

# West Side Health Care District

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

## Board Meeting Agenda

Thursday, September 22, 2022 at 2:00 pm

### 1. **Call to Order/Pledge of Allegiance**

### 2. **Public Input**

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

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

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

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

### 3. **Approval of Minutes**

**Board Meeting Minutes – Thursday, August 25, 2022**

### 4. **Financial Review**

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

- A. Review and Discussion /Approval the August 2022 Financial Reports
- B.

### 5. **Discussion/Action - Authorization for Executive Director to seek Proposals for General Council Services**

### 6. **Annual Review and Approval of Policy and Procedures**

- A. West Side Family Health Care- Miscellaneous Policies

7. **Administrative Staff Reports**

- A. August 2022, General Information- Attached for informational purposes only.  
No Action.

8. **Committee Updates**

- A. **Finance Committee**  
*Eric Cooper or Ginny Miller*
- B. **Facilities Committee**  
*Eric Cooper or Darren Walrath*
- C. **Community Outreach**  
*Jan Ashley or Darren Walrath*
- D. **Personnel Committee**  
*Adele Ward or Jan Ashley*
- E. **Additional Board Member Input**

*This Portion of the meeting is reserved for Board Members to present information, announcements, or other items that have come to their attention. A Board member may request that an item is placed on the agenda for consideration at a future meeting or refer an item to the Executive Director for a formal report. The Board will take no formal action at this time.*

9. **Items for Future Agendas**

10. **Adjournment**

**The next Regular Board Meeting is set for Thursday, October 22, 2022, at 2:00 pm**

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# ITEM 3

5. ANNUAL REVIEW AND APPROVAL OF POLICY AND PROCEDURES  
After review and discussion, Jan Ashley made a Motion to approve the policies and procedures. Ginny Miller seconded. Motion carried. The West Side Family Health Care Policy and Procedures that were reviewed were:  
Adverse Drug Reaction, Age Restriction, Kern Health Systems Specialist Request, Organization of Nursing Personnel, Preventative Maintenance Inspections, Late Arriving Unscheduled Patients, and Waived Testing-Bilirubin Meter.
  
6. ADMINISTRATIVE STAFF REPORT  
July 2022, General Information- Attached for informational purposes only.  
No action.

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7. BOARD COMMITTEE REPORTS
  - a. Finance Committee-Nothing further at this time.
  - b. Facilities Committee- Nothing further at this time.
  - c. Community Outreach Committee- Nothing further at this time.
  - c. Personnel Committee- Nothing further at this time.
  - d. Additional Board Member Input- Nothing further at this time.
  
8. ITEMS FOR FUTURE AGENDA  
Nothing at this time.
  
9. ADJOURNMENT  
At 2:51pm, the Board made a motion to Adjourn the Board Meeting of August 25, 2022 was adjourned.

Respectfully Submitted: \_\_\_\_\_  
Ginny Miller, Board Secretary/Treasurer

# ITEM 4

West Side Family Health Care Patient Census 2022-2023

	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023			
1	80	100	0	0	0	0	0	0	0	0	0	0			
2	47	86	0	0	0	0	0	0	0	0	0	0			
3	34	94	0	0	0	0	0	0	0	0	0	0			
4	44	62	0	0	0	0	0	0	0	0	0	0			
5	81	62	0	0	0	0	0	0	0	0	0	0			
6	87	41	0	0	0	0	0	0	0	0	0	0			
7	95	45	0	0	0	0	0	0	0	0	0	0			
8	80	60	0	0	0	0	0	0	0	0	0	0			
9	50	93	0	0	0	0	0	0	0	0	0	0			
10	50	85	0	0	0	0	0	0	0	0	0	0			
11	80	61	0	0	0	0	0	0	0	0	0	0			
12	110	78	0	0	0	0	0	0	0	0	0	0			
13	75	47	0	0	0	0	0	0	0	0	0	0			
14	80	38	0	0	0	0	0	0	0	0	0	0			
15	72	96	0	0	0	0	0	0	0	0	0	0			
16	41	93	0	0	0	0	0	0	0	0	0	0			
17	51	94	0	0	0	0	0	0	0	0	0	0			
18	87	77	0	0	0	0	0	0	0	0	0	0			
19	90	68	0	0	0	0	0	0	0	0	0	0			
20	80	33	0	0	0	0	0	0	0	0	0	0			
21	90	44	0	0	0	0	0	0	0	0	0	0			
22	75	88	0	0	0	0	0	0	0	0	0	0			
23	37	91	0	0	0	0	0	0	0	0	0	0			
24	31	104	0	0	0	0	0	0	0	0	0	0			
25	70	57	0	0	0	0	0	0	0	0	0	0			
26	88	69	0	0	0	0	0	0	0	0	0	0			
27	86	49	0	0	0	0	0	0	0	0	0	0			
28	61	53	0	0	0	0	0	0	0	0	0	0			
29	79	109	0	0	0	0	0	0	0	0	0	0			
30	43	93	0	0	0	0	0	0	0	0	0	0			
31	41	76	0	0	0	0	0	0	0	0	0	0			
TOTAL	2115	2246	0	0	0	0	0	0	0	0	0	0			
D/AVG	68	72	0	0	0	0	0	0	0	0	0	0			
NSOT	8	8	0	0	0	0	0	0	0	0	0	0			
X-RAYS	63	53	0	0	0	0	0	0	0	0	0	0			
Year	July	August	September	October	November	December	January	February	March	April	May	June	June	X-RAY	
FY 2021-2022	1795	2172	2695	2306	2157	2090	3211	1981	2147	2088	2408	2214	27264	2772	714
FY 2020-2021	1200	1195	1097	1285	1343	1475	1533	1364	1436	1619	1723	1684	16954	1413	840
FY 2019-2020	1034	1282	1284	1377	1338	1184	1793	1679	1385	1288	1461	1158	16763	1355	788
FY 2018-2019	1119	1405	1389	1471	1267	1247	1583	1666	1564	1255	1403	1115	16484	1374	1250
FY 2017-2018	1002	1282	1284	1377	1187	1184	1632	1543	1347	1287	1310	1115	15550	1296	1286
													YTD	M/AVG	
													4361	4361	
													141	141	
													16	16	
													116	116	
													YTD	M/AVG	
													27264	2272	714
													16954	1413	840
													16763	1355	788
													16484	1374	1250
													15550	1296	1286

# ITEM 6



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

POLICY: Correction Of Information In The Medical Record	REVIEWED: 2/11/16; 2/15/17; 2/27/18; 10/25/18; 9/29/19; <u>08/31/22</u>
SECTION: Medical Records	REVISED:
EFFECTIVE: <u>10/24/1909/22/2022</u>	MEDICAL DIRECTOR:

**Subject:** Correction of information in the medical record

**Objective:** Information placed in the medical record will be accurate.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. All entries into a paper medical record (chart) will be made in blue or black ink.
2. Should it be necessary to correct information in a paper medical record, the following steps will be taken:
  - a. Draw a single fine line through the error
  - b. Print "error" on the cross out and initial and date
  - c. Enter the correct information adjacent to the correction and initial and date
3. Corrections to the Electronic Medical Record (EMR) will be documented as correcting entries or late entries, depending upon the reason for the additional information and/or revision.





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

POLICY: Chart Audit	REVIEWED: 8/23/2022
SECTION:	REVISED:
EFFECTIVE: 9/22/2022	MEDICAL DIRECTOR:

**Subject:** Chart Audit

**Objective:** To ensure clinic periodically audits its Patient Health Records for completeness and results are documented in QAPI meetings, consistent with RHC Standard ADM 9.0.2.

**Response Rating:** Required

**Required Equipment:**

**Procedure:**

1. The Clinic Director and/or their designee will be responsible for completing Chart Audits.
2. Chart Audits will be completed on a monthly.
3. A minimum of one chart per health provider will be audited monthly.
  - a) Providers who provide clinical services generating a billable encounter within the month will be subject to Chart Audits.
4. Persons completing the Chart Audit will utilize the Chart Audit Tool found on the Shared Folder.
  - a) The Chart Audit Tool will meet the minimum standards identified in RHC Standard ADM 9.0.2.
  - b) The Chart Audit Tool may be revised over time so long as revisions exceed the minimum standards.
5. Results will be documented and shared with the provider, staff member and the individual's supervisor should gaps be identified.
6. The Clinic Director and/or their designee will report the results of the Chart Audit to the QAPI Committee.
7. The results of the Chart Audit will be reported with the QAPI meeting minutes and the Chart Audit Tool will be stored electronically on the clinic's shared folder.

Reference: RHC Standard ADM 9.0.2.



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

POLICY: Critical Alert Value Notification	REVIEWED: 2/22/16; 2/15/17; 2/27/18; 10/25/18; 9/29/19; <u>08/31/22</u>
SECTION: Clinical	REVISED: 2/15/17; 2/27/18
EFFECTIVE: <u>09/22/2022</u> <del>10/24/19</del>	MEDICAL DIRECTOR:

**Subject:** Critical alert value notification

**Objective:** To define policy and procedure to identify and report critical and alert test values.

**Response Rating:** Mandatory

**Required Equipment:**

**Definition:**

Critical: potential to be imminently life threatening

Alert: vital to patient management but not imminently life threatening

**Procedure:**

1. All point-of-care (waived) laboratory testing performed in the Clinic will be immediately reviewed by the attending and ordering practitioner at the time of the patient's visit.
2. All laboratory specimens that are sent to an outside lab will be reported via electronic transmission, with results populating the EMR.
  - a. The practitioner will review results in the EMR in a timely manner.
  - b. In the absence of the practitioner (scheduled or unscheduled absence), the RN/LVN will review the practitioner's Clinical Inbox to identify critical abnormal results (laboratory, radiology) and will forward those abnormal results to the practitioner on duty.
  - c. The practitioner on duty will review the abnormal results, instruct staff as to appropriate next steps and document same in the EMR.



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

POLICY: Consents For Treatment - Guidance	REVIEWED: 2/16/16; 2/15/17; 2/28/18; 10/25/18; 9/29/19; <u>08/31/22</u>
SECTION: Clinical	REVISED: 2/15/17; 2/28/18
EFFECTIVE: <u>09/22/2022</u> <del>10/24/19</del>	MEDICAL DIRECTOR:

**Subject:** Guidance for use of Consent for Treatment documents

**Objective:** To ensure ~~that~~ consents for all patients are made in accordance with State and Federal HIPAA guidelines.

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

**Definitions:**

**Adult:** An adult is any person who has reached the age of eighteen (18) or who has a contracted valid marriage (regardless of subsequent divorce or annulment). Such adult must sign their own consents and agreements, except in an actual emergency or after judicial declaration of incompetence with appointment of a legal guardian.

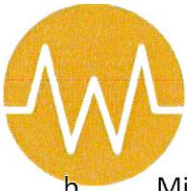
**Person in Custody of Law Enforcement:** Patients in the custody of Law Enforcement must still give consent for medical treatment. Minors in the custody of Law Enforcement must have a signed consent from a legal parent or guardian with the following exception:

- a. A juvenile in the custody of the Juvenile Enforcement agencies may have medical, surgical, dental, or other remedial care authorized by the probation officer acting on the recommendations of the attending practitioner. It is the responsibility of the Probation Officer to locate and inform the parents. If the parents object, the Juvenile Court can order treatment.

**Person Under Guardianship Care (Adult or Minor):** All persons under legal custody of a guardian shall have consents signed by that legal guardian. A certified copy of their official letter of guardianship shall be obtained and a copy scanned into the patient's medical record prior to any treatment being provided.

**Minors:** Minors (persons under the age of eighteen (18)) should be treated only with the presence of a parent or legal guardian unless an actual emergency exists (implied consent) or with one (1) of the following exceptions:

- a. Minor on active duty with United States Forces may give their own personal consent;



- b. Minors receiving pregnancy care may consent for care related to the pregnancy;
- c. When a minor is fifteen (15) years of age or older and lives apart from their parents and manages their own financial affairs regardless of the source of income;
- d. When a minor of twelve (12) years of age or older has a communicable disease that must be reported to the local health department.
- e. When a minor of 12 years or older presents for a physical examination, the parent/guardian will be encouraged to allow the patient to interact with the practitioner absent the parent/guardian, with the opportunity for a consultation between the adults at the end of the examination.

The parents or legal guardian incurs no obligation to pay in the cases of C and D unless they have previously consented.

Minors with divorced parents may have consent given by either parent. However, if there is a conflict, the parent with custody has the final word.

Minors whose parents are unavailable, usually when the minor is away from the home or parents are away short term, if the parents have consented in writing that the person in care, custody, or possession of the minor can give consent, that this consent can be accepted. Consent may imply in emergency situations.

**Initial and Annual Form:** The Initial and Annual form is completed by a patient prior to their first encounter with a Clinic practitioner. Subsequent to the initial completion, the form is reviewed and signed annually thereafter. The form contains a consent for treatment section which must be completed and, for minor patients whose forms are completed by their parent or guardian, the relationship of the signor to the patient must be documented.

**Consent by Telephone:** Acceptable only in an emergency situation, when a delay would jeopardize life or health of the patient and the parent or legal guardian is only available by phone.

Consent by telephone will be witnessed by two (2) individuals and a written record of the conversation will be filed in the medical record. Notation will indicate exact time of call and the nature of the consent given. Immediate steps are to be taken to obtain confirmation of consent by fax.

**Witnesses to Signatures:** Witnesses will be adults. Receptionists, nurses, medical assistants, practitioners, or those of similar responsibilities employed by the medical group should act as a witness. There is no need to have consents notarized. All dates, times, and signatures should be in black ink.

**Emergency Consents:** Treatment of a patient without a written consent is authorized under the doctrine of "implied consent".

Determination whether a treatment is immediately required and necessary to prevent deterioration or aggravation of patient's condition will be decided by the practitioner after consultation. The medical consultation will be documented and will include a statement to include why immediate treatment was



required.

**Obtaining Consents:** Prior to any invasive procedure, the practitioner will give a full explanation of the risk and benefits of the procedures as well as any alternative treatment. The practitioner will answer all of the patient's questions and document the conversation. The nurse will obtain signatures for the consent. The patient will be given a copy of the consent form and the original copy will be filed in the patient's chart.

Consents are to be obtained for all invasive examinations and surgical procedures.



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

POLICY: <del>Gemcare-Dignity</del> Specialist Request	REVIEWED: 2/10/16; 2/16/17; 2/2/18; 12/20/18; 6/1/21; <u>08/31/22</u>
SECTION: Admitting	REVISED: 6/24/21; <u>09/13/22</u>
EFFECTIVE: <u>09/22/2022</u> <del>6/24/21</del>	MEDICAL DIRECTOR:

**Subject:** ~~GemCare-Dignity Health~~ Specialist Request

**Objective:** To obtain authorization for ~~GemCare-Dignity Health~~ patients to see a ~~GemCare-Dignity Health~~ in-network specialist.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. After completion of provider documentation of patient care and treatment, print the current face sheet, and -provider's notes including ICD-10 code –and reason for referral with diagnosis, corresponding ICD-10 code, reason for the referral and pertinent labs/x-rays.
2. ~~Fill out all areas on the Managed Care Systems PCP and Specialist Request form~~ Complete the Dignity Authorization Submission form online via the Provider Portal at [portal.dignityhealthmso.org/mcsonline/mcso\\_login/login.aspx](http://portal.dignityhealthmso.org/mcsonline/mcso_login/login.aspx).
3. ~~Fax request, provider notes, pertinent lab results, EKGs and/or x-rays and face sheet to secure fax number 661-716-9130.~~ Upload provider notes, pertinent lab results, EKG's and/or x-rays to the Provider Portal or fax to Dignity Health secure fax number 661-716-9130.
4. Document in the patient's medical record and the Clinic Referral Log the date the request was made, the name of the specialist provider and the purpose of the request.
5. Upon receipt of authorization, ~~contact the Specialist provider to schedule an appointment then contact the patient to advise of the date, time, and location of the appointment.~~ fax the approval to the Specialist provider and contact the patient to advise them of the approved referral provider. Provide the patient with the referral providers contact information to schedule their appointment at a convenient time and date.
6. Using the Referral Log as a reminder system, ensure receipt of Specialist provider's report of their care/treatment of the patient. If the report is not received within 10 days of the scheduled appointment, contact the Specialist and request the report, documenting the request on the Referral Log.



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

POLICY: Kern Health Systems Specialist Request	REVIEWED: 2/10/16; 2/16/17; 2/2/18; 11/15/18; 10/29/19; 7/7/20; <u>08/31/22</u>
SECTION: Registration	REVISED: 11/15/19; <u>09/13/22</u>
EFFECTIVE: <u>09/22/2022</u> <u>11/21/19</u> ; <u>7/23/20</u>	MEDICAL DIRECTOR:

**Subject:** Kern Health Systems Specialist Request

**Objective:** To obtain authorization for Kern Family Health Care (KFHC) patient to see an in-network specialist provider

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. After completion of ~~provider physician documentation~~ documentation of patient care and treatment, print the current face sheet and provider's notes with diagnosis, corresponding ICD-10 code, reason for the referral, and pertinent labs/x-rays.
2. Using this information, complete the KFHC Care Specialist Request form online via the Provider Portal at [provider.kernfamilyhealthcare.com](http://provider.kernfamilyhealthcare.com).
3. ~~Upload~~ Upload provider notes, pertinent labs, EKGs and/or x-rays to the KFHC portal or fax to KFHC secure fax number 661-664-5190.
4. Document in the patient's medical record and the Clinic Referral Log the date the request was made, the name of the specialist provider ~~and the purpose of the~~ and the purpose of the request.
5. Upon receipt of authorization, ~~contact the Specialist provider to schedule an appointment then~~ contact the patient to advise of the date, time, and location of the appointment. fax the approval to the Specialist provider and contact the patient to advise them of the approved referral provider and the provider's contact information for scheduling an appointment at a time and date that is convenient for the patient.
6. Using the Referral Log as a reminder system, ensure receipt of Specialist provider's report of their care/treatment of the patient. If the report is not received within 10 days of the scheduled appointment, contact the Specialist and request the report, documenting the request on the Referral Log.



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

POLICY: <del>Demonstrated Job Specific</del> Competency	REVIEWED: 3/2/16; 2/15/17; 3/15/18; 10/25/18; 9/29/19; <u>08/31/22</u>
SECTION: Human Resources	REVISED: 3/15/18; <u>9/9/22</u>
EFFECTIVE: <del>10/24/19</del> <u>09/22/2022</u>	MEDICAL DIRECTOR:

**Subject:** Demonstrated Competency

**Objective:** To ensure personnel are capable of performing the tasks required by their position, competency will be demonstrated at the time of on-boarding and annually thereafter, in accordance with the Demonstrated Competency Checklist(s) in place at the time.

**Response Rating:** Mandatory

**Required Equipment:**

**Definitions:**

**Demonstrated Competency:** The ability to perform a work role or task to a demonstrated defined standard. To meet a competency standard, the activity is performed under specified conditions to the specified standard of performance.

**Procedure:**

1. Prior to assuming duties without direct supervision, all personnel will demonstrate competency according to the ~~Demonstrated Competency Job Specific Orientation/Competency Checklist Checklist~~ currently approved for their job description.
2. Annually, all personnel will demonstrate competency according to the Job Specific Competency Checklist ~~Demonstrated Competency Checklist~~ currently approved for their job description.
3. Upon addition of new patient care equipment, patient care procedures, and/or waived testing kits in the Clinic, personnel will participate in orientation/education and then demonstrate their competency.
  - a. Training will be documented with educational materials and documentation of personnel participation retained.
  - b. After training is completed, competency will be demonstrated, documented and added to the current Demonstrated Competency Checklist as a “write-in”.
4. Annually, the ~~Demonstrated Competency Checklist~~ Job Specific Competency Checklist will be reviewed to ensure it accurately reflects the processes, equipment, techniques that are pertinent to the Clinic environment with new processes, equipment, and techniques added and unnecessary elements deleted.





5. The Medical Director will complete ~~Demonstrated Competency~~Job Specific Competency evaluation and documentation for —Nurse Practitioners and Physician Assistants.

6. The designated Nurse Practitioner will complete ~~Demonstrated Competency~~Job Specific - evaluationCompetency evaluation and —documentation for the Clinic Director (RN) in back-office processes.

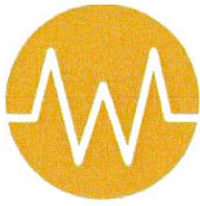
7. The Clinic Director, or the Clinic Director's designee or a, or, designated a designated Nurse Practitioner will complete ~~Job Specific Competency~~ Demonstrated Competency —evaluation and documentation for the ~~Administrative Medical Assistant~~Medical Assistants, Registered Nurses, and —Licensed Vocational Nurses in back-office processes.

8. The Radiology Supervisor will complete ~~Demonstrated~~ Job Specific Competency evaluation and documentation for —the Radiology Technicians.

Job Specific Competency Evaluation for the Radiology Supervisor will be completed by a designated Radiologic Technologist.

9. The ~~Administrative Medical Assistant~~Front Office and Billing Manager ~~Billing Coordinator & Front Desk Manager~~ or designee will complete ~~Demonstrated Competency~~Job Specific Competency evaluation —and documentation for Front Office personnel and any persons assigned responsibilities for billing and —coding functions.

10. ~~Designated Nurse Practitioners, Registered Nurses, and/or Licensed Vocational Nurses or Clinic Director's designee~~ designee will —complete ~~Demonstrated~~ Job Specific Competency evaluation and documentation for the ~~Medical Assistants in back-office processes.~~



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

POLICY: Management Of Referral Requests	REVIEWED: 9/22/16; 9/8/17; 7/22/18; 5/7/19; 9/7/19, <u>08/31/22</u>
SECTION: Administration	REVISED: 7/22/18; 5/7/19; 9/7/19, <u>09/13/22</u>
EFFECTIVE: <u>9/26/19 09/22/2022</u>	MEDICAL DIRECTOR:

**Subject:** Management of referral requests

**Objective:** To ensure prompt attention is paid to referral orders and to ensure the process is completed timely.

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

1. The EMR system is set-up to track and manage the referral process.
2. Upon determining that a referral is required, the provider will document same in the EMR and will provide the necessary details in the form of an order:
  - a. Service type (consultation, imaging study, etc.)
  - b. Provider preferred (if appropriate)
  - c. Purpose of referral
  - d. Time frame (number of days/weeks/months) before reminder will appear
3. Upon completion of the order, the active task will move from the patient's electronic medical record to the staff task list.
4. The ~~designated Medical Assistant~~Care Coordinator(s) is responsible for and will obtain authorization for all referral services and will follow through with the insurance carriers to obtain authorization and will document \_\_\_\_\_same in the EMR and -the Referral Log. ~~Once authorization is approved the insurance approval will be \_\_\_\_\_assigned to designated Front Office Medical Assistant(s) through the EMR (Clinical Inbox). Front and back office Medical Assistants may participate in the process as \_\_\_\_\_requested.~~



65. Delays in obtaining authorization will be documented in the EMR and Referral Log; and communicated to the provider and the patient.
76. If the authorization is denied, the denial will be documented in the EMR and Referral Log; and the provider will follow-up with the patient.
87. If the authorization is given, the ~~designated front office Medical Assistant~~ Care Coordinator(s) will work with the ~~referral~~ provider ~~patient and the patient~~ to schedule the necessary appointment and will document appointment ~~details~~ in the EMR and Referral Log.
- ~~\_\_\_\_\_~~ a. Stat Referrals-The Care Coordinator or their designee will complete the STAT Referral per the practitioners order.
- Should the patient prefer to schedule their own appointment directly with the referral ~~\_\_\_\_\_~~ provider, they will be empowered to do so. The referral provider contact information will be given to the patient in order for them to schedule an appointment on a day and time convenient for them.
- ~~\_\_\_\_\_~~ b. ~~Staff will function relative to the patient's preference and will document same in the EMR and Referral Log. A print out of the authorization may be given to the patient at the patient's request.~~
- c. Patient will be asked to advise the office as to the date and time of the scheduled specialist appointment.
98. The referral provider's report will be received at the Clinic and will be scanned into the EMR and receipt will be documented in the EMR and the Referral Log.
- a. If the document is sent via USPS, it will be faxed (use Athena Net front and back fax pages) for inclusion in the patient's EMR.
- b. If the document is sent via fax, it will be "intercepted" by Athena Net and included in the patient's EMR.
109. Should there be a delay in receipt of the report, designated ~~front office Medical Assistant~~ Care Coordinator will follow up ~~with phone calls to the referral provider's office. EMR flags will alert to the absence of the report. Follow up attempts will be documented in the EMR and the Referral Log.~~
1110. A task will appear on the provider's worklist to indicate the referral report has been received. After the provider has reviewed the report and documented next steps, the task will appear as complete.
12. ~~Staff will be notified, via the EMR tasks functionality, if the provider wishes the patient to return~~ 11. Staff will be notified, via the EMR tasks functionality, if the provider wishes the patient to



~~return to the Clinic to discuss the referral appointment/report. to the Clinic to discuss the referral appointment/report.~~

1312. If no appointment is necessary and communication via telephone or patient portal is sufficient, the provider will complete ~~that/those~~the task(s) and document same in the EMR as well as instruct the Care Coordinator or their designee to and document in the Referral Log.

14. The EMR tickler system and Referral Log will notify both provider and staff if the processing of an authorization, scheduling of an appointment, or completion by the patient of the appointment is not completed within the previously designed time frame.
15. All communications between the patient, insurance carrier, and referral provider will be documented in the EMR and the Referral Log.

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16. All non-urgent walk-in referrals for non-primary care patients will be the responsibility of the patient's designated Primary Care Physician (PCP). As such, the designated Medical Assistant will fax the encounter summary notes to the patient's PCP following the clinic encounter and the patient will be advised to follow up with their PCP. The Medical Assistant will log each action in the EMR ~~and~~ Referral Log.
16. A detailed workflow of the referral authorization process and the Referral Log can be found in the shared folder.
17. The ~~Director of Clinical Operations~~Clinic Director and/or designee will be responsible for supervising the referral process and completing monthly audits of the Referral Log.

Resource: ADS 7.0.3



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

POLICY: Processing X-Ray Requisitions	REVIEWED: 3/27/16; 3/1/17; 3/28/18; 3/27/19; <u>4/7/202108/31/22</u>
SECTION: Clinical	REVISED: 3/1/17; <u>09/13/22</u>
EFFECTIVE: <u>09/22/20224/25/19</u>	MEDICAL DIRECTOR:

**Subject:** Processing X-Ray Requisitions

**Objective:** To ensure efficient and timely processing of radiology orders and the subsequent access to newly available images.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. Confirm that patient has been registered at the registration desk.
2. Upon receipt of any x-ray request/order, log the request into the Radiology Department Patient Log.
  - a. Orders must include the patient's name, date of birth, diagnosis code(s), date ordered, office of origin (if a paper \_\_\_\_\_ requisition), printed name of ordering practitioner, and legible signature of ordering practitioner.
  - ~~b. All x-ray requests/ orders are good up to 30 days from the ordering practitioner's dated signature, unless the ordering practitioner stipulates in writing that the exam should be completed on a date beyond the 30 day timeframe. If the ordering practitioner is a Nurse Practitioner or Physician Assistant the order must be co-\_\_\_\_\_ signed by a physician.~~
3. Enter required information into the Fuji DR machine.
4. Take images as ordered.
5. For Clinic patients, before images have been taken:
  - a. Confirm the preferred imaging facility located in the EMR under the patient's quickview is \_\_\_\_\_ West Side Family Health Care RHC 100 E. North Street Taft, CA 93268.
5. For Clinic patients, after images have been taken:
  - a. Notify the ordering provider via the Athena messaging that the Xx-Rrays images for their patient are ready to be viewed. on the patient (specify)



6. For non-Clinic patients

- a. Enter charges for exam taken into Athena EMR.

7. ~~For all patients, In-house and Outside, Clinic and Non-Clinic:~~

~~All X-Ray exams are to be processed and completed in Ramssoft. requests are faxed to Quest (661-633-2525).~~

- a. ~~Requisitions may be sent singly or in batches. Verify the patient information is correct.~~
- b. ~~Attach fax transmission receipt to requisition(s). Select Priority type for each exam: i.e. Stat, High, Routine, etc.~~
- c. ~~Place all requisitions, with attached fax transmission receipts in the document bin for retention. Add appropriate diagnosis code(s) and relevant comments, symptoms, etc.~~
- d. ~~Tech Verify and, add ordering provider, ordering facility and performing tech information prior to completing each exam in Ramssoft.~~
- e. ~~Place all requisitions in document bin for retention until report for each exam is received.~~

8. ~~Scan the requisition into the EMR, associated with the patient encounter, as the mechanism for medical record retention.~~



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

POLICY: Radiation Safety and Protection Program	REVIEWED: 3/27/16; 4/28/17; 3/27/19; 9/29/19; <del>08/31/22-4/07/2021</del>
SECTION: Patient Care	REVISED:
EFFECTIVE: <del>09/22/2022</del> 10/24/19	MEDICAL DIRECTOR:

**Subject: Radiation Safety**

**Objective:** To ensure the Safety of personnel and patients in the Radiology Department

**Response Rating:** Mandatory

**Procedure:** Radiation Safety and Protection Program

**Organization and Administration**

1. The Supervising Radiological Technologist will be responsible for the implementation and enforcement of all Radiation Safety and Protection procedures.
2. The District will employ California State Licensed Radiologic Technologists who can perform all X-ray services offered at the Clinic.
  - a. Should circumstances require the District to employ ~~ee~~ a licensed Radiologic Technician with a limited permit, the Supervising Radiologic Technologist will be responsible for managing the Technician’s limited permit and developing, in coordination with the District, the necessary procedures to maintain patient safety and access to X-ray services.
3. Technologists will be oriented to be aware of their responsibility to report promptly to the ~~Director of Clinical Operations, the~~ Clinic Director or ~~the administrative staff of the Health Care~~ District office staff of any condition, policy or procedure that may lead to unnecessary exposure to radiation; or, cause a violation of Radiation Safety procedures, State Regulations, or District Clinic departmental policies or procedures.

**ALARA Program**

1. The radiology department shall use, to the extent practicable, procedures and engineering controls based upon sound radiation protection principles to achieve occupational doses and doses to members of the public that are as low as is reasonably achievable (ALARA).



2. All technologists working in the radiology department will be required to use tested and approved techniques posted at the x-ray console in the radiology department to achieve the principles of the ALARA program.

### **Dosimetry Program**

1. All technologists will be required to wear approved film badges that will monitor their doses of radiation while working within the radiology department.
  - a. Film badges will be left in the radiology office upon end of shift. Badges are NOT to be taken out of the radiology department.
  - b. A Control film badge will be kept in the radiology department at all times conspicuously located on the bulletin board.
2. Film badges will be monitored, checked, and documentation will be provided on a quarterly basis.
3. Radiation dosimetry reports will be reviewed and initialed by the supervising radiologist on a quarterly basis. Copies of these reports will be made available to all technicians involved in the dosimetry program.
4. Technologists will be instructed on the proper use of individual monitoring devices including consequences of over exposure to radiation.

### **Radiological Controls**

1. Entry and Exit Controls
  - a. The two doors entering the radiology department will be locked at all times when an exam is in progress.
2. Posting Requirements
  - a. The two doors entering the radiology department will be posted with a sign indicating a radiologic exam is in progress and to Not Enter
  - b. A current copy of Department Form RH-2364 (Notice to Employees) will be posted in the radiology department office for all employees to read.
  - c. A copy of the CCR [Title 17](#) with a copy of operating and emergency procedures applicable to work will be available to employees in the radiology department for review.

### **Disposal of Equipment**





1. Any sale, transfer, or discontinuance of use of any reportable source of radiation will be reported in writing to the Department.

### **Other Controls**

1. Positioning aids, gonadal shielding, protective aprons, and protective gloves are available within the radiology department for shielding patients from over exposure to radiation.
  - a. These aids will be tested annually and logged to ensure the integrity of the devices.

### **Record Keeping and Reporting**

1. Supervision of all record keeping will be the responsibility of the Supervising Radiologic Technologist.
2. Records kept on hand are in the Radiology Department:
  - a. Daily log of patients and exams
  - b. ~~Records release forms (disc's of digital images for patients)~~
  - c. Radiation Dosimetry Reports
  - d. Digest of new regulations to CCR [Title 17](#)
  - e. Log of testing of Radiation Protection devices

### **Training**

1. Operating and Safety Procedures
  - a. Safety Procedures for radiology equipment are delineated in the Operational Manual provided by Fujifilm Corporation on the FDE D-EVO (DR-ID 600). These procedures are located in the Radiology Department.
2. On an annual basis all radiological technologists will be instructed in the health protection problems associated with exposure to radiation, in precautions or procedures to minimize exposure, instruct such individuals in, and instruct them to observe, to the extent within their control, the applicable provisions of Department regulations for the protection of personnel from exposures to radiation occurring in the radiology room.
  - a. These training sessions will be documented and that documentation and supporting material will be kept in the radiology department office.
  - b. All training material will support the ALARA program and be approved by the American Society of Radiologic Technologists (ASRT) and/or the California Public Health Department Radiologic Health Branch (CDPH RHB).



3. Technologists will be instructed in the appropriate response to warnings made in the event of any unusual occurrence or malfunction that may involve exposure to radiation and advise them as to the radiation exposure reports which they may request.

### **Quality Assurance Programs**

1. On an annual basis the radiology equipment will be subjected to a preventative –maintenance inspection by a qualified radiological maintenance personnel.
  - a. Any repairs necessary to maintain the safety and functionality of the equipment will be documented and that documentation will be kept in the radiology department office of later review.
  - b. It will be the responsibility of the Radiology Supervisor to keep and maintain these records.

### **Internal Audit Procedures**


1. This procedure will be reviewed on an annual basis.
  - a. The procedure will be reviewed by the Supervising Radiologic Technologist.
  - b. All Radiologic Technologists in the Radiology Department will review and sign the procedure after each annual review.
2. A copy of this procedure will be available in the Radiology Department for review by personnel.
3. This procedure will also be placed in the Policy and Procedures manual of the West Side Health Care District.

Reference: California Code Regulations, Title 17

# ITEM 7



September 15, 2022

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

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

- Providers and staff continue to work extremely hard to delivery patient care services. **The clinic reported more than 2200 patient encounters and a Rural Health Clinic Payer Mix of 71%.**
- Management continues to investigate the performance of the HVAC system servicing the clinic lobby. **Kern Mechanical Engineering is managing the project and maintaining the HVAC unit.**
- **The radiology software and the imaging detector plate are scheduled to be updated and replaced in September 22nd.** Radiology services will be unavailable during the system upgrade.
- **Houchin Community Blood Bank will be at the clinic on September 20th between 12-6pm for a community blood drive.**
- **District and Clinic staff are continuing to prepare for the upcoming Rural Health Clinic Re-Accreditation Audit.** The surprise audit is anticipated to occur between October and December of the current year.
- Management continues to work with our contracted attorney to develop material for our Formal Appeal of the Department of California Health Care Services Reconciliation Audit findings. The Formal Appeal has been scheduled for December 1, 2022.
- **The District and Clinic will participate in the West Side Recreation and Parks District trunk or Treat scheduled for October 27<sup>th</sup>.**
- Management was interviewed by KERO 23 ABC News to discuss the Kern Health Systems Grant Award. WSFHC received a \$75,000 grant to strengthen its Kern Family Health Care Enhanced Care Management Program. The interview and story aired on September 6<sup>th</sup> and can be viewed on the 23 ABC News website.