

West Side Health Care District

119 Adkisson Way Taft, CA 93268 (661) 765 - 7234

Board Meeting Agenda

Thursday, December 14, 2022 at 1:00 pm

1. Call to Order/Pledge of Allegiance

2. Public Input

This is the time for public comment. Members of the public may be heard on any item on the agenda. A person addressing the Board will be limited to five minutes unless the Chairperson grants a longer period of time. Comments by members of the public on an item on the agenda will only be allowed during consideration of the item by the Board. When the item is called, please raise your hand or stand if you desire to address the Board.

Members of the public may also, at this time only, address the Board on any non-agenda items, your comments will be limited to five minutes. You should raise your hand or stand at this time. Although Board Members may ask questions for clarification, the Board will not debate issues with the speaker. Non-emergency items may be rescheduled for a discussion at a later date. Please note, the Board may take action on non-agenda items only in emergency circumstances.

After the comments, the public is allowed to remain and listen or may leave at any time.

AMERICANS WITH DISABILITIES ACT (Government Code Section 54943.2) The West Side Health Care District is accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the West Side Health Care District may request assistance at 119 Adkisson Way Taft, California, or by calling (661) 765-7234. Reasonable effort will be made to accommodate individuals with disabilities by making meeting materials available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.

3. Approval of Minutes

Board Meeting Minutes – Thursday, November 17, 2022

4. Financial Review

District CPA, Kelly Hohenbrink, will join the meeting via telephone.

A. Review and Discussion /Approval the November 2022 Financial Reports

5. Nominations from the Floor and Board Elections of the 2023 Board Officers and Committee Members

1. Board President (2022 = Eric Cooper)
2. Board Vice President (2022 = Adele Ward)
3. Board Secretary/Treasurer (2022 = Ginny Miller)
4. Finance Committee Members (2022 = Eric Cooper and Ginny Miller)
5. Facilities Committee Members (2022 = Eric Cooper and Darren Walrath)
6. Personnel Committee Members (2022 = Adele Ward and Jan Ashley)
7. Community Outreach Members (2022 = Jan Ashley and Darren Walrath)

6. **Discussion/Approval Authorization of Process to Procure Professional Services and Contractor for Renovations to Building B**
7. **Annual Review and Approval of Policy and Procedures**
 - A. West Side Family Health Care- Miscellaneous Policies
 - B. West Side Health Care District- Miscellaneous Policies
8. **Administrative Staff Reports**
 - A. November 2022, General Information- Attached for informational purposes only.
No Action.
9. **Committee Updates**
 - A. **Finance Committee**
Eric Cooper or Ginny Miller
 - B. **Facilities Committee**
Eric Cooper or Darren Walrath
 - C. **Community Outreach**
Jan Ashley or Darren Walrath
 - D. **Personnel Committee**
Adele Ward or Jan Ashley
 - E. **Additional Board Member Input**
This Portion of the meeting is reserved for Board Members to present information, announcements, or other items that have come to their attention. A Board member may request that an item is placed on the agenda for consideration at a future meeting or refer an item to the Executive Director for a formal report. The Board will take no formal action at this time.
10. **Approval of Proposed Dates of the 2023 Financial Committee and Board Meeting Dates**
Proposed Schedule Attached
11. **Items for Future Agendas**
12. **Adjournment**

ITEM 3



West Side Health Care District

119 Adkisson Way, Taft, CA 93268 (661) 765-7234

BOARD MEETING MINUTES

Thursday, November 17, 2022, at 2:00 pm

1. CALL TO ORDER

Board President, Eric Cooper, called the meeting to order at 2:04 pm. Adele Ward led the Pledge of Allegiance. Those present were:

Adele Ward	Board Vice President
Ginny Miller	Board Secretary/Treasurer
Jan Ashley	Board Member
Ryan Shultz	Executive Director
Robyn Melton	District Manager

Board President Eric Cooper and Board Member Darren Walrath were excused. In attendance, Medical Director, Dr. Ron Ostrom and Clinic Director, Summer Wood-Luper.

2. PUBLIC INPUT- None

3. APPROVAL OF MINUTES

The Board meeting minutes were reviewed. After discussion, the Minutes of Thursday, October 27, 2022, were approved by the Board of Directors.

The Facilities Committee minutes of November 3, 2022 were reviewed and discussed. The facilities committee recommended for the discussion/Approval of the following projects:
HVAC System Repair and Upgrades: The project is estimated at 105,715.00.

Fencing for a portion of the District Campus: The bid was approved from Lamont Fence Company which came in at \$12.50 a foot, with a total estimate of \$6,937.00.

Landscaping upgrades for District Campus: The project is estimated at \$26,530.00 with Millan Landscaping.

After discussion of each project, the Board approved the Executive Director, Ryan Shultz to move forward with the above projects

4. FINANCIAL REVIEW

The Financial Statements of October 2022 were reviewed by CPA, Kelly Hohenbrink via telephone. After discussion, a motion was made by Jan Ashley to approve the October 2022 financial statements. Ginny Miller seconded. Motion carried.

5. DISCUSSION/APPROVAL AUTHORIZATION OF A PROCESS-PUBLIC BIDDING FOR RENOVATIONS TO BUILDING B

This item was Tabled until the full Board can be present. It will be placed on the December 2022 Board Agenda.

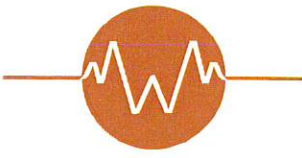
6. **ANNUAL REVIEW AND APPROVAL OF POLICY AND PROCEDURES**
After review and discussion, Jan Ashley made a Motion to approve the policies and procedures. Ginny Miller seconded. Motion carried. The West Side Family Health Care Policy and Procedures that were reviewed were: Appointment Scheduling, Conflict of Interest, Difficult Breathing/Asthma, Business Hours and Clinic Opening Responsibility, COVID-19 Vaccination Policy, Section 504 Notice of Program Accessibility, Electronic Protected Health Information (ePHI). Seccion 504 Aviso De Accesibilidad Del Programma, Ownership and Governance Statement, Declaracion de Propiedad y Gobierno, and Waived Testing-Urine Pregnancy Testing.
7. **ADMINISTRATIVE STAFF REPORT**
 - A. Compliance Manager, Carrie Coleman and Clinic Director, Summer Wood-Luper presented an outline to the Board of what it took for the staff to prepare for The Compliance Team audit. The unannounced audit was conducted on Tuesday, November 8, 2022. The Clinic was awarded reaccreditation, and passed with 100%.
 - B. District Manager, Robyn Melton presented a PowerPoint presentation highlighting the importance of and the services offered in rural health facilities while serving underserved areas. The presentation was created to share on Nation Rural Health Day, November 17, 2022.
8. **BOARD COMMITTEE REPORTS**
 - a. Finance Committee-Nothing further at this time.
 - b. Facilities Committee- Nothing further at this time.
 - c. Community Outreach Committee- Nothing further at this time.
 - c. Personnel Committee- Nothing further at this time.
 - d. Additional Board Member Input- Nothing further at this time.
9. **ITEMS FOR FUTURE AGENDA**
Nothing at this time.
10. **CLOSED SESSION**
The Board did not enter into Closed Session.
11. **ADJOURNMENT**
At 3:08 pm, the Board made a motion to Adjourn the Board Meeting of November 17, 2022.

Respectfully Submitted: _____
Adele Ward, Board Vice President

The next regular Board Meeting is scheduled for Thursday, December 15, 2022 at 2:00 pm

ITEM 4

ITEM 7A



WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES

POLICY: Handwashing	REVIEWED: 1/28/16; 2/16/17; 2/2/18; 11/19/18; 10/29/19; <u>11/28/22</u>
SECTION: Infection Control	REVISED:
EFFECTIVE: <u>12/15/22</u> 11/21/19	MEDICAL DIRECTOR:

Subject: Handwashing

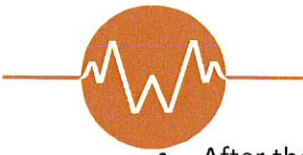
Objective: To support Universal Precautions and staff and patient safety, all employees, volunteers, contractors, and medical staff shall wash their hands frequently with soap, friction, and running water to minimize the likelihood of hands serving as vectors for nosocomial infections.

Response Rating:

Required Equipment: Soap and water

Handwashing Indications (soap and water):

- Upon arriving at work
- Before and after performing invasive procedures
- Before and after touching wounds
- After situations during which microbial contamination of hands is likely to occur, especially those involving contact with mucous membranes, blood, body fluids, secretions, or excretions, other potentially infectious materials
- After touching inanimate sources that are likely to be contaminated with virulent or epidemiologically important microorganisms
- Between contacts with different patients
- After the removal of gloves or any other personal protective equipment (PPE)
- Before eating or drinking, applying cosmetics or lip balm
- After using the restroom
- After blowing one's nose



- After the work shift
- After handling patient equipment
- When hands are visibly soiled or contaminated with proteinaceous material

Procedure:

Handwashing with soap and water

1. Stand near the sink, avoiding direct contact.
2. Turn on the water to a comfortable temperature. Water that is too hot will cause chapped skin.
3. Wet hands/wrists with running water.
4. Obtain handwashing agent (usually 3-5 ml or per manufacturer's recommendations) from the dispenser and apply to hands. Thoroughly distribute over hands.
5. Vigorously rub hands together for 10-15 seconds, generating friction on all surfaces of the hands and fingers. Pay particular attention to fingernails and nailbed areas.
6. Rinse hands thoroughly with running water to remove residual soap. Water flow should be from fingertips to wrist.
7. Obtain paper towel and dry hands thoroughly.
8. Discard paper towel.
9. Obtain second paper towel to turn off the faucet.
10. Discard second paper towel.

Handwashing indications (alternative to soap and water with an alcohol-based waterless hand rub)

1. If hands are not visibly soiled, use an alcohol-based waterless antiseptic agent for routinely decontaminating hands in all other clinical situations.
2. Decontaminate hands after contact with a patient's intact skin (as in taking a pulse or blood pressure).
3. Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin, or wound dressings, as long as hands are not visibly soiled.
4. Decontaminate hands if moving from a contaminated body site to a clean body site during patient care.



5. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
6. Decontaminate hands before inserting indwelling urinary catheters or other invasive devices that do not require a surgical procedure.
7. Decontaminate hands after removing gloves.

Handwashing (hand hygiene) with water less antiseptic agent such as an alcohol-based handrub

1. Apply product to palm of one hand. (Follow the manufacturer's recommendations on the volume of the product to use.)
2. Rub hands together, covering all surfaces of hands and fingers, until hands are dry. (If an adequate volume of an alcohol-based handrub is used, it should take 14-25 seconds for hands to dry.)

REFERENCE:

- "Guideline for Hand Hygiene in Health-Care Settings", retrieved on 1/12/16 from cdc.gov.gov/mmwr/PDF/rr/rr5116.pdf.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Lapses Of Consciousness – DMV Reporting	REVIEWED: 2/11/16; 2/16/17; 2/02/18; 11/15/18; 10/29/19; <u>11/28/22</u>
SECTION: Clinical	REVISED:
EFFECTIVE: <u>12/22/22</u> 11/21/19	MEDICAL DIRECTOR:

Subject: Lapses of consciousness and reporting regulations

Objective: “The regulations amended Section 2500, Title 17 CCR – “Reporting to the Local Health Authority.” The non-communicable diseases or conditions – Alzheimer’s disease (AD) and related conditions and disorders characterized by lapses of consciousness were removed from this section. This action was taken to eliminate any confusion between two different authorizing statutes. The reporting of AD and related conditions, as well as disorders characterized by lapses of consciousness, is now listed in the Sections 2800 through 2812 in the CCR.

The regulations also repealed Section 2572, Title 17, CCR – “Disorders Characterized by Lapses of Consciousness, Alzheimer’s Disease and Related Disorders.” The reporting regulations in this section were not clear and conflicted with the reporting language in Health and Safety Code 103900.

Response Rating:

Required Equipment:

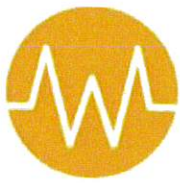
Procedure:

§2810. Reporting Requirements. a. Except as provided in Section 2812, a physician and surgeon shall notify the local health officer within seven (7) calendar days of every patient 14 years of age or older, when a physician and surgeon has diagnosed a disorder characterized by lapses of consciousness (as defined in Section 2806) in a patient.

- b. The report prepared pursuant to subsection (a) of this section shall include:
1. The name, address, date of birth, and diagnosis of the patient, and
 2. ~~T~~he name, address, and phone number of the physician and surgeon making report.

§2806. Disorders Characterized by Lapses of Consciousness. a. Disorders characterized by “lapses of consciousness” means those medical conditions that involve:

1. A loss of consciousness or a marked reduction of alertness or responsiveness to external stimuli; and
 2. The inability to perform one or more activities of daily living; and
 3. The impairment of the sensory motor functions used to operate a motor vehicle.
- b. Examples of medical conditions that do not always, but may progress to the level of functional severity described in subsection (a) of this section include Alzheimer’s disease and related disorders, seizure



disorders, brain tumors, narcolepsy, sleep apnea, and abnormal metabolic states, including hypo- and hyperglycemia associated with diabetes.

NOTE: Authority cited: Sections 100275 and 103900, Health and Safety Code. Reference: Section 103900, Health and Safety Code.

§2808 Sensory Motor Functions “Sensory motor functions” means the ability to integrate seeing, hearing, smelling, feeling and reacting with physical movement, such as depressing the brake pedal of a car to stop the car from entering an intersection with a green traffic light to avoid hitting a pedestrian crossing the street.

NOTE: Authority cited: Sections 100275 and 103900, Health and Safety Code. Reference: Section 103900, Health and Safety Code.

§2812. Exceptions to Reporting A physician and surgeon shall not be required to notify the local health officer of a patient with a disorder characterized by lapses of consciousness if:

1. The patient’s sensory motor functions are impaired to the extent that the patient is unable to ever operate a motor vehicle, or
2. The patient states that he or she does not drive and states that he or she never intends to drive, and the physician and surgeon believes these statements made by the patient are true, or
3. The physician and surgeon previously reported the diagnosis and, since that report, the physician and surgeon believes the patient has not operated a motor vehicle, or
4. There is documentation in the patient’s medical record that another physician and surgeon reported the diagnosis and, since that report, the physician and surgeon believes the patient has not operated a motor vehicle.

NOTE: Authority cited: Sections 100275 and 103900, Health and Safety Code. Reference: Section 103900, Health and Safety Code.

For information on the California Department of Motor Vehicles’ guidelines for physical and mental conditions and licensure options, see [dmv.ca.gov physical and mental evaluation guidelines](http://dmv.ca.gov/physical_and_mental_evaluation_guidelines).

For information on dementia, driving and California state law, see [Family Caregiver Alliance](#).



WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES

POLICY: Eye Medications-Dispensing	REVIEWED: 2/5/16; 2/15/17; 3/28/18; 11/19/18; 10/29/19; <u>11/28/22</u>
SECTION: Clinical	REVISED: 3/28/18
EFFECTIVE: <u>12/15/22</u> 11/21/19	MEDICAL DIRECTOR:

Subject: Eye Medications-Dispensing

Objective: To define the guidelines for the administration of ophthalmic medications.

Response Rating: Minimal to Moderate

Required Equipment: Eye tray, ophthalmic medication, gloves, tissue.

Procedure:

1. Review practitioner's written order.
 - a. Practitioners and Licensed Nursing staff may administer eye medications. Medical Assistants MAY NOT administer eye medications.
2. Gather equipment and/or medication.
3. Verify the practitioner's written order.
4. Wash your hands with soap and water.
5. Apply gloves.
6. Have the patient lie in supine position and utilize a Chux around the patient's neck to prevent medications or other fluids from getting on their clothing. If the patient is a child, obtain help to restrain them or use a child restraint board.
7. Remove all drainage and discharge from the eye by dabbing with a clean tissue or sterile gauze with normal saline starting from the medial canthus area and moving laterally toward the lateral canthus. Do not wipe the eye, as this could cause a corneal abrasion if the eye is already inflamed.
8. Verify the medication: right medication, patient, dose, route and time.
9. Gently pull lower eyelid down.
10. Position the dropper or tube so the medication will fall into the lower eyelid; never apply direct to the eyeball. When using ointment, dispense a small thin strip of ointment onto the inside of lower eyelid.



Begin at the side nearest the nose and outward to the edge of the eye.

11. Instruct the patient to close the eye and blink.
12. Wipe any excess medication from the eye with a tissue. Wipe from the side of the nose outward.
13. If the orders include both eyes, repeat the above steps.
14. Assist patient to the sitting position.
15. Remove gloves and wash hands.
16. Remove tray from the room.
17. The person administering the medications will document in the patient record, the date, time, dosage, the correct eye (right or left or both) and how the patient tolerated the procedure.
18. Should fluorescein strips not be available through approved vendors, the clinic will obtain and utilize Fluorescein Proparacaine ~~Ophthalmic~~Ophthalmic solution multi-dose vials and utilize those vials using sterile technique.



WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES

POLICY: Flu Shots	REVIEWED: 3/2/16; 3/1/17; 3/28/18; 11/19/18; 10/29/19; <u>11/28/22</u>
SECTION: Clinical	REVISED: 3/28/18
EFFECTIVE: 12/15/2022 11/21/19	MEDICAL DIRECTOR:

Subject: Flu Shots

Objective: To provide flu shots to appropriately screened clinic patient, flu shots will be administered to Clinic patients in accordance with current recommendations from the National Institutes of Health and documentation prepared to support submittal with required Cost Reports.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will be obtain flu vaccine from the pharmacy vendor and, where applicable, from Vaccines for Children.
 - a. Staff will perform Vaccines for Children eligibility screening for all patients 18 years and younger prior to receiving flu vaccine. Vaccines for Children inventory will be used for qualified children only.
 - b. Vaccines purchased from the pharmacy vendor will be used for children who do not qualify for the Vaccines for Children program and all adults who require a flu shot.
2. Flu shots will not be given prior to the established “start date” which is recommended annually by the National Institutes of Health, unless the patient is deemed “high risk” and meets current high risk criteria established by NIH.
3. ~~Appointments are not required for patients requesting a flu shot.~~
4. For pediatric patients presenting for a “flu shot only”, staff will complete a flu shot screening form and follow instructions found there, after the parent/guardian has signed the flu shot release form.
5. For adult patients presenting for a “flu shot only”, staff will take patient vital signs and administer the shot only if the patient is afebrile and they have signed the flu shot release form.
6. Current vaccine information sheet (VIS) will be distributed to all patients prior to the patient being asked to sign the flu shot release form.



7. All flu shots for MediCare patients will be recorded on the flu shot log. Follow the directions included on the flu shot log.
8. The practitioner will enter an order in the EMR for the patient's vaccine administration.
9. The staff member administering the vaccine (MD, DO, NP, PA, RN, LVN, MA) will document administration of the vaccination and issuance of the VIS in the EMR.



WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES

POLICY: EAR IRRIGATION	REVIEWED: 2/5/16; 11/28/22
SECTION: CLINICAL	REVISED; 11/7/22
EFFECTIVE: 2/25/16 12/15 22/22	MEDICAL DIRECTOR:

Subject: **Ear Irrigation**

Objective: To ensure patient safety and maximize effectiveness of treatment to remove cerumen, and/or foreign bodies from the ear canal.

Response Rating: Moderate

Required Equipment: ~~Welch Allyn Irrigation System~~[Elephant Ear Washing System](#), otoscope, towel, cerumen softener, ear tray

Preparation of Equipment:

1. Obtain ~~an~~written order for procedure from the attending provider.
2. Obtain the ~~Welch Allyn Irrigation System~~[Elephant Ear Washing System](#).
3. Administer cerumen softener if ordered.
4. Fill washer bottle with VERY WARM water. Utilize a solution if ordered. Attach sprayer to bottle. Turn bottle over a few times to gently mix if using a solution. Attach the chamber to the sink by pushing down on the white ring at the top of the chamber and snapping onto the faucet.
5. Twist a DISPOSABLE TIP onto the end of the nozzle. Turn the hot and cold water on full power. Adjust by turning the cold water down until the water is tepid (warm, not hot).
6. ~~Attach the ear tip to the handle; verify the tab is on the top.~~
- 7-6. Squeeze the actuator and begin irrigating when the blue temperature sensor changes to white.

Procedure:

1. Explain procedure to patient. Wash hands and put on non-sterile gloves.
2. Using the otoscope, view the auditory canal of the affected ear to view what needs to be removed.
- 2-3. Do Not use if the patient has ear tubes, pain, or bloody discharge.

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3.4. With the patient in the sitting position, place a towel over the ~~patients~~patient's shoulder.

7. Insert the ear tip into ear while holding the Pinna.

8.

a. Utilize an EAR BASIN and place it under the ear to catch fluid. Rapidly pump solution into the ear to flush out wax. For Heavy build up, the bottle may need to be refilled.

4.5. ~~Insert the ear tip into ear while holding the Pinna.~~ Rotating the handle during the procedure encourages cerumen removal.

5.6. If the patient gives signs or complains of pain or discomfort, procedure will be stopped. Patient reports of pressure are normal.

6.7. After Five (5) minutes of irrigation, if there is no success, report to the provider to determine if procedure is to be continued.

8. Periodically look at the auditory canal with otoscope to see progress of removal.

7.9. Discard cerumen and solution.

8.10. ~~Document the procedure, patient tolerance and outcome in the patient record.~~

9. Record all charges.

11. DISCARD TIP AFTER USE. Do NOT re-use tips.

~~10. ALLOW EAR WASHER TO DRY BEFORE STORING IT. Return to storage area. Clean all equipment, and return it to the ear tray and place tray back in supply area.~~

12. Document the procedure, patient tolerance and outcome in the patient record.

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WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES

POLICY: Management of Clinical Inbox	REVIEWED: 10/12/2022; <u>11/28/22</u>
SECTION: Clinic	REVISED:
EFFECTIVE: <u>12/12/2022 11/27/2022</u>	MEDICAL DIRECTOR:

Subject: Management of Clinical Inbox

Objective: To ensure effective operations and timely management of administrative and clinical work assigned in the Electronic Medical Record (EMR) Clinical Inbox for Medical Providers, Clinic Staff and District Staff.

Response Rating:

Required Equipment:

Procedure

1. All Full-Time Medical Providers, Clinic Staff and District Staff are responsible for the timely management of their Clinical Inbox.
 - a. Clinical Inbox work is expected to be completed during the individuals scheduled shift.
 - b. Work outside of the individuals scheduled shift must be pre-approved by the individuals Supervisor.
2. Related actions or requirements of this policy will follow all established District and Clinic Policies and Procedures; including the Employee Handbook.

Medical Staff

1. The Medical Director or their designee is responsible for the oversight of clinical inbox issues for all Medical Providers.
2. To assist with the timely management of Provider Clinic Inboxes and completion of patient related services Provider EMR Clinical Inbox coverage may be required.
3. Providers receiving Provider EMR Clinical Inbox Coverage will be determined in collaboration between the Medical Director, Clinic Director and Executive Director.
 - a. The Provider EMR Clinical Inbox Coverage Designee and the Designees assignment duties will be assigned by the Executive Director.
3. Provider EMR Clinical Inbox Coverage ~~to be~~ will be assigned based on work status including, but not limited to Part-Time, Per-Diem and Contracted Providers.
 - a. Clinical Inbox Coverage may also be assigned for providers on extended leave of absence or time-off including, but not limited to Vacation, Paid-Time Off, Medical Leave, Maternity/Paternity Leave or personal circumstance.



- i. It is the responsibility of the Provider seeking Clinical Inbox Coverage for absences related to paid time-off or vacation to request coverage by contacting their supervisor at least one day prior to leave.
 - b. All coverage assignments must receive approval by the Executive Director.
4. Provider EMR Clinical Inbox Coverage duties include, but not limited to oversight and management of Orders, Prescriptions, Laboratory Results, X-Ray and Diagnostic Results, Authorizations, Clinical Documents, Messages, Appointment Requests and Patient Cases.
5. The Clinical Inbox Designee will consult with the ordering provider (if available) or the Medical Director as needed to carry out orders or interventions.
6. The Clinical Inbox Designee will give written orders and direction to the assigned provider staff inbox to be carried out by clinic staff.
 - a. Upon review and completion of task, clinic staff will return follow-up or response to the ordering provider's clinical inbox.
 - b. Clinic staff will not close the patient result.
7. Labs and Diagnostics will be reviewed and follow-up appointments for patients will be scheduled with the Ordering ~~Patients~~Provider; Except for:
 - a. Appointment or result urgency requires review and consultation earlier than Ordering Providers next available appointment.
 - b. ~~Ordering Provider does not meet patients' availability.~~
 - c. If the Ordering Provider's schedule or credentialing does not allow for follow-up appointments or the patient intends to establish with WSFHC for primary care services the patient will be scheduled with a full-time provider.
 - d. Results will be closed by the Clinical Inbox Designee or provider completing the follow-up encounter with the patient.
8. Clinical Inbox Designee will consider re-fill medications for a 14-30 day supply with or without a patient encounter based on their clinical judgement.
9. If medication is deemed not appropriate for re-fill, the patient will be recommended to schedule an appointment with the ordering provider or recommended to come in as a walk-in/~~same-day~~ ~~appointment~~ patient.
 - a. Any narcotic/scheduled II or controlled medication **will not** be eligible for re-fill by the Clinical Inbox Designee.
10. ~~During their review of the Clinical Inbox,~~The Clinical Inbox Designee will report any quality of care, documentation or other abnormality related to the patient's chart to the Medical Director and Clinic Director. ~~found during their review of the Clinical Inbox.~~
11. The Executive Director or designee will run reports detailing the Clinical Inbox Designee tasks and report to the QAPI Committee.

Clinic Staff

1. The Clinic Director or their designee, is responsible for the oversight of all Clinic Staff and Provider-Staff clinical inbox issues.



2. Unless otherwise directed, the clinic staff member assigned to work with the ordering provider, will be responsible for completing tasks found in the ordering providers “(PROVIDER)staff” inbox.
 - a. The Clinic Director may assign other clinic staff members to work on clinical inbox tasks based on need.
3. Staff clinical inbox duties include, but are not limited to:
 - a. Daily patient orders
 - b. ~~7~~Referral processing
 - c. ~~7~~Pharmacy prescription re-fill correspondences
 - d. ~~7~~Patient outreach for results or Follow-up
 - e. ~~7~~Appointment reminders and Patient cases.
4. Clinic staff completing tasks directed by a provider other than the ordering provider as identified in this policy (Provider Clinical Inbox Designee) will return the task response or completed order to the ordering providers clinical inbox.
5. Staff will report during their review of the Clinical Inbox, quality of care, documentation or other abnormality related to the patient’s chart to the Clinic Director. ~~found during their review of the Clinical Inbox.~~



WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES

POLICY: Retention of Records	REVIEWED: 2/11/16; 2/16/17; 2/27/18; 1/17/19; 6/1/21; <u>11/28/22</u>
SECTION: Medical Records	REVISED: 1/25/19; <u>11/16/22</u> <u>12/15/22</u>
EFFECTIVE: <u>12/15/22</u> <u>6/24/21</u>	MEDICAL DIRECTOR:

Subject: Retention of medical records

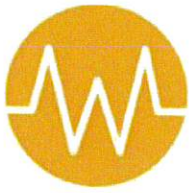
Objective: Inactive paper medical records will be retained in a secure location and inactive electronic medical records will be archived and retrievable in accordance with HIPAA and other relevant standards.

Response Rating:

Required Equipment:

Procedure:

1. Electronic medical records will be archived when the patient has not been seen in the Clinic for three years.
2. ~~Files will be checked for inactive status each year in January.~~
3. A log of medical records that have been archived will be developed, maintained and updated as follows:
 - a. ~~Annually~~Periodically, when new records are moved from active to archived status.
 - b. On a case-by-case basis, when archived records are returned to active status due to a patient returning to the Clinic after a hiatus of three (3) years or more.
4. Inactive medical records will be retained as follows:
 - a. Pediatric to the age of majority (18 years) plus one year or ~~seven-ten~~ years after the last discharge date, whichever is longer
 - b. Adults for ~~seven-year~~seven years after the last discharge date.



WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES

POLICY: Narcotics	REVIEWED: 11/30/18; 10/29/19; <u>09/29/22</u>
SECTION: Medication Management	REVISED: <u>05/05/21; 10/25/22</u>
EFFECTIVE: <u>11/21/19; 05/20/21</u> <u>10/27/2022</u>	MEDICAL DIRECTOR:

Purpose: Narcotic Policy

Objective: The Clinic is oriented to provide relief of acute medical conditions and acute pain. In that context, it is sometimes appropriate to prescribe narcotics. We recognize that there are patients in the community who require chronic pain management and others who are drug seeking. This policy is intended to allow relief of acute pain without encouraging drug seeking patients and preventing drug diversion, within the limits of state and federal laws.

Policy:

It is the goal of our practice to provide effective pain relief for acute conditions and injuries. We will not practice chronic pain management, except in the context of diagnosed medical conditions. Narcotics may be prescribed in limited quantities for acute conditions with a quantity of no more than 20 ~~with NO REFILLS~~.

In the rare instances of chronic pain requiring narcotics, a plan of care needs to be outlined in the chart and a Pain Medication Contract signed by the Physician provider and the patient. This plan should include the number of pills per month, a clear diagnosis, documentation of prior non-narcotic treatments, and regular follow-ups with the same physician provider on a scheduled basis.

The following narcotics are **acceptable** in limited quantities:

- Codeine
- Hydrocodone
- Ultram (Tramadol)
- Oxycodone
- Morphine IM/IV (administered at the Clinic)
- Ativan IM/IV (administered at the Clinic)
- Valium IM/IV (administered at the Clinic)
- Versed Atomized IN (administered at the Clinic)
- Ketamine IV (administered at the Clinic)

The following narcotic medications are unacceptable at this facility:

- ~~_____ Dilaudid~~
- _____ Methadone
- _____ Any other triplicate narcotic



Any exceptions to this policy need to be approved by the Medical Director and one other ~~provider physician~~ and documented in the chart.

Should the patient fail to comply with their Pain Medication Contract, the patient will be terminated from the practice.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES**

POLICY: On-Call Program	REVIEWED: 7/18/17; 7/6/18; 6/16/19; 6/19/20; <u>11/28/22</u>
SECTION: Admitting	REVISED: 7/6/18; <u>11/28/22</u>
EFFECTIVE: <u>12/15/22</u> 7/25/19	MEDICAL DIRECTOR:

Subject: On Call Program

Objective: To ensure the development and operation of an after-hours on-call program in compliance with contractual obligations and to meet patient need.

Response Rating: Mandatory

Required Equipment: Call My Doc smart phone application (IOS and Android, per user preference)

Procedure:

1. The Medical Director or their designee, ~~with the support of the Medical Affairs Coordinator, will~~ be responsible for establishing the schedule to staff the On-Call Program.

2. Medical staff members (Physicians and Mid-level providers) will participate in the On-Call Program, with staffing determined based first, upon volunteer's availability; and, then assignments made by the Medical Director or designee to cover any open slots.

3. Maintenance of the application's calendar is the responsibility of the ~~Medical Affairs Coordinator~~ Medical Director or their designee.
 - a. The on-call "shift-day" schedule template will be as follows:
 - i. Sunday 2100 – Monday 07800
 - ii. Monday 2100 – Tuesday 07800
 - iii. Tuesday 2100 – Wednesday 07800
 - iv. Wednesday 2100 – Thursday 07800
 - v. Thursday 2100 – Friday 07800
 - vi. Friday 2100 – Saturday 1000



- vii. Saturday 2100 – Sunday 1000
 - viii. Day before WSHCD holidays 2100 – 1000
4. Maintenance of provider enrollment within the Call My Doc application is the responsibility of the ~~Medical Affairs Coordinator~~ Medical Director or their designee who will enter provider name, license and DEA number, preferred phone number and email address:
 - a. Immediately upon hire
 - b. Immediately upon receipt of updated information from the provider
 - c. Periodically, during provider’s tenure, to ensure accurate data and to prevent system failures
 5. ~~Development and maintenance~~ Maintenance of the on-call schedule with the practitioners assigned to each day is the responsibility of ~~Medical Affairs Coordinator~~ the Medical Director or their designee ~~who will receive the schedule from the Medical Director and make the appropriate entries.~~
 6. Changes in the entered on-call schedule will be the responsibility of ~~Medical Affairs Specialist~~ Medical Director or their designee who will receive notice of such changes from the Medical Director and/or providers by email.
 7. Content of the message patients will hear when they contact the clinic after hours is the responsibility of ~~Medical Affairs Coordinator~~ Medical Director or their designee, who will interface with the vendor to ensure the message is current and accurately reflects how the practice wants after hours contacts managed.
 - a. Message content will include:
 - a. Statement that the Clinic is closed
 - b. Statement that the message is available in English and Spanish
 - c. A Reminder that if the patient is calling to report a medical emergency they must hang up and contact 911 immediately
 - d. Statement that Kern Health Systems patients may call the KHS 24 hour Nurses Line for advice
 - e. Options to schedule an appointment by phone, leave a message for someone, or contact the practitioner on-call.
 8. Practitioners will be expected to be available to cover the on-call schedule a minimum of one shift/day a month. The Medical Director or designee will then assign shifts/days; first, on a volunteer basis; and, then as required in rotation to ensure fairness. Holiday shifts/days will be rotated as necessary.



9. Practitioner compensation for on-call shifts will be accrued per shift assigned and paid.

10. Practitioners on-call will be required to respond to patient outreach within a 30 minute timeframe. Compliance will be confirmed by reviewing response reports available in the Call My Doc application.

11. Practitioners will document their interaction with the patient using the Call My Doc application to ensure the patient's medical record is accurately and thoroughly updated.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Standardized Procedure for Flu Shots	REVIEWED: 3/2/16; 2/16/17; 2/2/18; 1/17/19; <u>11/28/22</u>
SECTION: Clinical	REVISED: 2/2/18
EFFECTIVE: <u>12/15/22/28/19</u>	MEDICAL DIRECTOR:

Subject: Flu Shots

Objective: To define and clarify procedures that may be performed by a qualified clinical nursing/medical assistant for patients requesting flu shots and to provide flu shots to appropriately screened clinic patients. Flu shots will be administered to Clinic patients in accordance with current recommendations from the National Institutes of Health and documentation prepared to support submittal with required Cost Reports.

Response Rating: Mandatory

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the outpatient clinics are authorized by the Medical Staff to administer flu shots to patients requesting such vaccinations.

1. No flu shots should be given to patients under 6 months of age.
2. The Clinic will obtain flu vaccine from the pharmacy vendor and, where applicable, from Vaccines for Children.
 - a. Vaccines for Children inventory will be used for qualified children only.
 - b. Vaccines purchased from the pharmacy vendor will be used for children who do not qualify for the Vaccines for Children program and all adults who require a flu shot.
3. Flu shots will not be given prior to the established "start date" which is recommended annually by the National Institutes of Health, unless the patient is deemed "high risk" and meets current high risk criteria established by NIH.
4. Scheduled appointments are not required for patients requesting a flu shot; however, patients must be registered for this encounter.



5. For patients presenting for a flu shot only, staff will complete the Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination screening form and follow instructions found there, after the patient or parent/guardian has signed the flu shot release form.
6. If patients mark “yes” for any contraindication on the Screening Checklist, present the completed Checklist to the provider for their review. Administer vaccine only upon approval of provider after review is completed.
7. If patients do not mark “yes” for any contraindication on the Screening Checklist, proceed with the administration of the vaccine.
8. Current vaccine information sheet (VIS) will be distributed to all patients prior to the patient being asked to sign the flu shot release form.
9. All flu shots for MediCare patients will be recorded on the flu shot log. Follow the directions included on the flu shot log.

ITEM 7B



WEST SIDE HEALTH CARE DISTRICT
Policy and Procedures

CATEGORY: Administration		Page 1 of 1
POLICY: Request of Public Funds		POLICY NUMBER: 21
EFFECTIVE DATE: 10/26/2017	REVIEW DATE: 10/26/2017, 10/25/18, 05/23/19, 12/15/2022	REFERENCE

21.1 Under the law, West Side Health Care District may provide assistance to health care programs, services, facilities, and activities for the benefit of the District and the people served by the District and to nonprofit groups or community groups functioning in the community in order to provide for adequate health services to communities served by the District. (California Health and Safety Code Sections 32121(j) and 32126.5)

~~21.2 The annual process for determining compensation is as follows: The District full board shall evaluate the Executive Director on his/her performance, and ask for his/her input on matters of performance and compensation.~~

21.3 As allowed by the District's financial condition, the District may have a Community Grants program to address identified community healthcare needs as envisioned by the Mission Statement and the strategic plan. In conjunction with setting the District's annual budget each year, the District shall determine whether to fund the Community Grants program for that budget year and, if so, in what amount. District staff shall administer the program with the Executive Director and the Board of Directors making the final decision regarding grant recipients. The Board President shall appoint an ad hoc Community Grants Committee to review grant applications and make recommendations to the Board. The Grants Committee shall include two Board members, District staff, and community members who shall serve without compensation. Information regarding the availability of the Community Grants and the application process shall be posted on the District's website and publicized appropriately so that eligible programs may make timely applications.

21.4 Requests for major program funding (in excess of \$100,000) and capital investments shall be made directly to the Board and presented in an open meeting. Such requests will be evaluated for consistency with the District's Mission Statement and strategic plan and by community needs. Funding requests for programs that are located or offer services outside of District boundaries must be able to demonstrate how services to District residents will be documented. Grants normally will be memorialized with a Memorandum of Understanding. Funding may be made in phases and may be subject to such conditions as the Board may impose.

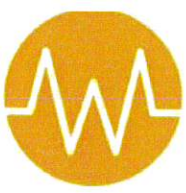
Grants for the acquisition, leasing or substantial improvement of real property or other facilities shall be secured so that, if the facility is sold or leased to others for purposes that are not consistent with the original grant, the District may recover its funds for reinvestment in other programs or facilities.



WEST SIDE HEALTH CARE DISTRICT
Policy and Procedures

CATEGORY: Administration		Page 1 of 1
POLICY: Reimbursement		POLICY NUMBER: 20
EFFECTIVE DATE: 9/27/18	REVIEW DATE: 9/27/18, 5/23/19, 12/15/2022	REFERENCE

- 20.1 The District shall reimburse Directors for actual necessary traveling and incidental expenses incurred in the performance of official duties as Directors, subject to the requirements of these Policies and Procedures and the law.
- 20.2 The following types of occurrences qualify for reimbursement if attended in the performance of official duties as Directors of the board and if prior approval is obtained.
- Training workshops, seminars, and conferences.
 - Educational workshops, seminars, and conferences.
 - Meetings of or sponsored by ACHD (the Association of California Health Care Districts), by CSDA (the California Special Districts Association), and by other state or national organizations relevant to the purposes of the District.
 - Meetings of local governmental entities and bodies and Ad Hoc committees thereof.
 - Meetings of local nonprofit organizations.
 - Meetings of community or civic groups or organizations.
 - Meetings of advisory groups and Ad Hoc committees organized or conducted by District staff.
 - Meetings with District consultants, advisors, and other professionals.
 - Any other activity approved by the Board in advance of attendance, whether the request for attendance was initiated by the Board or by a Director.
- 20.3 Subject to Policies and reimbursement for travel, meals, lodging, and other expenses shall be made in accordance with the District's Bylaws.
- 20.4 Reimbursable expenses shall include receipts for all expenses for which reimbursement is being requested.
- 20.5 No reimbursement shall be paid without receipts of expenditures. The cost of alcoholic beverages will be not reimbursed.



**WEST SIDE HEALTH CARE DISTRICT
POLICY AND PROCEDURES**

CATEGORY: ADMINISTRATION	POLICY: Education Assistance
EFFECTIVE: 7/22/18 REVIEWED: 7/22/18; 2/6/20, 12/15/22	POLICY NUMBER :23

Objective: The West Side Health Care District supports employees who wish to continue their education to secure increased responsibility and growth with their professional careers. A full-time employee in good standing, and having completed the district probationary period, may be eligible for participation in the program so long as the education or certification is job-related or for professional development.

The district will reimburse employees up to 75% of paid tuition and class materials, not to exceed \$1,500.00 per calendar year. Classes may be for continuing education through an accredited program that either offers growth in an area related to his or her current position or might lead to promotional opportunities. This education may include college credit courses, or continuing education unit courses. Seminars and certification tests must be job related. Reimbursement can include enrollment/tuition fees, and approved class materials.

Procedure:

To receive tuition reimbursement, employees must follow the procedure listed below:

1. The Employee must have completed their probationary period, be a full-time employee, and have had no disciplinary, or performance-related actions in the past 6 months, and is considered to be in good standing with the District. **If an employee receives disciplinary action or incurs performance-related disciplinary action after the education assistance process has begun this could result in reimbursement being denied.**
2. Prior to enrolling must provide a completed Education Assistance Authorization form for approval to his manager with information on the course(s) for which he or she would like to receive reimbursement.
3. The employee must then take the completed and manager approved form to HR, and a copy will be added to the employee's file. The employee will maintain the original paperwork until they have completed the course(s).
4. After completion of the course(s), the employee should resubmit the original education Assistance Authorization packet, complete with the appropriate signatures, the reimbursement section completely filled out, and the below documents attached.



West Side Health Care District

Educational Assistance Authorization Form

Date: _____

Employee Name: _____ Title: _____

School : _____ Enrollment Date: _____

Class(es) you are interested in?:

Why are you interested in these classes?:

What goals are you hoping to obtain by taking the above classes?:

Supervisor Signature: _____ Date : _____

HR Department Signature: _____ Date: _____

Reimbursement Section

Employee Name: _____

Address: _____

Completion Date: _____

Total Tuition/Enrollment Costs; \$ _____

Total Class Material Purchase/Rental Costs; \$ _____

Expenditure Total: \$ _____

Supervisor Signature: _____ Date: _____

HR Department Signature : _____ Date: _____

--- For HR use only ---

Approval Signature: _____

Date : _____

75% of Cost to be Reimbursed: \$ _____

Check Number : _____ Date : _____

Total Reimbursement used during year: \$ _____

ITEM 8



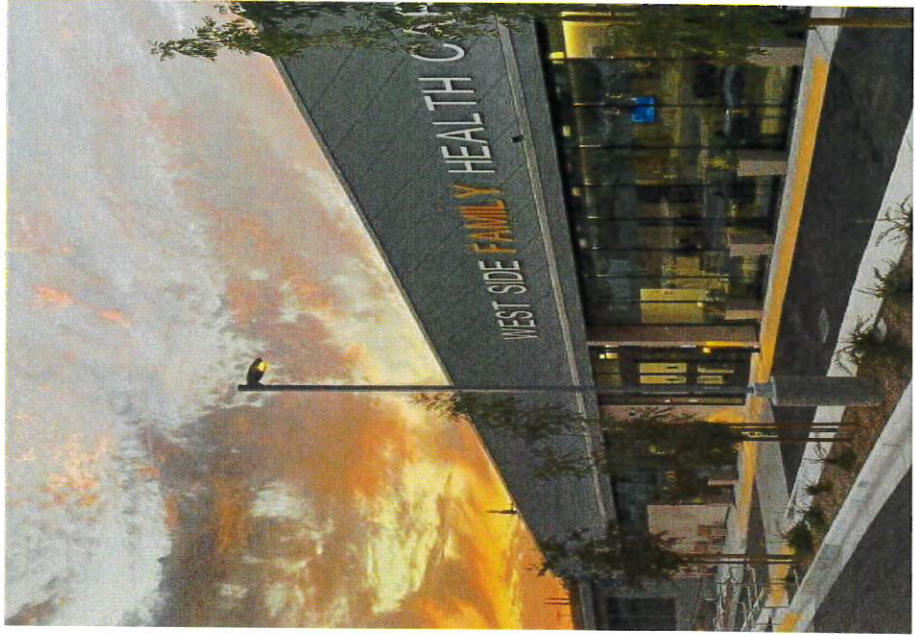
December 8, 2022

TO: Board of Directors
FROM: Ryan Shultz, Executive Director 
SUBJECT: November General Information

The enclosed information highlights notable activities and projects of West Side Health Care District (WSHCD) and West Side Family Health Care (WSFHC) for the month of November.

- **The clinic reported more than 2600 patient encounters and a Rural Health Clinic Payer Mix of 70%.**
- Houchin Community Blood Bank will host a community blood drive at the clinic on January 10th.
- The District and Clinic are currently being surveyed by its Managed Medi Cal Plans. The survey should be completed by December 22nd.
- The District's Formal Appeal of its FY 17-18 Reconciliation Audit has been moved to a date to be determined in February.
- Management is preparing financial documents related to expenditures for the Rural Health Clinic Covid 19 Mitigation and Testing Grant. Documents are due to U.S. Health Resources and Services Administration by December 31, 2022.
- Management is working on a timeline for the dental project for the board to consider at its January 2023 meeting.
- Management is actively recruiting a dentist to assist with the project planning and patient care services.

ITEM 10



Board Meeting
2:00 pm

Finance Committee
12:00 pm

2023

JANUARY							MAY							SEPTEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7	1	2	3	4	5	6	1	2	3	4	5	6	7	
8	9	10	11	12	13	14	7	8	9	10	11	12	13	8	9	10	11	12	13	14
15	16	17	18	19	20	21	14	15	16	17	18	19	20	15	16	17	18	19	20	21
22	23	24	25	26	27	28	21	22	23	24	25	26	27	22	23	24	25	26	27	28
29	30	31					28	29	30	31				29	30					

FEBRUARY							JUNE							OCTOBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
5	6	7	8	9	10	11	4	5	6	7	8	9	10	1	2	3	4	5	6	7
12	13	14	15	16	17	18	11	12	13	14	15	16	17	8	9	10	11	12	13	14
19	20	21	22	23	24	25	18	19	20	21	22	23	24	15	16	17	18	19	20	21
26	27	28					25	26	27	28	29	30	31	22	23	24	25	26	27	28

MARCH							JULY							NOVEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
5	6	7	8	9	10	11	2	3	4	5	6	7	8	5	6	7	8	9	10	11
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19	20	21	22	23	24	25	16	17	18	19	20	21	22	19	20	21	22	23	24	25
26	27	28	29	30	31		23	24	25	26	27	28	29	26	27	28	29	30		

APRIL							AUGUST							DECEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
2	3	4	5	6	7	8	6	7	8	9	10	11	12	3	4	5	6	7	8	9
9	10	11	12	13	14	15	13	14	15	16	17	18	19	10	11	12	13	14	15	16
16	17	18	19	20	21	22	20	21	22	23	24	25	26	17	18	19	20	21	22	23
23	24	25	26	27	28	29	27	28	29	30	31			24	25	26	27	28	29	30