



**SONOMA VALLEY HEALTH CARE DISTRICT  
GOVERNANCE COMMITTEE MEETING**

**AGENDA**

**Wednesday, November 16, 2022**

**6:00 P.M.**

**HELD VIA ZOOM VIDEOCONFERENCE ONLY**

**To participate via Zoom videoconferencing,  
use the link below:**

[https://sonomavalleyhospital-  
org.zoom.us/j/94883089696?pwd=UVJGZDVVVkQ4ZFNXaGp  
BV1ZUcnZIQT09](https://sonomavalleyhospital-org.zoom.us/j/94883089696?pwd=UVJGZDVVVkQ4ZFNXaGpBV1ZUcnZIQT09)

**and enter the Meeting ID: 948 8308 9696, Passcode: 074176**

**To participate via telephone only,  
dial: 1-669 900 9128 or 1-669 219 2599**

**and enter the Meeting ID: 948 8308 9696, Passcode: 074176**

AGENDA ITEM	RECOMMENDATION	
In compliance with the Americans with Disabilities Act, if you require special accommodations to participate in a District meeting, please contact the Interim District Clerk, Stacey Finn <a href="mailto:sfinn@sonomavalleyhospital.org">sfinn@sonomavalleyhospital.org</a> or (707) 935.5005, at least 48 hours prior to the meeting.		
<b>MISSION STATEMENT</b> <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Boerum</i>	
<b>2. PUBLIC COMMENT SECTION</b> <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up.</i>		
<b>3. CONSENT CALENDAR:</b> • Governance Committee Minutes 09.22.22	<i>Boerum</i>	Action
<b>4. CONFLICT OF INTEREST POLICY</b>	<i>Boerum</i>	Action
<b>5. STANDARDIZATION OF BOARD POLICIES</b> • Use of Hospital Policy Portal	<i>Bjorndal</i>	Inform/Action
<b>6. LIMITATION OF BOARD MEMBER COMMITTEE TERMS</b>	<i>Boerum</i>	Action
<b>7. ADJOURN</b>	<i>Boerum</i>	



**SVHCD GOVERNANCE  
COMMITTEE MEETING**

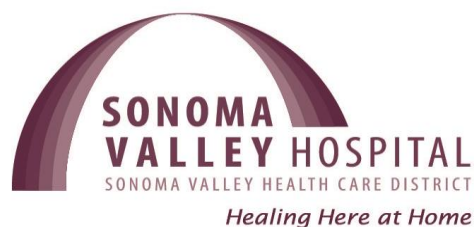
**MINUTES**

**THURSDAY SEPTEMBER 29, 2022**

<b>Present</b>	<b>Not Present</b>	<b>Staff</b>	<b>Public</b>	
Bill Boerum via Zoom Judith Bjorndal via Zoom Amy Jenkins via Zoom		Stacey Finn via Zoom		
<b>AGENDA ITEM</b>	<b>DISCUSSION</b>		<b>ACTIONS</b>	<b>FOLLOW-UP</b>
<b>MISSION &amp; VISION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>				
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Boerum</i>			
	Called to order at 6:08 p.m.			
<b>2. PUBLIC COMMENT SECTION</b>	<i>Boerum</i>			
	None			
<b>3. CONSENT CALENDAR</b>	<i>Boerum</i>		Action	
Governance Committee Minutes 07.20.22			<b>MOTION:</b> by Bjorndal to approve, 2 <sup>nd</sup> by Jenkins. All in favor.	
<b>4. STANDING COMMITTEE MEMBER TERMS/ ISSUES</b>	<i>Boerum</i>		Inform	
<ul style="list-style-type: none"> <li>• <i>ETHICS TRAINING FOR DISTRICT BOARD MEMBERS</i></li> <li>• <i>CONFLICT OF INTEREST POLICY</i></li> </ul>				
	Dr. Bjorndal spoke about the policy process and the need for a policy on policies. The goal is to streamline and clarify the policy process. Committee discussion on the recommendation of Ms. Finn to use the hospital policy portal to track and manage the Board policies. Committee agrees that the portal would be useful and would like to use the portal.			

	<p>Dr. Bjorndal and Ms. Jenkins proposed that they begin the process of reviewing the policy process and updating the current policies.</p> <p>Committee discussion regarding the current status of the policies on expectations, such as attendance and behavior, orientation, code of conduct and terms of appointment.</p> <p>Discussion of term limits for committee members. Ms. Jenkins suggested that a term would set the expectation of the members. The recommendation is to have four year terms. The term will not preclude a member for continuing to serve on the committee.</p> <p>Dr. Bjorndal spoke about the requirement of committees to report to the Board quarterly. This is currently not in policy.</p> <p>Ms. Finn spoke about the need to finalize the conflict of interest policy. It is due to the county before the end of the year. The Conflict of Interest policy will be brought forward at the next meeting for finalization. Recommendation to have policy update as a standing agenda item with Dr. Bjorndal and Ms. Jenkins responsible parties.</p>		
<p><b>5. POLICY REVIEW AND POLICY UPDATES</b></p> <ul style="list-style-type: none"> <li>• GIFT TICKET AND HONORARIA – WITH MS. JENKIN’S EDITS</li> <li>• RESIDENCY REQUIREMENTS FOR MEMBERS OF BOARD COMMITTEES</li> <li>• COMMUNITY FUNDING</li> <li>• LEGAL DUTIES, ROLES &amp; RESPONSIBILITIES</li> </ul>	<i>Boerum</i>	Action	
	Discussion to bring the policies back after further review and proper formatting.		
	Discussion on next meeting. Currently it is scheduled for October 19 <sup>th</sup> . Dr. Bjorndal and Ms. Jenkins will not be available that date. Committee agreement to not meeting in October, and will meet next on November. 16 <sup>th</sup> .		
<b>6. ADJOURN</b>			

	Adjourned at 7:00 p.m.		
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## **CONFLICT OF INTEREST CODE AND APPENDIX #P-2018.02.01-2**

(Incorporated here by Reference is Cal. Code of Regs. 18730)

**Adopted by the Board of Directors, (November 1, 2012)**

**Amended by the Board of Directors, (February 1, 2018)**

The Political Reform Act (California Government code Sections 81000, et seq.) requires state and local government agencies to adopt and promulgate Conflict of Interest Codes. The California Fair Political Practices Commission has adopted a regulation (California Code of Regulations Section 18730, hereinafter "Regulation") which contains the terms of a standard Conflict of Interest Code which can be incorporated by reference and may be amended by the Fair Political Practices Commission after public notice and hearings to conform to amendments in the Political Reform Act. The Regulation further provides that incorporation of its terms by reference along with the designation of employees and the formulation of disclosure categories in an Appendix (Appendix A and B attached hereto) shall constitute the adoption and promulgation of a conflict of interest code within the meaning of Government Code Section 87300 or the amendment of a conflict of interest code within the meaning of Government Code Section 87307.

Therefore, the terms of the Regulation and any amendments to it, duly adopted by the Fair Political Practices Commission, are hereby incorporated by reference. The Regulation and the attached Appendix designating officials and employees and establishing disclosure categories constitute the Conflict of Interest Code of the Sonoma Valley Healthcare District, doing business as Sonoma Valley Hospital.

Designated officials and employees and any person who manages the District's investments shall file statements of economic interests (Form 700) with the District. Such officers covered by this Code who are also public officials specified in Section 87200 of the Government Code, including those who manage public investments, shall file Form 700s pursuant to that Government Code provision as long as the categories of disclosure are the same or broader than those under this Code. The Form 700s will be available for public inspection and reproduction. (California Government Code Section 81008). Upon receipt of the statements of all designated officials and employees, the District shall make

and retain a copy and forward the original of these statements to the County Clerk for the County of Sonoma.

Dated: \_\_\_\_\_

\_\_\_\_\_ Secretary, Board of Directors

**SONOMA VALLEY HEALTH CARE DISTRICT**

**CONFLICT OF INTEREST CODE**

**Appendix "A"**

<b>Designated Positions</b>	<b>Disclosure Category</b>
Member of the Board of Directors	1
President and Chief Executive Officer	1
Chief Ancillary Officer	2
Chief Financial Officer	2
Chief Information Officer	2
Chief Nursing Officer	2
Director of Accounting	2
Director of Case Management & Med Staff	2
Director of Emergency Department/ Intensive Care Unit	2
Director of Facilities	3
Director of Human Resources	2
Director of Materials Management	2
Director of Patient Financial Services & Admitting	2
Food & Nutrition Services Manager	4
Public Members of the Finance Committee	2
Public Members of the Quality Committee	2

**Consultants \***

\*Consultants shall be included in the list of designated employees and shall disclose pursuant to the broadest disclosure category in the code subject to the following limitation:

The chief executive officer may determine in writing that a particular consultant, although a "designated position," is hired to perform a range of duties that is limited in scope and thus is not required to comply fully with the disclosure requirements described in this section. Such determination shall include a description of the consultant's duties and, based upon

that description, a statement of the extent of disclosure requirements. The chief executive officer's determination is a public record and shall be retained for public inspection in the same manner and location as this conflict of interest code.



# SONOMA VALLEY HEALTH CARE DISTRICT

## CONFLICT OF INTEREST CODE

### Appendix "B"

#### Disclosure Categories

#### General Rule

The District has adopted Section 18730 of Title 2 of the California Code of Regulations, as it may hereinafter be revised, as the District's standing Conflict of Interest Code provisions, supplemented by this Appendix and its preamble. An investment, interest in real property, or income is reportable if the business entity in which the investment is held, the interest in real property, or the income or source of income may foreseeably be affected materially by any decision made or participated in by the designated employee or officer by virtue of the his or her position. Form 700 provides guidelines on what are "reportable" interests within each category and the corresponding disclosure schedule in Form 700, i.e., Schedules A-1, A-2, B, C, D, E, F.

Designated Employees in Category #1 Must Report:

- A. Investments in any business entity which
  - (a) Has an interest in real property within the Sonoma Valley Health Care District
  - (b) Does business with Sonoma Valley Health Care District ("District"), or has done business with the District at any time during the two years prior to the time any statement or other action is required under this code; or
  - (c) Engages in any of the following businesses
    - 1. Ambulance service
    - 2. Banks, Savings and Loan
    - 3. Collection agencies
    - 4. Communications equipment
    - 5. Computer hardware or software
    - 6. Construction or building materials
    - 7. Construction companies
    - 8. Data processing consultants
    - 9. Dietetic, kitchen or equipment consultants
    - 10. Dietetic or kitchen supplies, equipment, including food and food products
    - 11. Educational and training supplies, equipment or material
    - 12. Employment agencies
    - 13. Engineering services

14. Equipment consultants
  15. Equipment or fixture manufacturers
  16. Health care equipment or instruments
  17. Health care facilities
  18. Health care materials or supplies
  19. Health facilities or services
  20. Housekeeping or linen supplies or equipment
  21. Housekeeping service agencies
  22. Insurance companies
  23. Laboratory supplies or equipment
  24. Landscaping consultants or companies
  25. Laundries
  26. Medical laboratories
  27. Medical records supplies or equipment
  28. Motor vehicles and specialty vehicles and parts
  29. Nursing service supplies, equipment or material
  30. Office equipment or supplies
  31. Petroleum products
  32. Pharmaceutical supplies or equipment
  33. Physical therapy supplies or equipment
  34. Plant, building, grounds supplies or equipment
  35. Printing and distribution
  36. Public relations or advertising
  37. Publications
  38. Radiology supplies or equipment
  39. Real property
  40. Respiratory therapy supplies or equipment
  41. Safety equipment
  42. Safety instruction material
  43. Social services agencies
  44. Structural, mechanical, electrical, etc., engineering firms
  45. Temporary help agencies
  46. Testing laboratories or services
  47. Utilities
- B. Income from any business entity described in subparagraph A.
- C. Status as a director, officer, partner, trustee, employee or holder of a position of management in any business entity described in subparagraph A.
- D. Each interest in real property located in the Designated Area.

Designated Employees in Category #2 Must Report:

- A. Investments in any business entity which does business with the District or has done business with the District at any time during the two years prior to the time any statement or other action is required under this code.
- B. Income from any business entity described in subparagraph A.
- C. Status as a director, officer, partner, trustee, employee, or holder of a position of management in any business entity described in subparagraph A.

Designated Employees in Category #3 Must Report:

- A. Investments in any business entity which, within the last two years, has supplied or in the future foreseeably may supply building maintenance materials, gardening materials, or other materials for use in the maintenance and repair of the physical plant of the hospital.
- B. Income from any business entity described in subparagraph A.
- C. Status as a director officer, partner, trustee, employee, or holder of a position of management in any business entity described in subparagraph A.

Designated Employees in Category #4 must report:

- A. Investments in any business entity which engages in the business of supplying food or other culinary supplies which may be used in hospitals.
- B. Income from any business entity described in subparagraph A.
- C. Status as a director, officer, partner, trustee, employee, or holder of a position of management in any business entity described in subparagraph A.

SUBJECT: Policies and Procedures

POLICY # GL8610-162

PAGE 1 OF 6

DEPARTMENT: Organizational

EFFECTIVE: 2/08

REVIEW/REVISED: 3/12, 3/15, 1/17, 2/18, 2/22

**PURPOSE:**

To insure that all new and/or revised Organizational policies or specific Department policies and procedures written for Sonoma Valley Hospital will be established, revised, reviewed and documented in a consistent format throughout the Hospital. All policies and procedures shall be expressed in writing and shall go through established channels for approval(s) and distribution.

**POLICY:**

All Sonoma Valley Hospital policies will conform to the procedures outlined in this policy.

1. All newly created and/or revised policies and procedures will be written in the prescribed format. The policies will be reviewed and approved by appropriate leader and/or committee(s). All affected departments will collaborate, as appropriate, in the initial policy development, and are responsible for agreement to stated content.
2. All old and revised policies must be saved for ten years, with the exception of Pediatrics policies which will be kept for 21 years.
3. Organizational policies and procedures are those which, as a general rule, affect patient care functions or organizational functions that involve more than a single department.
4. Departmental policies and procedures are those which affect only one department.
5. Departmental policies and procedures are always in the same format as Organizational policies and procedures. The prescribed format should be used for any new or revised documents. See Style Sheet and Template.
6. Policies will be reviewed and revised when warranted, and when needed to comply with changes in regulatory requirements. The period between reviews shall not exceed three years. If legally required, review and revision will be done on an annual basis.

**RESPONSIBILITIES:**

1. Each Director/Manager is responsible for writing/revising and maintaining policies and procedures covering their area of responsibility. If a policy or procedure requires technical, legal or other review/input (i.e. Bio-Med, legal), this information should be obtained or clarified at the time of the development or revision of the policy and procedure. The expert reviewer name and title will be added to the author review list.

SUBJECT: Policies and Procedures	POLICY # GL8610-162
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DEPARTMENT: Organizational	EFFECTIVE: 2/08
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2. Policies and procedures are reviewed with the Director and Medical Director, if applicable, of that area for approval/sponsorship.
3. All new, revised, retired, and reviewed policies will be presented to the Policy and Procedure Committee prior to submission to the appropriate Committees.

**PROCEDURE:**

1. Template: All policies will follow the standardized template that consists of the following sections.
  - a. **Purpose:** a brief statement of the reason for the policy.
  - b. **Policy Statement:** this section identifies the global intention of the policy and as such may be redundant to the Purpose section.
  - c. **Procedure:** a detailed outline of the steps in the policy. This section may be omitted if there are no procedural steps.
  - d. **Responsibilities:** This section is included only when pertinent to the policy.
  - e. **References:** each policy must cite specific regulatory standards at a minimum, and professional standards of practice or best practice articles. For example: Association of peri Operative Registered Nurses (AORN), Association for Professionals in Infection Control and Epidemiology (APIC), EBSCO Dynamic Health Standards Of Practice for Nursing, etc.
  - f. **Owner**
  - g. **Author/Reviewers**
  - h. **Committee Approvals**
2. Numbering of Policies and Procedures: all policies will adhere to the following policy numbering format.
  - a. All policies will begin the with the CIHQ Standards Headings designation as below:

<b>GL</b>	Governance & Leadership
<b>QA</b>	Quality Assessment & Performance Improvement
<b>MS</b>	Medical Staff
<b>HR</b>	Human Resources
<b>CE</b>	Managing the Care Environment
<b>IC</b>	Infection Prevention & Control
<b>EP</b>	Emergency Preparedness
<b>UR</b>	Utilization Review
<b>PR</b>	Patient Rights
<b>MM</b>	Medication Management
<b>MR</b>	Management of Medical Record

SUBJECT: Policies and Procedures

POLICY # GL8610-162

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DEPARTMENT: Organizational

EFFECTIVE: 2/08

REVIEW/REVISED: 3/12, 3/15, 1/17, 2/18, 2/22

<b>RS</b>	Use of Restraint & Seclusion
<b>QS</b>	Patient Quality & Safety Practices
<b>AN</b>	Anesthesia Services
<b>NU</b>	Dietary Nutrition Services
<b>DC</b>	Discharge Planning Services
<b>ED</b>	Emergency Services
<b>LB</b>	Laboratory Services
<b>OP</b>	Organ, Tissue & Eye Procurement
<b>NM</b>	Nuclear Medicine Services
<b>NS</b>	Nursing Services
<b>OI</b>	Operative & Invasive Services
<b>OS</b>	Outpatient Services
<b>RD</b>	Radiology Services
<b>RB</b>	Rehabilitation Services
<b>RT</b>	Respiratory Services
<b>PC</b>	Patient Care

After the functional heading, all departments will add the four digits of their department cost center. The last three numbers of departmental policies will be assigned by the Manager. Organizational policies will use the four digits of the Administration cost center (8610). Organizational policy: PR8610-101 (Organizational policy addressing Patients' Rights)

3. **Font:** The Policy and Procedure document will be prepared using Word, Arial, font size 11.

4. **Draft Process:**

- a. A system generated email is delivered to the lead author notifying them of the requirement to review the policy.
- b. The responsible Director/Manager/Author edits the DRAFT file utilizing tracked changes in collaboration with the Medical Director and additional leaders of effected departments and disciplines.
- c. The responsible Director/Manager/Author adds a summary of changes to the summary tab in the policy system. The summary statement will include the reason for the change, or explain the need for a new policy/procedure (Cheat Sheet Instruction Sheet provides short explanations to use when making changes and may be found in the policy system under the Organizational menu).

6. **Approval Routing:** All policies and procedures will follow an approval routing process dependent upon their impact on patient care. Sonoma Valley Hospital defines "direct patient care" as any process that directly, provided by a physician, nurse or ancillary department staff member, impacts the care a patient receives or the outcomes of care. All policies and procedures will be initially reviewed and approved by the Policy and Procedure Committee.

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a. Direct patient care policies and procedures (See table below)

1. The Medical Director and Leader bring only new policies to committees for a full review and approval.
2. Policy content is reviewed and approved by the Medical Director with Director/Manager/Author. The Summary report becomes an item on the consent calendar of the committee agenda and approval is documented in the minutes.

Direct Patient Care Dept	Medical Director/Committee Oversight	Committee Flow
Patient Care Services (MS, ICU)	Medical Director Chair, Medicine	MEDICINE MEDICAL EXECUTIVE COMMITTEE (MEC), BOARD QUALITY, BOARD OF DIRECTORS (BOD)
Emergency Department	Medical Director Chair, Medicine	MEDICINE BOARD MEC, BOARD QUALITY, BOD
Surgical Services	Medical Director Chair, Surgery	SURGERY, MEC, BOARD QUALITY, BOD
Anesthesia Services	Medical Director Anesthesia/Surgery	SURGERY BOARD MEC, BOARD QUALITY, BOD
Pharmacy	Chair, Performance Improvement/Pharmacy and Therapeutics	PERFORMANCE IMPROVEMENT AND PHARMACY AND THERAPEUTICS (PI/PT), MEC, BOARD QUALITY, BOD MEDICAL EXECUTIVE BD
Clinical Lab	Medical Director Chair, Medicine	MEDICINE, MEC, BOARD QUALITY, BOD
Medical Imaging	Medical Director Chair, Surgery	SURGERY, MEC, BOARD QUALITY, BOD
Inpatient Rehab	Chair, Medicine	MEDICINE, MEC, BOARD

SUBJECT: Policies and Procedures	POLICY # GL8610-162
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		QUALITY, BOD MEDICAL
Outpatient Rehab	Chair, Medicine	MEDICINE, MEC, BOARD QUALITY, BOD
Cardiology & Respiratory	Medical Director Chair, Medicine	MEDICINE, MEC, BOARD QUALITY, BOD
Nutritional Services	Chair, PI Com	MEDICINE, MEC, BOARD QUALITY, BOD
Occupational Health	Medical Director Chair, Medicine	MEDICINE, MEC, BOARD QUALITY, BOD
Case Management	Chair, Medicine	MEDICINE, MEC, BOARD QUALITY, BOD
Infection Prevention	Chair, Medicine	MEDICINE, MEC, BOARD QUALITY, BOD
Medical Staff	Chief of Staff	MEDICAL EXECUTIVE, BOD
Wound Care	Medical Director Chair, Medicine	MEDICINE, MEC, BOARD QUALITY, BOD MEDICAL EXECUTIVE BD

b. Non-Direct patient care policies and procedures:

1. The following departments are designated as non-direct patient care departments:

HR, Information Systems, Facilities, EVS, Quality/Risk, HIM, Admin, Finance, Patient Access, Patient Financial Services, Education, Materials Management

2. All non-direct patient care policies and procedures by-pass the medical staff and follow this workflow:

Manager/Director – CEO/CMO (if applicable) –Board of Directors

**REFERENCE:**

Title 22, Licensing and Certification of Health Facilities and Referral Agencies, State of CA  
 CMS Conditions of Participation 482.12  
 CIHQ Standard GL-4: Leadership Responsibilities  
 Style Sheet, Template, Cheat Sheet

**OWNER:**

Director Quality & Risk Management



SUBJECT: Policies and Procedures

POLICY # GL8610-162

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DEPARTMENT: Organizational

EFFECTIVE: 2/08

REVIEW/REVISED: 3/12, 3/15, 1/17, 2/18, 2/22

**AUTHORS/REVIEWERS:**

Director of Quality and Risk Management  
Board Quality Committee

**APPROVALS:**

Policy & Procedure Committee: 4/5/2022  
Board of Directors: 5/4/2022

Verified-SVH



**SUBJECT:**

**POLICY:**

**DEPARTMENT:**

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**EFFECTIVE:**

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**PURPOSE:**

**POLICY:**

**PROCEDURE:**

**REFERENCES:**

**OWNER:**

**AUTHORS/REVIEWERS:**

Board Quality Committee

**APPROVALS:**

Policy & Procedure Team:

Medicine Committee:

Surgery Committee:

Performance Improvement/

Pharmacy & Therapeutics Committee

Medical Executive Committee:

The Board of Directors: