical preparedness |
| 23. Perioperative Nursing practice | 33. Surgical services safety |
| 24. Perioperative nursing standards and process | 34. Transporting patients |
| 25. Placement of drapes for lower extremity amputation | 35. Vaginal surgery draping |
| 26. Placement of upper extremity drapes | |
| 27. Preparing surgical services case supplies | |

Director Abell made the motion to accept the recommendation of the Medical Executive Committee and approve the policies and procedures as presented. Director Teter made the second.

AYES: Abell, Chock, Morgan-Foster, Teter, Wikoff
Belski, Chun, Vaughan
NOES:
ABSENT: Cash, Wiley
ABSTAINED:

MOTION CARRIED

Director Chun inquired as to why we have so many policies each month. Susan Spoelma explained the process for the policies and stated that these policies are posted on the intranet as well as hard copies in each department.

Approval of Surgical Services Manual

Director Vaughan made the motion to approve the Surgical Services Manual as presented. Director Teter made the second.

AYES: Abell, Chock, Morgan-Foster, Teter, Wikoff
Belski, Chun, Vaughan
NOES:
ABSENT: Cash, Wiley
ABSTAINED:

MOTION CARRIED

CHAIRMAN’S REPORT

Director Wikoff explained that at the February 24, 2010 Governing Body meeting during Public Comment, Nancy Podolsky addressed the Board with several concerns.

Director Wikoff stated that we appreciate Ms. Podolsky’s concerns regarding the “Brown Act” protocols.

We want the public to know that the Governing Body of Oak Valley Hospital adheres to the “Ralph M. Brown Act” and in fact our By Laws in section 6.1 specifically states (and I quote) “all meetings, whether regular or special, shall be called and held as provided in the Ralph M. Brown Act. (Section 54950, etc section of the California Government Code).

Ms. Podolsky’s comments guided us to review our agenda format and we have made appropriate modifications to better reflect the Board’s process.

We thank Ms. Podolsky for her interest.

CEO REPORT

Appointment of Patient Safety Officer

John Friel explained that we must take Board action to change the Patient Safety Officer from Cindy Tumbarello to Joann Saporito. The Board received a copy of the Patient Safety Officer Appointment in their Board packets.

Director Vaughan made the motion to approve changing the Patient Safety Officer from Cindy Tumbarello to Joann Saporito. Director Chock made the second.

AYES: Abell, Chock, Morgan-Foster, Teter, Wikoff
Belski, Chun, Vaughan

NOES:

ABSENT: Cash, Wiley

ABSTAINED:

MOTION CARRIED

Amendment to Resolution 1998 Rules and Regulations for the Administration of Employer-Employee Relations at Oak Valley Hospital District.

John Friel suggested that that this be tabled at this time since modifications have been suggested to this resolution. Also, the National Emergency Medical Services Association (NEMSA) which is the Union for the Ambulance personnel asked for time to review it.

Director Chun made the motion to table the action item of Resolution 2010-02. Director Teter made the second.

AYES: Abell, Chock, Morgan-Foster, Teter, Wikoff
Belski, Chun, Vaughan

NOES:

ABSENT: Cash, Wiley

ABSTAINED:

MOTION CARRIED

National Doctors Day

National Doctors Day will be Tuesday March 30th and we are holding a luncheon for the Doctors of Oak Valley Hospital at 12:30 p.m. in the Royal Oak Room and all Board members are invited to attend.

Healthcare reform

John Friel distributed information on Healthcare Reform and the impact on small rural hospitals.

CORRESPONDENCE

There was no correspondence at this time.

ADJOURNED TO CLOSED SESSION

There being no further business, the meeting was adjourned to closed session.

ANNOUNCEMENT OF CLOSED SESSION

Director Wikoff announced:

The minutes of the January 27, 2010 meeting were tabled for approval until the April meeting.

The minutes of February 24, 2010 meeting were approved.

The Medical Staff report was approved.

The Quality Improvement Report was approved.

The Personnel Issue, letter from Cindy Tumbarello, was referred back to the Ad Hoc Committee of the Board.

Conference with legal counsel ó since this was not an action item the Board took action to change this to an information item.

Oak Valley Hospital District
Governing Body Meeting ó Open Session
March 24, 2010

The Personnel item, CEO Compensation Package, was to be an information item and the Board took action to change this from an action item to an information item.

Melissa Tozzi, Recording Secretary

APPROVED: _____
Belinda Abell, Secretary/Treasurer

DATE: _____