



PAJARO VALLEY HEALTH CARE DISTRICT HOSPITAL CORPORATION
BOARD OF DIRECTORS
REGULAR MEETING AGENDA

Virtual/Teleconference

ZOOM LINK <https://zoom.us/j/93443061917>

TELEPHONE +1 669 900 9128 WEBINAR ID: 934 4306 1917

November 30, 2022
5:00 p.m.

Pursuant to PVHCDHC Resolutions adopted monthly, Assembly Bill 361, and guidance from the Santa Cruz County Health Department in response to concerns regarding COVID-19, Board Members of PVHCDHC are permitted to participate in this duly noticed public meeting via teleconference and certain requirements of The Brown Act are suspended.

TRANSLATION SERVICES/SERVICIOS DE TRADUCCIÓN

Spanish language translation is available on an as needed basis. Please make advance arrangements at least three business days before the meeting at by calling at 831.763.6040 or by emailing at info@pvhcdhospital.org or info@pvhcd.org

Las sesiones de la Mesa Directiva pueden ser traducidas del inglés al español y del español al inglés. Por favor llame por lo menos tres días hábiles antes de la junta al 831.763.6040 o envíe un correo electrónico a info@pvhcdhospital.org o info@pvhcd.org para solicitar interpretación.

ACCOMMODATIONS FOR PERSONS WITH DISABILITIES

The Pajaro Valley Health Care District Hospital Corporation does not discriminate on the basis of disability, and no person shall, by reason of a disability, be denied the benefits of its services, programs, or activities. If you are a person with a disability and wish to participate in the meeting and require special assistance in order to participate, please call 831.763.6040 or email info@pvhcdhospital.org or info@pvhcd.org at least three business days in advance of the meeting to make arrangements. Persons with disabilities may request a copy of the agenda in an alternative format.

For Public Participation Guidelines, see last page(s) of the agenda.

1. CALL TO ORDER/ROLL CALL

2. PUBLIC COMMENTS REGARDING THE CLOSED SESSION AGENDA WILL ONLY BE ACCEPTED BY THE BOARD AT THIS TIME.

3. CLOSED SESSION

The Board will recess to Closed Session to discuss the matters that follow:

- a) Report Involving Trade Secret, Code 32106
Discussion will concern: Trade Secret, Strategic Planning, Proposed New Program/Service.
Date of Public Disclosure: Est. November 2022
(Executive Sponsor: Vranjes, COO)

- b) Hearings/Reports, Code 1461, 32155
 - 1. Report of Patient Safety and Quality Committee
 - 2. Report of Medical Staff Credentials Committee
 - 3. Report of Medical Staff Interdisciplinary Practice Committee
 - 4. Quality Dashboard – *staff report*
(Executive Sponsor: Dr. Angel, COS)

5:30 p.m. (Estimated Time)

5. REPORT OUT OF CLOSED SESSION

6. CONSIDERATION OF LATE ADDITIONS TO THE AGENDA

7. PUBLIC COMMENT

This time is set aside for members of the general public to address the Board on any item not on the Board Agenda (not to exceed two minutes), which is within the subject matter jurisdiction of the Board. No action or discussion shall be taken on any item presented except that any Board Member may respond to statements made or questions asked or may ask questions for clarification. All matters of an administrative nature will be referred to staff. All matters relating to Board will be noted in the minutes and may be scheduled for discussion at a future meeting or referred to staff for clarification and report.

8. RECOGNITION TO OUTGOING DIRECTOR NÁJERA

9. COMMENTS FROM BOARD MEMBERS

10. REPORT FROM CHIEF EXECUTIVE OFFICER SALYER

11. INFORMATIONAL ITEMS (No Action Required) (if any)

12. CONSENT AGENDA

Consent items include routine business that does not call for discussion. One roll call vote is taken for all items. Only a Board Member may pull items from Consent to Regular agenda. Members of the public must request that a Board Member pull an item from the Consent Agenda prior to the start of the meeting.

ACTION ON CONSENT AGENDA

- a) Board questions to staff
 - b) Public Comment
 - c) Motion to approve Consent Agenda
 - d) Action by Board/Roll Call Vote
-

- A. RESOLUTION MAKING FINDINGS AND ORDERING THE USE OF TELECONFERENCE MEETINGS OF THE BOARD OF DIRECTORS DUE TO COVID-19, PURSUANT TO THE REQUIREMENTS OF ASSEMBLY BILL 361: AND DIRECT STAFF TO RETURN WITHIN 30 DAYS WITH A NEW RESOLUTION ADDRESSING THE NEED TO CONTINUE HOLDING TELECONFERENCE MEETINGS CONSISTENT WITH THE REQUIREMENTS OF ASSEMBLY BILL 361**
- B. MOTION APPROVING MINUTES OF OCTOBER 20, 2022**
- C. MOTION APPROVING IMAGING EQUIPMENT SERVICE COVERAGE AGREEMENT WITH 626 IN THE AMOUNT OF \$292,700 PER YEAR**
- D. MOTION APPROVING RENTAL AGREEMENT FOR DAVINCI Xi ROBOT**
- E. MOTION APPROVING POLICIES – POLICY SUMMARY, NOVEMBER 2022**

13. REGULAR AGENDA

- A. REPORT ON BEHALF OF MEDICAL COMMITTEES ON THE FOLLOWING REPORTS**
 - 1) Oral Report
 - 2) Board questions to staff
 - 3) Public Comment
 - 4) Motion approving Interdisciplinary Practice Credentials Report of November 2022
 - 5) Motion approving Credentials Report of November 2022
- B. CONSIDERATION OF STRATEGIC PLANNING FACILITATOR**
 - 1) Oral Report by CEO Salyer
 - 2) Board questions to staff
 - 3) Public Comment
 - 4) Motion approving moving forward with engagement of selected Strategic Planning Facilitator

14. ADJOURNMENT

Agenda documents are available for review in person at Watsonville Community Hospital, 75 Nielson Street, Hospital Main Lobby-Visitors Desk; and electronically on the Pajaro Valley Healthcare District's website, at: PVHCD.org

To view online, visit the Board's website at: PVHCD.org. Select the meeting date to view the agenda and supporting documents.

This agenda was posted in accordance with the California Brown Act. Any materials related to an item on this Agenda submitted to the Board after distribution of the agenda packet will be made available to the public in accordance with Government Section 54957.5.

RELATED CORRESPONDENCE -

Written comments on agenda items may also be submitted to the Board by email or US Mail

Email: info@pvhcdhospital.org or info@pvhcd.org

- Emailed documents may take up to 24 hours to be posted
- Please include the agenda item number

U.S. Mail:

PVHCD Board of Directors
85 Nielson Street
Watsonville, CA 95076

Comments received after 4 p.m. the day of the meeting and before the end of the meeting will be included with the minutes record.

For additional information, call 831.763.6040 or email info@pvhcdhospital.org or info@pvhcd.org

Public Participation Guidelines

PUBLIC COMMENT

Participating in Person:

The meeting space is open with limited capacity. Face coverings are highly recommended in the meeting space, regardless of vaccination status. To address the Board, please line up at the podium when the Board Chair calls for general public comment or calls for public comment on the regular agenda item to which you would like to speak. Please state your name clearly for the record before making your comment and limit your remarks to the allotted time.

Participating by Phone:

To address the Board, dial the telephone number provided and you will be prompted to enter the meeting ID number. After that, you will be able to listen to the meeting and speak during public comment as announced by the Chair. The Clerk will call on people by the last four digits of their phone number.

The following commands can be entered via DTMF tones using your phone's dial pad while in a Zoom meeting:

- *6 - Toggle mute/unmute

- *9 - Raise hand

Participating online via Zoom:

You may download the Zoom client or connect to the meeting in-browser. If using your browser, make sure you are using a current, up-to-date browser: Chrome 30+, Firefox 27+, Microsoft Edge 12+, Safari 7+. Certain functionality may be disabled in older browsers including Internet Explorer.

You will be asked to enter an email address and name. **Please identify yourself by any name you choose (you are not required to state your real name to participate)** as this appears online and is how we notify you when it is your turn to speak.

When the Board Chair calls for the item on which you wish to speak, click on "raise hand." The Clerk will activate and unmute speakers in turn. Speakers will be notified shortly before they are called to speak.

When called, please limit your remarks to the time allotted.



Board Memo

Executive Sponsor: Steven Salyer, CEO

Agenda Item: AB 361 Resolution Authorizing Teleconference Meetings

Meeting Date: November 30, 2022

Recommended Actions:

Resolution authorizing making findings and ordering the use of teleconference meetings of the Board of Directors due to COVID-19, pursuant to the requirements of Assembly Bill 361; and Direct Staff to return within 30 days with a new resolution addressing the need to continue holding teleconference meetings consistent with the requirements of Assembly Bill 361.

Executive Summary

As a result of the continuing impacts of the COVID-19 pandemic, many local agencies have been holding teleconference meetings under the modified rules authorized under Assembly Bill 361. This item asks the Board to adopt a resolution ordering the use of teleconference meetings under the modified rules. This will allow Hospital Board members to appear at meetings remotely if they choose to do so.

Background

On March 4, 2020, Governor Newsom issued a Proclamation of State of Emergency in response to the COVID-19 pandemic pursuant to Government Code section 8550 et seq., which remains in effect.

Assembly Bill 361 ("AB 361") allows legislative bodies to hold teleconference meetings during declared emergencies as long as they follow designated rules, and the legislative body routinely reviews the need to continue holding such teleconference meetings.

On September 30, 2021, Santa Cruz County Public Health Officer Dr. Gail Newel issued a strong recommendation that legislative bodies in Santa

Cruz County continue to engage in physical/social distancing by meeting via teleconference as allowed by AB 361 and confirmed that she will regularly review and reconsider this recommendation and notify the public when it is no longer recommended. Dr. Newel's recommendation remains in effect.

Analysis

Many local legislative bodies have recognized that COVID-19 presents a continuing threat to the Santa Cruz County community and that there is an important governmental interest in protecting the health, safety, and welfare of those who participate in public meetings. Requiring all members of legislative bodies to appear in-person at meetings presents greater risk to the health and safety of meeting participants, including reduced social distancing among people of different communities, increased exposure for those who are immunocompromised or unvaccinated, and challenges associated with fully ascertaining and ensuring compliance with vaccination, face coverings, and other safety measures at such public meetings.

Pursuant to AB 361, a legislative body can hold teleconference meetings under the modified AB 361 teleconferencing rules if a state of emergency remains active, or local officials have recommended measures to promote social distancing, as long as the legislative body reconsiders the circumstances of the state of emergency and determines either that the state of emergency continues to directly impact the ability of the members to meet safely in person or that local officials continue to recommend measures to promote social distancing.

The Governor's emergency proclamation has not been lifted and Dr. Newel's social distancing recommendation remains in effect. The dangers presented by returning to non-emergency meeting protocols remain. Staff recommends that the Board adopt the draft resolution accompanying this item, which contains the findings necessary to hold teleconference meetings under the modified Brown Act rules.

Financial Impact

There is no financial impact associated with this item.

Attachment(s)

1. Resolution AB361

**BEFORE THE BOARD OF DIRECTORS
OF THE PAJARO VALLEY HEALTH CARE DISTRICT HOSPITAL CORPORATION**

RESOLUTION NO. _____

On the motion of Director
Duly seconded by Director
The following resolution is adopted.

**RESOLUTION AUTHORIZING TELECONFERENCE MEETINGS UNDER ASSEMBLY
BILL 361 AS A RESULT OF THE CONTINUING COVID-19 PANDEMIC STATE OF
EMERGENCY AND HEALTH OFFICER RECOMMENDATION FOR SOCIAL
DISTANCING**

WHEREAS, on March 4, 2020, Governor Newsom issued a Proclamation of State of Emergency in response to the COVID-19 pandemic pursuant to California Government Code section 8550 et seq., which remains in effect; and

WHEREAS, on March 17, 2020, Governor Newsom issued Executive Order N-29-20 that suspended the teleconferencing rules set forth in the California Open Meeting law, known as the Ralph M. Brown Act, and codified in California Government Code section 54950 et seq., provided that certain requirements were met and followed; and

WHEREAS, on June 11, 2021, Governor Newsom issued Executive Order N-08-21 which further extended the suspension of the teleconferencing rules set forth in the Brown Act and clarified that the provisions issued in N-29-20 would remain in effect through September 30, 2021; and

WHEREAS, on September 16, 2021, Governor Newsom signed Assembly Bill 361 ("AB 361"), which amended Government Code section 54953 to permit legislative bodies subject to the Brown Act to continue to meet under modified teleconferencing rules provided that they comply with specific requirements set forth in the statute; and

WHEREAS, pursuant to AB 361, a legislative body may hold an initial teleconference meeting under the modified teleconferencing rules during a proclaimed state of emergency where local officials have imposed or recommended measures to promote social distancing; and

WHEREAS, on September 30, 2021, Santa Cruz County Public Health Officer Dr. Gail Newel strongly recommended that legislative bodies in Santa Cruz County continue to engage in physical/social distancing by meeting via teleconference as allowed by AB 361 and confirmed that she will regularly review and reconsider this recommendation and notify the public when it is no longer recommended; and

WHEREAS, after its initial AB 361 teleconference meeting, a legislative body can continue to hold such teleconference meetings if a state of emergency remains active, or local officials have recommended measures to promote social distancing, if the legislative body has reconsidered the circumstances of the state of emergency and determined either that the state of emergency continues to directly impact the ability of the members to meet safely in person or that local officials continue to recommend measures to promote social distancing; and

WHEREAS, the findings set forth in the paragraph immediately above must be made within 30 days of the date the legislative body first held a teleconferenced meeting pursuant to AB 361, and every 30 days thereafter, for as long as the legislative body wishes to hold such teleconference meetings; and

WHEREAS, the Hospital has an important governmental interest in protecting the health, safety, and welfare of those who participate in meetings of the Hospital Board of Directors; and

WHEREAS, this Board finds that there is a continuing threat of COVID-19 to the community and finds that requiring all Board members to appear in-person at meetings presents greater risk to the health and safety of meeting participants stemming from reduced social distancing among people of different communities, increased exposure for those who are immunocompromised or unvaccinated, and challenges associated with fully ascertaining and ensuring compliance with vaccination, face coverings, and other safety measures at such public meetings; and

WHEREAS, this Board meets in-person in a facility where other functions take place, such that increasing the number of people present may impair the safety of participants and members of the public; and

WHEREAS, as required by AB 361, this Board has considered the circumstances of the current state of emergency and finds that the COVID-19 pandemic continues to directly impact the ability of Board members to meet safely in person and further finds that the Santa Cruz County Public Health Officer continues to recommend measures to promote social distancing; and

WHEREAS, in the interest of public health and safety, due to the emergency caused by the spread of COVID-19 the Board of Directors deems it necessary to utilize the modified teleconferencing rules set forth in AB 361.

NOW, THEREFORE, THE BOARD OF DIRECTORS OF THE PAJARO VALLEY HEALTH CARE DISTRICT HOSPITAL CORPORATION HEREBY RESOLVES AND ORDERS AS FOLLOWS:

Section 1. The foregoing recitals are adopted as findings of the Board of Directors as set forth within the body of this Resolution.

Section 2. Effective immediately, for the next 30 days the Board of Directors will meet using the modified teleconference rules authorized under AB 361 and Government Code section 54953(e)(3).

Section 3. Staff is directed to return no later than thirty (30) days after the adoption of this Resolution with an item requesting the Board to reconsider the circumstances of the COVID-19 state of emergency and, if necessary, consider adoption of a subsequent Resolution to continue using the modified teleconference rules for meetings in accordance with Government Code section 54953(e)(3).

Section 4. Staff is authorized and directed to take all such other necessary or appropriate actions to implement the intent and purposes of this Resolution.

PASSED AND ADOPTED by the Board of Directors of the Pajaro Valley Health Care District Hospital Corporation this _____ day of _____, 2022, by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

Chair, Board of Directors

ATTEST:

Clerk of the Board

APPROVED AS TO FORM:

PVHCDHC Counsel



**PAJARO VALLEY HEALTH CARE DISTRICT HOSPITAL CORPORATION
BOARD OF DIRECTORS
REGULAR MEETING MINUTES**

October 20, 2022

5:00 p.m.

Meeting was held in hybrid format

Hybrid - Kathleen King Room & Virtual/Teleconference

85 Nielson Street, Watsonville CA

ZOOM LINK <https://zoom.us/j/93443061917>

1. CALL TO ORDER/ROLL CALL

Directors Gabriel-Cox, Nájera, Nuñez, Pimentel, and Chair Friel were present.

2. CONSIDERATION OF LATE ADDITIONS TO THE AGENDA (None)

3. PUBLIC COMMENT

Fred Castillo said that the Board should only meet in closed session when discussing doctor credentials but everything else should be in open session. He also said that when the Hospital needed to make cuts for economic reasons it should do so without affecting the quality and service.

Chair Friel explained that the Board follows State law whenever they meet in closed session.

Dr. Joe Gallagher said he wanted to know the new Board meeting dates.

LuAnn Martin, Watsonville Community Hospital Nurse, said she was concerned with the old equipment inherited from the former Hospital administration, especially, the alarm system that keeps malfunctioning in the pediatric unit. She urged the Board to prioritize fixing such equipment since she was aware of discussions about possibly placing a psychiatric unit on the same floor as the pediatric unit. She asked that the Board let the public know how they would address the historical problems left by the previous Hospital owners.

4. REPORT FROM CHIEF EXECUTIVE OFFICER SALYER

CEO Salyer gave a report regarding activities happening in the hospital.

5. COMMENTS FROM BOARD MEMBERS (None)

6. INFORMATIONAL ITEMS (No Action Required) (None)

7. CONSENT AGENDA ACTION ON CONSENT AGENDA

- a) Board questions to staff Director Pimentel asked that the minutes be corrected to reflect that the person who spoke during public comment was not Roseann Farris but Louise Pearse
 - b) Public Comment (None)
 - c) **MOTION:** Director Pimentel made a motion to approve the Consent Agenda, seconded by Director Gabriel-Cox, and carried by the following vote:
 - d) **Action by Board/Roll Call Vote**
 - AYES: Directors: Gabriel-Cox, Nájera, Nuñez, Pimentel, Friel
 - NOES: Directors: None
 - ABSENT: Directors: None
-

A. MOTION APPROVING MINUTES OF SEPTEMBER 29 AND OCTOBER 6, 2022

B. MOTION APPROVING DELEGATION OF AUTHORITY POLICY

C. MOTION APPROVING CASH FORECAST AS PRESENTED ON OCTOBER 6, 2022

D. MOTION RATIFYING WAIVER OF POTENTIAL CONFLICT OF INTEREST RELATED TO THE PROJECT PAYMENT OF PILLSBURY PHILLIPS

**E. RESOLUTION NO. 14-2022 HC
RESOLUTION MAKING FINDINGS AND ORDERING THE USE OF
TELECONFERENCE MEETINGS OF THE BOARD OF DIRECTORS DUE TO
COVID-19, PURSUANT TO THE REQUIREMENTS OF ASSEMBLY BILL 361: AND
DIRECT STAFF TO RETURN WITHIN 30 DAYS WITH A NEW RESOLUTION
ADDRESSING THE NEED TO CONTINUE HOLDING TELECONFERENCE
MEETINGS CONSISTENT WITH THE REQUIREMENTS OF ASSEMBLY BILL 361**

8. REGULAR AGENDA

**A. REQUEST TO THE PAJARO VALLEY HEALTHCARE DISTRICT PROJECT TO
BECOME FOUNDATION ARM OF THE PAJARO VALLEY HEALTH CARE
DISTRICT HOSPITAL CORPORATION**

- 1) Oral Report by June Ponce, Director of Marketing, Growth and Outreach
- 2) Board questions to staff

Director Pimentel asked if there were any timelines to get the process done.

3) Public Comment

Roseann Farris asked if the Board had discussed bonds regarding financing for the hospital and Kaiser contracts.

4) **MOTION:** Director Pimentel made a motion to approve the letter requesting Project to become foundation arm of the Pajaro Valley Health Care District Hospital Corporation and authorizing Directors Friel and Najera to transmit such letter to the Project Board. The motion was seconded by Director Nuñez and carried by the following vote:

5) **Action by Board/Roll Call Vote**

AYES: Directors: Gabriel-Cox, Nájera, Nuñez, Pimentel, Friel
NOES: Directors: None
ABSENT: Directors: None

B. REPORT ON BEHALF OF MEDICAL COMMITTEES ON THE FOLLOWING REPORTS

- 1) Oral Report Matko Vranjes, Assistant Administrator
- 2) Board questions to staff
- 3) Public Comment
- 4) Motion approving Interdisciplinary Practice Credentials Report
- 5) Motion approving Credentials Report of October 2022

MOTION: Director Gabriel-Cox made a motion to approve the Interdisciplinary Practice Credentials Report and Credentials Report of October 2022. The motion was seconded by Director Nuñez and carried by the following vote:

AYES: Directors: Gabriel-Cox, Nájera, Nuñez, Pimentel, Friel
NOES: Directors: None
ABSENT: Directors: None

9. ADJOURNMENT

The meeting was adjourned at 6:00 p.m.

Approved: _____

John Friel, Chair

Attest: _____

Beatriz Vázquez Flores, Clerk of the Board



Board Memo – Imaging Service Agreement

Agenda Item: Consider Recommendation to Board of Directors for Approval of Imaging Service Agreement with 626

Executive Sponsor: Matko Vranjes, COO

Date: November 30, 2022

Summary

Imaging equipment service agreement summary included in the attached table: Imaging Service Agreement Summary

Background/Situation/Rationale

Facility is currently operating without a service agreement for the imaging equipment. The risk of continuing with time and materials services is significant, the maturity of the equipment increasing the likelihood of costly repairs and downtime.

The service agreement proposals include Full-Service Coverage for vital equipment within the facility, ensuring that downtime is minimized, allowing for the best possible service for our patient population.

Timeline/Process to date: Immediately upon execution.

Financial Impact: 24,392/month

| Key Contract Terms | |
|--------------------------------|--|
| 1. Proposed effective date | December 1, 2022 |
| 2. Term of agreement | 36 months |
| 3. Renewal terms | Auto renew |
| 4. Termination provision(s) | 60-day notice after initial 12 months |
| 5. Payment terms | Net 30 |
| 6. Annual cost | 292,700.00 (potential annual CPI increase) |
| 7. Cost over life of agreement | 878,100.00 |
| 8. Budgeted (indicate Yes/No) | No – Previous service agreement ended 8-31-22 (was not assumed by buyer) |
| | |

Attachments:

- Attachment 1. Imaging Service Agreement Summary
- Attachment 2. Service Agreement Exhibit

Approved: XYZA 00, 20 xx

WCH Imaging Equipment Service Agreement Vendor Proposals

| Remi Rev | Philips | Medygate | EnBio | CRI 626 |
|--|---|---|--|--|
| <p>*Corrective repair includes parts, travel, labor, and shipping *Labor 24/7 365 *Same day response times 4-6 hrs</p> | <p>*uptime 98% *4 hours onsite response time * Parts delivery MRI-next day by 10:30 am Ct -earliest next day AM</p> | <p>*4 hours within normal working hours *Phone response time during normal working hours is 2 hours *uptime guarantee 97%</p> | <p>*Mon-Fri 8am-5pm coverage *After-hours Services 1 1/2 times hourly rate *4.5% Annual increase *Previous Service Provider, challenged with response times due to lack of local technicians</p> | <p>*PM performed for CT and MRI 5pm to 9pm *4 hour response times. *30 minute phone response from field engineer. *Remote system monitoring, and connectivity. *Discounted labor/travel rate of \$260/hr for any T&M</p> |
| \$ 447,429.00 | \$ 469,867.00 | \$ 327,920.00 | \$ 290,640.00 | \$ 292,700.00 |

626 Watsonville Service Coverage Options Pricing.
Exhibit A 11-10-22

| Modality | Room | Manufacturer | Model | Serial Number | Coverage Options | Annual Amount |
|------------------|-----------|--------------|------------------------|---------------|--|---------------|
| CT | CT | PHILIPS | INGENUITY 128 | 71217118 | Full Service Coverage: Monday – Friday 8am to 7pm. Includes: Labor, Travel, Parts, PM's, X-ray Tubes, Priority Parts Delivery, Phone Response 30 min, On Site 4 Hours system hard down. Uptime 98% | \$82,000.00 |
| Injector CT | CT | Bayer | Stellant D | 201728 | PM ONLY Coverage: Monday – Friday 8am to 5pm. Includes: 1 PM per year per manufacturer specification **For any T&M service discounted rate of \$260/Hr. | \$800.00 |
| MRI | MRI | PHILIPS | INTERA 1.5T | 18569 | Full Service Coverage: Monday – Friday 8am to 7pm. Includes: Labor, Travel, Parts, PM's, Coils, Coldheads, Compressor, Cryogenics, Priority Parts Delivery, Phone Response 30 min, On Site 4 Hours system hard down. Uptime 98% | \$68,000.00 |
| Injector MRI | MRI | Bayer | Spectrum Solaris | 40949 | PM ONLY Coverage: Monday – Friday 8am to 5pm. Includes: 1 PM per year per manufacturer specification **For any T&M service discounted rate of \$260/Hr. | \$800.00 |
| RF- CR | Room 1 | PHILIPS | EASY DIAGNOST ELEVA | 35088 | Full Service Coverage: Monday – Friday 8am to 5pm. Includes: Labor, Travel, Parts, PM's, X-ray Tubes, I's, Priority Parts Delivery, Phone Response 30 min, On Site 8 Hours system hard down. Uptime 96% | \$10,500.00 |
| RF- CR | Room 4 | PHILIPS | CLINIX R/F | 27305 | Full Service Coverage: Monday – Friday 8am to 5pm. Includes: Labor, Travel, Parts, PM's, X-ray Tubes, I's, Priority Parts Delivery, Phone Response 30 min, On Site 8 Hours system hard down. Uptime 96% | \$10,500.00 |
| Digital Detector | Room 4 | Carestream | DR | 1334E+11 | Full Service Coverage: Monday – Friday 8am to 5pm. Includes: Labor, Travel, Parts, Charger, Priority Parts Delivery, Phone Response 30 min, On Site 8 Hours system hard down, Uptime 96%, Detector Drop (Deductible \$5.5K for each occurrence) Excludes Batteries | \$5,000.00 |
| RAD -CR | Room 3 | PHILIPS | CLINIX VPE | A11061 | Full Service Coverage: Monday – Friday 8am to 5pm. Includes: Labor, Travel, Parts, PM's, X-ray Tubes, Priority Parts Delivery, Phone Response 30 min, On Site 8 Hours system hard down. Uptime 96% | \$4,800.00 |
| Digital Detector | Room 3 | Vieworks | Vivix DR | VEDBAD061 | Full Service Coverage: Monday – Friday 8am to 5pm. Includes: Labor, Travel, Parts, Charger, Priority Parts Delivery, Phone Response 30 min, On Site 8 Hours system hard down, Uptime 96%, Detector Drop (Deductible \$5.5K for each occurrence) Excludes Batteries | \$5,000.00 |
| US | US Room 1 | GE | LOGIQ E9 | 255637US6 | Full Service Coverage: Monday – Friday 8am to 5pm. Includes: Labor, Travel, Parts, PM's, Probe Coverage, Priority Parts Delivery, Phone Response 30 min, On Site 8 Hours system hard down. Uptime 96% Excludes: Probe Replacement due to damage or abuse | \$5,500.00 |
| US | US Room 2 | GE | LOGIQ E9 | 275979SU3 | Full Service Coverage: Monday – Friday 8am to 5pm. Includes: Labor, Travel, Parts, PM's, Probe Coverage, Priority Parts Delivery, Phone Response 30 min, On Site 8 Hours system hard down. Uptime 96% Excludes: Probe Replacement due to damage or abuse | \$5,500.00 |
| US | US Room 3 | GE | Voluson | D23643 | Full Service Coverage: Monday – Friday 8am to 5pm. Includes: Labor, Travel, Parts, PM's, Probe Coverage, Priority Parts Delivery, Phone Response 30 min, On Site 8 Hours system hard down. Uptime 96% Excludes: Probe Replacement due to damage or abuse | \$5,500.00 |

626 Watsonville Service Coverage Options Pricing.
Exhibit A 11-10-22

| | | | | | | |
|----|---------|---------|---------------|-----------|--|------------|
| US | US | Hitachi | Nobulus Aloka | TBD | <p><i>Full Service Coverage: Monday – Friday 8am to 5pm. Includes: Labor, Travel, Parts, PM's, Probe Coverage, Priority Parts Delivery, Phone Response 30 min, On Site 8 Hours system hard down. Uptime 96%</i></p> <p><i>Excludes: Probe Replacement due to damage or abuse</i></p> | \$3,500.00 |
| US | US Echo | GE | S70 | 185459WX5 | <p><i>Full Service Coverage: Monday – Friday 8am to 5pm. Includes: Labor, Travel, Parts, PM's, Probe Coverage, Priority Parts Delivery, Phone Response 30 min, On Site 8 Hours system hard down. Uptime 96%</i></p> <p><i>Excludes: Probe Replacement due to damage or abuse</i></p> | \$,500.00 |

626 Watsonville Service Coverage Options Pricing.
Exhibit A 11-10-22

| | | | | | | |
|---------------------|-----------------|------------|-------------------------|------------|---|------------|
| US-PROBE | US TEE PROBE | GE | 6Tc RS | 035PXY | <p>Full Service Coverage: Monday – Friday 8am to 5pm. Includes: Loaner, Parts, PM's, Electrical Testing, Leakage Testing, Priority Delivery, Phone Response 30 min, Depot Repair. Uptime 96%</p> <p>Excludes: Probe Replacement due to damage or bites</p> | \$6,000.00 |
| US | US Echo | PHILIPS | HD 15 | US01220322 | <p>Full Service Coverage: Monday– Friday 8am to 5pm. Includes: Labor, Travel, Parts, PM's, Probe Coverage, Priority Parts Delivery, Phone Response 30 min, On Site 8 Hours system hard down. Uptime 96%</p> <p>Excludes: Probe Replacement due to damage or abuse</p> | \$4,500.00 |
| US-PROBE | US TEE PROBE | PHILIPS | S7-2 ONMI TEE | 035PXY | <p>Full Service Coverage: Monday– Friday 8am to 5pm. Includes: Loaner, Parts, PM's, Electrical Testing, Leakage Testing, Priority Delivery, Phone Response 30 min, Depot Repair. Uptime 96%</p> <p>Excludes: Probe Replacement due to damage or bites</p> | \$6,000.00 |
| US | US TROPHON | GE | TROPHON | 37042-001 | <p>PM ONLY Coverage: Monday– Friday 8am to 5pm. Includes: 1 PM per year per manufacturer specification. Depot repair and loaner provided</p> <p>**For any T&M service discounted rate of \$260/Hr.</p> | \$1,000.00 |
| MOBILE RAD - CR | PORTA | GE | AMX4 | 408724WP2 | <p>PM ONLY Coverage: Monday– Friday 8am to 5pm. Includes: 1 PM per year per manufacturer specification</p> <p>**For any T&M service discounted rate of \$260/Hr.</p> | \$1,000.00 |
| MOBILE RAD- CR | PORT B | GE | AMX4 | 408724WP2 | <p>PM ONLY Coverage: Monday – Friday 8am to 5pm. Includes: 1 PM per year per manufacturer specification</p> <p>**For any T&M service discounted rate of \$260/Hr.</p> | \$1,000.00 |
| MOBILE RAD - DR | PORTC | GE | AMX4 | 408724WP2 | <p>Full Service Coverage: Monday – Friday 8am to 5pm. Includes: Labor, Travel, Parts, PM's, X-ray Tubes, Batteries, Priority Parts Delivery, Phone Response 30 min, On Site 8 Hours system hard down. Uptime 96%</p> | \$2,400.00 |
| Digital Detector | PORTC | Viewworks | Vivex DR | VEDBAD97 | <p>Full Service Coverage: Monday– Friday 8am to 5pm. Includes: Labor, Travel, Parts, Charger, Priority Parts Delivery, Phone Response 30 min, On Site 8 Hours system hard down, Uptime 96%, Detector or Drop (Deductible \$5.5K for each occurrence) Excludes Batteries</p> | \$5,000.00 |
| CR Reader | Radiology | Carestream | Directview Classic | TBD | <p>PM ONLY Coverage: Monday– Friday 8am to 5pm. Includes: 1 PM per year per manufacturer specification.</p> <p>**For any T&M service discounted rate of \$260/Hr.</p> | \$1,000.00 |
| DEXA | DEXA | GE | LUNAR PRODIGY | 10203 | <p>PM ONLY Coverage: Monday– Friday 8am to 5pm. Includes: 1 PM per year per manufacturer specification</p> <p>**For any T&M service discounted rate of \$260/Hr.</p> | \$1,000.00 |
| MOBILE C-ARM - MINI | C-ARM D | HOLOGIC | FLUOROSCAN INSIGHT 2 | 19-0116-07 | <p>PM ONLY Coverage: Monday– Friday 8am to 5pm. Includes: 1 PM per year per manufacturer specification</p> <p>**For any T&M service discounted rate of \$260/Hr.</p> | \$1,000.00 |
| MOBILE C-ARM - MINI | C-ARM E | HOLOGIC | FLUOROSCAN INSIGHT 2 | 09-0310-12 | <p>PM ONLY Coverage: Monday– Friday 8am to 5pm. Includes: 1 PM per year per manufacturer specification</p> <p>**For any T&M service discounted rate of \$260/Hr.</p> | \$1,000.00 |

626 Watsonville Service Coverage Options Pricing.
Exhibit A 11-10-22

| | | | | | | |
|-------------------|---------|---------|-----------------------|-------------------|--|-------------|
| MOBILE C-ARM - DR | C-ARM 1 | PHILIPS | VERADIUS 1.2N | 000113 | <p><i>PM ONLY Coverage: Monday – Friday 8am to 5pm. Includes: 1 PM per year per manufacturer specification</i></p> <p><i>**For any T&M service discounted rate of \$260/Hr.</i></p> | \$1,200.00 |
| MOBILE C-ARM- DR | C-ARM 2 | PHILIPS | VERADIUS 1.2N | 1004 | <p><i>PM ONLY Coverage: Monday – Friday 8am to 5pm. Includes: 1 PM per year per manufacturer specification</i></p> <p><i>**For any T&M service discounted rate of \$260/Hr.</i></p> | \$1,200.00 |
| Mammography | Mammo | HOLOGIC | Selenia Dimensions 3D | AWS15150003 74 | <p><i>Full Service Coverage: Monday – Friday 8am to 5pm. Includes: Labor, Travel, Parts, PM's, X-ray Tubes, Detector, Monitors, Priority Parts Delivery, Phone Response 30 min, On Site 4 Hours system hard down. Uptime 98%</i></p> | \$30,000.00 |
| NUCLEAR MEDICINE | NUCMED | PHILIPS | FORTE .ETSTREAM-AZ | FA04100011 | <p><i>Full Service Coverage: Monday – Friday 8am to 5pm. Includes: Labor, Travel, Parts, PMs, Priority Parts Delivery, Phone Response 30 min, On Site 8 Hours system hard down. Uptime 96%</i></p> | \$16,500.00 |

Proposal Date: 11/11/2022

Rep: Cary Lucian

Agreement: Full Service



1) **Services & Coverage**

- a) 626 OpCo LLC, (626) will provide Customer with the coverage selected on the face page of this Agreement.
- b) Coverage will only be provided for those items listed as being covered on the face page of this Agreement (hereafter "Equipment").
- c) Coverage will be provided as indicated on the face of this Agreement for failures resulting from normal usage only.
- d) Service performed under this Agreement shall be performed during "normal working hours", defined in "Exhibit A II-10-22". Service performed outside of normal working hours will be billed at 626's billable rates and are not included.
- e) 500L of Helium per year exclusively for: Philips Intera 1.5T MRI (SN 18369)

2) **Preventative Maintenance**

- a) To the extent covered by this Agreement, a 626 Field Service Engineer will schedule a visit with the Customer to perform the periodic preventative maintenance service specified in this Agreement, at which time he/she will inspect, analyze, and make adjustments as recommended in the manufacturer's specifications.

3) **Access to Equipment**

- a) Customer shall provide 626 Field Service Engineers free and safe access to the Equipment, as well as a safe workable space in which to perform any necessary repairs.
- b) If at any time after arrival at Customer's Facility, the 626 service representative is unable to proceed with repair service due to delays caused by Customer, 626 shall charge Customer for reasonable labor and travel expenses resulting from such delays.

4) **Exclusions**

- a) 626 shall not be required to provide service under this Agreement to:
 - i) any Equipment that has been damaged accidentally, misused, abused, improperly installed, applied, operated or maintained, neglected, tampered with or subjected to unusual or abnormal electrical, environmental, or mechanical stress by customer;
 - ii) any Equipment that has been interconnected with other Equipment or accessories not expressly provided for in the operator's manual;
 - iii) any Equipment that has not been maintained by Customer according to manufacturer's specifications except in cases where 626 provided the piece of equipment; or that has been damaged by fire, flood, water, storm, wind, lightning, fire sprinklers, hail, power surges, windstorm, hurricanes and/or any natural causes;
 - iv) Source and related materials.
 - v) Equipment or accessories not listed on the face page of this Agreement.
 - vi) Consumables and accessories including gel, patient leads and cables, batteries, pads, paper, recording media, fluids.
 - vii) The addition or removal of accessories, attachments, or other devices.
 - viii) Services connected with movement and relocation of their equipment covered.
 - ix) Problems caused by external sources.
 - x) Services required for customer operating in motion.
 - xi) All parts exterior to the system, e.g., HVAC, Chiller, Power, Electrical, Software/Software Licensing and all Back Up, battery protection and restoration devices.
 - xii) All software, platform, protocols, applications and/or service upgrades that are needed.
 - xiii) Quench

5) **Payment**

- a) Customer agrees to pay 626 the full amount for the selected coverage option as set forth on the face page of this Agreement.
- b) All payments shall be non-refundable.
- c) 626 will invoice Customer according to the terms specified on the face page of this Agreement, unless otherwise stated, all prices are exclusive of state and local use, sales, or similar taxes. Such taxes, if applicable, may appear as separate items on the 626 invoice. In either case, Customer shall be responsible for such taxes.
- d) Customer will pay all invoices within the terms listed on the face page of this Agreement. Customer shall be responsible for any and all costs and expenses incurred by 626 in connection with 626's collection of any past due amounts, excluding attorney's fees.
- e) Throughout the TERM of this AGREEMENT, pricing shall increase annually over the previous year's price in accordance with current market conditions and the Consumer Price Index.
- f) Service may be suspended during any period when payment, excluding attorney's fees is at least 90 days late.

7) **Term**

- a) This is a term Agreement. The initial term of this Agreement is for the period shown on the face page of this Agreement (the "Term"); provided, however, 626 shall not be obligated to provide any Services until it receives monthly payment in full in advance of the period covered.
- b) If either party materially breaches its duties or obligations under this Agreement and fails to cure such breach after having been provided written notice thereof

and a thirty (30) day opportunity to cure such breach, the other party may terminate this Agreement with thirty (30) days written notice to the breaching party; provided that monetary defaults shall not be subject to the cure provisions of this Section.

- c) After an initial twelve (12) month period, either party may terminate this agreement, without cause, with sixty (60) days written notice to the opposite party.

6) **Indemnity**

626 shall not be liable for, and Customer hereby indemnifies and holds 626, its officers, directors, employees and agents harmless from any and all claims, costs, penalties, fees, losses or damages, direct or consequential, to Customer, its officers, directors, employees, agents, and third parties, which arise out of or in connection with this Agreement, any services performed or parts supplied hereunder, any breach of this Agreement, or any delay in maintenance services under this Agreement; provided however, this such indemnification shall not apply to any property damage at Customer's site resulting solely from the gross negligence or willful misconduct of 626 or its employees.

8) **Exclusive Remedies**

For any breach by 626 of its warranty under this Agreement, Customer's sole and exclusive remedy, and 626's entire liability, will be, at 626's discretion, either to correct the error that caused the breach at no additional cost, or to re-perform the services at no additional cost. If it is not reasonable to correct the error or otherwise cure the breach by re-performing services, then 626 may terminate this Agreement and return to Customer the fees paid for the specific non-performing services as well as damages for loss of business for any instances of 626's negligence and/or intentional misconduct.

9) **Miscellaneous**

- a) If it is determined that repair service is required as a result of customer abuse of Equipment (as determined by an authorized 626 Field Service Engineer), and Customer requests service for such Equipment, Customer acknowledges that 626 will charge Customer for such service at its contract billing rates then in effect and Customer agrees to pay such rates as requested.
- b) Should an MRI need a helium fill on or about contract start date, all emergency fees, ramp fees and overages will be billable to the customer.
- c) Notwithstanding any other provision of this Agreement, 626 shall not be obligated to make repairs or provide any services made necessary in the whole or in part by abuse, misuse, negligence, accident, catastrophe, acts of God or any malfunction resulting from faulty maintenance, improper repair, damage and/or alteration by anyone other than customer.
- d) 626 shall not be responsible for any failure or delay in its performance due to reasons beyond its control. Service and delivery schedules shall be extended for floods, strikes or other labor disputes, fires, accidents, wars, acts of terrorism, delays of carriers, inability to obtain raw materials, failures of normal sources of supply, restraint of government, or any other similar or dissimilar causes beyond 626's control. In the event that any delay in performance shall continue for a continuous period of 120 days or more, you may terminate this Agreement upon providing not fewer than ten (10) days' advance written notice.
- e) The failure of either party to enforce any of its rights pursuant to this Agreement shall not preclude such party from enforcing such rights at a later time or any other rights it may have pursuant to this Agreement.
- f) 626's obligations under this Agreement do not constitute a warranty of any kind and 626 specifically disclaims all warranties on its service and replacement parts, both expressed or implied, including but not limited to, any implied warranty of merchantability, any implied warranty of fitness for a particular purpose, and any warranty of title against infringement.
- g) Upon termination of this Agreement, 626 will have no further obligation or liability with respect to the Equipment or its operation and use, provided all performance done under this agreement was performed in a workman like manner.

10) **Choice of Law; Venue**

This Agreement shall be construed and enforced in accordance with the laws of Florida, regardless of conflict of laws principles, and the parties hereby unconditionally and irrevocably submit to (and waive any objection on the grounds of inconvenient forum or otherwise) the jurisdiction of the Supreme Court of the State of Florida, County of Miami-Dade or the United States District Court for the Southern District of Florida, which courts shall have exclusive jurisdiction to adjudicate and determine any suit, action or proceeding regarding or relating to this Agreement and service.

11) **Complete Statement**

This Agreement contains the entire, complete and exclusive Agreement between the parties with respect to servicing the Equipment. 626's acceptance hereof is not accepted or written confirmation of any offer or order submitted but the Customer other than that made in this Agreement, and any terms or conditions of any such offer or order submitted by Customer in addition to or contrary to the terms and conditions of this Agreement are rejected and shall be given no force or effect. Neither party is relying on any such statement or order. This Agreement may not be modified except by a subsequent writing signed and agreed by to 626 and Customer.


Board Memo – Rental Agreement: DaVinci Surgical Robot

Agenda Item: Consider Recommendation to Board of Directors for Approval of Rental of DaVinci Surgical Robot Xi

Executive Sponsor: Matko Vranjes, COO

Date: November 30, 2022

Summary

The use of daVinci robotic surgical systems for soft tissue surgery has increased substantially in the past few years due to patient and surgeon demand for minimally invasive surgery enabling technology. With the acquisition of a new daVinci Xi system, Watsonville Community Hospital will better serve patients in the community through greater alignment, retention, and recruitment of surgeons who are increasingly choosing daVinci as their standard of care.

Background/Situation/Rationale

The daVinci robotic system, daVinci Si, currently owned by the hospital is out of service. The hospital discontinued use of the obsolete Si due to lack of availability of instrumentation. The Xi system was launched by Intuitive as a replacement platform in 2014 with a full suite of advanced instrumentation for complex minimally invasive surgery.

The advancements with the Xi platform since 2014 have allowed for the application and growth of complex colorectal, thoracic, and broad general surgery use. As a result, surgeons have been able to provide increased minimally invasive surgery yielding improved outcomes, decreased length of stay, and return to life activities.

Transitioning to the Xi platform will reduce the cost per surgery as a result of lower per use costs of instrumentation and improved set up and breakdown efficiencies.

Timeline/Process to date:

Execute current agreement. Implement Q1 2023.

Financial Impact:

| Key Contract Terms | |
|---------------------------------------|---|
| 1. Proposed effective date | January 1, 2023 |
| 2. Term of agreement | 12 months |
| 3. Renewal terms | Purchase option after 12-month rental is completed |
| 4. Termination provision(s) | |
| 5. Payment terms | Net 30 |
| 6. Annual cost | 540,000 (70% applied towards purchase) |
| 7. Cost over life of agreement | 540,000 |
| 8. Budgeted (indicate Yes/No) | No |
| | |

Approved: XYZA 00, 20 xx

Estimated Surgeon Volumes

Watsonville Community Hospital

Estimated Surgeon Volumes, Year 1

| Surgeon | Incremental | Lap to dV | OpentodV |
|--------------|-------------|-----------|----------|
| 3451 | 51 | 0 | 16 |
| 3861 | 50 | 21 | 14 |
| 4204 | 50 | 21 | 14 |
| 3066 | 8 | 0 | 0 |
| New Provider | 44 | 0 | 0 |
| 3775 | 18 | 0 | 0 |
| 4515 | 12 | 6 | 23 |
| Grand Total | 233 | 48 | 67 |

| Da Vinci Rental Financial Impact | |
|---------------------------------------|-----------------|
| Annual Costs | |
| Rental Cost | Year 1 0.54M |
| Service Cost | 0 |
| Instrumentation Cost | 0.50M |
| OR Cost | 1.1M |
| Total Cost | 2.14M |
| Annual Reimbursement | |
| Avg. Blended Reimbursement | 13,088 |
| Incremental Procedure Volume | 233 |
| Annual Reimbursement | 3.04M |
| Financial Impact of dV Program | |
| Total dV Impact | 0.90M |

Year one surgeon procedure volumes are estimates that are collected and input by sales. The information provided in this presentation is intended to be directional for illustration and planning purposes only. Actual results may vary. Any clinical, financial and operational projections should be independently validated.



**Watsonville Community Hospital
POLICY APPROVAL SUMMARY REPORT**

Committee: Board of Directors

Reporting Period: November 23, 2022

As required under Title, 22, CMS and The Joint Commission (TJC), please find below a list of regulatory required policies with summary of changes that request your approval.

| Policy Title | Policy Number | Summary of Changes | Rationale for Change | Approvals & Dates |
|--|---------------|--|---|--|
| Pharmacy (PHARM) | | | | |
| Compounded Sterile Products: End Product (Final) Examination | PHARM2726 | Revised description of quantitative validation allows yearly rotation among current technician staff. | CA-BOP Inspector recommended generalized wording related to technician qualitative review. | Author: Pharm Dir. 10/22 P&T 10/22 MEC 10/22 BOT |
| Nursing (NUR) | | | | |
| Stroke Alert | NUR2722 | Revised and updated policy to organize the facilitation of an alert notification in the following patient service settings: EMS ED/Walk-Ins Inpatient. The policy incorporates the new Stroke e-Alert function and support with the teleneurology service group. Thrombolytic orders have been updated to reflect the facility's position statement on the use of Tenecteplase (TNKase). | Revisions and updates to incorporate process with new Teleservices provider and updated orders. | Author: Nursing IM/FP: 11/10-11/22 PTIC: 11/14/22 MEC: 11/15/22 BOT: |
| Perioperative Services (PERI) | | | | |
| Malignant Hyperthermia Cart Contents | | During CHOW survey, it was noted that internal contents were not easy to locate. Internal contents were reviewed by a multi-disciplinary team, including anesthesiologist, to streamline and rearrange for best work flow to facilitate safe use. | Rearrange contents to improved function and safety | Author: Pharm. Director 11/14/22 MEC: 11/15/2022 BOT |
| Facilities (FAC) | | | | |
| Identification of Patients, Staff and Visitors | EC.02.01.01.7 | Verified and corrected TJC EP as necessary. only minor changes. | Regulatory scheduled review. | Author: Facility Director 02/2021, 06/17/2021 COO: 06/23/2021 VP/SR Leaders/CEO: 03/02/22 MEC: N/A BOT |



**Watsonville Community Hospital
POLICY APPROVAL SUMMARY REPORT**

Committee: Board of Directors

Reporting Period: November 23, 2022

As required under Title, 22, CMS and The Joint Commission (TJC), please find below a list of regulatory required policies with summary of changes that request your approval.

| Policy Title | Policy Number | Summary of Changes | Rationale for Change | Approvals & Dates |
|--|-----------------|---|-----------------------------|---|
| Preventive Maintenance | EC.02.05.01.6 | Verified and corrected TJC EP as necessary. only minor changes, if any | Regularly scheduled review. | Author: Facility Director 02/02/2022 COO: 02/02/2022 VP/Sr. Leaders/CEO 03/02/2022 MEC: N/A BOT |
| Utilities Testing | EC.02.05.05.2-6 | Verified and corrected TJC EP as necessary. only minor changes, if any. | Regularly scheduled review. | Author: Facility Director 02/2/2022 COO: 02/02/2022 VP/Sr. Leaders/CEO 03/02/2022 MEC: N/A BOT |
| Tobacco Free, Smoke Free Campus | EC.02.01.03.1 | Verified and corrected TJC EP as necessary. only minor changes, if any. | Regularly scheduled review. | Author: Facility Director 04/20/21 COO: 06/23/2021 VP/Sr. Leaders/CEO 03/02/2022 MEC: N/A BOT |
| Acquisition of Furniture and Furnishings | LS.02.01.70.a | Verified and corrected TJC EP as necessary. only minor changes, if any. | Regularly scheduled review. | Author: Facility Director 03/01/2021 COO 06/23/2021 VP/Sr. Leaders/CEO 03/02/2022 MEC: N/A BOT |



**Watsonville Community Hospital
POLICY APPROVAL SUMMARY REPORT**

Committee: Board of Directors

Reporting Period: November 23, 2022

As required under Title, 22, CMS and The Joint Commission (TJC), please find below a list of regulatory required policies with summary of changes that request your approval.

| Policy Title | Policy Number | Summary of Changes | Rationale for Change | Approvals & Dates |
|-----------------------------------|---------------|---|-----------------------------|--|
| Function | PO-1001 | Verified and corrected TJC EP as necessary. only minor changes, if any. | Regularly scheduled review. | Author: Facility Director 08/17/2020 COO: 06/23/2021 VP/Sr. Leaders/CEO: 03/02/2022 MEC: N/A BOT |
| Use of Personal Tools | PO-1014 | Verified and corrected TJC EP as necessary. only minor changes, if any. | Regularly scheduled review. | Author: Facility Director 08/18/2020 COO: 06/23/2021 VP/SR.Leaders/CEO: 03/02/2022 MEC: N/A BOT: |
| Disposition of Surplus Equipment | PO-2000 | Verified and corrected TJC EP as necessary. only minor changes, if any. | Regularly scheduled review. | Author: Facility Director 08/18/2020 COO: 06/23/2021 CEO: 03/02/2022 MEC: N/A BOT |
| Environmental Maintenance Grounds | PO-2009 | Verified and corrected TJC EP as necessary. only minor changes, if any. | Regularly scheduled review. | Author: Facility Director 08/2020 COO: 06/23/2021 VP/SR.Leaders/CEO: 03/02/2022 MEC: N/A BOT |



| | | | |
|---------------------|--|-------------------------|-----------|
| Policy Title | Compounded Sterile Products: End Product (Final) Examination | Policy# | PHARM2726 |
| Responsible | Pharmacy Director | Revised/Reviewed | 10/2022 |

I. PURPOSE

To provide guidelines to ensure all compounded sterile products (CSPs) undergo a final examination by a pharmacist.

II. POLICY

- Sterile products shall be quarantined after compounding.
- A pharmacist shall perform an end product (final) examination of all compounded sterile products prior to their release from the Pharmacy.

III. DEFINITIONS

N/A

IV. PROCEDURE

A. Examination Procedure

1. The examination procedure must ensure:
 - a. Accuracy of profiles or other records (comparison with original order).
 - b. Accuracy of calculations.
 - c. Use of proper solutions, additives and equipment.
 - d. Labels contain at least the product name and volume, additive name and amount, patient's name and other information when applicable.
 - e. Proper assignment of beyond-use-date (BUD).
 - f. Integrity of the container.
 - g. Qualitative integrity:
 - 1) Absence of particulate matter, precipitates, turbidity, discoloration, or other signs that the product should not be used.
 - h. Quantitative integrity:
 - 1) Potency at 90 to 110% of expected

B. Disposition of Products Not Passing Final Examination

1. The pharmacist shall reject and destroy all products that do not pass the final examination.

C. Documentation of Final Product Examination

1. Pharmacists shall document final product examinations prior to releasing them from the pharmacy.

D. Quality Assurance:

1. At a minimum, an annual potency test to evaluate quantitative integrity will be completed.
 - a. End product test should not be performed using an antibiotic.
2. Also, at a minimum, annual media fill and glove tip finger sampling to evaluate qualitative integrity will be completed.
3. In the event a compounded drug product is discovered to be below standard for quality and/or quantity (potency), pharmacist shall reject and destroy all product and personnel shall be immediately re-instructed, their sterile compounding technique re-

| | | | |
|---------------------|--|-----------------|-----------|
| Policy Title | Compounded Sterile Products: End Product (Final) Examination | Policy # | PHARM2726 |
|---------------------|--|-----------------|-----------|

evaluated by a pharmacist, and successfully complete written exams, competencies, and/or media-fills as required.

V. REFERENCES

Joint Commission Standards: MM.05.01.07 EP 2 – 4
California State Board of Pharmacy: CCR 1735.8

VI. STAKEHOLDERS

N/A



| | | | |
|---------------------|-------------------------------|-------------------------|---------|
| Policy Title | Stroke Alert | Policy # | NUR2722 |
| Responsible | Emergency Department Director | Revised/Reviewed | 11/2022 |

I. PURPOSE

To establish a standard, well-coordinated and integrated approach to the recognition and treatment of any patient exhibiting signs and symptoms of acute stroke.

II. POLICY

The activation of the "Stroke Alert" will be initiated for all suspected stroke patients in the inpatient setting or presenting to the Emergency Department (ED) in order to rapidly identify, diagnose, and treat a possible stroke patient. Assessment of the patient's status will be communicated to the patient and/or accompanied support system in the patient's primary language.

III. PROCEDURE

Stroke Alert Activation

Upon identification of stroke like symptoms an ED RN (ED Nurse), inpatients primary RN, or their delegated representative will call 611 and request "Stroke Alert" activation. The location of the stroke patient should be indicated. If the Emergency Department has prior notification that a stroke patient is being transported to the facility via EMS, a Stroke Alert will be activated by the ED RN or their delegated representative using 611. It should be noted that the patient is inbound, and the estimated time of arrival provided. Additionally, any employee or member of the medical staff that has received stroke recognition training may call 611 and activate a Stroke Alert.

Teleneurology Activation

e-Alert via the TeleCare portal at tstelecare.com with the required data— facility name, chart (name/number), and a call back phone number.

Facility ID:

Password:

If there is no response within 10 minutes of teleneurology activation or electronic failure, call (888) 392-1090

If there is a call failure, call (888) 450-4297

| | | | |
|---------------------|--------------|-----------------|---------|
| Policy Title | Stroke Alert | Policy # | NUR2722 |
|---------------------|--------------|-----------------|---------|

Stroke Alert Activation in ED with EMS (Emergency Medical Services) Pre-notification

The ED MD (ED Physician), ED RN and the telemedicine device will meet EMS upon arrival.

The ED MD will assess if the patient is stable or not stable for a CT (Computed Tomography) Scan and request a consult from teleneurology.

The patient will be transported, by EMS on an EMS gurney, to the CT Scanner with the following equipment and personnel:

1. EMS, ED RN, Phlebotomist
2. Telemedicine device, ED Stretcher WITH SCALE, cardiac monitor, IV supplies, blood glucose monitor

The ED RN is responsible for the following:

1. Remain with the patient until the plan of care is determined
2. Receive report from EMS
3. Switch patient to facility cardiac monitor
4. Establish IV access with two (2) lines, one of which should be a large bore
5. Obtain finger stick glucose
6. Obtain patients last know well time
7. Vital signs per protocol
8. NIHSS (NIH Stroke Scale)
9. History, allergies, medication

The CT Technician is responsible for the following:

1. Ensure the table is promptly cleared and held open for the Stroke Alert patient
2. Prepare CT Scan for Stroke Alert STAT
3. Ensure the telemedicine device is properly positioned for teleneurologist
4. Notify the radiologist of the need for STAT read of Stroke Alert CT Scan
5. Perform a STAT PCXR (Portable Chest Radiography) upon return to the ED

The Nursing Supervisor is responsible for the following:

1. Ensure necessary personnel have responded and only stroke essential staff are present
2. Assist in transporting or obtaining equipment
3. Assist the team as necessary

The Phlebotomist is responsible for the following:

1. Ensure and assist staff in collecting blood sample and transporting specimens to the laboratory. **DO NOT DELAY CT TO OBTAIN BLOOD.**

After completion of the CT scan:

1. ED RN and teleneurologist perform **focused neuro assessment, NIHSS (NIH Stroke Scale) and evaluation of stroke inclusion/exclusion criteria**
2. Teleneurology decides **Go/No Go** for thrombolytic treatment (e.g., Tenecteplase [TNKase])
3. CT Technician prepares for and completes CTA, if ordered
4. Patient is transported back to the ED for administration of thrombolytics (e.g., TNKase) or continued care.

| | | | |
|---------------------|--------------|-----------------|---------|
| Policy Title | Stroke Alert | Policy # | NUR2722 |
|---------------------|--------------|-----------------|---------|

Stroke Alert Activation in ED (No EMS)

ED RN or their delegated representative will activate a Stroke Alert and activate the Teleneurology Consultation e-Alert via the TeleCare portal at tstelecare.com with the required data – **Facility Name, Chart (Name/Number), Callback Phone Number.**

- e-Alert popup window confirms consult request has been received
- In case of electronic failure, ED RN can call directly to TeleSpecialists (888) 392-1090
- If physician is not on screen within 10 minutes, call back directly
- If there is call failure, utilize backup number (888) 450-4297

The ED MD will assess if the patient is stable or not stable for a CT scan and request a consult from the on call teleneurologist.

If teleneurology is unavailable, the ED MD will direct all care for the patient.

The patient will be transported, by ED personnel, to the CT Scanner with the following equipment and personnel:

1. EMS, ED RN, Phlebotomist, Patient Access (as needed), Respiratory Therapist (as needed),
2. Telemedicine device, ED Stretcher WITH SCALE, cardiac monitor, IV supplies, blood glucose monitor

The ED RN will

1. Remain 1:1 with the patient until the plan of care is determined
2. Initiate/continue cardiac monitoring
3. Establish IV access with two (2) lines, one of which should be a large bore
4. Obtain finger stick glucose, last known well, vital signs per protocol
5. NIHSS
6. History, allergies, medication

The CT Technician will

1. Ensure the table is promptly cleared and held open for the stroke alert patient
2. Prepare CT scan for Stroke Alert STAT
3. Ensure the telemedicine device is properly positioned for teleneurologist
4. Notify the radiologist of the need for STAT read of Stroke Alert CT
5. Perform a STAT PCXR upon return to the ED

The Nursing Supervisor will

1. Ensure necessary personnel have responded and only stroke essential staff are present
2. Assist in transporting or obtaining equipment
3. Notify inpatient units of potential admit
4. Assist the team as necessary

The Phlebotomist will

1. Ensure and assist staff in collecting blood sample and transporting specimens to the laboratory. **DO NOT DELAY CT SCAN TO OBTAIN BLOOD.**

After completion of the CT scan:

1. ED RN and teleneurologist perform **focused neuro assessment, NIHSS and evaluation of stroke inclusion/exclusion criteria**
2. Teleneurology decides **Go/No Go** for thrombolytic treatment (e.g., Tenecteplase [TNKase])
3. CT Tech prepares for and completes CTA (Computed Tomography Angiography), if ordered
4. Patient is transported back to the ED for administration of thrombolytics (e.g., TNKase) or continued care.

| | | | |
|---------------------|--------------|-----------------|---------|
| Policy Title | Stroke Alert | Policy # | NUR2722 |
|---------------------|--------------|-----------------|---------|

Stroke Alert Activation in Inpatient Units

The primary RN or their delegated representative will activate the Stroke Alert and Teleneurology Consult workflows; perform an initial assessment and implement any immediate interventions, and prepare the patient for transport to the CT scanner.

Emergency Department Rapid Response RN

will respond to all inpatient Stroke Alerts and assist inpatient nursing, at a minimum, until completion and interpretation of the CT Scan.

ED technician shall accompany the ED RN and assist with gathering supplies, transporting equipment, and assisting the stroke team in the initial management of the patient. The ED technician shall return to the ED promptly unless directed to stay by the ED RN

The ED staff will bring the following equipment: Telemedicine device, **ED stretcher with scale** and cardiac transport monitor

Upon arrival to the floor the ED RN and ED technician will

1. remain 2:1 with the primary RN until the plan of care is determined
2. Switch patient to transport monitor
3. Establish IV access with two (2) lines, one of which should be a large bore
4. Obtain finger stick glucose
5. Obtain patients last know well time
6. Vital signs per protocol
7. NIHSS
8. History, allergies, medication

CT Tech will

1. Ensure the table is promptly cleared and held open for the stroke alert patient
2. Prepare CT scan for Stroke Alert STAT
3. Ensure the telemedicine device is properly positioned for teleneurologist
4. Notify the radiologist of the need for STAT read of Stroke Alert CT
5. Perform a STAT PCXR prior to the patient leaving the radiology department

Nursing Supervisor will

1. Ensure necessary personnel have responded and only stroke essential staff are present
2. Assist in transporting or obtaining equipment
3. Notify ICU of a potential admit
4. Assist the team as necessary

Phlebotomist will

1. Ensure and assist staff in collecting blood sample and transporting specimens to the laboratory. **DO NOT DELAY CT SCAN TO OBTAIN BLOOD**

After completion of the CT scan:

1. ED RN and teleneurologist perform: focused neuro assessment, NIHSS and evaluation of stroke inclusion / exclusion criteria.
2. Teleneurology decides **Go/No Go** for thrombolytic treatment (e.g., Tenecteplase [TNKase])
3. CT Tech prepares for and completes CTA, if ordered
4. Patient is transported to the ICU for administration of thrombolytics or continued care.

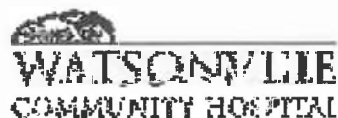
| | | | |
|---------------------|--------------|-----------------|---------|
| Policy Title | Stroke Alert | Policy # | NUR2722 |
|---------------------|--------------|-----------------|---------|

IV. ATTACHMENTS

Position Statement for use of Tenecteplase (TNKase)

**11/1/2022 Position Statement on use of Tenecteplase**

Watsonville Community Hospital uses Tenecteplase as the frontline agent of choice for treatment of acute ischemic stroke and that Alteplase is not immediately and regularly available as an alternative.



| | | | |
|---------------------|---|-------------------------|-----------|
| Policy Title | Management of Malignant Hyperthermia (MH) | Policy # | PERI0336 |
| Responsible | Surgical Services/ PACU | Revised/Reviewed | 6/25/2020 |

I. PURPOSE

All licensed and non-licensed OR/PACU and designated OB staff will be familiar with patients' predisposition to MH, early and late signs of MH, and/or with the treatment of MH.

II. POLICY

All patients undergoing anesthesia will be monitored continuously during their surgery and PACU phase for signs and symptoms of MH. All Surgical Services clinical staff will be knowledgeable of treatment plan and location of MH cart. MH competency/education will occur yearly for Surgical Services and designated OB staff.

III. DEFINITIONS

IV. PROCEDURE

A. Pre-operative assessment

1. All patients undergoing (or potential for) general anesthesia should have thorough patient/family assessment to determine the risk for MH. To include past or family history, unexplained death, complications from general anesthesia, personal history of muscle disorder, cola-colored urine following general anesthesia, unexplained high fever or muscle rigidity during general anesthesia.
2. For known patients day of surgery:
 - a. Review MH policy with appropriate anesthesia, surgical and PACU team members and pull Crisis Check List (located in each OR and PACU).
 - b. MH cart, ice and cold IV/irrigation solution will be immediately available.
 - c. Calculate/record patient weight in kg. (for drug administration)
 - d. Anesthetic vaporizers are disabled
 - e. Change carbon dioxide absorbent (soda lime or baralyme)
 - f. Ensure a new patient breathing circuit/bag/y-piece for anesthesia machine
 - g. Flush anesthesia machine using flow rate of 15 L/min. for minimum of 40 min.
 - h. Before connecting the breathing circuit to patient, activate the O2 flush for 10 seconds. Set a total fresh gas flow rate of 15 L/min. Highest fresh gas flow rate is also above patient's minute volume functionally creating a non-breathing system and minimizing rebound of residual gas at low fresh gas flow rates.
 - i. Cooling blanket available for OR table. Obtain from Central Supply.

B. Acute Phase Treatment

1. Anesthesiologist identifies patient with possible MH and initiates treatment plan.
 - Get help/notify Pharmacy and Lab. (OR Director will notify appropriate leadership team).
 - Surgery should cease asap

| | | | |
|--------------|---|---------|----------|
| Policy Title | Management of Malignant Hyperthermia (MH) | Policy# | PERI0336 |
|--------------|---|---------|----------|

- Immediately bring MH Cart to patient's bedside.
 - Dantrolene available in MH Cart (See Dantrolene dosage and mix according to instructions.) See "B", page 3.
2. The anesthesiologist becomes the team leader.
 - Stop the trigger anesthetic i.e., succinylcholine
 - Hyperventilate the patient with 100% O₂ at two to four times normal minute ventilation, @ (10 L/min)
 - Simultaneously, begin treatment with Dantrolene
 - All are essential steps (above).
 3. Obtaining lab studies (including electrolyseselectrolytes, ABG, CPK – see A.9) and stabilizing the patient are also key to managing an MH crisis.
 4. Treat respiratory and metabolic acidosis early. Bicarbonate for metabolic acidosis, 1-2mcg/kg if blood gas values are not yet available.
 5. Cooling measures (blanket, IV/Saline etc.)
 - Iced normal saline (keep at least 3,000ml of iced solution at hand)
 - iced body lavage
 - ice packs and/or cooling blanket
 - a. Cool the patient with core temperature > 39°C (102.2°F) via cold saline IV. Lavage open body cavities, stomach, bladder, or rectum. Apply ice to surface. Stop cooling if temperature < 38°C (100.4°F) and falling to prevent drop to < 36°C (96.8°F).
 6. Dysrhythmias usually respond to treatment of acidosis and hyperkalemia. Use standard drug therapy except calcium channel blockers, which may cause hyperkalemia or cardiac arrest in the presence of Dantrolene.
 7. Monitor urine output – 2ml/kg/hr. Possible treatments:
 - hydration
 - Mannitol
 - Lasix (Furosemide)
 8. Hyperkalemia – Treat with hyperventilation, bicarbonate, glucose/insulin, calcium.
 - 10units regular insulin and 50ml 50% glucose (adult)

OR

 - 0.15 units insulin/kg and 1ml/kg 50% glucose (pediatric)
 - calcium chloride 10mg/kg or calcium gluconate 10-50mg/kg for life threatening hyperkalemia
 9. Continue monitoring ETCO₂, electrolytes, blood gases, CPK, core temperature, urine output (2mg/kg/hr.), ECG, color and coagulation studies.
 - Venous blood gas (e.g., femoral vein) values may document hypermetabolism better than arterial values.
 - Central venous or PA monitoring as indicated.
- B. Dosage of Dantrolene
Dantrolene is administered IV as quickly as possible

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| Policy Title | Management of Malignant Hyperthermia (MH) | Policy# | PERI0336 |
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1. Dosing begins at 2.5 mg/kg and is titrated to a maximum of 10mg/kg until signs and symptoms of MH are reversed.

Mixing of Dantrolene

1. Dantrolene is a crystalline powder and is not easy to mix.
2. Each vial is mixed with 60ml of sterile water (nonbacteriostatic) and shaken vigorously until clear. Use within 6 hours.

It is recommended that two teams of two persons be assigned to mixing the Medication and Equipment.

| | | | |
|---------------------|--|----------------|-----------------|
| Policy Title | Management of Malignant Hyperthermia (MH) | Policy# | PERI0336 |
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| <u>Medication and equipment</u> | <u>Quantity</u> | <u>monitoring equipment</u> | |
|--|-----------------|---|--------|
| Dextrose sodium injection 200g vials | 35 | Neap (seric tubes (adult & pediatric) | 1 each |
| Sterile Water for injection 1000mls (Preservative-free) | 3 | 3-way Foley catheter w/ 30cc balloon (adult and pediatric) | 2 each |
| Sodium bicarbonate 8.4% injection | 6 | Foley catheter trays (closed system) | 2 |
| Dextrose 50% for injection (25g/50ml) vial/syringe | 2 | Peritoneal lavage trays | 2 |
| Fornovate injection 40mg/4ml vial | 4 | Cybermarty tubing sets | 3 |
| Calcium chloride 10% for injection (1g/10ml) vials/syringe | 2 | Catheter tip syringes, 60ml | 3 |
| Lidocaine HCl for injection 100mg/5ml or 100mg/10ml syringe | 3 | Gene wires, 5-in-1 | 3 |
| Semiautomatic drawing syringe | 2 | Y-connections | 2 |
| 3-way stopcocks | 2 | Plastic bags (medium & large) | 5 each |
| 50ml syringes | 4 | | |
| <u>Other equipment</u> | | <u>Anesthesia equipment</u> | |
| 10ml syringes | 6 | <u>for cart or immediately available</u> | |
| 18-gauge needles | 6 | Breathing circuits (adult & pediatric) | 1 each |
| Alcohol prep pads | 6 | Breathing circuit adapters | 2 |
| 4oz. Betadine iodine topical solution | 1 | Pressure bags | 2 |
| Scalps 4 X 4 gauge (16 box) | 2 boxes | | |
| Tongue depressors | 2 | Soda lime canisters | 2 |
| Radial artery occluder | 2 | | |
| Arterial line monitoring kit | 1 | <u>Essentials</u> | |
| Central venous pressure line kit | 1 | Sharp container | 1 |
| IV tubing sets (adult & pediatric) | 2 | Aspirin bags (adult & pediatric) | 1 each |
| IV extension tubing | 2 | Malignant Hyperthermia Association of | |
| Medication-added kits | 10 | The United States (MHAUS) label, With Telnet number. | 1 |
| Wrist apnea (adult & pediatric) | 1 each | | |
| <u>Tubes for laboratory tests</u> | | <u>At the time cart is requested, add</u> | |
| Heparinized blood gas syringes | 6 | Refrigerated normal saline for irrigation | |
| Urine specimen containers | 2 | 1000ml bags | |
| Urine test strips (for myoglobin) | 1 bottle | Refrigerated normal saline for irrigation | |
| Stoppered tubes (light blue top) | 6 | 3000ml bags | |
| Stoppered tubes (lavender top) | 6 | Regular insulin, 10ml (1000 units) vial (kept in refrigerator) | |
| Stoppered tubes (gold top) | 10 | Ice | |
| Stoppered tubes (red top) | 10 | | |

| | | | |
|---------------------|--|-----------------|-----------------|
| Policy Title | Management of Malignant Hyperthermia (MH) | Policy # | PERI0336 |
|---------------------|--|-----------------|-----------------|

V.RMedication and equipment Quantity

| | |
|--|----------|
| Dantrolene sodium injection 20mg vials | 36 |
| Sterile Water for injection 1000mls (Preservative-free) | 2 |
| Sodium bicarbonate 8.4% injection | 6 |
| Dextrose 50% for injection (25gm/50ml) vial/syringe | 2 |
| Furosemide injection 40mg/4ml Vial | 4 |
| Calcium chloride 10% for injection (1gm/10ml) vials/syringe | 2 |
| Lidocaine HCl for injection 100mg/5ml or 100mg/10ml syringe | 3 |
| Semiautomatic dispensing syringe | 2 |
| 3-way stopcocks | 2 |
| 60ml syringes | 4 |
| <u>Other equipment</u> | |
| 10ml syringes | 6 |
| 18-gauge needles | 6 |
| Alcohol prep pads | 6 |
| 4oz Povidone-iodine topical solution | 1 |
| Sterile 4 X 4 gauze (10 per box) | 2 boxes |
| Tourniquets | 2 |
| Radial artery catheters | 2 |
| Arterial line monitoring kit | 1 |
| Central venous pressure line kit | 1 |
| IV tubing sets (adult & pediatric) | 2 |
| IV extension tubing | 2 |
| Medication-added labels | 10 |
| Wrist splint (adult & pediatric) | 1 each |
| <u>Tubes for laboratory tests</u> | |
| Heparinized blood gas syringes | 6 |
| Urine specimen containers | 2 |
| Urine test strips (for myoglobin) | 1 bottle |
| Stoppered tubes (light blue top) | 6 |
| Stoppered tubes (lavender top) | 6 |
| Stoppered tubes (gold top) | 10 |
| Stoppered tubes (red top) | 10 |

Cooling equipment

| | |
|--|--------|
| Nasogastric tubes (adult & pediatric) | 1 each |
| 3-way Foley catheter w/30ml balloon (adult and pediatric) | 2 each |
| Foley catheter trays (closed system) | 2 |
| Peritoneal lavage trays | 2 |
| Cystoscopy tubing sets | 2 |
| Catheter tip syringes, 60ml | 2 |
| Connectors, 5-in-1 | 2 |
| Y-connectors | 2 |
| Plastic bags (medium & large) | 5 each |

Anesthesia equipment (on cart or immediately available)

| | |
|--|--------|
| Breathing circuits (adult & pediatric) | 1 each |
| Breathing circuit adapters | 2 |
| Pressure bags | 2 |
| Soda lime canisters | 2 |

Miscellaneous

| | |
|---|--------|
| Sharps container | 1 |
| Ambu bags (adult & pediatric) | 1 each |
| Malignant Hyperthermia Association of The United States (MHAUS) label, with Telephone number. | 1 |

At the time cart is requested, add

| | |
|---|--|
| Refrigerated normal saline for injection 1000ml bags | |
| Refrigerated normal saline for irrigation 3000ml bags | |
| Regular insulin, 10ml (1000 units) vial (kept in refrigerator) | |
| Ice | |

REFERENCES

AORN Perioperative Standards of Practice 2017

V. VI. STAKEHOLDERS

Malignant Hyperthermia

Drawer 1

ARTERIAL (right)

- 2 Radial artery catheter
- 2 Pressure monitoring set
- 2 IV start kits
- 1 Full ABG kit
- 2 "Partial" ABG kit
- 1 Urine specimen collection

VENOUS (left)

- 2 IV tubing set = adult
- 2 IV tubing set= pediatric
- 2 IV extension tubing
- 2 18g IV cathlon
- 2 20g IV cathlon
- 2 22g IV cathlon
- 1 Stat stick

Drawer 2

- 2 Calcium Chloride 1gm/10ml syringe/vial
- 2 Dextrose 50% syringe/vial
- 4 Furosemide 40mg/4ml vials
- 3 Lidocaine 100mg/10 (5)ml
- 6 Sodium Bicarbonate 8.4% syringe/vials
include syringes and needles if vials
- 2 Sterile Water for Injection 10ml vials
- 4 5ml syringes
- 2 10ml syringes
- 6 16 or 18g safety needles
- Alcohol swabs

Malignant Hyperthermia

Drawer 3

- 36 Dantrolene 20mg vials
- 3 Sterile Water for Injection 1000ml bags
- 10 60ml syringes
- 10 16 or 18g safety needles
- 6 Vented chemo dispensing pin w/LL connector
- 2 Stop cocks
- Alcohol swabs
- 10 Medication added labels

Bottom

- 1 Central venous insertion line kit
- 1 Nasogastric tube - adult (16 Fr)
- 1 Nasogastric tube - pediatric (12 Fr)
- 2 Salem sump anti-reflex valve
- 1 Irrigation tray with piston syringe
- 1 3-way foley catheter with 30ml balloon - adult
- 1 3-way foley catheter with 30ml balloon - pediatric
- 1 Foley cathether tray (closed system)
- 1 Y-Type TUR/Bladder Irrigation set
- 1 Peritoneal Dialysis Catheter kit
- 2 Pressure bags
- 2 Soda lime canister
- 2 Connector 5-in-1
- 1 Y-connector
- 5 Plastic bags

Malignant Hyperthermia

Drawer 1

EXP date

ARTERIAL (right)

- 2 Radial artery catheter
- 2 Pressure monitoring set
- 2 IV start kits
- 1 Full ABG kit
- 2 "Partial" ABG kit
- 1 Urine specimen collection

VENOUS (left)

- 2 IV tubing set = adult
- 2 IV tubing set= pediatric
- 2 IV extension tubing
- 2 18g IV cathlon
- 2 20g IV cathlon
- 2 22g IV cathlon
- 1 Stat stick

Drawer 2

EXP date:

- 2 Calcium Chloride 1gm/10ml syringe/vial
- 2 Dextrose 50% syringe/vial
- 4 Furosemide 40mg/4ml vials
- 3 Lidocaine 100mg/10 (5)ml
- 6 Sodium Bicarbonate 8.4% syringe/vials
include syringes and needles if vials
- 2 Sterile Water for Injection 10ml vials
- 4 5ml syringes
- 2 10ml syringes
- 6 16 or 18g safety needles
- Alcohol swabs

Circle first medication to expire in Drawer 2

effective 11/11/2022

Malignant Hyperthermia

| Drawer 3 | | EXP date |
|-----------------|--|-----------------|
| 36 | Dantrolene 20mg vials | _____ |
| 3 | Sterile Water for Injection 1000ml bags | _____ |
| 10 | 60ml syringes | _____ |
| 10 | 16 or 18g safety needles | _____ |
| 6 | Vented chemo dispensing pin w/LL connector | _____ |
| 2 | Stop cocks | _____ |
| | Alcohol swabs | _____ |
| 10 | Medication added labels | _____ |

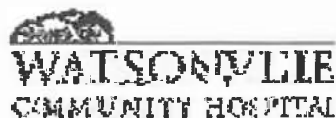
| Bottom | | EXP date |
|---------------|--|-----------------|
| 1 | Central venous insertion line kit | _____ |
| 1 | Nasogastric tube - adult (16 Fr) | _____ |
| 1 | Nasogastric tube - pediatric (12 Fr) | _____ |
| 2 | Salem sump anti-reflex valve | _____ |
| 1 | Irrigation tray with piston syringe | _____ |
| 1 | 3-way foley catheter with 30ml balloon - adult | _____ |
| 1 | 3-way foley catheter with 30ml balloon - pediatric | _____ |
| 1 | Foley catheter tray (closed system) | _____ |
| 1 | Y-Type TUR/Bladder Irrigation set | _____ |
| 1 | Peritoneal Dialysis Catheter kit | _____ |
| 2 | Pressure bags | _____ |
| 2 | Soda lime canister | _____ |
| 2 | Connector 5-in-1 | _____ |
| 1 | Y-connector | _____ |
| 5 | Plastic bags | _____ |

Checked by: _____

Double check: _____

Date: _____

effective 11/11/2022



| | | | |
|---------------------|---|-------------------------|---------------|
| Policy Title | EC.02.01.01.7 Identification of Patients, Staff, and Visitors | Policy # | EC.02.01.01.7 |
| Responsible | Facilities Department | Revised/Reviewed | 1/2021 |

I. PURPOSE

The hospital identifies individuals entering its facilities

II. POLICY

Watsonville Community Hospital has developed policies and procedures for managing the identification of patients, staff, and visitors.

III. DEFINITIONS

Definitions if needed

IV. PROCEDURE

1. The Human Resources Department coordinates the employee identification program. The Director of Human Resources and all supervisory personnel manage enforcement of the identification program.
2. Hospital administration maintains policies for identification. All personnel are required to display an identification badge on their upper body while on duty. Identification badges are to be displayed picture side out. Personnel who fail to display identification badges are counseled individually by their department head. The Environmental Tour team assesses compliance with this policy. Security personnel assess compliance with the policy and report noncompliance to department heads. Identification badges are removed from personnel upon termination.
3. Visitors of patients are not normally expected to have identification. Visitors during specific times and visitors to some specific units are requested to have identification. In these cases, visitors to the first floor areas will be given dark blue visitor stickers by Security personnel before building entry, second floor visitors will have pink stickers, and third floor visitors will have green stickers.
4. Where required, patient identification is provided at the nursing unit where patients are first admitted. If a patient wristband is damaged it is replaced by the nursing staff. Patient identification is not removed upon discharge. Patients are instructed to remove the identification band at home.
5. The Materials Management and Facilities Departments provide vendor and contractor identification.
6. Identification badges shall be controlled and stored in a secure area located in the Human Resources Department.
 - a. Xx
 - b. Xx
 - c. Xx
 - i. Xx
 - ii. Xx
 - iii. xx

V. REFERENCES

References used

VI. STAKEHOLDERS

If applicable



| | | | |
|---------------------|---|-------------------------|---------------|
| Policy Title | EC.02.05.01.6 Preventive Maintenance Policy | Policy # | EC.02.05.01.6 |
| Responsible | Facilities | Revised/Reviewed | 1/2022 |

I. PURPOSE

II. POLICY

It is the policy of Watsonville Community Hospital to maintain a comprehensive Preventive Maintenance Program that documents in writing the inspection, testing and maintenance activities for all utility systems included in the program at established intervals. Intervals shall be based on manufacturer's recommendations, applicable regulatory agency/authority, risk levels, and hospital's experience. It is the responsibility of the Director of Facilities to keep the Preventive Maintenance Program accurate and ongoing.

Documentation of the Preventive Maintenance Program is located in Facilities Office.

III. DEFINITIONS

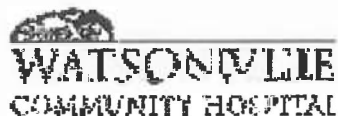
IV. PROCEDURE

1. At the beginning of each month, the Director of Facilities or his/her designee issues the scheduled maintenance work orders to the Facilities Engineers.
2. Maintenance is performed in accordance with the tasking outlined in the work order. The assigned engineer shall document any pertinent observations on the work order. When maintenance and documentation is completed, the engineer dates and signs off that the maintenance was performed, marks the work order as closed in TMS, and returns the work order to the Director of Plant Operations or designee.
3. If scheduled maintenance cannot be performed (i.e., parts not available), the reason is documented on the work order and returned to the Director of Facilities.
4. If equipment must be removed from the user area or maintenance cannot be completed within the month in which the WO generated due to specific circumstances (i.e., parts not available), the engineer shall close out the WO with the appropriate documentation and prepare a corrective maintenance work order as follow-up. The asset number is to be documented on the corrective maintenance work order so that this becomes part of the equipment history.
5. If scheduled maintenance is to be performed by an external vendor, the Facilities Department will contact the vendor and instruct the vendor to perform the maintenance as outlined in the work order. When maintenance and documentation is completed, the vendor dates and signs off that the maintenance was performed and returns the work order to the Director of Facilities along with a copy of the vendor's inspection form.
6. Facility has access to TMS Support via the online Customer Care Center/chat line, email/techsupport@frsoft.com, or by phone/1-412-256-9020 EX2. In addition, facility has been provided with a Customized Training Manual. Facilities may also request "on-site" or web-based training through the Preventive Maintenance Service Manager.

V. REFERENCES

VI. STAKEHOLDERS

Facilities Department



| | | | |
|---------------------|---|-------------------------|-----------------|
| Policy Title | EC..2.05.05.2-6 Utility system components tests | Policy # | EC.02.05.05.2-6 |
| Responsible | Facilities | Revised/Reviewed | 1/2022 |

I. PURPOSE

The purpose of this policy is to establish procedures for the initial and ongoing testing of all utility system components.

II. POLICY

It is policy of Watsonville Community Hospital that all utility system components, including high-risk, non-high-risk, and infection control components, are included in the preventive maintenance inventory to be tested to ensure performance and reliability.

III. DEFINITIONS

High-Risk utility system includes components for which there is a risk of serious injury or death to a patient or staff member should it fail, which includes life-support equipment.

IV. PROCEDURE

1. Maintain a current, accurate, and unique inventory of all utility system components.
2. Prior to initial use, and after major repairs or upgrades, test each component included in the utility systems inventory.
3. Based on criteria such as manufacturer's recommendations, equipment function, clinical application, likelihood of failure, and facilities experience, test each critical component of the utilities system for performance and safety.
4. Included Utility Systems/Components
 - a. Life support Systems must have a 100% completion rate
 - b. Non-life support systems
 - c. Infection control systems must have a 100% completion rate
5. All testing activities and completion dates are documented, and records are kept on file in the Facilities Department.

V. REFERENCES

EC.02.05.02.2
 EC.02.05.02.4
 EC.02.05.02.5
 EC.02.05.02.6

VI. STAKEHOLDERS

Plant Operations and Maintenance



| | | | |
|---------------------|---|-------------------------|---------------|
| Policy Title | EC.02.01.03.1 Tobacco Free, Smoke Free Campus | Policy # | EC.02.01.03.1 |
| Responsible | Facilities Department | Revised/Reviewed | 4/2021 |

I. PURPOSE

To establish guidelines for employees, volunteers, physicians, students, contractors, vendors, temporary employees, patients, and visitors regarding a tobacco and smoke free campus.

II. POLICY

- Watsonville Community Hospital is committed to the promotion of health and safety for all patients, employees, visitors, and customers.
- Watsonville Community Hospital strives to provide a healthy and tobacco and smoke free environment for all who enter the facility and arrive on hospital grounds.
- Watsonville Community Hospital recognizes that tobacco product usage and the consumption of "second hand smoke" frequently are factors which perpetuate chronic health conditions.
- Therefore, tobacco usage is not permitted on the campus of Watsonville Community Hospital (inside facility, as well as outside on the grounds).

III. DEFINITIONS

Tobacco usage includes use of any cigarette, cigar, pipe, and smokeless or other tobacco products.

IV. PROCEDURE

1. Signs identifying the campus as a tobacco and smoke free campus shall be posted on all building and public areas controlled by Watsonville Community Hospital.
2. Tobacco use of any kind will not be permitted on the Watsonville Community Hospital campus.
 - a. Tobacco use is not permitted in any hospital structure, including but not limited to patient rooms, offices, cafeterias, trailers, clinics, lounges, laboratories, and off-sight locations.
 - b. This restriction also extends to all private offices owned, leased and/or operated by Watsonville Community Hospital.
 - c. Tobacco use of any kind is prohibited in areas outside the building where flammable liquids, gases, or oxygen is used or stored.
 - d. Tobacco use is not allowed on the outside grounds of the facility, including but not limited to parking lots.
3. Communication of tobacco and smoke free campus
 - a. Upon admission, patients are informed of this tobacco and smoke free policy.
 - b. Outpatients and visitors are informed by signage at the entrances and at registration.
 - c. All new employees will be instructed of the policy at new employee orientation, and reinforced at the department level.
 - d. Medical Staff will receive information regarding this policy during orientation by the Medical Staff Office.
4. This policy does not mandate that employees stop smoking or using other tobacco products.
 - a. Employees may continue to smoke or use other tobacco products as long as they do so off-property and do not have excessive odor resulting from the use of tobacco products.
 - b. If an employee chooses to leave the campus during a break and/or meal/rest period, he or she must clock out and back in upon return.
5. Non-Compliance
 - a. Personnel who are non-compliant are subject to disciplinary action.
 - b. Patients who are non-compliant must be warned and their smoking materials removed until time of discharge.
 - c. Visitors who are non-compliant may be asked to leave the building.

| | | | |
|---------------------|---|----------------|---------------|
| Policy Title | EC.02.01.03.1 Tobacco Free, Smoke Free Campus | Policy# | EC.02.01.03.1 |
|---------------------|---|----------------|---------------|

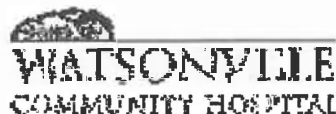
- d. The hospital reserves the right to remove and prohibit possession/deliver of tobacco/smoking materials from those individuals found in violation of this policy.
- e. Additional measures may be taken by Human Resources and/or hospital administration for those determined 'repeat offenders.'
- 6. It is the responsibility of ALL personnel to enforce the tobacco free policy.
 - a. Enforcement of the policy will depend on the thoughtfulness, consideration, and cooperation of all staff.
 - b. Compliance is expected and will be enforced with compassion and by tact, diplomacy, and the exercise of appropriate judgement.
 - c. Conflicts should be brought to the attention of the Department Director and/or your immediate Supervisor.
 - d. The Safety/Security Department may be contacted for additional assistance if necessary and shall be responsible for monitoring areas where continuous violations are founded.
- 7. Monitoring for compliance with tobacco and smoke free campus:
 - a. Incidents of smoking (including evidence of smoking) are under constant surveillance at this facility.
 - b. When identified, incidents are documented and evaluated for trends and patterns.
 - c. Where patterns are identified, a performance improvement team will be assigned to identify and implement corrective activity.

V. REFERENCES

References used

VI. STAKEHOLDERS

If applicable



| | | | |
|---------------------|--|-------------------------|---------------|
| Policy Title | LS.02.01.70.a Acquisition of Furniture and Furnishings | Policy # | LS.02.01.70.a |
| Responsible | Facilities Director | Revised/Reviewed | 2/2021 |

I. PURPOSE

To establish policies and procedures for the procurement of furniture, furnishings and fixtures (other than medical furniture) and to meet replacement and additional needs throughout Watsonville Community Hospital.

II. POLICY

It is the policy of Watsonville Community Hospital that when acquiring furniture, furnishings and related supplies that only fire safe materials will be allowed into the facility.

1. Furnishings in Watsonville Community Hospital will be determined from the standpoint of utility, durability, maintaining cleanliness and therapeutic and aesthetic value of color and design.

2. Outside consultants and/or Watsonville Community Hospital resources will be utilized for interior decorating or interior design services when indicated.

3. It is the policy of Watsonville Community Hospital that all furniture, curtains, draperies, carpeting, wastebaskets, shelving and miscellaneous furnishings meet National Fire Protection Association (NFPA) fire safety codes.

III. RESPONSIBILITY

1. The Director of Materials Management is responsible for obtaining approvals and procuring all new furniture, furnishings, fixtures and related supplies.

2. Department Managers are responsible for the protection and safeguarding of furnishings assigned to their areas.

3. The Director of Plant Operations is responsible for structural development on approved remodeling projects and for installation/removal of fixtures permanently attached to structures.

4. The Safety Officer/Director of Plant Operations is responsible for approving or disapproving requests in accordance with NFPA regulations.

IV. PROCEDURE

1. All requests for new items will be requested by memorandum to the Director of Materials Management describing needs, justifications and specific locations.

2. Materials Management will forward all requests to the Safety Officer for approval or disapproval for compliance with NFPA fire safety codes. The Safety Officer will indicate approval / disapproval on the memorandum with a concurrent signature and will indicate any reason(s) for disapproval.

3. To expedite the approval process, selected material may be approved in advance by the Safety Officer. Documentation to support prior approval will be retained by the Safety Officer.

| | | | |
|---------------------|--|-----------------|---------------|
| Policy Title | LS.02.01.70.a Acquisition of Furniture and Furnishings | Policy # | LS.02.01.70.a |
|---------------------|--|-----------------|---------------|

4. To expedite the approval and procurement process, all departments are encouraged to research their needs and request items that meet the NFPA fire safety codes.

5. Requests for relocation of existing furniture and furnishings, both within and between buildings of Watsonville Community Hospital, will be requested by memorandum to the Safety Officer describing needs and specific locations. Under no circumstances will movement of furniture and/or furnishings be accomplished without prior notification and approval by the Safety Officer.

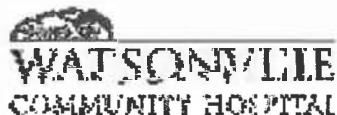
V. IMPLEMENTATION

Interior furnishings consist of, but are not limited to upholstered furniture, waste and trash receptacles, interior finishing such as wall, ceiling, and floor coverings, carpets and wallpaper, drapes, curtains and other textiles.

1. Upholstered Furniture: All furniture possessing a combustible capability must be certified or bear a statement or tag that it meets, or was tested, under the requirements of the National Fire Protection Association 260 or 261 Standard. These are the test methods for determining the resistance of upholstered furniture to ignition by smoldering cigarettes.
2. Draperies, Curtains and Similar Furnishings: Drapes, cubicle curtains, etc., (hanging fabrics or textiles) are to be flame resistant and must be tested to meet the requirements of the NFPA-701 "Standard Methods of Fire Tests for Flame Resistant Textiles and Films".
3. Waste and Trash Receptacles and Carts: Wastebaskets, trash and similar containers such as carts shall be of non-combustible or other approved materials as follows:
 - a. Containers of less than 10 gallon capacity used for ordinary Class A combustibles may be used uncovered.
 - b. Containers of more than 10 gallons capacity but less than 32 gallons shall be equipped with tight fitting covers or other means of confining combustion with the container. The containers must not melt or deform if the contents ignite or if it is exposed to heat or fire.
 - c. Any size trash container that is used for disposal of materials subject to spontaneous combustion, generation of flammable vapors or intense burning must be placed in metal containers with close-fitting covers. NO chemical materials may be placed in trash containers.
 - d. No trash or garbage containers (except for those used exclusively for transport) will be larger than 32 gallons.
4. Carpeting: All new carpeting purchased for installation at Watsonville Community Hospital facilities shall be Class I in accordance with NFPA Standard 253,
 - a. "Standard Method of Test for Critical Radiant Flux of Floor Covering Systems Using a Radiant Heat Energy Source."
5. Fire Retardant Coatings: When articles used for interior finishings have a fire retardant coating, users must ensure such materials retain their retardant properties under service conditions. When in doubt, users shall contact the Safety Officer who will verify that the treatment complies with NFPA 703, "Standard for the Fire Retardant Impregnated Wood and Fire Retardant Coatings for Building Materials."
6. Highly Flammable Furnishings and decorations:
 - a. Furnishings or decorations of a highly flammable or explosive character are prohibited from being displayed or used in this facility.
 - b. Textile materials having a napped, tufted, looped, woven, non-woven or similar surface shall not be applied to walls or ceilings unless meeting requirements of proper testing for flame spread.
 - c. Cellular or foamed plastic materials shall not be used as interior wall or ceiling finish.

| | | | |
|---------------------|--|-----------------|---------------|
| Policy Title | LS.02.01.70.a Acquisition of Furniture and Furnishings | Policy # | LS.02.01.70.a |
|---------------------|--|-----------------|---------------|

7. Heat Producing Appliances: Equipment will be installed and maintained in accordance with their manufacturers' instructions, applicable NFPA Standard and testing laboratory acceptance criteria.
8. Supportive Documentation of Flammability Ratings:
 - a. Documents or certifications indicating a product's flammability rating are required to be retained in an easily retrievable manner to satisfy all regulatory agencies.
 - b. Due to the inordinate purchases of furniture, interior decorations, etc., by various services, all purchasers of such products will establish and maintain a documentation file for presentations to inspectors. This file must contain an accurate description of the products purchased, the location within the facility and any documentation, certificates or manufacturer's literature referring to the product's conformance to the requirements of the fire retardation tests as specified.



| | | | |
|---------------------|-------------------------|-------------------------|---------|
| Policy Title | PO-1001 Function Policy | Policy# | PO-1001 |
| Responsible | Facilities Department | Revised/Reviewed | 8/2020 |

I. PURPOSE

To define the functions of the Plant Operations department

II. POLICY

In carrying out its mission and in accordance with Watsonville Community Hospital policies and procedures, the Plant Operations Department performs the following functions:

1. Conducts periodic building inspections to maintain the building, grounds, and equipment.
2. Performs and implements a preventative maintenance program for the individual inspection, maintenance, and repair of equipment deemed essential for continuous quality of patient care.
3. Regularly tests alarm systems and safety mechanisms to ensure reliable operations
4. Manages a safe environment for patients, staff, and visitors through compliance with The Joint Commission (TJC) standards, NFPA codes, OSHA regulations, Department of Health regulations, and all other agencies.
5. Responds immediately to restore services when essential systems fail.
6. Provides ongoing education to Plant Operations staff.
7. Provides assistance in financial budgeting and management of capital assets.

III. DEFINITIONS

N/A

IV. PROCEDURE

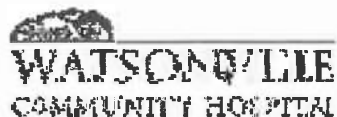
N/A

V. REFERENCES

N/A

VI. STAKEHOLDERS

N/A



| | | | |
|---------------------|-------------------------------|-------------------------|---------|
| Policy Title | PO-1014 Use of Personal Tools | Policy# | PO-1014 |
| Responsible | Facilities Department | Revised/Reviewed | 8/2020 |

I. PURPOSE

Define a policy for the employee responsibilities and conditions for the use of personal tools in the workplace.

II. POLICY

N/A

III. DEFINITIONS

N/A

IV. PROCEDURE

1. Personal tools may only be used with the approval of the Director of Facilities/Plant Operations and will be subject to inspection by the Director.
2. Personal tools which do not meet the department's quality or safety standards shall not be permitted for use in the Plant Operations department.
3. The Plant Operations department shall not assume the cost of repairing or replacing personal tools approved for use in the department, unless approved by the Director of Facilities/Plant Operations in advance.
4. It shall be the responsibility of the employee who owns the tools to keep it clean and in good repair at all times.
5. Tools shall be positively identifiable as the employee's personal tools.

V. REFERENCES

N/A

VI. STAKEHOLDERS

N/A



| | | | |
|---------------------|--|-------------------------|---------|
| Policy Title | PO-2000 Disposition of Surplus Equipment | Policy # | PO-2000 |
| Responsible | Facilities Department | Revised/Reviewed | 8/2020 |

I. PURPOSE

To define the procedure for the sale, trade, transfer, loan, or discard of equipment.

II. POLICY

1. Discarding any equipment by sale, trade, transfer, loan or discard shall be a joint decision of the responsible department manager, Materials Management, Administration, and the Director of Facilities/Plant Operations.
2. The form "Equipment Inventory Change" will be completed and sent to Facilities/Plant Operations for handling the equipment and updating the inventory records.
3. Equipment may not be sold or traded for less than its current book value.
4. Equipment cannot be discarded or salvaged unless totally depreciated.
5. Lateral transfers of capital equipment shall be the #1 priority when disposing of equipment. This is accomplished by notifying other departments and/or ~~placing the equipment on the corporate list of surplus equipment~~ by notifying Materials Management.
6. When repair of equipment costs more than the replacement cost, the equipment is to be replaced. If the replaced equipment has a book value, it is to be retained until fully depreciated or disposed of, at the current book value. Some medical equipment cannot legally be sold or transferred to persons or companies not listed on FDA approved, to have such equipment. When such equipment is involved, proof of license or approval shall be obtained and tiled.

III. DEFINITIONS

Surplus equipment is any equipment that is not needed by a department and that department would like to delete it from their equipment inventory.

IV. PROCEDURE

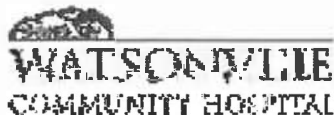
1. When equipment is no longer needed or is not suitable for use within the hospital, the form is completed by the department head and reviewed by the Biomedical Engineering department. When this form is received the computer inventory status is modified as appropriate.
2. The current value is to be obtained from the CFO by the department manager.
3. When the form is completed, signed, and the transaction is in conformance with the policy, the Director of Facilities/Plant Operations will make arrangements to handle the equipment as specified.

V. REFERENCES

N/A

VI. STAKEHOLDERS

N/A



| | | | |
|---------------------|--|-------------------------|---------|
| Policy Title | PO-2009 Environmental Maintenance Grounds Policy | Policy# | PO-2009 |
| Responsible | Facilities Department, Grounds | Revised/Reviewed | 8/2020 |

I. PURPOSE

To define the procedure for inspecting the grounds and performing corrective maintenance as needed.

II. POLICY

N/A

III. DEFINITIONS

N/A

IV. PROCEDURE

The following items are checked quarterly using EC.02.01.01.5.a Quarterly Grounds and Equipment Maintenance and Inspection

1. Visually inspect the area for unsafe or abnormal conditions or those which detract from the aesthetic appearance of the area, such as cracks, unprotected pits or holes, burned out lights, and other safety hazards. Such inspection should include walkways and lighting.
2. Make minor repairs as needed and report unsafe conditions which cannot be readily corrected, or which are outside the scope of Facilities/Plant Operations on a Corrective Work Order.
3. Check the area around the Emergency Department/Ambulance Area to be certain identifying and directional signs are in place and lighting is functional. Check to be certain that emergency employees and others (e.g. vendors) to the Director.
4. Check for obstructions to exits and fire lanes and report same to the Director of Facilities/Plant Operations. Make certain that safety barriers are in place in construction areas and make a report to the Director if they are not.
5. Check Heliport for the proper signs, windsock, and markings as required by AHJ.

V. REFERENCES

EC.02.01.01, EC.02.06.01, EC.02.01.01.5, EC.02.01.01.5.a

VI. STAKEHOLDERS

N/A



Medical Executive Committee Summary – November 15, 2022
ITEMS FOR BOARD APPROVAL

Credentials Committee

INITIAL APPOINTMENTS: (25)

| APPLICANT | SPECIALTY / STATUS | DEPT | PRIVILEGES | Effective Date |
|--------------------------------|---|-------------|--|-------------------------|
| Abcede, Hermalinda, MD | Teleneurology / Provisional | Medicine | Telemedicine Neurology | 12/01/2022 – 11/30/2024 |
| Amir, Murtaza, MD | Teleneurology / Provisional | Medicine | Telemedicine Neurology | 12/01/2022 – 11/30/2024 |
| Andry Jr, James, MD | Teleneurology / Provisional | Medicine | Telemedicine Neurology | 12/01/2022 – 11/30/2024 |
| Bixler, Christopher, MD | Teleneurology / Provisional | Medicine | Telemedicine Neurology | 12/01/2022 – 11/30/2024 |
| Blech, Benzion, MD | Teleneurology / Provisional | Medicine | Telemedicine Neurology | 12/01/2022 – 11/30/2024 |
| Borte, Bernadette, MD | Teleneurology / Provisional | Medicine | Telemedicine Neurology | 12/01/2022 – 11/30/2024 |
| Burke, Julia, DO | OBGYN / Provisional | OBGYN | Obstetrics Nonelective GYN | 12/01/2022 – 11/30/2024 |
| Chen, Hsiong, MD | Teleneurology / Provisional | Medicine | Telemedicine Neurology | 12/01/2022 – 11/30/2024 |
| Cherkassky, Georgy, MD | Teleneurology / Provisional | Medicine | Telemedicine Neurology | 12/01/2022 – 11/30/2024 |
| Choe, Jessica, MD | Teleneurology / Provisional | Medicine | Telemedicine Neurology | 12/01/2022 – 11/30/2024 |
| Corti, Sandri, MD | Teleneurology / Provisional | Medicine | Telemedicine Neurology | 12/01/2022 – 11/30/2024 |
| Dhadwal, Neetu, MD | Teleneurology / Provisional | Medicine | Telemedicine Neurology | 12/01/2022 – 11/30/2024 |
| Figurelle, Morgan, DO | Teleneurology / Provisional | Medicine | Telemedicine Neurology | 12/01/2022 – 11/30/2024 |
| Fowler, Mariecken, MD | Teleneurology / Provisional | Medicine | Telemedicine Neurology | 12/01/2022 – 11/30/2024 |
| Gangloff, Steven, MD | Teleneurology / Provisional | Medicine | Telemedicine Neurology | 12/01/2022 – 11/30/2024 |
| Groves, Benjamin, MD | Teleneurology / Provisional | Medicine | Telemedicine Neurology | 12/01/2022 – 11/30/2024 |
| Johnson, Joshua, MD | Teleneurology / Provisional | Medicine | Telemedicine Neurology | 12/01/2022 – 11/30/2024 |
| Khan, Sidrah, MD | Internal Medicine Hospitalist / Provisional | Medicine | Internal Medicine Critical Care Nonintensivist | 12/01/2022 – 11/30/2024 |
| Le, Minh V., MD | Critical Care Medicine / Provisional | Medicine | Critical Care Moderate Sedation | 12/01/2022 – 11/30/2024 |
| Lue, Stanley, MD | Teleneurology / Provisional | Medicine | Telemedicine Neurology | 12/01/2022 – 11/30/2024 |

| | | | | |
|------------------------------|---|------------|---------------------------|-------------------------|
| Meyers, Clifford, MD | Teleneurology / Provisional | Medicine | Telemedicine Neurology | 12/01/2022 – 11/30/2024 |
| Sharma, Shikha, MD | Pain Medicine / Provisional | Anesthesia | Pain Medicine Fluoroscopy | 12/01/2022 – 11/30/2024 |
| Mendelson, Joshua, MD | Teleneurology / Provisional | Medicine | Telemedicine Neurology | 12/01/2022 – 11/30/2024 |
| Vasudevan, Arvind, MD | Teleneurology / Provisional | Medicine | Telemedicine Neurology | 12/01/2022 – 11/30/2024 |
| Wahl, Jeannine, DO | Family Medicine Hospitalist / Provisional | Medicine | Family Medicine | 12/01/2022 – 11/30/2024 |

REAPPOINTMENTS: (10)

| APPLICANT | SPECIALTY / STATUS | DEPT | PRIVILEGES | Effective Date |
|--------------------------------|--|-------------|--|-------------------------|
| Ahn, Mark, MD | Anesthesiology / Active | Surgery | Anesthesiology | 12/01/2022 – 11/30/2024 |
| Angel, Clay R., MD | Internal Medicine Hospitalist / Active | Medicine | Internal Medicine Critical Care NonIntensivist | 12/01/2022 – 11/30/2024 |
| Bakhtar, Omid, DO | Nephrology / Active | Medicine | Nephrology | 12/01/2022 – 11/30/2024 |
| Chow, Matthew T., MD | Telemedicine Neurology / Telemedicine | Medicine | Telemedicine Neurology | 12/01/2022 – 10/31/2024 |
| Kim, Kyong-Mee S., MD | Pediatrics Cardiology / Consulting | Pediatrics | Pediatric Cardiology | 12/01/2022 – 11/30/2024 |
| Lewis, Teresa J., MD | General Surgery / Active | Surgery | General Surgery | 12/01/2022 – 11/30/2024 |
| Mediratta, Rishi P., MD | Pediatrics / Active | Pediatrics | Pediatrics | 12/01/2022 – 11/30/2024 |
| Sajed, Mohammad, MD | Telemedicine-Neurology / Telemedicine | Medicine | Telemedicine Neurology | 12/01/2022 – 10/31/2024 |
| Tran, Michael P., MD | Pediatric Cardiology / Consulting | Pediatrics | Pediatric Cardiology | 12/01/2022 – 11/30/2024 |
| Wickham, Michael Q., MD | Pathology / Active | Surgery | Anatomic and Clinical Pathology | 12/01/2022 – 11/30/2024 |

MODIFICATION / ADDITION OF PRIVILEGES:

| NAME | SPECIALTY | Privileges |
|-------------|------------------|-------------------|
| None | | |

STAFF STATUS MODIFICATIONS:

| NAME | SPECIALTY / DEPARTMENT | RECOMMENDATION |
|---------------------------------|-----------------------------------|---|
| Brandt, Sarah, MD | General Surgery / Surgery | Release from Wound Care proctoring |
| Chow, Matthew T., MD | Telemedicine Neurology / Medicine | Advance from Provisional to Telemedicine Staff |
| Peng, Bob, MD | OBGYN | Release from C-Section proctoring |
| Sajed, Mohammad, MD | Telemedicine-Neurology / Medicine | Released from Core Proctoring Advance from Provisional to Telemedicine Staff |
| Bjekic, Gordana, MD | Telemedicine Critical Care | Resignation, effective 10/31/2022 |
| Gannaway-Ghassemi, Laura E., MD | Internal Medicine Hospitalist | Resignation, effective 11/30/2022 |
| Jordan, Patrick E., DPM | Podiatry | Resignation, effective 11/30/2022 |

| | | |
|------------------------|-------|-----------------------------------|
| Thanapathy, Jumnah, MD | OBGYN | Resignation, effective 11/03/2022 |
|------------------------|-------|-----------------------------------|

TEMPORARY PRIVILEGES:

| NAME | SPECIALTY / DEPARTMENT | DATES |
|-------------------------|---|-------------------------|
| Dutaret, Claudine, MD | Teleneurology / Medicine | 11/11/2022 – 01/31/2023 |
| Hossain, Nagma, MD | Telemedicine Infectious Disease | 11/01/2022 – 12/15/2022 |
| Abcede, Hermalinda, MD | Teleneurology / Medicine | 11/14/2022 – 12/01/2022 |
| Amir, Murtaza, MD | Teleneurology / Medicine | 11/14/2022 – 12/01/2022 |
| Andry Jr, James, MD | Teleneurology / Medicine | 11/14/2022 – 12/01/2022 |
| Bixler, Christopher, MD | Teleneurology / Medicine | 11/14/2022 – 12/01/2022 |
| Blech, Benzion, MD | Teleneurology / Medicine | 11/14/2022 – 12/01/2022 |
| Borte, Bernadette, MD | Teleneurology / Medicine | 11/14/2022 – 12/01/2022 |
| Chen, Hsiung, MD | Teleneurology / Medicine | 11/14/2022 – 12/01/2022 |
| Cherkassky, Georgy, MD | Teleneurology / Medicine | 11/14/2022 – 12/01/2022 |
| Choe, Jessica, MD | Teleneurology / Medicine | 11/14/2022 – 12/01/2022 |
| Chow, Matthew T., MD | Teleneurology / Medicine | 11/26/2022 – 12/01/2022 |
| Dhadwal, Neetu, MD | Teleneurology / Medicine | 11/14/2022 – 12/01/2022 |
| Figurelle, Morgan, DO | Teleneurology / Medicine | 11/14/2022 – 12/01/2022 |
| Fowler, Mariecken, MD | Teleneurology / Medicine | 11/14/2022 – 12/01/2022 |
| Gangloff, Steven, MD | Teleneurology / Medicine | 11/14/2022 – 12/01/2022 |
| Groves, Benjamin, MD | Teleneurology / Medicine | 11/14/2022 – 12/01/2022 |
| Johnson, Joshua, MD | Teleneurology / Medicine | 11/14/2022 – 12/01/2022 |
| Khan, Sidrah, MD | Internal Medicine Hospitalist / Medicine | 11/17/2022 – 12/01/2022 |
| Le, Minh V., MD | Critical Care / Medicine | 11/11/2022 – 12/01/2022 |
| Sajed, Mohammad, MD | Teleneurology / Medicine | 11/26/2022 – 12/01/2022 |

INTERDISCIPLINARY PRACTICE COMMITTEE**Initial Appointment: (1)**

| APPLICANT | SPECIALTY / STATUS | DEPT | PRIVILEGES | Effective Date |
|-----------------------|--|---------|--------------------------------------|-------------------------|
| Parker, Lindsay, PA-C | Physician Assistant Orthopedics / Advanced Practice Provider | Surgery | Orthopedics – Physician Assistant | 12/01/2022 – 11/30/2024 |

REAPPOINTMENT: (1)

| APPLICANT | SPECIALTY / STATUS | DEPT | PRIVILEGES | Effective Date |
|---------------------------|---|-----------------------|---|-------------------------|
| Carlquist, Jennifer, PA-C | Emergency Medicine / Advanced Practice Provider | Emergency Medicine | Emergency Medicine – Physician Assistant | 12/01/2022 – 11/30/2024 |

MEDICAL EXECUTIVE COMMITTEE, November 15, 2022, ACTION ITEMS FOR APPROVAL

1. Credentialing Actions:

- 1.1 Credentials Report: November 2022
- 1.2 Interdisciplinary Practice Credentials Report: November 2022

2. Policies & Procedures:

- 2.1 Telemedicine Credentialing Guidelines (informational)

3. Quality Report: (Presented by Tracy Trail-Mahan, RN, Quality Director)



Watsonville Community Hospital Monthly Quality Report

Tracy Trail-Mahan MS RN PMGT-BC CPHQ
Director of Quality, Risk and Patient safety

WATSONVILLE
COMMUNITY HOSPITAL

Watsonville Community Hospital Fall 2022 Leapfrog Safety Grade

Spring 2022

This Hospital's Grade



Watsonville Community Hospital

75 Nielson Street
Watsonville, CA 95076-2468

[View the full Score](#)

Fall 2022

This Hospital's Grade



Watsonville Community Hospital

75 Nielson Street
Watsonville, CA 95076-2468
[Map and Directions](#)

[View this hospital's Leapfrog Hospital Survey Results](#)

- <https://www.hospitalsafetygrade.org/h/watsonville-community-hospital>



Fall 2022 Safety Grade Data

Higher number
is better

Lower number is
better

| Measure Domain | Measure | Primary Data Source | Reporting Period | WCH Score | Mean |
|--|---|------------------------------------|-----------------------|-----------------------|--------|
| Process/Structural Measures | Computerized Physician Order Entry (CPOE) | 2022 Leapfrog Hospital Survey | 2022 | 70 | 87.00 |
| | Bar Code Medication Administration (BCMA) | 2022 Leapfrog Hospital Survey | 2022 | 75 | 87.03 |
| | ICU Physician Staffing (IPS) | 2022 Leapfrog Hospital Survey | 2022 | 5 | 66.83 |
| | Safe Practice 1: Culture of Leadership Structures and Systems | 2022 Leapfrog Hospital Survey | 2022 | 92.31 | 116.32 |
| | Safe Practice 2: Culture Measurement, Feedback, & Improvement | 2022 Leapfrog Hospital Survey | 2022 | 120.00 | 115.24 |
| | Safe Practice 9: Nursing Workforce | 2022 Leapfrog Hospital Survey | 2022 | 82.35 | 97.86 |
| | Hand Hygiene | 2022 Leapfrog Hospital Survey | 2022 | 40 | 69.55 |
| | H-COMP-1: Nurse Communication | HCAHPS/CMS | 10/01/2020-09/30/2021 | 87 | 90.15 |
| | H-COMP-2: Doctor Communication | HCAHPS/CMS | 10/01/2020-09/30/2021 | 87 | 90.02 |
| | H-COMP-3: Staff Responsiveness | HCAHPS/CMS | 10/01/2020-09/30/2021 | 79 | 81.91 |
| | H-COMP-5: Communication about Medicines | HCAHPS/CMS | 10/01/2020-09/30/2021 | 71 | 74.97 |
| | H-COMP-6: Discharge Information | HCAHPS/CMS | 10/01/2020-09/30/2021 | 86 | 85.51 |
| | Outcome Measures | Foreign Object Retained | CMS | 07/01/2018-12/31/2019 | 0.000 |
| Air Embolism | | CMS | 07/01/2018-12/31/2019 | 0.000 | 0.0016 |
| Falls and Trauma | | CMS | 07/01/2018-12/31/2019 | 0.598 | 0.41 |
| CLABSI | | NHSN/2022 Leapfrog Hospital Survey | 01/01/2021-12/31/2021 | 3.400 | 1.11 |
| CAUTI | | | | 1.640 | 0.90 |
| SSI: Colon | | | | N/A | 0.80 |
| MRSA | | | | N/A | 1.13 |
| C. Diff. | | | | 1.117 | 0.49 |
| serious treatable conditions | | CMS | 07/01/2018-12/31/2019 | N/A | 159.68 |
| CMS Medicare PSI 90: Patient safety and adverse events | | CMS | 07/01/2018-12/31/2019 | 1.06 | 1.00 |



Watsonville Leapfrog Performance Improvement Plan 2023

| Measure | Data period | Gap | Plan | Target |
|--|-------------------------------|---|---|---------------------------|
| CPOE | 2022 self-report | OR on paper | Launch OR EMR | Q1 2023 |
| BCMA | 2022 self-report | ED EMR does not support BCMA | Vendor building module | ?? |
| ICU staffing | 2022 self-report | Board certified intensivists, 8hrs day/y days week, MTD rounds | | |
| Culture of Safety Leadership and Nursing | 2022 self-report | Community engagement, Unit-based PI and reporting, tied to performance evals and compensation | Use Sept 2022 survey to develop unit-based PI with reporting. Add to evals Participate in NDNQI | Q2 2023 Q1 2023 |
| Infection Prevention & Hand Hygiene | 2021 NHSN 2022 self-report | HAI incidence Unit based data report, PI and feedback to outliers Nursing Education HAI | Create unit-based Patient Safety teams for HH, HAIs, Culture if Safety Nursing Skills Day | Q2023 January 2023 |
| Patient Harm Events | 07/01/2018-12/31/2019 CMS | No concurrent data abstraction, review and PI. Open FTEs and poor software support with outdated EMR data ability | Request new QA software for data abstraction and analysis. Fill open FTEs | Q1 2023 |

Watsonville Community Hospital Monthly Quality Report



Data Elements

| Element | Source | Time lag |
|--|---|---|
| Payor Metrics(admits, discharges, ALOS, GMLOS, variance, CMI) Overall. Service line data reporting begin Jan 2023 (KP, USACS) | WCH Mei Luu reports (MedHost) | 1 months October report reflective of Sept data |
| All cause 30-day readmissions | HSAG (Medicare/Medi-Cal claims data) | 6 month |
| All cause 30-day mortality | HSAG (Medicare/Medi-Cal claims data) | 3 month |
| Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Patient Satisfaction Data | Press Ganey Patient surveys | 1 quarter |
| Fall rate per 1K/pt. days | WCH QA/Risk dept | current |
| HAPI rate per 1/pt. days | WCH QA/Risk dept (begin reporting Dec 2022) | current |
| IP Dashboard HAIs, Hand hygiene | WCH IP/QA (launch Q1 2023) | |

Payor Metrics

Payor Metrics
As of October 2022

| Physician | 2022 | | | | | | | | | | | | | | CM vs PM | % Variance |
|---------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|------------|
| | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | | | |
| Medicare | | | | | | | | | | | | | | | | |
| Discharges | 198 | 228 | 187 | 123 | 95 | 116 | 95 | 112 | 105 | 104 | 115 | 102 | 99 | (3) | (2.9%) | |
| ALOS | 4.0 | 5.4 | 4.5 | 6.0 | 4.1 | 4.3 | 3.8 | 4.5 | 4.7 | 3.8 | 4.1 | 4.5 | 3.6 | (0.9) | (20.2%) | |
| GMLOS | 4.0 | 4.0 | 4.1 | 4.2 | 4.4 | 3.9 | 3.8 | 3.8 | 4.0 | 4.0 | 3.6 | 3.9 | 4.0 | 0.1 | 3.5% | |
| LOS Variance | (0.0) | (1.4) | (0.3) | (1.9) | 0.3 | (0.4) | 0.0 | (0.6) | (0.8) | 0.1 | (0.5) | (0.7) | 0.4 | 1.0 | (154.4%) | |
| CMI | 1.5437 | 1.5255 | 1.6214 | 1.4969 | 1.6690 | 1.4280 | 1.4313 | 1.3950 | 1.4676 | 1.4403 | 1.2960 | 1.4450 | 1.4848 | 0.0398 | 2.8% | |
| Medicaid | | | | | | | | | | | | | | | | |
| Discharges | 103 | 124 | 104 | 61 | 54 | 67 | 66 | 46 | 58 | 75 | 49 | 35 | 38 | 3 | 8.6% | |
| ALOS | 2.6 | 2.6 | 2.3 | 3.1 | 2.5 | 4.1 | 3.1 | 2.6 | 2.6 | 2.5 | 3.2 | 3.2 | 3.8 | 0.6 | 20.3% | |
| GMLOS | 3.3 | 3.5 | 3.7 | 3.8 | 3.3 | 3.6 | 3.4 | 3.3 | 3.6 | 3.1 | 3.2 | 3.3 | 3.5 | 0.3 | 8.6% | |
| LOS Variance | 0.6 | 0.8 | 1.1 | 0.4 | 0.8 | (0.5) | 0.4 | 0.7 | 1.0 | 0.6 | 0.0 | 0.1 | (0.3) | (0.4) | (455.3%) | |
| CMI | 1.0674 | 0.6972 | 0.6516 | 1.2146 | 1.3181 | 1.2206 | 1.1869 | 1.1462 | 1.1205 | 0.9405 | 1.1203 | 1.0302 | 1.2397 | 0.2095 | 20.3% | |
| Total Discharges | 798 | 724 | 738 | 414 | 367 | 384 | 412 | 421 | 419 | 416 | 458 | 364 | 347 | (17) | (4.7%) | |
| Total ALOS | 3.4 | 3.6 | 3.2 | 4.0 | 3.1 | 3.5 | 3.3 | 3.3 | 3.5 | 3.1 | 3.1 | 3.3 | 3.3 | (0.0) | (0.8%) | |
| Total GMLOS | 3.7 | 3.7 | 3.8 | 3.9 | 3.7 | 3.6 | 3.5 | 3.5 | 3.5 | 3.5 | 3.3 | 3.5 | 3.5 | 0.0 | 1.0% | |
| Total LOS Variance | 0.2 | 0.1 | 0.5 | (0.2) | 0.4 | 0.1 | 0.2 | 0.2 | 0.1 | 0.4 | 0.2 | 0.1 | 0.2 | 0.1 | 54.6% | |
| Total CMI | 1.0976 | 1.0215 | 0.9722 | 1.3842 | 1.3817 | 1.2891 | 1.2307 | 1.2132 | 1.2219 | 1.2101 | 1.1268 | 1.2092 | 1.2494 | 0.0401 | 3.3% | |

30-day All Cause Readmit

Readmissions: All-Cause - Rate Over Time

Affiliation: No Affiliation
 Hospital Name: WATSONVILLE COMMUNITY HOSPITAL
 Time Interval: Quarterly

Q1 2022=18.02% (51/283)



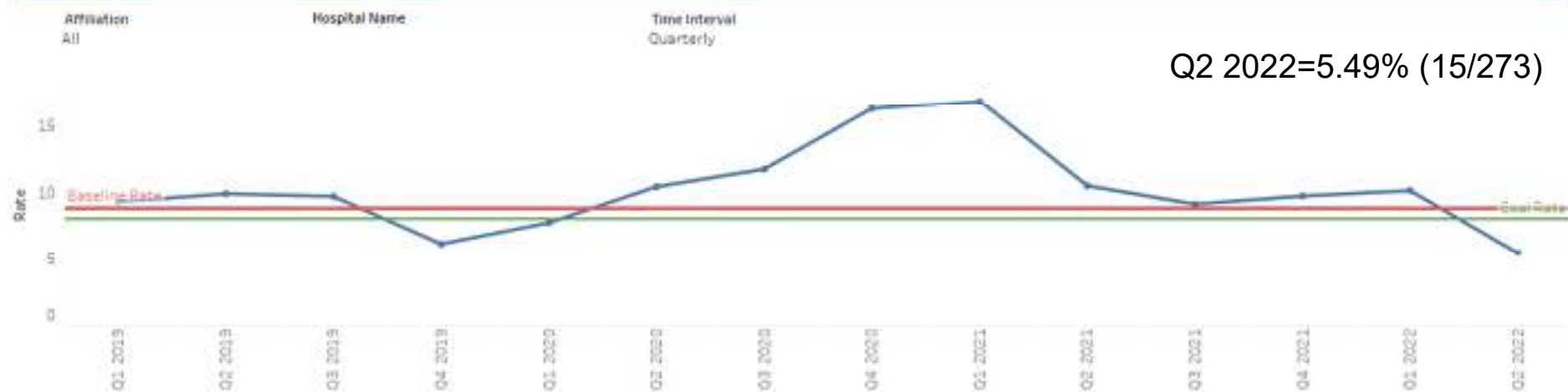
| Hospital Name | Bed Size | CAH | HRRP | Baseline Rate Time Period: 01/01/2019 - 12/31/2019 | Evaluation Rate Time Period: 06/01/2021 - 05/31/2022 | Number Needed to Avert | Goal Rate |
|--------------------------------|--------------|-----|--------|--|--|------------------------|-----------|
| WATSONVILLE COMMUNITY HOSPITAL | 100-199 beds | No | HRRP 5 | 16.73% | 17.15% | 14 | 15.89% |

Source: CMS claims data for Medicare and Medi-Cal patients



30-day All Cause Mortality

Mortality: All-Cause - Rate Over Time



Mortality: All-Cause - Summary Table

| Hospital Name | Bed Size | CAH | HRRP | Baseline Rate Time Period: 01/01/2019 - 12/31/2019 | Evaluation Rate Time Period: 07/01/2021 - 06/30/2022 | Number Needed to Avert | Goal Rate |
|--------------------------------|--------------|-----|-------|--|--|------------------------|-----------|
| WATSONVILLE COMMUNITY HOSPITAL | 100-199 beds | No | HRRPS | 8.83% | 8.70% | 8 | 8.03% |

Source: CMS claims data for Medicare and Medi-Cal patients



HCAHPS

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Patient Satisfaction Data Q3 2022

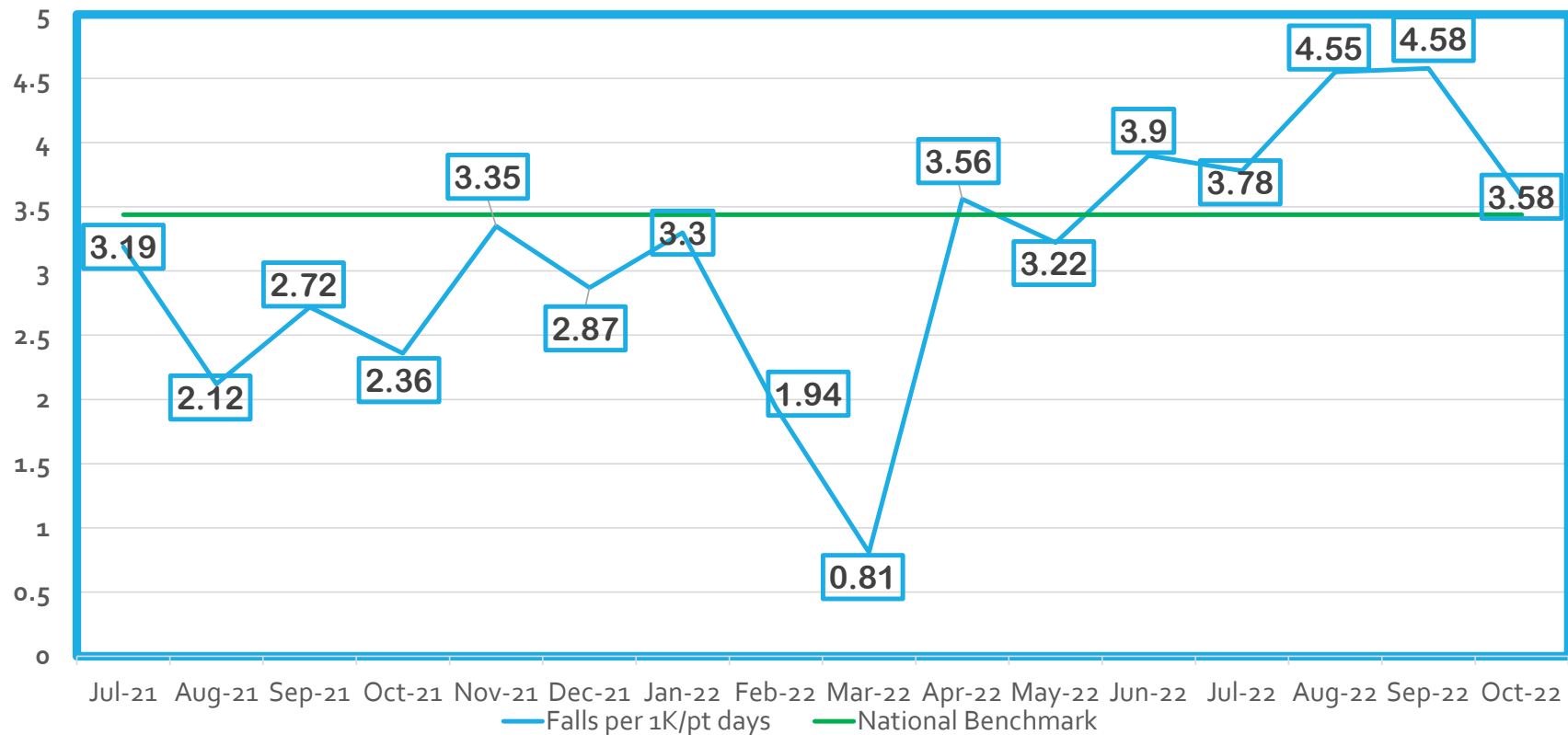
| HCAHPS Domain | 2021 | Jan-Mar | Apr-Jun | Jul-Sep | Oct-Dec | CA State Avg |
|----------------------------------|--------|---------|---------|---------|---------|--------------|
| | | 2022 | 2022 | 2022 | 2022 | |
| | | N=97 | N=119 | N=134 | N=0 | |
| Nurse Communication | 72.37% | 78.49% | 67.27% | 78.67% | | 77% |
| Doctor Communication | 72.78% | 72.28% | 71.39% | 76.94% | | 78% |
| Responsiveness of Hospital Staff | 59.29% | 57.38% | 64.94% | 56.95% | | 64% |
| Communication About Medications | 54.37% | 60.69% | 53.66% | 61.69% | | 63% |
| Cleanliness | 68.68% | 66.67% | 63.56% | 61.07% | | 73% |
| Quietness | 52.36% | 56.99% | 57.76% | 51.13% | | 51% |
| Discharge Information | 85.32% | 89.64% | 85.47% | 83.13% | | 86% |
| Transition of Care | 46.08% | 48.12% | 44.84% | 47.99% | | 50% |
| Overall Hospital Rating | 64.03% | 60.82% | 61.21% | 64.89% | | 70% |
| Willingness To Recommend | 60.57% | 58.51% | 57.76% | 61.36% | | 70% |

* indicates data collection is in progress

| |
|---------------------------------------|
| California average met or exceeded |
| Within 5 points of California average |
| Below 5 points of California average |

Inpatient Falls

Falls with serious injury=0



Source: internal WCH collected data
National Benchmark 3.44

