



EL CENTRO REGIONAL MEDICAL CENTER
BOARD OF TRUSTEES – REGULAR MEETING

MONDAY, November 25, 2024
5:30 PM

MOB CONFERENCE ROOM 1&2
1271 ROSS AVENUE, EL CENTRO, CA
&

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/81410240004?pwd=pcsbmwsJYpZTUamUpwZxE9WTd86W9E.1>

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

Meeting ID: 814 1024 0004 **Passcode:** 153453

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)*

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 Special Joint Meeting of October 28, 2024.
2. Review and Approval of Board of Trustees Minutes of Regular Meeting of October 28, 2024.
3. Review and Approval of Triennial Policy: Plan for the Provision of Patient Care.
4. Review and Approval of New Triennial Policy: Use of the Morgue

FINANCE and OPERATIONAL UPDATE

5. Review and Approval of the Financial Statements for Month and Year-to-Date as of October 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:Discussion of:

X hospital service;
X program;
X hospital facility

Number of Items:

2
1
1

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.



**JOINT SPECIAL MEETING
CITY COUNCIL OF THE CITY OF EL CENTRO
BOARD OF TRUSTEES OF EL CENTRO REGIONAL MEDICAL CENTER
OPEN SESSION MINUTES**

CITY OF EL CENTRO, ECONOMIC DEVELOPMENT DEPARTMENT, RDA CONFERENCE ROOM
1249 W. Main Street, El Centro, CA 92243

Monday, October 28, 2024

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
ROLL CALL	<p>PRESENT: Oliva; Garcia; Maysent; Tomaszewski; Marroquin; Carter; Cardenas-Singh; Chief Executive Officer Pablo Velez; City of El Centro Attorney Elizabeth Martyn; ECRMC Attorney Douglas Habig and Executive Board Secretary Belen Gonzalez</p> <p>ALSO PRESENT: City Manager Cedric Ceseña; City Clerk Norma Wyles; UCSD Attorney Veronica Marsich; UCSD staff Hayes Herd</p> <p>Hospital Administrative Staff: David Momberg-CFO; Luis Castro-CHRO; Kimberly Probus-CNO; Matthew Nilsen-Marketing Director; Sunny Richley, MD-Chief of Staff (<i>present @ 5:24pm</i>); Seung Gwon, MD-CMO;</p>	
CALL TO ORDER		The Board of Trustees convened in open session at 5:01 p.m. Board President Oliva called the meeting to order.
OPENING CEREMONY	The Pledge of Allegiance was recited in unison.	None
NOTICE OF MEETING	Notice of meeting was posted and mailed consistent with legal requirements.	None

Special Meeting
October 28, 2024, 5:00 p.m.

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
PUBLIC COMMENTS	None	None
BOARD MEMBER COMMENTS	None	None
RECESS TO CLOSED SESSION		<p>MOTION: by Cardenas-Singh second by Maysent and carried to recess to Closed Session at 5:04 p.m. for TRADE SECRETS.</p> <p>All present in favor to recess to Closed Session. None opposed.</p>
PAUSE SPECIAL MEETING TO CONDUCT REGULAR MEETING		<p>MOTION: by Maysent second by Carter and carried to temporarily suspend the Special Meeting Closed Session and transition to Regular Meeting Open Session agenda at 5:46 p.m.</p>
RECONVENE TO CLOSED SESSION		<p>MOTION: by Carter second by Tomaszewski and carried to resume to Closed Session at 7:01 p.m. for TRADE SECRETS.</p> <p>All present in favor to recess to Closed Session. None opposed.</p>
RECONVENE TO OPEN SESSION		<p>The Board of Trustees reconvened to Open Session at 7:54 p.m.</p>
ANNOUNCEMENT OF CLOSED SESSION ACTIONS, IF ANY— GENERAL COUNSEL		None

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
ADJOURNMENT		There being no further business, meeting was adjourned at approximately 7:54 p.m.

BELEN GONZALEZ, BOARD EXECUTIVE SECRETARY

APPROVED BY

TOMAS OLIVA, PRESIDENT

Special Meeting
October 28, 2024, 5:00 p.m.



El Centro Regional Medical Center
BOARD OF TRUSTEES – REGULAR MINUTES
OPEN SESSION MINUTES

ECONOMIC DEVELOPMENT DEPARTMENT, RDA CONFERENCE ROOM
1249 W. Main Street, El Centro, CA 92243

Zoom Meeting link: <https://ecrmc.zoom.us/j/81768557247?pwd=4B5bJVORwiGbpqTUbsL6mTOqbJVroe.1>

Monday, October 28, 2024

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
ROLL CALL	<p>PRESENT: Oliva; Garcia; Maysent; Marroquin; Tomaszewski; Carter; Cardenas-Singh; Chief Executive Officer Pablo Velez; City of El Centro Attorney Elizabeth Martyn; ECRMC Attorney Douglas Habig and Executive Board Secretary Belen Gonzalez</p> <p>ALSO PRESENT: City Manager Cedric Ceseña; City Clerk Norma Wyles; UCSD Attorney Veronica Marsich; UCSD staff Hayes Herd; UCSD staff Tammy Morita (<i>via Zoom @ 6:22 pm</i>)</p> <p>Hospital Administrative Staff: David Momberg-CFO; Luis Castro-CHRO; Kimberly Probus-CNO; Matthew Nilsen-Marketing Director; Sunny Richley, MD-Chief of Staff; Seung Gwon, MD-CMO</p>	
CALL TO ORDER		The Board of Trustees convened in open session at 5:46 p.m. Board President Oliva called the meeting to order.
OPENING CEREMONY	The Pledge of Allegiance was recited in unison.	None

Regular Meeting
October 28, 2024, 5:30 p.m.

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
NOTICE OF MEETING	Notice of meeting was posted and mailed consistent with legal requirements.	None
PUBLIC COMMENTS	<i>Flavio Grijalva, Jr., Business Rep. for Teamsters Local Union 542</i> Grijalva provided a summary update on current negotiations; Pharmacy and Maintenance hospital departments. Grijalva expressed Teamsters initiatives on the hospital retirement plan and discussed potential proposal to El Centro Regional Medical Center in the near future in regards to a pension plan for union represented hospital employees.	None
BOARD MEMBER COMMENTS	None	None
CONSENT AGENDA <i>(Item 1)</i> Item 1. Review and Approval of Board of Trustees Minutes of Regular Meeting of September 23, 2024.	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 Carter and carried to approve the Consent Agenda All present in favor; none opposed.
NEW BUSINESS Item 2. Review and Approval of New Triennial Policy: Medical Record Paper Copy Fees.	David Momberg presented new policy that will allow El Centro Regional Medical Center to request payment of copying costs not to exceed 25 cents per page. The policy also implements a \$20.00 fee for retrieving medical records from off-site medical record storage.	MOTION: by Maysent, second by Marroquin and carried to approve the New Triennial Policy: Medical Record Paper Copy Fees. All present in favor; none opposed.
Added Item 9e. Review and Approval of Fuji GI Suite Purchase.	David Momberg and Pablo Velez presented Fuji GI Suite quotes and requested approval from the Board of Trustees to proceed with purchase.	MOTION: by Marroquin, second by Carter and carried to approve Fuji GI Suite Purchase.

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
		All present in favor; none opposed.
FINANCE and OPERATIONAL UPDATE Item 3. Review and Approval of the Financial Statements for Month and Year-to-Date as of September 2024.	<p>David Momberg presented the Financial Statements for Month and Year-to-Date as of September 2024 report and answered questions.</p> <p>Presentation included:</p> <ul style="list-style-type: none"> • 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) 	<p>MOTION: by Maysent, second by Garcia and carried to approve the Financial Statements for Month and Year-to-Date as of September 2024.</p> <p>All present in favor; none opposed.</p>
CHIEF EXECUTIVE OFFICER UPDATE Item 4. Verbal Report from the CEO to the Board of Trustees— Informational	Item to be discussed in Closed Session	Informational
Item 5. Manager Update—Patty Maysent—Informational	Item to be discussed in Closed Session	Informational.
RECESS TO CLOSED SESSION		<p>MOTION: by Cardenas-Singh, second by Garcia and carried to recess to Closed Session at 6:24 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>

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
RECONVENE TO OPEN SESSION		The Board of Trustees reconvened to Open Session at 6:57 p.m.
ANNOUNCEMENT OF CLOSED SESSION ACTIONS, IF ANY— GENERAL COUNSEL		<p>[A. HEARING/DELIBERATIONS RE MEDICAL QUALITY COMMITTEE REPORTS/STAFF PRIVILEGES—GOVERNMENT CODE SECTION 37624.3]</p> <p>MOTION: by Marroquin, second by Cardenas-Singh 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.</p> <p>All present in favor; none opposed.</p> <p>[B. TRADE SECRETS- GOVERNMENT CODE SECTION 37606(b) as defined in subdivision (d) of Section 3426.1 of the Civil Code]</p> <p>MOTION: by Cardenas-Singh, second by Tomaszewski to move Closed Session Item 9e. Discussion of Fuji GI Suite Purchase as an action item in Open Session.</p> <p>All present in favor; none opposed.</p>

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
		<p>[C. CONFERENCE WITH LEGAL COUNSEL—GOVERNMENT CODE SECTION 54956.9(d)(2)] RE: Martinez Claim</p> <p>MOTION: by Carter, second by Garcia and carried to approve the response from ECRMC to the demand letter regarding Martinez Claim; to be mailed out via certified USPS mail.</p> <p>All present in favor; none opposed.</p>
ADJOURNMENT		<p>There being no further business, meeting was adjourned at approximately 7:01 p.m.</p>

BELEN GONZALEZ, BOARD EXECUTIVE SECRETARY

APPROVED BY

TOMAS OLIVA, BOARD PRESIDENT

Regular Meeting
October 28, 2024, 5:30 p.m.



TO: HOSPITAL BOARD MEMBERS
FROM: Kimberly Probus, Chief Nursing Officer
DATE: November 25, 2024
MEETING: Board of Trustees

SUBJECT: PLAN FOR THE PROVISION OF PATIENT CARE POLICY

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 Plan for the Provision of Patient Care is the document which describes how we provide our services to patients. It describes the locations of patient care, staffing, standards, and operating details for each location. Many adjustments were made to the existing policy to align with current services. OB/Peds sections were removed, staffing with LVNs was removed, previously missing departments were added, and several grammatical errors were corrected. This document is utilized by staff, leadership, regulatory authorities, and third party entities to understand our work. Requesting approval for the revision of the Plan for the Provision of Patient Care.

Essential changes to the Plan for the Provision of Patient Care

- Grammar, spelling, vocabulary to align with recent literature
- Formatting consistency
- Added Speech Therapy to Rehab Services throughout policy
- Added tools and methodologies to QRM and PI
- Updated operating hours for departments
- Removed LVNs from inpatient care
- Removed duplicates
- Name of Security and Dietary changed throughout the document to Safety and Security / Food and Nutritional Services
- ICU has own section

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


ATTACHMENT(S):

- Plan for the Provision of Patient Care Policy

Approved for agenda, Chief Executive Officer

Date and Signature: _____

Pablo Velazquez

		Department: Nursing Administration	
		Document Owner/Author: Chief Nursing Officer	
		Category: Hospital Wide	Approval Type: Triennial
Date Created 01/1996	Date Board Approved: Pending	Date Last Review: 03/07/2022	Date of Next Review: Pending
Policy Name: Plan for the Provision of Patient Care			

- | | |
|--|--|
| 1 Cardiopulmonary | 18 Biomed |
| 2 Nutrition Services | 19 Case Management |
| 3 Imaging | 20 Education |
| 4 Laboratory and Pathology | 21 Facilities |
| 5 Pharmacy | 22 Patient Access |
| 6 Rehabilitation | 23 Information Services |
| 7 Nursing Administration | 24 Medical Records |
| 8 Medical Surgical | 25 Sterile Processing |
| 9 ECRMC Specialty Health Center | 26 Supply Chain |
| 10 Perioperative Services | 27 Human Resources |
| 11 Emergency | 28 Med Staff |
| 12 Hemodialysis | 29 Risk Management |
| 13 Outpatient Centers (El Centro & Calexico) | 30 Infection Prevention |
| 14 Oncology/Hematology & Infusion Center | 31 Safety/Security |
| 15 Population Health | 32 Quality Resource Management |
| 16 Wound Healing Center | 33 CDI |
| 17 Volunteer Services | 34 Patient Experience |

Purpose

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

Scope

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

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 Nutrition Services.

Patient services are accomplished through organized and systematic processes designed to ensure the safe, effective, efficient, equitable and timely delivery of care and treatment in the most efficient and fiscally responsible way. 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, illness prevention, 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 supports providers making 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. Hemodialysis
3. Outpatient Services: Perioperative Services, Endoscopy, Laboratory, Radiology, Rehabilitation Therapy, and Clinics
4. Emergency Department (Trauma Level IV)
5. Perioperative Services
6. Food and Nutrition Services
7. Imaging Department (Diagnostic, Ultrasound, MRI, CT, Nuclear Medicine, Interventional Radiology)
8. Cardiopulmonary Services
9. Laboratory and Pathology Services
10. Pharmacy
11. Rehabilitation Services (Physical Therapy, Occupational Therapy, and Speech Pathology)
12. Outpatient Center – El Centro (Designated Rural Health Clinic)
13. Outpatient Center – Calexico (Designated Rural Health Clinic)
14. Case Management
15. Wound Healing Center
16. Oncology, Hematology and Infusion Center

SUPPORT DEPARTMENTS

1. Administration, Nursing Administration
2. Volunteer
3. Bio-Med
4. Education
5. Research
6. Facilities Management: Environmental Services; Engineering, Safety and Security
7. Finance; Accounting; Patient Access;
8. Health Information Management
9. Human Resources
10. Supply Chain
11. Sterile Processing Department
12. 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. Population Health

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.

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

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

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

Administrator or Administrator-on-call shall be immediately notified.

All available staffing resources shall be evaluated and support will be provided in accessing all options for additional staffing up to and including activation of the hospital Emergency Operations Plan (HICS).

Integration of Patient Care and Support Services

- A. The importance of a collaborative multidisciplinary team approach, which takes into consideration the unique knowledge, judgment and skills of a variety of disciplines in achieving desired patient outcomes, serves as a foundation for integration.
- B. Open lines of communication exist between all departments providing patient care, and support services within this organization and as appropriate with community agencies to ensure efficient, effective and continuous patient care.
- C. To facilitate effective interdepartmental relationships, problem solving is encouraged at the lowest levels possible within the organization.
- D. Staff open to addressing one another's issues and concerns and seeking mutually acceptable solutions.
- E. Managers and directors have the authority to mutually solve problems and seek solutions within their areas of responsibility.
- F. Positive interdepartmental communications are strongly encouraged as part of our vision and philosophy. This is accomplished through weekly Chief Executive **Team** Meetings, monthly Management meetings, Nurse Executive Meetings, Hospital-wide and Unit-Based Professional Practice Councils, multidisciplinary teams and other formal and informal meetings as needed.
- G. When problems/issues identified involve two or more areas, directors may establish a team of personnel from the areas involved for the purpose of identifying mutually acceptable solutions based on a patient-centered care approach. With assistance from

the Quality Resource Management Department a Continuous Quality Improvement (CQI) request for process improvement is produced with input from the appropriate staff.

- H. The Quality Council, which consists of Medical Staff and hospital staff members, 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 monitors, 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 utilizing evidence-based methodologies and strategies appropriate to the department, variance, or goal.
- 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 which are aligned with the standards of professional organizations, CMS, and accrediting bodies.

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.

- 249 H. The services are provided by licensed Respiratory Care Practitioners directed by a
250 physician certified or eligible for certification in pulmonary disease by the American Board
251 of Internal Medicine or be certified or eligible for certification by the American Board of
252 Anesthesiology.
- 253 I. Services include, but are not limited to, oxygen therapy, bronchodilator therapy, invasive
254 and non-invasive mechanical ventilator support, point-of-care blood gas analysis,
255 bronchopulmonary hygiene, and emergency airway care and pulse oximetry.
- 256 J. The physician director responsibilities include but are not limited to the following:
- 257 1. Coordinating with other services
- 258 2. Assuring the quality of respiratory personnel
- 259 3. Developing measures to control nosocomial infections
- 260 K. The day to day operations are under the immediate supervision of the director who will
261 be responsible for at least the following:
- 262 1. Supervising the clinical application of respiratory care
- 263 2. Supervising the technical procedures used in pulmonary function testing and
264 blood gas analysis
- 265 3. Supervising the maintenance of equipment
- 266 4. Assuring that national and local safety standards are met.
- 267

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

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

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

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

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

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

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

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

290
291 **Recognized standards**

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

296 **Staffing availability and staffing patterns**

- 297 A. The Cardiopulmonary Department uses an acuity-based staffing matrix to ensure
298 adequate staffing is available to meet patient needs.
299 B. A minimum of two respiratory care practitioners are staffed at all times.
300 C. Additional staff is added as determined by the staffing matrix.
301 D. One EKG technician is available from 0600 to 1800 Monday thru Friday and 0800 to 1200
302 Saturday and Sunday.
303 E. EKGs are performed by Respiratory Care Practitioners when EKG Technicians are not on
304 duty.
305 F. All EKGs performed in the Emergency Room are completed by ER staff.
306 G. California and Federal regulations are used in determining staffing requirements.
307 H. Pulmonary Function Testing and Electroencephalography staffing is comprised of a RCP
308 who is scheduled daily from 0800-1630.
309 I. Echocardiography is provided 0700 to 1730 Monday through Saturday and Sunday from
310 0900 to 1230 and staffed by a Cardiac Ultra Sonographer
311 J. Responsibility and Accountability to Administration and Medical Staff:
312 K. The Cardiopulmonary Department is responsible to the hospital's Administration and
313 Medical Staff for the following operational and medical concerns:
314 1. Provision of adequate number of qualified staff.
315 2. Provision of adequate and appropriate supplies and equipment.
316 3. Development of and adherence to an approved budget.
317 4. Development and updating of policies and procedures.
318 5. Participation in quality improvement.
319 6. Supervision of respiratory staff.
320 7. Participation in-patient and family education.
321 8. Provision of health services in a timely manner.
322 9. Communicating with medical staff changes in patient's condition, response to
323 treatment, and recommendation in treatment plans.
324 10. Documentation of services provided and responses to interventions.
325 11. Preparation and documentation of patient care plans.
326

327 **Performance Improvement**

- 328 A. Please refer to the department PI Plan
329

330 **NUTRITION SERVICES**

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

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

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

335
336 **Procedure:**

337 **Nutritional Care for Patients**

- 338 1. Meals are provided according to the order of the physician.
339 2. Patients may select food through an ON Demand service
340 3. Alternative food selection are offered for patients
341 4. Meals will be served in as attractive, flavorful, and nutritious manner as possible.
342 5. Diet instructions are provided to patients and/or their caregivers.
343 6. Nutrition Screening is provided
344 7. Nutrition Assessment/Consults are provided.

345
346 **Food is provided for the staff and guests**

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

350
351 **Education**

- 352 1. In-service education about dietary matters is provided.
353 2. In-service is provided employees of the department of Food and Nutritional Services.
354 3. In-service to hospital staff is provided.
355 4. Students at I.V.C.
356 5. Community at Large (P.R.)
357 6. Information is provided to medical staff about new products and recent developments in
358 nutrition.

359
360 **Environment**

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

363
364 **Accountability**

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

367 The Dietary Department is directly accountable to Administration.

368
369 **The goals of the Department/Service**

- 370 1. To provide high quality food for Staff/Patient
371 2. To provide timely assessment for high priority patients & appropriate nutritional therapy
372
373

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

- 375 1. Patients throughout life cycle are served according to their needs
376 2. Patients culture, allergies and food preferences are considered
377

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

- 379 1. Screen by nursing
380 2. Assessed with appropriate formulas-measurement for nutritional needs
381 3. BMI
382 4. Direct Observation
383 5. HT/WT
384

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

- 387 A. Nutrition Services provides meals to patients, staff and visitors 7 days a week.
388 B. Meals are prepared based on ordered diets and the diet needs of the patients are
389 assessed and evaluated.
390 C. Patients are educated when special needs have been identified.
391 D. Food is prepared to be aesthetically pleasing.
392 E. Patient's cultural, religious and ethnic food preferences are honored, when possible.
393 Substitutes of equal nutritional value are offered when patients refuse the food served.
394 F. Special diets and altered diet schedules are accommodated as needed.
395 G. The dietary department policies and procedures are developed to meet not only the
396 department's own quality standards but also those required by State and Federal
397 requirements. Registered Dietitians, Dietitian Assistants, and Food Service employees are
398 under the direction of the Director of Food and Nutrition Services.
399 H. High-risk patients are identified from nursing assessment and seen by Registered
400 Dietitians.
401

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

403
404 Initial nutrition screening is done by nursing. Those patients identified at high-risk are referred
405 to a dietitian for assessment. Those patients needing assessment will be assessed within 2 days
406 of notification.
407

408 **Recognized Standards**

- 409 1. ASPEN
410 2. AND
411 3. TITLE 22
412 4. TJC
413 5. Food Code
414

415 **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, nuclear imaging, and interventional radiology.
- C. Services are provided by radiologists, registered nurses, radiologic technologists, ultrasonographers, nuclear medicine technologists, and magnetic resonance imaging technologists.
- D. Services are available 24-hours a day with routine procedures scheduled from 0700 to 1700 Monday through Friday.
- E. There is 24/7 coverage provided for diagnostic, computerized tomography, and ultrasound services with 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 & Interventional Radiology, 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. Medical Imaging Services are offered 24 hours a day to inpatient and emergency patients of all ages. (See staffing availability for outpatients imaging services).
- E. A Board Certified Radiologist serves as appropriate medical care while in the Medical Imaging Department.
- F. PET/CT services are provided by: Shared Imaging, LLC through contractual agreement with this facility.
- G. Services are performed by licensed Nuclear Medicine under the direction of the Radiologists. Services include PET/CT Limited (Skull-Thigh), PET/CT Whole Body, PET/CT Brain.

- H. 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. Outpatient services are also available at the Medical Office Building located at 1271 Ross Avenue, El Centro, CA 92243. Services include diagnostic radiography, fluoroscopy, computerized tomography, magnetic resonance imaging, ultrasound (general and vascular), mammography, and bone densitometry.

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 Medical Imaging acknowledges its responsibility to assure that all patients will receive safe and effective care.
- B. We believe the Radiology Department and its 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 Medical Imaging staff to develop a program which provides optimal care within available resources.

The types and ages of patients served

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

Methods used to assess and meet patient's care needs

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

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

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

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

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

501
502 **Recognized standards.**

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

505
506 **Staffing availability and staffing patterns**

- 507 A. The Imaging Department provides services 24 hours a day, 7 days a week for the following
508 modalities. Outpatient services are provided for scheduled exams as follows:
509 1. Diagnostic Radiology: 0700-1700 Monday to Friday
510 2. CT: 0700-1700 Monday to Friday
511 3. Ultrasound: 0700-1700 Monday to Friday
512 4. Nuclear Medicine: 0700 to 1500 Monday to Friday
513 5. MRI: 0700-1700 Monday to Friday

514
515 **Performance Improvement**

- 516 A. Please refer to the department PI Plan.
517

518 **LABORATORY AND PATHOLOGY SERVICES**

519 **#Top of the Document**

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

538
539 **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; adults and geriatrics are served in acute and routine environments.
- B. The laboratory strives to provide appropriate, clinically necessary and timely services.

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

583 El Centro Regional Medical Center
584 Laboratory Outpatient Services
585 1415 Ross Ave
586 El Centro, CA 92243
587 (760) 339-7271
588 (760) 339-4584 fax
589 Laboratory open 24 hours/day and 7 days/week

590 **Outpatient Specimen Collection Station Hours**

591 Monday – Friday.....0700 to 1800

592 El Centro Regional Medical Center
593 Callexico Lab and Imaging Center (Specimen Collection)
594 495 Birch St.
595 Callexico, CA 92231
596 (760) 768-8000
597 (760) 768-4423 fax
598 Monday – Friday.....0700 to 1700

599
600 El Centro Regional Medical Center
601 El Centro Outpatient Lab (Specimen Collection)
602 385 West Main Street
603 El Centro, CA 92243
604 (760) 370-8626
605 Monday – Friday.....0700 to 1600

607 **Standard of Practice**

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

- 612
- 613 1. The laboratory strives to have adequate testing capabilities to meet the needs of
614 our patients.
 - 615 2. Whenever a laboratory test is not performed by our laboratory, it is referred to a
616 reference laboratory.
 - 617 3. Selection of reference laboratories is based primarily upon the quality of
618 performance for such laboratories.
 - 619 4. Reference laboratories used must possess a high complexity testing certification
620 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

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- 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 Department
 2. Medical/Surgical Inpatient

3. Imaging
4. Perioperative Services
5. Intensive Care
6. Multispecialty Clinic (Women's Center and Wound Healing Center)
7. Cardiopulmonary
8. Oncology/Hematology and Infusion Center
9. Outpatient Clinics

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.
 - 4. Consulting with medical staff on drug treatment plans for the patients.
- B. The Pharmacy Department is responsible to administration for the following:
 - 1. Provision of adequate number of qualified staff.
 - 2. Provision of appropriate and adequate pharmaceuticals.
 - 3. Development of and adherence to an approved budget.
 - 4. Adherence to licensing/regulatory/accreditation requirements/standards.
 - 5. Maintaining departmental policies and procedures.
 - 6. Participating in quality improvement, drug usage evaluation.
 - 7. Supervising pharmacy staff.
 - 8. Providing patient and staff education.

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

- A. Activities related to the entire continuum of drug use include:
 - 1. Acquiring, distributing, and storing drugs for patient care
 - 2. Interpreting physicians' drug orders
 - 3. Preparing medications for administration, including parenteral solutions dispensing medications-both unit dose inpatient and outpatient (limited)
 - 4. Determining the patient's problem through history and physical and diagnostic work-up, and selecting the most appropriate drug(s)

786 5. Screening for allergies through medication histories

- 787
- 788 B. Selecting the most appropriate dose, route of administration, and length of drug use,
- 789 monitoring the patient's response and modifying the regimen accordingly
- 790 1. Monitoring side effects, adverse drug reactions, drug-food and drug-drug interactions
- 791 2. Recognizing and managing significant adverse drug reactions
- 792 3. Monitoring medication errors and taking the appropriate actions
- 793 4. Educating patients in drug regimens
- 794 5. Drug distribution to affiliate clinics and formulary control
- 795 6. Drug information to medical and nursing staff
- 796 7. Pharmacokinetic dosing
- 797 8. Maintaining integrity of pharmacy stock including participation in drug recalls and FDA
- 798 MEDWATCH Problem Reporting Program
- 799 9. Monitoring of Controlled Substances and distribution
- 800 10. Addressing the 11 elements of the Medication Error Reduction Plan (MERP)
- 801 requirement per SB 1875: Prescribing, Prescription Order Communication, Product
- 802 Labeling, Packaging & Nomenclature, Compounding, Dispensing, Distribution,
- 803 Administration, Administration, Education, Monitoring, and Use.
- 804 11. Services not provided but not limited to, include:
- 805 a. Nuclear pharmacy
- 806 b. Outpatient prescription pharmacy
- 807

808 **Recognized standards**

- 809 A. All pharmacy services are guided by the mandates of The Joint Commission, California
- 810 Department of Health, Title XXII, and the American Society of Hospital-System
- 811 Pharmacists standard of practice.
- 812

813 **Staffing availability and staffing patterns**

- 814 A. Pharmacist must maintain:
- 815 1. Current California State Board of Pharmacy license.
- 816 2. Not less than 30 hours of continuing education every 2 years.
- 817 3. Have met all the criteria for annual skills validation that address age specific patients.
- 818

819 **Technicians:**

- 820 A. High school graduate or equivalent
- 821 B. Current California State Board of Pharmacy, Technician registration
- 822 C. Completed all competency testing requirements
- 823

824 **Competency Testing Requirements for Staff:**

- 825 A. All newly hired pharmacy staff must have successfully completed:
- 826 1. Critical Thinking Skills Validation (administered by education).
- 827 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:

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- A. Rehabilitation Services Department provides Physical Therapy-services to inpatients from 0700 to 1700 Monday through Sunday.
- B. Speech-Language Pathology is 0800-1630 Monday through Friday for inpatients.
- C. Occupational Therapy services are available 0800-1630 Monday through Friday.
- D. 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.
- E. 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 complete evaluations (with doctor's orders), diagnose, design and implement appropriate plans of care that are individualized for patients, rehabilitate patients, and counsel patients and their families and caregivers.
 - Physical Therapist will complete initial evaluations <24 hours from when ordered.
 - Speech-Language Pathologist will complete initial evaluations <48 hours from when ordered.

- Occupational Therapist will complete initial evaluations <48 hours from when ordered.

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, Speech-Language Pathologists, and Occupational Therapists perform evaluations, identify problems and diagnose, and create individualized plans of care, provide skilled therapy to rehabilitate patients, record patient's progress and modify plans of care as needed, and provide education to patients and their families.

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 and documented in the electronic medical record.

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

- A. The quality and appropriateness of Physical Therapy, Speech-Language Pathology, and Occupational Therapy 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
- C. American Occupational Therapy Association

Staffing Availability and Staffing Patterns.

- A. Rehabilitation Services Staff includes physical therapists, physical therapy assistants, speech-language pathologists, occupational therapists, certified occupational therapy assistants, 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

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A. Nursing Services:

The Department of Nursing Services, under the direction of the Chief Nursing Officer who is accountable and responsible for the provision of clinical 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 across the organization are Registered Nurses, Licensed Vocational Nurses, Medical Assistants, 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

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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.
- B. Patients are admitted from various specialty services including and not limited to: Orthopedics, Urology, Nephrology, Pediatrics, Family Practice, GYN, Ophthalmology, Trauma, ENT, Oral Surgery, Internal Medicine, and General Surgery.
- C. The Medical/Surgical Unit has a total capacity of 88 beds (30 beds for North Wing, 10 beds for South Wing, 25 beds for East Wing and 23 beds for West Wing) and is operational 24 hours a day, seven days a week.
- D. The Unit is staffed with Registered Nurses, Licensed Vocational Nurses, Nursing Assistants, Patient Care Techs and Unit Secretaries under the direction of the Adult Inpatient Services Director.

- 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 not limited to): intravenous therapy, total parenteral nutrition, blood transfusion, surgical aftercare, wound care, diabetes management, nasogastric tube feeding and lavage, colostomy care, gastrostomy tube feeding, chest tube, telemetry and inpatient hemodialysis. 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 Medical/Surgical 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 Medical/Surgical 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 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

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

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.

- 993 C. Assessment data are thoroughly documented in the initial patient assessment record,
994 laboratory reports, progress notes, patient record, computerized nursing record including
995 nurse's notes, patient activity charting, VS, intake and output and patient care plans.
996 D. Assessments are consistent with the overall treatment plan coordinated by the multi-
997 disciplinary team and include establishment of discharge goals.
998

999 **The appropriateness, clinical necessity and timeliness of support services provided directly by**
1000 **the hospital or through referral contracts**

- 1001 A. The Medical/Surgical Department has the availability of emergency and routine support
1002 of the following clinical services: Diagnostic Radiology, Nuclear Medicine (24 hours a day);
1003 Cardiopulmonary Services (24 hours a day); Laboratory/Pathology (24 hours a day);
1004 Inpatient Physical Therapy; Inpatient Hemodialysis, Dietary, Pharmacy, Endoscopy, (Refer
1005 to specific department sections of this plan for hours of operation).
1006 B. A coordinated and collaborative interdepartmental relationship exists between the
1007 Medical/Surgical and these ancillary departments to promote a multi-disciplinary quality
1008 patient care.
1009 C. Administrative support services for Medical/Surgical Department include: House Charge
1010 Nurses (after hours and during week-ends and holidays); staffing coordinators, QRM
1011 staff, Information Management Staff, Education Staff, Case Management, Admitting,
1012 Accounting, Finance, Medical Records, and Medical Staff Office.
1013 D. Facility support services include Environmental Services, Materials Management, Biomed,
1014 Sterile Processing Department, Maintenance, Safety, Security, and Facilities.
1015

1016 **The extent to which the level of care service provided meets patients' needs**

- 1017 A. The Chairman of the Department of Medicine, in collaboration with the Department of
1018 Medicine monitors and evaluates on an ongoing basis the quality, safety and
1019 appropriateness of patient care services provided within the units utilizing the
1020 performance improvement model.
1021 B. The Chairman of the Department of Medicine has a collaborative relationship with the
1022 Nurse Director through which they coordinate unit medical and nursing activities and
1023 patient care goals/plans. She/he provides active support to the continuing education
1024 program of the unit, collaborates in implementing patient care standards and participates
1025 in patient care conferences as appropriate.
1026

1027 **Recognized standards**

- 1028 A. The Medical/Surgical Department is guided by the following standards: California Nurse
1029 Practice Act, Title 22, Medical-Surgical Standards, and TJC Accreditation Standards.
1030

1031 **Staffing availability and staffing patterns**

- 1032 A. The Medical/Surgical Units are staffed by Registered Nurses, Licensed Vocational Nurses,
1033 Nursing Assistants, Patient Care Techs, and Unit Secretaries.

- B. Staffing is based on state mandated staffing ratios as well as the number, type and acuity of patients.
- C. Staffing assignments are commensurate with personnel skills, ability and competency.
- D. The patient acuity is determined by the patient classification system that incorporates the following:
 - 1. The ability of the patient for self-care;
 - 2. The patient's degree of illness;
 - 3. The patient's requirements for special nursing activities and treatment;
 - 4. The skill level required to provide the patient's nursing care;
 - 5. The patient's placement in the patient care unit.
- E. The Inpatient Hemodialysis unit is located primarily on East Wing.

Performance improvement

- A. Please refer to the department PI Plan.

INTENSIVE CARE UNIT

Scope of the department and service provided

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

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

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 consistent with the objectives of the multi-disciplinary care plan.

- 1115 B. The patient and his/her family members are included in patient care planning and setting
1116 discharge objectives.
- 1117 C. The data collection process is systematic and comprehensive and includes the following
1118 methods:
- 1119 1. Interview process
 - 1120 2. Observation
 - 1121 3. Physical exam
 - 1122 4. Patient Health History
 - 1123 5. Diagnostic reports
 - 1124 6. Consultation reports
- 1125

1126 Assessment data is thoroughly documented in the initial patient assessment record, lab reports,
1127 progress notes, computerized nursing assessment, ICU 24 hour Nursing Flowsheet, care plans,
1128 and patient records.

1129 Assessments are consistent with the overall treatment plan coordinated by the multi-disciplinary
1130 team and include the establishment of discharge goals.

1131

1132 **The appropriateness, clinical necessity and timeliness of support services provided directly by**
1133 **the hospital or through referral contracts**

- 1134 A. The ICU department has the availability of emergency and routine support of the
1135 following clinical services: OR and PACU (24 hours per day); Diagnostic
1136 Radiological/Nuclear medicine (24 hours per day); Cardiopulmonary services (24 hours
1137 per day); Laboratory/Pathology (24 hours per day); Dietary; Pharmacy; Endoscopy (refer
1138 to the specific department sections of the hospital-wide plan for hours of operation).
- 1139 B. A coordinated and collaborative interdepartmental relationship exists between the ICU
1140 and these ancillary departments to promote a multi-disciplinary approach to providing
1141 the highest quality of patient care.
- 1142 C. Administrative support services for the ICU include: House Charge Nurses (after hours and
1143 during holidays and weekends); QRM Staff; Information Management Staff; Education
1144 Staff; Case Manager; Admissions; Accounting and Finance; Medical Records; Medical Staff
1145 Office; Safety Officer.
- 1146 D. Facility support services include Housekeeping, Materials Management, Bio-medical
1147 Engineering, Central Supply, Sterile Processing Department, Maintenance, Engineering
1148 and Security.
- 1149

1150 **The extent to which the level of care or service provided meets patient's needs**

- 1151 A. The Chairman of the Department of Medicine and the M.E.C. monitors and evaluates, on
1152 an ongoing basis, the quality, safety and appropriateness of patient care services provided
1153 by the ICU, utilizing the performance improvement model.
- 1154 B. The Chairman of the Medicine Department has a collaborative relationship with the Nurse
1155 Director through which they coordinate unit medical and nursing activities and patient
1156 care goals and plans. He/she provides active support to continuing education programs

in the unit collaborates in implementing patient care standards and participates in patient care conferences as appropriate.

Recognized standards:

1. CCRN
2. TITLE 22
3. TJC
4. AACN

Staffing availability and staffing patterns

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

Performance improvement

- A. Please refer to the department PI Plan.

PERIOPERATIVE SERVICES

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1198 A. General Definition of Surgical Services:

- 1199 1. The Surgical Services Department consists of a Pre-Admissions Area, Pre-Operative
1200 Holding Area, Operating Rooms, Post Anesthesia Care Unit (PACU) Phase I & Phase II and
1201 the Endoscopy area.
1202

1203 **Pre-Admission Area, definition and purpose:**

- 1204 A. The Pre-Admission Area is a controlled unit designed to coordinate the pre-admission and
1205 admission process for all surgical patients.
1206 B. The scope of service is to provide continuity in the pre-admission/admission process and
1207 to facilitate a smooth entry for patients into the perioperative phase. Patients are
1208 interviewed pre-operatively by a Registered Nurse to facilitate patient preparation and
1209 provide individualized pre-operative teaching and testing.
1210 C. Patient's charts are completed and order, for the patient to have surgery the next day.
1211

1212 **Physical Facilities**

- 1213 A. The Pre-Admission Area is located on the first floor with Perioperative Services
1214 Department
1215

1216 **Staffing**

- 1217 A. The Pre-Admission Area is staffed by Registered Nurses and under the direction of the
1218 Nursing Director of Perioperative Services. Daily staffing is based on patient
1219 appointments and walk-ins. California and Federal regulations are used in determining
1220 staffing requirements.
1221

1222 **Hours of Operation**

- 1223 A. The Pre-Admission area is staffed Monday through Friday from 0800 to 1630 or as the
1224 patient needs dictate.
1225

1226 **Pre-Operative Holding Area, definition and purpose:**

- 1227 A. The Pre-Operative Holding Area is a controlled unit designed to prepare patients prior to
1228 their surgical or procedural intervention for both the inpatient and outpatient population
1229 according to established guidelines.
1230 B. The scope of service includes pre-procedural preparation to patients undergoing
1231 surgical/procedural intervention on the day of service.
1232

1233 **Physical Facilities**

- 1234 A. The Pre-Operative Holding Area is located within the Surgical Services Department and
1235 consists of nine (9) beds. Each bed has patient monitoring capabilities.
1236

1237 **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.

Operating Room, definition and purpose:

- 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.

PACU, definition and purpose:

- 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.

Endoscopy Department, definition and purpose:

- 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

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

The goals of the department/service

- A. To provide a safe environment to the patients undergoing Surgical and Endoscopy intervention.
- B. To provide for state-of-the art equipment and technology to ensure that anesthesia, surgery, pain control, and emergency intervention is attained through collaborative multidisciplinary team work.
- C. To provide physical as well as psychosocial support to each individual patient.
- D. To ensure the patient's plan of care support the dignity and privacy of the patient and his/her significant others. To provide patient comfort measures.

- 1321 E. To maintain current Standards of Nursing Practice (protocols and procedures) for
1322 perioperative and gastroenterology nursing practice.
1323 F. Patient care outcome goals will be set upon admission. Unit goals will be written annually
1324 and reviewed as evidenced by documentation in staff minutes and unit QI/PI reports.
1325

1326 **The types and ages of patients served**

- 1327 A. Average age: Geriatric 40%
1328 B. Average age: 18-59 years 60%
1329 C. Average age: Pediatric-rare
1330 D. Ethnic background:
1331 1. Caucasian: 25%
1332 2. Hispanic: 70%
1333 3. African American: 4%
1334 4. Asian: 0.3%
1335 5. Other: 0.6%
1336

1337 **Methods used to assess and meet patient's care needs**

- 1338 A. The Registered Nurse performs a comprehensive nursing assessment and develops and
1339 implements a patient care plan in collaboration with the multi-disciplinary care team.
1340 B. The patient and his/her family members are included in patient care planning and in
1341 setting discharge goals and objectives.
1342 C. The data collection process is systematic and comprehensive and includes the following
1343 methods: interview process, observation, physical examinations, patient health history,
1344 diagnostic reports and consultation reports.
1345 D. Assessment data are thoroughly documented in the initial patient assessment record,
1346 laboratory reports, progress notes, nursing notes, patient care plans, flowsheet, patient
1347 record, graphic sheet.
1348 E. Assessments are consistent with the overall treatment plan coordinated by the multi-
1349 disciplinary team and include establishment of discharge goals.

1350 **The appropriateness, clinical necessity and timeliness of support services provided directly by**
1351 **the hospital or through referral contracts**

- 1352 A. Surgical services utilize clinical support services from the following departments:
1353 Radiology (24 hours a day), Cardiopulmonary Services (24 hours a day),
1354 Laboratory/Pathology (24 hours a day), Pharmacy and Dietary.
1355 B. A coordinated and collaborative interdepartmental relationship exists between the
1356 Surgical Services Department and these ancillary departments to promote multi-
1357 disciplinary quality patient care.
1358

1359 **The extent to which the level of care or service provided meets patients' needs**

- 1360 A. This plan relates to the staff that directly and indirectly provides patient care to surgical
1361 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
Total Joint Replacement	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

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

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:

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
	Childbirth

1453

1454 **Methods used to assess and meet patient's care needs**

- 1455 A. The Registered Nurse performs a comprehensive nursing assessment and develops and
1456 implements a patient care plan in collaboration with the multi-disciplinary team.
- 1457 B. The patient and his/her family members are included in patient care planning and in
1458 setting discharge goals and objectives.
- 1459 C. The data collection process is systematic and comprehensive and includes the following
1460 methods: interview process, observation, physical examination, patient health history,
1461 diagnostic reports and consultation reports.
- 1462 D. Assessment data are thoroughly documented in the initial patient assessment, laboratory
1463 reports, continuing nurse's notes, Provider progress notes, ER patient history and
1464 physical, etc.
- 1465 E. Assessments are consistent with the overall plan of treatment and are in accordance with
1466 the multi-disciplinary team. Discharge goals are established.

1467

1468 **The appropriateness, clinical necessity and timeliness of support services provided directly by**
1469 **the hospital or through referral contracts**

- 1470 A. The Emergency Department has the availability of emergency and routine support of the
1471 following clinical services: OR, PACU (24 hours per day), Diagnostic Radiology/Nuclear
1472 Medicine (24 hours a day), Cardiopulmonary services (24 hours per day);
1473 Laboratory/Pathology (24 hours a day); Dietary, Pharmacy, Endoscopy (refer to the
1474 specific department sections of this plan for hours of operation).
- 1475 B. A coordinated and collaborative interdepartmental relationship exists between the ER
1476 and these ancillary departments to promote a multi-disciplinary approach to prioritize the
1477 highest quality of patient care.
- 1478 C. Administrative support services for the ER include: house charge nurse (after hours and
1479 during weekends and holiday); QRM staff, information systems staff, education staff,
1480 medical social worker, patient/guest relations coordinator, admissions, accounting and
1481 finance, medical records, medical staff office, and safety officer.
- 1482 D. Faculty support services include: Housekeeping, Materials Management, Bio-medical
1483 Engineering, Central Supply, Sterile Processing Department, Maintenance, and
1484 Engineering and Security.

1485

1486 **The extent to which the level of care or service provided meets patients' needs**

- 1487 A. The Chairman of the Emergency Department has a collaborative relationship with the
1488 Nurse Director through which they coordinate unit medical and nursing activities and
1489 patient care goals.
- 1490 B. He/she provides active support to the continuing education program of the unit
1491 collaborates in implementing patient care standards and participates in patient care
1492 conferences as appropriate.

- 1493 C. The Chairman of the Emergency Department Committee monitors and evaluates, on an
1494 ongoing basis, the quality, safety, and appropriateness of patient care provided within
1495 the unit utilizing the performance improvement model.
1496

1497 **Responsibility and Accountability to Administration and Medical Staff**
1498

- 1499 A. The Emergency Department is responsible to the hospital's Administration for the
1500 following operational concerns:
1501 1. Provision of adequate number of qualified staff.
1502 2. Provision of adequate and appropriate supplies and equipment.
1503 3. Development of and adherence to an approved budget.
1504 4. Development and updating of policies and procedures.
1505 5. Participation in quality improvement.
1506 6. Supervision of Emergency Room staff.
1507
- 1508 B. The Emergency Department is responsible to the Medical Staff for the following medical
1509 concerns:
1510 1. Provision of health services in a timely manner.
1511 2. Communicating with medical staff changes in patient's condition, response to
1512 treatment, and recommendation in treatment plans.
1513 3. Documentation of services provided and responses to interventions.
1514 4. Attendance at Emergency Department Medical staff meetings and providing reports
1515 as appropriate to performance improvement activities and demographic data of the
1516 department.
1517

1518 **Recognized standards**

- 1519 1. Nurse Practice Act
1520 2. Emergency Nurses Association
1521 3. American College of Emergency Physicians
1522 4. TITLE 22
1523 5. The Joint Commission
1524 6. EMTALA
1525

1526 **Staffing availability and staffing patterns**

- 1527 A. Emergency Department is staffed 24 hours per day with Registered Nurses Emergency
1528 Department Assistants and Unit Secretary assigned to cover the Department.
1529 B. California and Federal regulations are used in determining staffing requirements.
1530 C. Emergency Department core staff will be an ACLS RN.
1531 D. The 2nd Licensed person will be an experienced RN or LVN.
1532 E. An RN is continuously present in the Emergency Department.

- 1533 F. Additional nursing assistance is immediately available to the Emergency Department from
1534 the Critical Care Unit, Med/Surg. Unit or PACU via telephone, to each Department and
1535 from the House Charge Nurse via the Operator paging system.
- 1536 G. Off duty Emergency Department personnel will be contacted if there is an anticipated
1537 need for additional nursing personnel or if an unexpected situation arises that will
1538 warrant additional personnel.
- 1539 H. The number of professional and non-professional staff members assigned to the
1540 Emergency Department is based on averaged workload (shift census and acuity) as
1541 determined by workload trends.

1542

1543 **Staffing**

- 1544 A. In the event the patient census or acuities are determined to be, or have the potential to
1545 be, overwhelming, the charge nurse will notify Emergency Department Clinical
1546 Manager/Nurse Director or House Charge Nurse.
- 1547 B. The Emergency Department Nurse Director/Clinical Manager or House Charge Nurse will
1548 evaluate resources available within the hospital.
- 1549 C. Calls may be made to off-duty staff to come in to assist.
- 1550 D. The need for bypass will be determined by ER physician and charge nurse/Unit Manager
1551 to divert paramedic ambulance traffic to other facilities with the approval of the Chief
1552 Nursing Officer or Administrator on Call.

1553

1554 **Performance improvement**

- 1555 A. Please refer to the department PI Plan.

1556

1557 **UCSD Health Specialty Clinic**

1558 **Scope of the department and service provided**

- 1559 • The UCSD Health Specialty Clinic (HSC) is an outpatient clinic of El Centro Regional Medical
1560 Center licensed under the General Acute Care Hospital License. The HSC provides
1561 specialty services to adult and geriatric patients. The purpose of the HSC is to provide a
1562 range of specialty services, including: Urology and Neurology. The HSC is organized
1563 similar to a multi-physician office practice. There are two large patient waiting rooms at
1564 the entrance to the HSC, patient registration desks, sixteen multi-purpose examination
1565 rooms, procedure room and administrative support spaces. The HSC is staffed with
1566 Registered Nurses, Licensed Vocational nurses, medical assistants, patient services
1567 associates, and other administrative support personnel. El Centro Regional Medical
1568 Center employs members of its medical staff as Independent Contractors to provide
1569 physician services at the HSC.
- 1570 • Procedures performed in the HSC are typical of those performed in a specialty service
1571 office, and include (but are not limited to): urinary catheterization, injections, biopsy,
1572 ultrasound, vasectomy, medication administration, bladder instillation and physical
1573 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 house nurse, QRM Staff, Information Management Staff, Social Work and Case Management Staff, Admitting, Accounting, Finance, Medical Records, and Medical Staff

Office. Facility support services include Housekeeping, Materials Management, Bio-Med, Sterile Processing, Dietary, Maintenance, Engineering and Security.

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

- The HSC is under the direction of Medical Directors who oversee the medical care provided to patients. 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.

Recognized standards

The HSC is guided by the following standards:

- The Nurse Practice Act, and the California Business and Professions Code sections covering Nurse Practitioners.
- 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.
- The Medical Board of California
- Title 22, and Title 16 of the California Code of Regulations.
- TJC Accreditation Standards.
- California Business & Professions Code
- California Health and Safety Code
- Code of Federal Regulations Title 42

Staffing availability and staffing patterns

- The HSC is staffed with Physicians, Physician Assistants, Certified Nurse Practitioners, Registered Nurses, Licensed Vocational Nurses, Medical Assistants, Certified Nursing Assistants, Patient Services Associates, and other administrative support personnel. 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. Nursing and other HSC staffing is based upon the number of examination rooms available, and the specialty of physicians scheduled to utilize the HSC.

Performance improvement

- The HSC's performance improvement plan is an integral part of the organization-wide Performance Improvement (PI) Program and includes:
 - Handwashing effectiveness
 - Fall rate
 - SSI rate as appropriate to specialty
 - Complication rate as appropriate to specialty
 - HCAHPS "Did the provider listen carefully to you?"

- Complaints

HEMODIALYSIS

[#Top of the Document](#)

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

It shall be noted that between the hours of 7PM and 7AM, there is only one (1) nurse on-call and patients will be dialyzed on an emergency basis.

OUTPATIENT CENTERS (EL CENTRO AND CALEXICO)

[#Top of the Document](#)

Scope of the department and service provided

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

- 1699 C. The Centers also provide a wide range of specialty services, including: Ophthalmology,
1700 Gastroenterology, Podiatry, Nephrology, Cardiology, Gynecology, Obstetrics, Surgical
1701 Consults, Urology Pulmonary Medicine, Surgery, Sleep Medicine, Orthopedics, Pain
1702 Management and Infectious Disease, and Pediatrics.
- 1703 D. In addition, Pediatric Specialties are available in the following: Neonatology and follow-
1704 up Neurology.
- 1705 E. Each Center is organized similar to a multi-physician office practice.
- 1706 F. There is a large patient waiting room at the entrance to the Center, patient registration
1707 desks, several multi-purpose examination rooms, a CLIA-Exempt laboratory, and
1708 administrative support spaces.
- 1709 G. The Centers are staffed with Physician Assistants, Certified Nurse Practitioners, Certified
1710 Nurse Mid-wife, Registered Nurses, Licensed Vocational nurses, certified nursing
1711 assistants, medical assistants, patient services associates, and other administrative
1712 support personnel.
- 1713 H. El Centro Regional Medical Center employs members of its medical staff as Independent
1714 Contractors to provide physician services at the Centers.
- 1715 I. Procedures performed in the Centers are typical of those performed in a primary care
1716 physician's office, and include (but are not limited to): aerosol treatments, breast exams,
1717 cast/splint application and/or removal, urinary catheterization, wound debridement,
1718 dressing changes, minor foreign body removal, electrocardiogram, minor abscess incision
1719 and drainage, medication injections, administration of immunizations, oxygen saturation
1720 testing, PAP testing, and physical examinations.

1721
1722 **The goals of the department/service**

- 1723 A. The Outpatient Centers operate in harmony and agreement with the mission, vision, and
1724 values of El Centro Regional Medical Center.
- 1725 B. The mission of the Outpatient Centers is to improve access to medical care for all people
1726 of Imperial County.
- 1727 C. Care is provided without concern to the patient's ability to pay for the care.
- 1728 D. The unique structure of Public Law 95-210 has allowed the Medical Center and the
1729 members of the medical staff to operate cooperatively to provide high quality medical
1730 care to all patients entering the Centers.
- 1731 E. Full access to the Medical Centers' facilities is assured through the Outpatient Centers, in
1732 addition to providing an environment where durable physician-patient relationship can
1733 exist and facilitating improved cooperation between the Medical Center and the
1734 members of the medical staff.

1735
1736 **The types and ages of patients served.**

- 1737 A. The Outpatient Centers provide primary care and specialty services to pediatric (under
1738 age 12), adolescent (13-17), adult (18-65) and geriatric (over 65) patient population. The
1739 Outpatient Centers provide obstetric services to women of child-bearing age.
- 1740

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

1825 9. Code of Federal Regulations Title 42

1826
1827 **Staffing availability and staffing patterns**

- 1828 A. The Outpatient Centers are staffed with Physicians, Podiatrists, Physician Assistants,
1829 Certified Nurse Mid-wife, Certified Nurse Practitioners, Registered Nurses, Licensed
1830 Vocational Nurses, Medical Assistants, Certified Nursing Assistants, Patient Services
1831 Associates, and other administrative support personnel.
- 1832 B. The Center's clinical and clerical staff must complete all required hospital orientation.
1833 Reflecting their status as Independent Contractors, physician staffing is according to the
1834 terms set forth in the individual contracts, and is adjusted according to physician
1835 availability and patient utilization levels.
- 1836 C. Nursing and other Center staffing is based upon the number of examination rooms
1837 available, and the specialty (if any) of physicians scheduled to utilize the Center.

1838
1839 **Performance improvement**

- 1840 A. The Outpatient Center's performance improvement plan is an integral part of the
1841 organization-wide Performance Improvement Program and includes:
- 1842 1. Improving patient care and outcomes by utilizing the Healthcare
1843 Effectiveness Data and Information Set (HEDIS) measures
 - 1844 2. Improving patient satisfaction issues
 - 1845 3. Improved patient turn-around times to less than 85 minutes from the time
1846 of appointment to discharge.
 - 1847 4. The Centers employ the FOCUS-PDCA model (Find, Organize, Clarify,
1848 Understand, Select, Plan, Do, Check, Act) that is the organization-wide
1849 performance improvement model. This plan strives to meet the Mission,
1850 Vision and Values of El Centro Regional Medical Center.

1851
1852 **ONCOLOGY/ HEMATOLOGY & INFUSION CENTER**

1853 **[#Top of the Document](#)**

1854
1855 **Scope of the department and service provided**

1856
1857 The Oncology/ Hematology & Infusion Center (OHIC) is an on-campus outpatient
1858 department of the facility. The center provides physician services for adult patients
1859 referred for known or suspected hematology, oncology and autoimmune disorders. The
1860 center also receives referrals from Family Practice, Surgery, Internal Medicine and other
1861 practices for services provided.

- 1862
1863 A. The following services are provided:
- 1864 1. Physician services for adult oncology, hematology and autoimmune patients.
 - 1865 2. Bone marrow biopsy and aspiration.
 - 1866 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.

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 direction of the Center's Medical Director in collaboration with the Center's Nursing Manager.
- 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

- 1909 D. California Health and Safety Code
1910 E. Medical Board of California
1911 F. The Nurse Practice Act and the California Business and Professions Code sections covering
1912 Nurse Practitioners
1913 G. California Pharmacy Board
1914 H. California Department of Public Health
1915 I. Centers for Medicare and Medicaid
1916 J. Oncology Nurses Society
1917 K. Infusion Nurses Society
1918

1919 **Staffing availability and staffing patterns**

- 1920 A. The Center is staffed with Physician-led teams of Registered Nurses, Medical Assistants,
1921 Customer Service Representatives, and Referral/Authorization Specialists.
1922 B. The Center is supported by a clinical coordinator and managed by an RN Manager who
1923 reports to the CNO.
1924 C. The Center does not staff according to acuities or ratios. The full complement of staff is
1925 present during operational hours with the exception of expected or unexpected
1926 absences.
1927 D. Each physician or mid-level provider requires at a minimum, one assistant.
1928 E. There are currently 23 infusion chairs and 14 RNs.
1929

1930 **Performance Improvement**

- 1931 A. The Center performance improvement plan is part of the organization-wide performance
1932 improvement process.
1933 B. Data is collected and reported quarterly to the Leadership Council.
1934 C. The Center employs the FOCUS-PDCA model (Find, Organize, Clarify, Understand, Select,
1935 Plan, Do, Check, Act).
1936

1937 **Hours of operation**

1938 The Oncology/Hematology & Infusion Services Center will be open according to the following
1939 schedule:

1940 Days:

- 1941 • Open Monday through Friday.
1942 • Closed Weekends.

1943 Hours:

- 1944 • Monday- Thursday: 8:00 am until 5pm
1945 • Fridays: 8:00am until 4pm.
1946

1947 The Center will be closed on the following holidays (ECRMC observed):

- 1948 • New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and
1949 Christmas Day.

- Occasionally the center will be closed on additional days around the observed holidays. Holidays and additional closure days will be posted several days ahead of time to serve as notice to the community.

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:

- 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

1992 **PATIENT SUPPORT DEPARTMENTS**

1993
1994 **VOLUNTEER SERVICES**

1995 [#Top of the Document](#)

- 1996 A. The Volunteers at El Centro Regional Medical Center provide assistance to patients, family
1997 members, visitors, hospital and medical staff from 0800 to 2000, Monday through
1998 Sunday.
1999 B. Volunteers help to raise funds, the net proceeds of which go to the ECRMC Foundation,
2000 which in turn supports the hospital with various program and equipment funding.
2001 C. Where direct patient care is involved, appropriate education is provided by trained
2002 professionals and competency evaluation is determined before direct patient contact is
2003 permitted. No patient activities requiring advanced knowledge or specialized care are
2004 performed by volunteers.
2005

2006 **BIOMEDICAL ENGINEERING**

2007 [#Top of the Document](#)

- 2008 A. The Biomedical Engineering Department provides a safe medical equipment environment
2009 24 hours a day, 7 days a week.
2010 B. Department staff works within established Standards for testing and servicing clinical
2011 systems to insure against fire/shock hazards and insure proper operation.
2012 C. Biomedical staff regularly schedules evaluations for preventive, corrective and
2013 environmental maintenance of clinical medical equipment.
2014 D. All newly purchased medical equipment is tested for compliance with the American
2015 Association of Medical Instrumentation Standards.

2016 The Biomedical staff is available to assist upon request through specific presentations such as
2017 electrical safety and Safety Fair education. When user errors are identified, or as appropriate,
2018 the biomedical staff will coordinate an incidental in-service with the department manager and
2019 in-service the clinical staff on the basic operation and performance characteristics of the
2020 equipment. (Clinical level user training which addresses the capabilities, limitations, and special
2021 application of the equipment is the primary responsibility of the hospitals Clinical Education
2022 Department.)
2023

2024 **Scope of the department and service provided**

2025 Biomed provides comprehensive medical equipment support, documentation, and maintenance
2026 program
2027

2028 **The goals of the department/service**

2029 Medical equipment, readiness, availability, and maintenance in compliance with regulatory
2030 statutes in regards to Medical Equipment Management
2031

2032 **Recognized standards**

- 2033 A. TJC EC 1.8,
2034 B. EC1.1
2035 C. EC2.1,
2036 D. EC2.4
2037 E. CCR22
2038

2039 **Staffing availability and staffing patterns**

2040 . 2 AAMI CBET certified FTE's on site, outside vendors used per diem as needed. California and
2041 Federal regulations used in determining staffing requirements.
2042

2043 **Performance improvement**

- 2044 A. Please refer to the department PI Plan.
2045

2046 **CASE MANAGEMENT**

2047 **#Top of the Document**

- 2048 A. The Case Management Department encompasses the following functions for all
2049 inpatients and emergency room patients of El Centro Regional Medical Center:
2050 1. Utilization Review
2051 2. Care Coordination
2052 3. Transition/Discharge Planning
2053 4. Social Service
2054 5. Appeals Coordination
2055 B. Case Managers screen all patients placed in inpatient beds for medical necessity and
2056 discharge planning needs.
2057
2058 C. Social Worker staff is available to respond to referrals made by the RN as a result of
2059 criteria for referral triggered as per their initial admission assessment and by the physician
2060 as well as other healthcare staff as appropriate for the benefit of the patient.
2061
2062 D. The Case Management Departments core hours are Monday through Friday 0700 to 1730.
2063 E. However, Case Management staff flexes hours to provide additional hours of coverage.
2064 F. Weekend coverage for Utilization Review and Social Service functions is available part-
2065 time day shifts on weekends.
2066 G. The ED Case Management program is 24 hours a day seven days a week; two of the hours
2067 are telephonic reviews done with the Case Management Director.
2068 H. The goal is to provide 24-hour coverage seven days a week.
2069 I. Staffing currently consists of 1 Director, 2 Assistants, 5 Social Workers, and 9
2070 Registered Nurses.
2071 J. A minimum of two to five years progressive, diversified experience in acute care or other
2072 settings within the continuum is required.
2073 K. Case Managers are Registered Nurses or Social Workers.
2074 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 Nursing Officer, and provides education services to El Centro Regional Medical Center Staff and the community.
- B. Other grant-funded and community education programs including but not limited to diabetes and asthma services provide education under the Population Health Department purview.
- 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. Additionally, the department facilitates continuing education for various other healthcare professionals and may provide contact hours when regulatory criteria are met.
- F. The Education Department maintains the electronic learning management system and educational records for all ECRMC staff.
- G. The department develops new courses, both classroom-based and e-learning, in response to identified staff education needs.
- H. In addition, the department provides and/or facilitates hospital orientation, clinical nursing orientation, and mandatory annual education and competency validation.
- I. Specialty classes provided include but are not limited to CPR, ACLS, PALS, NRP, and skills fairs.
- J. Community education includes but is not limited to First Aid, Early Signs of Heart Attack, and CPR courses, and breastfeeding.

- K. The Education Department provides class, program and event facilitation for community health forums, classes brought to the organization, and various events.
- L. 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.
- M. The educators are registered nurses with diverse clinical backgrounds.
- N. The educators facilitate and/or provide classes for employees on all shifts and as required.
- O. The regular office hours of the department are from Monday to Friday 0800 to 1700.
- P. The Education Department provides consultative services within the organization for education-related services.
- Q. 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.

HEALTH INFORMATION MANAGEMENT

#Top of the Document

- A. The Health Information Management 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) offers a range of services focused on providing sterile surgical instrumentation to the OR and clinics as well other departments that require sterile goods.
- 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).

- 2241 2. Prep/pack area and sterilization clean area is where each instrument must be
2242 visually examined for quality. They must check surfaces for remaining soils,
2243 determine if the instrument is functioning properly or need to be replaced? Insure
2244 that instrument sets and trays are assembled, wrapped and placed into the
2245 sterilizers correctly, properly logged and verify the sterilizers performed their
2246 cycles correctly each and every time used.
2247
- 2248 3. Sterilization area is where sterilizers (steam, and/or STERRAD, V-PRO low
2249 temperature processes), are located including the space for loading, unloading,
2250 and cooling.
2251
- 2252 4. The area of the healthcare facility designed to store clean and sterile items before
2253 their selection and distribution for use in procedures (AAMI). Includes items
2254 supplied from SPD as well as pre-packed clean/sterile items from outside vendors.
2255 Posterior process for some instruments disinfected and/or sterilized they are send
2256 to surgery department some Ortho tray (Total Knee, TFN, Hemi arthroplasty) are
2257 keep in the department in sterile storage until needed for specific patients
2258 undergoing specific procedures.
2259
- 2260 C. Control of equipment non sterile (IV pumps, wound Vacs), for patient care are within the
2261 department and used throughout the hospital; monitoring of expenses associated.
2262
- 2263 D. Assist warehouse on distribution of medical devices when possible to other departments.
2264
- 2265 E. The department adheres to the guidelines provided by the TJC, Title XXII, AAMI, AORN,
2266 and Infection Control in processing sterile instruments and equipment.
2267
- 2268 F. SPD is staffed and available from 0600 to 2030, 5 days a week and on weekends and after
2269 hours with on-call personnel available to decontaminate, process, and provide sterile
2270 instruments and equipment as needed following algorithm can be found in SPD, OR, and
2271 house supervisor office and Attached to this document.

SUPPLY CHAIN MANAGEMENT DEPARTMENT

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- 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 1600 Monday through Friday.
- D. Supplies are available from 0700 until 1530, Monday through Friday and from 0700 to 1530 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

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- A. The Medical Staff is organized into seven departments: Medicine, Surgery, Gynecology, Anesthesia, Emergency Medicine, Pathology, and Radiology
- 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 within the Medical Staff.
- D. These mechanisms of communication include Department Chairs, the Chief of Staff, Chief Executive Officer and the Chief Medical Officer.

- E. Department directors (or designee) from the various patient care services and other appropriate staff serve as invited guest members on Medical Staff Committees in order to communicate and represent the patient care givers.
- F. The Medical Staff serves as Chair for the various Medical Staff Committees including; Bioethics Bylaws Interdisciplinary Practice/AHP, Medical Records, Physician Well Being, MEC, Infection Control, Pharmacy and Therapeutics and have representatives on the Quality Council as well as Hospital-Wide Performance Improvement Activities.
- G. The Medical Staff is supported through the Medical Staff Services Office, which is open Monday through Friday from 0800 to 1630.
- H. The Medical Staff Office is comprised of a Medical Staff Director and two medical staff coordinators.

RISK MANAGEMENT

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

INFECTION Prevention

[#Top of the Document](#)

- A. The Infection Prevention program is administered through the Infection Prevention 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 Manager under the direction of the Infection Prevention Chair.
- F. Relief is provided by the infection prevention assistant who has been trained in the principles and practices of Infection Prevention and Epidemiology with the assistance of the CNO as needed.
- 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 Facilities Director, Biomedical Engineer, 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 Department Manager, who collects data for evaluation by the Environment of Care Committee.

QUALITY RESOURCE MANAGEMENT DEPARTMENT

In conjunction with risk management, compliance, and performance improvement, QRM monitors and trends performance by department on a periodic basis. Best practices and evidence-based methodologies are utilized to create, measure, monitor, evaluate, and plan care that is safe, effective, patient-centered, timely, efficient, and equitable. Standards of professional specialty organizations, the Conditions of Participation of Centers for Medicare and Medicaid Services, The Joint Commission, and other governmental and regulatory authorities (State and Federal) are maintained and upheld to translate to practice for the benefit of the patients.

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2393 Definitions

Term	Definition
Patient care	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.
Patient support	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.
Patient Care Departments	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.
Medical Director	A medical director is a physician who provides guidance and leadership on the use of medicine in a department or departments within a healthcare organization.

2394

2395 Associated Policies/Plans/Protocols/Procedures/Forms

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

2396

2397 References

2398 TJC

2399 [Accreditation, Health Care, Certification | Joint Commission](#)

2400

2401 https://www.jointcommission.org/standards_information/tjc_requirements.aspx

2402

2403 TITLE 22

2404 <http://nurseallianceca.org/files/2012/06/Title-22-Chapter-5.pdf>

2405

2406 Nursing Practice Act

2407 [Nursing Practice Act](#)

2408 <http://www.ncsbn.org/nurse-practice-act.htm>



TO: HOSPITAL BOARD MEMBERS
FROM: Kimberly Probus, Chief Nursing Officer
DATE: November 25, 2024
MEETING: Board of Trustees

SUBJECT: NEW POLICY: USE OF THE MORGUE POLICY

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 new ASB building is open and it includes a morgue. We did not previously have a morgue, so the policy guiding its use has been drafted. The policy aligns with the regulatory and practice requirements, and is a description of multidisciplinary post-mortem activities and guidelines for the use of the facility.

This policy has been approved for use by the Clinical Services Executive Committee. Requesting final board approval for the Use of the Morgue policy.


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

ATTACHMENT(S):

- Use of the Morgue Policy

Approved for agenda, Chief Executive Officer

Date and Signature: Pablo Velaz

		Department: Clinical Process-Hospital Wide	
		Document Owner/Author: Chief Nursing Officer	
		Category: Hospital Wide	Approval Type: Triennial
Date Created: 09/24/2024	Date Board Approved: Not Set	Date Last Review: 09/24/2024	Date of Next Review: 09/24/2027
Procedure Name: Use of the Morgue			

Policy Statement

It is the policy of El Centro Regional Medical Center to maintain a morgue compliant with Title 22 §70829 for the safekeeping of deceased patients until mortuary pick up.

Responsibilities

Person/Title	Responsibilities
Nursing Supervisor	Escorts body to morgue, creates entry into the log, rounds on the body every 2 hours.
Security	Transports body to morgue, rounds on the body every 2 hours opposite the Nursing Supervisor.
Patient's Nurse	Prepares body for transport to the morgue.

Procedure/Plan

I. PATIENT PREPARATION

- Primary nurse will prepare the body destined for the morgue. After appropriate notification of the coroner and family, and assuming coroner declines, primary nurse will remove medical devices, tubes, lines, drains, electrodes, etc.
- Primary nurse will provide usual post-mortem care including bath, identification, and shroud.
- Primary nurse will notify the nursing supervisor and security of the need for transportation to the morgue.
- Patient body will be transported via service elevator and first floor corridors to the morgue in ASB to await mortuary.

II. MORGUE PROCEDURE

- The nursing supervisor and the security guard will place the body into the receiving tray atop the morgue cart.
- If there is no other body in the morgue, the morgue cart can be rolled into the lower position inside the cooler. Lock the wheels on the cart.

3. If there is already a body on the morgue cart, place the body onto a receiving tray and use the lifting apparatus to elevate the tray to the top position in the cooler.
4. Always load the cooler in a cephalocaudal manner (head first), and ensure the placement of the shroud zipper allows the toe tag to be accessible.
5. Reaffirm twice that the body is in the position documented on the morgue log and that any personal property of the decedent is on the morgue tray with the body.
6. Close the door to the cooler and lock it.
7. Log the placement of the body onto the MORGUE LOG. Do not leave any blank spaces.
8. Nursing supervisor and security will alternate hourly rounds so that each is rounding on the body every two hours.
9. Any time the body is moved, the morgue log must be detailed for chain of custody.

III. MORGUE ROUNDS

1. Morgue rounds are performed every hour and only necessary when a body is stored in the cooler.
2. Check the morgue log and identify the number of expected decedents.
3. Check the temperature of the cooler and log it on the appropriate form.
4. Open the door to the cooler and ensure the body or bodies are present and undisturbed, and the outside identification tag bears the correct name/position.
5. Close and lock the door.
6. Rounds continue hourly until the body is picked up for final disposition.

IV. MORTUARY PICK UP

1. When the mortuary or coroner comes to retrieve the body, security must accompany them to the morgue.
2. Verify the credentials of the mortuary staff.
3. Verify identity of the decedent with the mortuary staff.
4. Ensure the personal effects go with the patient.
5. Log the body out of the morgue on the morgue log.
6. If morgue cooler is now empty, notify housekeeping to clean the morgue.
7. In the event of unclaimed remains, notify the family for new arrangements. If there is no family, notify the public administrator for instructions.
8. Notify administration if anybody remains in the morgue for more than 36 hours.

Associated Policies/Procedures

Title	Number	Location (Hyperlink)

Prob Vol 3 11/19/24



October 2024 Financial Report

November 25, 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 increased (\$2.2M) mainly due to lower vendor payments made through the month.
- b) Net patient receivables increased (\$1.3M) related to higher updated collection rates.
- c) Due from Third-Party Payors decreased (\$2.0M) related to \$1.9M Rate Range advance received from Molina Healthcare.
- d) Prepaid Expenses & Other increased (\$517k) due to multiple prepaid services that started during the month (mainly Oracle \$189k, Soft Computer Consultants \$149k and Citrix \$137k).
- e) Property, Plant, and Equipment: Net increased (\$947k) due to ETC invoices received for SPC-4D upgrades (\$953k).
- f) Deferred Outflows of Resources – Pension decreased (\$720k) due to no payments made during the month related to credit on pension account.
- g) Accounts payable and accrued expenses increased (\$2.8M) due to lower payments to vendors than expenses.

- h) Days in A/R increased to 41.67 from 40.96. The goal is 50 days.
- i) Accounts payable days increased, 77.92 vs. 69.05 days from previous month.
- j) Current Ratio is 1.24 (1.31 last month).

Income Statement – Current Month Actual vs. Prior Month:

- a) Our Inpatient Revenue is 11.9% higher than prior month due to higher patient days (1,345 vs. 1,156 prior).
- b) Outpatient Revenue is 11.2% higher than last month mainly due to higher Oncology Visits and Infusions (2,421 vs. 2,053 last month) and higher RHC visits (8,582 vs. 7,404 last month).
- c) Other Operating revenue increased 26.2% due to higher 340B pharmacy revenues.
- d) Contractuals for the month are 82.2% of gross revenues (82.1% YTD).
- e) Charity and Bad debt are 1.2% of gross revenues.
- f) Salaries & Wages decreased 6.4% related to decrease in overtime expense.
- g) Employee benefits is 27.3% higher due to health insurance expenses.
- h) Employee benefits GASB 68 increased 86.3% due to no pension payment made during the month (related to the credit balance in the pension account).
- i) Professional Fees – Medical are 9.5% higher due to higher volumes (mainly Oncology).
- j) Professional Fees – Non-Medical are lower 14.1% due to lower UCSD Administration expenses than expected coupled with lower Legal Fees.
- k) Supplies – Medical is 5.3% higher mainly due to higher volumes.
- l) Repairs and Maintenance is 29.2% due to higher Oracle (EMR) expenses.
- m) Utilities are 29.2% lower mainly related to lower electricity expenses.
- n) October 2024 shows a Net loss of \$629k (*\$1.3M positive EBIDA*).

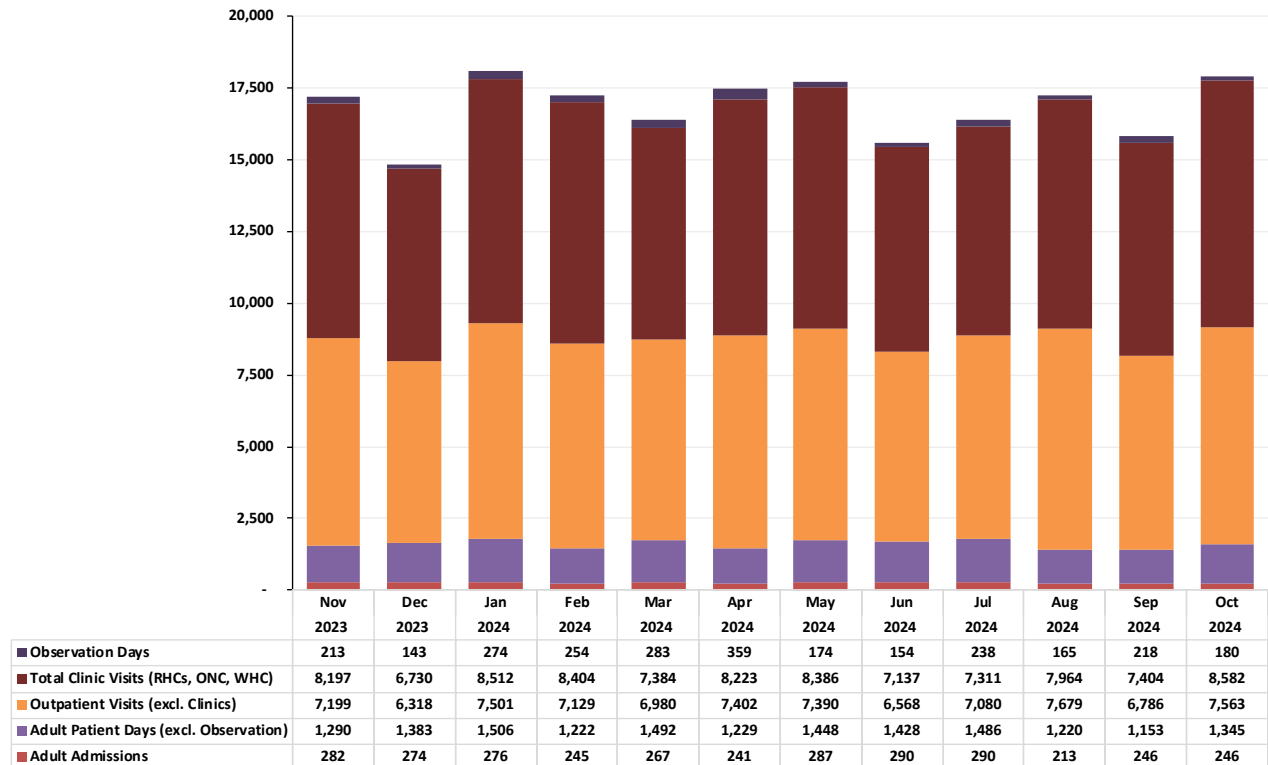
Definitions:

- **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 October 31, 2024

	Jul 2024	Aug 2024	Sep 2024	Oct 2024	YTD Actual	YTD Budget	YTD Variance
Adult Admissions (excl. Observation)	290	213	246	246	995	1,480	(485)
Patient Days (excl. Observation)	1,486	1,220	1,153	1,345	5,204	6,751	(1,547)
Average Length of Stay (excl. Observation)	5.1	5.7	4.7	5.5	5.2	4.6	0.7
Average Daily Census (excl. Observation)	47.9	39.4	38.4	43.4	42.3	42.3	-
Average Daily Census (ADC) Observation	7.7	5.3	7.3	5.8	6.5	7.4	(0.9)
Total ADC (including Observation)	55.6	44.7	45.7	49.2	48.8	49.7	(0.9)
Observation Days (excluding Obstetrics)	238	165	218	180	801	911	(110)
Outpatient Visits (excluding Clinics)	7,080	7,679	6,786	7,563	29,108	31,388	(2,280)
Emergency Room Visits	2,938	2,828	2,872	3,033	11,671	13,318	(1,647)
EI Centro Rural Health Clinic Visits	3,525	3,794	3,826	4,178	15,323	17,834	(2,511)
Calexico Rural Health Clinic Visits	2,968	3,218	2,655	3,417	12,258	14,168	(1,910)
Rural Health Clinic Visits - Total	6,493	7,012	6,481	7,595	27,581	32,002	(4,421)
Wound Healing Center Visits	194	203	188	191	776	713	63
Oncology Center Visits	624	749	735	796	2,904	2,373	531
Oncology Center Infusion Procedures	1,438	1,502	1,318	1,616	5,874	5,201	673
Surgeries without C-Sections	439	408	518	454	1,819	1,991	(172)
DaVinci Cases	66	58	48	63	235	155	80

Rolling-12 Volume Trend



ECRMC BALANCE SHEET COMPARED TO PRIOR MONTH

	October 31, 2024	September 30, 2024	Variance (\$)	Variance (%)
Assets				
Current Assets:				
Cash and Cash Equivalents	\$ 11,086,191	\$ 8,840,936	\$ 2,245,255	25%
Net Patient Accounts Receivable	19,258,594	17,986,065	1,272,529	7%
Other Receivables	537,387	589,593	(52,206)	-9%
Due from Third-Party Payors	16,908,290	18,895,968	(1,987,677)	-11%
Inventories	2,597,890	2,541,243	56,647	2%
Prepaid Expenses & Other	2,918,619	2,400,963	517,655	22%
Total Current Assets	53,306,971	51,254,768	2,052,203	4%
Assets Limited as to Use				
Restricted Building Capital Fund	159,624	150,365	9,259	6%
Funds Held by Trustee for Debt Service	11,208,133	11,206,189	1,944	0%
Restricted Programs	11,497	11,497	-	0%
Total Assets Limited as to Use	11,379,254	11,368,051	11,203	0%
Property, Plant, and Equipment: Net	155,997,364	155,050,817	946,547	1%
Other Assets	724,715	724,715	-	0%
Total Assets	221,408,304	218,398,351	3,009,953	1%
Deferred Outflows of Resources				
Deferred Outflows of Resources - Pension	4,829,321	5,548,921	(719,600)	-13%
Total Deferred Outflows of Resources	4,829,321	5,548,921	(719,600)	-13%
Total Assets and Deferred Outflows of Resources	\$ 226,237,625	\$ 223,947,271	\$ 2,290,353	1%
Liabilities				
Current Liabilities:				
Current Portion of Bonds	1,365,000	1,360,000	5,000	0%
Current Portion of Capital Lease Obligations	954,206	1,013,841	(59,635)	-6%
Accounts Payable and Accrued Expenses	21,822,561	19,030,559	2,792,002	15%
Accrued Compensation and Benefits	10,008,864	9,521,104	487,760	5%
Due to Third-Party Payors	8,717,655	8,199,136	518,519	6%
Total Current Liabilities	42,868,285	39,124,640	3,743,644	10%
Long-Term Bond Payable, Less Current Portion	111,128,668	111,224,936	(96,267)	0%
Capital Lease Obligations, Less Current Portion	7,377,066	7,586,420	(209,353)	-3%
Notes Payable, Less Current Portion	24,888,889	25,407,407	(518,519)	-2%
Net Pension Liability	54,174,600	54,174,600	-	0%
Total Liabilities	240,437,509	237,518,003	2,919,505	1%
Deferred Inflows of Resources				
Deferred Inflows of Resources - Pension	113,800	113,800	-	0%
Total Deferred Inflows of Resources	113,800	113,800	-	0%
Net Position				
Restricted Fund Balance	18,068	17,872	197	1%
Fund Balance	(14,331,752)	(13,702,404)	(629,348)	5%
Total Net Position	(14,313,684)	(13,684,532)	(629,152)	5%
Total Liabilities, Deferred Inflows of Resources and Net Position	\$ 226,237,625	\$ 223,947,271	\$ 2,290,353	1%
Days Cash on Hand	28.17	21.92		
Days Revenue in A/R	41.67	40.96		
Days in A/P	77.92	69.05		
Current Ratio	1.24	1.31		
Debt Service Coverage Ratio	1.89	2.07		

STATEMENTS OF OPERATIONS COMPARISON TO BUDGET

	MTD July 31, 2024	MTD August 31, 2024	MTD September 30, 2024	MTD October 31, 2024	YTD October 31, 2023	YTD October 31, 2024	YTD BUDGET October 31, 2024
Adult Admissions	290	213	246	246	916	995	1,480
Adult Patient Days (excl. Observation)	1,486	1,220	1,153	1,345	4,942	5,204	6,751
Outpatient Visits (excl. Clinics)	7,080	7,679	6,786	7,563	29,786	29,108	31,388
Total Clinic Visits (RHCs, ONC, WHC)	7,311	7,964	7,404	8,582	29,974	31,261	35,088
Observation Days	238	165	218	180	962	801	911
OPERATING REVENUE							
I/P Revenue	\$ 15,430,554	\$ 13,572,753	\$ 13,909,069	\$ 15,570,486	\$ 55,768,550	\$ 58,482,863	\$ 68,075,578
O/P Revenue - Laboratory	6,740,377	7,289,757	6,531,290	6,792,745	26,217,024	27,354,168	27,587,997
O/P Revenue - CT Scanner	6,394,885	6,867,187	6,691,054	7,231,859	25,972,041	27,184,985	25,428,630
O/P Revenue - Emergency Room	6,062,463	6,203,218	6,237,114	6,186,613	23,728,547	24,689,408	26,449,657
O/P Revenue - Oncology	7,260,949	6,739,210	6,558,230	8,079,702	22,314,854	28,638,091	21,856,377
O/P Revenue - Others	17,955,592	19,565,236	17,553,604	20,170,813	76,533,748	75,245,245	77,918,060
Gross Patient Revenues	59,844,820	60,237,361	57,480,361	64,032,219	230,534,764	241,594,760	247,316,301
Other Operating Revenue	557,462	417,284	357,841	451,418	1,416,335	1,784,005	2,537,876
Total Operating Revenue	60,402,281	60,654,645	57,838,202	64,483,637	231,951,099	243,378,765	249,854,177
Contractuals							
IP Contractuals	14,091,318	11,184,095	11,140,512	10,556,718	46,084,665	46,972,643	50,032,719
OP Contractuals	33,388,229	38,311,624	35,397,249	41,262,518	143,020,673	148,359,620	147,349,833
Charity	167,840	216,800	111,869	102,759	1,177,462	599,269	1,001,989
Provision for Bad Debts	611,326	535,871	574,953	696,791	1,703,090	2,418,941	1,306,666
Other Third Party Programs	(1,518,750)	(1,518,750)	(1,518,750)	(1,518,750)	(6,599,520)	(6,075,000)	(6,870,639)
M/Cal Disproportionate Share	(55,000)	(55,000)	(55,000)	(55,000)	(1,922,901)	(220,000)	(449,650)
Total Deductions	46,684,963	48,674,641	45,650,833	51,045,036	183,463,470	192,055,473	192,370,918
Total Net Revenues	13,717,318	11,980,004	12,187,369	13,438,601	48,487,629	51,323,292	57,483,260
EXPENSES							
Salaries & Wages	5,697,264	4,992,913	5,141,778	4,810,871	19,814,370	20,642,826	21,248,094
Registry	(209)	0	50,000	20,400	396,067	70,191	127,116
Employee Benefits	1,100,114	1,501,709	745,641	949,459	4,942,726	4,296,922	5,482,905
Employee Benefits - Pension GASB 68	376,111	386,267	386,267	719,600	1,535,231	1,868,245	1,278,400
Professional Fees - Medical	1,228,267	1,255,627	1,142,306	1,251,214	5,398,422	4,877,414	5,013,636
Professional Fees - Non-Med	201,049	201,171	214,957	184,605	1,011,865	801,781	825,498
Supplies - Medical	2,786,437	2,440,092	2,709,633	2,854,376	9,372,147	10,790,538	9,656,216
Supplies - Non-Medical	153,950	123,991	153,733	163,431	533,004	595,105	655,080
Food	78,785	72,955	88,735	85,241	312,904	325,717	391,370
Repairs and Maintenance	1,109,785	513,637	642,585	830,266	2,397,558	3,096,272	2,656,840
Other Fees	523,647	705,507	623,929	569,138	2,284,988	2,422,221	2,531,144
Lease and Rental	21,774	11,786	20,944	21,161	89,017	75,664	181,447
Utilities	253,990	233,461	236,381	167,122	859,093	890,955	985,346
Depreciation and Amortization	620,461	638,001	594,594	611,529	2,732,263	2,464,585	2,680,582
Insurance	311,881	176,831	176,831	167,559	890,452	833,103	830,510
Other Expenses	106,875	140,356	152,746	127,048	459,857	527,026	530,302
Total Operating Expenses	14,570,180	13,394,306	13,081,061	13,533,018	53,029,964	54,578,565	55,074,487
Operating Income	(852,862)	(1,414,302)	(893,692)	(94,417)	(4,542,335)	(3,255,273)	2,408,773
Operating Margin %	-6.2%	-11.8%	-7.3%	-0.7%	-9.4%	-6.3%	4.2%
Non-Operating Revenue and Expenses							
Investment Income	219,087	89,399	66,933	60,168	194,819	435,587	224,610
Grants and Contributions Revenue	0	0	0	0	185,422	0	201,995
Non Operating Revenue/(Expense)	48,408	605,059	8,408	0	668,174	661,875	442,776
Interest Expense	(592,293)	(592,276)	(590,483)	(595,099)	(2,408,836)	(2,370,151)	(2,373,683)
Total Non-Operating Rev. and Expenses	(324,798)	102,183	(515,142)	(534,931)	(1,360,422)	(1,272,688)	(1,504,302)
(Deficit)/Excess Rev. Over Exp.	\$ (1,177,660)	\$ (1,312,119)	\$ (1,408,834)	\$ (629,348)	\$ (5,902,757)	\$ (4,527,961)	\$ 904,471
(Deficit)/Excess Rev. Over Exp. %	-8.6%	-11.0%	-11.6%	-4.7%	-12.2%	-8.8%	1.6%
EBIDA	411,204	304,425	162,511	1,296,879	773,574	2,175,020	7,237,135
EBIDA %	3.0%	2.5%	1.3%	9.7%	1.6%	4.2%	12.6%

El Centro Regional Medical Center

Monthly Cash Flow

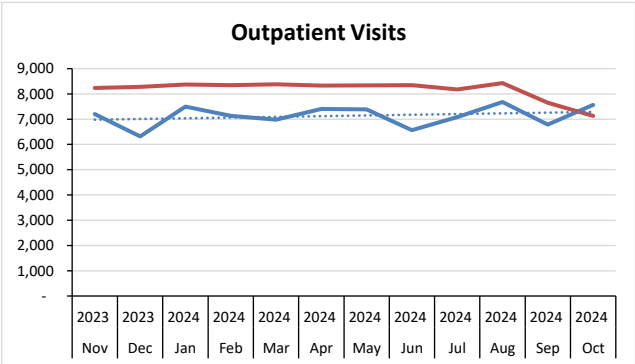
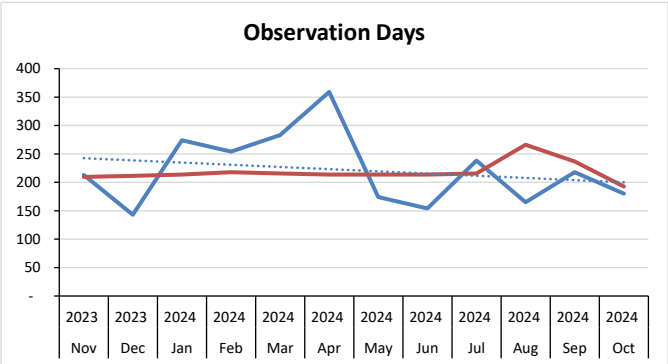
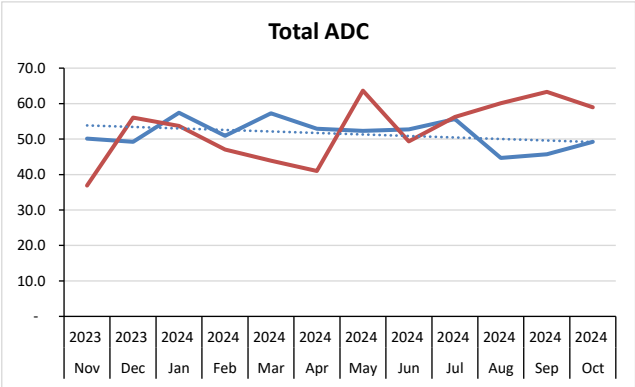
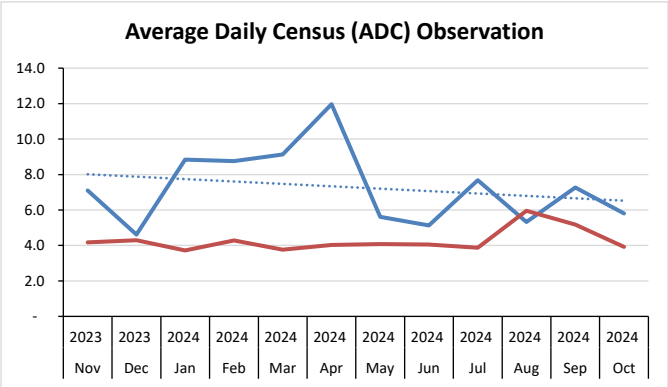
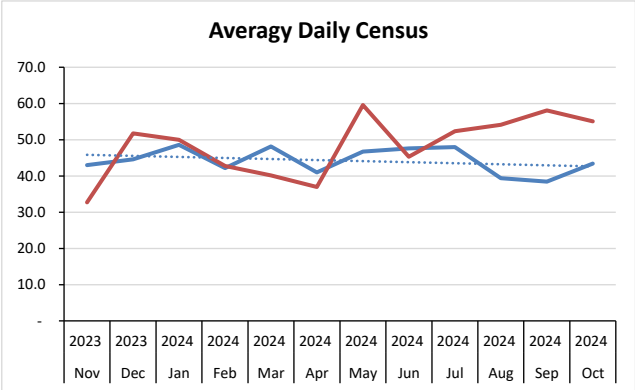
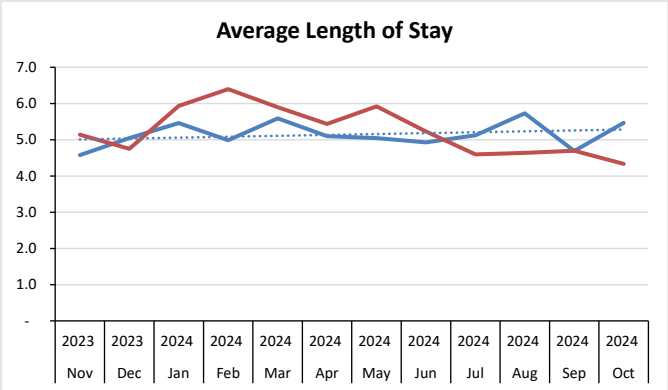
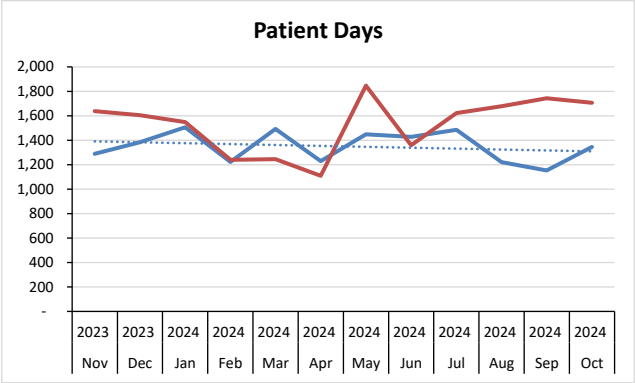
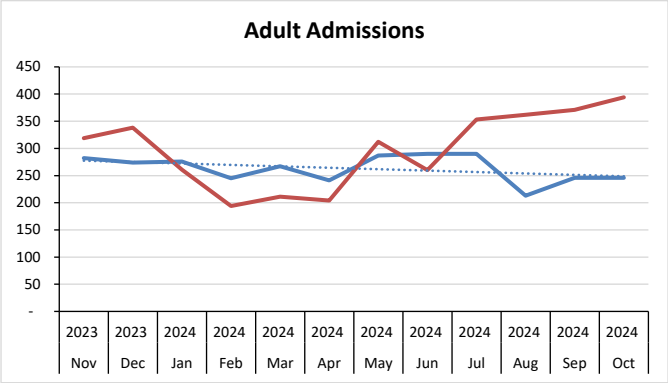
Unaudited

	July 2024	August 2024	September 2024	October 2024	Year-to-Date 2025
<u>Cash Flow From Operating Activities</u>					
Net Income/(Loss)	\$ (1,177,660)	\$ (1,312,119)	\$ (1,408,834)	\$ (629,348)	\$ (4,527,961)
<i>Adjustments to reconcile net income to net cash:</i>					
Add: Depreciation	620,461	638,001	594,594	611,529	\$ 2,464,585
Capital Lease Interest	6,392	6,872	6,084	8,388	\$ 27,736
Bond Interest	583,254	583,254	583,254	583,254	\$ 2,333,018
Accounts Receivable	1,228,927	1,215,760	(1,099,944)	(1,272,529)	\$ 72,213
Other Receivables	(74,849)	(263,422)	43,018	52,206	\$ (243,047)
Inventory	(55,005)	(20,529)	(7,897)	(56,647)	\$ (140,078)
Prepaid Expenses/Other Assets	(420,397)	(339,190)	(301,921)	(517,655)	\$ (1,579,164)
Accounts Payable and Accrued Expenses	890,314	(1,457,213)	447,591	2,117,480	\$ 1,998,172
Accrued Compensation and Benefits	(1,200,182)	47,927	241,976	487,760	\$ (422,519)
Third-Party Liabilities	(1,559,337)	(1,263,735)	(1,039,768)	1,987,677	\$ (1,875,163)
Net Pension Obligation	376,111	386,267	386,267	719,600	\$ 1,868,245
Net Cash From Operating Activities	\$ (781,971)	\$ (1,778,127)	\$ (1,555,579)	\$ 4,091,714	\$ (23,963)
<u>Cash Flow From Investing Activities</u>					
Fixed Assets - Gross	\$ (1,605,629)	\$ (2,237,324)	\$ (1,109,526)	\$ (1,558,076)	\$ (6,510,555)
Intangible Assets - Gross	\$ -	\$ -	\$ -	\$ -	\$ -
Restricted Assets	3,878,422	(666,747)	(661,044)	(11,007)	\$ 2,539,624
Net Cash From Investing Activities	\$ 2,272,793	\$ (2,904,070)	\$ (1,770,571)	\$ (1,569,082)	\$ (3,970,931)
<u>Cash Flow From Financing Activities</u>					
Bond Payable	\$ (4,688,544)	\$ -	\$ -	\$ -	\$ (4,688,544)
Capital Leases	(215,830)	(265,822)	23,291	(277,377)	\$ (735,738)
Notes Payable	-	-	-	-	\$ -
Net Cash From Financing Activities	\$ (4,904,374)	\$ (265,822)	\$ 23,291	\$ (277,377)	\$ (5,424,282)
Total Change In FY 2025 Cash	\$ (3,413,552)	\$ (4,948,020)	\$ (3,302,858)	\$ 2,245,255	\$ (9,419,175)
Cash & Cash Equivalents, Beginning Balance	20,505,366	17,091,814	12,143,794	8,840,936	20,505,366
Cash & Cash Equivalents, Ending Balance	\$ 17,091,814	\$ 12,143,794	\$ 8,840,936	\$ 11,086,191	11,086,190

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El Centro Regional Medical Center

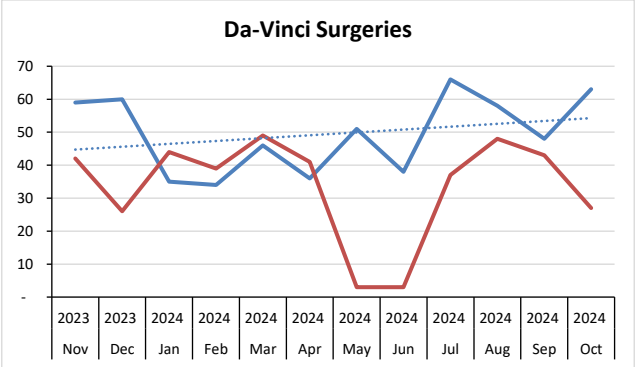
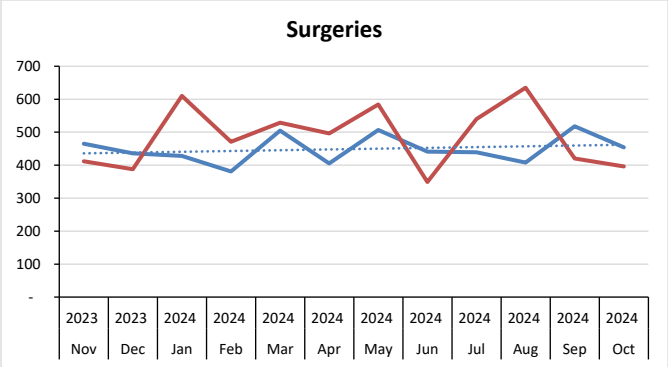
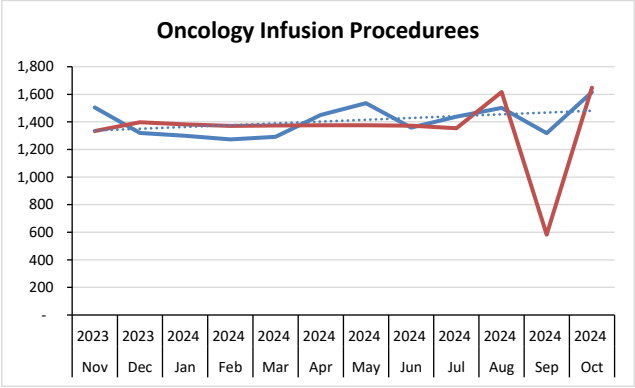
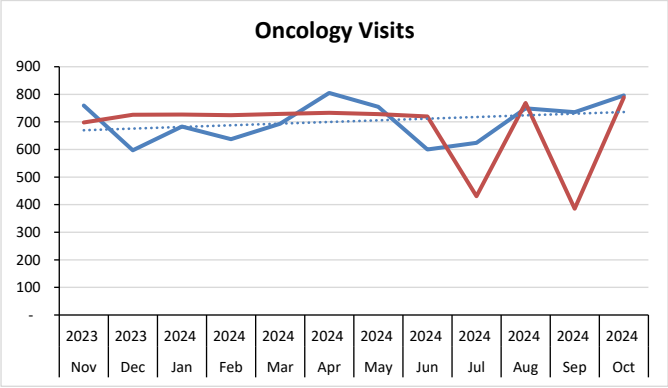
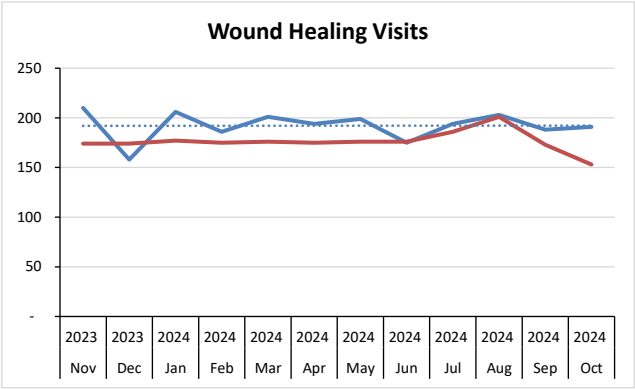
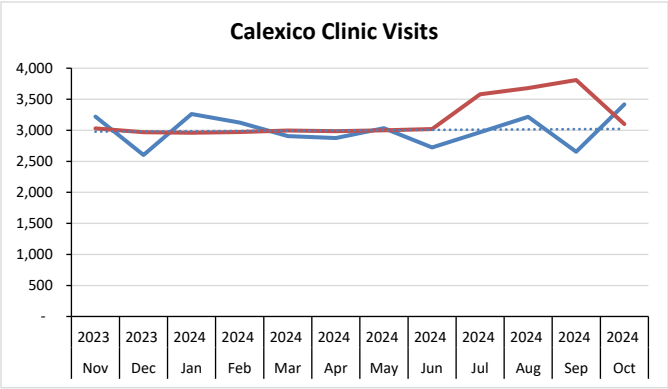
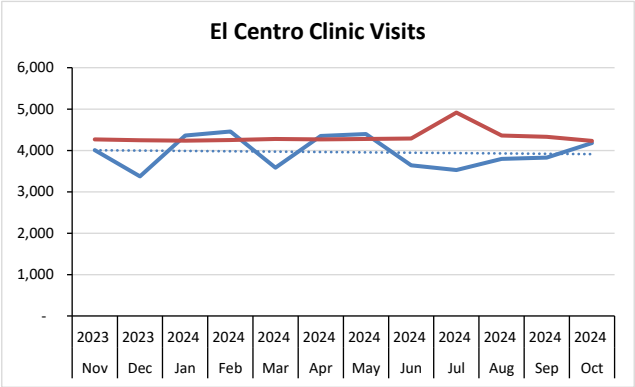
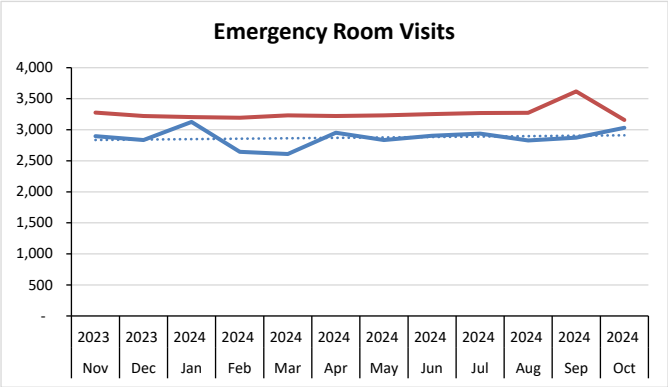
Rolling-12 Volume trend



■ BUDGET
■ ACTUALS

El Centro Regional Medical Center

Rolling-12 Volume trend



■ BUDGET
■ ACTUALS