



EL CENTRO REGIONAL MEDICAL CENTER  
BOARD OF TRUSTEES – REGULAR MEETING

**MONDAY, September 23, 2024**  
**5:30 PM**

**ECONOMIC DEVELOPMENT DEPARTMENT**  
**RDA CONFERENCE ROOM**  
**1249 W. MAIN STREET, EL CENTRO, CA 92243**  
**&**

**TELECONFERENCE LOCATION** *NOTE: Pursuant to Government Code Section 54953(b) Trustee Patty Maysent- CEO, UCSD Health will be attending the Regular Meeting via teleconference from:*

**JACOBS MEDICAL CENTER, Suite 1-620**  
**9300 CAMPUS POINT DR.**  
**SAN DIEGO, CA 92037**

**PRESIDENT:** Tomas Oliva

**MEMBERS:** Sylvia Marroquin; Martha Cardenas-Singh; Edgard Garcia; Sonia Carter; Patty Maysent-CEO, UCSD Health; Christian Tomaszewski-M.D.-CMO, UCSD; Pablo Velez-CEO ECRMC

**CLERK:** Belen Gonzalez

**ATTORNEY:** Douglas Habig, ECRMC Attorney  
Elizabeth Martyn, City Attorney

*This is a public meeting. If you are attending in person, and there is an item on the agenda on which you wish to be heard, please come forward to the microphone. Address yourself to the president. You may be asked to complete a speaker slip; while persons wishing to address the Board are not required to identify themselves (Gov't. Code § 54953.3), this information assists the Board by ensuring that all persons wishing to address the Board are recognized and it assists the Board Executive Secretary in preparing the Board meeting minutes. The president reserves the right to place a time limit on each person asking to be heard. If you wish to address the board concerning any other matter within the board's jurisdiction, you may do so during the public comment portion of the agenda.*

BOARD MEMBERS, STAFF AND THE PUBLIC MAY ATTEND VIA ZOOM.

To participate and make a public comment in person, via Zoom or telephone, please raise your hand, speak up and introduce yourself.

**Join Zoom Meeting:** <https://ecrmc.zoom.us/j/87264786216?pwd=liSYOF32fBSrj71KohZXVttnjQeSfi.1>

**Optional dial-in number:** (669) 444-9171

**Meeting ID:** 872 6478 6216 **Passcode:** 891001

Public comments via zoom are subject to the same time limits as those in person.

**OPEN SESSION AGENDA**

**ROLL CALL:**

**PLEDGE OF ALLEGIANCE:**

**PUBLIC COMMENTS:** Any member of the public wishing to address the Board concerning matters within its jurisdiction may do so at this time. Three minutes is allowed per speaker with a cumulative total of 15 minutes per group, which time may be extended by the President. Additional information regarding the format for public comments may be provided at the meeting.

**BOARD MEMBER COMMENTS:**

**CONSENT AGENDA:** (Item 1-3)

All items appearing here will be acted upon for approval by one motion, without discussion. Should any Board member or other person request that any item be considered separately, that item will be taken up at a time as determined by the President.

1. Review and Approval of Board of Trustees Minutes of Regular Meeting of July 22, 2024.
2. Review and Approval of Biennial Policy: PATH49 Tissue Processing Programs Validation (ANP 23120).
3. Review and Approval of Triennial Policy: Provision of Patient Care Plan

#### **FINANCE and OPERATIONAL UPDATE**

4. Review and Approval of the Financial Statements for Month and Year-to-Date as of July 2024.
5. Review and Approval of the Financial Statements for Month and Year-to-Date as of August 2024.

#### **CHIEF EXECUTIVE OFFICER UPDATE**

6. Verbal Report from the CEO to the Board of Trustees—**Informational**
7. Manager Update—Patty Maysent—**Informational**

#### **RECESS TO CLOSED SESSION:**

**A. HEARING/DELIBERATIONS RE MEDICAL QUALITY COMMITTEE REPORTS/STAFF PRIVILEGES.** The Hospital Board will recess to closed session pursuant to Government Code Section 37624.3 for a hearing and/or deliberations concerning reports of the \_\_\_ hospital medical audit committee, or X quality assurance committees, or X staff privileges.

**B. TRADE SECRETS.** The Hospital Board will recess to closed session pursuant to Govt. Code Section 37606(b) for the purpose of discussion and/or deliberation of reports involving hospital trade secret(s) as defined in subdivision (d) of Section 3426.1 of the Civil Code and which is necessary, and would, if prematurely disclosed create a substantial probability of depriving the hospital of a substantial economic benefit:

<u>Discussion of:</u>	<u>Number of Items:</u>
<u>X</u> hospital service;	<u>1</u>
<u>X</u> program;	<u>1</u>
<u>X</u> hospital facility	<u>1</u>

**C. CONFERENCE WITH LEGAL COUNSEL—**The Hospital Board will recess to closed session pursuant to Government Code Section 54956.9(d)(2)-possible litigation against ECRMC- 1 case.

#### **RECONVENE TO OPEN SESSION – BOARD PRESIDENT**

#### **ANNOUNCEMENT OF CLOSED SESSION ACTIONS, IF ANY – GENERAL COUNSEL**

8. Approval of Report of Medical Executive Committee’s Credentials Recommendations Report for Appointments, Reappointments, Resignations and Other Credentialing/Privileging Actions of Medical Staff and/or AHP Staff (*Approved in Closed Session*)

**ADJOURNMENT:** Adjourn. (Time: ) Subject to additions, deletions, or changes.



**El Centro Regional Medical Center**  
**BOARD OF TRUSTEES – REGULAR MINUTES**  
**OPEN SESSION MINUTES**  
MOB CONFERENCE ROOMS 1 & 2  
1271 Ross Avenue, El Centro, CA 92243

Zoom Meeting link: <https://ecrmc.zoom.us/j/85998691128?pwd=bvlxdpbVakobQREwduWE9jSc71EyE3.1>

**Monday, July 22, 2024**

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
<b>ROLL CALL</b>	<b>PRESENT:</b> Oliva; Marroquin; Garcia; Cardenas-Singh; Tomaszewski; Carter; Chief Executive Officer Pablo Velez; and Executive Board Secretary Belen Gonzalez  <b>Via Zoom:</b> Maysent; Elizabeth Martyn, City of El Centro Attorney  <b>ABSENT:</b> -  <b>ALSO PRESENT:</b> City of El Centro Manager Cedric Ceseña; Douglas Habig, ECRMC Attorney	
<b>CALL TO ORDER</b>		The Board of Trustees convened in open session at 5:30 p.m. Board President Oliva called the meeting to order.
<b>OPENING CEREMONY</b>	The Pledge of Allegiance was recited in unison.	None
<b>NOTICE OF MEETING</b>	Notice of meeting was posted and mailed consistent with legal requirements.	None
<b>PUBLIC COMMENTS</b>	None	None

Regular Meeting  
July 22, 2024, 5:30 p.m.

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
<b>BOARD MEMBER COMMENTS</b>	None	None
<b>CONSENT AGENDA</b> <i>(Item 1)</i> <b>Item 1. Review and Approval of Board of Trustees Minutes of Regular Meeting of June 24, 2024.</b>	All items appearing here were acted upon for approval by one motion (or as to information reports, acknowledged receipt by the Board and directed to be appropriately filed) without discussion.	MOTION: by Cardenas-Singh, second by Garcia and carried to approve the Consent Agenda.  All present in favor; none opposed.
<b>NEW BUSINESS</b> <b>Item 2. Review and Approval of Request for Equitable Adjustment for Nielsen Construction (NCC).</b>	Item to be discussed in Closed Session.	None.
<b>FINANCE and OPERATIONAL UPDATE</b> <b>Item 3. Review and Approval of the Financial Statements for Month and Year-to-Date as of June 2024.</b>	David Momberg presented the Financial Statements for Month and Year-to-Date as of June 2024 report and answered questions.  Presentation included: <ul style="list-style-type: none"> <li>• Comparative volumes vs. Prior Month/Year</li> <li>• Balance Sheet vs. Prior Month comparison</li> <li>• Operating Statement vs. Prior Month comparison</li> <li>• Monthly Cash Flow (Fiscal Year to Date)</li> </ul>	MOTION: by Carter, second by Marroquin and carried to approve the Financial Statements for Month and Year-to-Date as of June 2024.  All present in favor; none opposed.
<b>CHIEF EXECUTIVE OFFICER UPDATE</b> <b>Item 4. Verbal Report from the CEO to the Board of Trustees—Informational</b>	Item to be discussed in Closed Session	Informational
<b>Item 5. Manager Update—Patty Maysent—Informational</b>	Item to be discussed in Closed Session	Informational.

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
<b>RECESS TO CLOSED SESSION</b>		<p>MOTION: by Marroquin, second by Garcia and carried to recess to Closed Session at 5:49 p.m. for HEARING/DELIBERATIONS RE MEDICAL QUALITY COMMITTEE REPORTS/STAFF PRIVILEGES, TRADE SECRETS, and CONFERENCE WITH LEGAL COUNSEL.</p> <p>All present in favor to recess to Closed Session. None opposed.</p>
<b>RECONVENE TO OPEN SESSION</b>		<p>The Board of Trustees reconvened to Open Session at 7:41 p.m.</p>
<b>ANNOUNCEMENT OF CLOSED SESSION ACTIONS, IF ANY— GENERAL COUNSEL</b>		<p><b>Added Item. Review and Approval of Ancillary Services Substantial Completion.</b></p> <p>MOTION: by Cardenas-Singh, second by Garcia to approve and move forward with the Ancillary Services Building Substantial Completion.</p> <p>All present in favor; none opposed.</p> <p><b>[A. HEARING/DELIBERATIONS RE MEDICAL QUALITY COMMITTEE REPORTS/STAFF PRIVILEGES— GOVERNMENT CODE SECTION 37624.3]</b></p>

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
		MOTION: by Garcia, second by Carter and carried to approve the Report of Medical Executive Committee's Credentials Recommendations Report for Appointments, Reappointments, Resignations and Other Credentialing/Privileging Actions of Medical Staff and/or AHP Staff.  All present in favor; none opposed.
ADJOURNMENT		There being no further business, meeting was adjourned at approximately 7:42 p.m.

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BELEN GONZALEZ, BOARD EXECUTIVE SECRETARY

APPROVED BY

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TOMAS OLIVA, BOARD PRESIDENT

Regular Meeting  
July 22, 2024, 5:30 p.m.



**TO:** ECRMC BOARD MEMBERS

**FROM:** Kimberly Probus, Chief Nursing Officer

**DATE:** September 23, 2024

**MEETING:** Board of Trustees

**SUBJECT:** **PATH49 TISSUE PROCESSING PROGRAMS VALIDATION  
(ANP 23120) POLICY**

**BUDGET IMPACT:**

A. Does the action impact/affect financial resources?

B. If yes, what is the impact amount: \_\_\_\_\_

  X   Does not Apply  
       Yes        No

**BACKGROUND:** The Pathology Department of El Centro Regional Medical Center will ensure that validation study for new tissue processing programs will objectively assess the overall quality of tissue processing. The comprehensive procedure and scoring Method employed effectively allows comparison of short processing runs with different protocols vs long run protocol.

**RECOMMENDATION:**   (1) Approve   (2) Do not approve


**SUPPORTING DOCUMENT LIST:**

- PATH49 Tissue Processing Programs Validation (ANP 23120) Policy

Approved for agenda, Chief Executive Officer

Date and Signature: \_\_\_\_\_

*Pablo Velazquez* 9/18/24

		<b>Department:</b> Laboratory	
		<b>Document Owner/Author:</b> Histology Lead	
		<b>Category:</b> Departmental	<b>Approval Type:</b> Biennial
<b>Date Created:</b> 01/30/2024	<b>Date Board Approved:</b>	<b>Date Last Review:</b> 04/18/2024	<b>Date of Next Review:</b> 04/18/2026
<b>Policy Name</b> PATH49 Tissue Processing Programs Validation (ANP 23120)			

## Policy

The Pathology Department of El Centro Regional Medical Center will ensure that validation study for new tissue processing programs will objectively assess the overall quality of tissue processing. The comprehensive procedure and scoring Method employed effectively allows comparison of short processing runs with different protocols vs long run protocol.

## Procedure Method

### Assessing the quality of short run tissue processing protocols (1 hour 40 minute, 2 hours vs long run: 12 hours)

A general description of our test procedure and scoring method is presented. This procedure and scoring method is used to objectively evaluate the quality of tissue processing and compare the performance of short protocols with that of a long run (12 hours) protocol. This scoring system assesses six parameters and is based on a three point scale. This method effectively allows comparisons of processing runs using different protocols on the same processor. Our goal is to use six consistent processing parameters so that we can assess the performance of different short run protocols with certainty.

Specimens enclosing and loading processor, processing specimens, embedding, section cutting, drying and section staining, and mounting are done using standard techniques. Specimens are embedded shortly after the end of the processing run. In this study the orientation of the gastrointestinal biopsies in the mold should be consistent, because during microtomy it has an effect on the ease of cutting. A good quality automated hematoxylin and eosin stain is employed. A suitable control slide is included with each run.

Each block and sections prepared from a short protocol are assessed and scored for their quality and then compared to those obtained from a long run protocol.

### Tissue Handling

The ways in which specimens are handled before processing might affect the quality of the processed tissue.

The biopsies for all runs are procured, when possible, from the same source and at the same time and, with the exception of the protocol applied, are handled in identical manner.



## Specimen Measurements and Fixative

The biopsy or specimens processed with the short run protocols must measure no more than 4.0 mm in diameter or thickness and no more than 10 .0mm in length.

10% buffered formalin is used for the fixation of tissue, the tissue is fixed for a minimum of \* 4 hours to maximum 5 days ensure it has acquired complete fixation. Certain types of tissue may require specific fixation time e.g. breasts, for special studies.

Type	10% buffered Formalin
Volume fixative: tissue	20:1
Duration	4 hours to 5 days
Storage Temperature/ Environment	Room temperature / sealed container

## Scoring blocks and sections

All scoring is performed in a blind fashion by a pathologist who is unaware of any technicalities of the processing used on the specimens being scored. Tissue blocks and sections are evaluated by scoring (see Details of Criteria for Assessment of Quality and Scoring Document), on 20 criteria in six groups. A three point scale for each parameter (2, 1, or 0, with zero being unacceptable) is used, then calculate a percentage score for each of our six groups from the total score for each group. These percentages are added together and an overall percentage score is calculated. Each of our six parameter groups contribute to the final score.

By using our six parameter groups as two groups of three, we are also able to generate separate scores for “section preparation and block quality”, and “microscopic assessment”

## Criteria for scoring the quality of processed blocks and slides:

*Group 1* (4 parameters) Cutting, we assess the physical characteristics of each block and its compression and ribboning qualities.

*Group 2* (3 parameters) mounting, here we assess the behavior of the section as it flattens on the water bath.

*Group 3* (2 parameters), block stability on storage. After one week we examine the paraffin block for changes which may indicate incomplete processing.

*Group 4* (5 parameters), we examine the physical quality of the section for indications that the tissue may not have been properly supported during cutting or incompletely processed.

*Group 5* (5 parameters), quality of tissue preservation, careful and detailed microscopic examination is required to assess the quality of tissue preservation.

*Group 6* (4 parameters), Quality of staining, stained elements are assessed for definition and consistency.

## Results/ Conclusion

Any specimen which scored 50% or less (i.e. Zero on our three point scale) in any single criteria is considered as unacceptable/poor quality for that processing run, regardless what the total score is.

Any block and slide with a score of  $\geq 80\%$  is considered of high quality.

Refer to **Details of Criteria for Assessment of Quality and Scoring Documentation** (Appendix A: 12 Hour Run Program, Appendix B: 2 Hour Short Run and Appendix C: 1 hour and 40 minute Short Run)

## Tissue Processing Programs

### Tissue Tek VIP 5A-B1: Serial Number-52140110

#### Overnight Tissue Processor Long Run

Station No	Solution	Concentration	Time (hr:min)	Set Temp	P/V	Mix
1	Neutral Buffered Formalin	10%	1.0	45 degree C	ON	SLOW
2	Neutral Buffered Formalin	10%	1.0	45 degree C	ON	SLOW
3	Alcohol	70%	1.0	35 degree C	ON	SLOW
4	Alcohol	95%	1.0	35 degree C	ON	SLOW
5	Alcohol	95%	1.0	35 degree C	ON	SLOW
6	Alcohol	100%	1.0	40 degree C	ON	SLOW
7	Alcohol	100%	1.0	40 degree C	ON	SLOW
8	Clear-rite		45	45 degree C	ON	SLOW
9	Clear-rite		45	40 degree C	ON	SLOW
10	Clear-rite		45	40 degree C	ON	SLOW
11	Paraffin		30	60 degree C	ON	SLOW
12	Paraffin		30	60 degree C	ON	SLOW
13	Paraffin		30	60 degree C	ON	SLOW
14	Paraffin		30	60 degree C	ON	SLOW

### Tissue Tek VIP 5A-B1: Serial Number-52140110

#### 1 hr 40 min. Processor Short Run

Station No	Solution	Concentration	Time (hr:min)	Set Temp	P/V	Mix
1	Alcohol	70%	10	35 degree C	ON	SLOW
2	Alcohol	95%	10	35 degree C	ON	SLOW
3	Alcohol	95%	10	35 degree C	ON	SLOW
4	Alcohol	100%	10	40 degree C	ON	SLOW
5	Alcohol	100%	10	40 degree C	ON	SLOW
6	Clear-rite		10	45 degree C	ON	SLOW
7	Clear-rite		10	40 degree C	ON	SLOW
8	Clear-rite		OFF		OFF	OFF
9	Paraffin		10	60 degree C	ON	SLOW
10	Paraffin		10	60 degree C	ON	SLOW
11	Paraffin		10	60 degree C	ON	SLOW
12	Paraffin		OFF		OFF	OFF

- The specimens should be allowed to fix in 10% Formalin at least 30 minutes before being placed on the processor.  
Histotechnology-A Self Instructional Text 4<sup>th</sup> Edition  
Carson, Frieda L.  
Page. 38

**Tissue Tek VIP 5A-B1: Serial Number-52140110**

**2 hr. Rapid Processor Short Run**

Station No	Solution	Concentration	Time (hr:min)	Set Temp	P/V	Mix
1	Alcohol	70%	10	35 degree C	ON	SLOW
2	Alcohol	95%	10	35 degree C	ON	SLOW
3	Alcohol	95%	10	35 degree C	ON	SLOW
4	Alcohol	100%	10	40 degree C	ON	SLOW
5	Alcohol	100%	10	40 degree C	ON	SLOW
6	Clear-rite		10	45 degree C	ON	SLOW
7	Clear-rite		10	40 degree C	ON	SLOW
8	Clear-rite		10	40 degree C	ON	SLOW
9	Paraffin		10	60 degree C	ON	SLOW
10	Paraffin		10	60 degree C	ON	SLOW
11	Paraffin		10	60 degree C	ON	SLOW
12	Paraffin		10	60 degree C	ON	SLOW

- The specimens should be allowed to fix in 10% Formalin at least 30 minutes before being placed on the processor.  
Histotechnology-A Self Instructional Text 4<sup>th</sup> Edition  
Carson, Frieda L.  
Page. 38

We think that this method has allowed us to objectively and reproducibly evaluate the quality of blocks and sections from the specimens processed. We conclude that the objective review of the scoring data of this method clearly identifies that the 2 hours short processing protocol produces technically high quality H & E stained Histology slides when compared to those obtained from a long run (12 hours) protocol. This method also identifies poor quality processing and processing artifacts.

- Refer to **Details of Criteria for Assessment of Quality and Scoring Documentation** (Appendix A: 12 Hour Run Program, Appendix B: 2 Hour Short Run and Appendix C: 1 hour and 40 minute Short Run)

## References

Rolls, G., Farmer, N., & Tarbet, F. (n.d.). Assessing the Quality of Tissue Processing and the Performance of Peloris using the Leica Microsystem Scoring System. *Leica Microsystems, Biosystems Division, Melbourne, Austria*, 1–7.

College of American Pathologists Requirement ANP. 23120.10/24/2022



**TO:** ECRMC BOARD MEMBERS

**FROM:** Kimberly Probus, Chief Nursing Officer

**DATE:** September 23, 2024

**MEETING:** Board of Trustees

**SUBJECT:** **PROVISION OF PATIENT CARE PLAN POLICY**

**BUDGET IMPACT:**

A. Does the action impact/affect financial resources?

X Does not Apply

   Yes    No

B. If yes, what is the impact amount: \_\_\_\_\_

**BACKGROUND:** Patient services are accomplished through organized and systematic processes designed to ensure the safe, effective and timely delivery of care and treatment. Providing and delivering patient care services requires specialized knowledge, judgment and skills derived from the principles of biological, physical, behavioral, psychosocial, nursing and medical science.

Patient care services will be planned, coordinated, provided, delegated and supervised by professional health care providers who recognize the unique, physical, emotional and spiritual needs of each patient.


**RECOMMENDATION:** (1) Approve (2) Do not approve

**SUPPORTING DOCUMENT LIST:**

- Provision of Patient Care Plan Policy

Approved for agenda, Chief Executive Officer

Date and Signature: Pablo Valdez 9/18/24

		<b>Department:</b> Nursing Administration	
		<b>Document Owner/Author:</b> Chief Nursing Officer	
		<b>Category:</b> Hospital Wide	<b>Approval Type:</b> Triennial
<b>Date Created</b> 01/1996	<b>Date Board Approved:</b> 01/17/2019	<b>Date Last Review:</b> 03/07/2022	<b>Date of Next Review:</b> 03/07/2025
<b>Policy Name:</b> Provision of Patient Care Plan			

- |  |  |
|--|--|
| 1 <a href="#">Cardiopulmonary</a>                                | 20 <a href="#">Volunteer Services</a>          |
| 2 <a href="#">Dietary</a>  | 21 <a href="#">Biomed</a>                      |
| 3 <a href="#">Imaging</a>  | 22 <a href="#">Case Management</a>             |
| 4 <a href="#">Laboratory and Pathology</a>                       | 23 <a href="#">Education</a>                   |
| 5 <a href="#">Pharmacy</a>                                       | 24 <a href="#">Facilities</a>                  |
| 6 <a href="#">Rehabilitation</a>                                 | 25 <a href="#">Patient Access</a>              |
| 7 <a href="#">Nursing Administration</a>                         | 26 <a href="#">Information Services</a>        |
| 8 <a href="#">IP Adult</a>                                       | 27 <a href="#">Medical Records</a>             |
| 9 <a href="#">ECRMC Specialty Health Center</a>                  | 28 <a href="#">Sterile Processing</a>          |
| 10 <a href="#">Maternal/Child</a>                                | 29 <a href="#">Supply Chain</a>                |
| 11 <a href="#">Newborn</a>                                       | 30 <a href="#">Human Resources</a>             |
| 12 <a href="#">Pediatrics</a>                                    | 31 <a href="#">Med Staff</a>                   |
| 13 <a href="#">Perioperative Services</a>                        | 32 <a href="#">Risk Management</a>             |
| 14 <a href="#">Emergency</a>                                     | 33 <a href="#">Infection Prevention</a>        |
| 15 <a href="#">Hemodialysis</a>                                  | 34 <a href="#">Safety/Security</a>             |
| 16 <a href="#">Outpatient Centers (El Centro &amp; Calexico)</a> | 35 <a href="#">Quality Resource Management</a> |
| 17 <a href="#">Oncology/Hematology &amp; Infusion Center</a>     | 36 <a href="#">CDI</a>                         |
| 18 <a href="#">PRIME</a>   | 37 <a href="#">Patient Experience</a>          |
| 19 <a href="#">Wound Healing Center</a>                          | 38 <a href="#">Information Systems</a>         |

39

## 40 Purpose

41 El Centro Regional Medical Center is a non-profit, city-owned healthcare center dedicated to  
 42 serving the healthcare needs and improving the health status of the residents of El Centro and  
 43 the Imperial Valley. The mission is embodied through the provision or facilitation for the delivery  
 44 of high quality healthcare services and health education to our community in an ethical and  
 45 patient sensitive environment.

46

## 47 Scope

48 The El Centro Regional Medical Center, licensed for 161 acute beds, is owned by the City of El  
 49 Centro and provides healthcare services to the residents of the City and the Imperial Valley.  
 50 Services provided include Medical, Surgical (*inpatient and outpatient*), Intensive Care Services,

Obstetrics, Pediatrics, Nursery (Well Baby), Perioperative Services, Endoscopy and 24-hour Emergency Services (Trauma Level IV). There are two Rural Health Clinics (named as Outpatient Centers), one in El Centro and another in Calexico.

Ancillary services include: Diagnostic Radiology, Nuclear Medicine, Pharmacy, Cardiopulmonary Services, Inpatient/Outpatient Rehabilitation Services, Laboratory, Pathology, and Dietary,

Patient services are accomplished through organized and systematic processes designed to ensure the safe, effective and timely delivery of care and treatment. Providing and delivering patient care services requires specialized knowledge, judgment and skills derived from the principles of biological, physical, behavioral, psychosocial, nursing and medical science. Patient care services will be planned, coordinated, provided, delegated and supervised by professional health care providers who recognize the unique, physical, emotional and spiritual needs of each patient. Patient care encompasses the recognition of disease and health, pain and comfort management, patient teaching, patient advocacy and spirituality. Under the auspices of the El Centro Regional Medical Center, Medical Staff, Registered Nurses and allied healthcare professionals function collaboratively to achieve optimal patient outcomes and to provide continuum of care support and planning beyond hospitalization when necessary.

Each patient care department has a defined scope of care document available. The scope of care will include:

- A. The Scope of the department and Service provided.
- B. The goals of the Department/Service.
- C. The types and ages of Patients served.
- D. Methods used to assess and meet Patient's care needs.
- E. The Appropriateness, Clinical necessity and timeliness of support services provided directly by the Hospital or through referral contracts.
- F. The extent to which the level of care or service provided meets Patient's needs.
- G. Recognized Standards.
- H. Staffing availability and staffing patterns.
- I. Performance Improvement.

## **Policy Statement**

El Centro Regional Medical Center is fulfilling its mission and its obligation to its citizens, is committed to utilizing innovative organizational and financial approaches to increase the accessibility of needed healthcare services that will meet the community's diverse needs, to assist the medically under-served and to provide, within available resources, indigent and charity care.

El Centro Regional Medical Center is dedicated to the principles of continuous quality improvement and teamwork to achieve its mission objectives and quality patient outcomes.

The efforts of an informed Board of Trustees, quality medical staff, employees, and volunteers are combined to fulfill the mission of El Centro Regional Medical Center.

It is the vision of El Centro Regional Medical Center “To be recognized as a premier center of healthcare excellence.” This philosophy flourishes in an environment which provides for effective communication systems, professional growth, team building, CQI Teams, and work redesign.

In collaboration with the community, El Centro Regional Medical Center will provide the highest quality of healthcare services that meet the Valley’s diverse needs through:

- A. A mission statement that outlines the Medical Center’s beliefs and values serving as a foundation for the planning, implementation and evaluation of goals and objectives.
- B. Annual and 5 years strategic planning with the leadership team to establish services provided based on a collaborative assessment of community, professional staff and patient care needs.
- C. Continual evaluation of services provided by the Medical Center through established processes such as performance improvement activities, customer satisfaction surveys and resource allocation reviews.
- D. Collaboration among hospital departments and services via frequent communication (*Monthly Leaders Forum; Nurse Executive Committee; Quality Council; Communication Boards; PI Teams; Function Teams; Task Force Teams; Leadership and employee educational development programs, Medical Staff Committees*).
- E. The hospital has policies and procedures that address the integrity of clinical decision making. To avoid compromising the quality of care, decisions are based on the patient’s identified care, treatment, and services needs and in accordance with hospital policy.
- F. The hospital makes decisions regarding the provision of ongoing care, treatment, and services, or discharge based on the care, treatment, and services required by the patient. The patient and/or the family is involved in these decisions.

## Responsibilities

Person/Title	Responsibilities
All ECRMC Employees	

## Procedure/Plan

### PATIENT CARE DEPARTMENTS

1. Adult IP (MS & ICU)

2. Maternal Child Services
3. Hemodialysis
4. Outpatient Services: Perioperative Services, Endoscopy,
5. Emergency Department (Trauma Level IV)
6. Perioperative Services
7. Dietary
8. Imaging Department (Diagnostic, Ultrasound, MRI, CT, Nuclear Med, Interventional)
9. Cardiopulmonary Services
10. Laboratory and Pathology Services
11. Pharmacy
12. Rehabilitation Services (Physical Therapy and Speech Pathology)
13. Outpatient Center – El Centro (Designated Rural Health Clinic)
14. Outpatient Center – Calexico (Designated Rural Health Clinic)
15. Case Management
16. Wound Healing Center
17. Oncology, Hematology and Infusion Center

#### **SUPPORT DEPARTMENTS**

1. Administration, Nursing Administration
2. Volunteer
3. Bio-Med
4. Education, Development and Research
5. Facilities Management: Environmental Services; Engineering, Safety and Security
6. Finance; Accounting; Patient Access;
7. Health Information Management
8. Human Resources
9. Supply Chain
10. Sterile Processing Department
11. Medical Staff Services
11. Quality Resource Management: Risk Management; Quality; RAC
12. Infection Prevention
13. Marketing, Patient Experience
14. Compliance and Diversity
15. Information Systems
16. PRIME

#### **Staffing Plans**

- A. Staffing plans for patient care service departments are developed based on the level and scope of care that needs to be provided, the frequency of the care to be provided, and a determination of the level of the staff that can most appropriately provide the type of care needed. It is the responsibility of management to ensure that all staff is competent to provide care to the assigned patients in each department/service. California and Federal regulations are used in determining staffing requirements.



- 173 B. The plans for staffing are reviewed on an annual basis and as needed, by changing patient  
174 care needs or findings from performance improvement activities. Areas to be addressed  
175 in this review include but are not limited to:

- 176 1. Patient requirements and their implications for staffing  
177 2. The addition or deletion of any patient care program/service.  
178 3. Other information such as patient surveys.  
179 4. Regulatory Requirements

180 In any situation in which a labor-intensive event occurs which prevents patient care staff from  
181 providing attention to all assigned patients (multiple admission or discharges or an emergency  
182 health crisis), rapid deployment of personnel shall be accomplished by:

- 183  
184 1. Administrator or Administrator-on-call shall be immediately notified.  
185 All available staffing resources shall be evaluated and support will be provided in  
186 accessing all options for additional staffing up to and including initiation of the  
187 hospital internal disaster plan (Code Triage).

## 188 189 **Integration of Patient Care and Support Services**

- 190  
191 A. The importance of a collaborative multidisciplinary team approach, which takes into  
192 consideration the unique knowledge, judgment and skills of a variety of disciplines in  
193 achieving desired patient outcomes, serves as a foundation for integration.  
194 B. Open lines of communication exist between all departments providing patient care, and  
195 support services within this organization and as appropriate with community agencies to  
196 ensure efficient, effective and continuous patient care.  
197 C. To facilitate effective interdepartmental relationships, problems solving is encouraged at  
198 the lowest levels possible within the organization.  
199 D. Staff open to addressing one another's issues and concerns and seeking mutually  
200 acceptable solutions.  
201 E. Managers and directors have the authority to mutually solve problems and seek solutions  
202 within their areas of responsibility.  
203 F. Positive interdepartmental communications are strongly encouraged as part of our vision  
204 and philosophy. This is accomplished through weekly Chief Executive **Team** Meetings,  
205 monthly Management meetings, Nurse Executive Meetings, Hospital-wide and Unit-  
206 Based Professional Practice Councils, multidisciplinary teams and other formal and  
207 informal meetings as needed.  
208 G. When problems/issues identified involve two or more areas, directors may establish a  
209 team of personnel from the areas involved for the purpose of identifying mutually  
210 acceptable solutions based on a patient-centered care approach. With assistance from  
211 the Quality Resource Management Department a Continuous Quality Improvement (CQI)  
212 request for process improvement is produced with input from the appropriate staff.  
213 H. The Quality Council, which consists of Medical Staff and hospital staff members,  
214 prioritizes these requests and makes its recommendations to the Board of Trustees.

## **Performance Improvement**

- A. El Centro Regional Medical Center is committed to providing quality health care services to all patients.
- B. The organization continually measures and assesses selected indicators such as high volume, high risk or problem prone in its efforts to improve the quality of care provided by the Medical Center.
- C. The Organizational Performance Improvement Plan describes the organizational procedures to be utilized in process design, performance measurement and assessment and performance improvement activities.
- D. The Plan allows all departments and services to perform improvement activities in a collaborative manner.
- E. The organization has adopted the FOCUS-PDCA (Find a process to improve, Organize a team, clarify the knowledge of current process, understand the cause of variation, plan the process improvement, do the improvement, check the results, and act to hold the gain) as its performance improvement model.
- F. The plan strives to meet the Mission, Vision and Values of the organization.

## **CARDIOPULMONARY SERVICES**

### **[#Top of the Document](#)**

#### **Scope of the department and service provided**

- A. Cardiopulmonary Service provides care to patients with disorders of the cardiopulmonary system including diagnostic testing, therapeutics and monitoring.
- B. All services are provided on the order of a physician and specify the type, frequency of treatment, the dose and type of medication, appropriate dilution ratios and which diagnostic procedures are requested.
- C. Outpatient electrocardiograms as well as echocardiography is provided Monday through Friday 0800 to 1600.
- D. We offer Treadmill stress-test Monday through Friday 1000 to 1700 on weekends we can offer this service from 0800 to 1230.
- E. In-patient electrocardiograms are available 24 hours 7 days a week while echocardiography is provided 0700 to 1730 Monday through Saturday and Sunday from 0900 to 1230.
- F. Pulmonary Function Testing and Electroencephalography is available Monday through Friday 0800 to 1600.
- G. Respiratory Care Services are available 24 hours a day 7 days week.
- H. The services are provided by licensed Respiratory Care Practitioners directed by a physician certified or eligible for certification in pulmonary disease by the American Board of Internal Medicine or be certified or eligible for certification by the American Board of Anesthesiology.
- I. Services include, but are not limited to, oxygen therapy, bronchodilator therapy, invasive and non-invasive mechanical ventilator support, point-of-care blood gas analysis, bronchopulmonary hygiene, and emergency airway care and pulse oximetry.

- 257 J. The physician director responsibilities include but are not limited to the following:
- 258 1. Coordinating with other services
- 259 2. Assuring the quality of respiratory personnel
- 260 3. Developing measures to control nosocomial infections
- 261 K. The day to day operations are under the immediate supervision of the director who will
- 262 be responsible for at least the following:
- 263 1. Supervising the clinical application of respiratory care
- 264 2. Supervising the technical procedures used in pulmonary function testing and
- 265 blood gas analysis
- 266 3. Supervising the maintenance of equipment
- 267 4. Assuring that national and local safety standards are met.
- 268

269 **The goals of the department/service**

- 270 A. Provide the hospital with comprehensive cardiopulmonary services of a high quality in
- 271 order to maximize patient care.
- 272

273 **The types and ages of patients served**

- 274 A. Patients with disorders of the cardiopulmonary system ranging in ages from neonate
- 275 through geriatrics.
- 276

277 **Methods used to assess and meet patient's care needs**

- 278 A. Respiratory Care Assessments.
- 279 B. Patient Education Form.
- 280

281 **The extent to which the level of care or service provided meets patients' needs**

- 282 A. The department meets the patients' needs by assuring all equipment used in the
- 283 department is part of a continuing preventative maintenance program that certifies its
- 284 ability to perform the specific function intended. Where applicable, personnel are
- 285 licensed by the State of California to deliver specialized patient care and requirements are
- 286 met for continued licensure renewal.
- 287 B. All staff members are required to participate in skills assessments annually. The
- 288 assessment included but is not limited to.
- 289 1. High Risk Low Volume (infant & pediatric ventilator management)
- 290 2. High Risk High Volume (adult ventilator management)
- 291

292 **Recognized standards**

- 293 A. American Association for Respiratory Care-Clinical Practice Guidelines as well as The
- 294 American Registry for Diagnostic Medical Sonography (ARMDS) for Echocardiography. TJC
- 295 standards and Title 22 Guidelines.
- 296

297 **Staffing availability and staffing patterns**

- A. The Cardiopulmonary Department uses an acuity-based staffing matrix to ensure adequate staffing is available to meet patient needs.
- B. A minimum of two respiratory care practitioners are staffed at all times.
- C. Additional staff is added as determined by the staffing matrix.
- D. One EKG technician is available from 0600 to 1800 Monday thru Friday and 0800 to 1200 Saturday and Sunday.
- E. EKGs are performed by Respiratory Care Practitioners when EKG Technicians are not on duty.
- F. All EKGs performed in the Emergency Room are completed by ER staff.
- G. California and Federal regulations are used in determining staffing requirements.
- H. Pulmonary Function Testing and Electroencephalography staffing is comprised of a RCP who is scheduled daily from 0800-1630.
- I. Echocardiography is provided 0700 to 1730 Monday through Saturday and Sunday from 0900 to 1230 and staffed by a Cardiac Ultra Sonographer
- J. Responsibility and Accountability to Administration and Medical Staff:
- K. The Cardiopulmonary Department is responsible to the hospital's Administration and Medical Staff for the following operational and medical concerns:
  - 1. Provision of adequate number of qualified staff.
  - 2. Provision of adequate and appropriate supplies and equipment.
  - 3. Development of and adherence to an approved budget.
  - 4. Development and updating of policies and procedures.
  - 5. Participation in quality improvement.
  - 6. Supervision of respiratory staff.
  - 7. Participation in-patient and family education.
  - 8. Provision of health services in a timely manner.
  - 9. Communicating with medical staff changes in patient's condition, response to treatment, and recommendation in treatment plans.
  - 10. Documentation of services provided and responses to interventions.
  - 11. Preparation and documentation of patient care plans.

#### **Performance Improvement**

- A. Please refer to the department PI Plan

#### **DIETARY**

#### **[#Top of the Document](#)**

#### **Scope of the department and service provided**

- A. Policy: The provision of care will be of the highest quality and provided with a cheerful attitude.

#### **Procedure:**

#### **Patient's Nutritional Care**

- 1. Meals are provided according to the order of the physician.

2. Patients may select food through an ON Demand service
3. Alternative food selection are offered for patients
4. Meals will be served in as attractive, flavorful, and nutritious manner as possible.
5. Diet instructions are provided to patients and/or their caregivers.
6. Nutrition Screening is provided
7. Nutrition Assessment/Consults are provided.

#### **Food is provided for the staff and guests**

1. Breakfast, Lunch, and Dinner meals are served to staff and visitors in the cafeteria.
2. "Grab and Go" food items and beverages are available in the cafeteria from 0700 to 1930.
3. Food is provided for special meetings of hospital staff when requested.

#### **Education**

1. In-service education about dietary matters is provided.
2. In-service is provided to Dietary Employees.
3. In-service to hospital staff is provided.
4. Students at I.V.C.
5. Community at Large (P.R.)
6. Information is provided to medical staff about new products and recent developments in nutrition.
7. Focus on CHF patient education.

#### **Environment**

1. Safe and sanitary environment for the production of food is provided.
2. Safe and sanitary environment for the consumption of food is provided.

#### **Accountability**

1. The Dietary Department will be accountable to the medical staff through the P&T Committee.

The Dietary Department is directly accountable to Administration.

#### **The goals of the Department/Service**

1. To provide high quality food for Staff/Patient
2. To provide timely assessment for high priority patients & appropriate nutritional therapy

#### **The types and ages of patients served**

1. Patients throughout life cycle are served according to their needs
2. Patients culture, allergies and food preferences are considered

#### **Methods used to assess and meet patient's care needs**

1. Screen by nursing

2. Assessed with appropriate formulas-measurement for nutritional needs
3. BMI
4. Direct Observation
5. HT/WT

**The appropriateness, clinical necessity and timeliness of support services provided directly by the hospital or through referral contracts**

- A. The Dietary Services provides meals to patients, staff and visitors 7 days a week.
- B. Meals are prepared based on ordered diets and the diet needs of the patients are assessed and evaluated.
- C. Patients are educated when special needs have been identified.
- D. Food is prepared to be aesthetically pleasing.
- E. Patient's cultural, religious and ethnic food preferences are honored, when possible. Substitutes of equal nutritional value are offered when patients refuse the food served.
- F. Special diets and altered diet schedules are accommodated as needed.
- G. The dietary department policies and procedures are developed to meet not only the department's own quality standards but also those required by State and Federal requirements. Registered Dietitians, Dietitian Assistants, and Food Service employees are under the direction of the Director of Dietary.
- H. High-risk patients are identified from nursing assessment and seen by Registered Dieticians.

**The extent to which the level of care or service provided meets patients' needs**

Initial nutrition screening is done by nursing. Those patients identified at high-risk are referred to a dietitian for assessment. Those patients needing assessment will be assessed within 2 days of notification.

**Recognized Standards**

1. ASPEN
2. AND
3. TITLE 22
4. TJC
5. Food Code

**Staffing availability and staffing patterns**

- A. Hours of operation from 0400-2030
- B. California and Federal regulations are used in determining staffing requirements.

**Performance Improvement**

- A. Please refer to the department PI Plan.

## **IMAGING DEPARTMENT**

### **#Top of the Document**

- A. The Imaging Department serves both inpatients and outpatients with medical, surgical, obstetrical and oncological diagnoses.
- B. The services provided include diagnostic imaging using diagnostic radiography, fluoroscopy, computerized tomography, digital mammography, ultrasound, magnetic resonance imaging, bone densitometry, positron emission tomography, and nuclear imaging.
- C. Services are provided by radiologists, registered nurses, radiologic technologists, Ultrasonographers, and nuclear medicine technologists.
- D. Services are available 24-hours a day with routine procedures scheduled from 0700 to 2000 Monday through Friday.
- E. There are on-call personnel during the week off-hours and 24-hours during the weekends.

### **Scope of the department and service provided**

- A. The department of Medical Imaging, through its licensed and non-licensed staff, provides inpatient, outpatient and emergency diagnostic studies on patients of all ages.
- B. The following diagnostic modalities are provided: Diagnostic Radiography, Fluoroscopy & Special Procedures, Digital Mammography, Computerized Tomography, Magnetic Resonance Imaging, Nuclear Medicine, and PET/CT. General and Vascular Ultrasound are also performed.
- C. Portable Radiography and Ultrasound are available for patients that are unable to be transported to the Imaging Department.
- D. Interventional Radiology procedures are also available.
- E. Medical Imaging Services are offered 24 hours a day to inpatient and emergency patients of all ages. (See staffing availability for outpatients imaging services).
- F. A Board Certified Radiologist serves as appropriate medical care while in the Medical Imaging Department.
- G. PET/CT services are provided by: DMS Health Technologies through contractual agreement with this facility.
- H. Services are performed by licensed Nuclear Medicine/Radiologic TC Technologists under the direction of the Radiologists. Services include PET/CT Limited Area, PET/CT Limited (Skull-Thigh) and PET/CT Whole Body.
- I. Outpatient services are available at the ECRMC Outpatient Lab and Imaging Center located at 495 Birch Ave, Ste. B, Calexico, CA 92231. Services include diagnostic imaging using diagnostic radiography and ultrasound. Services are available Monday through Friday, 0800 to 1700.

### **The goals of the department/service**

- 465 A. In accordance with the mission, vision, values and key accountabilities of El Centro  
466 Regional Medical Center the department of Medical Imaging acknowledges its  
467 responsibility to assure that all patients will receive safe and effective care.
- 468 B. We believe the Medical Staff must keep abreast of current trends in health care practice  
469 and medical technology, enabling delivery of the degree of quality and value our patients  
470 deserve.
- 471 C. El Centro Regional Medical Center feels that quality can best be delivered by addressing  
472 the needs of both our internal and external customers.
- 473 D. It is the intent of the Medical Imaging staff to develop a program which provides optimal  
474 care within available resources.
- 475

476 **The types and ages of patients served**

- 477 1. Neonates and infants (Birth to 1 year)  
478 2. Children/pediatrics (1-13 years)  
479 3. Adolescents (13-15 years)  
480 4. Adults (18-65 years)  
481 5. Geriatrics (65 years and over)  
482

483 **Methods used to assess and meet patient's care needs**

- 484 A. As early as possible the needs of the patient are identified. Clinical indications for the  
485 prescribed radiographic procedure are supplied to the department together with the  
486 request for the procedure. The medical record is also reviewed.
- 487

488 **The appropriateness, clinical necessity and timeliness of support services provided directly by  
489 the hospital or through referral contracts**

- 490 A. Services are provided within 24 hours and delays are reviewed.
- 491 B. If a procedure cannot be performed at this facility, patients may be referred to facilities  
492 within the geographic location if appropriate or contracted services may be utilized as  
493 necessary.
- 494

495 **The extent to which the level of care or service provided meets patients need**

- 496 A. The quality and appropriateness of the Medical Imaging interventions are monitored  
497 through feedback from clinical services, quality review reports, direct patient feedback,  
498 medical staff input and patient satisfaction surveys.
- 499

500 **Recognized standards.**

- 501 A. American College of Radiology in MRI, CT, Mammography and Nuclear Medicine  
502 B. The Joint Commission
- 503

504 **Staffing availability and staffing patterns**

- 505 A. The Imaging Department provides services 24 hours a day, 7 days a week for the following  
506 modalities. Outpatient services are provided for scheduled exams as follows:



1. Diagnostic Radiology: 0700-2000 Monday to Friday
2. CT: 0700-2000 Monday to Friday
3. Ultrasound: 0700-2000 Monday to Friday
4. Nuclear Medicine: 0700 to 1500 Monday to Friday
5. MRI: 0700-2000 Monday to Friday

#### **Performance Improvement**

- A. Please refer to the department PI Plan.

### **LABORATORY AND PATHOLOGY SERVICES**

#### **#Top of the Document**

- A. Laboratory evaluation of specimens is necessary to enable physicians and health care providers to accurately diagnose patient conditions, and to monitor the progress of their therapy.
- B. Routine testing is performed in the Clinical and the Pathology Laboratories, while testing requiring technology not available within the hospital is referred to an accredited Reference Laboratory approved by the Laboratory Medical Director and Medical Staff thus, providing a full range of comprehensive testing.
- C. The Laboratory Department provides laboratory tests for inpatients, outpatients, emergency, correctional, and skilled nursing facility patients.
- D. The Laboratory is staffed by personnel seven days a week, 24 hours a day.
- E. The professional staff providing the services includes Clinical Laboratory Scientists, Medical Laboratory Technicians, Certified Phlebotomy Technicians, Certified Histology Technologists, Medical Laboratory Assistants, Histology Technicians, and a Laboratory Courier.
- F. The Laboratory is under the direction of a Board-Certified Pathologist.
- G. The Laboratory Department is accredited by the College of American Pathologists and by State and Federal Agencies. Point of Care Testing is overseen by the Clinical Laboratory Department.

#### **Laboratory Mission**

To excel in the performance of Clinical Laboratory and Pathology testing for the diagnosis, treatment, and monitoring of disease processes and healing therapies by providing information that is timely and accurate in its scope.

#### **Laboratory Leadership**

- A. The leadership of the Robert J. Westcott Memorial Laboratory at El Centro Regional Medical Center takes responsibility for providing the foundation and support for planning, directing and coordinating, providing and improving laboratory services.
- B. Laboratory services are based on identified needs and are to improve patient health outcomes and patient safety.

#### **Laboratory Services**

A. The Laboratory is accredited by the College of American Pathologists Laboratory Accreditation Program for the following services:

1. Anatomic Pathology
2. Bacteriology
3. Blood Gases
4. Body Fluid Analysis
5. Chemistry
6. Coagulation
7. Director/Organizational Assessment
8. Hematology
9. Immunohematology
10. Immunology
11. Intraoperative Consultation
12. Laboratory General
13. Mycobacteriology
14. Mycology
15. Parasitology
16. Point of Care Testing
17. Special Chemistry
18. Surgical Pathology
19. Toxicology
20. Transfusion Services
21. Urinalysis

#### **Population**

- A. Patients of all ages, neonates to geriatrics, are served in emergency, acute, and routine environments.
- B. The laboratory strives to provide appropriate, clinically necessary and timely services.

#### **Laboratory Location and Outpatient Hours of Service**

El Centro Regional Medical Center  
Laboratory Outpatient Services  
1415 Ross Ave  
El Centro, CA 92243  
(760) 339-7271  
(760) 339-4584 fax  
Laboratory open 24 hours/day and 7 days/week  
Outpatient Specimen Collection Station Hours  
Monday – Friday.....0700 to 1800  
Saturday.....0800 to 1200  
El Centro Regional Medical Center

Calexico Lab and Imaging Center (Specimen Collection)  
495 Birch St.  
Calexico, CA 92231  
(760) 768-8000  
(760) 768-4423 fax  
Monday – Friday.....0700 to 1700

El Centro Regional Medical Center  
El Centro Outpatient Lab (Specimen Collection)  
385 West Main Street  
El Centro, CA 92243  
(760) 370-8626  
Monday – Friday.....0700 to 1600

#### **Standard of Practice**

The standard of practice for laboratory services at El Centro Regional Medical Center is based on the College of American Pathologists Standards. As defined by the Clinical Laboratory Improvement Act of 1988, this laboratory is certified to perform waived, moderate, and high complexity testing.

1. The laboratory strives to have adequate testing capabilities to meet the needs of our patients.
2. Whenever a laboratory test is not performed by our laboratory, it is referred to a reference laboratory.
3. Selection of reference laboratories is based primarily upon the quality of performance for such laboratories.
4. Reference laboratories used must possess a high complexity testing certification as defined by the Clinical Laboratory Improvement Act of 1988.
5. The Laboratory Medical Director, in consultation with the ECRMC Medical Staff is responsible for selecting referral laboratories to be used by our hospital.
6. Outside laboratories used are reviewed by the Medical Staff on an annual basis.
7. This standard of practice along with accreditation and credentialing standards, regulations and staff knowledge provide the basis for formulation of policies and protocols applicable to our defined scope of service.

#### **Laboratory Accreditations**

- A. College of American Pathologists (CAP)
- B. State of California and the Clinical Laboratory Improvement Act (CLIA)

#### **Personnel Credentialing and Certifications**

- A. California Department of Public Health (CDPH)
- B. American Society of Clinical Pathologists (ASCP)

### **Staffing**

- A. Laboratory services are organized, directed and staffed in a manner commensurate with the scope of services offered. Staff members are assigned responsibilities based on educational preparation, applicable licensing laws and regulations, and assessment of current competence.
- B. In order to provide adequate turn-around-time and adequate laboratory services, all reasonable steps are taken to help assure that sufficient numbers of all types of laboratory staff are available to collect specimens and perform laboratory test in a timely manner.
- C. The staffing plan for laboratory services is reviewed on an ongoing basis to ensure staffing is adequate to patient populations and demands.
- D. Volumes and budget will factor in staffing needs.
- E. A board-certified Pathologist is either on-site or on-call at all times.

### **Accountability and Responsibility:**

The department is responsible to the hospital's Administration for the following operational concerns:

1. Provision of adequate number of qualified staff.
2. Provision of appropriate and adequate supplies.
3. Development of and adherence to an approved budget.
4. Adherence to licensing/regulatory/accreditation requirements/standards.
5. Maintaining departmental policies and procedures.
6. Planning and coordinating needed diagnostic testing.
7. Participating in quality performance improvement.
8. Overseeing Clinical Laboratory staff.

The department is responsible to the Medical Director of the Clinical Laboratory for clinical and technical issues:

1. Provision of ordered services.
2. Provision of services in a timely manner.
3. Timely communication with medical staff of critical values or significant abnormal test results.

### **Performance Improvement**

The Laboratory has implemented proactive initiatives that are ongoing to reduce errors. Patient safety priorities are integrated into new design and redesign of all processes and services.

For a current list of the Laboratory Performance Improvement Indicators, please refer to the departmental PI Plan.

## **PHARMACY DEPARTMENT**

### **[#Top of the Document](#)**

- A. The Pharmacy Department provides services to inpatients of all ages. The Pharmacy hours are 0800 to 1800, 7 days a week with a Pharmacist on-call after hours, and the hospital approved remote after-hours pharmacy will provide processing of medication orders when closed.
- B. Licensed pharmacists are assisted by pharmacy technicians in a single location in the preparation and delivery of medications.
- C. Pharmacists provide individual therapeutic regimens and monitor the appropriateness of medications.
- D. All pharmacy services are guided by the mandates of The Joint Commission, California Department of Public Health, Title XXII, and the American Society of Hospital Pharmacists' Standard of Practice.
- E. The department routinely monitors select medications, which are defined by the Pharmacy and Therapeutics Committee.
- F. Prioritization of medications is based on high volume, high risk, problem prone, and high cost; the purpose being to increase patient safety and improve patients outcomes.
- G. Pharmacists are involved in appropriate committees and teams to insure the development, coordination and review of all professional standards, procedures, policies and controls relating to the procurement, storage, dispensing, and safe use of medications within the institution.

### **Scope of the department and service provided**

- A. Patient services are provided to the following areas:
  - 1. Emergency Room
  - 2. Medical/Surgical Maternal Child
  - 3. Imaging
  - 4. Perioperative Services
  - 5. Intensive Care Outpatient Treatment Center Wound Healing Center Cardiopulmonary Endoscopy
  - 6. Oncology/Hematology Center

### **Scope of drug use at ECRMC - Major classes includes:**

- 1. Antimicrobial agents
- 2. Analgesics
- 3. Anesthetics
- 4. Anti-inflammatory agents
- 5. Gastrointestinal drugs
- 6. Sedatives and hypnotics
- 7. CNS & musculoskeletal
- 8. Anticonvulsants
- 9. Antihistamines and decongestants
- 10. Bronchodilators

- 11. Ophthalmics
- 12. Diuretics
- 13. Cardiac agents
- 14. Antihypertensives
- 15. Anticoagulants & Fibrinolytics
- 16. Hormonal and reproductive
- 17. Oncology/Hematology agents

#### **The goals of the department/service**

- A. The commitment of the Pharmacy Department is to provide the hospital with comprehensive progressive pharmaceutical services of a high quality in order to maximize patient care. Members of the department will strive to educate our patients, staff and community on the safe and appropriate use of medications.

#### **The types and ages of patients served**

- A. All ages.

#### **Methods used to assess and meet patient's care needs**

- A. The Pharmacist will review prescribed medication orders, as per policy and procedure, for the appropriateness of medication selection, dosage, indication, and all other activities as outlined in section "F" of this document.

#### **The appropriateness, clinical necessity and timeliness of support services provided directly by the hospital or through referral contracts**

- A. The registered pharmacist and pharmacy technician will provide all necessary pharmaceutical services during daily hours of operation.
- B. When closed, the hospital approved pharmacy remote after-hours service will provide pharmacy remote medication order entry.
- C. The scope of the services will relate to the use of medications and will be provided in accordance with laws, rules, and regulations and recognized standards and practice guidelines in the State of California.
- D. Omnicell Night lockers are situated in patient care departments are stocked with medications that may be needed after hours.
- E. Also, after hours, there is a pharmacist on-call to provide necessary information; if needed, the on call pharmacist will return to the hospital to provide the requested patient care function.

#### **Responsibility and Accountability:**

- A. The Pharmacy Department is responsible to the Pharmacy and Therapeutics Committee and Medical Staff for the following clinical issues:
  - 1. Provision of ordered services.
  - 2. Provision of services in a timely manner.
  - 3. Monitoring drug therapies for potential adverse effects.

- 762 4. Consulting with medical staff on drug treatment plans for the patients.

763  
764 B. The Pharmacy Department is responsible to administration for the following:

- 765  
766 1. Provision of adequate number of qualified staff.  
767 2. Provision of appropriate and adequate pharmaceuticals.  
768 3. Development of and adherence to an approved budget.  
769 4. Adherence to licensing/regulatory/accreditation requirements/standards.  
770 5. Maintaining departmental policies and procedures.  
771 6. Participating in quality improvement, drug usage evaluation.  
772 7. Supervising pharmacy staff.  
773 8. Providing patient and staff education.  
774

775 **The extent to which the level of care or service provided meets Patient's needs**

- 776 A. Activities related to the entire continuum of drug use include:
- 777 1. Acquiring, distributing, and storing drugs for patient care  
778 2. Interpreting physicians' drug orders  
779 3. Preparing medications for administration, including parenteral solutions dispensing  
780 medications-both unit dose inpatient and outpatient (limited)  
781 4. Determining the patient's problem through history and physical and diagnostic work-  
782 up, and selecting the most appropriate drug(s)  
783 5. Screening for allergies through medication histories  
784
- 785 B. Selecting the most appropriate dose, route of administration, and length of drug use,  
786 monitoring the patient's response and modifying the regimen accordingly
- 787 1. Monitoring side effects, adverse drug reactions, drug-food and drug-drug interactions  
788 2. Recognizing and managing significant adverse drug reactions  
789 3. Monitoring medication errors and taking the appropriate actions  
790 4. Educating patients in drug regimens  
791 5. Drug distribution to affiliate clinics and formulary control  
792 6. Drug information to medical and nursing staff  
793 7. Pharmacokinetic dosing  
794 8. Maintaining integrity of pharmacy stock including participation in drug recalls and FDA  
795 MEDWATCH Problem Reporting Program  
796 9. Monitoring of Controlled Substances and distribution  
797 10. Addressing the 11 elements of the Medication Error Reduction Plan (MERP)  
798 requirement per SB 1875: Prescribing, Prescription Order Communication, Product  
799 Labeling, Packaging & Nomenclature, Compounding, Dispensing, Distribution,  
800 Administration, Administration, Education, Monitoring, and Use.  
801 11. Services not provided but not limited to, include:  
802 a. Nuclear pharmacy  
803 b. Outpatient prescription pharmacy  
804

### **Recognized standards**

- A. All pharmacy services are guided by the mandates of The Joint Commission, California Department of Health, Title XXII, and the American Society of Hospital-System Pharmacists standard of practice.

### **Staffing availability and staffing patterns**

- A. Pharmacist must maintain:
  - 1. Current California State Board of Pharmacy license.
  - 2. Not less than 30 hours of continuing education every 2 years.
  - 3. Have met all the criteria for annual skills validation that address age specific patients.

### **Technicians:**

- A. High school graduate or equivalent
- B. Current California State Board of Pharmacy, Technician registration
- C. Completed all competency testing requirements

### **Competency Testing Requirements for Staff:**

- A. All newly hired pharmacy staff must have successfully completed:
  - 1. Critical Thinking Skills Validation (administered by education).
  - 2. Interpersonal Skills Validation (administered by education).
  - 3. Technical Skills Validation annually through the Competency based-evaluation. (Administered by pharmacists).

### **Staffing Requirements:**

- A. Staffing requirements will be based on doses dispensed and pharmacy operation workload as necessary.
- B. California and Federal regulations are used in determining staffing requirements.

### **Performance improvement**

- A. Please refer to the department PI Plan.

## **REHABILITATION SERVICES DEPARTMENT:**

### **[#Top of the Document](#)**

- A. Rehabilitation Services Department provides Physical Therapy-services to inpatients from 0800 to 1630 Monday through Friday.
- B. Speech-Language Pathology is 0800-1630 Monday through Saturday.
- C. Patients receive thorough assessment with a treatment plan that is individually designed to gain or regain functional ability and to enhance maximum state of health.
- D. Therapists providing services are licensed by the State of California.

### **Scope of the Department and Service Provided**

- A. Rehabilitation Services Department provides care to adults, and geriatrics.



- B. Education is provided on the disease process, recovery, safety, equipment, and alternative levels of care and rehabilitation.

#### **The Goals of the Department/Service**

- A. In accordance with the mission, vision, values, and behavior of the organization, the Rehabilitation Services Department acknowledges responsibility to ensure that all patients will receive safe and effective care.
- B. We believe that the organization must keep abreast of current trends in health care practice in order to deliver the degree of quality-and value our patients deserve.
- C. ECRMC believes that quality can best be delivered by addressing the needs of our inpatient customers.
- D. It is the intent of Rehabilitation Services Department to provide appropriate plans of care, rehabilitation, and evaluation as quickly as possible for patients with orders.

#### **The Types and Ages of Patients Served**

- A. Infants, children, adolescents, adults, and geriatrics.

#### **Methods Used to assess and meet patient's care needs**

- A. Physical Therapists and Speech-Language Pathologists perform evaluations, identify problems, and create plans of care.

#### **The appropriateness, clinical necessity and timeliness of support services provided directly by the hospital or through referral contracts**

- A. Services are provided per physician order.
- B. Delays in providing services are monitored.

#### **The extent to which the level of care or service provided meets patients' needs**

- A. The quality and appropriateness of Physical Therapy and Speech-Language Pathology interventions are monitored through peer review of assessment/treatment, national database comparison, and patient satisfaction surveys.

#### **Recognized Standards**

- A. American Physical Therapy Association
- B. American Speech-Language Hearing Association

#### **Staffing Availability and Staffing Patterns.**

- A. Rehabilitation Services Staff includes physical therapists, physical therapy assistants, , speech-language pathologists, and rehabilitation aides. California and Federal regulations are used in determining staffing requirements.
- B. The department's plan to provide therapy services is designed to ensure the effective and efficient delivery of care provided to patients within each area/department of the facility.

- C. In order to provide adequate coverage, all reasonable steps are taken to help assure that sufficient numbers of all types of staff are available to perform services in a timely manner.

## **Performance Improvement**

- A. Please refer to the Rehabilitation Services Department PI Plan.

## **DEPARTMENT OF NURSING**

### **[#Top of the Document](#)**

#### **A. Nursing Services:**

The Department of Nursing Services, under the direction of the Chief Clinical Officer/Chief Nursing Officer who is accountable and responsible for the provision of nursing care within the organization, provides care to inpatients and outpatients in all risk groups, including neonates/infants, pediatric, adolescent, adult and geriatric, 24 hours a day, 7 days a week. Nursing care is accomplished through the nursing process of:

1. Assessment, nursing diagnosis/problem identification, planning and implementation, evaluation and patient teaching.
2. Those providing nursing care are Registered Nurses, Licensed Vocational Nurses, Medical Assistants (in centers Rural Health Clinics only) Patient Care Techs and Certified Nursing Assistants.
3. Areas where nursing care is provided have a mechanism in place for determining requirements for care on the basis of demonstrated patient needs, appropriate and necessary interventions, and priority of care. Staffing for each patient area is determined by the patient care requirements, staff expertise, California and Federal laws, and unit geography. It is the responsibility of management to ensure that all staff is competent to provide care for the assigned patients.
4. A sufficient number of competent Registered Nurses are scheduled to be on duty at all times to render nursing care requiring the judgment and specialized skill of a Registered Nurse. Staffing is sufficient to assure prompt recognition of an untoward change in the patient's condition and to facilitate appropriate intervention. Core staff levels have been developed by number and staffing mix based upon current State and Federal requirements, as well as, needs.

## **MEDICAL SURGICAL**

### **[#Top of the Document](#)**

#### **Scope of the department and service provided**

- A. The Medical/Surgical Unit serves a 100% inpatient population and (North Wing, South Wing, East Wing and West Wing) provides care to adult, geriatric, adolescent and pediatric, maternal child overflow patients being treated for a variety of medical and surgical problems.

- 928 B. Patients are admitted from various specialty services including and not limited to:  
929 Orthopedics, Urology, Nephrology, Pediatrics, Family Practice, GYN, Ophthalmology,  
930 Trauma, ENT, Oral Surgery, Internal Medicine, and General Surgery.
- 931 C. The Medical/Surgical Unit has a total capacity of 88 beds (30 beds for North Wing, 10 beds  
932 for South Wing, 25 beds for East Wing and 23 beds for West Wing) and is operational 24  
933 hours a day, seven days a week.
- 934 D. The Unit is staffed with Registered Nurses, Licensed Vocational Nurses, Nursing  
935 Assistants, Patient Care Techs and Unit Secretaries under the direction of the Adult  
936 Inpatient Services Director.
- 937 E. Specialized equipment is available to support the care of the patients served and the staff  
938 is trained and qualified to meet the full array of patient needs.
- 939 F. Procedures performed in the department include (but not limited to): intravenous  
940 therapy, total parenteral nutrition, blood transfusion, surgical aftercare, wound care,  
941 diabetes management, nasogastric tube feeding and lavage, colostomy care, gastrostomy  
942 tube feeding, chest tube, telemetry and inpatient hemodialysis. Competency of staff is  
943 assessed during orientation and validated on an annual basis.
- 944

945 **The goals of the department/service**

- 946 A. In accordance with the mission, vision, values and key accountabilities of El Centro  
947 Regional Medical Center, the Medical/Surgical Department acknowledges its  
948 responsibility to assure that all patients will receive safe and effective care.
- 949 B. We believe the Medical Staff must keep abreast of current trends in health care practice  
950 and medical technology enabling delivery of the degree of quality and value our patients  
951 deserve.
- 952 C. El Centro Regional Medical Center feels that quality can best be delivered by addressing  
953 the needs of both our internal and external customers.
- 954 D. It is the intent of the Medical/Surgical Staff to develop a program which provides optimal  
955 care within available resources.
- 956 E. Priority will be given to the following specific areas:
- 957 1. Monitoring and analysis of productivity rates/budget vs. actual
- 958 2. Monitoring and analysis of patient safety
- 959 3. Monitoring and analysis of customer satisfaction
- 960 4. Monitoring and analysis of clinical outcomes
- 961 5. Management of Human Resources focusing on staff recruitment and  
962 retention.
- 963

964 **The types and ages of patients served**

- 965 A. The Medical/Surgical Units provide comprehensive care to adolescent (14-17 years), adult  
966 (18-65 years), and geriatric population (65 years and over). The units also provide care to  
967 pediatric overflow patients, as defined by the Pediatrics Structure Standards.
- 968

969 **Methods used to assess and meet patient's care needs**

- A. The Registered Nurse performs a comprehensive nursing assessment and develops and implements a patient care plan in collaboration with the multi-disciplinary care team. The patient and his/her family members are included in patient care planning and in setting discharge goals and objectives.
- B. The data collection process is systematic and comprehensive and includes the following methods: interview process, observation, physical examination, patient health history, diagnostic reports and consultation reports.
- C. Assessment data are thoroughly documented in the initial patient assessment record, laboratory reports, progress notes, patient record, computerized nursing record including nurse's notes, patient activity charting, VS, intake and output and patient care plans.
- D. Assessments are consistent with the overall treatment plan coordinated by the multi-disciplinary team and include establishment of discharge goals.

**The appropriateness, clinical necessity and timeliness of support services provided directly by the hospital or through referral contracts**

- A. The Medical/Surgical Department has the availability of emergency and routine support of the following clinical services: Diagnostic Radiology, Nuclear Medicine (24 hours a day); Cardiopulmonary Services (24 hours a day); Laboratory/Pathology (24 hours a day); Inpatient Physical Therapy; Inpatient Hemodialysis, Dietary, Pharmacy, Endoscopy, (Refer to specific department sections of this plan for hours of operation).
- B. A coordinated and collaborative interdepartmental relationship exists between the Medical/Surgical and these ancillary departments to promote a multi-disciplinary quality patient care.
- C. Administrative support services for Medical/Surgical Department include: House Charge Nurses (after hours and during week-ends and holidays); staffing coordinators, QRM staff, Information Management Staff, Education Staff, Case Management, Admitting, Accounting, Finance, Medical Records, and Medical Staff Office.
- D. Facility support services include Housekeeping, Materials Management, Biomed, Central Supply, Sterile Processing Department, Maintenance, Engineering and Security.

**The extent to which the level of care service provided meets patients' needs**

- A. The Chairman of the Department of Medicine, in collaboration with the Department of Medicine monitors and evaluates on an ongoing basis the quality, safety and appropriateness of patient care services provided within the units utilizing the performance improvement model.
- B. The Chairman of the Department of Medicine has a collaborative relationship with the Nurse Director through which they coordinate unit medical and nursing activities and patient care goals/plans. She/he provides active support to the continuing education program of the unit, collaborates in implementing patient care standards and participates in patient care conferences as appropriate.

**Recognized standards**

- 1012 A. The Medical/Surgical Department is guided by the following standards: Nurse Practice  
1013 Act, Title 22, and TJC Accreditation Standards.

1014  
1015 **Staffing availability and staffing patterns**

- 1016 A. The Medical/Surgical Units are staffed by Registered Nurses, Licensed Vocational Nurses,  
1017 Nursing Assistants, Patient Care Techs, and Unit Secretaries.
- 1018 B. Staffing is based on state mandated staffing ratios as well as the number, type and acuity  
1019 of patients.
- 1020 C. Staffing assignments are commensurate with personnel skills, ability and competency.
- 1021 D. The patient acuity is determined by the patient classification system that incorporates the  
1022 following:
- 1023 1. The ability of the patient for self-care;
  - 1024 2. The patient's degree of illness;
  - 1025 3. The patient's requirements for special nursing activities and treatment;
  - 1026 4. The skill level required to provide the patient's nursing care;
  - 1027 5. The patient's placement in the patient care unit.
- 1028 E. Staffing for Pediatric Overflow Patients involves coordination with the Pediatric  
1029 Department.
- 1030 F. Pediatric patients will have a Pediatric Trained Nurse in Charge and Pediatric Acuties will  
1031 be calculated as per the Pediatric Department to determine staffing need of the pediatric  
1032 patient.
- 1033 G. The Inpatient Hemodialysis unit is located in the primarily on East Wing.

1034  
1035 **Performance improvement**

- 1036 A. Please refer to the department PI Plan.

1037  
1038 **INTENSIVE CARE UNIT**

1039  
1040 **Scope of the department and service provided**

- 1041 A. The ICU is a 12-bed multi-service critical care unit for adult patients and children >13 years  
1042 of age.
- 1043 B. There are two units:
- 1044 1. ICU is located on the second floor, adjacent to West Wing and has 12 beds. Both  
1045 Intensive Care Units are designed to allow for visual observation of patients, while  
1046 maintaining reasonable privacy.
- 1047 C. Each bedside unit is equipped with vacuum and gas outlet; intermittent and continuous  
1048 suctioning; electronic ECG monitoring, pulse oximetry and cardiac output monitoring; BP  
1049 monitoring, overhead IV tracks, grounded electrical outlets, patient call system, privacy  
1050 curtain and sink.
- 1051 D. For ICU Room 261 is utilized for positive pressure isolation and Rooms 255, 256, 257, 258  
1052 are used for negative pressure isolations.

- E. The purpose of the ICU is to provide age-appropriate care to patients who are critically ill or injured and in varying stages of recuperation from diagnostic and therapeutic interventions.

**The scope of this plan includes all elements of administration and clinical practice to:**

- A. Ensure compliance to acceptable standards of practice.
- B. Outline all personnel requirements for practice (competency and credentials) on an ongoing basis.
- C. Outline performance improvement activities.
- D. Provide education and interventions to correct problems identified.
- E. Empower staff to track and trend utilization data, Unusual Event Report, patient care and volume indicators, budgetary considerations, and resources (or lack thereof) which affect overall health care delivery in the organization.

**The goals of the department/service**

- A. In accordance with the mission, vision, values and key accountabilities of ECRMC, the ICU acknowledges its responsibility to assure that all patients will receive safe and effective care. We believe the Medical Staff must keep abreast of current trends in health care practice and medical technology enabling delivery of the high quality health care. Department goals are as follows:
- B. To provide prompt recognition and competent treatment of emergency conditions and complications in an intensive care environment.
- C. To ensure the patient's plan of care supports the dignity and privacy of the patient and his/her significant others. To provide patient comfort measures.
- D. To provide technologic equipment necessary to accurately assess, diagnose and monitor physiologic and hemodynamic conditions affecting homeostasis. To develop a plan consisting of diagnostic and therapeutic interventions, protocols, procedures, intensive monitoring and emergency interventions.
- E. To provide state of the art healthcare through collaborative multi-disciplinary team work to meet patient care needs in El Centro Regional Medical Center and in anticipation of discharge.
- F. ECRMC has recognized that safe and effective care can best be delivered by addressing the needs of both our internal and external customers. It is the intent of the ICU staff to implement a program that provides optimal care within available resources.
- G. Priority will be given to the following specific areas:
  - 1. Monitoring and analysis of productivity rates/budget vs. actual.
  - 2. Monitoring and analysis of patient safety.
  - 3. Monitoring and analysis of customer satisfaction.
  - 4. Monitoring and analysis of clinical outcomes.
  - 5. Management of human resources focusing on staff recruitment and retention.

**The types and ages of patients served**

The Intensive Care Unit provides comprehensive care to the following age groups:

- 1096 1. Adults  
1097 2. Geriatrics  
1098 3. Adolescents > 14 years or those services can be provided for equipment that meets needs.  
1099

1100 **Methods used to assess and meet patient's care needs**

- 1101 A. The Registered Nurse performs a comprehensive nursing assessment and develops and  
1102 implements a patient care plan consistent with the objectives of the multi-disciplinary  
1103 care plan.  
1104 B. The patient and his/her family members are included in patient care planning and setting  
1105 discharge objectives.  
1106 C. The data collection process is systematic and comprehensive and includes the following  
1107 methods:  
1108 1. Interview process  
1109 2. Observation  
1110 3. Physical exam  
1111 4. Patient Health History  
1112 5. Diagnostic reports  
1113 6. Consultation reports  
1114

1115 Assessment data is thoroughly documented in the initial patient assessment record, lab reports,  
1116 progress notes, computerized nursing assessment, ICU 24 hour Nursing Flowsheet, care plans,  
1117 and patient records.

1118 Assessments are consistent with the overall treatment plan coordinated by the multi-disciplinary  
1119 team and include the establishment of discharge goals.  
1120

1121 **The appropriateness, clinical necessity and timeliness of support services provided directly by**  
1122 **the hospital or through referral contracts**

- 1123 A. The ICU department has the availability of emergency and routine support of the  
1124 following clinical services: OR and PACU (24 hours per day); Diagnostic  
1125 Radiological/Nuclear medicine (24 hours per day); Cardiopulmonary services (24 hours  
1126 per day); Laboratory/Pathology (24 hours per day); Dietary; Pharmacy; Endoscopy (refer  
1127 to the specific department sections of the hospital-wide plan for hours of operation).  
1128 B. A coordinated and collaborative interdepartmental relationship exists between the ICU  
1129 and these ancillary departments to promote a multi-disciplinary approach to providing  
1130 the highest quality of patient care.  
1131 C. Administrative support services for the ICU include: House Charge Nurses (after hours and  
1132 during holidays and weekends); QRM Staff; Information Management Staff; Education  
1133 Staff; Case Manager; Admissions; Accounting and Finance; Medical Records; Medical Staff  
1134 Office; Safety Officer.  
1135 D. Facility support services include Housekeeping, Materials Management, Bio-medical  
1136 Engineering, Central Supply, Sterile Processing Department, Maintenance, Engineering  
1137 and Security.  
1138

1139 **The extent to which the level of care or service provided meets patient's needs**

- 1140 A. The Chairman of the Department of Medicine and the M.E.C. monitors and evaluates, on  
1141 an ongoing basis, the quality, safety and appropriateness of patient care services provided  
1142 by the ICU, utilizing the performance improvement model.
- 1143 B. The Chairman of the Medicine Department has a collaborative relationship with the Nurse  
1144 Director through which they coordinate unit medical and nursing activities and patient  
1145 care goals and plans. He/she provides active support to continuing education programs  
1146 in the unit collaborates in implementing patient care standards and participates in patient  
1147 care conferences as appropriate.

1148

1149 **Recognized standards:**

- 1150 1. CCRN  
1151 2. TITLE 22  
1152 3. TJC  
1153 4. AACN  
1154

1155 **Staffing availability and staffing patterns**

- 1156 A. The number of professional staff members assigned to the ICU is based on historic  
1157 averaged workload (census and acuity) as determined by Nursing Patient Acuity  
1158 and Classification System. California and Federal Laws are used for staffing  
1159 purposes as well.
- 1160 B. The ICU staff will reclassify patients when significant changes in patient acuity  
1161 and/or census occur. The Adult Inpatient Services Director, ICU Unit Manager or  
1162 House Charge Nurse will be apprised of the data and is tasked to augment staffing  
1163 with qualified personnel.
- 1164 C. The staffing pattern is based on workload trends and patient care requirements.  
1165 Shift is generally 12 hours in length. The nurse/patient ratio is 1:2 or less. The  
1166 usual staffing pattern for the Critical Care Unit is:
- 1167 1. 1-4 patients: 2 RN's  
1168 2. 5-6 patients: 3 RN's  
1169 3. 7-8 patients: 4 RN's
- 1170 D. There shall be no less than two (2) nursing personnel physically present in the ICU  
1171 when a patient is present.
- 1172 E. LVN's may constitute up to 50% of staff on duty. Scheduling is the overall  
1173 responsibility of the Adult Inpatient Services Director who may elect to delegate  
1174 scheduling to the Clinical Manager.
- 1175 F. The Adult Inpatient Services Director generally works Monday to Friday and will  
1176 ensure adequate nursing coverage for the ICU and has 24 hour accountability. S  
1177 (he) will comply with all Nursing Services staffing and personnel policies.
- 1178 G. A six-week schedule is posted through API.
- 1179 H. The schedule is posted approximately two weeks in advance.
- 1180



## **Performance improvement**

- A. Please refer to the department PI Plan.

## **Maternal Child**

### **#Top of the Document**

### **Scope of the department and service provided**

- A. The Maternal Child department provides care to adult, geriatric and adolescent patients for a variety of obstetrical and gynecological problems.
- B. Patients are admitted for various services including: Labor and Delivery, Antepartum care, Couplet Care, Gynecology, and GYN surgery.
- C. The Maternal Child department has a total capacity of 17 postpartum beds, 2 LDR, 5 labor beds, 3 recovery beds and 2 surgical suites.
- D. It is operational 24 hours a day, seven days a week.
- E. The unit is staffed with Registered Nurses, Nursing Assistants, OB Assists, Scrub Techs and Unit Secretaries.
- F. Specialized equipment is available to support the care of the patients served and the staff is trained and qualified to meet the full array of patient needs.
- G. Procedures performed in the department include (but are not limited to): intravenous therapy, blood transfusion, surgical aftercare, couplet care, fetal monitoring, Intrapartum care, antepartum care, labor and delivery, surgical procedure (cesarean sections and bilateral partial salpingectomies), post anesthesia recovery and outpatient antepartum care.
- H. Competency of staff is assessed during orientation and validated on an annual basis.

### **The goals of the department/service**

- A. In accordance with the mission, vision, values and key accountabilities of El Centro Regional Medical Center, the department of Obstetrics acknowledges its responsibility to assure that all patients will receive safe and effective care. We believe the Medical Staff must keep abreast of current trends in health care practice and medical technology enabling delivery of the degree of quality and value our patients deserve. El Centro Regional Medical Center feels that quality can best be delivered by addressing the needs of both our internal and external customers. It is the intent of the Obstetrics staff to develop a program which provides optimal care with available resources. Priority will be given to the following specific areas:

1. Monitoring and analysis of productivity rates/budget vs. actual
2. Monitoring and analysis of customer satisfaction
3. Monitoring and analysis of clinical outcomes
4. Management of Human Resources focusing on staff recruitment and retention.

### **The types and ages of patients served**

- 1222 A. The Obstetrics Unit provides comprehensive care to adolescent (13-17 years), adult (18-  
1223 65 years) and geriatric population (65 years and over).  
1224

1225 **Methods used to assess and meet patient's care needs**

- 1226 A. The Registered Nurse performs a comprehensive nursing assessment and develops and  
1227 implements a patient care plan in collaboration with the multi-disciplinary care team.  
1228 B. The patient and his/her family members are included in patient care planning and in  
1229 setting discharge goals and objectives.  
1230 C. The data collection process is systematic and comprehensive and includes the following  
1231 methods:  
1232 1. Interview process  
1233 2. Observation  
1234 3. Physical examinations  
1235 4. Patient health history  
1236 5. Diagnostic reports and consultation reports  
1237 Assessment data are thoroughly documented in the initial patient assessment record,  
1238 laboratory reports, progress notes, nursing notes, patient care plans, flow sheets, patient  
1239 record, and graphic sheet.  
1240 Assessments are consistent with the overall treatment plan coordinated by the multi-  
1241 disciplinary team and include establishment of discharge goals.  
1242

1243 **The appropriateness, clinical necessity and timeliness of support service provided directly by**  
1244 **the hospital or through referral contracts**

- 1245 A. The Obstetrics department has the availability of emergency and routine support of the  
1246 following clinical services: Diagnostic Radiology/Nuclear Medicine (24 hours a day),  
1247 Cardiopulmonary Services (24 hours a day), Laboratory/Pathological (24 hours a day),  
1248 Inpatient Physical Therapy, Dietary, Pharmacy, (refer to specific department sections of  
1249 this plan for hours of operation). A coordinated and collaborative interdepartmental  
1250 relationship exists between Obstetrics and these ancillary departments to promote a  
1251 multi-disciplinary quality patient care.  
1252 B. Administrative support services for Obstetrics include: House Charge Nurses (after hours  
1253 and during weekends and holidays), and QRM staff, Information Management Staff,  
1254 Education Staff, Social Services, Patient Relations Coordinator, Admitting, Accounting  
1255 Medical Records and Finance.  
1256 C. Facility support services include Housekeeping, Materials Management, Biomed, Central  
1257 Supply, Sterile Processing Department, Maintenance, Engineering and Security.  
1258

1259 **The extent to which the level of care or service provided meets patients' needs**

- 1260 A. The Chairman of Obstetrics in collaboration with the OB/GYN Medical Staff and Quality  
1261 Council monitors and evaluates on an ongoing basis that quality, safety and  
1262 appropriateness of patient care services provided within the units utilizing the  
1263 performance improvement model.

- 1264 B. The Chairman of Obstetrics has a collaborative relationship with the Nurse Director  
1265 through which they coordinate unit medical and nursing activities and patient care  
1266 goals/plans.  
1267 C. He/she provides active support to the continuing education program of the unit,  
1268 collaborates in implementing patient care standards, and participates in patient care  
1269 conferences as appropriate.  
1270

1271 **Recognized standards**

- 1272 A. The Maternal Child is guided by the following standards: AWHONN, ACOG, Nurse Practice  
1273 Act, Title 22, and TJC Accreditation Standards. EMTALA regulations.  
1274

1275 **Staffing availability and staffing patterns**

- 1276 A. The Maternal Child is staffed by Registered Nurses, Scrub Techs, Nursing Assistants, and  
1277 Unit Secretaries.  
1278 B. Staffing is based on the number, type and acuity of patients and staffing assignment is  
1279 commensurate with personnel skills, ability and competency.  
1280 C. The patient acuity is determined by the patient classification system that incorporates the  
1281 following: the ability of the patient for self-care, the patient's degree of illness, the stage  
1282 of labor, the patient's requirements for special nursing activities and treatment, the skill  
1283 level required to provide the patient's nursing care, and the patient's placement in the  
1284 patient care unit.  
1285 D. California and Federal regulations are used in determining staffing requirements.  
1286

1287 **Performance improvement**

- 1288 A. Please refer to the department PI Plan.  
1289

1290 **NEWBORN Nursery**

1291 **[#Top of the Document](#)**

1292 **Scope of the department and service provided**

- 1293 A. The Nursery department provides care to the newborn patients Patients are admitted for  
1294 Regular Newborn Care, stabilization of ill newborns until transfer to high acuity facility,  
1295 and stabilizing for transfer.  
1296 B. Infants are boarded with their mothers in postpartum after labor and delivery.  
1297 C. The Nursery department has a total capacity of 18 newborn. Newborn cribs, one isolation  
1298 room.  
1299 D. It is operational 24 hours a day, seven days a week.  
1300 E. The unit is staffed with Registered Nurses and Nursing Assistants.  
1301 F. Specialized equipment is available to support the care of the patients served and the staff  
1302 is trained and qualified to meet the full array of patient needs.  
1303 G. Procedures performed in the department include (but are not limited to): intravenous  
1304 therapy, UAC/UVC lines, phototherapy, nasogastric tube feeding and lavage, intubation  
1305 and mechanical ventilation and stabilization of newborns prior to transferring out to a  
1306 higher level of care facility.

H. Competency of staff is assessed during orientation and validated on an annual basis.

**The goals of the department/service**

- A. In accordance with the mission, vision, values and key accountabilities of El Centro Regional Medical Center, the Nursery department acknowledges its responsibility to assure that all patients will receive safe and effective care.
- B. We believe the Medical Staff must keep abreast of current trends in health care practice and medical technology enabling delivery of the degree of quality and value our patients deserve.
- C. El Centro Regional Medical Center feels that quality can best be delivered by addressing the needs of both our internal and external customers.
- D. It is the intent of the Nursery/Pediatric staff to develop a program which provides optimal care within available resources.
- E. Priority will be given to the following specific areas:
  - 1. Monitoring and analysis of productivity rates/budget vs. actual
  - 2. Monitoring and analysis of customer satisfaction
  - 3. Monitoring and analysis of clinical outcomes
  - 4. Management of Human Resources focusing on staff recruitment and retention.

**The types and ages of patients served**

- A. The Nursery Unit provides comprehensive care to newborns.

**Methods used to assess and meet patient's care needs**

- A. The Registered Nurse performs a comprehensive nursing assessment and develops and implements a patient care plan in collaboration with the multi-disciplinary care team.
- B. The patient and his/her family members are included in patient care planning and in setting discharge goals and objectives.
- C. The data collection process is systematic and comprehensive and includes the following methods: interview process, observation, physical examinations, patient health history, diagnostic reports and consultation reports.
- D. Assessment data are thoroughly documented in the initial patient assessment record, laboratory reports, progress notes, nursing notes, patient care plans, flowsheet, and patient record.
- E. Assessments are consistent with the overall treatment plan coordinated by the multi-disciplinary team and include establishment of discharge goals.

**The appropriateness, clinical necessity and timelines of support services provided directly by the hospital or through referral contracts**

- A. The Nursery department has the availability of emergency and routine support of the following clinical services:
  - 1. Diagnostic Radiology/Nuclear Medicine (24 hours a day)
  - 2. Cardiopulmonary Services (24 hours a day), Laboratory/Pathological (24 hours a day)

3. Inpatient Physical Therapy

4. Dietary

5. Pharmacy

6. Endoscopy, (refer to specific department sections of this plan for hours of operation).

A coordinated and collaborative interdepartmental relationship exists between Nursery and these ancillary departments to promote a multi-disciplinary quality patient care.

B. Administrative support services for Nursery include: House Charge Nurses (after hours and during weekends and holidays), staffing coordinators, and QRM staff, Information Systems Staff, Education Staff, Social Services, Patient Relations Coordinator, Admitting, Accounting Medical Records and Finance.

C. Facility support services include Housekeeping, Materials Management, Biomed, Central Supply, Sterile Processing Department, Maintenance, Engineering and Security.

#### **The extent to which the level of care or service provided meets patients' needs**

A. The Chairman of Pediatrics in conjunction in collaboration with the Pediatric Committee monitors and evaluates on an ongoing basis the quality, safety and appropriateness of patient care services provided within the units utilizing the performance improvement model.

B. The Chairman of Pediatrics has a collaborative relationship with the Nurse Director through which they coordinate unit medical and nursing activities and patient care goals/plans.

C. He/she provides active support to the continuing education program of the unit, collaborates in implementing patient care standards and participates in patient care conferences as appropriate.

#### **Recognized standards**

A. The Nursery Department is guided by the following standards: AWHONN, American College of Obstetricians and Gynecologists, EMTALA, Nurse Practice Act, Title 22, TJC Accreditation Standards and the American Academy of Pediatricians.

#### **Staffing availability and staffing patterns**

A. The Nursery Department is staffed by Registered Nurses.

B. Staffing is based on the number, type and acuity of patients and staffing assignment is commensurate with personnel skills, ability and competency.

C. The patient acuity is determined by the patient classification system that incorporates the following: the patient's degree of illness, the patient's requirements for special nursing activities and treatment, the skill level required to provide the patient's nursing care, and the patient's placement in the patient care unit.

D. California and Federal regulations are used in determining staffing requirements.

#### **Performance improvement**

A. Please refer to the department PI Plan.

## **PEDIATRICS**

### **#Top of the Document**

#### **Scope of the department and service provided**

- A. The Pediatrics department provides care to adolescents, children and infant patients for a variety of Pediatric medical and surgical problems.
- B. Patients are admitted for various services including: Orthopedics, Urology, Family Practice, Ophthalmology, Trauma, and Surgery. The Pediatrics department is licensed for 12 beds however, during periods of high census and to accommodate patient flow additional beds are used for up to 20 beds.
- C. It is operational 24 hours a day, seven days a week.
- D. The unit is staffed with Registered Nurses and Certified Nursing Assistants.
- E. Specialized equipment is available to support the care of the patients served and the staff is trained and qualified to meet the full array of patient needs.
- F. Procedures performed in the department include (but are not limited to): intravenous therapy, blood transfusion, surgical aftercare, wound care, nasogastric tube feeding and lavage, and phototherapy.
- G. Competency of staff is assessed during orientation and validated on an annual basis.

#### **The goals of the department/service**

- A. In accordance with the mission, vision, values and key accountabilities of El Centro Regional Medical Center, the department of Pediatrics acknowledges its responsibility to assure that all patients will receive safe and effective care. We believe that Medical Staff must keep abreast of current trends in health care practice and medical technology enabling delivery of the degree of quality and value our patients deserve. El Centro Regional Medical Center feels that quality can best be delivered by addressing the needs of both our internal and external customers. It is the intent of the Pediatrics staff to develop a program which provides optimal care within available resources. Priority will be given to the following areas:
  - 1. Monitoring and analysis of productivity rates/budget vs. actual
  - 2. Monitoring and analysis of customer satisfaction
  - 3. Monitoring and analysis of clinical outcomes
  - 4. Management of Human Resources focusing on staff recruitment and retention.

#### **The types and ages of patients served**

- A. The Pediatric Unit provides comprehensive care to children (1 - 13 years) and infants (birth - 1yr).

#### **Methods used to assess and meet patient's care needs**

- A. The Registered Nurse performs a comprehensive nursing assessment and develops and implements a patient care plan in collaboration with the multi-disciplinary care team.
- B. The patient and his/her family members are included in patient care planning and in setting discharge goals and objectives.

- C. The data collection process is systematic and comprehensive and includes the following methods: interview process, observation, physical examinations, patient health history, diagnostic reports and consultation reports.
- D. Assessment data are thoroughly documented in the initial patient assessment record, laboratory reports, progress notes, nursing notes, patient care plans, flowsheet, patient record, graphic sheet.
- E. Assessments are consistent with the overall treatment plan coordinated by the multi-disciplinary team and include establishment of discharge goals.

**The appropriateness, clinical necessity and timeliness of support services provided directly by the hospital or through referral contracts**

- A. The Pediatrics department has the availability of emergency and routine support of the following clinical services: Diagnostic Radiology/Nuclear Medicine (24 hours a day), Cardiopulmonary Services (24hours a day), Laboratory/Pathological (24 hours a day), Inpatient Physical Therapy, Dietary, Pharmacy, Endoscopy, (refer to specific department sections of this plan for hours of operation).
- B. A coordinated and collaborative interdepartmental relationship exists between Pediatrics and these ancillary departments to promote a multi-disciplinary quality patient care.
- C. Administrative support services for Pediatrics include: House Charge Nurses (after hours and during weekends and holidays), and QRM staff, Information Systems Staff, Education Staff, Social Services, Patient Relations Coordinator, Admitting, Accounting Medical Records and Finance.
- D. Facility support services include Housekeeping, Material Management, Biomed, Central Supply, Sterile Processing Department, Maintenance, Engineering and Security.

**The extent to which the level of care or service provided meets patients' needs**

- A. The Chairman of Pediatrics in collaboration with the Pediatric Medical Staff Committee monitors and evaluates on an ongoing basis the quality, safety and appropriateness of patient care services provided within the units utilizing the performance improvement model.
- B. The Chairman of Pediatrics has a collaborative relationship with the Nurse Director through which they coordinate unit medical and nursing activities and patient care goals/plans.
- C. He/she provides active support to the continuing education program of the unit, collaborates in implementing patient care standards and participates in patient care conferences as appropriate.

**Recognized standards**

- A. The Pediatrics Department is guided by the following standards: AAP, AWHONN, CCS, Nurse Practice Act, Title 22, and TJC Accreditation Standards.

**Staffing availability and staffing patterns**

- A. The Pediatrics Department is staffed by Registered Nurses and Certified Nursing Assistants.
- B. Staffing is based on the number, type and acuity of patients and staffing assignment is commensurate with personnel skills, ability and competency.
- C. The patient acuity is determined by the patient classification system that incorporates the following: the ability of the patient for self-care, the patient's degree of illness, the patient's requirements for special nursing activities and treatment, the skill level required to provide the patient's care, age and the patient's placement in the patient care unit.
- D. California and Federal regulations are used in determining staffing requirements.

#### **Performance Improvement**

- A. Please refer to the department PI Plan.

### **PERIOPERATIVE SERVICES**

#### **#Top of the Document**

- A. General Definition of Surgical Services:
  - 1. The Surgical Services Department consists of a Pre-Admissions Area, Pre-Operative Holding Area, Operating Rooms, Post Anesthesia Care Unit (PACU) Phase I & Phase II and the Endoscopy area.

#### **Definition and Purpose of Pre-Admission Area**

- A. The Pre-Admission Area is a controlled unit designed to coordinate the pre-admission and admission process for all surgical patients.
- B. The scope of service is to provide continuity in the pre-admission/admission process and to facilitate a smooth entry for patients into the perioperative phase. Patients are interviewed pre-operatively by a Registered Nurse to facilitate patient preparation and provide individualized pre-operative teaching and testing.
- C. Patient's charts are completed and order, for the patient to have surgery the next day.

#### **Physical Facilities**

- A. The Pre-Admission Area is located on the first floor with Perioperative Services Department

#### **Staffing**

- A. The Pre-Admission Area is staffed by Registered Nurses and under the direction of the Nursing Director of Perioperative Services. Daily staffing is based on patient appointments and walk-ins. California and Federal regulations are used in determining staffing requirements.

#### **Hours of Operation**

- A. The Pre-Admission area is staffed Monday through Friday from 0800 to 1630 or as the patient needs dictate.



**Definition and Purpose of the Pre-Operative Holding Area**

- A. The Pre-Operative Holding Area is a controlled unit designed to prepare patients prior to their surgical or procedural intervention for both the inpatient and outpatient population according to established guidelines.
- B. The scope of service includes pre-procedural preparation to patients undergoing surgical/procedural intervention on the day of service.

**Physical Facilities**

- A. The Pre-Operative Holding Area is located within the Surgical Services Department and consists of nine (9) beds. Each bed has patient monitoring capabilities.

**Staffing**

- A. The Pre-Operative Area is staffed by Registered Nurses the Nursing Director of Surgical Services. California and Federal regulations are used in determining staffing requirements.

**Hours of Operation**

- A. The Pre-Operative Area is staffed Monday through Friday from 0630 to 1530 or as the patient needs dictate.

**Definition and Purpose of the Operating Room**

- A. The Operating Room is a controlled area designed to provide surgical/procedural intervention to both inpatients and outpatients.
- B. The scope of service includes the following surgical disciplines: ENT, general, orthopedic, neurosurgery, urology, podiatric, cardiovascular, ophthalmology, and GYN.

**Physical facilities**

- A. The operating area has five (5) surgical suites, a control desk, two (2) procedure rooms, equipment and supply rooms, and a clean-up area.

**Staffing**

- A. The Operating Room is staffed by Registered Nurses, Surgical Technicians, Patient Care techs, Unit Secretary/Scheduler, , and Educator under the direction of the Unit Manager and the Nursing Director of Perioperative Services. Daily staffing is based on surgical case load. California and Federal regulations are used in determining staffing requirements.

**Hours of Operation**

- A. The Operating Room is open 24 hours per day seven days per week. Elective surgeries are performed between 0630 to 1600. Scheduled surgical procedures (cut time) begin at 0800 Monday through Friday. Perioperative Staff are scheduled for after 1600 Monday –

Friday to complete scheduled and add-on cases. After-hours, weekend and holiday coverage is provided by on-call personnel.

- B. Rooms are scheduled as needed.

#### **Definition and Purpose of PACU**

- A. The PACU is a controlled unit designed to provide post-operative care according to established guidelines
- B. The scope of service includes post-procedural care to patients who have received anesthesia, moderate sedation or undergoing special procedures such as pain relief.

#### **Physical Facilities**

- A. The PACU is located adjacent to the Operating Room and consists of seven (7) beds. In addition, there are six (6) second-stage recovery chairs.

#### **Staffing**

- A. The PACU is staffed by Registered Nurses and is under the direction of the Nursing Director of Surgical Services. Daily staffing is based on patient acuity and case load. California and Federal regulations are used in determining staffing requirements.

#### **Hours of Operation**

- A. The PACU is staffed Monday through Friday beginning at 0800 and ending as the patient needs dictate. After-hours, weekend and holiday coverage is provided by two (2) the on-call PACU registered nurses.

#### **Definition and Purpose of the Endoscopy Department**

- A. The Endoscopy Department is a controlled unit designed to provide the procedural physician with facilities, personnel and a suitable environment for patient intervention in the treatment of disease.
- B. The scope of service includes endoscopic GI procedures, minor surgery, and special procedures including pain management and bronchoscopies.

#### **Physical facilities**

- A. The Endoscopy Department is located within the operating room and consists of two (2) procedural rooms, a clean-up area and an adjoining admissions area.

#### **Staffing**

- A. The Endoscopy Department is staffed by Registered Nurses and Endoscopy Technicians and is under the supervision of the Nursing Director of Surgical Services. California and Federal regulations are used in determining staffing requirements.

#### **Hours of Operation**

- 1602 A. The Endoscopy Department is staffed Monday through Friday from 0700 to 1530 or as  
1603 patient needs dictate. Coverage for weekends and holidays is provided by the on-call  
1604 team.

1605  
1606 **The goals of the department/service**

- 1607 A. To provide a safe environment to the patients undergoing Surgical and Endoscopy  
1608 intervention.  
1609 B. To provide for state-of-the art equipment and technology to ensure that anesthesia,  
1610 surgery, pain control, and emergency intervention is attained through collaborative  
1611 multidisciplinary team work.  
1612 C. To provide physical as well as psychosocial support to each individual patient.  
1613 D. To ensure the patient's plan of care support the dignity and privacy of the patient and  
1614 his/her significant others. To provide patient comfort measures.  
1615 E. To maintain current Standards of Nursing Practice (protocols and procedures) for  
1616 perioperative and gastroenterology nursing practice.  
1617 F. Patient care outcome goals will be set upon admission. Unit goals will be written annually  
1618 and reviewed as evidenced by documentation in staff minutes and unit QI/PI reports.  
1619

1620 **The types and ages of patients served**

- 1621 A. Average age: Geriatric 40%  
1622 B. Average age: 18-59 years 60%  
1623 C. Average age: Pediatric-rare  
1624 D. Ethnic background:  
1625 1. Caucasian: 25%  
1626 2. Hispanic: 70%  
1627 3. African American: 4%  
1628 4. Asian: 0.3%  
1629 5. Other: 0.6%  
1630

1631 **Methods used to assess and meet patient's care needs**

- 1632 A. The Registered Nurse performs a comprehensive nursing assessment and develops and  
1633 implements a patient care plan in collaboration with the multi-disciplinary care team.  
1634 B. The patient and his/her family members are included in patient care planning and in  
1635 setting discharge goals and objectives.  
1636 C. The data collection process is systematic and comprehensive and includes the following  
1637 methods: interview process, observation, physical examinations, patient health history,  
1638 diagnostic reports and consultation reports.  
1639 D. Assessment data are thoroughly documented in the initial patient assessment record,  
1640 laboratory reports, progress notes, nursing notes, patient care plans, flowsheet, patient  
1641 record, graphic sheet.  
1642 E. Assessments are consistent with the overall treatment plan coordinated by the multi-  
1643 disciplinary team and include establishment of discharge goals.

**The appropriateness, clinical necessity and timeliness of support services provided directly by the hospital or through referral contracts**

- A. Surgical services utilize clinical support services from the following departments:  
Radiology (24 hours a day), Cardiopulmonary Services (24 hours a day),  
Laboratory/Pathology (24 hours a day), Pharmacy and Dietary.
- B. A coordinated and collaborative interdepartmental relationship exists between the Surgical Services Department and these ancillary departments to promote multi-disciplinary quality patient care.

**The extent to which the level of care or service provided meets patients' needs**

- A. This plan relates to the staff that directly and indirectly provides patient care to surgical patients during and immediately after surgery.
- B. This plan includes staff consisting of Credentialed Physicians, Registered Nurses, Licensed Vocational Nurses, Operating Room Technicians, Anesthesia Tech. Operating Room Nursing Assistant, Unit Secretary, and other members of the multidisciplinary team.
- C. The high-volume, high-risk, problem patient's populations or diagnostic categories served consist of:

**High-Volume Cases:**

INPATIENT	OUTPATIENT
Laparoscopic Appendectomy	Colonoscopy w/biopsy
	D & C
ORIF and closed reductions	BTLS
GI surgery	Cystoscopy/STENT Placement
TAH	Cataract Removal
TURP	Pytergium
Lithotripsy	Laparoscopic Cholecystectomy
<b>Total Joint Replacement</b>	ENT
	- FESS
	- Myringotomy
	- Septoplasty

**Recognized standards**

- A. The Department of Surgical Services is guided by the following standards: Nurse Practice Act, Title 22, TJC Accreditation Standards, AORN Clinical Guidelines, ASPAN Clinical Guidelines, ASPAN Clinical Guidelines, and SGNA Clinical Guidelines, ACMI Clinical Guidelines

**Staffing availability and staffing patterns.**

- A. Each operating room is staffed with one RN to circulate and assigned OR technicians(s), Endoscopy is staffed with 1 technician and 1 RN with 2 RNs preparing and recovering

patients. California and Federal regulations are used in determining staffing requirements.

- B. Complex cases may be assigned additional staff.
- C. Surgeons may request in advance additional staff if they anticipate possible complications or may be attempting new procedures or trying out new equipment.
- D. Staff are primarily assigned to their sub-specialties to promote expertise and competence in clinical OR procedure. However, in order to accommodate staffing contingencies, staff is cross-trained to other sub-specialty cases. Their training and experience is documented in their credentialing record. All staff is trained in all surgical specialties areas.
- E. The staffing plan for the Surgical Services is based on patient volume and the judgment of the Nurse Director in consultation with the Unit Manager.
- F. Staffing assignments will be commensurate with personnel skills, ability and competency, validated by personnel credentialing records.
- G. Registry personnel must have verification of licensure and specialty credentials to verify practice in Surgical Services. Float personnel from other areas of the hospital must have cross training experience documented for the aspect(s) of care they can provide beyond their normal scope.
- H. Personnel schedules will be developed with staff participation and posted two weeks in advance.

#### **Performance improvement**

- A. Please refer to the department PI Plan.

### **EMERGENCY DEPARTMENT**

#### **[#Top of the Document](#)**

#### **Scope of the department and service provided**

- A. The Emergency Department is classified as a Basic Emergency Medical Service Trauma Level IV according to Title XXII #70651 Health Facilities and Referral Agencies Manual.
- B. The Emergency Department is open 24 hours a day, with at least one physician experienced in emergency care on duty in the Emergency department at all times.
- C. Specialty consultation by members of the Medical Staff within approximately 30 minutes.
- D. The Emergency Department is located on the south-west corner of the Hospital.
- E. It has a total capacity of 20 beds. Of these, 20 beds have bedside cardiac monitors. Beds #6, 7, 8, 9, 10 are designated as cardiac & trauma beds and bed #11 is used primarily for traumatic/cardiac arrests. ED Bed #16 is utilized as negative isolation room. Beds #17 and 18 are OB/GYN. Four (4) additional fast-track or low-acuity care treatment areas are located just north of main ED.
- F. The Emergency Department provides emergency/urgent treatment in a therapeutic health care environment.
- G. Qualified staff performs comprehensive medical and nursing care to ensure the urgent physical condition is stabilized and psychological comfort provided.

H. Additional support to and collaboration with family members will be an integral component of health care management. The ED provides care to all ages from neonates to geriatrics.

#### **The goals of the department/service**

- A. In accordance with the mission, vision, values and key accountabilities of El Centro Regional Medical Center, the Emergency Department acknowledges its responsibility to assure that all patients will receive safe and effective care.
- B. We believe the Medical Staff must keep abreast of current trends in health care practice and medical technology enabling delivery of the degree of quality and value our patients deserve.
- C. El Centro Regional Medical Center feels that quality can best be delivered by addressing the needs of both our internal and external customers.
- D. It is the intent of the ED Staff to develop a program which provides optimal care within available resources.
- E. Priority will be given to the following specific areas:
  - 1. Monitoring and analysis of productivity rates/budget vs. actual
  - 2. Monitoring and analysis of customer satisfaction
  - 3. Monitoring and analysis of clinical outcomes
  - 4. Management of Human Resources focusing on staff recruitment and retention

#### **The types and ages of patients served**

- A. All ages are served in the ER:
  - 1. Neonates, Pediatrics, Adolescents, Adults, Geriatrics
- B. The High-Volume, High-Risk and Problem-Prone patient population categories served consist of:

High-Volume	High-Risk	Problem-Prone
FUO-Children/Otitis Media	R/O MI	Patients Leaving Against Medical Advise
URI	COPD	Seizures
Diabetes (Hypo/Hyperglycemia)	Trauma	Dialysis
Lacerations	CVA/Bleeds	Mental health patients
Orthopedic injuries	GI Bleeds	Sexual assaults
AGE	Burns	Drug Overdoses
Vaginal Bleeding/infections	Eye injuries	Compromised host (AIDS)
Abdominal Pain	Triage	Triage
	Elopement	Elopement

- C. The high-volume, high-risk procedures performed consist of:

1746

High-Volume Procedures	High-Risk Procedures
Splinting	Use of Thrombolytic agents
Lumbar puncture	Resuscitation (ACLS)
Wound care	Patient transfers
Suturing/Stapling	Unplanned return within 72 hours
NG's, IV's	ICU admissions
Cooling measures	Moderate Sedation
	Cardioversion

1747

1748 **Methods used to assess and meet patient's care needs**

- 1749 A. The Registered Nurse performs a comprehensive nursing assessment and develops and  
1750 implements a patient care plan in collaboration with the multi-disciplinary team.
- 1751 B. The patient and his/her family members are included in patient care planning and in  
1752 setting discharge goals and objectives.
- 1753 C. The data collection process is systematic and comprehensive and includes the following  
1754 methods: interview process, observation, physical examination, patient health history,  
1755 diagnostic reports and consultation reports.
- 1756 D. Assessment data are thoroughly documented in the initial patient assessment, laboratory  
1757 reports, continuing nurse's notes, Provider progress notes, ER patient history and  
1758 physical, etc.
- 1759 E. Assessments are consistent with the overall plan of treatment and are in accordance with  
1760 the multi-disciplinary team. Discharge goals are established.

1761

1762 **The appropriateness, clinical necessity and timeliness of support services provided directly by**  
1763 **the hospital or through referral contracts**

- 1764 A. The Emergency Department has the availability of emergency and routine support of the  
1765 following clinical services: OR, PACU (24 hours per day), Diagnostic Radiology/Nuclear  
1766 Medicine (24 hours a day), Cardiopulmonary services (24 hours per day);  
1767 Laboratory/Pathology (24 hours a day); Dietary, Pharmacy, Endoscopy (refer to the  
1768 specific department sections of this plan for hours of operation).
- 1769 B. A coordinated and collaborative interdepartmental relationship exists between the ER  
1770 and these ancillary departments to promote a multi-disciplinary approach to prioritize the  
1771 highest quality of patient care.
- 1772 C. Administrative support services for the ER include: house charge nurse (after hours and  
1773 during weekends and holiday);; QRM staff, information systems staff, education staff,  
1774 medical social worker, patient/guest relations coordinator, admissions, accounting and  
1775 finance, medical records, medical staff office, and safety officer.
- 1776 D. Faculty support services include: Housekeeping, Materials Management, Bio-medical  
1777 Engineering, Central Supply, Sterile Processing Department, Maintenance, and  
1778 Engineering and Security.

1779

1780 **The extent to which the level of care or service provided meets patients' needs**

- 1781 A. The Chairman of the Emergency Department has a collaborative relationship with the  
1782 Nurse Director through which they coordinate unit medical and nursing activities and  
1783 patient care goals.
- 1784 B. He/she provides active support to the continuing education program of the unit  
1785 collaborates in implementing patient care standards and participates in patient care  
1786 conferences as appropriate.
- 1787 C. The Chairman of the Emergency Department Committee monitors and evaluates, on an  
1788 ongoing basis, the quality, safety, and appropriateness of patient care provided within  
1789 the unit utilizing the performance improvement model.

1790

1791 **Responsibility and Accountability to Administration and Medical Staff**

- 1792
- 1793 A. The Emergency Department is responsible to the hospital's Administration for the  
1794 following operational concerns:
- 1795 1. Provision of adequate number of qualified staff.  
1796 2. Provision of adequate and appropriate supplies and equipment.  
1797 3. Development of and adherence to an approved budget.  
1798 4. Development and updating of policies and procedures.  
1799 5. Participation in quality improvement.  
1800 6. Supervision of Emergency Room staff.
- 1801
- 1802 B. The Emergency Department is responsible to the Medical Staff for the following medical  
1803 concerns:
- 1804 1. Provision of health services in a timely manner.  
1805 2. Communicating with medical staff changes in patient's condition, response to  
1806 treatment, and recommendation in treatment plans.  
1807 3. Documentation of services provided and responses to interventions.  
1808 4. Attendance at Emergency Department Medical staff meetings and providing reports  
1809 as appropriate to performance improvement activities and demographic data of the  
1810 department.

1811

1812 **Recognized standards**

- 1813 1. Nurse Practice Act  
1814 2. MICN  
1815 3. ACEP  
1816 4. TITLE 22  
1817 5. TJC  
1818 6. EMTALA

1819

1820 **Staffing availability and staffing patterns**

- 1821 A. Emergency Department is staffed 24 hours per day with Registered Nurses Emergency  
1822 Department Assistants and Unit Secretary assigned to cover the Department.



- B. California and Federal regulations are used in determining staffing requirements.
- C. Emergency Department core staff will be an ACLS RN.
- D. The 2<sup>nd</sup> Licensed person will be an experienced RN or LVN.
- E. An RN is continuously present in the Emergency Department.
- F. Additional nursing assistance is immediately available to the Emergency Department from the Critical Care Unit, Med/Surg. Unit or PACU via telephone, to each Department and from the House Charge Nurse via the Operator paging system.
- G. Off duty Emergency Department personnel will be contacted if there is an anticipated need for additional nursing personnel or if an unexpected situation arises that will warrant additional personnel.
- H. The number of professional and non-professional staff members assigned to the Emergency Department is based on averaged workload (shift census and acuity) as determined by workload trends.

### **Staffing**

- A. In the event the patient census or acuities are determined to be, or have the potential to be, overwhelming, the nurse will notify Emergency Department Clinical Manager/Nurse Director or House Charge Nurse.
- B. The Emergency Department Nurse Director/Clinical Manager or House Charge Nurse will evaluate resources available within the hospital.
- C. Calls may be made to off-duty staff to come in to help out.
- D. The need for bypass will be determined by ER physician and charge nurse/Unit Manager to divert paramedic ambulance traffic to other facilities.
- E. California and Federal regulations are used in determining staffing requirements.

### **Performance improvement**

- A. Please refer to the department PI Plan.

## **UCSD Health Specialty Clinic**

### **Scope of the department and service provided**

- The UCSD Health Specialty Clinic (HSC) is an outpatient clinic of El Centro Regional Medical Center licensed under the General Acute Care Hospital License. The HSC provides specialty services to adult and geriatric patients. The purpose of the HSC is to provide a range of specialty services, including: Urology and Neurology. The HSC is organized similar to a multi-physician office practice. There are two large patient waiting rooms at the entrance to the HSC, patient registration desks, sixteen multi-purpose examination rooms, procedure room and administrative support spaces. The HSC is staffed with Registered Nurses, Licensed Vocational nurses, medical assistants, patient services associates, and other administrative support personnel. El Centro Regional Medical Center employs members of its medical staff as Independent Contractors to provide physician services at the HSC.

- Procedures performed in the HSC are typical of those performed in a specialty service office, and include (but are not limited to): urinary catheterization, injections, biopsy, ultrasound, vasectomy, medication administration, bladder instillation and physical examinations.

#### **The goals of the department/service**

- The HSC operates in harmony and agreement with the mission, vision, and values of El Centro Regional Medical Center. The mission of the HSC is to improve access to specialty medical care for all people of Imperial County, within Imperial County.

#### **The types and ages of patients served.**

- The HSC provides specialty services to the adult (18-65) and geriatric (over 65) patient population.

#### **Methods used to assess and meet patient's care needs.**

- A multi-disciplinary process is used. Members of the clinical staff perform the initial patient screening which includes the reason for patient visit and vital signs. Certain disease-specific testing is done, such as blood glucose testing for known diabetics as appropriate to specialty. Results of above are presented to the physician providers who will be examining and treating the patient. The provider performs a comprehensive or focused exam, as appropriate, and provides and/or arranges treatment based upon his/her findings. The data collection and recording process is systematic. Patients arriving at the HSC receive a screening by a member of the clinical staff. This screening may be comprehensive or focused, based on the needs of the patient, specialty and the reason for the visit. If appropriate, the patient's immediate family, parent/guardian may be included in this process. This completed screening is reviewed by the provider who will be examining and treating the patient. The provider performs a comprehensive or focused exam, as appropriate, and provides and/or arranges treatment based upon his/her findings. The data collection and recording process is systematic, and documented using the electronic medical record in an "S.O.A.P." format (Subjective findings, Objective findings, Assessment, Plan)
- Arrangements for follow-up care, referral, specialist consultation, patient and/or family education, social services, off-site laboratory testing and other procedure are initiated at the time of the visit. Follow-up telephone contact and mailings are utilized. Monthly and quarterly reviews of selected at-risk patient populations are performed.

#### **The appropriateness, clinical necessity and timeliness of support services provided directly by the hospital or through referral contracts**

- The patients of the HSC have full and unrestricted availability to the clinical and support services offered at El Centro Regional Medical Center. These services include Medical Imaging, Cardiopulmonary, Laboratory/Pathology, Dietary, Endoscopy, Emergency Department, Patient Education, and Social Services. A coordinated and collaborative interdepartmental relationship exists between the HSC and the Medical Center to promote multi-disciplinary patient care. Administrative support services include charge

1907 house nurse, QRM Staff, Information Management Staff, Social Work and Case  
1908 Management Staff, Admitting, Accounting, Finance, Medical Records, and Medical Staff  
1909 Office. Facility support services include Housekeeping, Materials Management, Bio-Med,  
1910 Sterile Processing, Dietary, Maintenance, Engineering and Security.

1911

1912 **The extent to which the level of care or service provided meets patients' needs**

- 1913 • The HSC is under the direction of Medical Directors who oversee the medical care  
1914 provided to patients. The medical directors have a collaborative relationship with the  
1915 Center's nursing and administrative support staff to ensure the Centers continue to  
1916 operate effectively to meet the needs of our patients and their families.

1917

1918 **Recognized standards**

1919 The HSC is guided by the following standards:

- 1920 • The Nurse Practice Act, and the California Business and Professions Code sections  
1921 covering Nurse Practitioners.
- 1922 • The Physician Assistant Examining Committee of the Medical board of California, and  
1923 Appendix K (Medical Practice Act) of the California Business and professions Code  
1924 covering Physician Assistants.
- 1925 • The Medical Board of California
- 1926 • Title 22, and Title 16 of the California Code of Regulations.
- 1927 • TJC Accreditation Standards.
- 1928 • California Business & Professions Code
- 1929 • California Health and Safety Code
- 1930 • Code of Federal Regulations Title 42

1931

1932 **Staffing availability and staffing patterns**

- 1933 • The HSC is staffed with Physicians, Physician Assistants, Certified Nurse Practitioners,  
1934 Registered Nurses, Licensed Vocational Nurses, Medical Assistants, Certified Nursing  
1935 Assistants, Patient Services Associates, and other administrative support personnel. The  
1936 Center's clinical and clerical staff must complete all required hospital orientation.  
1937 Reflecting their status as Independent Contractors, physician staffing is according to the  
1938 terms set forth in the individual contracts, and is adjusted according to physician  
1939 availability and patient utilization levels. Nursing and other HSC staffing is based upon  
1940 the number of examination rooms available, and the specialty of physicians scheduled to  
1941 utilize the HSC.

1942

1943 **Performance improvement**

- 1944 • The HSC's performance improvement plan is an integral part of the organization-wide  
1945 Performance Improvement (PI) Program and includes:
  - 1946 ○ Handwashing effectiveness
  - 1947 ○ Fall rate
  - 1948 ○ SSI rate as appropriate to specialty
  - 1949 ○ Complication rate as appropriate to specialty

- 1950 ○ HCAHPS “Did the provider listen carefully to you?”
- 1951 ○ Complaints

1952

## 1953 **HEMODIALYSIS**

### 1954 [#Top of the Document](#)

- 1955 A. Dialysis Services is an outsourced and acute service that provides, routine and emergency
- 1956 Dialysis Services on an as needed basis to patients.
- 1957 B. Staffing and treatments are provided under the contracted services.
- 1958 C. All equipment, disposable supplies, staff and services are provided for the following
- 1959 conditions:
- 1960 1. Acute renal failure
- 1961 2. Exogenous intoxication
- 1962 3. End-stage renal failure patient requiring hospitalization
- 1963 4. Other conditions deemed eligible by the Nephrologist
- 1964
- 1965 D. An attending Nephrologist must order this service. Written physician orders and consent
- 1966 for Dialysis Services must be on the chart prior to treatment.
- 1967 E. Dialysis is performed by and is the responsibility of the Dialysis Services nurse. Primary
- 1968 patient care is the responsibility of the hospital nursing staff.
- 1969 F. Dialysis is performed in the patient room or in the ICU
- 1970 G. Staffing for will remain at 1 nurse to 2 patients (1:2) ratio at all times.
- 1971 H. Documentation of the dialysis treatment is completed on the Dialysis Flow sheet and
- 1972 placed in the patient’s medical record.
- 1973 I. For any emergency response, dial 7399.
- 1974 J. For any Code Blue situation, there is also a blue button at the head of each patient bed
- 1975 that can be activated for code blue.
- 1976 K. During a fire or other internal disaster, emergency dialysis policy for disconnection of the
- 1977 patient will be implemented.
- 1978 L. If patients need to be evacuated for any reason, evacuation path will be to the nearest
- 1979 unobstructed exit leading to the outside of the building.
- 1980 M. Dialysis Services must be notified no later than two (2) hours prior to reporting time for
- 1981 changes or cancellations in treatment.

1982 It shall be noted that between the hours of 7PM and 7AM, there is only one (1) nurse on-call and

1983 patients will be dialyzed on an emergency basis.

1984

## 1985 **OUTPATIENT CENTERS (EL CENTRO AND CALEXICO)**

### 1986 [#Top of the Document](#)

1987

### 1988 **Scope of the department and service provided**

- 1989 A. The Outpatient Centers of El Centro and Calexico are individually certified as provider-
- 1990 based Rural Health Clinics under Public Law 95-210 of El Centro Regional Medical Center.
- 1991 B. The Centers provide primary care medical services to adult, geriatric, adolescent and
- 1992 pediatric patients.

- 1993 C. The Centers also provide a wide range of specialty services, including: Ophthalmology,  
1994 Gastroenterology, Podiatry, Nephrology, Cardiology, Gynecology, Obstetrics, Surgical  
1995 Consults, Urology Pulmonary Medicine, Surgery, Sleep Medicine, Orthopedics, Pain  
1996 Management and Infectious Disease, and Pediatrics.  
1997 D. In addition, Pediatric Specialties are available in the following: Neonatology and follow-  
1998 up Neurology.  
1999 E. Each Center is organized similar to a multi-physician office practice.  
2000 F. There is a large patient waiting room at the entrance to the Center, patient registration  
2001 desks, several multi-purpose examination rooms, a CLIA-Exempt laboratory, and  
2002 administrative support spaces.  
2003 G. The Centers are staffed with Physician Assistants, Certified Nurse Practitioners, Certified  
2004 Nurse Mid-wife, Registered Nurses, Licensed Vocational nurses, certified nursing  
2005 assistants, medical assistants, patient services associates, and other administrative  
2006 support personnel.  
2007 H. El Centro Regional Medical Center employs members of its medical staff as Independent  
2008 Contractors to provide physician services at the Centers.  
2009 I. Procedures performed in the Centers are typical of those performed in a primary care  
2010 physician's office, and include (but are not limited to): aerosol treatments, breast exams,  
2011 cast/splint application and/or removal, urinary catheterization, wound debridement,  
2012 dressing changes, minor foreign body removal, electrocardiogram, minor abscess incision  
2013 and drainage, medication injections, administration of immunizations, oxygen saturation  
2014 testing, PAP testing, and physical examinations.  
2015

2016 **The goals of the department/service**

- 2017 A. The Outpatient Centers operate in harmony and agreement with the mission, vision, and  
2018 values of El Centro Regional Medical Center.  
2019 B. The mission of the Outpatient Centers is to improve access to medical care for all people  
2020 of Imperial County.  
2021 C. Care is provided without concern to the patient's ability to pay for the care.  
2022 D. The unique structure of Public Law 95-210 has allowed the Medical Center and the  
2023 members of the medical staff to operate cooperatively to provide high quality medical  
2024 care to all patients entering the Centers.  
2025 E. Full access to the Medical Centers' facilities is assured through the Outpatient Centers, in  
2026 addition to providing an environment where durable physician-patient relationship can  
2027 exist and facilitating improved cooperation between the Medical Center and the  
2028 members of the medical staff.  
2029

2030 **The types and ages of patients served.**

- 2031 A. The Outpatient Centers provide primary care and specialty services to pediatric (under  
2032 age 12), adolescent (13-17), adult (18-65) and geriatric (over 65) patient population. The  
2033 Outpatient Centers provide obstetric services to women of child-bearing age.  
2034  
2035

**Methods used to assess and meet patient's care needs.**

- A. A multi-disciplinary process is used.
- B. Members of the clinical staff perform patient screening.
- C. Reason for patient visit and vital signs are recorded with each visit, including age-specific data such as pediatric growth chart and head circumference.
- D. Certain disease-specific testing is done, such as blood glucose testing for known diabetics.
- E. Results of above are presented to the physician/mid-level providers who will be examining and treating the patient.
- F. The provider performs a comprehensive or focused exam, as appropriate, and provides and/or arranges treatment based upon his/her findings.
- G. The data collection and recording process is systematic. Patients arriving at the Center receive a screening by a member of the clinical staff.
- H. This screening may be comprehensive or focused, based on the needs of the patient and the reason for the visit.
- I. If appropriate, the patient's immediate family, parent/guardian may be included in this process.
- J. Vital signs are recorded with each visit, including age-specific items such as pediatric growth charting and head circumference recording.
- K. Certain disease-specific testing is done, such as blood glucose testing for known diabetics.
- L. This completed screening is reviewed by the provider who will be examining and treating the patient.
- M. The provider performs a comprehensive or focused exam, as appropriate, and provides and/or arranges treatment based upon his/her findings.
- N. The data collection and recording process is systematic, and presented in the out-patient record in an "S.O.A.P." format (Subjective findings. Objective findings Assessment Plan)
- O. Arrangements for follow-up care, specialist consultation, patient and/or family education, social services, off-site laboratory testing and other procedure are initiated at the time of the visit.
- P. Follow-up telephone contact and mailings are utilized.
- Q. Monthly and quarterly reviews of selected at-risk patient population are performed.

**The appropriateness, clinical necessity and timeliness of support services provided directly by the hospital or through referral contracts**

- A. The patients of the Outpatient Centers have full and unrestricted availability to the clinical and support services offered at El Centro Regional Medical Center.
- B. These services include Medical Imaging, Cardiopulmonary, Laboratory/Pathology, Dietary, Endoscopy, Emergency Department, Patient Education, and Social Services.
- C. A coordinated and collaborative interdepartmental relationship exists between the Center and the Medical Center to promote multi-disciplinary patient care.
- D. Administrative support services include charge house nurse, staffing coordinators, QRM Staff, Information Management Staff, Medical Social Workers, Patient Relations Coordinator, Admitting, Accounting, Finance, Medical Records, and Medical Staff Office.

Facility support services include Housekeeping, Material Management, Biomed Repair, Central Supply, Central Services, Maintenance, Engineering and Security.

**The extent to which the level of care or service provided meets patients' needs**

- A. The Outpatient Centers are under the direction of Medical Directors who oversee the medical care provided to patients.
- B. The medical directors have a collaborative relationship with the Center's nursing and administrative support staff to ensure the Centers continue to operate effectively to meet the needs of our patients and their families.

**Accountability and Responsibility:**

- A. The Outpatient Centers is responsible to the hospital's Administration for the following operational concerns:
  - 1. Provision of adequate number of qualified staff.
  - 2. Provision of appropriate and adequate supplies.
  - 3. Development of and adherence to an approved budget.
  - 4. Development of policies and procedures
- B. The Outpatient Centers is responsible to the Medical Director/Medical Staff for the following clinical issues:
  - 1. Provision of ordered services.
  - 2. Provision of services in a timely manner.
  - 3. Promoting the current medical treatment plan and established goals for the patient.
  - 4. Communicating with medical staff changes in patient's condition and response to treatment.
  - 5. Attendance at Medical Staff meetings and presenting appropriate reports and results of monitoring activities related to the Outpatient Center processes.

**Recognized standards**

- A. The Outpatient Centers are guided by the following standards:
  - 1. Public Law 95-210
  - 2. The Nurse Practice Act, and the California Business and Professions Code sections covering Nurse Practitioners.
  - 3. The Physician Assistant Examining Committee of the Medical board of California, and Appendix K (Medical Practice Act) of the California Business and professions Code covering physician Assistants.
  - 4. The Medical Board of California
  - 5. Title 22, and Title 16 of the California Code of Regulations.
  - 6. TJC Accreditation Standards.
  - 7. California Business & Professions Code
  - 8. California Health and Safety Code
  - 9. Code of Federal Regulations Title 42

### **Staffing availability and staffing patterns**

- A. The Outpatient Centers are staffed with Physicians, Podiatrists, Physician Assistants, Certified Nurse Mid-wife, Certified Nurse Practitioners, Registered Nurses, Licensed Vocational Nurses, Medical Assistants, Certified Nursing Assistants, Patient Services Associates, and other administrative support personnel.
- B. The Center's clinical and clerical staff must complete all required hospital orientation. Reflecting their status as Independent Contractors, physician staffing is according to the terms set forth in the individual contracts, and is adjusted according to physician availability and patient utilization levels.
- C. Nursing and other Center staffing is based upon the number of examination rooms available, and the specialty (if any) of physicians scheduled to utilize the Center.

### **Performance improvement**

- A. The Outpatient Center's performance improvement plan is an integral part of the organization-wide Performance Improvement Program and includes:
  - 1. Improving patient care and outcomes by utilizing the Healthcare Effectiveness Data and Information Set (HEDIS) measures
  - 2. Improving patient satisfaction issues
  - 3. Improved patient turn-around times to less than 85 minutes from the time of appointment to discharge.
  - 4. The Centers employ the FOCUS-PDCA model (Find, Organize, Clarify, Understand, Select, Plan, Do, Check, Act) that is the organization-wide performance improvement model. This plan strives to meet the Mission, Vision and Values of El Centro Regional Medical Center.

## **ONCOLOGY/ HEMATOLOGY & INFUSION CENTER**

### **[#Top of the Document](#)**

### **Scope of the department and service provided**

The Oncology/ Hematology & Infusion Center (OHIC) is an on-campus outpatient department of the facility. The center provides physician services for adult patients referred for known or suspected hematology, oncology and autoimmune disorders. The center also receives referrals from Family Practice, Surgery, Internal Medicine and other practices for services provided.

- A. The following services are provided:
  - 1. Physician services for adult oncology, hematology and autoimmune patients.
  - 2. Bone marrow biopsy and aspiration.
  - 3. Infusion and hydration services.
  - 4. Medication administration.
  - 5. Laboratory services (blood draw).
  - 6. Blood product transfusion.



- 7. Phlebotomy.
- 8. PICC/Mediports/Central line maintenance including access, flushing and dressing changes.
- B. The Center is organized similar to a physician office practice and infusion center.
- C. The Center is staffed with Physicians, Registered Nurses, Licensed Vocational Nurse, Medical Assistants, Client Services Representatives, Certified Coder, Administrative support a Clinical Manager and Director.

#### **Goals of the department**

- A. To provide quality patient care in accordance with the Mission, Vision, Values and Key Accountabilities of ECRMC.
- B. To improve access to oncology, hematology and infusion services for patients within our community.

#### **Types and ages of patients served**

- A. Patients with known or suspected oncology, hematology or autoimmune disorders.
- B. Patients requiring any of our provided services.
- C. 18 years and older.

#### **Methods used to assess and meet patient care needs**

- A. A multi-disciplinary process combining the collaborative practices of medicine, pharmacy, nursing and support staff with active patient and family participation.
- B. All patients are screened for need for specialty consultations. Patients meeting these criteria will be referred to appropriate parties for consultation.
- C. Arrangements for follow-up care, specialist consultation, diagnostic testing and invasive interventions are initiated at the time of service and followed up on with each visit.

#### **The appropriateness, clinical necessity and timeliness of support services provided directly by the hospital or through referral contracts**

- A. Patients of the Oncology/ Hematology & Infusion Center have availability to the clinical and support services offered at El Centro Regional Medical Center

#### **The extent to which the level of care or service provided meets patient's need**

- A. The Oncology/Hematology & Infusion Center is under the clinical direction of the Center's Medical Director in collaboration with the Center's Nursing and Administrative team.
- B. The Medical Director maintains a professional and collaborative relationship with the medical community of Imperial Valley.

#### **Recognized Standards**

- A. Title 22 and Title 16 of the California Code of Regulations
- B. The Joint Commission Accreditation Standards
- C. California Business and professions Code
- D. California Health and Safety Code

- 2207 E. Medical Board of California  
2208 F. The Nurse Practice Act and the California Business and Professions Code sections covering  
2209 Nurse Practitioners  
2210 G. California Pharmacy Board  
2211 H. California Department of Public Health  
2212 I. Centers for Medicare and Medicaid  
2213 J. Oncology Nurses Society  
2214 K. Infusion Nurses Society

2215

2216 **Staffing availability and staffing patterns**

- 2217 A. The Center is staffed with Physicians, Registered Nurses, Licensed Vocational Nurse,  
2218 Medical Assistants, Client Services Representatives, Certified Coder and Administrative  
2219 support.  
2220 B. The Center does not staff according to acuities or ratios. The full complement of staff is  
2221 present during operational hours with the exception of expected or unexpected  
2222 absences.  
2223 C. Each physician or mid-level provider requires at a minimum, one assistant.  
2224 D. There are currently 18 infusion chairs and 9 RNs.

2225

2226 **Performance Improvement**

- 2227 A. The Center performance improvement plan is part of the organization-wide performance  
2228 improvement process.  
2229 B. Data is collected and reported quarterly to the Leadership Council.  
2230 C. The Center employs the FOCUS-PDCA model (Find, Organize, Clarify, Understand, Select,  
2231 Plan, Do, Check, Act).

2232

2233 **Hours of operation**

2234 The Oncology/Hematology & Infusion Services Center will be open according to the following  
2235 schedule:

2236 Days:

- 2237 • Open Monday through Friday.  
2238 • Closed Weekends.

2239 Hours:

- 2240 • Monday- Thursday: 8:00 am until 5pm  
2241 • Fridays: 8:00am until 4pm.

2242

2243 The Center will be closed on the following holidays (ECRMC observed):

- 2244 • New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and  
2245 Christmas Day.  
2246 • Occasionally the center will be closed on additional days around the observed holidays.  
2247 Holidays and additional closure days will be posted several days ahead of time to serve as  
2248 notice to the community.

2249

## **WOUND HEALING CENTER**

### **#Top of the Document**

- A. The Wound Healing Center (WHC) is a department of the hospital located offsite. The department offers services eight hours a day, five days a week (from 0800 to 1630). The Center is under the direct supervision of the Clinic Director who reports to the Chief Nursing Officer.

### **Scope of Service:**

## **WOUND HEALING CENTER**

- A. The Wound Healing Center (WHC) is a department of the hospital located offsite. The department offers services eight hours a day, five days a week (from 0800 to 1630). The Center is under the direct supervision of the Clinic Director who reports to the Chief Nursing Officer.

### **Scope of Service:**

- A. The WHC provides a comprehensive approach of evaluation and management by physicians with specialized training in wound care and hyperbaric oxygen therapy (HBO).
- B. Services offered include: wound consultation/evaluation, diagnostic and ongoing assessments, and treatment; non-invasive vascular studies; specialty wound dressings; bio-engineered skin grafts/substitutes; compression therapy, wound cultures, debridement's and biopsies; treatment of wound, skin and bone infections including antibiotic therapy; negative pressure wound therapy, and hyperbaric oxygen therapy.
- C. The WHC provides patient evaluation as required, including:
1. Hyperbaric oxygen therapy
  2. Complete patient assessment of systemic and local factors affecting patient outcomes
  3. Extensive patient education to improve compliance with treatment and reduce the risk of recurrence.

### **Skill Level of Personnel**

- A. All nursing care is provided by Registered Nurses or is delegated to trained personnel, as appropriate. All personnel are required to complete unit specific competencies.

### **Staffing Plan**

- A. Staffing is based on case load and number of active patients in clinic. The clinical manager coordinates staffing based on established guidelines. Staff positions within the center may include:
1. Medical Director
  2. Clinic Director
  3. Staff RN/Case Manager
  4. Staff LPN/LVN
  5. Office Coordinator

- 6. HBO Technician
- 7. Patient Services Associate

## **PATIENT SUPPORT DEPARTMENTS**

## **VOLUNTEER SERVICES**

### **[#Top of the Document](#)**

- A. The Volunteers at El Centro Regional Medical Center provide assistance to patients, family members, visitors, hospital and medical staff from 0800 to 2004, Monday through Sunday.
- B. The Gift Shop is managed by the Volunteer Services who purchase, display, and sell all merchandise.
- C. Volunteers raise funds through the Gift Shop and other projects.
- D. All net proceeds go to the ECRMC Foundation, which in turn supports the hospital with various program and equipment funding.
- E. Where direct patient care is involved, appropriate education is provided by trained professionals and competency evaluation is determined before direct patient contact is permitted.

## **BIOMEDICAL ENGINEERING**

### **[#Top of the Document](#)**

- A. The Biomedical Engineering Department provides a safe medical equipment environment 24 hours a day, 7 days a week.
- B. Department staff works within established Standards for testing and servicing clinical systems to insure against fire/shock hazards and insure proper operation.
- C. Biomedical staff regularly schedules evaluations for preventive, corrective and environmental maintenance of clinical medical equipment.
- D. All newly purchased medical equipment is tested for compliance with the American Association of Medical Instrumentation Standards.

The Biomedical staff is available to assist upon request through specific presentations such as electrical safety and Safety Fair education. When user errors are identified, or as appropriate, the biomedical staff will coordinate an incidental in-service with the department manager and in-service the clinical staff on the basic operation and performance characteristics of the equipment. (Clinical level user training which addresses the capabilities, limitations, and special application of the equipment is the primary responsibility of the hospitals Clinical Education Department.)

### **Scope of the department and service provided**

Biomed provides comprehensive medical equipment support, documentation, and maintenance program

### **The goals of the department/service**

Medical equipment, readiness, availability, and maintenance in compliance with regulatory statutes in regards to Medical Equipment Management

#### **Recognized standards**

- A. TJC EC 1.8,
- B. EC1.1
- C. EC2.1,
- D. EC2.4
- E. CCR22

#### **Staffing availability and staffing patterns**

. 2 AAMI CBET certified FTE's on site, outside vendors used per diem as needed. California and Federal regulations used in determining staffing requirements.

#### **Performance improvement**

- A. Please refer to the department PI Plan.

### **CASE MANAGEMENT**

#### **#Top of the Document**

- A. The Case Management Department encompasses the following functions for all inpatients and emergency room patients of El Centro Regional Medical Center:
  - 1. Utilization Review
  - 2. Care Coordination
  - 3. Transition/Discharge Planning
  - 4. Social Service
  - 5. Appeals Coordination
- B. Case Managers screen all patients placed in inpatient beds for medical necessity and discharge planning needs.
- C. Social Worker staff is available to respond to referrals made by the RN as a result of criteria for referral triggered as per their initial admission assessment and by the physician as well as other healthcare staff as appropriate for the benefit of the patient.
- D. The Case Management Departments core hours are Monday through Friday 0700 to 1730.
- E. However, Case Management staff flexes hours to provide additional hours of coverage.
- F. Weekend coverage for Utilization Review and Social Service functions is available part-time day shifts on weekends.
- G. The ED Case Management program is 24 hours a day seven days a week; two of the hours are telephonic reviews done with the Case Management Director.
- H. The goal is to provide 24-hour coverage seven days a week.
- I. Staffing currently consists of 1 Director, 2 Assistants, 5 Social Workers, and 9 Registered Nurses.

- J. A minimum of two to five years progressive, diversified experience in acute care or other settings within the continuum is required.
- K. Case Managers are Registered Nurses or Social Workers.
- L. Bilingual staff are available.
- M. An educational needs assessment is performed yearly.
- N. Continued education is offered in team meetings as well as hospital-wide.
- O. Continuing education is also available via webinars, journals, newsletters, community providers, formal university classes, conferences, and consultants.
- P. Competencies are assessed on hire and annually.
- Q. Case Management is the hub of communication between clinical and financial services.
- R. Daily contact with Physicians, Nursing, Physical Therapy, Dietary, Admissions, Financial Advisors, Patient Billing, Coding and other departments is required.
- S. Case Managers facilitate multi-disciplinary meetings Monday-Friday, formal outlier interdisciplinary meetings, and patient/family conferences.
- T. Communication is verbal, written, telephonic, electronic, and via reporting.

#### **Performance improvement**

- A. Please refer to the department PI Plan.

### **EDUCATION/STAFF DEVELOPMENT**

#### **#Top of the Document**

- A. The Department of Education is organized within the Nursing Division and reports to the Chief Clinical Officer, and provides education services to El Centro Regional Medical Center Staff and the community.
- B. Organized under the Education Department are other grant-funded community education programs including but not limited to lactation education services and asthma education services.
- C. The Education Department maintains close collaborative relationships with the unit-based clinical educators and the unit directors.
- D. Within the organization the department provides continuing education programs, in-services training, staff development, staff competency assessment and validation, as well as staff educational remediation as necessary.
- E. The Education Department maintains its status as a Continuing Education Provider for the California Board of Registered Nurses (BRN), and is able to provide continuing education programs that meet BRN-approved standards and provides contact hours for nursing staff.
- F. Additionally, the department facilitates continuing education for various other healthcare professionals and may provide contact hours when regulatory criteria are met.
- G. The Education Department maintains the electronic learning management system and educational records for all ECRMC staff.
- H. The department develops new courses, both classroom-based and e-learning, in response to identified staff education needs.

- I. In addition, the department provides and/or facilitates hospital orientation, clinical nursing orientation, and mandatory annual education and competency validation.
- J. Specialty classes provided include but are not limited to CPR, ACLS, PALS, NRP, and skills fairs.
- K. Community education includes but is not limited to First Aid, Early Signs of Heart Attack, and CPR courses, and breastfeeding.
- L. The Education Department provides class, program and event facilitation for community health forums, classes brought to the organization, and various events.
- M. Community education includes but is not limited to the provision and/or support of educational events, speakers for community health forums, provision and/or facilitation of courses that meet identified community education needs, breastfeeding education, asthma education, and support groups.
- N. The educators are registered nurses with diverse clinical backgrounds.
- O. The educators facilitate and/or provide classes for employees on all shifts and as required.
- P. The regular office hours of the department are from Monday to Friday 0800 to 1700.
- Q. The Education Department provides consultative services within the organization for education-related services.
- R. These include but are not limited to assistance with presentation development and design, presentation materials, and presentation skills.

## **FACILITIES MANAGEMENT**

### **[#Top of the Document](#)**

#### **A. Department of Facility Services:**

1. The Department of Facility Services provides for a safe hospital environment 24 hours a day, 7 days a week.
2. Programs for testing and servicing non-clinical systems are in place to insure proper operation and emergency support should the occasion arise.
3. The Facility Services Department regularly schedules evaluations for preventative, corrective, and environmental maintenance of non-clinical equipment, structural repairs and repairs to the communication system.
4. The Department provides education for the hospital staff in operations, problem solving and care of new equipment as the opportunity presents itself.

#### **B. Environmental Services:**

1. The department works in collaboration with the Facility Services Department and Infection Control Department to provide hospital patients, visitors and employees with a clean environment. Services are available 24 hours a day, 7 days a week.
2. Environmental Service associates, under the direction of a Manager of Environmental Services are trained in aseptic techniques, chemical preparations for cleaning and the proper steps for cleaning.

## **ADMITTING/FINANCIAL COUNSELING SERVICES**

### **[#Top of the Document](#)**

- A. The Admitting Department registers patients by entering them into the hospital information system and provides the information collected to the pertinent department and medical staff members who will be interacting with and caring for the patients.
- B. The information collected consists of patient demographical data, insurance data, identification data, physician and diagnosis, etc.
- C. Admitting services are available 24 hours a day, 7 days a week.
- D. Central Admitting is open Monday through Friday from 0700 to 1800 and Saturdays from 0800 to 1200 (excluding major holidays).
- E. Outside these hours, patients may register in the Emergency Room.
- F. The Admitting Department also works in conjunction with the Physician's offices to assist the managed care patient population with authorization clearance.
- G. Financial Counseling Services provide assistance to those patients who are uninsured LOU, SUPPor underinsured and also assist with the Medi-Cal application process.
- H. Financial Counseling Services are available Monday through Friday from 0800 to 1700.

## **INFORMATION SYSTEMS**

### **[#Top of the Document](#)**

- A. The Information Systems Department provides oversight for the acquisition, installation and support for the hardware and software necessary to provide accurate, timely and valid data so that providers can make effective patient care decisions and be able to measure the effectiveness of their decisions.
- B. The Department also assists in the planning for future technologies either hardware or software that will significantly expand care providers' use of these systems in order to improve the efficiency of the care they deliver.
- C. The Chief Information Officer collaborates with the hospital's leadership, the hospital staff and the medical staff through a multidisciplinary team and other formal and informal communications.

## **MEDICAL RECORDS**

### **[#Top of the Document](#)**

- A. The Medical Record Department provides patient information to physicians, other clinicians, and other healthcare facilities to assist in provision of quality patient care.
- B. Clinic Technicians are available to assist at each of the outlying clinical departments.
- C. The department is directed by a Credentialed Health Information Technician and other staff consists of a Director, a Manager, a Liaison, Technicians and Associates.
- D. The department is staffed during the hours of 0700 to 1800 Mondays to Fridays and 0800 to 1630 Saturdays and Sundays.
- E. When the department is not staffed, records needed for patient care are available electronically.
- F. Records that are needed from off-site storage can be requested by calling the HIM Director or Manager.



- G. The department is responsible for maintenance of a unit record for all hospital patients as required by Title XXII.
- H. Department staff assemble, analyze, and file discharged inpatient, outpatient surgery, and outpatient diagnostic medical records.
- I. Transcription technician's review, correct, and electronically distribute transcribed reports.
- J. In addition, department staff requests record retrieval from the off-site storage when patient are readmitted or records are requested.
- K. A birth technician uses information obtained by patient questionnaire and the medical record to complete and file the legal birth certificate.
- L. The Medical Record correspondence clerk responds to all requests for information including copies of patient medical records.
- M. We utilize a contracted copy service to handle multiple requests from outside entities.
- N. In addition to the duties listed above, Medical Record staff monitors and maintains incomplete and delinquent chart statistics.
- O. This includes monitoring for un-dictated H&P reports Operative Reports and Discharge Summaries.
- P. The Clinic Record Technician hours for the El Centro Clinic is Monday to Friday from 0700 to 1530.

The Clinic Record Technician hours for the Calexico Clinic is Monday to Friday from 0830 to 1730. The technicians enter charges, maintain matrices of visits, handle correspondence requests, monitor e-signing for the physicians and perform PPR (periodic performance review) functions.

## **STERILE PROCESSING DEPARTMENT (SPD)**

### **[#Top of the Document](#)**

- A. The Sterile Processing Department (SPD) is within a healthcare facility, offers a range of services structured by providing sterile surgical instrumentation to the OR and clinics as well other departments that require sterile goods. Ensuing the different phases.
- B. Patient care personnel (Surgical Technician) are important part for SPD need to start the pre cleaning and are responsible of disposing single use instruments and sharps, prior to sending them to SPD initiate first phase of instruments process performing pre cleaning process with PRE-KLENZ Point of Use Processing Gel is a ready-to-use, neutral pH gel designed to keep soil moist and initiate the cleaning process on reusable surgical instruments and medical devices prior to decontamination. Applied at the point of use, the surfactant based gel clings to instrument surfaces during transport, beginning the cleaning process by maintaining moisture and loosening soil.
  - 1. Surfactant Based Gel Decontamination /dirty area "The use of physical or chemical means to remove, inactivate or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious

particles and the surface or item is safe for handling, use or disposal.” (OSHA CFR 1910.1030).

2. Prep/pack area and sterilization clean area is where each instrument must be visually examined for quality. They must check surfaces for remaining soils, determine if the instrument is functioning properly or need to be replaced? Insure that instrument sets and trays are assembled, wrapped and placed into the sterilizers correctly, properly logged and verify the sterilizers performed their cycles correctly each and every time used.
  3. Sterilization area is where sterilizers (steam, and/or STERRAD, low temperature processes), are located including the space for loading, unloading, and cooling.
  4. The area of the healthcare facility designed to store clean and sterile items before their selection and distribution for use in procedures (AAMI). Includes items supplied from SPD as well as pre-packed clean/sterile items from outside vendors. Posterior process for some instruments disinfected and/or sterilized they are send to surgery department some Ortho tray (Total Knee, TFN, Hemi arthroplasty) are keep in the department in sterile storage until needed for specific patients undergoing specific procedures.
- C. Control of equipment non sterile (IV pumps, wound Vacs), for patient care are within the department and used throughout the hospital; monitoring of expenses associated.
- D. Assist warehouse on distribution of medical devices when possible to other departments.
- E. The department adheres to the guidelines provided by the TJC, Title XXII, AAMI, AORN, and Infection Control in processing sterile instruments and equipment.
- F. SPD is staffed and available from 0600 to 2130, 5 days a week and on weekends and after hours with on-call personnel available to decontaminate, process, and provide sterile instruments and equipment as needed following algorithm can be found in SPD, OR, and house supervisor office and Attached to this document.

## **SUPPLY CHAIN MANAGEMENT DEPARTMENT**

### **#Top of the Document**

- A. The Supply Chain Management department is responsible for the acquisition and distribution of all supplies and equipment hospital-wide.
- B. Rental of equipment is also coordinated through this department.
- C. Office hours for the department are from 0800 to 1700 Monday through Friday.
- D. Supplies are available from 0700 until 2000, Monday through Friday and from 0700 to 1800 on Saturdays and Sundays.
- E. After hours, contact the House Charge Nurse.

## **HUMAN RESOURCES DEPARTMENT**

### **#Top of the Document**

- A. The Department of Human Resources is responsible for management of workers compensation program, hospital-wide recruitment and retention, compensation and benefits programs, managing Federal and State leaves of absence, as well as handling employee and labor relations.
- B. The hours of operation are 0730 to 1700 Monday through Friday. The Human Resources Department manages all employment requisitions, applicant tracking and monitors ECRMC hiring practices for compliance with State and Federal Laws.
- C. Human Resources is also responsible for administering and maintaining compliance with the Hospital's policies and procedures as well as all applicable state and federal regulations
- D. Maintains all personnel records, assists in tracking employee competencies, required licenses and certifications, facilitates leave of absence, administers the Hospital's pay program and tracks annual employee performance evaluations.
- E. Through the utilization of an Employee Health Nurse, this department monitors all workers compensation claims and employee health screenings.

## **MEDICAL STAFF**

### **#Top of the Document**

- A. The Medical Staff is organized into eight departments: Medicine, Surgery, Pediatrics/Neonatal, Obstetrics/Gynecology, Anesthesia, Emergency Medicine, Pathology, Radiology and Outpatient Services
- B. The scope of care of each practicing and licensed member of the Medical Staff is delineated through the clinical privileging process according to the Bylaws of the Medical Staff.
- C. All departments providing patient care have established lines of communication with the Medical Staff.
- D. These mechanisms of communication include Department Chairs, the Chief of Staff, Chief Executive Officer and the Assistant Administrators.

- 2621 E. The Assistant Administrator of Patient Care Services, his/her designee, department  
2622 directors, and other appropriate staff serve as ex-officio members on Medical Staff  
2623 Committees in order to communicate and represent the patient care givers.
- 2624 F. The Medical Staff serves as Chair for the various Medical Staff Committees including;  
2625 Bioethics Bylaws Interdisciplinary Practice/AHP, Medical Records, Physician Aid, QI, MEC,  
2626 Infection Control, Pharmacy and Therapeutics and have representatives on the Quality  
2627 Council as well as Hospital-Wide Performance Improvement Activities.
- 2628 G. The Medical Staff is supported through the Medical Staff Office, which is open Monday  
2629 through Friday from 0700 to 1630.
- 2630 H. The Medical Staff Office is comprised of a Medical Staff Director and two medical staff  
2631 coordinators.
- 2632 A. Quality Improvement is part of the Quality Resource Management Department (QRM). The  
2633 department provides a nucleus for the organization's quality and performance improvement  
2634 activities. The professional staff of QRM is composed of RNs and support staff, who monitor,  
2635 collect, analyze and present Quality and Performance Improvement (PI) data throughout the  
2636 organization according to established priorities and guidelines. The office hours are 0800  
2637 to1630 Monday through Friday. The department supports organizational improvements by  
2638 assisting with the Medical Staff Quality, Safety and Performance Improvement (PI) Activities,  
2639 Hospital-Wide Quality, Safety and PI Activities, and collecting hospital-wide data on quality  
2640 indicators including ORYX, CMS-core measures and assisting in the hospital-wide collection  
2641 of significant safety data, i.e. national patient safety goals.
- 2642 B. Quality, Safety and Performance Improvement activities are reported to the Quality Council,  
2643 Patient Safety Committee, Medical Executive Committee and the Board of Trustees via the  
2644 Board's Quality Committee.
- 2645

## 2646 **RISK MANAGEMENT**

### 2647 **#Top of the Document**

- 2648 A. The Risk Management Program is a hospital-wide program to identify risk factors within the  
2649 facility and eliminate these exposures and/or reduce their frequency and severity.
- 2650 B. When risk events are identified, a process is in place for prioritizing and disseminating the  
2651 analysis, actions, plans of correction and follow-up.
- 2652 C. The Risk Management activities are coordinated by the QRM department.
- 2653 D. Data is collected, aggregated and reported to Leadership via the Quality Council, Medical  
2654 Executive Committee and the Board of Trustees via the Board's Quality Committee.
- 2655

## 2656 **INFECTION Prevention**

### 2657 **#Top of the Document**

- 2658
- 2659 A. The Infection Prevention program is administered through the Infection Prevention  
2660 Committee which is multidisciplinary.

- B. The Infection Prevention program is a hospital-wide program which includes patients, visitors, physician staff, volunteers, students, healthcare workers and (in some cases) the community.
- C. Its primary purpose is to prevent, control, and minimize the spread of infection and infectious complications both community and health care associated.
- D. All departments and healthcare services are part of the Infection Prevention program.
- E. This program is monitored, assessed and overseen by the Infection Prevention Practitioner under the direction of the Infection Prevention Chair.
- F. Relief is provided by another RN who has been trained in the principles and practices of Infection Prevention and Epidemiology.
- G. The Infection Control office hours are from 0700 to 1530 Monday to Friday.

## **SAFETY AND SECURITY**

### **[#Top of the Document](#)**

- A. The Safety Program is a hospital-wide program. It utilizes the Environment of Care Committee to develop and direct all activities in the hospital relating to general safety, fire safety, security, accident prevention and accident investigation.
- B. A person within the organization is designated the Safety Officer, who is responsible for overseeing these functions.
- C. The Engineering Director, Biomedical Engineer, Hospital Base Coordinator and Environmental Services Director along with representatives from Administration, Education and Infection Control are members of the Environment of Care Committee.
- D. Normal office hours for the Safety Department are Monday through Friday, 0800 to 1700.
- E. The Safety Officer or his/her designee is available 24 hours a day, 365 days per year for emergency readiness purposes.
- F. Absences are covered by the Administrator on-call.
- G. The Safety Officer supports organizational improvements by assisting and participating in performance improvement activities, monitoring, collecting and analyzing data, and reporting through the Environment of Care Committee.
- H. The Security Department is responsible for providing a safe environment for patients, visitors, physicians, volunteers and hospital staff.
- I. Security is provided 24 hours a day, 7 days a week.
- J. Security focus is on maintaining a safe care environment and mitigating events proactively whenever possible.
- K. Security officers provide staff, guest and asset protection as well as investigative services and 24 hours a day escort service.
- L. The Security Department is under the direction of the Security Officer, who collects data for evaluation by the Environment of Care Committee.

## **QUALITY RESOURCE MANAGEMENT DEPARTMENT**

### **[#Top of the Document](#)**

## 2703 Definitions

Term	Definition
<b>Patient care</b>	Is provided by those professionals who are responsible for the assessment of patients and the planning of care based on findings from those assessments and providing direct care. Licensed personnel supervise patient care departments.
<b>Patient support</b>	Is provided by a variety of individuals and departments that may or may not have direct contact with the patients but who support the care provided by the direct care providers.
<b>Patient Care Departments</b>	The inpatient and outpatient departments that provide patient services and/or patient care according to the definition above and where services and/or care are rendered by the types of staff described above.
<b>Medical Director</b>	A <b>medical director</b> is a physician who provides guidance and leadership on the use of <b>medicine</b> in a department or departments within a healthcare organization.

2704

## 2705 Associated Policies/Plans/Protocols/Procedures/Forms

Title	Number	Location ( <i>Hyperlink</i> )

2706

## 2707 References

2708 TJC

2709 [Accreditation, Health Care, Certification | Joint Commission](#)

2710

2711 [https://www.jointcommission.org/standards\\_information/tjc\\_requirements.aspx](https://www.jointcommission.org/standards_information/tjc_requirements.aspx)

2712

2713 TITLE 22

2714 <http://nurseallianceca.org/files/2012/06/Title-22-Chapter-5.pdf>

2715

2716 Nursing Practice Act

2717 [Nursing Practice Act](#)

2718 <http://www.ncsbn.org/nurse-practice-act.htm>



**TO:** HOSPITAL BOARD MEMBERS  
**FROM:** David Momberg, Chief Financial Officer  
**DATE:** September 23, 2024  
**MEETING:** Board of Trustees

**SUBJECT:** July 2024 Month and Year-to-Date Financial Statements

**BUDGET IMPACT:** ☒ Does not Apply  
A. Does the action impact/affect financial resources? ☐ Yes ☐ No  
B. If yes, what is the impact amount: \_\_\_\_\_

**BACKGROUND:** The month of July resulted in net operating loss of \$579K, a negative margin of 4.1% and positive EBIDA of \$933K. FYTD EBIDA is positive at \$933K and positive margin YTD of 6.7%.

**DISCUSSION:** For a more detailed description of financial performance, please see the attached Financial Report.

**RECOMMENDATION:** (1) Approve (2) Do not approve

**ATTACHMENT(S):**

- Financial Packet for July 2024

Approved for agenda, Pablo Velez

Date and Signature: \_\_\_\_\_

*Pablo Velez*



## July 2024 Financial Report

August 26, 2024

**To: Finance Committee**

**From: David Momberg, Chief Financial Officer**

The following package contains:

- Comparative volumes vs. Prior Month/Year
- Balance Sheet vs. Prior Month comparison
- Operating Statement vs. Prior Month comparison
- Monthly Cash Flow (Fiscal Year to Date)

### **Balance Sheet:**

- a) Cash balance decreased (\$3.4M) due to Nielsen retainage payment (\$1.7M) and one additional payroll transfer during the month (3 @ \$1.7M each).
- b) Net patient receivables decreased (\$945K) due to higher collections (gross AR decreased \$7.3M partially offset by improved payor mix).
- c) Other receivables increased due to 340B Pharmacy receivables.
- d) Due from Third-Party Payors increased (\$1.5M) related to supplemental programs for the year.
- e) Prepaid Expenses & Other increased (\$420k) due to prepaid insurance expenses (\$260k) coupled with Cardinal prepaid orders (\$230k).
- f) Funds held by trustee for Debt Service decreased (\$3.3k) due to semi-annual bond payment to bond holders.
- g) Property, Plant and Equipment: Net increased (\$1.1M) due to SPC-4D construction progress (ETC).



- h) Accounts payable and accrued expenses decreased (\$2.7M) mainly due to Nielsen retainage payment (\$1.7M), insurance prepaid expenses (\$420K) ETC payments (\$380K).
- i) Accrued compensation and Benefits decreased (\$1.2M) due to 3 pay periods paid during July 2024.
- j) Days in A/R decreased to 39.73 from 52.51. The goal is 50 days.
- k) Accounts payable days decreased, 59.18 vs. 74.33 days from previous month.
- l) Current Ratio steady at 1.62 (1.53 last month).

**Income Statement – Current Month Actual vs. Prior Month:**

- a) Our Inpatient Revenue is 7.9% higher than prior month due to higher patient days (1,486 vs. 1,428 prior).
- b) Outpatient Revenue is 2.6% higher than last month due to higher Outpatient Visits (7,080 vs. 6,568 last month) and higher RHC visits (7,311 vs 6,362 last month).
- c) Contractuals for the month are 79.7% of gross revenues (79.7% YTD).
- d) Charity and Bad debt are 1.2% of gross revenues.
- e) Other Third Party Programs revenue decreased (\$2.5M) due to higher AB113 payment received than budgeted in June 2024.
- f) Salaries & Wages increased (\$190k) related to higher volumes.
- g) Employee benefits is 24% higher related to higher health insurance expenses.
- h) Professional Fees Non-Medical are 21.2% higher, mainly due to higher collection agency expenses (\$20k).
- i) Supplies – Medical is 25.3% higher related to higher overall volumes.
- j) Supplies – Non Medical is 12.3% higher mainly due to purchase of computers.
- k) Insurance expense is higher due to service installments paid in July 2024 and no payments during June 2024.
- l) June 2024 shows a Net loss of \$579K (\$933K *positive EBIDA*).

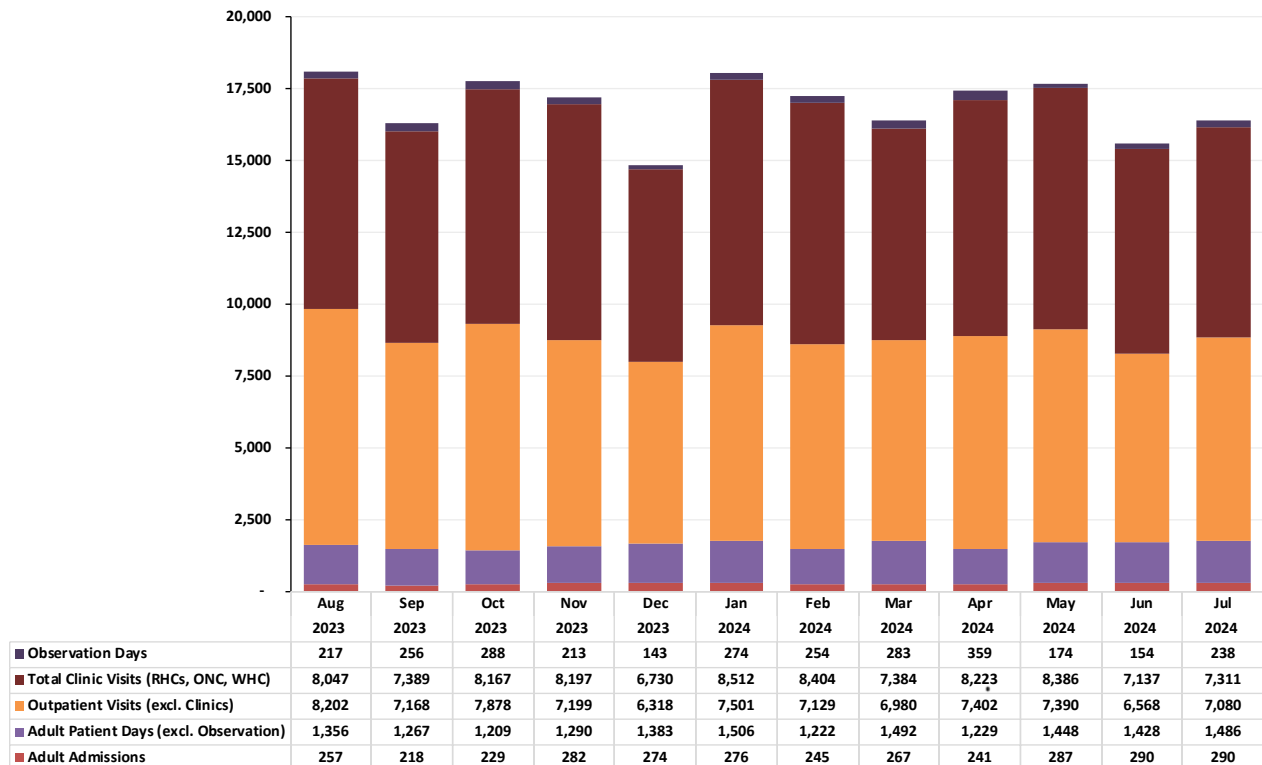
**Definitions:**

- **EBIDA** - Earnings Before Interest, Depreciation, and Amortization.
- **Contribution Margin** – Total Revenue minus Expenses (excluding functional areas of IT, Finance, HR, and management assessments/restructuring costs).
- **EBIDA Margin** –  $\text{EBIDA} / \text{Total Revenue}$ .
- **Operating Expenses Per Day** – Total Expenses less Depreciation divided by Days.
- **Operating Revenue Per Day** –  $\text{Operating Income} / \text{Days}$ .
- **Days Cash on Hand** –  $\text{Cash} / \text{Operating Expenses per Day}$ .
- **Days Revenue in A/R** –  $\text{Accounts Receivable} / \text{Operating Revenue per Day}$ .
- **Current Ratio** –  $\text{Current Assets} / \text{Current Liabilities}$ .
- **Equity Financing Ratio** –  $\text{Total Capital} / \text{Total Debt}$ .

## EI Centro Regional Medical Center Comparative Volumes as of July 31, 2024

	Apr 2024	May 2024	Jun 2024	Jul 2024	YTD Actual	YTD Budget	YTD Variance
Adult Admissions (excl. Observation)	241	287	290	290	290	353	(63)
Patient Days (excl. Observation)	1,229	1,448	1,428	1,486	1,486	1,623	(137)
Average Length of Stay (excl. Observation)	5.1	5.0	4.9	5.1	5.1	4.6	0.5
Average Daily Census (excl. Observation)	41.0	46.7	47.6	47.9	47.9	47.9	-
Average Daily Census (ADC) Observation	12.0	5.6	5.1	7.7	7.7	7.0	0.7
Total ADC (including Observation)	52.9	52.3	52.7	55.6	55.6	54.9	0.7
Observation Days (excluding Obstetrics)	359	174	154	238	238	216	22
Outpatient Visits (excluding Clinics)	7,402	7,390	6,568	7,080	7,080	8,180	(1,100)
Emergency Room Visits	2,952	2,835	2,903	2,938	2,938	3,269	(331)
EI Centro Rural Health Clinic Visits	4,350	4,399	3,639	3,525	3,525	4,916	(1,391)
Calexico Rural Health Clinic Visits	2,874	3,033	2,723	2,968	2,968	3,578	(610)
Rural Health Clinic Visits - Total	7,224	7,432	6,362	6,493	6,493	8,493	(2,000)
Wound Healing Center Visits	194	199	175	194	194	186	8
Oncology Center Visits	805	755	600	624	624	430	194
Oncology Center Infusion Procedures	1,450	1,536	1,358	1,438	1,438	1,354	84
Surgeries without C-Sections	405	507	441	439	439	540	(101)
DaVinci Cases	36	51	38	66	66	37	29

### Rolling-12 Volume Trend



## ECRMC BALANCE SHEET COMPARED TO PRIOR MONTH

	July 31, 2024	June 30, 2024	Variance (\$)	Variance (%)
<b>Assets</b>				
Current Assets:				
Cash and Cash Equivalents	\$ 17,091,814	\$ 20,505,366	\$ (3,413,552)	-17%
Net Patient Accounts Receivable	18,101,881	19,046,925	(945,044)	-5%
Other Receivables	369,189	294,340	74,849	25%
Due from Third-Party Payors	16,592,465	15,033,128	1,559,337	10%
Inventories	2,748,224	2,693,219	55,005	2%
Prepaid Expenses & Other	1,759,852	1,339,454	420,397	31%
Total Current Assets	56,663,424	58,912,432	(2,249,008)	-4%
Assets Limited as to Use				
Restricted Building Capital Fund	140,169	119,270	20,899	18%
Funds Held by Trustee for Debt Service	10,530,822	13,787,264	(3,256,442)	-24%
Restricted Programs	11,497	11,497	-	0%
Total Assets Limited as to Use	10,682,489	13,918,031	(3,235,543)	-23%
Property, Plant, and Equipment: Net	148,069,204	147,007,700	1,061,504	1%
Other Assets	724,715	724,715	-	0%
<b>Total Assets</b>	<b>216,139,831</b>	<b>220,562,878</b>	<b>(4,423,046)</b>	<b>-2%</b>
<b>Deferred Outflows of Resources</b>				
Deferred Outflows of Resources - Pension	6,321,455	6,697,566	(376,111)	-6%
Total Deferred Outflows of Resources	6,321,455	6,697,566	(376,111)	-6%
<b>Total Assets and Deferred Outflows of Resources</b>	<b>\$ 222,461,286</b>	<b>\$ 227,260,443</b>	<b>\$ (4,799,157)</b>	<b>-2%</b>
<b>Liabilities</b>				
Current Liabilities:				
Current Portion of Bonds	1,350,000	1,345,000	5,000	0%
Current Portion of Capital Lease Obligations	1,103,330	1,140,825	(37,495)	-3%
Accounts Payable and Accrued Expenses	16,225,015	18,944,269	(2,719,254)	-14%
Accrued Compensation and Benefits	9,231,201	10,431,382	(1,200,182)	-12%
Due to Third-Party Payors	7,162,099	6,643,581	518,519	8%
Total Current Liabilities	35,071,645	38,505,057	(3,433,412)	-9%
Long-Term Bond Payable, Less Current Portion	112,647,471	112,743,738	(96,267)	0%
Capital Lease Obligations, Less Current Portion	4,979,988	5,151,931	(171,943)	-3%
Notes Payable, Less Current Portion	26,444,444	26,962,963	(518,519)	-2%
Net Pension Liability	54,174,600	54,174,600	-	0%
<b>Total Liabilities</b>	<b>233,318,149</b>	<b>237,538,289</b>	<b>(4,220,141)</b>	<b>-2%</b>
<b>Deferred Inflows of Resources</b>				
Deferred Inflows of Resources - Pension	113,800	113,800	-	0%
Total Deferred Inflows of Resources	113,800	113,800	-	0%
<b>Net Position</b>				
Restricted Fund Balance	17,600	17,221	379	2%
Fund Balance	(10,988,262)	(10,408,867)	(579,395)	6%
<b>Total Net Position</b>	<b>(10,970,662)</b>	<b>(10,391,646)</b>	<b>(579,016)</b>	<b>6%</b>
<b>Total Liabilities, Deferred Inflows of Resources and Net Position</b>	<b>\$ 222,461,286</b>	<b>\$ 227,260,443</b>	<b>\$ (4,799,157)</b>	<b>-2%</b>
Days Cash on Hand	39.73	52.51		
Days Revenue in A/R	38.96	38.63		
Days in A/P	59.18	74.33		
Current Ratio	1.62	1.53		
Debt Service Coverage Ratio	1.48	1.04		

## STATEMENTS OF OPERATIONS COMPARISON TO BUDGET

	MTD April 30, 2024	MTD May 31, 2024	MTD June 30, 2024	MTD July 31, 2024	YTD July 31, 2023	YTD July 31, 2024	YTD BUDGET July 31, 2024
Adult Admissions	241	287	290	290	212	290	353
Adult Patient Days (excl. Observation)	1,229	1,448	1,428	1,486	1,110	1,486	1,623
Outpatient Visits (excl. Clinics)	7,402	7,390	6,568	7,080	6,538	7,080	8,180
Total Clinic Visits (RHCs, ONC, WHC)	8,223	8,386	7,137	7,311	6,371	7,311	9,110
Observation Days	359	174	154	238	201	238	216
<b>OPERATING REVENUE</b>							
I/P Revenue	\$ 14,035,071	\$ 16,944,735	\$ 16,488,334	\$ 17,785,924	\$ 11,511,723	\$ 17,785,924	\$ 16,441,002
O/P Revenue - Laboratory	6,825,897	6,944,265	6,212,873	6,692,661	6,257,336	6,692,661	6,823,668
O/P Revenue - CT Scanner	6,936,776	7,213,596	6,763,790	6,361,942	6,531,564	6,361,942	6,528,562
O/P Revenue - Emergency Room	6,396,740	6,154,157	6,117,273	6,220,884	5,970,114	6,220,884	6,490,254
O/P Revenue - Oncology	6,014,866	7,059,275	6,205,861	7,260,949	4,620,692	7,260,949	5,149,714
O/P Revenue - Others	18,163,273	20,123,124	18,150,544	18,035,437	17,654,837	18,035,437	19,960,757
Gross Patient Revenues	58,372,622	64,439,153	59,938,674	62,357,797	52,546,265	62,357,797	61,393,958
Other Operating Revenue	284,644	279,585	373,307	557,462	311,732	557,462	628,534
Total Operating Revenue	58,657,266	64,718,738	60,311,980	62,915,259	52,857,997	62,915,259	62,022,492
Contractuals							
IP Contractuals	9,877,494	13,309,870	12,401,869	14,227,153	10,287,190	14,227,153	12,420,154
OP Contractuals	37,369,888	39,578,650	36,321,322	35,481,489	32,932,154	35,481,489	36,578,218
Charity	224,971	544,632	173,275	167,840	211,838	167,840	250,497
Provision for Bad Debts	504,400	260,541	575,664	611,326	527,854	611,326	326,666
Other Third Party Programs	(1,591,268)	(2,598,823)	(4,009,126)	(1,518,750)	(1,784,563)	(1,518,750)	(1,717,661)
M/Cal Disproportionate Share	(226,793)	(226,793)	(226,793)	(55,000)	(226,793)	(55,000)	(112,413)
Total Deductions	46,158,693	50,868,077	45,236,212	48,914,058	41,947,681	48,914,058	47,745,462
Total Net Revenues	12,498,573	13,850,661	15,075,768	14,001,201	10,910,316	14,001,201	14,277,030
<b>EXPENSES</b>							
Salaries & Wages	4,793,444	5,109,342	5,262,962	5,697,264	4,990,602	5,697,264	5,221,198
Registry	7,624	12,691	12,506	19,447	103,296	19,447	33,637
Employee Benefits	1,508,508	1,345,720	808,578	1,101,814	965,682	1,101,814	1,370,726
Employee Benefits - Pension GASB 68	386,267	386,267	386,267	376,111	386,267	376,111	319,600
Professional Fees - Medical	1,281,749	1,223,422	1,254,735	1,228,267	1,137,526	1,228,267	1,253,409
Professional Fees - Non-Med	263,593	229,343	165,908	201,049	295,535	201,049	210,417
Supplies - Medical	1,983,702	2,633,567	2,334,541	2,925,381	2,101,052	2,925,381	2,337,968
Supplies - Non-Medical	141,239	145,664	163,543	136,265	141,528	136,265	163,770
Food	70,247	81,950	75,689	78,785	70,048	78,785	97,843
Repairs and Maintenance	492,733	662,820	672,902	648,021	599,390	648,021	664,210
Other Fees	714,596	645,472	555,875	585,383	338,131	585,383	632,786
Lease and Rental	91,226	31,041	1,101	35,778	36,365	35,778	45,362
Utilities	207,531	189,737	266,401	253,990	197,312	253,990	238,841
Depreciation and Amortization	648,837	667,063	615,472	544,125	687,349	544,125	681,113
Insurance	163,584	81,270	3,097	311,881	284,067	311,881	207,627
Other Expenses	153,939	145,908	136,913	112,163	109,547	112,163	132,576
Total Operating Expenses	12,908,819	13,591,279	12,716,490	14,255,724	12,443,698	14,255,724	13,611,084
Operating Income	(410,246)	259,382	2,359,278	(254,523)	(1,533,382)	(254,523)	665,946
Operating Margin %	-3.3%	1.9%	15.6%	-1.8%	-14.1%	-1.8%	4.7%
Non-Operating Revenue and Expenses							
Investment Income	126,401	102,005	101,464	219,087	156,542	219,087	56,152
Grants and Contributions Revenue	245	0	0	0	146,228	0	50,499
Non Operating Revenue/(Expense)	8,408	8,408	11,333	48,408	125,708	48,408	110,694
Interest Expense	(596,896)	(598,755)	(606,909)	(592,367)	(601,433)	(592,367)	(593,421)
Total Non-Operating Rev. and Expenses	(461,841)	(488,343)	(494,112)	(324,873)	(172,954)	(324,873)	(376,075)
(Deficit)/Excess Rev. Over Exp.	\$ (872,087)	\$ (228,961)	\$ 1,865,166	\$ (579,395)	\$ (1,706,336)	\$ (579,395)	\$ 289,870
(Deficit)/Excess Rev. Over Exp. %	-7.0%	-1.7%	12.4%	-4.1%	-15.6%	-4.1%	2.0%
EBIDA	759,913	1,423,125	3,473,814	933,208	(31,287)	933,208	1,884,004
EBIDA %	6.1%	10.3%	23.0%	6.7%	-0.3%	6.7%	13.2%

# El Centro Regional Medical Center

## Monthly Cash Flow

*Unaudited*

	July 2024	Year-to-Date 2025
<u><i>Cash Flow From Operating Activities</i></u>		
Net Income/(Loss)	\$ (579,395)	\$ (579,395)
<i>Adjustments to reconcile net income to net cash:</i>		
Add: Depreciation	544,125	\$ 544,125
Capital Lease Interest	6,392	\$ 6,392
Bond Interest	583,254	\$ 583,254
Accounts Receivable	945,044	\$ 945,044
Other Receivables	(74,849)	\$ (74,849)
Inventory	(55,005)	\$ (55,005)
Prepaid Expenses/Other Assets	(420,397)	\$ (420,397)
Accounts Payable and Accrued Expenses	652,268	\$ 652,268
Accrued Compensation and Benefits	(1,200,182)	\$ (1,200,182)
Third-Party Liabilities	(1,559,337)	\$ (1,559,337)
Net Pension Obligation	376,111	\$ 376,111
<i>Net Cash From Operating Activities</i>	\$ (781,971)	\$ (781,971)
<u><i>Cash Flow From Investing Activities</i></u>		
Fixed Assets - Gross	\$ (1,605,629)	\$ (1,605,629)
Intangible Assets - Gross	\$ -	\$ -
Restricted Assets	3,235,922	\$ 3,235,922
<i>Net Cash From Investing Activities</i>	\$ 1,630,293	\$ 1,630,293
<u><i>Cash Flow From Financing Activities</i></u>		
Bond Payable	\$ (4,046,044)	\$ (4,046,044)
Capital Leases	(215,830)	\$ (215,830)
Notes Payable	-	\$ -
<i>Net Cash From Financing Activities</i>	\$ (4,261,874)	\$ (4,261,874)
 <i>Total Change In FY 2025 Cash</i>	 \$ (3,413,552)	 \$ (3,413,552)
<i>Cash &amp; Cash Equivalents, Beginning Balance</i>	<u>20,505,366</u>	<u>20,505,366</u>
 <i>Cash &amp; Cash Equivalents, Ending Balance</i>	 <u>\$ 17,091,814</u>	 <u>17,091,814</u>

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**TO:** HOSPITAL BOARD MEMBERS

**FROM:** David Momberg, Chief Financial Officer

**DATE:** September 23, 2024

**MEETING:** Board of Trustees

**SUBJECT:** August 2024 Month and Year-to-Date Financial Statements

**BUDGET IMPACT:** X Does not Apply  
A. Does the action impact/affect financial resources?      Yes      No  
B. If yes, what is the impact amount: \_\_\_\_\_

**BACKGROUND:** The month of August resulted in net operating loss of \$566K, a negative margin of 4.7% and positive EBIDA of \$994K. FYTD EBIDA is positive at \$1.9M and positive margin YTD of 67.4%.

**DISCUSSION:** For a more detailed description of financial performance, please see the attached Financial Report.

**RECOMMENDATION:** (1) Approve (2) Do not approve

**ATTACHMENT(S):**

- Financial Packet for August 2024

Approved for agenda, Pablo Velez

Date and Signature: \_\_\_\_\_

*Pablo Velez*





# August 2024 Financial Report

September 23, 2024

**To: Finance Committee**

**From: David Momberg, Chief Financial Officer**

The following package contains:

- Comparative volumes vs. Prior Month/Year
- Balance Sheet vs. Prior Month comparison
- Operating Statement vs. Prior Month comparison
- Monthly Cash Flow (Fiscal Year to Date)

## **Balance Sheet:**

- a) Cash balance decreased (\$4.9M) mainly due to Nielsen's 1<sup>st</sup> REA payment \$1.8M coupled with 5 vendor payment runs during the month.
- b) Net patient receivables decreased (\$1.2M) mainly due to a lower average daily census (39.4 vs. 47.9 last month).
- c) Other receivables increased due to 340B Pharmacy receivables.
- d) Due from Third-Party Payors increased (\$1.3M) related to supplemental programs for the year.
- e) Prepaid Expenses & Other increased (\$339k) mainly due to VOX Networks (telephone service) service agreement (\$169k) coupled with Intuitive DaVinci XI robot service agreement (\$154k).
- f) Funds held by trustee for Debt Service increased (\$663k) due to monthly bond transfers.
- g) Property, Plant and Equipment: Net increased (\$1.7M) due to ASB Retainage adjustment.

- h) Accounts payable and accrued expenses decreased (\$783k) mainly due higher payments to vendors.
- i) Accrued compensation and Benefits decreased (\$642k) mainly due to decreased outstanding labor days to pay.
- j) Due to Third-Party Payors increased (\$519k) due to increased current portion, offset by long term notes payable (\$519k).
- k) Days in A/R decreased to 32.23 from 39.73. The goal is 50 days.
- l) Accounts payable days decreased, 64.22 vs. 63.54 days from previous month.
- m) Current Ratio steady at 1.76 (1.45 last month).

#### **Income Statement – Current Month Actual vs. Prior Month:**

- a) Our Inpatient Revenue is 23.7% lower than prior month due to lower patient days (1,220 vs. 1,486 prior).
- b) Outpatient Revenue is 4.7% higher than last month due to higher Outpatient Visits (7,679 vs. 7,080 last month) and higher RHC visits (7,964 vs. 7,311 last month).
- c) Other Operating revenue decreased 25.1% due to lower physician billing.
- d) Contractuals for the month are 82.2% of gross revenues (80.9% YTD).
- e) Charity and Bad debt are 1.2% of gross revenues.
- f) Salaries & Wages decreased 24.3% related to lower volumes.
- g) Employee benefits is 35.4% higher due to higher health insurance expenses.
- h) Supplies – Medical is 16.6% lower related to lower inpatient volumes.
- i) Repairs and Maintenance is 20.7% due to Oracle cancelled invoices paying through Agreement.
- j) Other fees are 20.5% higher related late invoices from prior month, mainly Quest and Sysmex.
- k) Insurance expense is lower 43.3% due to service installments paid in July 2024 no longer required in August.
- l) Non Operating Revenue/(Expense) increased \$556k due to FEMA funding received (\$597k).
- m) August 2024 shows a Net loss of \$566K (\$994K positive EBIDA).

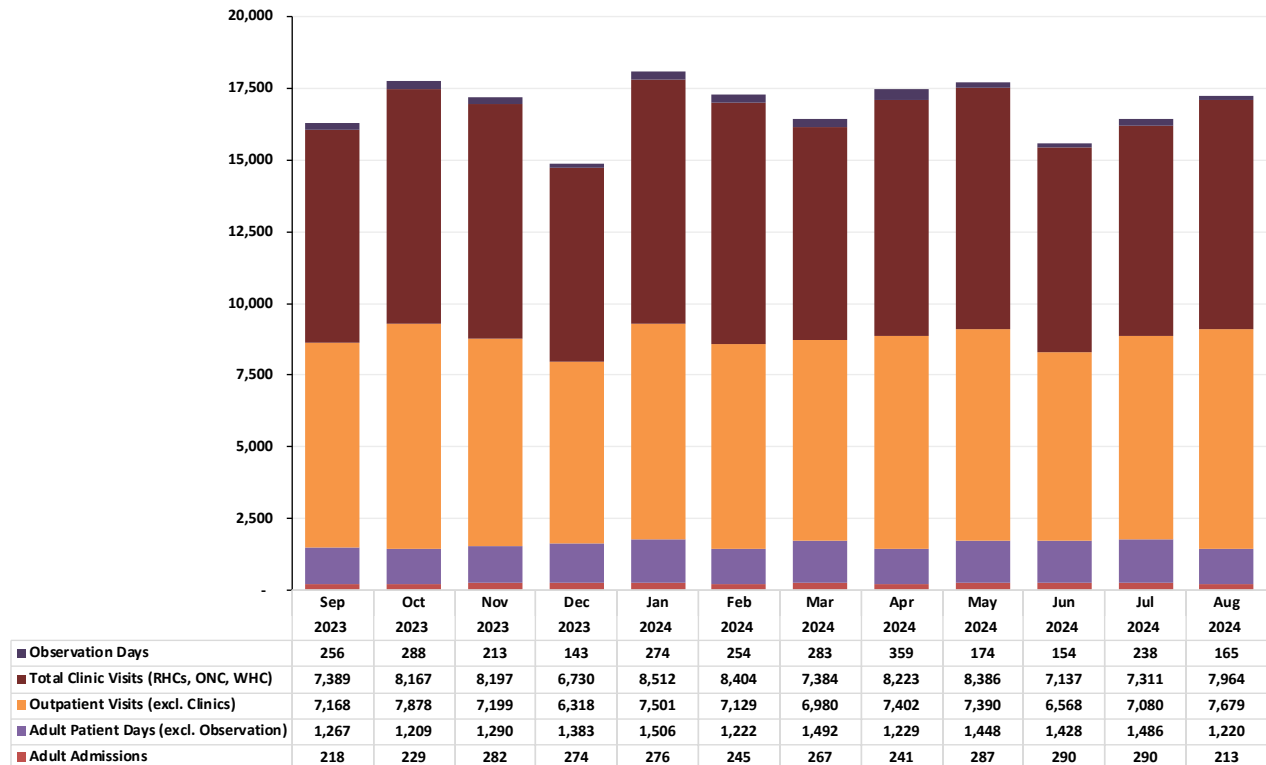
**Definitions:**

- **EBIDA** - Earnings Before Interest, Depreciation, and Amortization.
- **Contribution Margin** – Total Revenue minus Expenses (excluding functional areas of IT, Finance, HR, and management assessments/restructuring costs).
- **EBIDA Margin** –  $\text{EBIDA} / \text{Total Revenue}$ .
- **Operating Expenses Per Day** – Total Expenses less Depreciation divided by Days.
- **Operating Revenue Per Day** –  $\text{Operating Income} / \text{Days}$ .
- **Days Cash on Hand** –  $\text{Cash} / \text{Operating Expenses per Day}$ .
- **Days Revenue in A/R** –  $\text{Accounts Receivable} / \text{Operating Revenue per Day}$ .
- **Current Ratio** –  $\text{Current Assets} / \text{Current Liabilities}$ .
- **Equity Financing Ratio** –  $\text{Total Capital} / \text{Total Debt}$ .

## EI Centro Regional Medical Center Comparative Volumes as of August 31, 2024

	May 2024	Jun 2024	Jul 2024	Aug 2024	YTD Actual	YTD Budget	YTD Variance
Adult Admissions (excl. Observation)	287	290	290	213	503	715	(212)
Patient Days (excl. Observation)	1,448	1,428	1,486	1,220	2,706	3,301	(595)
Average Length of Stay (excl. Observation)	5.0	4.9	5.1	5.7	5.4	4.6	0.8
Average Daily Census (excl. Observation)	46.7	47.6	47.9	39.4	43.6	43.6	-
Average Daily Census (ADC) Observation	5.6	5.1	7.7	5.3	6.5	7.8	(1.3)
Total ADC (including Observation)	52.3	52.7	55.6	44.7	50.1	51.4	(1.3)
Observation Days (excluding Obstetrics)	174	154	238	165	403	482	(79)
Outpatient Visits (excluding Clinics)	7,390	6,568	7,080	7,679	14,759	16,608	(1,849)
Emergency Room Visits	2,835	2,903	2,938	2,828	5,766	6,543	(777)
EI Centro Rural Health Clinic Visits	4,399	3,639	3,525	3,794	7,319	9,277	(1,958)
Calexico Rural Health Clinic Visits	3,033	2,723	2,968	3,218	6,186	7,259	(1,073)
Rural Health Clinic Visits - Total	7,432	6,362	6,493	7,012	13,505	16,536	(3,031)
Wound Healing Center Visits	199	175	194	203	397	387	10
Oncology Center Visits	755	600	624	749	1,373	1,199	174
Oncology Center Infusion Procedures	1,536	1,358	1,438	1,502	2,940	2,971	(31)
Surgeries without C-Sections	507	441	439	408	847	1,175	(328)
DaVinci Cases	51	38	66	58	124	85	39

### Rolling-12 Volume Trend



## ECRMC BALANCE SHEET COMPARED TO PRIOR MONTH

	August 31, 2024	July 31, 2024	Variance (\$)	Variance (%)
<b>Assets</b>				
Current Assets:				
Cash and Cash Equivalents	\$ 12,143,794	\$ 17,091,814	\$ (4,948,020)	-29%
Net Patient Accounts Receivable	16,886,121	18,101,881	(1,215,760)	-7%
Other Receivables	632,611	369,189	263,422	71%
Due from Third-Party Payors	17,856,200	16,592,465	1,263,735	8%
Inventories	2,768,753	2,748,224	20,529	1%
Prepaid Expenses & Other	2,099,042	1,759,852	339,190	19%
Total Current Assets	52,386,521	56,663,424	(4,276,903)	-8%
Assets Limited as to Use				
Restricted Building Capital Fund	143,709	140,169	3,540	3%
Funds Held by Trustee for Debt Service	11,194,153	10,530,822	663,331	6%
Restricted Programs	11,497	11,497	-	0%
Total Assets Limited as to Use	11,349,360	10,682,489	666,871	6%
Property, Plant, and Equipment: Net	151,797,702	150,142,543	1,655,158	1%
Other Assets	724,715	724,715	-	0%
<b>Total Assets</b>	<b>216,258,297</b>	<b>218,213,171</b>	<b>(1,954,874)</b>	<b>-1%</b>
<b>Deferred Outflows of Resources</b>				
Deferred Outflows of Resources - Pension	5,935,188	6,321,455	(386,267)	-6%
Total Deferred Outflows of Resources	5,935,188	6,321,455	(386,267)	-6%
<b>Total Assets and Deferred Outflows of Resources</b>	<b>\$ 222,193,484</b>	<b>\$ 224,534,625</b>	<b>\$ (2,341,141)</b>	<b>-1%</b>
<b>Liabilities</b>				
Current Liabilities:				
Current Portion of Bonds	1,355,000	1,350,000	5,000	0%
Current Portion of Capital Lease Obligations	1,064,324	1,103,330	(39,006)	-4%
Accounts Payable and Accrued Expenses	17,320,946	18,103,637	(782,691)	-4%
Accrued Compensation and Benefits	8,589,250	9,231,201	(641,950)	-7%
Due to Third-Party Payors	7,680,618	7,162,099	518,519	7%
Total Current Liabilities	36,010,139	36,950,267	(940,128)	-3%
Long-Term Bond Payable, Less Current Portion	112,551,203	112,647,471	(96,267)	0%
Capital Lease Obligations, Less Current Portion	4,760,043	4,979,988	(219,945)	-4%
Notes Payable, Less Current Portion	25,925,926	26,444,444	(518,519)	-2%
Net Pension Liability	54,174,600	54,174,600	-	0%
<b>Total Liabilities</b>	<b>233,421,911</b>	<b>235,196,770</b>	<b>(1,774,859)</b>	<b>-1%</b>
<b>Deferred Inflows of Resources</b>				
Deferred Inflows of Resources - Pension	113,800	113,800	-	0%
Total Deferred Inflows of Resources	113,800	113,800	-	0%
<b>Net Position</b>				
Restricted Fund Balance	17,724	17,600	125	1%
Fund Balance	(11,359,951)	(10,793,545)	(566,406)	5%
<b>Total Net Position</b>	<b>(11,342,226)</b>	<b>(10,775,945)</b>	<b>(566,282)</b>	<b>5%</b>
<b>Total Liabilities, Deferred Inflows of Resources and Net Position</b>	<b>\$ 222,193,484</b>	<b>\$ 224,534,625</b>	<b>\$ (2,341,141)</b>	<b>-1%</b>
Days Cash on Hand	32.23	39.73		
Days Revenue in A/R	40.21	38.96		
Days in A/P	64.22	63.54		
Current Ratio	1.45	1.53		
Debt Service Coverage Ratio	1.76	1.45		

# STATEMENTS OF OPERATIONS COMPARISON TO BUDGET

	MTD May 31, 2024	MTD June 30, 2024	MTD July 31, 2024	MTD August 31, 2024	YTD August 31, 2023	YTD August 31, 2024	YTD BUDGET August 31, 2024
Adult Admissions	287	290	290	213	469	503	715
Adult Patient Days (excl. Observation)	1,448	1,428	1,486	1,220	2,466	2,706	3,301
Outpatient Visits (excl. Clinics)	7,390	6,568	7,080	7,679	14,740	14,759	16,608
Total Clinic Visits (RHCs, ONC, WHC)	8,386	7,137	7,311	7,964	14,418	15,275	18,121
Observation Days	174	154	238	165	418	403	482
<b>OPERATING REVENUE</b>							
I/P Revenue	\$ 16,944,735	\$ 16,488,334	\$ 17,785,924	\$ 13,572,753	\$ 27,435,961	\$ 31,358,677	\$ 32,615,664
O/P Revenue - Laboratory	6,944,265	6,212,873	6,692,661	7,289,757	13,065,006	13,982,418	13,681,481
O/P Revenue - CT Scanner	7,213,596	6,763,790	6,361,942	6,867,187	13,016,449	13,229,129	13,289,020
O/P Revenue - Emergency Room	6,154,157	6,117,273	6,220,884	6,203,218	11,983,001	12,424,102	13,050,304
O/P Revenue - Oncology	7,059,275	6,205,861	7,260,949	6,739,210	11,125,055	14,000,159	12,031,573
O/P Revenue - Others	20,123,124	18,150,544	18,035,437	19,565,236	38,130,386	37,600,673	41,131,094
Gross Patient Revenues	64,439,153	59,938,674	62,357,797	60,237,361	114,755,857	122,595,158	125,799,136
Other Operating Revenue	279,585	373,307	557,462	417,284	741,588	974,746	1,299,828
Total Operating Revenue	64,718,738	60,311,980	62,915,259	60,654,645	115,497,445	123,569,904	127,098,964
Contractuals							
IP Contractuals	13,309,870	12,401,869	14,227,153	11,184,095	22,477,518	25,411,248	25,449,487
OP Contractuals	39,578,650	36,321,322	35,481,489	38,311,624	71,272,029	73,793,113	74,950,504
Charity	544,632	173,275	167,840	216,800	544,013	384,640	500,995
Provision for Bad Debts	260,541	575,664	611,326	535,871	914,268	1,147,197	653,333
Other Third Party Programs	(2,598,823)	(4,009,126)	(1,518,750)	(1,518,750)	(3,416,985)	(3,037,500)	(3,435,313)
M/Cal Disproportionate Share	(226,793)	(226,793)	(55,000)	(55,000)	(1,469,316)	(110,000)	(224,822)
Total Deductions	50,868,077	45,236,212	48,914,058	48,674,641	90,321,527	97,588,699	97,894,182
Total Net Revenues	13,850,661	15,075,768	14,001,201	11,980,004	25,175,918	25,981,205	29,204,782
<b>EXPENSES</b>							
Salaries & Wages	5,109,342	5,262,962	5,697,264	4,312,913	10,071,215	10,010,177	10,505,841
Registry	12,691	12,506	19,447	0	225,206	19,447	65,830
Employee Benefits	1,345,720	808,578	1,101,814	1,491,832	2,429,628	2,593,646	2,741,453
Employee Benefits - Pension GASB 68	386,267	386,267	376,111	386,267	772,534	762,378	639,200
Professional Fees - Medical	1,223,422	1,254,735	1,228,267	1,255,627	2,505,063	2,483,895	2,506,818
Professional Fees - Non-Med	229,343	165,908	201,049	201,171	555,053	402,220	415,444
Supplies - Medical	2,633,567	2,334,541	2,925,381	2,440,092	4,607,820	5,365,474	5,083,667
Supplies - Non-Medical	145,664	163,543	136,265	123,991	282,160	260,256	327,540
Food	81,950	75,689	78,785	72,955	157,140	151,740	195,685
Repairs and Maintenance	662,820	672,902	648,021	513,637	1,257,630	1,161,658	1,328,420
Other Fees	645,472	555,875	585,383	705,507	981,759	1,290,890	1,265,572
Lease and Rental	31,041	1,101	35,778	11,786	78,765	47,563	90,724
Utilities	189,737	266,401	253,990	233,461	442,713	487,451	474,039
Depreciation and Amortization	583,859	568,944	566,983	582,166	1,350,235	1,149,148	1,355,007
Insurance	81,270	3,097	311,881	176,831	620,054	488,713	415,255
Other Expenses	145,908	136,913	112,163	140,356	221,167	252,519	265,151
Total Operating Expenses	13,508,074	12,669,962	14,278,582	12,648,593	26,558,142	26,927,175	27,675,645
Operating Income	342,586	2,405,807	(277,381)	(668,589)	(1,382,225)	(945,970)	1,529,136
Operating Margin %	2.5%	16.0%	-2.0%	-5.6%	-5.5%	-3.6%	5.2%
Non-Operating Revenue and Expenses							
Investment Income	102,005	101,464	219,087	89,399	168,867	308,486	112,305
Grants and Contributions Revenue	0	0	0	0	163,927	0	100,997
Non Operating Revenue/(Expense)	8,408	11,333	48,408	605,059	651,608	653,467	221,388
Interest Expense	(598,755)	(606,909)	(592,367)	(592,276)	(1,202,960)	(1,184,643)	(1,186,841)
Total Non-Operating Rev. and Expenses	(488,343)	(494,112)	(324,873)	102,183	(218,558)	(222,690)	(752,151)
(Deficit)/Excess Rev. Over Exp.	\$ (145,756)	\$ 1,911,694	\$ (602,253)	\$ (566,406)	\$ (1,600,783)	\$ (1,168,659)	\$ 776,985
(Deficit)/Excess Rev. Over Exp. %	-1.1%	12.7%	-4.3%	-4.7%	-6.4%	-4.5%	2.7%
EBIDA	1,423,125	3,473,814	933,208	994,302	1,724,946	1,927,510	3,958,034
EBIDA %	10.3%	23.0%	6.7%	8.3%	6.9%	7.4%	13.6%

# El Centro Regional Medical Center

## Monthly Cash Flow

*Unaudited*

	July 2024	August 2024	Year-to-Date 2025
<u><i>Cash Flow From Operating Activities</i></u>			
Net Income/(Loss)	\$ (602,253)	\$ (566,406)	\$ (1,168,660)
<i>Adjustments to reconcile net income to net cash:</i>			
Add: Depreciation	566,983	582,166	\$ 1,149,148
Capital Lease Interest	6,392	6,872	\$ 13,263
Bond Interest	583,254	583,254	\$ 1,166,509
Accounts Receivable	945,044	1,215,760	\$ 2,160,804
Other Receivables	(74,849)	(263,422)	\$ (338,271)
Inventory	(55,005)	(20,529)	\$ (75,534)
Prepaid Expenses/Other Assets	(420,397)	(339,190)	\$ (759,588)
Accounts Payable and Accrued Expenses	652,268	(1,457,213)	\$ (804,944)
Accrued Compensation and Benefits	(1,200,182)	(641,950)	\$ (1,842,132)
Third-Party Liabilities	(1,559,337)	(1,263,735)	\$ (2,823,072)
Net Pension Obligation	376,111	386,267	\$ 762,378
<i>Net Cash From Operating Activities</i>	\$ (781,971)	\$ (1,778,127)	\$ (2,560,098)
<u><i>Cash Flow From Investing Activities</i></u>			
Fixed Assets - Gross	\$ (1,605,629)	\$ (2,237,324)	\$ (3,842,953)
Intangible Assets - Gross	\$ -	\$ -	\$ -
Restricted Assets	3,235,922	(666,747)	\$ 2,569,175
<i>Net Cash From Investing Activities</i>	\$ 1,630,293	\$ (2,904,070)	\$ (1,273,778)
<u><i>Cash Flow From Financing Activities</i></u>			
Bond Payable	\$ (4,046,044)	-	\$ (4,046,044)
Capital Leases	(215,830)	(265,822)	\$ (481,652)
Notes Payable	-	-	\$ -
<i>Net Cash From Financing Activities</i>	\$ (4,261,874)	\$ (265,822)	\$ (4,527,696)
 <i>Total Change In FY 2025 Cash</i>	 \$ (3,413,552)	 \$ (4,948,020)	 \$ (8,361,572)
<i>Cash &amp; Cash Equivalents, Beginning Balance</i>	20,505,366	17,091,814	20,505,366
 <i>Cash &amp; Cash Equivalents, Ending Balance</i>	 <u>\$ 17,091,814</u>	 <u>\$ 12,143,794</u>	 <u>12,143,794</u>

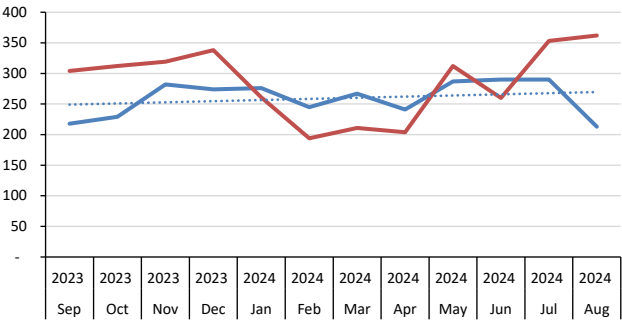
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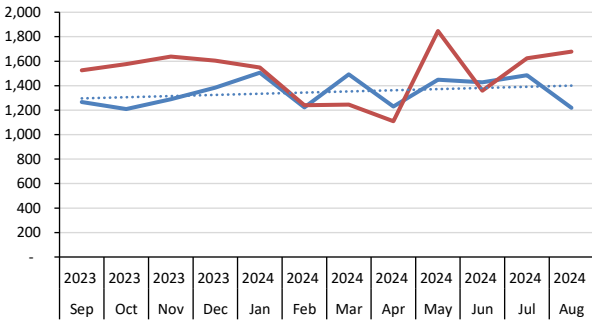
# El Centro Regional Medical Center

## Rolling-12 Volume trend

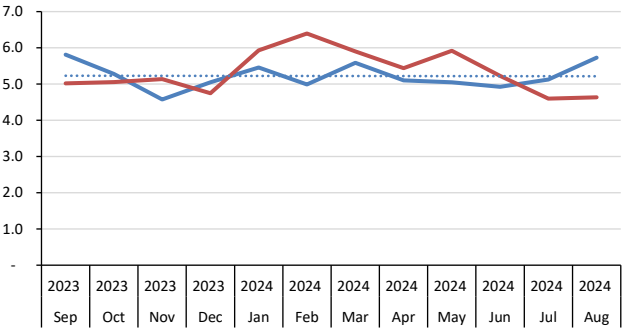
Adult Admissions



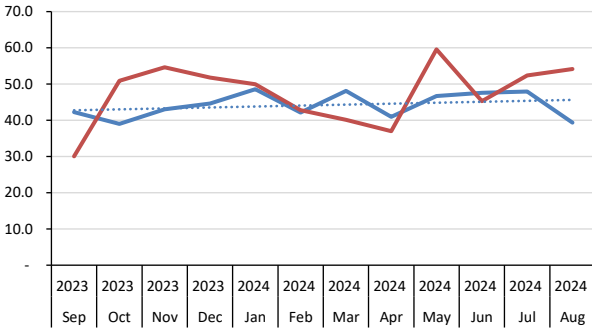
Patient Days



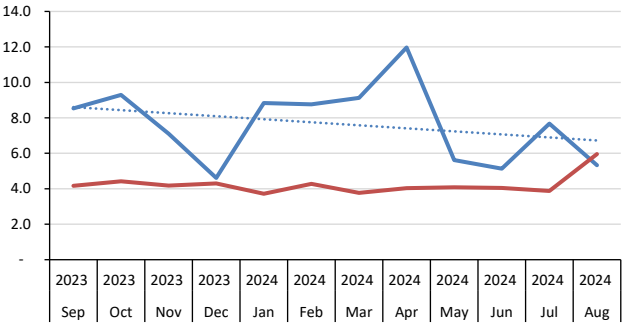
Average Length of Stay



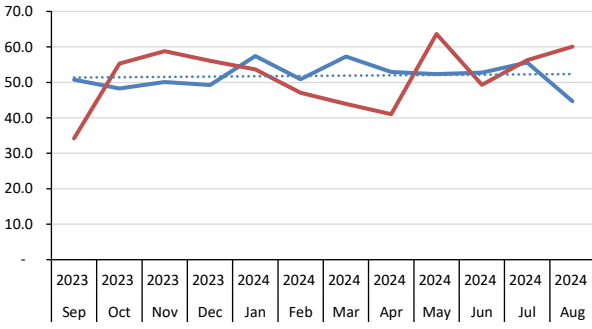
Averagy Daily Census



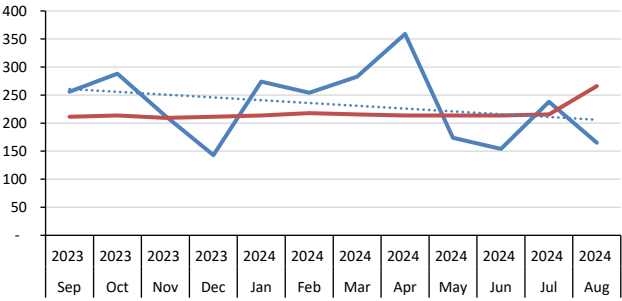
Average Daily Census (ADC) Observation



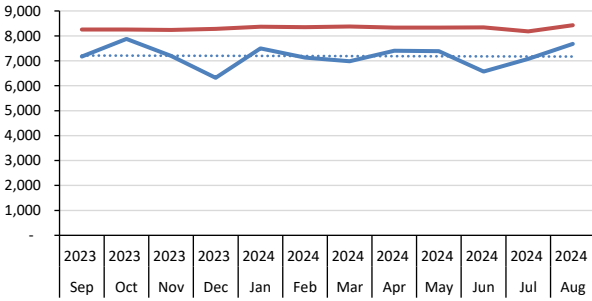
Total ADC



Observation Days



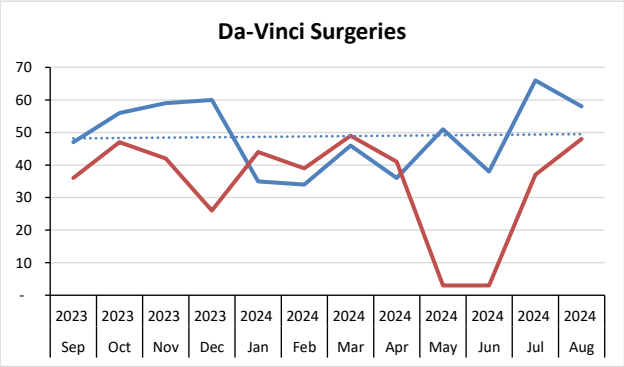
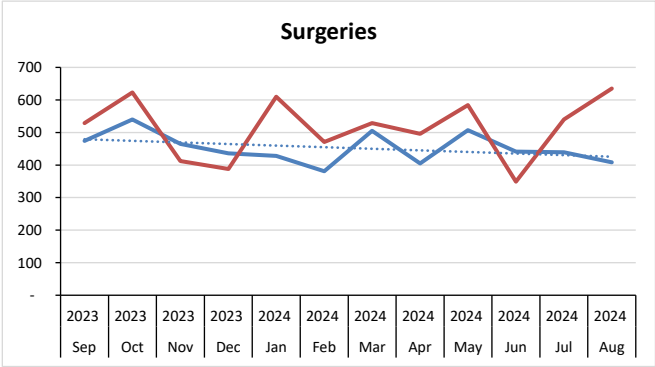
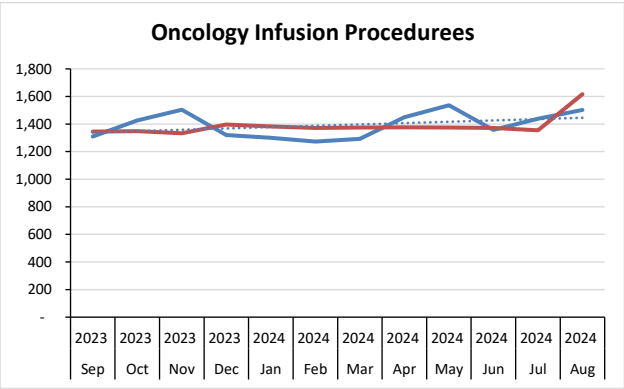
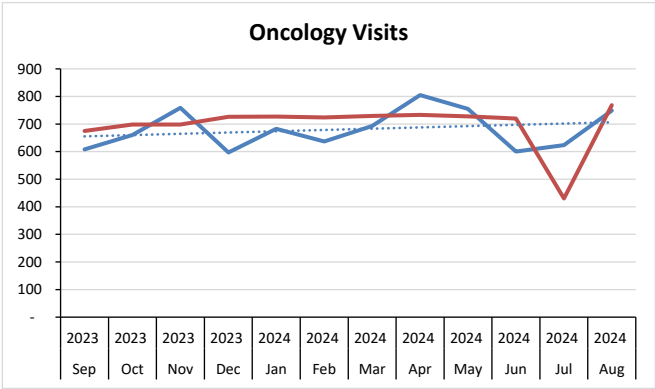
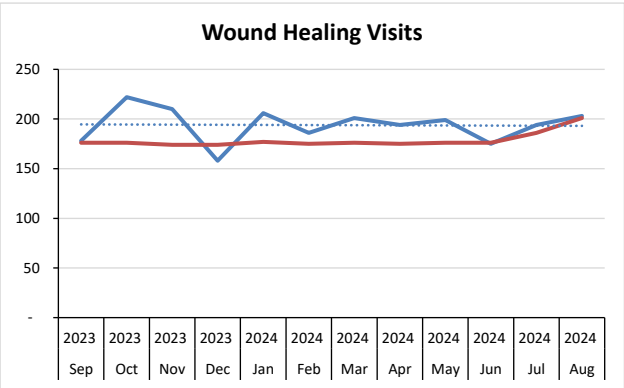
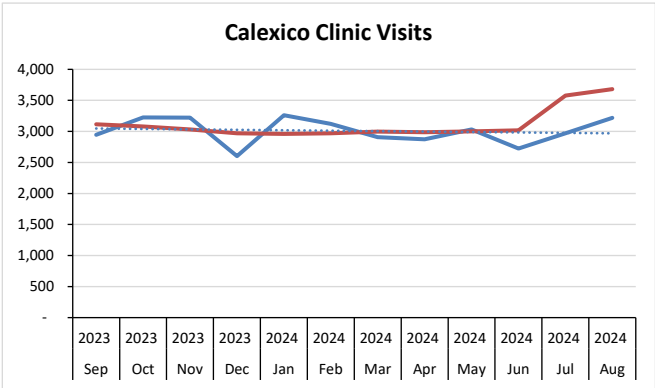
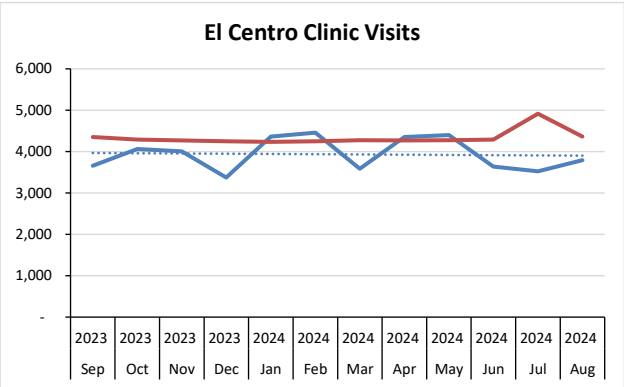
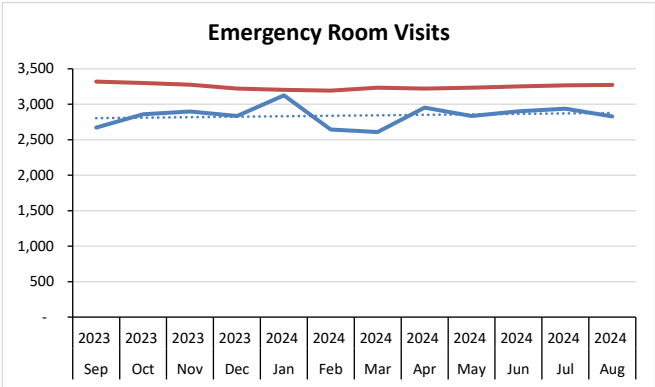
Outpatient Visits



**BUDGET**  
**ACTUALS**

# El Centro Regional Medical Center

## Rolling-12 Volume trend



■ BUDGET  
■ ACTUALS