



# **Board of Trustees 2021**

## **October 8, 2021**





## NMC Board of Trustees Meeting

Friday, October 8, 2021

9:00 AM

**\*\*\* VIDEO CONFERENCE / TELEPHONIC MEETING \*\*\***

### AGENDA

#### IMPORTANT NOTICE Regarding COVID 19

Based on guidance from the California Department of Public Health and the California Governor's Office, in order to minimize the spread of the COVID-19 virus, Natividad Medical Center ("Natividad") Board of Trustees meetings will be held entirely by Zoom. There will be no physical location for these meetings. Committee Members shall participate in the meeting by Zoom.

To participate in this Natividad Board of Trustees meeting, the public are invited to observe and address the Committee via Zoom.

The meeting will be conducted via teleconference using the Microsoft Zoom program. This gives the public two options. The public may attend the meeting by phone. Or, the public may attend and observe the Zoom meeting via computer audio.

To participate by phone call any of these numbers below:

- +1 971 247 1195 US (Portland)
- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)
- +1 602 753 0140 US (Phoenix)
- +1 720 928 9299 US (Denver)

Enter the Meeting ID number: **936 4187 6014** when prompted.

You will then enter the Password: **445616** when prompted.

Or, to attend the Natividad Board of Trustees meeting by Zoom computer audio at:

<https://natividad.zoom.us/j/93641876014?pwd=SWZuL2EwRHRiQUlUN4czN6cDkycGtRUT09>

You will be placed in the meeting as an attendee; when you are ready to make a public comment if joined by computer audio please select the "Raise your Hand" option on the Zoom screen; and by phone please push #9 on your keypad.

1. If a member of the public wishes to comment on a particular agenda item, the public is strongly encouraged to submit their comments in writing via email to the Natividad Board of Trustees at [Natividadpubliccomments@natividad.com](mailto:Natividadpubliccomments@natividad.com) by 2:00 p.m. on the Thursday prior to the Committee meeting. To assist Natividad staff in identifying the agenda item to which the comment relates, the public is requested to indicate the Committee date and agenda number in the subject line. Comments received by the 2:00 p.m. Thursday deadline will be distributed to the Committee and will be placed in the record.
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- a. When the Chair calls for public comment on an agenda item, the Secretary of the Committee or his or her designee will first ascertain who wants to testify (among those who are in the meeting telephonically) and will then call on speakers one at a time. Public speakers will be broadcast in audio form only.
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  5. The Chair and/or Secretary may set reasonable rules as needed to conduct the meeting in an orderly manner.

Members of the Natividad Medical Center Board of Trustees are appointed by the Monterey County Board of Supervisors. Membership and terms of office are established by the Natividad Medical Center Bylaws.

1. **Call to Order**
2. **Roll Call**
3. **Pledge of Allegiance**
4. **Additions and Corrections by Clerk** *Page 1-9 – Board Clerk*  
*The Clerk of the Board of Trustees will announce agenda corrections and proposed additions, which may be acted on by the Board as provided in Sections 54954.2 of the California Government Code.*
5. **Minutes**
  - Approve the Minutes of September 10, 2021 Board of Trustees Meeting *Page 10-18*
6. **Board Comments**
7. **Public Comments (Limited up to 3 minutes per speaker at the discretion of the Chair)**  
*This portion of the meeting is reserved for persons to address the Board on any matter not on this agenda but under the jurisdiction of the Board of Trustees. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification; make a referral to staff for factual information, or request staff to report back to the Board at a future meeting.*
8. **Consent Calendar**  
**Approve the following policies, procedures, rules, and regulations:**  
**8a.** Policies/Procedures/Forms/Manuals (listed and available upon request)  
Emergency Medicine Physician Assistant Nurse Practitioner Advanced  
Procedure Teaching / Training Program  
Standardized Procedure, Lactation Outpatient Clinic, SP-1854  
Policies/Procedures/Forms/ Order Sets:  
***New Policies***  
ED-1410 Emergency Department Medical Alert  
***Revised Policies***
  - 1:0490 Chain of Custody for Physical Evidence
  - 1:1310 Fall Prevention
  - 1:3111 Enteral Feeding, Management of Adult
  - 1:4466 Comfort Focused Care (End of Life Care)
  - 1:8000 Discontinuation Criteria for Isolation of Multidrug Resistant Organisms (MDRO's)
  - CARD-0003 Hours of Operation – Service Availability
  - CARD-0029 Handheld Resuscitation Bag and Mask Use
  - CARD-0042 Oxygen Administration
  - CARD-0044 Pulse Oximetry Respiratory Therapy
  - DIET-1026 Fire Safety

- ED-1280 Fire Safety Policy
- IC-510 Monitoring and Documenting Temperatures for
- Patient Food Refrigerators
- IR-1503 Angiography – Aortogram & Runoff
- IR-1504 Angiography – Cerebral
- IR-1505 Angiography – Fistulagram
- IR-1514 On-Call Policy
- IR-1543 Angiography – Upper and Lower Extremities
- OR-7040 Count – Surgical Services Policies
- OR-7041 TB Patients Scheduled for Surgery
- OR-7056 Transfer of Care Following Procedures
- 4:0710 Radiation Safety Committee
- 4:2900 Parking Regulations and Vehicle Management
- 4:3300 Medical and Pharmaceutical Waste Management Policy
- 4:4200 Disruption of Services
- 4:4217 Civil Disturbance
- 4:6100 Medical Equipment Failure Response

#### **NO CHANGES**

- 1:1516 EMS Radio/Phone Communication
- 1:3650 Defibrillator Test
- 1:4000 HIV Testing & Disclosure, w/o Source Patient Consent
- 1:9500 Toys, Cleaning of
- 6:2400 Food & Beverage Management
- CARD-0002 Respiratory Care Services Goals and Responsibility
- CARD-0006 Performance of Respiratory Care Procedures
- CARD-0009 Cardiopulmonary Resuscitation Certification
- CARD-0012 Priorities of Services for Respiratory Therapy
- CARD-0013 Patient Care Documentation
- CARD-0014 Medical Management of Respiratory Patients
- CARD-0015 Ordering Therapy
- CARD-0017 Administration of Respiratory Care Medications
- CARD-0018 Administration of Routine Therapy
- CARD-0020 Asthma Education Program
- CARD-0021 Arterial Puncture for Blood Gas Analysis
- CARD-0022 Sputum Collection by Expectoration
- CARD-0023 Safe Medication Administration Practices
- CARD-0024 Tracheostomy Tube Cannula and Stoma Care
- CARD-0025 Oronasopharyngeal Suctioning
- CARD-0026 Aerosol Therapy (Bland Aerosol Treatment)
- CARD-0027 Cough Therapy, Directed, Respiratory Therapy
- CARD-0028 Non-Invasive Positive Pressure Ventilation Continuous Positive Pressure
- CARD-0030 Chest Physiotherapy (CPT)
- CARD-0031 Nebulizer Therapy (Small Volume Nebulizer/

- Large Volume Nebulizer/In-Line Nebulizer)
- CARD-0032 End-Tidal Carbon Dioxide (ETCO<sub>2</sub>) Monitoring
- CARD-0033 Endotracheal Tube Repositioning
- CARD-0034 Mechanical Ventilation Weaning
- CARD-0035 Endotracheal Tube Removal
- CARD-0036 Bronchoscopy Assisting
- CARD-0037 Intermittent Positive Pressure Breathing (IPPB)
- CARD-0038 Intubation with Direct Visualization
- CARD-0040 Procedure for Ventilator Standby<sup>7</sup>, Set-Up, and Availability
- CARD-0041 Metered Dose Inhaler Use
- CARD-0043 Peak Flow Meter Use
- CARD-0045 Continuous Positive Airway Pressure (C-Pap) Use
- ED-1315 Family Presence During Resuscitation and Emergent Events
- ED-1400 Severe Sepsis/Septic Shock Management Guidelines
- ED-1405 Stroke Assessment & Initial Nursing Mgmt Protocol
- IC-115 Infection Control Surveillance Activities
- IC-200 Cleaning and Low-Level or Intermediate-Level
- Disinfection of Shared Hospital Equipment
- IC-225 Cleaning and Decontamination of Spills of Blood and
- Other Potentially Infectious Material
- IC-440 Emerging Infectious Diseases
- IC-450 Pandemic Influenza
- IC-460 Re-donning of Disposable N-95 Respirators When N-95s Are Not Available
- IR-1501 Echocardiography
- IR-1502 Air Embolism Protocol
- IR-1507 Angiography – Visceral
- IR-1508 Aseptic Technique
- IR-1509 Blood Administration
- IR-1511 Cholangiogram
- IR-1512 Dress Attire in the Interventional Radiology Rooms
- IR-1563 Biliary Tube Insertion
- IR-1565 Biopsy of the Liver – Percutaneous
- IR-1569 Biopsy of the Liver – Transjugular
- IR-1582 Cholecystostomy
- 1:0460 Patient Valuables & Belongings
- 4:1530 Safety and Security Risk Assessment
- 4:4010 Education and Training
- 4:4216 Hostage Incident
- 4:4221 High Profile Visitors and Patients

## **ORDER SETS**

New

- OB Insulin Correctional Scale



Reviewed

- PEDIATRIC NS BOLUS IV'S
- PED ADMISSION
- PED APPENDICITIS
- PEDS IV MODULE (GREATER THAN 5KG)
- PED DEHYDRATION
- PED LUMBAR PUNCTURE
- PEDIATRIC FEVER NO IBUPROFEN

**COVID Guidelines**

- COVID-0002 COVID-19 Visitation Guideline
- COVID-0026 Discontinuation of Isolation for Persons with COVID-19
- COVID-0036 Guidelines for the Emergency Use Authorization of Casirvimab and Imdevimab
- COVID-0039 Guidelines for Evaluation of False Positive COVID-19 Protocol
- **RETIRE** COVID-0020 Guidelines for Reuse Controlled Air Purifying Respirator (CAPR) Disposable Lens Cuff and Powered Air-Purifying Respirators (PAPR) Cuff

**Approve for submission to the Monterey County Board of Supervisors the following agreements identified in Item 8b – 8i of the consent calendar. All of the listed items were previously reviewed and approved by the NMC Finance Committee.**

**8b. \* Approve for Submission to the Monterey County Board of Supervisors the Following Agreement for Brian Lugo MD, Medical Corp. Page 19-20 (CONSENT)**

- a. Authorize the Interim Chief Executive Officer for Natividad or his designee to execute the Second Amendment to the Professional and Call Coverage Services Agreement (A-14386) with Brian Lugo MD, Medical Corp. to provide general and acute care surgical services, extending the term by twenty-four months (December 1, 2021 to November 30, 2023) for a revised full agreement term of July 1, 2019 to November 30, 2023 and adding \$200,000 for a revised total amount not to exceed \$700,000; and
- b. Authorize the Interim Chief Executive Officer for Natividad or his designee to sign up to three (3) future amendments to this agreement where the total amendments do not significantly change the scope of work and do not cause an increase of more than ten percent 10% (\$50,000) of the original contract amount.

**8c. \* Approve for Submission to the Monterey County Board of Supervisors the Following Agreements for Locum Tenens Physician Referral Services. Page 21-22 (CONSENT)**

- a. Authorize the Interim Chief Executive Officer ("CEO") for NMC or his designee to execute seventh amendments to the agreements with Medical Search, LLC d.b.a. SUMO Medical Staffing (A-12896), Staff Care, Inc. (A-12897), Next Medical Staffing, LLC (A-12898), MDA Holdings, Inc. d.b.a. Medical Doctor Associates, LLC (A-12899), and Jackson & Coker Locum Tenens, LLC d.b.a. Jackson & Coker (A-12900) ("Locum Tenens Agencies") for locum tenens physician referral services at NMC pursuant to the Request for Proposals (RFP) #9600-61 to address changes in California law and to update payment rates, with no change to the term of each agreement (August 1, 2015 through December 31, 2021) or to the total aggregate liability for all agreements (\$10,500,000);
- b. Authorize the Interim CEO for NMC or his designee to execute a further amendment to each

of the agreements with the Locum Tenens Agencies to extend the term of each agreement to June 30, 2022, with necessary updates to payment rates, but with no change to the total aggregate liability for all agreements.

- 8d. \* **Approve for Submission to the Monterey County Board of Supervisors the Following Memorandum of Understanding with Community Homeless Solutions (CHS),** Page 23-24 (CONSENT)  
Authorize the Deputy Purchasing Agent for Natividad Medical Center (NMC) or his designee to execute funding of the Memorandum of Understanding (MOU) with Community Homeless Solutions ("CHS"), a California corporation, for assisting in meeting the direct costs of a Medical Respite Program ("MRP") for homeless persons in Monterey County, retroactively from July 1, 2021 through June 30, 2022, for a total MOU amount not to exceed \$115,000.
- 8e. \* **Approve for Submission to the Monterey County Board of Supervisors the Following Agreement with CA Transplant dba SafetyGraft,** Page 25-26 (CONSENT)  
a. Authorize the Interim Chief Executive Officer for Natividad Medical Center (NMC) or his designee to execute amendment No. 4 to the agreement (A-13020) with CA Transplant dba SafetyGraft for tissue bank services, extending the agreement an additional one (1) year period (January 1, 2022 through December 31, 2022) for a revised full agreement term of January 1, 2016 through December 31, 2022 and adding \$130,000 for a revised total agreement amount not to exceed \$362,500.
- 8f. \* **Approve for Submission to the Monterey County Board of Supervisors the Following Amendment to Natividad (Unit 9600) FY 2021-22 to add the following FTE** Page 27-28 (CONSENT)  
a. Amend Natividad (Unit 9600) FY 2021-22 Adopted Budget to add 4.0 FTE Psychiatric Social Worker II positions and 1.0 FTE Social Work Supervisor II position as indicated in the attached resolution;  
b. Direct the County Administrative Office to incorporate position changes in the Natividad (Unit 9600) FY 2021-22 Adopted Budget; and  
c. Direct the Human Resources Department to implement the changes in the Advantage HRM System.
- 8g. \* **Approve for Submission to the Monterey County Board of Supervisors the Following Amendment to the Policies and Practices Resolution No. 98-394,** Page 29-30 (CONSENT)  
a. Amend Personnel Policies and Practices Resolution No. 98-394 and Appendices A and B to adjust the salary range for the classification of Director of Health Information Management, as indicated in the attached resolution; and  
b. Direct the Human Resources Department to implement the changes in the Advantage HRM System.
- 8h. \* **Approve for Submission to the Monterey County Board of Supervisors the Following Amendment to the Policies and Practices Resolution No. 98-394,** Page 31-34 (CONSENT)  
a. Amend Personnel Policies and Practices Resolution (PPPR) No. 98-394 and Appendices A and B to create the classifications of Interventional Radiologic Technologist, Interventional Radiologic Technologist-Per Diem and Senior Interventional Radiologic Technologist with the salary ranges as indicated in the attached Resolution;  
b. Amend Natividad (Unit 9600) FY 2021-22 Adopted Budget to approve reallocation as indicated by position numbers in the attached Resolution;  
c. Authorize the Auditor-Controller to incorporate the approved changes in the Natividad (Unit 9600) FY 2021-22 Adopted Budget;



- d. Direct the County Administrative Office to incorporate the new classifications and approved position changes in the Natividad (Unit 9600) FY 2021-22 Adopted Budget; and
- e. Direct the Human Resources Department to implement the changes in the Advantage HRM System.

8i. **\* Approve for Submission to the Monterey County Board of Supervisors the Following Agreement with Hologic, Inc., Page 35-36 (CONSENT)**

- a. Authorize the Interim Chief Executive Officer for Natividad Medical Center (NMC) or his designee to execute an agreement with Hologic, Inc. for Digital Breast Tomosynthesis data conversion services for an amount not to exceed \$8,000 with an agreement term of November 1, 2021 through October 31, 2022.
- b. Approve the Interim NMC Chief Executive Officer's recommendation to accept non-standard limitations on liability, and limitations on damages provisions within the agreement.

9. **Approve for Submission to the Monterey County Board of Supervisors the Following Amendment to Central Valley Imaging Medical Associates, Inc., which is in the final stages of negotiation Page 37-38 (Dr. Craig Walls)**

- a. Authorize the Interim Chief Executive Officer for Natividad or his designee to execute the Professional and Call Coverage Services Agreement with Central Valley Imaging Medical Associates, Inc., d.b.a. Radiology Diagnostic Services, Inc. (RADS) to provide radiology services, extending the term by twelve months (December 1, 2021 to November 30, 2022) for a revised full agreement term of November 23, 2020 to November 30, 2022, and adding \$3,600,000 to the aggregate amount payable for revised not to exceed amount of \$5,500,000; and
- b. Authorize the Interim Chief Executive Officer for Natividad or his designee to sign up to three (3) future amendments to this Agreement where the total amendments do not significantly change the scope of work and do not exceed ten percent 10% (\$190,000) of the original contract amount.

10. **Approve for Submission to the Monterey County Board of Supervisors the Following Agreement with Natividad Medical Foundation, which is in the final stages of negotiation Page 39-40 (Dr. Charles Harris)**

- a. Authorize the Deputy Purchasing Agent for Natividad Medical Center (NMC) or his designee to execute an amendment to the agreement with Natividad Medical Foundation (NMF) for NMC's specially requested services and for NMF's philanthropic services, defined as "donor cultivation and solicitation" (e.g., The Agricultural Leadership Council) for an amount not to exceed \$1,616,483 with an agreement term January 1, 2022 through December 31, 2023.
- b. Authorize the Deputy Purchasing Agent for NMC or his designee to execute up to three (3) future amendments to the agreement which do not significantly alter the scope of work and do not cause an increase of more than ten percent (10%) (\$161,648) of the original cost of the agreement.

11. **Accept Oral Report from Natividad Chief Financial Officer - Daniel Leon, CFO August 2021 YTD Financial Reports Page 41-53**

12. **Receive a report on the status of AB 361 and the requirements for continued remote meetings after October 1, 2021 - Stacy Saetta, Chief Deputy County Counsel Page 54-70**

- a. Counsel will give a report on the status of AB 361 and the requirements for continued remote meetings after October 1, 2021.
- b. Provide direction to staff.

13. **Receive Oral Report from Natividad Chief Executive Officer** - *Dr. Charles R. Harris, Interim CEO*
  - a. Human Resource Director Janine Bouyea will give a report on Diversity, Equity and Inclusion
14. **Receive Oral Report from Natividad Chief Nursing Officer** – *Nancy Buscher, CNO*
15. **Receive Oral Report from Natividad Chief of Staff** – *Dr. Chris Carpenter, COS*
16. **Closed Session Public Comment**  
*The public may comment on Closed Session items prior to the Board's recess to Closed Session.*
17. **Recess to Closed Session under Government Code Section 54950**
  - a. Pursuant to Health and Safety Code Section 1461, Evidence Code Section 1157, and in accordance with Government Code Section 54954.5, the Board will receive Medical Quality Assurance Reports *Dr. Craig Walls, CMO*
18. **Reconvene on Public Agenda Items**
19. **Accept and approve September 2021 Credentials Report from Medical Staff Office relating to appointment of medical staff and allied health professionals.** *Page 71-72*

**Adjournment**

**Next Board of Trustees Meeting  
Friday, November 12, 2021  
9:00 AM  
VIDEO CONFERENCE/TELEPHONIC MEETING**



## NMC Board of Trustees Meeting

Friday, September 10, 2021

9:00 AM

**\*\*\* VIDEO CONFERENCE / TELEPHONIC MEETING \*\*\***

### MINUTES

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  5. The Chair and/or Secretary may set reasonable rules as needed to conduct the meeting in an orderly manner.

**Board of Trustees:** In person: Dr. Chad Harris, Fernando Elizondo Via Zoom: Dr. Chris Carpenter, Libby Downey, Manny Gonzalez, Supervisor Chris Lopez, Charles McKee, Manuel Osorio, Simon Salinas, Mitch Winick

**Absent:** Marcia Atkinson

**NMC Staff/County:** Noemi Ferguson, Stacy Saetta, Andrea Rosenberg, Daniel Leon, Ari Entin, Nancy Buscher, Hillary Fish, Dr. Craig Walls

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1. **Call to Order**

2. **Roll Call**

*Present*

*Dr. Chris Carpenter  
Libby Downey  
Fernando Elizondo  
Dr. Chad Harris  
Manny Gonzalez  
Charles McKee  
Manuel Osorio  
Simon Salinas  
Mitch Winick*

*Absent Marcia Atkinson  
Supervisor Chris Lopez*

3. **Public Comment**

- None

4. **Additions and Corrections by Clerk** – Board Clerk

*The Clerk of the Board of Trustees will announce agenda corrections and proposed additions, which may be acted on by the Board as provided in Sections 54954.2 of the California Government Code.*

5. **Minutes**

- Approve the Minutes of July 9, 2021 Board of Trustees Meeting

***MOTION:*** *Motion to approve the minutes of July 9, 2021, by Libby Downey, seconded by Manny Gonzalez, and approved by the following vote*

***Roll call vote taken pursuant to Government Code 54953:***

*Dr. Chris Carpenter: ABSTAIN  
Libby Downey: AYE  
Fernando Elizondo: AYE  
Manny Gonzalez: AYE  
Dr. Chad Harris: AYE  
Supervisor Chris Lopez: AYE  
Charles McKee: AYE  
Manuel Osorio: ABSTAIN  
Simon Salinas: AYE  
Mitch Winick: AYE*

***Absent Marcia Atkinson***

- Approve the Minutes of August 13, 2021 Board of Trustees Meeting

**MOTION:** *Motion to approve the minutes of August 13, 2021, by Simon Salinas, seconded by Supervisor Chris Lopez, and approved by the following vote*

**Roll call vote taken pursuant to Government Code 54953:**

**Dr. Chris Carpenter: ABSTAIN**

**Libby Downey: AYE**

**Fernando Elizondo: AYE**

**Manny Gonzalez: AYE**

**Dr. Chad Harris: AYE**

**Supervisor Chris Lopez: AYE**

**Charles McKee: AYE**

**Manuel Osorio: ABSTAIN**

**Simon Salinas: AYE**

**Mitch Winick: AYE**

**Absent** **Marcia Atkinson**

**6. Board Comments**

Fernando Elizondo discussed Committee Assignments on behalf of Board of Trustees and is asking for anyone interested in participating. Congratulations to Simon Salinas for selling the winning ticket and helping raise money for Natividad Foundation.

**7. Public Comments (Limited up to 3 minutes per speaker at the discretion of the Chair)**

*This portion of the meeting is reserved for persons to address the Board on any matter not on this agenda but under the jurisdiction of the Board of Trustees. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification; make a referral to staff for factual information, or request staff to report back to the Board at a future meeting.*

**8. Consent Calendar**

**Approve the following policies, procedures, rules, and regulations:**

**8a. Policies/Procedures/Forms/Manuals (listed and available upon request)**

- Health Screening Attestation Requirements, MSP003-4
- Standardized Procedures for ICU Nurses, SP-2040
- Policies/Procedures/Forms/ Order Sets

***New Policies***

- 1:3225 Severe Sepsis/Septic Shock Management Guidelines, Adult In-patient Population (excludes MIU patients)
- CARD NICU-0090 Nitric Oxide Administration, Neonatal

***Revised Policies***

- 1:4220 Rapid Response Team
- ARU-0015 Aspects of Care
- ARU-0088 Physical Therapy Services
- ARU-0089 Occupational Therapy Services
- ARU-0090 Speech Therapy Services
- DIAG-1004 Mammography Quality Assurance Plan
- LDU-6150 Shoulder Dystocia
- LDU-6640 Postpartum Hemorrhage
- NICU-6580 NICU: Isolation Policy
- NICU-6900 NICU: Admission Criteria
- NICU-6908 NICU: Cerebral Function Monitor



- NICU-6910 Co-Bedding of Multiples in the NICU
- NICU-6990 NICU: Umbilical Catheter Lines; Use in the Neonate
- NICU-6995 NICU: Use of RetCam for ROP Screening Examinations
- PED-7035 Consultation on the Pediatric Unit
- PED-7040 Peds: Bed Assignments
- PED-7080 Peds: Inservice/Continuing Education
- PED-7110 Pediatric Discharge Routine
- PED-7160 Transport within Hospital – Peds
- PED-7175 Pediatric Services Chain of Command
- PERI-6080 Group Beta Strep
- PERI-6801 Preparation, Fortification and Storage of Fortified Breastmilk and Formula
- OR-7056 Transfer of Care Following Procedures
- ADMNUR-0450 Discharge of a Patient
- LDU-6190 Post Anesthesia Care Unit (PACU)
- NUR ED 5500 General Administrative Policy Nursing Education
- NUR ED 5501 Training Center/Classrooms
- NUR ED 5503 Nursing Ed Dept: Payment of Instructions
- NUR ED 5504 Annual Educational Needs Assessment
- NUR ED 5505 AUDIO-Visual, Simulation and Training Equipment
- NUR ED 5506 Nursing Orientation for New Hires
- NUR ED 5509 Continuing Education Program
- NUR ED 5513 American Heart Association Life Support Training Programs
- NUR ED 5517 Support of “Chain of Survival” Activities - American Heart Association
- NUR ED 5518 Quality Assurance – American Heart Association
- NUR ED 5519 American Heart Association (AHA) Disclaimers
- NUR ED 5520 Recognition as Provider “Course Completion” – American Heart Association
- NUR ED 5523 Management of Training Sites – American Heart Association
- NUR ED 5524 Clinical Affiliations and Student Clinical Rotations

#### ***No Changes***

- 1:4225 RSI (Rapid Sequence Intubation)
- 1:9050 Forensic Patient Care
- ARU-0012 Leadership of Program
- DIAG-1405 Imaging Time Out
- PED-7150 Peds: Staffing – Patient Acuties

#### ***Retire***

- ARU-0009 ARU Lippincott Nursing Procedures & Skills
- NUR ED 5502 Records and Recordkeeping
- NUR ED 5512 Training Center Relationships
- NUR ED 5515 Management of Files American Heart Association
- NUR ED 5516 Training Center Personnel Roles – American Heart Association
- NUR ED 5521 Manikin Cleaning - American Heart Association
- NUR ED 5522 Internal Dispute Resolution – American Heart Association
- NUR ED 5525 College Faculty Orientation and Responsibilities
- NUR ED 5527 Student Clinical Rotations

#### ***COVID Guidelines***

- COVID-0002 Visitation Guidelines (Rev. 8.7.21)
- COVID-0002 Visitation Guidelines (Rev. 8.10.21)
- COVID-0002 Visitation Guidelines (Rev. 8.23.21)

- COVID-0004 Guidelines for Suspected or Confirmed COVID-19 in the Surgical Services Department (Rev. 7.20.21)
- COVID-006 Women & Children's Services COVID Guidelines (Rev. 8.16.21)
- COVID-006 Women & Children's Services COVID Guidelines (Rev. 8.27.21)
- COVID-0017 Eye Protection (re-instate, retired in error)
- COVID-0039 Guidelines for Evaluation of False Positive COVID-19 Protocol {NEW}
- COVID-0040 Guidelines for Administration of Inpatient COVID-19 Vaccine {NEW}
- COVID-0042 SARS-CoV-2 Staff Testing Guideline {NEW}
- **RETIRE** - COVID-0007 Guidelines for Extended Use of Facemasks, Respirators and Protective Eyewear

**Approve for submission to the Monterey County Board of Supervisors the following agreements identified in Item 8b – 8c of the consent calendar. All of the listed items were previously reviewed and approved by the NMC Finance Committee.**

**8b. \* Approve for Submission to the Monterey County Board of Supervisors the Following Agreement for GE Healthcare for Elite Glass MiniView Digital X-Ray, (CONSENT)**

- Authorize the Interim Chief Executive Officer for Natividad Medical Center (NMC) or his designee to execute an agreement with GE Healthcare for Elite Glass MiniView digital x-ray maintenance services at NMC for an amount not to exceed \$43,390 with an agreement term of March 4, 2022 through March 3, 2027.
- Approve the NMC Interim Chief Executive Officer's recommendation to accept non-standard indemnification, insurance, limitations on liability, and limitations on damages provisions within the agreement.

**8c. \* Approve for Submission to the Monterey County Board of Supervisors the Following Agreement with Vigilant Neuromonitoring LLC, (CONSENT)**

- Authorize the Interim Chief Executive Officer for Natividad or his designee to execute an Agreement with Vigilant Neuromonitoring LLC for intraoperative neurophysiological monitoring services at Natividad for an amount not to exceed \$200,000 for the term October 1, 2021 through September 30, 2023.
- Authorize the Interim Chief Executive Officer for Natividad or his designee to execute up to three (3) future amendments to the agreement which do not significantly alter the scope of work and do not cause an increase of more than ten percent (10%) of the original cost of the agreement per each amendment.

***MOTION: Motion to approve Policies/Procedures/Forms/Manuals and contract items 8a-8c, moved by Manny Gonzalez, seconded by Manuel Osorio, and approved by the following vote***

***Roll call vote taken pursuant to Government Code 54953:***

***Dr. Chris Carpenter: AYE***  
***Libby Downey: AYE***  
***Fernando Elizondo: AYE***  
***Manny Gonzalez: AYE***  
***Dr. Gary Gray: AYE***  
***Supervisor Chris Lopez: AYE***  
***Charles McKee: AYE***  
***Manuel Osorio: AYE***  
***Simon Salinas: AYE***

*Mitch Winick: AYE*

*Absent Marcia Atkinson*

9. **Approve for Submission to the Monterey County Board of Supervisors the Following Amendment to Monterey Spine & Joint PC, which is in the final stages of negotiation (Dr. Craig Walls)**

- a. Authorize the Interim Chief Executive Officer for Natividad or his designee to execute the First Amendment to the Professional and Call Coverage Services Agreement (A-14514) with Monterey Spine and Joint PC to provide neurosurgery services adding \$500,000 for revised amount not to exceed \$1,000,000 in the aggregate and extending the term by twenty-four months (October 1, 2021 to September 30, 2023) for a revised full term of October 1, 2019 to September 30, 2023; and
- b. Authorize the Interim Chief Executive Office for Natividad to sign up to three (3) future amendments to this agreement where the total amendments do not significantly change the scope of work and do not cause an increase of more than ten percent 10% (\$50,000) of the original contract amount.

**MOTION:** *Motion to accept item number 9, moved by Libby Downey, seconded by Manny Gonzalez, and approved by the following vote*

**Roll call vote taken pursuant to Government Code 54953:**

*Dr. Chris Carpenter: AYE*  
*Libby Downey: AYE*  
*Fernando Elizondo: AYE*  
*Manny Gonzalez: AYE*  
*Dr. Charles Harris: AYE*  
*Supervisor Chris Lopez: AYE*  
*Charles McKee: AYE*  
*Manuel Osorio: AYE*  
*Simon Salinas: AYE*  
*Mitch Winick: AYE*

*Absent Marcia Atkinson*

10. **Accept Oral Report from Natividad Chief Financial Officer - Daniel Leon, CFO**  
July 2021 YTD Financial Reports

**MOTION:** *Motion to accept the July 2021 Financial Report, moved by Libby Downey, seconded by Simon Salinas, and approved by the following vote*

**Roll call vote taken pursuant to Government Code 54953:**

*Dr. Chris Carpenter: AYE*  
*Libby Downey: AYE*  
*Fernando Elizondo: AYE*  
*Manny Gonzalez: AYE*  
*Dr. Gary Gray: AYE*  
*Supervisor Chris Lopez: AYE*  
*Charles McKee: AYE*

*Manuel Osorio: AYE*  
*Simon Salinas: AYE*  
*Mitch Winick: AYE*

*Absent      Marcia Atkinson*

11. **Receive Oral Report from Natividad Chief Executive Officer** - *Dr. Charles R. Harris, Interim CEO*
12. **Receive Oral Report from Natividad Chief Nursing Officer** – *Nancy Buscher, CNO*
13. **Receive Oral Report from Natividad Chief of Staff** – *Dr. Chris Carpenter, COS*
14. **Closed Session Public Comment**  
*The public may comment on Closed Session items prior to the Board's recess to Closed Session.*
15. **Recess to Closed Session under Government Code Section 54950**
  - a. Pursuant to Health and Safety Code Section 1461, Evidence Code Section 1157, and in accordance with Government Code Section 54954.5, the Board will receive Medical Quality Assurance Reports *Dr. Craig Walls, CMO*
  - b. Pursuant to Health & Safety Code section 1462, and in accordance with Government Code Section 54954.5, the Board will receive a report and confer involving hospital trade secret. Discussion will concern a proposed new program. Estimated date of public disclosure: November 1, 2021.
  - c. Pursuant to Government Code section 54956.9(d)(1), the Board will confer with legal counsel regarding existing litigation: *County of Monterey dba Natividad Medical Center v. Kaiser Foundation Health Plan, Inc., et al.*, Monterey County Superior Court, Case No. 19CV001823
16. **Reconvene on Public Agenda Items**
17. **Accept and approve August 2021 Credentials Report from Medical Staff Office relating to appointment of medical staff and allied health professionals.**

**MOTION:** *Motion to accept the report on August 2021 Credentials Report, moved by Supervisor Chris Lopez, seconded by Manny Gonzalez, and approved by the following vote*

**Roll call vote taken pursuant to Government Code 54953:**

*Dr. Chris Carpenter: AYE*  
*Libby Downey: AYE*  
*Fernando Elizondo: AYE*

*Manny Gonzalez: AYE*  
*Dr. Gary Gray: AYE*  
*Supervisor Chris Lopez: AYE*  
*Charles McKee: AYE*  
*Manuel Osorio: AYE*  
*Simon Salinas: AYE*  
*Mitch Winick: AYE*

*Absent      Marcia Atkinson*

**Adjournment:** With no other business before the Board, the meeting was adjourned at 10:55 am

*Recorded by Noemi Ferguson*

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**Fernando Elizondo, Chair**

## **MONTEREY COUNTY BOARD OF SUPERVISORS BOARD REPORT**

### **Brian Lugo MD, Medical Corp. Second Amendment**

#### **..Title**

- a. Authorize the Interim Chief Executive Officer for Natividad or his designee to execute the Second Amendment to the Professional and Call Coverage Services Agreement (A-14386) with Brian Lugo MD, Medical Corp. to provide general and acute care surgical services, extending the term by twenty-four months (December 1, 2021 to November 30, 2023) for a revised full agreement term of July 1, 2019 to November 30, 2023 and adding \$200,000 for a revised total amount not to exceed \$700,000; and
- b. Authorize the Interim Chief Executive Officer for Natividad or his designee to sign up to three (3) future amendments to this agreement where the total amendments do not significantly change the scope of work and do not cause an increase of more than ten percent 10% (\$50,000) of the original contract amount.

#### **..Report**

##### **RECOMMENDATION:**

It is recommended that the Board of Supervisors:

- a. Authorize the Interim Chief Executive Officer for Natividad or his designee to execute the Second Amendment to the Professional and Call Coverage Services Agreement (A-14386) with Brian Lugo MD, Medical Corp. to provide general and acute care surgical services, extending the term by twenty-four months (December 1, 2021 to November 30, 2023) for a revised full agreement term of July 1, 2019 to November 30, 2023 and adding \$200,000 for a revised total amount not to exceed \$700,000; and
- b. Authorize the Interim Chief Executive Officer for Natividad or his designee to sign up to three (3) future amendments to this agreement where the total amendments do not significantly change the scope of work and do not cause an increase of more than ten percent 10% (\$50,000) of the original contract amount.

##### **SUMMARY/DISCUSSION:**

Natividad received its designation as the Level II Trauma Center for Monterey County in January 2015. The American College of Surgeons requires acute critical care surgeons to be available in-house with a 15 minute response time for Level II Trauma Centers. In order to provide 24/7 care, it is necessary to maintain a core team of quality surgeons made up of employed and independent contract physicians to provide daily call coverage in the Emergency Department and follow-up care to patients in the Intensive Care Unit.

Natividad would like to amend the agreement with Brian Lugo MD, Medical Corp, so that Dr. Lugo, a board certified fellowship trained trauma surgeon can continue to provide the general and critical care surgical services as part of the comprehensive trauma services required for a Level II Trauma Center. Natividad has obtained an independent opinion of fair market value supporting the payment terms of this Agreement.



OTHER AGENCY INVOLVEMENT:

County Counsel has reviewed and approved this amendment as to legal form. Auditor-Controller has reviewed and approved this amendment as to fiscal provisions. The amendment has also been reviewed and approved by Natividad's Finance Committee and Board of Trustees.

FINANCING:

The total cost of this amendment is \$200,000. The total not to exceed amount of this agreement is \$700,000. The actual cost is contingent upon Dr. Lugo's participation in the call panel which may fluctuate based on his availability. Natividad has agreements with multiple providers to ensure sufficient coverage of the trauma services where the total expenditure will not exceed \$1,300,000 annually which is included in Fiscal Year 2021/2022 recommended budget. The remaining balance will be budgeted in subsequent fiscal years. There is no impact to the General Fund.

BOARD OF SUPERVISORS STRATEGIC INITIATIVES:

The services rendered in this agreement provide Natividad with the additional support it needs in order to provide reliable and high quality patient care which improves the health and quality of life for patients and their families.

- ☐ Economic Development
- ☐ Administration
- ☒ Health and Human Services
- ☐ Infrastructure
- ☐ Public Safety

Prepared by: Jeanne-Ann Balza, Director of Physician Services, 783.2506

Approved by: Dr. Charles R. Harris, Interim Chief Executive Officer, 783.2553

Attachments:

Second Amendment  
First Amendment  
Agreement

## **MONTEREY COUNTY BOARD OF SUPERVISORS BOARD REPORT**

### **Amendment No. 7 to Locum Tenens Referral Services per RFP 9600-61**

**Legistar Number:** \_\_\_\_\_

#### **..Title**

- a. Authorize the Interim Chief Executive Officer (“CEO”) for NMC or his designee to execute seventh amendments to the agreements with Medical Search, LLC d.b.a. SUMO Medical Staffing (A-12896), Staff Care, Inc. (A-12897), Next Medical Staffing, LLC (A-12898), MDA Holdings, Inc. d.b.a. Medical Doctor Associates, LLC (A-12899), and Jackson & Coker Locum Tenens, LLC d.b.a. Jackson & Coker (A-12900) (“Locum Tenens Agencies”) for locum tenens physician referral services at NMC pursuant to the Request for Proposals (RFP) #9600-61 to address changes in California law and to update payment rates, with no change to the term of each agreement (August 1, 2015 through December 31, 2021) or to the total aggregate liability for all agreements (\$10,500,000);
- b. Authorize the Interim CEO for NMC or his designee to execute a further amendment to each of the agreements with the Locum Tenens Agencies to extend the term of each agreement to June 30, 2022, with necessary updates to payment rates, but with no change to the total aggregate liability for all agreements.

#### **..Report**

#### **RECOMMENDATION:**

#### **It is recommended the Board of Supervisors:**

- a. Authorize the Interim Chief Executive Officer (“CEO”) for NMC or his designee to execute seventh amendments to the agreements with Medical Search, LLC d.b.a. SUMO Medical Staffing (A-12896), Staff Care, Inc. (A-12897), Next Medical Staffing, LLC (A-12898), MDA Holdings, Inc. d.b.a. Medical Doctor Associates, LLC (A-12899), and Jackson & Coker Locum Tenens, LLC d.b.a. Jackson & Coker (A-12900) (“Locum Tenens Agencies”) for locum tenens physician referral services at NMC pursuant to the Request for Proposals (RFP) #9600-61 to address changes in California law and to update payment rates, with no change to the term of each agreement (August 1, 2015 through December 31, 2021) or to the total aggregate liability for all agreements (\$10,500,000);
- b. Authorize the Interim CEO for NMC or his designee to execute a further amendment to each of the agreements with the Locum Tenens Agencies to extend the term of each agreement to June 30, 2022, with necessary updates to payment rates, but with no change to the total aggregate liability for all agreements.

#### **SUMMARY/DISCUSSION:**

In April 2015, Natividad conducted a Request for Proposals (RFP) to provide referral of locum tenens physicians. Locum tenens are physicians who temporarily take the place of physicians during periods when physicians (employed or contracted) are not available (e.g., vacation; illness; continuing medical education; etc.) to provide health care services vital to Natividad’s continued operation.

In order to find highly qualified temporary physicians and other locum tenens, such as advanced practitioners, who match the position we are trying to cover and are available on sometimes very short notice, it is necessary to contract with multiple locum tenens agencies. This Agreement allows Natividad to continue utilizing the services needed to provide reliable and quality patient care without interruption.

Locum tenens physicians are treated as independent contractors under California law. Changes in California law have clarified, however, that advanced practitioner locum tenens staff are to be treated as employees, not independent contractors. This amendment adds provisions applicable to locum tenens staff who are now treated as employees under the law.

**OTHER AGENCY INVOLVEMENT:**

The Office of County Counsel has reviewed and approved this amendment No. 7 as to form, and the Auditor-Controller has reviewed and approved as to payment provisions. The amendment No. 7 has also been reviewed and approved by NMC's Finance Committee and by its Board of Trustees on October 8, 2021.

**FINANCING:**

There is no financial impact to the County's General Fund or Natividad's Adopted Budget FY21/22.

**BOARD OF SUPERVISORS STRATEGIC INITIATIVES:**

The services rendered in this agreement provide Natividad with the additional support it needs in order to provide reliable and high quality patient care which improves the health and quality of life for patients and their families.

- ☐ Economic Development
- ☐ Administration
- ☒ Health and Human Services
- ☐ Infrastructure
- ☐ Public Safety

Prepared by: Jeanne-Ann Balza, Hospital Director of Physicians, 783-2506  
Approved by: Charles R. Harris, Interim Chief Executive Officer, 783-2504

Attachments:

SUMO Medical Staffing Agreement through Amendment No. 7  
Staff Care, Inc. Agreement through Amendment No. 7  
Next Medical Staffing, LLC Agreement through Amendment No. 7  
Medical Doctor Associates, LLC Agreement through Amendment No. 7  
Jackson & Coker Agreement through Amendment No. 7

Attachments on file with the Clerk of the Board

**..Title**

Authorize the Deputy Purchasing Agent for Natividad Medical Center (NMC) or his designee to execute funding of the Memorandum of Understanding (MOU) with Community Homeless Solutions (“CHS”), a California corporation, for assisting in meeting the direct costs of a Medical Respite Program (“MRP”) for homeless persons in Monterey County, retroactively from July 1, 2021 through June 30, 2022, for a total MOU amount not to exceed \$115,000.

**..Report****RECOMMENDATION:****It is recommended the Board of Supervisors:**

Authorize the Deputy Purchasing Agent for Natividad Medical Center (NMC) or his designee to execute funding of the Memorandum of Understanding (MOU) with Community Homeless Solutions (“CHS”), a California corporation, for assisting in meeting the direct costs of a Medical Respite Program (“MRP”) for homeless persons in Monterey County, retroactively from July 1, 2021 through June 30, 2022, for a total MOU amount not to exceed \$115,000.

**SUMMARY/DISCUSSION:**

In 2013, the hospitals of Monterey County convened and collaborated with the Hospital Council of Northern and Central California to search for a solution to meet the needs of the homeless population as they are discharged from hospital stays. All hospitals have struggled with increasing readmissions that require a solution that supports timely, post-acute safe discharges for these members of the county homeless population. Historically, there are a limited number of safe discharge options for homeless individuals and hospitals often rely on motels, board and care facilities, Skilled Nursing Facilities (“SNFs”) or extended inpatient stays.

On April 19, 2016, the Monterey County Board of Supervisors approved a Resolution authorizing Natividad Medical Center to contribute to the development of a Respite Program for the homeless via a funding agreement with an initial contribution of \$105,000. The respite facility is a collaboration among Community Hospital of the Monterey Peninsula, Salinas Valley Memorial Hospital and Natividad Medical Center, and Community Homeless Solutions.

On October 10, 2017, the Monterey County Board of Supervisors approved a Resolution authorizing Natividad Medical Center to contribute to the development of a Respite Program for the homeless via funding agreement with an additional contribution of \$93,500. In July 2019, the Board of Supervisors approved an additional three years ending June 30, 2021 and adding \$300,000 for a revised total agreement amount not to exceed \$498,500.

Earlier this year, the Healthcare Foundation of Northern and Central California requested that Natividad, Salinas Valley Memorial Hospital and the Community Hospital of the Monterey

Peninsula work directly with the Community Homeless Solutions to replace the agreement/amendments that expired June 30, 2021. This request for an agreement with CHS for \$115,000 for fiscal year 21-22 will continue this critical service to the homeless population. Continued availability of the medical respite program will enable hospitals to continue to implement discharge plans for clinically appropriate homeless patients that better manage hospital utilization. Homeless patients who receive post discharge care at the respite experience reduced re-hospitalizations and emergency department visits.

**OTHER AGENCY INVOLVEMENT:**

County Counsel has reviewed and approved this MOU as to legal form and risk provisions, and the Auditor-Controller and Budget Office have reviewed and approved as to payment provisions. The MOU has also been reviewed and approved by NMC's Finance Committee on October 8, 2021 and by its Board of Trustees on October 8, 2021.

**FINANCING:**

This action does not impact the General Fund contribution as the changes will be contained within the approved Natividad Medical Center's Adopted FY21-22 budget, and future costs will be included in future budgets respectively.

**BOARD OF SUPERVISORS STRATEGIC INITIATIVES:**

This agreement allows for the much needed continued monetary support to ensure the Respite program is successful. The program provides primary and behavioral healthcare to the homeless and helps break the cycle of homelessness by working with the client to create connections to family and friends, and offers assistance with benefit enrollment, transitional or permanent housing, and job training.

- ☐ Economic Development
- ☐ Administration
- ☒ Health and Human Services
- ☐ Infrastructure
- ☐ Public Safety

Prepared by: Daniel Leon, Chief Financial Officer, 783-2561  
Approved by: Charles Harris III, MD, Interim Chief Executive Officer, 783-2504

Attachments:

Memorandum of Understanding for the Medical Respite Program

## **MONTEREY COUNTY BOARD OF SUPERVISORS BOARD REPORT**

**CA Transplant dba SafetyGraft Amendment No. 4**

**Legistar Number:** \_\_\_\_\_

### **..Title**

a. Authorize the Interim Chief Executive Officer for Natividad Medical Center (NMC) or his designee to execute amendment No. 4 to the agreement (A-13020) with CA Transplant dba SafetyGraft for tissue bank services, extending the agreement an additional one (1) year period (January 1, 2022 through December 31, 2022) for a revised full agreement term of January 1, 2016 through December 31, 2022 and adding \$130,000 for a revised total agreement amount not to exceed \$362,500.

### **..Report**

#### **RECOMMENDATION:**

#### **It is recommended the Board of Supervisors:**

Authorize the Interim Chief Executive Officer for Natividad Medical Center (NMC) or his designee to execute amendment No. 4 to the agreement (A-13020) with CA Transplant dba SafetyGraft for tissue bank services, extending the agreement an additional one (1) year period (January 1, 2022 through December 31, 2022) for a revised full agreement term of January 1, 2016 through December 31, 2022 and adding \$130,000 for a revised total agreement amount not to exceed \$362,500.

#### **SUMMARY/DISCUSSION:**

California Transplant Services, Inc. (CTS) is licensed by the California Department of Public Health and is an IRS qualified 501(c) 3 non-profit public charity. CTS operates an eye and tissue bank offering physicians worldwide quality tissue for transplant and is accredited by the American Association of Tissue Banks and a member of the Eye Bank Association of America.

CTS provides autologous tissue storage for major trauma centers like Natividad for the storage of skull flaps from trauma (head injury) patients and any patient where the brain swelling prevents replacement of the skull bone. Natividad clinicians perform craniotomies, procedures which require a patient's skull flap to be removed until swelling is reduced and the flap can be re-implanted. These bone flaps will be properly stored at California Transplant Services. Contracting with CTS assures proper storage and availability no matter where patients have their skull flaps re-implanted at a later date.

CTS supplies NMC with procurement packs for NMC's use in procuring autologous tissue (skull flaps). Once the skull flap has been acquired, CTS will be contacted and the tissue sent to CTS. CTS will pay for couriers, shipment, and carriage of all autologous bone or skull flaps. CTS is responsible for package inspection and notifying NMC if the package is compromised and potentially not suitable for re-implantation.

#### **OTHER AGENCY INVOLVEMENT:**

The Office of County Counsel has reviewed and approved this amendment No. 4 as to form, and the Auditor-Controller has reviewed and approved as to payment provisions. The amendment No. 4 has also been reviewed and approved by NMC's Finance Committee and by its Board of Trustees on October 8, 2021



## **FINANCING:**

The cost for this amendment No. 4 is \$130,000 of which is included in the Fiscal Year 2021-22 Adopted Budget.

## **BOARD OF SUPERVISORS STRATEGIC INITIATIVES:**

The continuation of the current CTS contract will assure tissues are being transported and stored in accordance with current guidelines and regulations. NMC will continue collaboration with CTS to store skull flaps of the trauma patients requiring craniotomies thereby further enhancing healthcare opportunities for Monterey County residents.

- ☐ Economic Development
- ☐ Administration
- ☒ Health and Human Services
- ☐ Infrastructure
- ☐ Public Safety

Prepared by: Wally Sayles, Director of Surgical Services, 831-772-7771

Approved by: Interim Charles R. Harris, Interim Chief Executive Officer, 783-2504

### Attachments:

- CA Transplant Services dba SafetyGraft Amendment No. 4
- CA Transplant Services dba SafetyGraft Amendment No. 3
- CA Transplant Services dba SafetyGraft Amendment No. 2
- CA Transplant Services dba SafetyGraft Amendment No. 1
- CA Transplant Services dba SafetyGraft Agreement

Attachments on file with the Clerk of the Board

## **MONTEREY COUNTY BOARD OF SUPERVISORS**

<b>MEETING:</b>	Month XX, 2021	<b>AGENDA NO.:</b>
<b>SUBJECT:</b>	Adopt a Resolution to: <ul style="list-style-type: none"><li>a. Amend Natividad (Unit 9600) FY 2021-22 Adopted Budget to add 4.0 FTE Psychiatric Social Worker II positions and a 1.0 FTE Social Work Supervisor II position as indicated in the attached resolution;</li><li>b. Direct the County Administrative Office to incorporate position changes in the Natividad (Unit 9600) FY 2021-22 Adopted Budget; and</li><li>c. Direct the Human Resources Department to implement the changes in the Advantage HRM System.</li></ul>	
<b>DEPARTMENT:</b>	Natividad	

### **RECOMMENDATION:**

It is recommended that the Board of Supervisors take the following actions:

Adopt a Resolution to:

- a. Amend Natividad (Unit 9600) FY 2021-22 Adopted Budget to add 4.0 FTE Psychiatric Social Worker II positions and 1.0 FTE Social Work Supervisor II position as indicated in the attached resolution;
- b. Direct the County Administrative Office to incorporate position changes in the Natividad (Unit 9600) FY 2021-22 Adopted Budget; and
- c. Direct the Human Resources Department to implement the changes in the Advantage HRM System.

### **SUMMARY:**

Natividad recommends the addition of four (4) full-time Psychiatric Social Worker II positions and one (1) full-time Social Work Supervisor II position currently providing services in the hospital's Mental Health Unit. This recommendation allows Natividad to provide continuity of care and consistency in practice to patients by assigning the hospital with full oversight and management of these services being provided to its mental health patients.

### **DISCUSSION:**

Natividad Medical Center entered into a Professional and Call Coverage Services Agreement with CEP America-Psychiatry, PC, a California professional corporation dba Vituity, to provide psychiatry services at NMC for the period of June 1, 2021 to May 31, 2024. Through this agreement, Vituity, a comprehensive acute care psychiatric provider group, will provide 24/7 dedicated physician staffing and leadership for the hospital's Mental Health Unit and tele-psychiatry services, oversight and medical direction of the unit, and consult liaison services for medical and surgical inpatients.

Natividad recommends the addition of four (4) full-time Psychiatric Social Worker II positions and one (1) full-time Social Work Supervisor II position to continue providing services in the hospital's Emergency Department. This recommendation allows Natividad to provide continuity

of care and consistency in practice to patients by assigning the hospital oversight and management of these services being provided to its mental health patients.

Approval of the recommended actions in this report will direct the continued execution of a staff transition plan and facilitate the continuous provision of patient care without disruption to patients.

For these reasons, it is recommended that your Board approve these actions.

**OTHER AGENCY INVOLVEMENT:**

The County Administrative Office, County Counsel, and Human Resources have reviewed the recommendation.

**FINANCING:**

The five (5) positions have an annualized cost of \$452,717.

There is an annualized cost savings of \$47,283 as a result of these actions for Natividad Medical Center (Unit 9600) FY 2021-22 Adopted Budget as Natividad currently pays approximately \$500,000 to Health Department for similar services provided to the Mental Health Unit. There is no impact to the General Fund resulting from the approval of the recommended actions.

**BOARD OF SUPERVISORS STRATEGIC INITIATIVES:**

This recommendation supports the Board of Supervisors' Strategic Initiatives by providing consistent, high-quality patient care through County & hospital supported programs, and promoting access to equitable services to improve the mental health of patients in the community.

☐ Economic Development  
☐ Administration  
☒ Health & Human Services  
☐ Infrastructure  
☐ Public Safety

Prepared by:  
Jennifer Lusk, Senior Personnel Analyst

Approved by:  
Janine Bouyea, Hospital Assistant Administrator  
Dr. Charles R. Harris, Interim Hospital Chief Executive Officer

Attachment: Resolution

**..Title**

Adopt Resolution to:

- a. Amend Personnel Policies and Practices Resolution No. 98-394 and Appendices A and B to adjust the salary range for the classification of Director of Health Information Management, as indicated in the attached resolution; and
- b. Direct the Human Resources Department to implement the changes in the Advantage HRM System.

**..Report****RECOMMENDATION:**

It is recommended that the Board of Supervisors:

Adopt Resolution to:

- a. Amend Personnel Policies and Practices Resolution No. 98-394 and Appendices A and B to adjust the salary range for the classification of Director of Health Information Management, as indicated in the attached resolution; and
- b. Direct the Human Resources Department to implement the changes in the Advantage HRM System.

**SUMMARY/DISCUSSION:**

Natividad administration staff requested a compensation study for the Director of Health Information Management classification. The Natividad HR Department conducted a wage study with our comparable agencies with hospital facilities and recommends that a new salary range for the Director of Health Information Management classification be set at \$11,233-\$15,342 (monthly) based on labor market findings.

The Director of Health Information Management is responsible for the planning, organization and directing of the Health Information Management division of Natividad. This role interprets, develops and ensures compliance with applicable regulations and standards all while coordinating the work of the division with other Natividad divisions and County departments. Incumbents provide expert professional assistance to hospital executives on medical record matters.

Outside of negotiated cost of living adjustments, there is no record of a market analysis being performed since the classification to ensure alignment since 2007. The wage study is now complete and confirmed that the classification of Director of Health Information Management is paid 34.75% below the survey mean.

Classification Title: <u>Director of Health Information Management</u>							Class Code	WG *	EEO Cat*	W/C*	BU	FLSA Code*
<u>Hourly, Bi-Weekly and Monthly Pay Rates</u>												
Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7						
\$64.807	\$68.371	\$72.131	\$76.098	\$80.283	\$84.297	\$88.512	50T41	7	P	9043	X	Exempt
\$5,184.52	\$5,469.65	\$5,770.47	\$6,087.83	\$6,422.64	\$6,743.77	\$7,080.96						
\$11,233	\$11,851	\$12,503	\$13,190	\$13,916	\$14,612	\$15,342						

It is therefore recommended the Board of Supervisors approve the proposed action to adjust the salary range of the Director of Health Information Management classification to ensure that qualified applicants are recruited and retained for this position that is utilized within various departments of Natividad.

OTHER AGENCY INVOLVEMENT:

The Human Resources Department reviewed and concurs with the recommendations.

FINANCING:

There is a salary increase of \$47,482 as a result of these actions for Natividad Medical Center (Unit 9600) FY 2021-22 Adopted Budget. This action does not impact the General Fund.

BOARD OF SUPERVISORS STRATEGIC INITIATIVES:

*The proposed recommended actions address the Board of Supervisors Administration Strategic Initiative. The actions demonstrate the County's commitment to meeting the Board's initiatives in recruiting, retaining, and attracting a diverse, talented workforce that supports the mission of Monterey County.*

☐ Economic Development  
☒ Administration  
☐ Health & Human Services  
☐ Infrastructure  
☐ Public Safety

Prepared by: Jennifer Lusk, Senior Personnel Analyst, (831) 783-2764

Approved by: Janine Bouyea, Hospital Assistant Administrator, (831) 783-2701

Dr. Charles Harris, Interim Hospital Chief Executive Officer, (831) 783-2553

Attachments:

Resolution

## MONTEREY COUNTY BOARD OF SUPERVISORS

<b>MEETING:</b>	October XX, 2021	<b>AGENDA NO.:</b>	
<b>SUBJECT:</b>	Adopt a Resolution to: <ul style="list-style-type: none"><li>a. Amend Personnel Policies and Practices Resolution (PPPR) No. 98-394 and Appendices A and B to create the classifications of Interventional Radiologic Technologist, Interventional Radiologic Technologist-Per Diem and Senior Interventional Radiologic Technologist with the salary ranges as indicated in the attached Resolution;</li><li>b. Amend Natividad (Unit 9600) FY 2021-22 Adopted Budget to approve reallocation as indicated by position numbers in the attached Resolution;</li><li>c. Authorize the Auditor-Controller to incorporate the approved changes in the Natividad (Unit 9600) FY 2021-22 Adopted Budget;</li><li>d. Direct the County Administrative Office to incorporate the new classifications and approved position changes in the Natividad (Unit 9600) FY 2021-22 Adopted Budget; and</li><li>e. Direct the Human Resources Department to implement the changes in the Advantage HRM System.</li></ul>		
<b>DEPARTMENT:</b>	Natividad		

### **RECOMMENDATION:**

It is recommended that the Board of Supervisors take the following actions:

Adopt a Resolution to:

- a. Amend Personnel Policies and Practices Resolution (PPPR) No. 98-394 and Appendices A and B to create the classifications of Interventional Radiologic Technologist, Interventional Radiologic Technologist-Per Diem and Senior Interventional Radiologic Technologist with the salary ranges as indicated in the attached Resolution;
- b. Amend Natividad (Unit 9600) FY 2021-22 Adopted Budget to approve reallocation as indicated by position numbers in the attached Resolution;
- c. Authorize the Auditor-Controller to incorporate the approved changes in the Natividad (Unit 9600) FY 2021-22 Adopted Budget;
- d. Direct the County Administrative Office to incorporate the new classifications and approved position changes in the Natividad (Unit 9600) FY 2021-22 Adopted Budget; and
- e. Direct the Human Resources Department to implement the changes in the Advantage HRM System.

### **SUMMARY/DISCUSSION:**

The Interventional Radiology department currently supports all interventional procedures performed within Natividad with the majority being outpatient procedures. An \$18.4 million radiology upgrade to modernize and offer “state-of-the-art” technology has been underway since mid-December 2018 and is now in the final stages of completion. The upgrade is designed to reduce the movement of patients through the hospital and speed up the diagnosis process in support of the hospital’s Level II trauma center and other hospital services. With the addition of a new



Interventional Radiology suite and a 3 Tesla MRI scanner, two 128-slice CT scanners and a SPECT-CT Nuclear Medicine camera, both the volume and complexity of radiologic procedures performed will be able to increase.

With the new, state-of-the-art technology, Natividad is preparing for the expansion of the interventional procedures service line to improve the support of the Trauma Center initiatives and stay ready to support future decisions to pursue a designation as either a Primary or Comprehensive Stroke Center. The availability of providing advanced imaging techniques, including MRI/MRA (magnetic resonance imaging/magnetic resonance angiography), CTA (computed tomographic angiography), DSA (digital subtraction angiography) and TCD (transcranial Doppler), on a 24/7 basis is all required for certification and will be possible if properly staffed once the modernization of the department is complete.

The new technology will enable the mobilization of both a cardiac catheterization lab that can perform tests and procedures including ablation, angiogram, angioplasty and implementation of pacemakers / ICDs as outpatient procedures to ensure door-to-balloon (D2B) time is measured and meeting the national standard (less than 90 minutes) and an interventional radiology lab that focuses on trying to improve minimally invasive, image-guided therapies.

Natividad currently utilizes the Radiologic Technologist classification within the Interventional Radiology department as that is the only classification that exists within Monterey County's current structure for duties pertaining to diagnostic imaging. The Radiologic Technologist classification is generalized and incorporates all the various modalities of standard diagnostic imaging examinations performed throughout the hospital but does not address the specialization of interventional, neurovascular and vascular procedures that the Interventional Radiology department is responsible for supporting in the day-to-day operations of the department. Conditions of employment consist of registration with ARRT and state certification as a Radiologic Technologist along with one year of experience performing diagnostic imaging examinations in an acute care hospital setting with a requirement of the performance of standard x-ray procedures. Some familiarity with bone density, CT scan, MRI and mammography procedures is desirable.

Currently, there is no existing County of Monterey classification that describes the proposed Interventional Radiology Technologist (IRT) duties. The Interventional Radiology department requires staff that is dedicated to performing various interventional radiology procedures with IR physicians, assisting vascular surgeons with cases performed in the operating room, providing advanced scrub assistance, including patient positioning, prep, table set-up, draping, and supply selection during advanced procedures and performing 3-D reconstruction with CT images.

In accordance with the Monterey County Compensation Philosophy, a salary survey was conducted and three comparable positions were matched within the County's list of comparable agencies with hospital facilities (a minimum of two matches is required for validity for hospital specific classifications) resulting in sufficient labor market data to formulate a market-based salary recommendation for the proposed journey level classification of Interventional Radiologic Technologist.

Classification Title: Interventional Radiologic Technologist							Class Code	WG *	EEO Cat*	W/C*	BU	FLSA Code*
Hourly, Bi-Weekly and Monthly Pay Rates												
Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7						
\$45,574	\$48,080	\$50,724	\$53,514	\$56,457	\$59,280	\$62,244	TBD	14	T	9043	H	N
\$3,645.89	\$3,846.41	\$4,057.95	\$4,281.12	\$4,516.57	\$4,742.40	\$4,979.52						
\$7,899	\$8,334	\$8,792	\$9,276	\$9,786	\$10,275	\$10,789						

There is also a need to create a lead level classification of Senior Interventional Radiologic Technologist with a salary set by applying the existing spread between the journey and lead level classifications in the Radiologic Technologist classification series.

Classification Title: Senior Interventional Radiologic Technologist							Class Code	WG *	EEO Cat*	W/C*	BU	FLSA Code*
Hourly, Bi-Weekly and Monthly Pay Rates												
Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7						
\$49,578	\$52,305	\$55,181	\$58,216	\$61,418	\$64,489	\$67,713	TBD	14	T	9043	T	N
\$3,966.24	\$4,184.37	\$4,414.50	\$4,657.28	\$4,913.42	\$5,159.09	\$5,417.04						
\$8,594	\$9,066	\$9,565	\$10,091	\$10,646	\$11,178	\$11,737						

Natividad also recommends the creation of a per diem pay in lieu of benefits position for Interventional Radiologic Technologists in order to recruit and retain qualified employees. The salary recommendation for this new classification is proposed at 19% above the benefited salary range similar to the other per diem classifications utilized by the hospital.

Classification Title: Interventional Radiologic Technologist- Per Diem							Class Code	WG *	EEO Cat*	W/C*	BU	FLSA Code*
Hourly, Bi-Weekly and Monthly Pay Rates												
Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7						
\$54,233	\$57,216	\$60,362	\$63,682	\$67,185	\$70,544	\$74,071	TBD	14	T	9043	T	N
\$4,338.65	\$4,577.26	\$4,829.00	\$5,094.58	\$5,374.77	\$5,643.51	\$5,925.68						
\$9,400	\$9,917	\$10,463	\$11,038	\$11,645	\$12,228	\$12,839						

Temporary Interventional Radiologic Technologists will be used when staff is unavailable for work (e.g., vacation, illness) in the Interventional Radiology Department in order to maintain appropriate staffing levels to provide essential services. This classification is needed to recruit, retain and appropriately compensate per diem employees for Natividad.

Lastly, Natividad recommends the reallocation of the 4.9 FTE Radiologic Technologist positions in the Interventional Radiology Department to the newly proposed classification of Interventional Radiologic Technologist and of the 1.0 FTE Senior Radiologic Technologist position in the Radiology Department to the newly proposed classification of Senior Interventional Radiologic Technologist in the Interventional Radiology Department.

For these reasons, it is recommended that your Board approve these actions.

**OTHER AGENCY INVOLVEMENT:**

The Human Resources Department has reviewed and concurs with the recommendations. The Service Employees International Union (SEIU) Local 521 was notified and concurs with the recommendations.

**FINANCING:**

There is an annualized cost of approximately \$129,139 as a result of these actions for Natividad Medical Center (Unit 9600) FY 2021-22 Adopted Budget. Approval of the above actions has no impact on the General Fund.

**BOARD OF SUPERVISORS STRATEGIC INITIATIVES:**

This recommendation supports the Board of Supervisors' Strategic Initiatives by providing consistent, high-quality patient care through County & hospital supported programs, and promoting access to equitable services to improve the mental health of patients in the community.

☐ Economic Development  
☐ Administration  
☒ Health & Human Services  
☐ Infrastructure  
☐ Public Safety

Prepared by:  
Jennifer Lusk, Senior Personnel Analyst, (831) 783-2764

Approved by:  
Janine Bouyea, Hospital Assistant Administrator, (831) 783-2701  
Dr. Charles Harris, Interim Hospital Chief Executive Officer, (831) 783-2553

Attachment:  
Resolution

## MONTEREY COUNTY BOARD OF SUPERVISORS **BOARD REPORT**

### Hologic Professional Services Agreement

Legistar Number: \_\_\_\_\_

#### **..Title**

- a. Authorize the Interim Chief Executive Officer for Natividad Medical Center (NMC) or his designee to execute an agreement with Hologic, Inc. for Digital Breast Tomosynthesis data conversion services for an amount not to exceed \$8,000 with an agreement term of November 1, 2021 through October 31, 2022.
- b. Approve the Interim NMC Chief Executive Officer's recommendation to accept non-standard limitations on liability, and limitations on damages provisions within the agreement.

#### **..Report**

#### **RECOMMENDATION:**

#### **It is recommended the Board of Supervisors:**

- a. Authorize the Interim Chief Executive Officer for Natividad Medical Center (NMC) or his designee to execute an agreement with Hologic, Inc. for Digital Breast Tomosynthesis data conversion services for an amount not to exceed \$8,000 with an agreement term of November 1, 2021 through October 31, 2022.
- b. Approve the Interim NMC Chief Executive Officer's recommendation to accept non-standard limitations on liability, and limitations on damages provisions within the agreement.

#### **SUMMARY/DISCUSSION:**

Our images are required to be saved in our Picture Archiving Communication System (PACS) and currently a large portion of our mammography images are stored in our Hologic System. The reason that they remain there is because we need to have a conversion done. Currently the radiologist have to view these images at two different computers. This software conversion will allow the images to flow from Hologic to our PACS system and the radiologists will only have to view them on one computer.

#### **OTHER AGENCY INVOLVEMENT:**

The Office of County Counsel has reviewed and approved this agreement as to form, and the Auditor-Controller has reviewed and approved as to payment provisions. The agreement has also been reviewed and approved by NMC's Finance Committee and by its Board of Trustees on October 8, 2021.

#### **FINANCING:**

The cost for this agreement is \$8,000, which is included in the Fiscal Year 2021-22 Adopted Budget.

#### **BOARD OF SUPERVISORS STRATEGIC INITIATIVES:**

This conversion is necessary in order to have a seamless mammography program here at Natividad Images should not be stored on two separate systems when comparing exams. The benefits of this conversion will minimize misinterpretation of a very sensitive exam.

\_\_\_ Economic Development  
\_\_\_ Administration

☒ Health and Human Services

☐ Infrastructure

☐ Public Safety

Prepared by: Daisha Marsh, Diagnostic Imaging Manager, 831-772-7616

Approved by: Charles R. Harris, Interim Chief Executive Officer, 783-2504

Attachments:

Hologic Professional Services Agreement

Attachments on file with the Clerk of the Board

## **MONTEREY COUNTY BOARD OF SUPERVISORS BOARD REPORT**

### **Central Valley Imaging Medical Associates, Inc., d.b.a. Radiology Diagnostic Services, Inc. First Amendment**

#### **..Title**

- a. Authorize the Interim Chief Executive Officer for Natividad or his designee to execute the Professional and Call Coverage Services Agreement with Central Valley Imaging Medical Associates, Inc., d.b.a. Radiology Diagnostic Services, Inc. (RADS) to provide radiology services, extending the term by twelve months (December 1, 2021 to November 30, 2022) for a revised full agreement term of November 23, 2020 to November 30, 2022, and adding \$3,600,000 to the aggregate amount payable for revised not to exceed amount of \$5,500,000; and
- b. Authorize the Interim Chief Executive Officer for Natividad or his designee to sign up to three (3) future amendments to this Agreement where the total amendments do not significantly change the scope of work and do not exceed ten percent 10% (\$190,000) of the original contract amount.

#### **..Report**

##### **RECOMMENDATION:**

It is recommended that the Board of Supervisors:

- a. Authorize the Interim Chief Executive Officer for Natividad or his designee to execute the Professional and Call Coverage Services Agreement with Central Valley Imaging Medical Associates, Inc., d.b.a. Radiology Diagnostic Services, Inc. (RADS) to provide radiology services, extending the term by twelve months (December 1, 2021 to November 30, 2022) for a revised full agreement term of November 23, 2020 to November 30, 2022, and adding \$3,600,000 to the aggregate amount payable for revised not to exceed amount of \$5,500,000; and
- b. Authorize the Interim Chief Executive Officer for Natividad or his designee to sign up to three (3) future amendments to this Agreement where the total amendments do not significantly change the scope of work and do not exceed ten percent 10% (\$190,000) of the original contract amount.

##### **SUMMARY/DISCUSSION:**

Natividad has an agreement with RADS, for which board certified radiologists provide exclusive radiology services at Natividad 24/7. Radiology services include inpatient and outpatient diagnostic services, women's imaging services and interventional radiology services required by the American College of Surgeons for Level II Trauma Centers. RADS also provides a radiology physician to serve as the medical director and provide general direction and oversight of the Radiology Department. Natividad would like to amend the agreement to extend the term so that the group can continue to provide these critical services. This amendment also modifies the billing arrangements and adds to the aggregate amount payable. Natividad has obtained an independent opinion of fair market value supporting the payment terms of this Agreement.

##### **OTHER AGENCY INVOLVEMENT:**

County Counsel has reviewed and approved this amendment as to legal form. Auditor-

Controller has reviewed and approved this Amendment as to fiscal provisions. The amendment has also been reviewed and approved by Natividad's Finance Committee and Board of Trustees.

FINANCING:

The cost of this amendment is \$3,600,000. The total not to exceed amount of this agreement is \$5,500,000 for the period November 23, 2020 to November 30, 2022, the cost is included in the Fiscal Year 2021/2022 Adopted Budget. There is no impact to the General Fund.

BOARD OF SUPERVISORS STRATEGIC INITIATIVES:

The services rendered in this agreement provide Natividad with the additional support it needs in order to provide reliable and high quality patient care which improves the health and quality of life for patients and their families.

- ☐ Economic Development
- ☐ Administration
- ☒ Health and Human Services
- ☐ Infrastructure
- ☐ Public Safety

Prepared by: Jeanne-Ann Balza, Director of Physician Services, 783.2506

Approved by: Dr. Charles R. Harris., Interim Chief Executive Officer, 783.2553

Attachments:

First Amendment  
Agreement

Attachments on file at the Clerk of the Board



# MONTEREY COUNTY BOARD OF SUPERVISORS **BOARD REPORT**

## **Natividad Medical Foundation Agreement**

**Legistar Number:** \_\_\_\_

### **..Title**

- a. Authorize the Deputy Purchasing Agent for Natividad Medical Center (NMC) or his designee to execute an amendment to the agreement with Natividad Medical Foundation (NMF) for NMC's specially requested services and for NMF's philanthropic services, defined as "donor cultivation and solicitation" (e.g., The Agricultural Leadership Council) for an amount not to exceed \$1,616,483 with an agreement term January 1, 2022 through December 31, 2023.
- b. Authorize the Deputy Purchasing Agent for NMC or his designee to execute up to three (3) future amendments to the agreement which do not significantly alter the scope of work and do not cause an increase of more than ten percent (10%) (\$161,648) of the original cost of the agreement.

### **..Report**

#### **RECOMMENDATION:**

#### **It is recommended the Board of Supervisors:**

- a. Authorize the Deputy Purchasing Agent for Natividad Medical Center (NMC) or his designee to execute an agreement with Natividad Medical Foundation (NMF) for NMC's specially requested services and for NMF's philanthropic services, defined as "donor cultivation and solicitation" (e.g., The Agricultural Leadership Council) for an amount not to exceed \$1,616,483 with an agreement term January 1, 2022 through December 31, 2023.
- b. Authorize the Deputy Purchasing Agent for NMC or his designee to execute up to three (3) future amendments to the agreement which do not significantly alter the scope of work and do not cause an increase of more than ten percent (10%) (\$161,648) of the original cost of the agreement.

#### **SUMMARY/DISCUSSION:**

Natividad Medical Foundation (NMF) philanthropically supports enhancements to Natividad through capital projects and programs that continually improve the health of the people, including the vulnerable, in Monterey County through coordinated, affordable, high quality health care. Philanthropic services include donor cultivation and solicitation (e.g., The Agricultural Leadership Council); special events; annual giving programs; community outreach in connection with fundraising; preparing and submitting foundation and government grant applications; administering restricted funds and foundation gifts; and major gift planning and fundraising.

NMF will also provide critical services requested by the hospital, including Natividad/NMF Joint Community Relations.

In addition, NMF raises philanthropic donations each year to support high quality patient care, such as patient basic needs assistance in close collaboration with hospital social workers to ensure safe discharge from the hospital; a countywide diabetes prevention education program and blood sugar testing supplies for poor diabetes patients; diversity, equity and inclusion initiatives; free diagnostic mammograms for economically disadvantaged women; assistance for women with cancer; hospital chaplain/spiritual care services; and healing art for the hospital. NMF continues to prepare, secure and provide fiscal management for government grants and contracts to support Natividad's programs, including the Family Medicine Residency Program and the CHOICE hospital-based violence prevention program.

In addition, NMF has provided philanthropic support for programs operated at and on behalf of Natividad, such as and Medication-Assisted Treatment program for people with opioid use disorder and the Board of Supervisors' initiatives for gang violence prevention (CHOICE)

This amends an agreement from 2020.

**OTHER AGENCY INVOLVEMENT:**

County Counsel has reviewed and approved this agreement as to legal form, and the Auditor-Controller has reviewed and approved as to payment provisions. The agreement has also been reviewed and approved by NMC's Finance Committee and by its Board of Trustees on October 8, 2021.

**FINANCING:**

The cost for this agreement is \$1,616,483 of which \$404,210 is included in the Fiscal Year 2021-22 Adopted Budget. Amounts for remaining years of the agreement will be included in those budgets as appropriate.

**BOARD OF SUPERVISORS STRATEGIC INITIATIVES:**

This agreement is for executive level consulting services, the outcome of which will contribute to a more efficient use of resources within the organization.

- ☐ Economic Development
- ☒ Administration
- ☐ Health and Human Services
- ☐ Infrastructure
- ☐ Public Safety

Prepared by: Charles Harris, MD, Interim Chief Executive Officer, 783-2553

Approved by: Charles Harris, MD, Interim Chief Executive Officer, 783-2553

Attachments:

Natividad Medical Foundation Agreement

Attachments on file with the Clerk of the Board



# FINANCIAL STATEMENTS

AUGUST 31, 2021

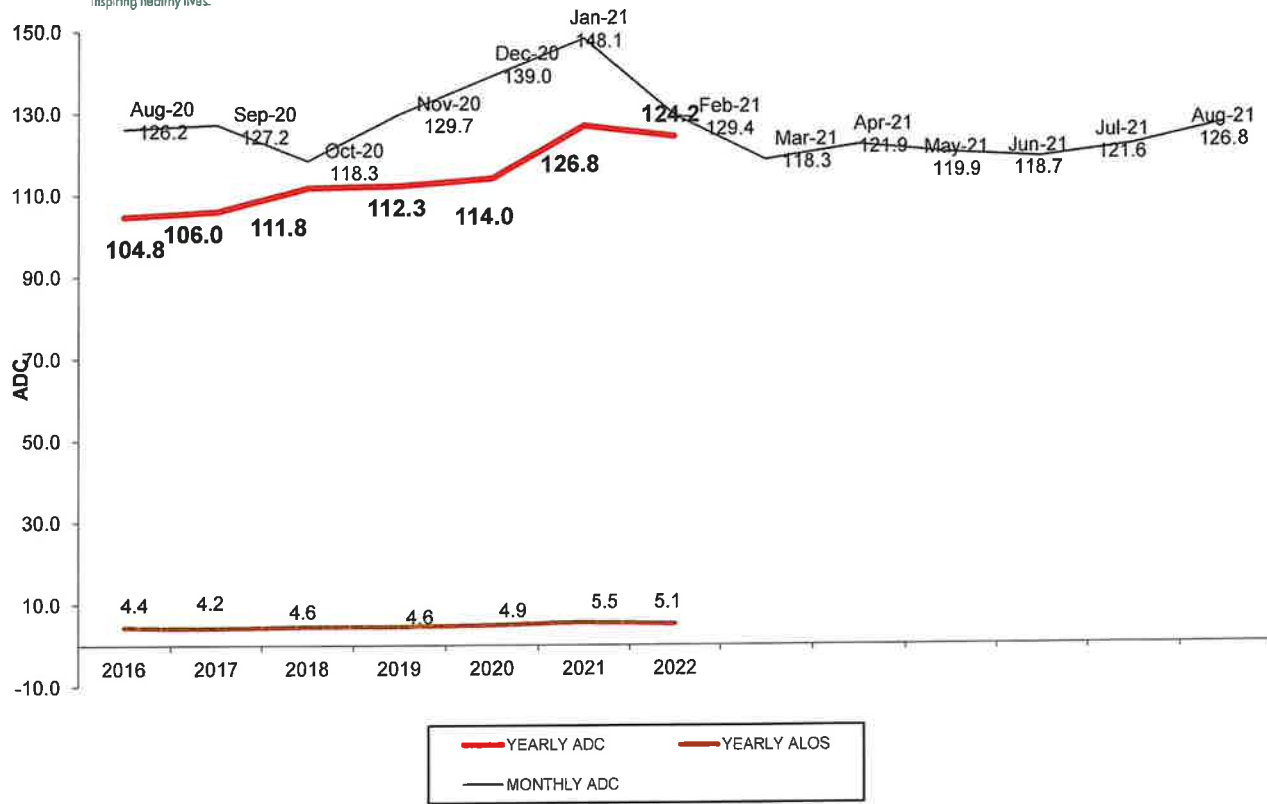


## **FINANCIAL STATEMENTS**

**AUGUST 31, 2021**

### **I N D E X**

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<b>2</b>	<b>STATISTICAL REPORT</b>
<b>4</b>	<b>STATEMENT OF REVENUES &amp; EXPENSES AND CHANGES IN NET ASSETS TO BUDGET</b>
<b>5</b>	<b>STATEMENT OF REVENUES &amp; EXPENSES AND CHANGES IN NET ASSETS PER APD</b>
<b>6</b>	<b>BALANCE SHEET</b>
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<b>11</b>	<b>CASH SCHEDULE FOR F/Y 21-22</b>



# NATIVIDAD STATISTICAL REPORT AUGUST 31, 2021

Month-To-Date					Year-To-Date					
06-21	07-21	08-21	Budget		Budget	Current	Prior Yr	%		
PT DAYS BY SERVICE					STAFFED BEDS		CY/IPY			
1	168	193	219	222	NICU	15	444	412	444	-7.21%
2	1,643	1,719	1,805	1,586	Med/Surg	57	3,172	3,524	3,668	-3.93%
3	167	218	228	200	ICU	10	400	446	631	-29.32%
4	34	42	69	63	Peds	12	126	111	54	105.56%
5	746	834	847	710	Acute Rehab	28	1,420	1,681	1,435	17.14%
6	287	296	307	281	OB/Gyn	27	562	603	611	-1.31%
7	3,045	3,302	3,475	3,062	TOTAL ACUTE	149	6,124	6,777	6,843	-0.96%
8	516	468	455	471	Psychiatric	19	942	923	931	-0.86%
9	3,561	3,770	3,930	3,533	TOTAL DAYS	168	7,066	7,700	7,774	-0.95%
10	280	273	315	286	Nursery	18	572	588	605	-2.81%
AVERAGE DAILY CENSUS										
11	76.6	79.6	84.8	75.9	Acute	121	75.9	82.2	87.2	-5.73%
12	24.9	26.9	27.3	22.9	Acute Rehab	28	22.9	27.1	23.1	17.32%
13	17.2	15.1	14.7	15.2	Psychiatric	19	15.2	14.9	15.0	-0.67%
14	118.7	121.6	126.8	114.0	TOTAL	168	114.0	124.2	125.4	-0.96%
15	9.3	8.8	10.2	9.2	Nursery	18	9.2	9.5	9.8	-3.06%
PERCENTAGE OF OCCUPANCY										
16	63.3%	65.8%	70.1%	62.7%	Acute		62.7%	67.9%	72.1%	-5.7%
17	88.9%	96.1%	97.5%	81.8%	Acute Rehab		81.8%	96.8%	96.3%	0.6%
18	90.5%	79.5%	77.4%	80.0%	Psychiatric		80.0%	78.4%	78.9%	-0.7%
19	70.7%	72.4%	75.5%	67.9%	TOTAL		67.9%	73.9%	76.5%	-3.3%
20	51.7%	48.9%	56.7%	51.1%	Nursery		51.1%	52.8%	54.4%	-3.1%
ADMISSIONS										
21	632	629	683	621	Acute		1,242	1,312	1,202	9.15%
22	62	58	55	56	Acute Rehab		112	113	110	2.73%
23	49	54	36	62	Psychiatric		124	90	81	11.11%
24	743	741	774	739	TOTAL		1,478	1,515	1,393	8.76%
25	185	173	192	172	Nursery		344	365	380	-3.95%
26	189	175	199	182	Deliveries		364	374	391	-4.35%
DISCHARGES										
27	630	618	639	632	Acute		1,264	1,257	1,149	9.40%
28	57	57	57	62	Acute Rehab		124	114	110	3.64%
29	47	56	36	56	Psychiatric		112	92	80	15.00%
30	734	731	732	750	TOTAL		1,500	1,463	1,339	9.26%
31	166	162	172	153	Nursery		306	334	342	-2.34%
AVERAGE LENGTH OF STAY										
32	4.8	5.1	5.1	4.8	Acute(Hospital wide no babies)		4.8	5.1	5.6	-8.93%
33	12.0	14.4	15.4	12.7	Acute Rehab		12.7	14.9	13.0	14.62%
34	2.5	2.5	2.5	2.8	OB/Gyn		2.8	2.5	2.5	0.00%
35	10.5	8.7	12.6	7.6	Psychiatric		7.6	10.3	11.5	-10.43%
36	1.5	1.6	1.6	1.7	Nursery		1.7	1.6	1.6	0.00%
OUTPATIENT VISITS										
37	4,174	4,269	4,992	4,599	Emergency Room		9,198	9,261	7,455	24.23%
38	548	548	563	577	ER Admits		1,154	1,111	1,032	7.66%
39	73.8%	74.0%	72.7%	78.1%	ER Admits as a % of Admissions		78.1%	73.3%	74.1%	-1.01%
40	5,937	6,020	5,910	6,193	Clinic Visits		12,386	11,930	10,526	13.34%
ANCILLARY PROCEDURES BILLED										
41	52,853	51,923	56,733	48,912	Lab Tests		97,824	108,656	103,434	5.05%
42	3,326	3,697	3,938	3,045	Radiology Procedures		6,090	7,635	6,689	14.14%
43	254	203	198	204	MRI Procedures		408	401	393	2.04%
44	129	120	113	150	Nuclear Med Procedures		300	233	166	40.36%
45	1,271	1,214	1,231	1,134	Ultrasound Procedures		2,268	2,445	2,323	5.25%
46	2,015	1,890	1,977	1,808	CT Scans		3,616	3,867	3,510	10.17%
47	413	402	378	346	Surgeries		692	780	748	4.28%
48	7.98	7.85	7.55	7.87	FTE'S PER AOB		7.87	7.70	8.09	-4.82%
49	1,364.1	1,349.0	1,385.0	1,293.9	TOTAL PAID FTE'S		1,293.9	1,367.2	1,368.2	-0.07%
50	5,128	5,328	5,686	5,095	ADJUSTED PATIENT DAYS		10,190	11,012	10,457	5.31%

**NATIVIDAD**  
**STATEMENT OF REVENUES AND EXPENSES & CHANGES IN NET ASSETS-TREND-NORMALIZED**  
**FOR FY2022**

	JUL-21	AUG-21	SEP-21	OCT-21	NOV-21	DEC-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	YTD
<b>REVENUE</b>													
<b>Patient Revenue:</b>													
1 Inpatient	\$ 76,869,231	\$ 76,760,079	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 153,649,310
2 Pro Fees	2,501,994	3,577,745	-	-	-	-	-	-	-	-	-	-	6,079,739
3 Outpatient	32,818,260	35,899,936	-	-	-	-	-	-	-	-	-	-	68,718,196
4 Total Patient Revenue	112,209,485	116,227,760	-	-	-	-	-	-	-	-	-	-	228,437,245
<b>Deductions from revenue</b>													
5 Contractual Deductions	81,597,660	85,314,572	-	-	-	-	-	-	-	-	-	-	166,912,232
6 Bad Debt	6,348,305	5,268,901	-	-	-	-	-	-	-	-	-	-	11,617,206
7 Unable to Pay	239,324	392,297	-	-	-	-	-	-	-	-	-	-	631,621
8 Total Contractual Discounts	88,185,289	90,995,770	-	-	-	-	-	-	-	-	-	-	179,181,059
9 Net Patient Revenue	24,024,196	25,231,990	-	-	-	-	-	-	-	-	-	-	49,256,186
10 As a percent of Gross Revenue	21.41%	21.71%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	21.56%
<b>Total Government Funding</b>	5,241,987	5,559,105	-	-	-	-	-	-	-	-	-	-	10,801,092
<b>Other Operating Revenue:</b>													
12 Rent Income	117,864	121,147	-	-	-	-	-	-	-	-	-	-	239,011
13 Interest Income	251,951	251,951	-	-	-	-	-	-	-	-	-	-	503,902
14 NMF Contribution	60,000	60,000	-	-	-	-	-	-	-	-	-	-	120,000
15 Other Income	294,618	312,602	-	-	-	-	-	-	-	-	-	-	607,220
16 Total Other Operating Revenue	724,433	745,700	-	-	-	-	-	-	-	-	-	-	1,470,133
17 TOTAL REVENUE	29,990,636	31,536,795	-	-	-	-	-	-	-	-	-	-	61,527,431
<b>EXPENSE</b>													
18 Salaries, Wages & Benefits	16,165,713	16,887,897	-	-	-	-	-	-	-	-	-	-	33,053,610
19 Registry	963,851	595,103	-	-	-	-	-	-	-	-	-	-	1,558,954
20 Phys/Rsidents SWB & Contract Fees	4,176,569	4,655,858	-	-	-	-	-	-	-	-	-	-	8,832,427
21 Purchased Services	3,238,042	3,076,178	-	-	-	-	-	-	-	-	-	-	6,314,220
22 Supplies	2,876,091	3,060,028	-	-	-	-	-	-	-	-	-	-	5,936,119
23 Insurance	352,984	352,985	-	-	-	-	-	-	-	-	-	-	705,969
24 Utilities and Telephone	316,633	516,886	-	-	-	-	-	-	-	-	-	-	833,519
25 Interest Expense	68,997	68,997	-	-	-	-	-	-	-	-	-	-	137,994
26 Depreciation & Amortization	992,314	990,754	-	-	-	-	-	-	-	-	-	-	1,983,068
27 Other Operating Expense	431,788	437,157	-	-	-	-	-	-	-	-	-	-	868,945
28 TOTAL EXPENSE	29,582,982	30,641,643	-	-	-	-	-	-	-	-	-	-	60,224,625
29 NET INCOME(LOSS)	407,654	895,152	-	-	-	-	-	-	-	-	-	-	1,302,806
<b>Normalization for Extraordinary Items</b>													
30	-	-	-	-	-	-	-	-	-	-	-	-	-
31	-	-	-	-	-	-	-	-	-	-	-	-	-
32	-	-	-	-	-	-	-	-	-	-	-	-	-
33 Families First C-19 Response	-	(317,118)	-	-	-	-	-	-	-	-	-	-	(317,118)
34 Total Extraordinary Items	-	(317,118)	-	-	-	-	-	-	-	-	-	-	(317,118)
34 NET INCOME BEFORE Extraordinary Items	\$ 407,654	\$ 578,034	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 895,688
<b>CAPITAL CONTRIBUTIONS</b>													
36 County Contribution	-	-	-	-	-	-	-	-	-	-	-	-	-
37 CHANGE IN NET ASSETS	\$ 407,654	\$ 895,152	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,302,806



**NATIVIDAD**  
**STATEMENT OF REVENUES AND EXPENSES & CHANGES IN NET ASSETS**  
**AS OF AUGUST 31, 2021**

CURRENT MONTH					YEAR -TO -DATE					
		Variance fav. (unfav)					Variance fav. (unfav)			
Actual	Budget	\$ VAR.	% VAR		Actual	Budget	\$ VAR.	% VAR	Prior Yr	
R E V E N U E										
Patient Revenue:										
1	\$ 76,760,079	\$ 71,371,577	\$ 5,388,502	7.5	Inpatient	\$ 153,649,310	\$ 142,743,154	\$ 10,906,156	7.6	\$ 157,004,907
2	3,577,745	2,131,400	1,446,345	67.9	Pro Fees	6,079,739	4,262,800	1,816,939	42.6	4,932,308
3	35,889,936	32,494,963	3,394,973	10.4	Outpatient	68,708,196	64,989,926	3,718,270	5.7	56,516,622
4	116,227,760	105,997,940	10,229,820	9.7	Total Patient Revenue	228,437,245	211,995,880	16,441,365	7.8	218,453,837
Deductions from Revenue										
5	85,314,572	79,917,776	(5,396,796)	(6.8)	Contractual Deductions	166,912,232	159,835,552	(7,076,680)	(4.4)	160,755,930
6	5,288,901	3,328,874	(1,960,027)	(58.9)	Bad Debt	11,637,206	6,657,748	(4,979,458)	(74.8)	9,796,071
7	392,297	491,984	99,687	20.3	Unable to Pay	631,621	983,968	352,347	35.8	382,069
8	90,995,770	83,738,634	(7,257,136)	(8.7)	Total Contractual Discounts	179,181,059	167,477,268	(11,703,791)	(7.0)	170,934,070
9	25,231,990	22,259,306	2,972,684	13.4	Net Patient Revenue	49,256,186	44,518,612	4,737,574	10.6	47,519,767
10	21.71%	21.00%			As a percent of Gross Revenue	21.56%	21.00%			21.75%
11	5,559,105	5,231,876	327,229	6.3	Total Government Funding	10,801,092	10,463,752	337,340	3.22	12,298,240
Other Operating Revenue:										
12	121,147	117,833	3,314	2.8	Rent Income	239,031	235,666	3,365	1.4	231,071
13	251,951	251,951	-	-	Interest Income	503,902	503,902	0	-	453,874
14	60,000	60,000	-	-	NMF Contribution	120,000	120,000	0	-	122,302
15	312,602	346,001	(33,399)	(9.7)	Other Income	607,220	692,002	(84,782)	(12.3)	898,986
16	745,700	775,785	(30,085)	(3.9)	Total Other Operating Revenue	1,470,153	1,551,570	(81,417)	(5.2)	1,706,233
17	31,536,795	28,266,967	3,269,828	11.6	TOTAL REVENUE	61,527,431	56,533,934	4,993,497	8.8	61,524,240
EXPENSE										
18	16,887,897	16,333,782	(554,115)	(3.4)	Salaries, Wages & Benefits	33,053,601	32,667,564	(386,037)	(1.2)	34,304,020
19	595,103	143,755	(451,348)	(314.0)	Registry	1,558,954	287,510	(1,271,444)	(442.2)	2,072,631
20	4,655,658	3,475,992	(1,179,666)	(33.9)	Phys/Residents SWB & Contract Fees	8,832,236	6,951,984	(1,880,252)	(27.0)	6,914,163
21	3,076,178	3,111,445	35,267	1.1	Purchased Services	6,314,220	6,222,890	(91,330)	(1.5)	5,838,119
22	3,060,028	2,245,777	(814,251)	(36.3)	Supplies	5,936,119	4,491,554	(1,444,565)	(32.2)	5,316,727
23	352,985	365,010	12,025	3.3	Insurance	705,969	730,020	24,051	3.3	641,469
24	516,886	293,803	(223,083)	(75.9)	Utilities and Telephone	833,519	587,605	(245,913)	(41.8)	715,101
25	68,997	58,719	(10,278)	(17.5)	Interest Expense	137,994	117,438	(20,556)	(17.5)	339,348
26	990,754	1,031,222	40,468	3.9	Depreciation & Amortization	1,983,068	2,062,444	79,376	3.8	1,918,311
27	437,157	524,163	87,006	16.6	Other Operating Expense	868,945	1,048,326	179,381	17.1	1,259,828
28	30,641,643	27,583,668	(3,057,975)	(11.1)	TOTAL EXPENSE	60,224,625	55,167,336	(5,057,289)	(9.2)	59,319,717
29	895,152	683,299	211,853	31.0	NET INCOME(LOSS)	1,302,806	1,366,598	(63,792)	(4.7)	2,204,523
CAPITAL CONTRIBUTIONS										
30										
31										
32										
33					County Contribution					
34	\$ 895,152	\$ 683,299	\$ 211,853	31.0 %	CHANGE IN NET ASSETS	\$ 1,302,806	\$ 1,366,598	\$ (63,792)	(4.7) %	\$ 2,204,523

**NATIVIDAD**  
**STATEMENT OF REVENUES AND EXPENSES & CHANGES IN NET ASSETS PER ADJUSTED PATIENT DAY**  
**AS OF AUGUST 31, 2021**

CURRENT MONTH					YEAR -TO -DATE					
	Actual	Budget	Variance fav. (unfav) \$ VAR.	% VAR		Actual	Budget	Variance fav. (unfav) \$ VAR.	% VAR	Prior Yr
	5,686	5,096	590	11.6%	REVENUE	11,012	10,190	822	8.1%	10,457
					ADJUSTED PATIENT DAYS					
					Patient Revenue:					
1	\$ 13,501	\$ 14,006	\$ (505)	(3.6) %	Inpatient	\$ 13,953	\$ 14,008	\$ (56)	-0.4%	\$ 15,014
2	629	418	211	50.4	Pro Fees	552	418	134	32.0	472
3	6,312	6,377	(64)	(1.0)	Outpatient	6,239	6,378	(139)	(2.2)	5,405
4	20,442	20,801	(358)	(1.7)	Total Patient Revenue	20,744	20,804	(60)	(0.3)	20,891
					Deductions from revenue					
5	15,005	15,683	678	4.3	Contractual Deductions	15,157	15,686	528	3.4	15,373
6	930	653	(277)	(42.4)	Bad Debt	1,057	653	(403)	(61.7)	937
7	69	97	28	28.5	Unable to Pay	57	97	39	40.6	37
8	16,004	16,433	428	2.6	Total Contractual Discounts	16,271	16,435	164	1.0	16,346
9	4,438	4,368	70	1.6	Net Patient Revenue	4,473	4,369	104	2.4	4,544
10	21.71%	21.00%			As a percent of Gross Revenue	21.56%	21.00%			21.75%
11	978	1,027	(49)	(4.8)	Total Government Funding	981	1,027	(46)	(4.5)	1,176
					Other Operating Revenue:					
12	21	23	(2)	(7.9)	Rent Income	22	23	(1)	(6.1)	22
13	44	49	(5)	(10.4)	Interest Income	46	49	(4)	(7.5)	43
14	11	12	(1)	(10.4)	NMF Contribution	11	12	(1)	(7.5)	12
15	55	68	(13)	(19.0)	Other Income	55	68	(13)	(18.8)	86
16	131	152	(21)	(13.8)	Total Other Operating Revenue	134	152	(19)	(12.3)	163
17	5,547	5,547	(0)	(0.0)	TOTAL REVENUE	5,587	5,548	39	0.7	5,884
					EXPENSE					
18	2,970	3,205	235	7.3	Salaries, Wages & Benefits	3,002	3,206	204	6.4	3,280
19	105	28	(76)	(271.0)	Registry	142	28	(113)	(401.7)	198
20	819	682	(137)	(20.0)	Phys/Residents SWB & Contract Fees	802	682	(120)	(17.6)	661
21	541	611	70	11.4	Purchased Services	573	611	37	6.1	558
22	538	441	(97)	(22.1)	Supplies	539	441	(98)	(22.3)	508
23	62	72	10	13.3	Insurance	64	72	8	10.5	61
24	91	58	(33)	(57.7)	Utilities and Telephone	76	58	(18)	(31.3)	68
25	12	12	(1)	(5.3)	Interest Expense	13	12	(1)	(8.7)	32
26	174	202	28	13.9	Depreciation & Amortization	180	202	22	11.0	183
27	77	103	26	25.3	Other Operating Expense	79	103	24	23.3	120
28	5,389	5,413	24	0.4	TOTAL EXPENSE	5,469	5,414	(55)	(1.0)	5,673
29	157	134	23	17.4	NET INCOME(LOSS)	118	134	(16)	(11.8)	211
30					CAPITAL CONTRIBUTIONS					
31	-	-	-	-		-	-	-	-	-
32	-	-	-	-		-	-	-	-	-
33	-	-	-	-	County Contribution	-	-	-	-	-
34	\$ 157	\$ 134	\$ 23	17 %	CHANGE IN NET ASSETS	\$ 118	\$ 134	\$ (16)	(11.8) %	\$ 211

**NATIVIDAD  
BALANCE SHEET  
AS OF AUGUST 31, 2021**

CURRENT MONTH					YEAR - TO - DATE				
	BEGINNING	ENDING	INC/(DEC)	% CHG.		BEGINNING	ENDING	INC/(DEC)	% CHG.
1	\$ 65,532,537	\$ 66,147,256	\$ 614,719	0.9 %	CURRENT ASSETS	\$ 71,807,938	\$ 66,147,256	\$ (5,660,682)	(7.9) %
2	40,445,618	40,445,618	-	-	CASH	40,445,618	40,445,618	-	-
3	50,265,136	49,215,195	(1,049,941)	(2.1)	FUND AID	49,768,119	49,215,195	(552,924)	(1.1)
4	3,045,891	3,180,231	134,340	4.4	ACCOUNTS RECEIVABLE NET	3,753,779	3,180,231	(573,548)	(15.3)
5	5,483,107	5,547,551	64,444	1.2	STATE/COUNTY RECEIVABLES	5,518,792	5,547,551	28,759	0.5
6	3,971,926	4,850,750	878,824	22.1	INVENTORY	4,233,047	4,850,750	617,703	14.6
7	169,744,215	169,386,601	642,386	0.4	PREPAID EXPENSE	175,527,293	169,386,601	(6,140,692)	(3.5)
					TOTAL CURRENT ASSETS	337,191,479	337,731,992	540,513	0.2
8	337,423,857	337,731,992	308,135	0.1	PROPERTY, PLANT & EQUIPMENT	(209,247,777)	(211,231,434)	(1,983,657)	(0.9)
9	(210,240,528)	(211,231,434)	(990,906)	(0.5)	LESS: ACCUMULATED DEPRECIATION	127,943,702	126,500,558	(1,443,144)	(1.1)
10	127,183,329	126,500,558	(682,771)	(0.5)	NET PROPERTY, PLANT & EQUIPMENT				
11	212,752,859	212,113,191	(639,668)	(0.3)	OTHER ASSETS	212,755,725	212,113,191	(642,534)	(0.3)
					INVESTMENTS				
12	-	-	-	-	HELD FOR CONSTRUCTION	-	-	-	-
13	-	-	-	-	ACCRUED INTEREST RECEIVABLE	-	-	-	-
14	-	-	-	-	FUNDS IN TRUST	-	-	-	-
					TOTAL INVESTMENTS				
15	\$ 508,680,403	\$ 508,000,350	\$ (680,053)	(0.1) %	TOTAL ASSETS	\$ 516,226,720	\$ 508,000,350	\$ (8,226,370)	(1.6) %
16	27,370,619	22,200,386	(5,170,233)	(18.9)	CURRENT LIABILITIES	25,893,293	22,200,386	(3,692,907)	(14.3)
17	6,306,114	7,793,061	1,486,947	23.6	ACCRUED PAYROLL	9,532,546	7,793,061	(1,739,485)	(18.2)
18	80,934,018	80,934,018	-	-	ACCOUNTS PAYABLE	81,511,460	80,934,018	(577,442)	(0.7)
19	3,642,205	3,642,205	-	-	MCARE/MEDICAL LIABILITIES	3,642,205	3,642,205	-	-
20	7,180,476	9,343,374	2,162,898	30.1	CURRENT PORTION OF DEBT	12,753,081	9,343,374	(3,409,707)	(26.7)
21	125,433,432	123,913,044	(1,520,388)	(1.2)	OTHER ACCRUALS	133,332,565	123,913,044	(9,419,541)	(7.1)
					TOTAL CURRENT LIABILITIES				
22	4,426,785	4,371,968	(54,817)	(1.2)	LONG TERM LIABILITIES	4,481,603	4,371,968	(109,635.0)	(2.5)
23	-	-	-	-	LT ACCRUED LIABILITIES	-	-	-	-
24	25,431,389	25,431,389	-	-	UN EARNED CONTRIBUTIONS	25,431,389	25,431,389	-	-
25	29,858,174	29,803,357	(54,817)	(0.2)	LONG TERM PORTION OF C.O.P's	29,912,992	29,803,357	(109,635)	(0.4)
					TOTAL LONG TERM DEBT				
26	352,981,143	352,981,143	-	-	FUND BALANCES	352,981,143	352,981,143	-	-
27	407,654	1,302,806	895,152	(219.6)	ACCUMULATED FUND	1,302,806	1,302,806	-	-
28	353,388,797	354,283,949	895,152	0.3	CHANGE IN NET ASSETS	352,981,143	354,283,949	1,302,806	0.4
					TOTAL FUND BALANCES				
29	\$ 508,680,403	\$ 508,000,350	\$ (680,053)	(0.1) %	TOTAL LIAB. & FUND BALANCES	\$ 516,226,720	\$ 508,000,350	\$ (8,226,370)	(1.6) %

**NATIVIDAD  
STATE AND COUNTY RECEIVABLES  
AS OF 08/31/21**

<b>BALANCE SHEET</b>	<u>Req. Balance</u>	<u>Accruals</u>	<u>Reclas and Adj</u>	<u>Payment LIHP Final Rec'n</u>	<u>GPP PRIME/CARES</u>	<u>IGT</u>	<u>Payments</u>	<u>Ending Balance</u>
Medi-Cal Waiver (DSH +SNCP)	\$ 6,682,283	2,000,922		(7,473,339)		883,063	(9,951,934)	(7,859,004)
Hospital Fee	(266,520)	166,666					(425,287)	(525,141)
Rate Range IGT-CCAH-	(1,161,296)	1,620,000						458,704
MCMC EPP	(103,933)	2,333,334				4,184,279		6,413,680
MCMC QIP	(6,725,599)	3,497,500				120,158		(3,107,941)
SB1732	2,186,377	466,666						2,653,043
AB 915	(132,066)	612,000						479,934
Medical GME	(166,213)	-				408,170		241,957
CARES ACT Funding	180,591	-						180,591
A/R Office Buildings	1,500	239,031					(176,178)	64,353
Medical HPE	(110,287)	50,000					(106,767)	(167,054)
Interest Accrued Positive Cash	666,168	503,904						1,170,072
Accrued Donations	1,247,936	120,000						1,367,936
A/R Jail-PG&E	112,739	164,562					(86,891)	190,410.00
Health Department	190,808	276,594						467,402
A/R Radiology Group	1,151,290							1,151,290
<b>STATE RECEIVABLES</b>	<b>\$ 3,753,778</b>	<b>\$ 12,051,179</b>	<b>\$ -</b>	<b>\$ (7,473,339)</b>	<b>\$ -</b>	<b>\$ 5,595,670</b>	<b>\$ (10,747,057)</b>	<b>\$ 3,180,231</b>

<b>P &amp; L</b>	<b>YTD Aug-21</b>
Medi-Cal DSH /SNCP/PHYS SPA	\$ 2,000,922
Rate Range IGT-CCAH-	1,620,000
Esperanza Care	(416,668)
Family First C-19 Response-FMAP Enhance-	317,118
HPE	50,000
Hospital Fee	166,666
MCMC EPP	2,333,334
HD Residency Support	(83,334)
MCMC QIP	3,497,500
AB915	612,000
Medicare GME	236,888
SB 1732	466,666
<b>GOVERNMENT FUNDING INCOME</b>	<b>\$ 10,801,092</b>

PAGE 7 OF 11 PAGES

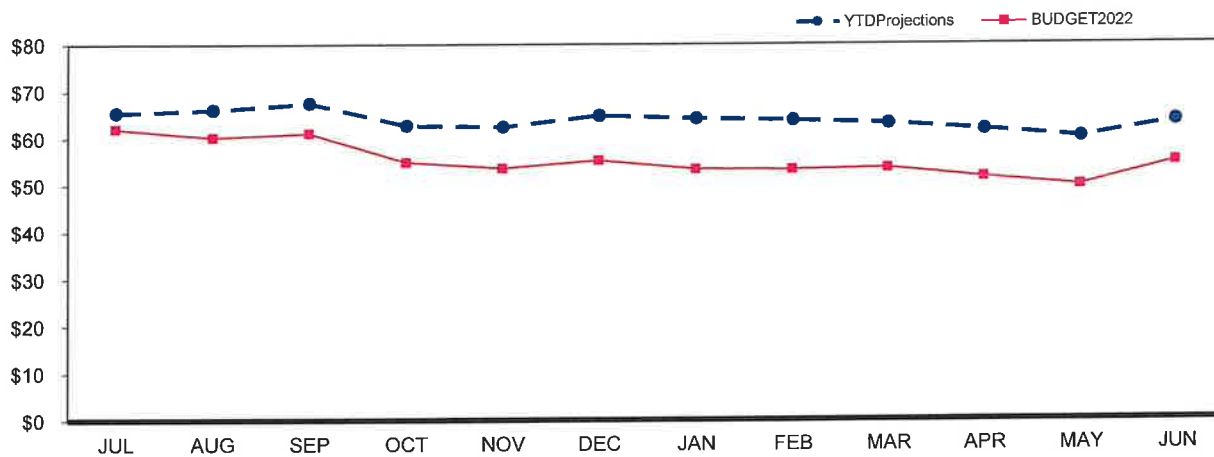
**NATIVIDAD  
STATEMENT OF CASH FLOWS  
AS OF AUGUST 31, 2021**

	CURRENT MONTH		YEAR - TO - DATE
1	\$ 65,532,537	CASH AT BEGINNING OF PERIOD	\$ 71,807,938
2		FROM OPERATIONS:	
3	895,152	NET INCOME/(LOSS)	1,302,806
4	-	NET INCOME ADJ - PRIOR YEAR	-
5	990,906	DEPRECIATION/AMORT	\$ 1,983,657
6	1,886,058	SUBTOTAL	3,286,463
7		CHANGES IN WORKING CAPITAL:	
8	1,049,941	ACCOUNTS RECEIVABLE	552,924
9	(134,340)	STATE/COUNTY RECEIVABLE	573,548
10	(943,268)	PREPAID EXPENSE & INVENTORY	(646,462)
11	(5,170,233)	ACCRUED PAYROLL	(3,692,907)
12	1,486,947	ACCOUNTS PAYABLE	(1,739,485)
13	-	MCARE/MEDICAL LIABILITIES	(577,442)
14	-	SHORT TERM DEBT	0
15	-	ACCRUED LIABILITIES	(3,409,707)
16	2,162,898	NET (DECREASE)/INCREASE	(8,939,531)
17	(1,548,055)		
18		CAPITAL ADDITIONS:	
19	(308,135)	PP&E ADDITIONS	(540,513)
20	-	NBV OF ASSETS DISPOSED	-
21	(308,135)	TOTAL CAPITAL (Use of Cash)	(540,513)
22		FINANCING ACTIVITY:	
23	(54,817)	LONG TERM BOND DEBT	(109,635)
24	639,668	OTHER ASSETS	642,534
25	-	INVESTMENTS	-
26	584,851	TOTAL FINANCING	532,899
27	614,719	INC./(DEC.) IN CASH BALANCE	(5,660,682)
28	\$ 66,147,256	CASH BALANCE - END OF PERIOD	\$ 66,147,256

**NATIVIDAD**  
**RECONCILIATION OF GOVERNMENT FUNDING**  
**FISCAL YEAR 2022**

	<u>BDGT-22</u>	<u>ESTIMATE FY2022</u>	<u>Variance to Budget</u>
Medi-Cal DSH Waiver & Phys SPA	\$ 10,705,534	\$ 10,705,534	\$ -
EPP	14,000,000	14,000,000	-
QIP	20,985,000	20,985,000	-
Physician SPA	1,300,000	1,300,000	-
AB915	3,672,000	3,672,000	-
SB1732	2,800,000	2,800,000	-
CCAH Rate Range	9,720,000	9,720,000	-
HPE	300,000	300,000	-
Families First Corona Virus Response	-	317,118	317,118
Esperanza Care Outside Purchased Service	(2,500,000)	(2,500,000)	-
HD Residency Support	(500,000)	(500,000)	-
Medicare GME & B/D	1,300,000	1,300,000	-
Provider Fee	1,000,000	1,000,000	-
	<u>\$ 62,782,534</u>	<u>\$ 63,099,652</u>	<u>\$ 317,118</u>

### Cash Flow Performance Fiscal Year 2022 (in Millions)



	ACTUAL	ACTUAL	ESTIMATE	ESTIMATE	ESTIMATE	ESTIMATE	ESTIMATE	ESTIMATE	ESTIMATE	ESTIMATE	ESTIMATE	ESTIMATE
Months	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
YTD	65.5	66.1	67.5	62.9	62.6	64.9	64.3	63.9	63.3	62.0	60.3	63.6
BDGT	62.1	60.3	61.2	54.9	53.7	55.3	53.5	53.4	53.7	51.8	49.9	54.9
Variance	3.4	5.9	6.3	8.0	8.9	9.6	10.8	10.5	9.6	10.2	10.4	8.7



NATVIDAO  
CASH FORECAST  
FISCAL YEAR 2022

	ACTUAL JUL	ACTUAL AUG	ESTIMATE SEP	ESTIMATE OCT	ESTIMATE NOV	ESTIMATE DEC	ESTIMATE JAN	ESTIMATE FEB	ESTIMATE MAR	ESTIMATE APR	ESTIMATE MAY	ESTIMATE JUN	Total YTD
Beginning Balance	21,802,009	65,518,818	68,137,250	67,681,579	67,868,430	67,580,012	68,877,158	68,280,085	68,994,821	68,726,199	68,568,651	68,328,315	71,807,898
<b>CASH RECEIPTS</b>													
Patient Reimburse (incl gross fees and lab cost)	21,394,403	26,361,190	21,507,110	21,507,110	21,507,110	21,507,110	21,507,110	21,507,110	21,507,110	21,507,110	21,507,110	21,507,110	264,526,672
Provider Fee	-	425,287	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	1,258,817
GA JST CCAH	-	-	-	-	-	4,860,000	-	-	-	-	-	-	4,860,000
Stimulus Family First Response COVID-19- SHORT DOSE	317,118	333,333	333,333	333,333	333,333	333,333	333,333	333,333	333,333	333,333	333,333	333,333	3,333,333
Lab	106,787	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	358,787
Foundation Donations	-	-	-	-	-	-	-	-	-	-	-	-	7,473,338
Medical Waiver PFI - 12 03H CPE (F-mel)	7,473,338	-	-	-	-	-	-	-	-	-	-	-	7,473,338
GRF VS FY20-20 F-mel	1,962,000	-	-	-	-	-	-	-	-	-	-	-	1,962,000
CCAH PROVIDER INCENTIVE GRANT	-	-	-	-	-	-	-	-	-	-	-	-	-
HEALTH DEPARTMENT GRANT	138,257	141,667	141,667	141,667	141,667	141,667	141,667	141,667	141,667	141,667	141,667	141,667	1,564,867
INCL. GRANT	-	-	-	-	-	-	-	-	-	-	-	-	3,672
ABIS	-	-	-	-	-	-	-	-	-	-	-	-	6,391,113
GRF 20-21	8,561,118	-	-	-	-	2,678,384	-	-	-	-	-	-	2,678,384
GRF FY21-22	-	-	-	-	-	2,678,384	-	-	-	-	-	-	2,678,384
GRF A GRF	-	2,915,417	2,915,417	2,915,417	2,915,417	2,915,417	2,915,417	2,915,417	2,915,417	2,915,417	2,915,417	2,915,417	32,088,563
ERP	1,447,757	-	-	-	-	-	-	-	-	-	-	-	1,447,757
Phon SPA	-	101,683	117,833	117,833	117,833	117,833	117,833	117,833	117,833	117,833	117,833	117,833	1,300,000
State Income	-	-	-	-	-	-	-	-	-	-	-	-	2,747,757
GAUS Maddy Fund	-	-	-	-	-	-	-	-	-	-	-	-	1,530,073
Fund 404 Transfer	-	808,802	358,854	2,594,289	2,715,488	1,750,411	3,287,211	2,804,089	3,132,331	3,465,872	8,055,422	2,587,333	29,300,000
GA Sub-Fund Transfer In/Out	-	-	-	-	-	-	-	-	-	-	-	-	755,853
Interest Income	-	-	-	-	-	-	-	-	-	-	-	-	3,023,412
Macmillan Revenue	138,257	349,759	14,854	14,854	14,854	14,854	14,854	14,854	14,854	14,854	14,854	14,854	406,558
Fund Cash Receipts	29,531,475	37,912,333	29,251,294	27,827,796	27,854,056	26,221,254	26,925,758	27,642,388	28,318,571	28,882,438	31,158,279	37,321,895	374,184,525
<b>CASH DISBURSEMENTS</b>													
Purchased Services and Supplies	11,461,939	7,856,925	7,465,700	7,465,700	7,465,700	7,465,700	7,465,700	7,465,700	7,465,700	7,465,700	7,465,700	7,465,700	89,975,882
GRF Fund Rm's FY19-20	683,003	-	-	-	-	-	-	-	-	-	-	-	683,003
HO Residency Support	-	-	-	-	-	-	-	-	-	-	-	-	-
SNAP 11-12 Fund Rec'n	268,721	-	-	-	-	-	-	-	-	-	-	-	268,721
IST MEDICAL GRANT	408,170	-	-	-	-	-	-	-	-	-	-	-	408,170
IST OFY2018-19 GRF Fund	-	-	-	-	-	-	-	-	-	-	-	-	-
IST GRF & misc expenses FY20-21	-	-	-	-	-	-	-	-	-	-	-	-	-
IST GRF	-	122,158	-	-	-	-	-	-	-	-	-	-	122,158
IST ERP	-	4,184,279	-	-	-	-	-	-	-	-	-	-	4,184,279
BOE Q1 Sales and Unit Tax	-	-	-	-	-	-	-	-	-	-	-	-	-
Building Lease / Rental Equipment	238,824	228,954	230,829	230,829	230,829	230,829	230,829	230,829	230,829	230,829	230,829	230,829	2,738,078
COF Principal & Interest Payments	-	-	-	-	-	-	-	-	-	-	-	-	3,007,428
Payroll and Benefits	18,175,478	23,958,438	18,425,438	18,425,438	18,425,438	18,425,438	18,425,438	18,425,438	18,425,438	18,425,438	18,425,438	18,425,438	212,621,031
Expenses Care	-	-	-	-	-	-	-	-	-	-	-	-	-
IST GRF FY19-20 Q1R & CONCAC	5,075,300	-	-	-	-	-	-	-	-	-	-	-	5,075,300
FY20-21 R4 MCH	-	-	-	-	-	-	-	-	-	-	-	-	-
Data Processing	1,006,834	-	287,675	287,675	287,675	287,675	287,675	287,675	287,675	287,675	287,675	287,675	3,813,564
Other 121 CPE Fund Reconciliation FY20-19	-	-	-	-	-	-	-	-	-	-	-	-	-
Med-Gal Fund Settlement FY19-20	-	-	-	-	-	-	-	-	-	-	-	-	-
GR 161 FY19-20	-	-	-	-	-	-	-	-	-	-	-	-	-
GRF Share Transfer to Clinco - Bld Pmt	-	-	-	-	-	-	-	-	-	-	-	-	-
Transfer from 451 to 404 & 161 Fund	-	-	-	-	-	6,000,000	-	-	-	-	-	-	6,000,000
Capital Expenses Fund 404	-	438,163	358,854	2,594,289	2,715,488	1,750,411	3,287,211	2,804,089	3,132,331	3,465,872	8,055,422	2,587,333	29,300,000
Capital Expenditures	222,778	328,134	140,528	940,862	1,089,343	1,050,567	1,325,068	1,154,288	1,233,387	1,364,090	2,385,090	1,018,428	11,827,015
Total Cash Disbursements	38,830,757	37,393,688	24,957,024	32,157,908	28,194,453	33,956,110	29,132,869	28,317,860	28,168,193	28,872,367	32,851,364	34,015,871	382,377,129
Increase/(Decrease)	(1,298,282)	816,654	1,344,270	(4,380,112)	(3,408,397)	2,318,124	(597,051)	(175,264)	(969,622)	(1,289,748)	(1,858,130)	3,306,024	(8,192,584)
Ending Cash Fund 451	65,518,818	66,335,472	67,481,500	63,101,388	62,568,029	64,886,153	64,289,102	63,564,821	63,295,199	61,965,451	60,307,319	63,613,343	63,613,343
(-) Cash In Transit	-	-	-	-	-	-	-	-	-	-	-	-	-
(-) Petty Cash and CC	13,921	10,007	5,754	6,484	5,017	5,281	5,281	6,858	15,091	8,498	13,369	3,682	-
Ending Cash as per GA	65,532,537	66,345,479	67,487,254	62,907,874	62,568,029	64,892,207	64,294,383	63,571,679	63,310,290	61,973,949	60,320,688	63,617,025	63,617,025
<b>Fund 404</b>													
Beginning Balance	78,082,183	78,082,183	75,445,381	75,086,527	72,690,318	68,983,848	68,189,438	64,836,227	62,022,218	58,588,887	55,428,015	43,588,383	-
Transfer In from Fund 451	-	808,802	358,854	2,594,289	2,715,488	1,750,411	3,287,211	2,804,089	3,132,331	3,465,872	8,055,422	2,587,333	-
Transfer Out Fund 404	-	-	-	-	-	-	-	-	-	-	-	-	-
Ending Cash Fund 404	78,082,183	78,890,985	75,804,235	72,680,816	68,505,806	68,189,438	64,836,227	62,022,218	58,588,887	55,428,015	49,388,383	46,175,716	-
Ending Cash Fund 451 & 404	143,614,720	145,286,467	135,608,730	135,608,730	135,608,730	135,608,730	135,608,730	135,608,730	135,608,730	135,608,730	135,608,730	135,608,730	135,608,730

**..Title**

- a. Receive a report on the status of AB 361 and the requirements for continued remote meetings after October 1, 2021; and
- b. Provide direction to staff.

**..Report**

**RECOMMENDATION:**

- a. It is recommended that the Natividad Board of Trustees receive a report on the status of AB 361 and the requirements for continued remote meetings after October 1, 2021; and
- b. Provide direction to staff.

**SUMMARY:**

On September 16, 2021, Governor Newsom signed AB 361 (copy enclosed as Attachment A). This legislation amends the Brown Act to allow meeting bodies subject to the Brown Act to meet via teleconference during a proclaimed state of emergency in accordance with teleconference procedures established by AB 361 rather than under the Brown Act's more narrow standard rules for participation in a meeting by teleconference. The Monterey County Health Officer has issued a recommendation for social distancing in legislative body meetings (enclosed as attachment B), so the first meeting after September 30, 2021, may be held without making findings. If the Board of Trustees desires to continue to meet remotely via teleconference after that first meeting, the Board of Trustees is required to make certain findings under AB 361 no later than 30 days after the first teleconference meeting held pursuant to AB 361, and every 30 days thereafter.

**DISCUSSION:**

On March 4, 2020, Governor Newsom issued a Proclamation of State of Emergency in response to the COVID-19 pandemic. That proclamation remains in effect. As a result of the state of emergency, the Governor issued executive orders that waived the normally strict provisions of the Brown Act relating to holding and participating in meetings via teleconferencing. Executive Order N-29-20 allowed bodies subject to the Brown Act to meet without a physical meeting location, so long as various requirements were met, including providing the public the opportunity to observe and participate in the meeting telephonically or electronically. Executive Order No. N-08-21 extended the suspension of the Brown Act's normal teleconferencing rules through September 30, 2021.

On September 16, the Governor signed AB 361, urgency legislation which took effect immediately. AB 361 amended Government Code section 54953 to address holding meetings subject to the Brown Act via teleconference during a declared state of emergency. The amended section 54953 takes the place of the provisions of the prior executive orders related to teleconferencing, except that Governor Newsom has subsequently clarified that requirements related to public meetings of local legislative bodies set forth in Executive Order N-08-21 would continue to govern through September 30, 2021, so long as notice of the public meeting is provided, and the public has the opportunity to observe and participate in the meeting as required by AB 361. AB 361 allows a board, commission or committee subject to the Brown Act, called "legislative bodies" under the Brown Act, to meet via teleconference without following the

normal Brown Act teleconference rules if any of the following circumstances exist:

- A) The legislative body holds a meeting during a proclaimed state of emergency, and state or local officials have imposed or recommended measures to promote social distancing. [or]
- (B) The legislative body holds a meeting during a proclaimed state of emergency for the purpose of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees. [or]
- (C) The legislative body holds a meeting during a proclaimed state of emergency and has determined, by majority vote, pursuant to subparagraph (B), that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

(Gov't Code §54953(e)(1) [AB 361, p. 9].)

If the meeting is held via teleconference under these provisions, the meeting body must meet certain requirements under AB 361, including providing public access to the meeting and opportunity for the public to address the members of the legislative body.

AB 361 also requires periodic review of the determination to continue to meet via teleconference. If the state of emergency is still active, or if “state or local officials have imposed or recommended measures to promote social distancing,” then no later than 30 days after meeting via teleconference for the first time pursuant to AB 361, the body must make a finding that the body “has reconsidered the circumstances of the state of emergency” and further find that “[a]ny of the following circumstances exist: (i) The state of emergency continues to directly impact the ability of the members to meet safely in person. (ii) State or local officials continue to impose or recommend measures to promote social distancing.” (Gov't Code §54953(e)(3) [AB 361, p. 11].)

The Monterey County Health Officer has issued a recommendation for social distancing during legislative body meetings; therefore, so long as that recommendation is in place, the first meeting of the Board of Trustees and each of the Board of Trustees Committees after October 1, 2021 may occur without the need to make any findings, even if the first meeting doesn't occur until November or even December. However, within 30 days of that first meeting, each individual legislative body will be required to make the requisite findings. Since the Board of Trustees does not meet again within 30 days of its October 8, 2021 meeting, a special meeting will be necessary for this purpose. If the finding is not timely made, the Board of Trustees will be required to meet in person to make findings to return to remote meetings.

Finally, the teleconference rules of AB 361 are operative only so long as the Governor's proclamation of statewide emergency is in place; once that proclamation is terminated, the Board of Trustees must either meet in person or utilize the normal Brown Act rules for teleconferencing (teleconference location open to the public and agenda posted).

#### OTHER AGENCY INVOLVEMENT:

The Office of County Counsel has reviewed and approved this report.

FINANCING:

There is no financial impact to the County's General Fund or Natividad's Adopted Budget FY21/22.

BOARD OF SUPERVISORS STRATEGIC INITIATIVES:

The report is intended to assist Natividad in the provision of reliable and high quality patient care and of the safety of patients and their families, County staff and officials, and the public.

☐ Economic Development

☒ Administration

☒ Health and Human Services

☒ Infrastructure

☐ Public Safety

..Prepared and approved by: Stacy L. Saetta, x5045, Chief Deputy County Counsel

Attachments:

A. AB 361

B. Monterey County Health Officer Recommendation



## COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Mendoza Jimenez, Director of Health

Administration    Animal Services    Behavioral Health    Clinic Services  
Emergency Medical Services    Environmental Health    Public Administrator/Public Guardian    Public Health

### **Recommendation Regarding Social Distancing Including Remote Meetings of Legislative Bodies**

Issued: September 22, 2021

The Monterey County Health Department continues to recommend that physical and social distancing strategies be practiced in Monterey County, which includes remote meetings of legislative bodies of local agencies, to the extent possible.

Monterey County continues to experience transmission of COVID-19 locally. Physical and social distancing is still an effective measure to reduce the spread of COVID-19, especially when combined with use of face coverings, frequent hand washing, staying home when ill, testing, and vaccination with U.S. Food and Drug Administration approved or authorized COVID-19 vaccines.

Remote meetings of legislative bodies allow for the virtual participation of agency staff, presenters, and community members in safer environments, with less risk of exposure to SARS-CoV-2, the virus that causes COVID-19.

The Monterey County Health Officer will continue to monitor local metrics and the necessity of this recommendation.



## LEGISLATIVE INFORMATION

[Home](#)[Bill Information](#)[California Law](#)[Publications](#)[Other Resources](#)[My Subscriptions](#)[My Favorites](#)**AB-361 Open meetings: state and local agencies: teleconferences. (2021-2022)**

SHARE THIS:



Date Published: 09/17/2021 09:00 PM

**Assembly Bill No. 361****CHAPTER 165**

An act to add and repeal Section 89305.6 of the Education Code, and to amend, repeal, and add Section 54953 of, and to add and repeal Section 11133 of, the Government Code, relating to open meetings, and declaring the urgency thereof, to take effect immediately.

[ Approved by Governor September 16, 2021. Filed with Secretary of State September 16, 2021. ]

**LEGISLATIVE COUNSEL'S DIGEST**

AB 361, Robert Rivas. Open meetings: state and local agencies: teleconferences.

(1) Existing law, the Ralph M. Brown Act requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding the timelines for posting an agenda and providing for the ability of the public to directly address the legislative body on any item of interest to the public. The act generally requires all regular and special meetings of the legislative body be held within the boundaries of the territory over which the local agency exercises jurisdiction, subject to certain exceptions. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. The act authorizes the district attorney or any interested person, subject to certain provisions, to commence an action by mandamus or injunction for the purpose of obtaining a judicial determination that specified actions taken by a legislative body are null and void.

Existing law, the California Emergency Services Act, authorizes the Governor, or the Director of Emergency Services when the governor is inaccessible, to proclaim a state of emergency under specified circumstances.

Executive Order No. N-29-20 suspends the Ralph M. Brown Act's requirements for teleconferencing during the COVID-19 pandemic provided that notice and accessibility requirements are met, the public members are allowed to observe and address the legislative body at the meeting, and that a legislative body of a local agency has a procedure for receiving and swiftly resolving requests for reasonable accommodation for individuals with disabilities, as specified.

This bill, until January 1, 2024, would authorize a local agency to use teleconferencing without complying with the teleconferencing requirements imposed by the Ralph M. Brown Act when a legislative body of a local agency holds a meeting during a declared state of emergency, as that term is defined, when state or local health officials

have imposed or recommended measures to promote social distancing, during a proclaimed state of emergency held for the purpose of determining, by majority vote, whether meeting in person would present imminent risks to the health or safety of attendees, and during a proclaimed state of emergency when the legislative body has determined that meeting in person would present imminent risks to the health or safety of attendees, as provided.

This bill would require legislative bodies that hold teleconferenced meetings under these abbreviated teleconferencing procedures to give notice of the meeting and post agendas, as described, to allow members of the public to access the meeting and address the legislative body, to give notice of the means by which members of the public may access the meeting and offer public comment, including an opportunity for all persons to attend via a call-in option or an internet-based service option, and to conduct the meeting in a manner that protects the statutory and constitutional rights of the parties and the public appearing before the legislative body. The bill would require the legislative body to take no further action on agenda items when there is a disruption which prevents the public agency from broadcasting the meeting, or in the event of a disruption within the local agency's control which prevents members of the public from offering public comments, until public access is restored. The bill would specify that actions taken during the disruption are subject to challenge proceedings, as specified.

This bill would prohibit the legislative body from requiring public comments to be submitted in advance of the meeting and would specify that the legislative body must provide an opportunity for the public to address the legislative body and offer comment in real time. The bill would prohibit the legislative body from closing the public comment period and the opportunity to register to provide public comment, until the public comment period has elapsed or until a reasonable amount of time has elapsed, as specified. When there is a continuing state of emergency, or when state or local officials have imposed or recommended measures to promote social distancing, the bill would require a legislative body to make specified findings not later than 30 days after the first teleconferenced meeting pursuant to these provisions, and to make those findings every 30 days thereafter, in order to continue to meet under these abbreviated teleconferencing procedures.

Existing law prohibits a legislative body from requiring, as a condition to attend a meeting, a person to register the person's name, or to provide other information, or to fulfill any condition precedent to the person's attendance.

This bill would exclude from that prohibition, a registration requirement imposed by a third-party internet website or other online platform not under the control of the legislative body.

(2) Existing law, the Bagley-Keene Open Meeting Act, requires, with specified exceptions, that all meetings of a state body be open and public and all persons be permitted to attend any meeting of a state body. The act requires at least one member of the state body to be physically present at the location specified in the notice of the meeting.

The Governor's Executive Order No. N-29-20 suspends the requirements of the Bagley-Keene Open Meeting Act for teleconferencing during the COVID-19 pandemic, provided that notice and accessibility requirements are met, the public members are allowed to observe and address the state body at the meeting, and that a state body has a procedure for receiving and swiftly resolving requests for reasonable accommodation for individuals with disabilities, as specified.

This bill, until January 31, 2022, would authorize, subject to specified notice and accessibility requirements, a state body to hold public meetings through teleconferencing and to make public meetings accessible telephonically, or otherwise electronically, to all members of the public seeking to observe and to address the state body. With respect to a state body holding a public meeting pursuant to these provisions, the bill would suspend certain requirements of existing law, including the requirements that each teleconference location be accessible to the public and that members of the public be able to address the state body at each teleconference location. Under the bill, a state body that holds a meeting through teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically would satisfy any requirement that the state body allow members of the public to attend the meeting and offer public comment. The bill would require that each state body that holds a meeting through teleconferencing provide notice of the meeting, and post the agenda, as provided. The bill would urge state bodies utilizing these teleconferencing procedures in the bill to use sound discretion and to make reasonable efforts to adhere as closely as reasonably possible to existing law, as provided.

(3) Existing law establishes the various campuses of the California State University under the administration of the Trustees of the California State University, and authorizes the establishment of student body organizations in



connection with the operations of California State University campuses.

The Gloria Romero Open Meetings Act of 2000 generally requires a legislative body, as defined, of a student body organization to conduct its business in a meeting that is open and public. The act authorizes the legislative body to use teleconferencing, as defined, for the benefit of the public and the legislative body in connection with any meeting or proceeding authorized by law.

This bill, until January 31, 2022, would authorize, subject to specified notice and accessibility requirements, a legislative body, as defined for purposes of the act, to hold public meetings through teleconferencing and to make public meetings accessible telephonically, or otherwise electronically, to all members of the public seeking to observe and to address the legislative body. With respect to a legislative body holding a public meeting pursuant to these provisions, the bill would suspend certain requirements of existing law, including the requirements that each teleconference location be accessible to the public and that members of the public be able to address the legislative body at each teleconference location. Under the bill, a legislative body that holds a meeting through teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically would satisfy any requirement that the legislative body allow members of the public to attend the meeting and offer public comment. The bill would require that each legislative body that holds a meeting through teleconferencing provide notice of the meeting, and post the agenda, as provided. The bill would urge legislative bodies utilizing these teleconferencing procedures in the bill to use sound discretion and to make reasonable efforts to adhere as closely as reasonably possible to existing law, as provided.

(4) This bill would declare the Legislature's intent, consistent with the Governor's Executive Order No. N-29-20, to improve and enhance public access to state and local agency meetings during the COVID-19 pandemic and future emergencies by allowing broader access through teleconferencing options.

(5) This bill would incorporate additional changes to Section 54953 of the Government Code proposed by AB 339 to be operative only if this bill and AB 339 are enacted and this bill is enacted last.

(6) The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose.

This bill would make legislative findings to that effect.

(7) Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

(8) This bill would declare that it is to take effect immediately as an urgency statute.

Vote: 2/3 Appropriation: no Fiscal Committee: yes Local Program: no

## THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

**SECTION 1.** Section 89305.6 is added to the Education Code, to read:

**89305.6.** (a) Notwithstanding any other provision of this article, and subject to the notice and accessibility requirements in subdivisions (d) and (e), a legislative body may hold public meetings through teleconferencing and make public meetings accessible telephonically, or otherwise electronically, to all members of the public seeking to observe and to address the legislative body.

(b) (1) For a legislative body holding a public meeting through teleconferencing pursuant to this section, all requirements in this article requiring the physical presence of members, the clerk or other personnel of the legislative body, or the public, as a condition of participation in or quorum for a public meeting, are hereby suspended.

(2) For a legislative body holding a public meeting through teleconferencing pursuant to this section, all of the following requirements in this article are suspended:

(A) Each teleconference location from which a member will be participating in a public meeting or proceeding be identified in the notice and agenda of the public meeting or proceeding.

(B) Each teleconference location be accessible to the public.

(C) Members of the public may address the legislative body at each teleconference conference location.

(D) Post agendas at all teleconference locations.

(E) At least one member of the legislative body be physically present at the location specified in the notice of the meeting.

(c) A legislative body that holds a meeting through teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically, consistent with the notice and accessibility requirements in subdivisions (d) and (e), shall have satisfied any requirement that the legislative body allow members of the public to attend the meeting and offer public comment. A legislative body need not make available any physical location from which members of the public may observe the meeting and offer public comment.

(d) If a legislative body holds a meeting through teleconferencing pursuant to this section and allows members of the public to observe and address the meeting telephonically or otherwise electronically, the legislative body shall also do both of the following:

(1) Implement a procedure for receiving and swiftly resolving requests for reasonable modification or accommodation from individuals with disabilities, consistent with the federal Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.), and resolving any doubt whatsoever in favor of accessibility.

(2) Advertise that procedure each time notice is given of the means by which members of the public may observe the meeting and offer public comment, pursuant to paragraph (2) of subdivision (e).

(e) Except to the extent this section provides otherwise, each legislative body that holds a meeting through teleconferencing pursuant to this section shall do both of the following:

(1) Give advance notice of the time of, and post the agenda for, each public meeting according to the timeframes otherwise prescribed by this article, and using the means otherwise prescribed by this article, as applicable.

(2) In each instance in which notice of the time of the meeting is otherwise given or the agenda for the meeting is otherwise posted, also give notice of the means by which members of the public may observe the meeting and offer public comment. As to any instance in which there is a change in the means of public observation and comment, or any instance prior to the effective date of this section in which the time of the meeting has been noticed or the agenda for the meeting has been posted without also including notice of the means of public observation and comment, a legislative body may satisfy this requirement by advertising the means of public observation and comment using the most rapid means of communication available at the time. Advertising the means of public observation and comment using the most rapid means of communication available at the time shall include, but need not be limited to, posting such means on the legislative body's internet website.

(f) All legislative bodies utilizing the teleconferencing procedures in this section are urged to use sound discretion and to make reasonable efforts to adhere as closely as reasonably possible to the otherwise applicable provisions of this article, in order to maximize transparency and provide the public access to legislative body meetings.

(g) This section shall remain in effect only until January 31, 2022, and as of that date is repealed.

**SEC. 2.** Section 11133 is added to the Government Code, to read:

**11133.** (a) Notwithstanding any other provision of this article, and subject to the notice and accessibility requirements in subdivisions (d) and (e), a state body may hold public meetings through teleconferencing and make public meetings accessible telephonically, or otherwise electronically, to all members of the public seeking to observe and to address the state body.

(b) (1) For a state body holding a public meeting through teleconferencing pursuant to this section, all requirements in this article requiring the physical presence of members, the clerk or other personnel of the state body, or the public, as a condition of participation in or quorum for a public meeting, are hereby suspended.

(2) For a state body holding a public meeting through teleconferencing pursuant to this section, all of the following requirements in this article are suspended:

(A) Each teleconference location from which a member will be participating in a public meeting or proceeding be identified in the notice and agenda of the public meeting or proceeding.

(B) Each teleconference location be accessible to the public.

(C) Members of the public may address the state body at each teleconference conference location.

(D) Post agendas at all teleconference locations.

(E) At least one member of the state body be physically present at the location specified in the notice of the meeting.

(c) A state body that holds a meeting through teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically, consistent with the notice and accessibility requirements in subdivisions (d) and (e), shall have satisfied any requirement that the state body allow members of the public to attend the meeting and offer public comment. A state body need not make available any physical location from which members of the public may observe the meeting and offer public comment.

(d) If a state body holds a meeting through teleconferencing pursuant to this section and allows members of the public to observe and address the meeting telephonically or otherwise electronically, the state body shall also do both of the following:

(1) Implement a procedure for receiving and swiftly resolving requests for reasonable modification or accommodation from individuals with disabilities, consistent with the federal Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.), and resolving any doubt whatsoever in favor of accessibility.

(2) Advertise that procedure each time notice is given of the means by which members of the public may observe the meeting and offer public comment, pursuant to paragraph (2) of subdivision (e).

(e) Except to the extent this section provides otherwise, each state body that holds a meeting through teleconferencing pursuant to this section shall do both of the following:

(1) Give advance notice of the time of, and post the agenda for, each public meeting according to the timeframes otherwise prescribed by this article, and using the means otherwise prescribed by this article, as applicable.

(2) In each instance in which notice of the time of the meeting is otherwise given or the agenda for the meeting is otherwise posted, also give notice of the means by which members of the public may observe the meeting and offer public comment. As to any instance in which there is a change in the means of public observation and comment, or any instance prior to the effective date of this section in which the time of the meeting has been noticed or the agenda for the meeting has been posted without also including notice of the means of public observation and comment, a state body may satisfy this requirement by advertising the means of public observation and comment using the most rapid means of communication available at the time. Advertising the means of public observation and comment using the most rapid means of communication available at the time shall include, but need not be limited to, posting such means on the state body's internet website.

(f) All state bodies utilizing the teleconferencing procedures in this section are urged to use sound discretion and to make reasonable efforts to adhere as closely as reasonably possible to the otherwise applicable provisions of this article, in order to maximize transparency and provide the public access to state body meetings.

(g) This section shall remain in effect only until January 31, 2022, and as of that date is repealed.

**SEC. 3.** Section 54953 of the Government Code is amended to read:

**54953.** (a) All meetings of the legislative body of a local agency shall be open and public, and all persons shall be permitted to attend any meeting of the legislative body of a local agency, except as otherwise provided in this chapter.

(b) (1) Notwithstanding any other provision of law, the legislative body of a local agency may use teleconferencing for the benefit of the public and the legislative body of a local agency in connection with any meeting or proceeding authorized by law. The teleconferenced meeting or proceeding shall comply with all

otherwise applicable requirements of this chapter and all otherwise applicable provisions of law relating to a specific type of meeting or proceeding.

(2) Teleconferencing, as authorized by this section, may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the legislative body. All votes taken during a teleconferenced meeting shall be by rollcall.

(3) If the legislative body of a local agency elects to use teleconferencing, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the legislative body of a local agency. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. During the teleconference, at least a quorum of the members of the legislative body shall participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction, except as provided in subdivisions (d) and (e). The agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3 at each teleconference location.

(4) For the purposes of this section, "teleconference" means a meeting of a legislative body, the members of which are in different locations, connected by electronic means, through either audio or video, or both. Nothing in this section shall prohibit a local agency from providing the public with additional teleconference locations.

(c) (1) No legislative body shall take action by secret ballot, whether preliminary or final.

(2) The legislative body of a local agency shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

(3) Prior to taking final action, the legislative body shall orally report a summary of a recommendation for a final action on the salaries, salary schedules, or compensation paid in the form of fringe benefits of a local agency executive, as defined in subdivision (d) of Section 3511.1, during the open meeting in which the final action is to be taken. This paragraph shall not affect the public's right under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1) to inspect or copy records created or received in the process of developing the recommendation.

(d) (1) Notwithstanding the provisions relating to a quorum in paragraph (3) of subdivision (b), if a health authority conducts a teleconference meeting, members who are outside the jurisdiction of the authority may be counted toward the establishment of a quorum when participating in the teleconference if at least 50 percent of the number of members that would establish a quorum are present within the boundaries of the territory over which the authority exercises jurisdiction, and the health authority provides a teleconference number, and associated access codes, if any, that allows any person to call in to participate in the meeting and the number and access codes are identified in the notice and agenda of the meeting.

(2) Nothing in this subdivision shall be construed as discouraging health authority members from regularly meeting at a common physical site within the jurisdiction of the authority or from using teleconference locations within or near the jurisdiction of the authority. A teleconference meeting for which a quorum is established pursuant to this subdivision shall be subject to all other requirements of this section.

(3) For purposes of this subdivision, a health authority means any entity created pursuant to Sections 14018.7, 14087.31, 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare and Institutions Code, any joint powers authority created pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 for the purpose of contracting pursuant to Section 14087.3 of the Welfare and Institutions Code, and any advisory committee to a county-sponsored health plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code if the advisory committee has 12 or more members.

(e) (1) A local agency may use teleconferencing without complying with the requirements of paragraph (3) of subdivision (b) if the legislative body complies with the requirements of paragraph (2) of this subdivision in any of the following circumstances:

(A) The legislative body holds a meeting during a proclaimed state of emergency, and state or local officials have imposed or recommended measures to promote social distancing.

(B) The legislative body holds a meeting during a proclaimed state of emergency for the purpose of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

(C) The legislative body holds a meeting during a proclaimed state of emergency and has determined, by majority vote, pursuant to subparagraph (B), that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

(2) A legislative body that holds a meeting pursuant to this subdivision shall do all of the following:

(A) The legislative body shall give notice of the meeting and post agendas as otherwise required by this chapter.

(B) The legislative body shall allow members of the public to access the meeting and the agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3. In each instance in which notice of the time of the teleconferenced meeting is otherwise given or the agenda for the meeting is otherwise posted, the legislative body shall also give notice of the means by which members of the public may access the meeting and offer public comment. The agenda shall identify and include an opportunity for all persons to attend via a call-in option or an internet-based service option. This subparagraph shall not be construed to require the legislative body to provide a physical location from which the public may attend or comment.

(C) The legislative body shall conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties and the public appearing before the legislative body of a local agency.

(D) In the event of a disruption which prevents the public agency from broadcasting the meeting to members of the public using the call-in option or internet-based service option, or in the event of a disruption within the local agency's control which prevents members of the public from offering public comments using the call-in option or internet-based service option, the body shall take no further action on items appearing on the meeting agenda until public access to the meeting via the call-in option or internet-based service option is restored. Actions taken on agenda items during a disruption which prevents the public agency from broadcasting the meeting may be challenged pursuant to Section 54960.1.

(E) The legislative body shall not require public comments to be submitted in advance of the meeting and must provide an opportunity for the public to address the legislative body and offer comment in real time. This subparagraph shall not be construed to require the legislative body to provide a physical location from which the public may attend or comment.

(F) Notwithstanding Section 54953.3, an individual desiring to provide public comment through the use of an internet website, or other online platform, not under the control of the local legislative body, that requires registration to log in to a teleconference may be required to register as required by the third-party internet website or online platform to participate.

(G) (i) A legislative body that provides a timed public comment period for each agenda item shall not close the public comment period for the agenda item, or the opportunity to register, pursuant to subparagraph (F), to provide public comment until that timed public comment period has elapsed.

(ii) A legislative body that does not provide a timed public comment period, but takes public comment separately on each agenda item, shall allow a reasonable amount of time per agenda item to allow public members the opportunity to provide public comment, including time for members of the public to register pursuant to subparagraph (F), or otherwise be recognized for the purpose of providing public comment.

(iii) A legislative body that provides a timed general public comment period that does not correspond to a specific agenda item shall not close the public comment period or the opportunity to register, pursuant to subparagraph (F), until the timed general public comment period has elapsed.

(3) If a state of emergency remains active, or state or local officials have imposed or recommended measures to promote social distancing, in order to continue to teleconference without compliance with paragraph (3) of subdivision (b), the legislative body shall, not later than 30 days after teleconferencing for the first time pursuant to subparagraph (A), (B), or (C) of paragraph (1), and every 30 days thereafter, make the following findings by majority vote:

(A) The legislative body has reconsidered the circumstances of the state of emergency.

(B) Any of the following circumstances exist:

(i) The state of emergency continues to directly impact the ability of the members to meet safely in person.

(ii) State or local officials continue to impose or recommend measures to promote social distancing.

(4) For the purposes of this subdivision, "state of emergency" means a state of emergency proclaimed pursuant to Section 8625 of the California Emergency Services Act (Article 1 (commencing with Section 8550) of Chapter 7 of Division 1 of Title 2).

(f) This section shall remain in effect only until January 1, 2024, and as of that date is repealed.

**SEC. 3.1.** Section 54953 of the Government Code is amended to read:

**54953.** (a) All meetings of the legislative body of a local agency shall be open and public, and all persons shall be permitted to attend any meeting of the legislative body of a local agency in person, except as otherwise provided in this chapter. Local agencies shall conduct meetings subject to this chapter consistent with applicable state and federal civil rights laws, including, but not limited to, any applicable language access and other nondiscrimination obligations.

(b) (1) Notwithstanding any other provision of law, the legislative body of a local agency may use teleconferencing for the benefit of the public and the legislative body of a local agency in connection with any meeting or proceeding authorized by law. The teleconferenced meeting or proceeding shall comply with all otherwise applicable requirements of this chapter and all otherwise applicable provisions of law relating to a specific type of meeting or proceeding.

(2) Teleconferencing, as authorized by this section, may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the legislative body. All votes taken during a teleconferenced meeting shall be by rollcall.

(3) If the legislative body of a local agency elects to use teleconferencing, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the legislative body of a local agency. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. During the teleconference, at least a quorum of the members of the legislative body shall participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction, except as provided in subdivisions (d) and (e). The agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3 at each teleconference location.

(4) For the purposes of this section, "teleconference" means a meeting of a legislative body, the members of which are in different locations, connected by electronic means, through either audio or video, or both. Nothing in this section shall prohibit a local agency from providing the public with additional teleconference locations.

(c) (1) No legislative body shall take action by secret ballot, whether preliminary or final.

(2) The legislative body of a local agency shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

(3) Prior to taking final action, the legislative body shall orally report a summary of a recommendation for a final action on the salaries, salary schedules, or compensation paid in the form of fringe benefits of a local agency executive, as defined in subdivision (d) of Section 3511.1, during the open meeting in which the final action is to be taken. This paragraph shall not affect the public's right under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1) to inspect or copy records created or received in the process of developing the recommendation.

(d) (1) Notwithstanding the provisions relating to a quorum in paragraph (3) of subdivision (b), if a health authority conducts a teleconference meeting, members who are outside the jurisdiction of the authority may be counted toward the establishment of a quorum when participating in the teleconference if at least 50 percent of the number of members that would establish a quorum are present within the boundaries of the territory over which the authority exercises jurisdiction, and the health authority provides a teleconference number, and associated access codes, if any, that allows any person to call in to participate in the meeting and the number and access codes are identified in the notice and agenda of the meeting.

(2) Nothing in this subdivision shall be construed as discouraging health authority members from regularly meeting at a common physical site within the jurisdiction of the authority or from using teleconference locations within or near the jurisdiction of the authority. A teleconference meeting for which a quorum is established pursuant to this subdivision shall be subject to all other requirements of this section.

(3) For purposes of this subdivision, a health authority means any entity created pursuant to Sections 14018.7, 14087.31, 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare and Institutions Code, any joint powers authority created pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 for the purpose of contracting pursuant to Section 14087.3 of the Welfare and Institutions Code, and any advisory committee to a county-sponsored health plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code if the advisory committee has 12 or more members.

(e) (1) A local agency may use teleconferencing without complying with the requirements of paragraph (3) of subdivision (b) if the legislative body complies with the requirements of paragraph (2) of this subdivision in any of the following circumstances:

(A) The legislative body holds a meeting during a proclaimed state of emergency, and state or local officials have imposed or recommended measures to promote social distancing.

(B) The legislative body holds a meeting during a proclaimed state of emergency for the purpose of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

(C) The legislative body holds a meeting during a proclaimed state of emergency and has determined, by majority vote, pursuant to subparagraph (B), that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

(2) A legislative body that holds a meeting pursuant to this subdivision shall do all of the following:

(A) The legislative body shall give notice of the meeting and post agendas as otherwise required by this chapter.

(B) The legislative body shall allow members of the public to access the meeting and the agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3. In each instance in which notice of the time of the teleconferenced meeting is otherwise given or the agenda for the meeting is otherwise posted, the legislative body shall also give notice of the means by which members of the public may access the meeting and offer public comment. The agenda shall identify and include an opportunity for all persons to attend via a call-in option or an internet-based service option. This subparagraph shall not be construed to require the legislative body to provide a physical location from which the public may attend or comment.

(C) The legislative body shall conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties and the public appearing before the legislative body of a local agency.

(D) In the event of a disruption which prevents the public agency from broadcasting the meeting to members of the public using the call-in option or internet-based service option, or in the event of a disruption within the local agency's control which prevents members of the public from offering public comments using the call-in option or internet-based service option, the body shall take no further action on items appearing on the meeting agenda until public access to the meeting via the call-in option or internet-based service option is restored. Actions taken on agenda items during a disruption which prevents the public agency from broadcasting the meeting may be challenged pursuant to Section 54960.1.

(E) The legislative body shall not require public comments to be submitted in advance of the meeting and must provide an opportunity for the public to address the legislative body and offer comment in real time. This subparagraph shall not be construed to require the legislative body to provide a physical location from which the public may attend or comment.

(F) Notwithstanding Section 54953.3, an individual desiring to provide public comment through the use of an internet website, or other online platform, not under the control of the local legislative body, that requires registration to log in to a teleconference may be required to register as required by the third-party internet website or online platform to participate.

(G) (i) A legislative body that provides a timed public comment period for each agenda item shall not close the public comment period for the agenda item, or the opportunity to register, pursuant to subparagraph (F), to provide public comment until that timed public comment period has elapsed.

(ii) A legislative body that does not provide a timed public comment period, but takes public comment separately on each agenda item, shall allow a reasonable amount of time per agenda item to allow public members the opportunity to provide public comment, including time for members of the public to register pursuant to subparagraph (F), or otherwise be recognized for the purpose of providing public comment.

(iii) A legislative body that provides a timed general public comment period that does not correspond to a specific agenda item shall not close the public comment period or the opportunity to register, pursuant to subparagraph (F), until the timed general public comment period has elapsed.

(3) If a state of emergency remains active, or state or local officials have imposed or recommended measures to promote social distancing, in order to continue to teleconference without compliance with paragraph (3) of subdivision (b), the legislative body shall, not later than 30 days after teleconferencing for the first time pursuant to subparagraph (A), (B), or (C) of paragraph (1), and every 30 days thereafter, make the following findings by majority vote:

(A) The legislative body has reconsidered the circumstances of the state of emergency.

(B) Any of the following circumstances exist:

(i) The state of emergency continues to directly impact the ability of the members to meet safely in person.

(ii) State or local officials continue to impose or recommend measures to promote social distancing.

(4) For the purposes of this subdivision, "state of emergency" means a state of emergency proclaimed pursuant to Section 8625 of the California Emergency Services Act (Article 1 (commencing with Section 8550) of Chapter 7 of Division 1 of Title 2).

(f) This section shall remain in effect only until January 1, 2024, and as of that date is repealed.

**SEC. 4.** Section 54953 is added to the Government Code, to read:

**54953.** (a) All meetings of the legislative body of a local agency shall be open and public, and all persons shall be permitted to attend any meeting of the legislative body of a local agency, except as otherwise provided in this chapter.

(b) (1) Notwithstanding any other provision of law, the legislative body of a local agency may use teleconferencing for the benefit of the public and the legislative body of a local agency in connection with any meeting or proceeding authorized by law. The teleconferenced meeting or proceeding shall comply with all requirements of this chapter and all otherwise applicable provisions of law relating to a specific type of meeting or proceeding.

(2) Teleconferencing, as authorized by this section, may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the legislative body. All votes taken during a teleconferenced meeting shall be by rollcall.

(3) If the legislative body of a local agency elects to use teleconferencing, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the legislative body of a local agency. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. During the teleconference, at least a quorum of the members of the legislative body shall participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction, except as provided in subdivision (d). The agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3 at each teleconference location.

(4) For the purposes of this section, "teleconference" means a meeting of a legislative body, the members of which are in different locations, connected by electronic means, through either audio or video, or both. Nothing in this section shall prohibit a local agency from providing the public with additional teleconference locations

(c) (1) No legislative body shall take action by secret ballot, whether preliminary or final.

(2) The legislative body of a local agency shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

(3) Prior to taking final action, the legislative body shall orally report a summary of a recommendation for a final action on the salaries, salary schedules, or compensation paid in the form of fringe benefits of a local agency executive, as defined in subdivision (d) of Section 3511.1, during the open meeting in which the final action is to be taken. This paragraph shall not affect the public's right under the California Public Records Act (Chapter 3.5



(commencing with Section 6250) of Division 7 of Title 1) to inspect or copy records created or received in the process of developing the recommendation.

(d) (1) Notwithstanding the provisions relating to a quorum in paragraph (3) of subdivision (b), if a health authority conducts a teleconference meeting, members who are outside the jurisdiction of the authority may be counted toward the establishment of a quorum when participating in the teleconference if at least 50 percent of the number of members that would establish a quorum are present within the boundaries of the territory over which the authority exercises jurisdiction, and the health authority provides a teleconference number, and associated access codes, if any, that allows any person to call in to participate in the meeting and the number and access codes are identified in the notice and agenda of the meeting.

(2) Nothing in this subdivision shall be construed as discouraging health authority members from regularly meeting at a common physical site within the jurisdiction of the authority or from using teleconference locations within or near the jurisdiction of the authority. A teleconference meeting for which a quorum is established pursuant to this subdivision shall be subject to all other requirements of this section.

(3) For purposes of this subdivision, a health authority means any entity created pursuant to Sections 14018.7, 14087.31, 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare and Institutions Code, any joint powers authority created pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 for the purpose of contracting pursuant to Section 14087.3 of the Welfare and Institutions Code, and any advisory committee to a county-sponsored health plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code if the advisory committee has 12 or more members.

(e) This section shall become operative January 1, 2024.

**SEC. 4.1.** Section 54953 is added to the Government Code, to read:

**54953.** (a) All meetings of the legislative body of a local agency shall be open and public, and all persons shall be permitted to attend any meeting of the legislative body of a local agency, in person except as otherwise provided in this chapter. Local agencies shall conduct meetings subject to this chapter consistent with applicable state and federal civil rights laws, including, but not limited to, any applicable language access and other nondiscrimination obligations.

(b) (1) Notwithstanding any other provision of law, the legislative body of a local agency may use teleconferencing for the benefit of the public and the legislative body of a local agency in connection with any meeting or proceeding authorized by law. The teleconferenced meeting or proceeding shall comply with all requirements of this chapter and all otherwise applicable provisions of law relating to a specific type of meeting or proceeding.

(2) Teleconferencing, as authorized by this section, may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the legislative body. All votes taken during a teleconferenced meeting shall be by rollcall.

(3) If the legislative body of a local agency elects to use teleconferencing, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the legislative body of a local agency. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. During the teleconference, at least a quorum of the members of the legislative body shall participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction, except as provided in subdivision (d). The agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3 at each teleconference location.

(4) For the purposes of this section, "teleconference" means a meeting of a legislative body, the members of which are in different locations, connected by electronic means, through either audio or video, or both. Nothing in this section shall prohibit a local agency from providing the public with additional teleconference locations.

(c) (1) No legislative body shall take action by secret ballot, whether preliminary or final.

(2) The legislative body of a local agency shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

(3) Prior to taking final action, the legislative body shall orally report a summary of a recommendation for a final action on the salaries, salary schedules, or compensation paid in the form of fringe benefits of a local agency executive, as defined in subdivision (d) of Section 3511.1, during the open meeting in which the final action is to be taken. This paragraph shall not affect the public's right under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1) to inspect or copy records created or received in the process of developing the recommendation.

(d) (1) Notwithstanding the provisions relating to a quorum in paragraph (3) of subdivision (b), if a health authority conducts a teleconference meeting, members who are outside the jurisdiction of the authority may be counted toward the establishment of a quorum when participating in the teleconference if at least 50 percent of the number of members that would establish a quorum are present within the boundaries of the territory over which the authority exercises jurisdiction, and the health authority provides a teleconference number, and associated access codes, if any, that allows any person to call in to participate in the meeting and the number and access codes are identified in the notice and agenda of the meeting.

(2) Nothing in this subdivision shall be construed as discouraging health authority members from regularly meeting at a common physical site within the jurisdiction of the authority or from using teleconference locations within or near the jurisdiction of the authority. A teleconference meeting for which a quorum is established pursuant to this subdivision shall be subject to all other requirements of this section.

(3) For purposes of this subdivision, a health authority means any entity created pursuant to Sections 14018.7, 14087.31, 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare and Institutions Code, any joint powers authority created pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 for the purpose of contracting pursuant to Section 14087.3 of the Welfare and Institutions Code, and any advisory committee to a county-sponsored health plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code if the advisory committee has 12 or more members.

(e) This section shall become operative January 1, 2024.

**SEC. 5.** Sections 3.1 and 4.1 of this bill incorporate amendments to Section 54953 of the Government Code proposed by both this bill and Assembly Bill 339. Those sections of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2022, but this bill becomes operative first, (2) each bill amends Section 54953 of the Government Code, and (3) this bill is enacted after Assembly Bill 339, in which case Section 54953 of the Government Code, as amended by Sections 3 and 4 of this bill, shall remain operative only until the operative date of Assembly Bill 339, at which time Sections 3.1 and 4.1 of this bill shall become operative.

**SEC. 6.** It is the intent of the Legislature in enacting this act to improve and enhance public access to state and local agency meetings during the COVID-19 pandemic and future applicable emergencies, by allowing broader access through teleconferencing options consistent with the Governor's Executive Order No. N-29-20 dated March 17, 2020, permitting expanded use of teleconferencing during the COVID-19 pandemic.

**SEC. 7.** The Legislature finds and declares that Sections 3 and 4 of this act, which amend, repeal, and add Section 54953 of the Government Code, further, within the meaning of paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the purposes of that constitutional section as it relates to the right of public access to the meetings of local public bodies or the writings of local public officials and local agencies. Pursuant to paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the Legislature makes the following findings:

This act is necessary to ensure minimum standards for public participation and notice requirements allowing for greater public participation in teleconference meetings during applicable emergencies.

**SEC. 8.** (a) The Legislature finds and declares that during the COVID-19 public health emergency, certain requirements of the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code) were suspended by Executive Order N-29-20. Audio and video teleconference were widely used to conduct public meetings in lieu of physical location meetings, and public meetings conducted by teleconference during the COVID-19 public health emergency have been productive, have increased public participation by all members of the public regardless of their location in the state and ability to travel to physical meeting locations, have protected the health and safety of civil servants and the public, and have reduced travel costs incurred by members of state bodies and reduced work hours spent traveling to and from meetings.

(b) The Legislature finds and declares that Section 1 of this act, which adds and repeals Section 89305.6 of the Education Code, Section 2 of this act, which adds and repeals Section 11133 of the Government Code, and Sections 3 and 4 of this act, which amend, repeal, and add Section 54953 of the Government Code, all increase and potentially limit the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

(1) By removing the requirement that public meetings be conducted at a primary physical location with a quorum of members present, this act protects the health and safety of civil servants and the public and does not preference the experience of members of the public who might be able to attend a meeting in a physical location over members of the public who cannot travel or attend that meeting in a physical location.

(2) By removing the requirement for agendas to be placed at the location of each public official participating in a public meeting remotely, including from the member's private home or hotel room, this act protects the personal, private information of public officials and their families while preserving the public's right to access information concerning the conduct of the people's business.

**SEC. 9.** This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the California Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to ensure that state and local agencies can continue holding public meetings while providing essential services like water, power, and fire protection to their constituents during public health, wildfire, or other states of emergencies, it is necessary that this act take effect immediately.

**CREDENTIALS REPORT OF RECOMMENDED ACTIONS FOR BOARD APPROVAL, October 08, 2021**  
**(Medical Executive Committee Approval Date: September 02, 2021)**

The following practitioners were reviewed for initial appointment, reappointment, changes in staff status (category), additional privilege requests, etc. Membership factors include licensure, DEA, professional liability insurance, staff requirements, etc. Qualitative/quantitative factors include: peer review, performance improvement, clinical activity, privileging, competence, technical skill, behavior, health, medical records, blood review, medication usage, litigation history, utilization and continuity of care.

**INITIAL APPOINTMENTS**

NAME	SPECIALTY / SERVICE	STAFF STATUS	APPOINTMENT PERIOD
Carrigan, Warren V III., MD	Teleneurology / Medical Specialties	Provisional	10/08/2021 – 10/01/2023
Dasari, Gopika, MD	Internal Medicine Hospitalist / Medical Specialties	Provisional	10/08/2021 – 10/01/2023
Pai, Jason, R., MD	Diagnostic Radiology / Radiology	Provisional	10/08/2021 – 10/01/2023
Patel, Rakesh H., MD	Diagnostic Radiology / Radiology	Provisional	10/08/2021 – 10/01/2023
Tahir, Osman M., DO	Interventional Radiology / Radiology	Provisional	10/08/2021 – 10/01/2023

**REAPPOINTMENTS**

NAME	SPECIALTY/SERVICE	STAFF STATUS	REAPPOINTMENT PERIOD
Beals, Steven A., CRNA	Nurse Anesthetist / Anesthesia	Advanced Practice Professional	11/01/2021 – 11/01/2023
Dautremont, Brittney A., DO	Ophthalmology / Surgical Specialties	Active	11/01/2021 – 11/01/2023
Iwata, Eriko, CRNA	Nurse Anesthetist / Anesthesia	Advanced Practice Professional	11/01/2021 – 11/01/2023
Lawler, Scott M., MD	Internal Medicine Hospitalist / Medical Specialties	Active	11/01/2021 – 11/01/2023
Medawar, Chad A., DO	Pulmonary Medicine, Critical Care / Medical Specialties	Active	11/01/2021 – 11/01/2023
Nothnagle, Melissa B., MD	Family Medicine / Family Medicine	Active	11/01/2021 – 11/01/2023
Schatz, John W., MD	Cardiology / Medical Specialties	Active Ambulatory	11/01/2021 – 11/01/2023
Shoemaker, Beverly A., NNP	Neonatal Nurse Practitioner / Pediatrics	Advanced Practice Professional	11/01/2021 – 11/01/2023
Weldon, Heather E. MD	OBGYN / OBGYN	Active	11/01/2021 – 11/01/2023

**RELEASE FROM PROCTORING:** The following practitioners have completed their basic and/or advanced procedure proctoring requirements.

NAME	SPECIALTY	Service	RECOMMEND
Weldon, Heather, MD	OBGYN	OBGYN	Acknowledge

<b>CHANGES IN STAFF STATUS:</b> The following practitioners have been transferred to the appropriate staff category.				
NAME	SPECIALTY	SERVICE	Current / Requested Status	Recommend
Weldon, Heather E. MD	OBGYN	OBGYN	Provisional to Active	Acknowledge

<b>LOCUMS TENENS/TEMPORARY PRIVILEGES:</b> The following practitioner(s) were granted Temporary privileges.				
NAME	SPECIALTY / SERVICE	REASON	DATES	RECOMMEND
None				
<b>REQUEST TO ADD OR AMEND PRIVILEGES:</b> The following practitioners have requested additional privileges and have completed additional training and/or have otherwise met the privilege criteria. Approved privileges shall be granted for the remainder of the current appointment period. <b>*COVID privileges granted from Date of Coverage to 60-days following declared end of COVID Disaster</b>				
NAME	SPECIALTY	SERVICE	PRIVILEGE(S) REQUESTED	RECOMMEND
Galloway, Michael, MD	Cardiology	Medical Specialties	Coronary Computer Tomography Angiography CCTA	Acknowledge
Izmailov, Alexander, MD	Cardiology	Medical Specialties	Coronary Computer Tomography Angiography CCTA	Acknowledge

<b>RESIGNATIONS:</b> The following practitioners have voluntarily resigned their staff membership and privileges or AHP status. Practitioners were in good standing with the Medical Staff of Natividad at the time of the resignation, unless specified below.				
NAME	SPECIALTY	SERVICE	EFFECTIVE DATE	RECOMMEND
Al-Tariq, Quazi Z., MD	Teleradiology	Radiology	10/31/2021	Acknowledge
Datta, Gaurav, MD	Internal Medicine Hospitalist	Medical Specialties	05/26/2021	Acknowledge
Dutaret, Claudine, MD	Teleradiology	Radiology	7/19/2021	Acknowledge
Moore, Paige, MD	Family Medicine	Family Medicine	7/26/2021	Acknowledge
Ryan, Caroline, MD	Anesthesia	Anesthesia	8/23/2021	Acknowledge

<b>Neonatal Nurse Practitioner (NNP) Teaching /Training:</b> The following NNP meet the qualifications and request to participate in the Advanced procedure Teaching / Training, MSP008-4		
NAME	PROCEDURE	RECOMMEND
Shoemaker, Beverly A., NNP	Umbilical Vessel Catheterization (arterial and Venous), Thoracentesis, Endotracheal Intubation, Lumbar Puncture, PICC Line Placement	Srv Dir: 08/27/2021