



Washington Township Health Care District

Board of Directors

Jacob Eapen, MD
William F. Nicholson, MD
Bernard Stewart, DDS
Michael J. Wallace
Jeannie Yee

BOARD OF DIRECTORS' MEETING

Wednesday, March 25, 2026 – 6:00 P.M.

Board Room of Washington Hospital, 2000 Mowry Avenue, Fremont and via Zoom

<https://whhs.zoom.us/j/93811722421?pwd=rZXGG8qWKvqNtGS9vrmV2d5neGm9dB.1>

Passcode: 276450

Board Agenda and Packet can be found at:

[March 2026 | Washington Health](#)

AGENDA

PRESENTED BY:

- | | | |
|------|--|------------------------------------|
| I. | CALL TO ORDER & PLEDGE OF ALLEGIANCE | William Nicholson, MD
President |
| II. | ROLL CALL | Cheryl Renaud
District Clerk |
| III. | COMMUNICATIONS | |
| | A. Oral | |
| | <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not on the agenda and within the subject matter of jurisdiction of the Board. "Request to Speak" cards should be filled out in advance and presented to the District Clerk. For the record, please state your name.</i> | |
| | B. Written | |
| IV. | CONSENT CALENDAR | William Nicholson, MD
President |
| | <i>Items listed under the Consent Calendar include reviewed reports and recommendations and are acted upon by one motion of the Board. Any Board Member or member of the public may remove an item for discussion before a motion is made.</i> | |
| | A. Consideration of Medical Staff: Standardized Procedure: Medical Screening Examination for the Obstetrical Patient | <i>Motion Required</i> |
| | B. Consideration of Medical Staff: Medical Staff OPPE Policy & Procedure | |

MEMORANDUM

Date: March 16, 2026

To: Kimberly Hartz, Chief Executive Officer

From: Aaron Barry MD, Chief of Staff

Subject: MEC for Board Approval - Standardized Procedure:
Medical Screening Examination for the Obstetrical Patient

The Medical Executive Committee, at its meeting on March 16, 2026, approved the attached revision to the Standardized Procedure: Medical Screening Examination for the Obstetrical Patient.

This redline version represents revisions which reflect current practice for those nurses in Obstetrics who will perform this procedure.

Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the attached Standardized Procedure: Medical Screening Examination for the Obstetrical Patient.

**WASHINGTON HOSPITAL
PATIENT CARE SERVICES DIVISION**

**STANDARDIZED PROCEDURE FOR
MEDICAL SCREENING EXAMINATION FOR THE OBSTETRICAL PATIENT
PERFORMED BY REGISTERED NURSE**

I. POLICY

A. Procedure to be Performed

Standardized procedure for medical screening examination for the obstetrical patient performed by a registered nurse in compliance with the provisions of the Emergency Medical Treatment Act (EMTALA) 42 C.F.R., Section 489.24(a); Section 489.24(C), Tag A406.

B. Responsible Party

1. A physician of the hospital's medical staff physically present in the Labor and Delivery Department or,
2. A medical screening examination may be performed by a RN certified (Addendum A) to perform medical screening examinations following this Standardized Procedure.
3. The RN must successfully complete a didactic class/module and a competency validation. Documentation is to be kept in the employee's competency file. (Addendum B)

C. Supportive Data

1. The medical screening exam (MSE) process begins with patient triage, where the patient's condition is initially assessed to determine the urgency of care needed. Under EMTALA, an appropriate MSE is provided to any patient presenting, regardless of their ability to pay, religion, sex, race, ethnicity, or similar variables. As defined by EMTALA and following this hospital policy, a qualified nurse or physician must conduct the MSE.
2. An emergency medical condition (EMC) may include severe pain, mental health issues, signs of substance use disorders, and more.
3. Under EMTALA, an EMC for pregnant women includes situations where:

The health of the mother or fetus is at risk: This could involve severe complications that put the pregnant woman or fetus at risk of death, serious health impairment, or serious dysfunction of bodily organs.
4. Active labor: If a woman is in labor, EMTALA mandates that the hospital treats her or arranges a transfer if they cannot safely care for her. A woman is considered to be in active labor if:

There is insufficient time for a safe transfer before delivery.

Transferring the patient would pose a threat to the health of the mother or fetus.
5. For a pregnant woman in active labor, stabilization occurs when the woman has delivered the newborn and the placenta.

~~C.D.~~ Conditions for Physician Consultation and Orders

1. ~~All pregnant women presenting to the Birthing Center for care will receive a **Medical Screening Examination and Assessment** MSE of Labor and Obstetric Emergencies when requested without discrimination and regardless of their ability to pay.~~
- ~~2.~~ For pregnant women presenting to the Emergency Department, follow the Obstetric Emergencies protocol.
- ~~3.~~ Following examination and assessment of the patient, the RN will communicate with the physician by telephone to apprise him/her of the findings. Based thereon, the physician will either concur with the assessment of the RN, or will present to the hospital to further evaluate the patient him/herself.

3.4. A physician must be notified immediately if:

- a. Delivery is imminent. Preparations should be made for immediate delivery.
- b. Complications or abnormal assessments arise during the performance of this procedure.
Such problems include:
 - 1) fever, signs of infection
 - 2) excessive vaginal bleeding
 - 3) elevated blood pressure
 - 4) abnormal reflexes
 - 5) non-vertex presentation
 - 6) tachysystole
 - 7) abnormal FHR
 - 8) premature gestation with ruptured membranes
 - 9) Thought or plans to harm oneself or others
- c. Contraindications to performing this procedure are present
 - 1) patient refusal

D.E. Review Process

1. Quality improvement monitoring (~~see addendum D~~) of this standardized procedure is ~~ongoing-performed by reviewing a quarterly report called the L&D MSE Review, which captures every patient that was discharged from the Birthing Center undelivered in an automatic review of MSE completion.~~
2. Quarterly (~~or more frequently as indicated~~), an audit of the Medical Screening Examination will be completed by the ~~Nursing Director or Nurse Birthing Center Nursing Manager Leadership of Maternal/Child Health, and presented to OB Committee, the Department of Obstetrics, Administration, and Interdisciplinary Practice Committee as appropriate. Should we say completed by the department nursing leadership or C.N.S? instead of director/manager. How often is the data presented to dept of OB? Maybe change to data is review by dept of OB as they do not do the actual audits? I think we take out the IDPC piece as that does not happen, the SP is reviewed by IDPC every 3 years or more often as needed and I need to see if that is written in all of them or in our policy only.~~
3. Quality indicators developed and applied to all obstetrical patients:
 - Births occurring outside the hospital, following a Medical Screening Exam by a Registered Nurse.
 - ~~Maternal or neonatal complications occurring following a Medical Screening Exam performed by a Registered Nurse.~~
 - Maternal or neonatal complications occurring following a MSE performed by a Registered Nurse

II. PROTOCOL

A. Purpose/Definition

To allow designated RN's to perform Medical Screening Examinations on obstetric patients presenting to the Birthing Center.

B. Data Base (Patient Selection Criteria)

1. Patient must be an obstetric patient.
2. Patient must give consent.

3. Patient must have absence of complications as listed under Policy C.3.

C. Treatment Plan

1. Initiation

- a. Confirm appropriate patient selection under “B” above.
- b. Validate patient obstetrical status.

2. Preparation

- a. Explain procedure to patient/family.

3. Equipment

- a. See Procedure, Section III, C.

4. Process

- a. See Procedure, Section III.

5. Follow-up

- a. Provide patient education and any ordered follow-up care.

III. PROCEDURE

A. Purpose

To outline the methodology for the medical screening examination of the obstetric patient by the RN.

B. Supportive Data

- 1. Only Washington [HospitalHealth](#) certified RN’s or physicians may perform this standardized procedure.

C. Equipment

- | | |
|-----------------------------|--|
| 1. Sterile gloves | 5. BP cuff |
| 2. Lubricant | 6. Thermometer |
| 3. Albutix if appropriate | 7. Reflex hammer |
| 4. Electronic Fetal Monitor | 8. Nitrazine paper <u>Amnisure swab</u> |

D. Content

<u>Action</u>	<u>Key Points</u>
1. Validate appropriate patient selection criteria.	Ensure compliance with standardized procedure.
2. Explain procedure to patient.	Allay anxiety.
3. If delivery is imminent, CALL THE PHYSICIAN and prepare for immediate delivery.	
4. If delivery is not imminent, continue assessment which will include but is not limited to: <ul style="list-style-type: none"> a. gravida, parity, EDD, maternal age, chief complaint; b. prenatal preparation, determination of physician/ patient relationship; c. partner support needs; 	

- d. obstetric history; risk factors
 - e. labor status:
 - vital signs
 - fetal monitoring
 - frequency of contractions
 - presentation
 - status of membranes
 - f. any other associated information
5. Continue examination to assess maternal hydration, labor progress and fetal well-being.

To establish baseline assessment for labor progress.

Maternal Hydration

- a. If temperature is elevated:
 - i. Assess for bladder distention
 - Encourage to void
 - ~~Check urine for protein, color, amount and odor~~ Obtain clean urine sample anticipating order
 - If unable to void, continue to assess bladder and include this information with report to physician when total assessment is completed.
 - ii. Suspect infection – CALL ATTENDING PHYSICIAN
 - iii. Assess for other abnormal findings such as elevated blood pressure or excessive bleeding. If present – CALL ATTENDING PHYSICIAN.
 - iv. Determine proteinuria and check reflexes.

If abnormal – CALL ATTENDING PHYSICIAN.

Action

Key Points

- b. If hydration status and temperature are normal:
 - i. Encourage to void
 - ii. Include this information with report to physician when total assessment is completed.

Assessment of Labor Progress

- a. Abdominal palpation
 - 1. Assess uterine contraction pattern noting:

To establish baseline assessment of uterine activity.

- frequency
 - duration
 - intensity
 - resting tone
2. If normal, include this information with report to physician when total assessment is completed.
 3. Potential complications may include Tachysystole decrease adequate fetal oxygenation. but are not limited to:
 - hypotonia
 - tachysystole
 4. If potential complications are present – CALL ATTENDING PHYSICIAN.
- b. Assess position of presenting part. Perform Leopold’s Maneuvers.
- c. Vaginal examination:
1. Determine the membrane status:
 - intact or ruptured
 - color, odor, or amount.
Normal-appearing amniotic fluid is clear to pale straw in color. A green, brown, or black color indicates passage of meconium and possible fetal distress.
 - include this information with report to physician when total assessment is completed.
 - NO DIGITAL EXAM IF PRETERM OR IF KNOWN PLACENTA PREVIA

~~Follow Nitrazine procedure.~~ Follow Amnisure procedure

Action

Key Points

2. Determine descent of presenting part.
 - if normal, include this information with report to physician when total assessment is completed.
 - if abnormal, CALL ATTENDING PHYSICIAN
3. Determine the state of the cervix:
 - effacement
 - dilatation
 - station
 - if normal, include this information with report to physician when total assess-

Regardless of the assessment, any patient meeting the following criteria will be examined, in person, by a physician prior to discharge home:

- Maternal temperature >100.4(F), of uncertain etiology;
 - Patient not alert and/or patient not oriented to person, time and place;
 - Active vaginal bleeding;
 - Rupture of membranes with meconium;
 - FHR abnormalities;
 - Major maternal trauma
 - Multiple gestation
 - Preterm gestation complaining of pain
7. In regards to a patient who is determined to not be in labor but needs additional evaluation to rule out an emergency condition: This patient will be seen in the Emergency Department and be provided with a medical screening examination to rule out other medical conditions prior to being discharged home. Prior to transfer back to the Emergency Department, the Birthing Center RN will report to the patient's physician, or the on-call obstetrician, the findings of the labor examination and any other pertinent information. This RN will also call report to the Emergency Department Charge Nurse and/or the Emergency Department Attending Physician to inform them of the patient's impending return to the Emergency Department.

III. **PROCEDURE** (Cont.)E. Documentation

1. On Birthing Center Log, document:
 - Account number
 - Admitting RN
 - Comments
 - Date and time of arrival
 - Date and time of discharge
 - Discharge RN
 - Disposition (transported to other facility, home)
 - Medical record number
 - Name of patient
 - Other procedures
 - Patient status (observation/inpatient)
 - Physician
 - Procedure (NST, OCT, Labor check, version, induction, antepartum)
 - Room number

2. On Electronic Labor Record, document:
 - Age
 - Allergies
 - Cervical examination
 - Contraction status
 - Current medications
 - Date and time of arrival
 - Deep tendon reflexes
 - EDD
 - Fetal evaluation
 - Gravida, parity
 - Height and weight; and other vital signs
 - LMP
 - Membrane status
 - Name and telephone number of next of kin
 - Narrative notes
 - Notification of physician
 - Obstetrician
 - Other medical history
 - Pediatrician
 - Physical assessment
 - Plan for anesthesia
 - Prenatal care and education
 - Presence of bleeding
 - Reasons for admission
 - Discharge instructions
 - Date and time of discharge
 - Disposition
 - Patient signature
 - RN signature

APPROVAL/REVIEW/REVISION: 11/00; Revised 3/02; 11/02 2/05; Reviewed 10/05; 11/06; 10/07; 1/09; 1/10; 11/10; 11/11; 9/12 Reviewed 8/13; 05/14; 04/15/15; 04/16; 5/18;11/19; Revised 10/21; Reviewed 9/22; Revised 2/26

AUTHOR: Jessica Ross, CNS, RN, MSA 32/26

REFERENCES:

1. Centers for Medicare and Medicaid and Services. (2019). Revisions to Appendix V, *Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases*. State Operations Manual, Rev. 191, July 19, 2019. Accessed ~~October 29, 2024~~ November 26th, 2025 on the internet at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_v_emerg.pdf

DISTRIBUTION: Unit Specific Standardized Procedure: Maternal/Child Health

ADDENDUM A

**REQUIREMENTS FOR MEDICAL SCREENING EXAMINATION
FOR THE OBSTETRICAL PATIENT**

~~I. I. Minimal~~ Education/Training: RNs will

Selected RNs will have:

~~A. More than two years experience in labor and delivery~~

Successfully completed the Relias Module (see Addendum B for Content) for performing Medical Screening Examination ~~of the Obstetric Patient and t-~~skills validation annually.

II. Expertise

Selected RNs will demonstrate:

A. RN Experience in direct patient care with laboring patients ~~as an RN for more than at least one year.~~

B. Successful completion of ~~annual an antepartum and~~ intrapartum competency validation ~~is this the SV listed in the document addendum C?.~~ yes

C. Successful Current California Registered Nurse (RN) license.

~~D. Completion of an Intermediate Fetal Heart Rate Monitoring course electronic fetal monitoring program every two years. -do we do this? not in job description. Who ensures this happens? Yes we do an AWHONN Intermediate or above level fetal heart rate course every two years. I have kept track of this and provide courses as needed~~

III. Initial Evaluation

A. ~~Successfully completeion of the assigned Washington Hospital class/module post test with 100% accuracy-Relias module titled: A Review of EMTALA. -assigned and pass the post test~~

B. Successfully complete at least two (2) different obstetric patient medical screening examinations under the observation of the physician preceptor or a qualified nurse preceptor.

1. A qualified “nurse preceptor” is a RN who may validate the competency of another RN to perform this procedure. A nurse preceptor must have completed at least ~~five (5) obstetric patient medical screening examinations.~~ 2 or more years experience in labor and delivery and has documented competency.

~~Determined e~~Competency must be documented on the Medical Screening Examination of Obstetric Patient Competency Validation Tool. (See Addendum C)

IV. Ongoing Evaluation

A. Annual competency validation to be performed.

- B. Review/evaluation of Quality Improvement Data ~~on a representative sample of patients where a RN performed a medical screening examination. (See Addendum D)~~ as outlined in the review process.

ADDENDUM B

MEDICATION SCREENING EXAMINATION FOR THE OBSTETRICAL PATIENT EDUCATIONAL COMPONENT

OBJECTIVES

Upon completion of ~~this class/module~~ the Relias module titled: A Review of EMTALA, the RN will be able to:

- ~~1. Describe systemic changes occurring in the woman's body during pregnancy.~~
- ~~2. List the forces affecting labor.~~
- ~~3. Identify the possible causes of the onset of labor.~~
- ~~4. List the techniques used for assessing uterine activity.~~
- ~~5. Differentiate between the labor and false labor, using information gathered by history and physical examination.~~
- ~~6. Define fetal lie, attitude, presentation, presenting part, position and station.~~
- ~~7. Recognize the signs and symptoms of labor.~~
- ~~8. Accurately record documentation of nursing care.~~
- ~~9. Describe patient education.~~

1. Define the purpose and legal requirements of a Medical Screening Exam (MSE), including EMTALA obligations.

2. Identify situations that require an MSE and when to perform a comprehensive, problem-focused assessment based on the patient's chief complaint.

3. Know to communicate critical findings promptly to the appropriate licensed provider

4. Understanding how to provide clear, compassionate explanations of the MSE process to patients and families

OUTLINE

- ~~A. Anatomy and Physiology~~
- ~~B. Maternal Fetal surveillance during pregnancy~~
- ~~C. Overview of labor~~
- ~~D. Maternal Status and Assessment~~
- ~~E. Fetal Status and Assessment~~
- ~~F. Fetal Membrane Status and Assessment~~
- ~~G. Labor Status~~
- ~~H. Priority setting and decision making.~~
- ~~I. Patient Education~~
- ~~J. Documentation and Communication~~

Section 1: Emergency Medical Treatment and Active Labor Act

- Case Study, Laboring Patient, Adela
- EMTALA and MSE Overview

Section 2: EMTALA Obligations

- EMTLA Obligations
- Review Screen, Stabilize, and Accept Transfers
- Key Takeaways

Section 3: Key Terms

- MSE process
- Review Appropriate Screening
- Emergency Medical Condition
- Stabilization During Active Labor
- Key Takeaways

Section 4: Special Conditions

- Psychiatric conditions
- Patient Status
- Key Takeaways

Section 5: EMTALA Cases Studies

- Case study, Preterm Labor, Madison
- Case study, MSE on Arrival
- Implicit Bias
- Key Takeaways

ADDENDUM C

STANDARDIZED PROCEDURE SKILL VALIDATION

NAME/TITLE: _____ DATE: _____ UNIT: _____

TITLE: Medical Screening Examination for the Obstetrical Patient Performed by the Registered Nurse

SKILL VALIDATION: Demonstrates ability to perform a medical screening examination for the obstetrical patient following hospital standardized procedure

CRITERIA	*COMMENTS (<u>only</u> if participant needs additional assistance)
1. Successfully completes class/module and post-test with 100% accuracy.	
2. Describes patient selection criteria and instances of physician notification.	
a. Imminent delivery	-----
b. Fever, signs of infection	-----
c. Excessive vaginal bleeding	-----
d. Elevated blood pressure	-----
e. Abnormal deep tendon reflexes	-----
f. Non-vertex presentation	-----
g. Uterine tachysystole	-----
h. Abnormal fetal heart rate	-----
i. Premature gestation	-----
j. Ruptured membranes regardless of gestational age.	-----
k. Multiple gestation	-----
3. Explains procedure to patient	
4. Assembles equipment.	
5. Performs assessment in systematic format	
a. Chief complaint	-----
b. Obstetric history	-----
c. Labor status and progress	-----
d. Maternal hydration	-----
e. Fetal well-being	-----
6. Communicates findings of examination and any other pertinent information to physician.	

CRITERIA	*COMMENTS (<u>only</u> if participant needs additional assistance)
7. Documents appropriately on the Birthing Center Log Book and on <u>in</u> the Electronic Labor Record.	

Evaluation Method Codes: Observation Module Test Return Demonstration Computer

Standard Met: Yes No, needs additional assistance – see comments above*

Instructor Signature: _____ Date: _____

Employee Signature: _____ Date: _____

ADDENDUM D

**MEDICAL SCREENING EXAMINATION FOR THE OBSTETRICAL PATIENT PERFORMED BY
REGISTERED NURSE QUALITY IMPROVEMENT DATA**

Quality review for EMTALA Compliance
Birthing Center
Report Month: _____

Women Sent Home Undelivered
Total # of Cases: _____

Sample: Thirty (30) charts of women sent home undelivered. This is to be reviewed on a monthly basis.
Medical Record Number: _____

Criteria	Met	Not Met	Comments
Medical Screen Exam was completed by MD or RN			
Medical Screening Exam was documented in the chart			
Patient stable discharge status was documented.			
Discharge plan was discussed and the patient was given written discharge instructions.			

MEMORANDUM

Date: March 16, 2026

To: Kimberly Hartz, Chief Executive Officer

From: Aaron Barry MD, Chief of Staff

Subject: MEC for Board Approval - Medical Staff OPPE Policy & Procedure

The Medical Executive Committee, at its meeting on March 16, 2026, approved the attached revision to the Medical Staff Ongoing Professional Practice Evaluation (OPPE) Policy & Procedure.

The frequency of reporting OPPE has been revised from "review every eight months" to "review every 12 months", as a result of a recent revision in the Joint Commission Standard (MS.18.02.03).

Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the attached Medical Staff OPPE Policy & Procedure.

4. **OPPE Reports.**

4.A **Reports.** An OPPE report for each Practitioner shall be prepared at least every ~~eight~~ **12** months. A copy shall be placed in the Practitioner's file and considered in the reappointment process and in the assessment of the Practitioner's competence to exercise the clinical privileges granted. A Practitioner's OPPE report may include:

- (1) the Practitioner's activity during the OPPE period (i.e., numbers of procedures, admissions, and consults);
- (2) clinical performance as measured by the approved Department and Medical Staff OPPE clinical indicators listed in Appendices B and C;
- (3) the number of Informational Letters sent pursuant to the Professional Practice Evaluation Policy (Peer Review) (Informational Letters are a non-punitive, educational tool to help improve Practitioner performance through the use of feedback);
- (4) the number of cases reviewed pursuant to the Professional Practice Evaluation Policy (Peer Review) and the dispositions of those cases; and
- (5) the number of complaints addressed pursuant to the Medical Staff Professionalism Policy and the disposition of those matters.

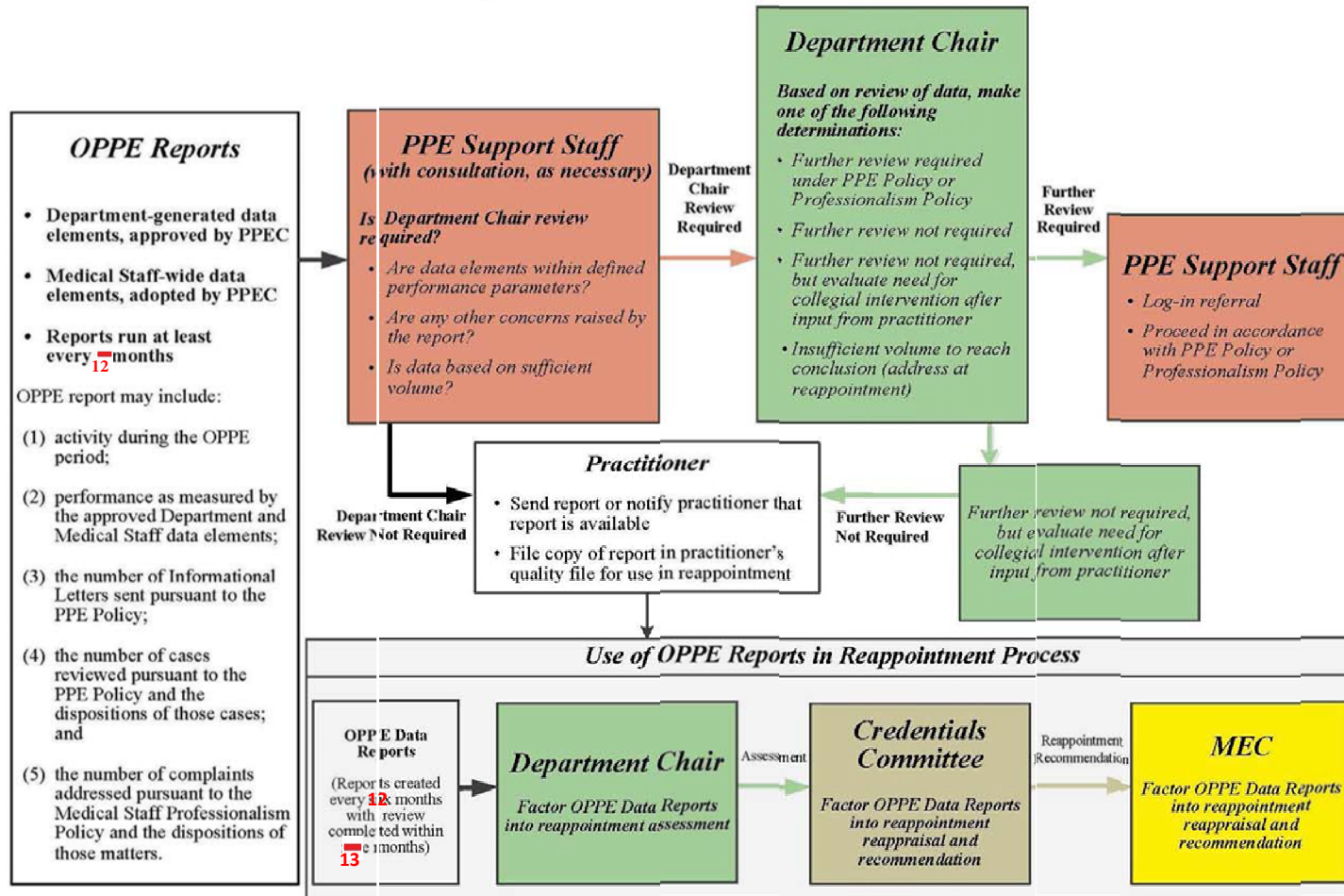
4.B **Review by PPE Support Staff, Medical Staff Leader, and Department Chair.**

- (1) **Initial Review.** The PPE Support Staff will review each OPPE report. As needed, the PPE Support Staff will consult with the PPEC Chair, a Medical Staff Officer, or the Department Chair.
- (2) **Data Within Expected Parameters of Performance/No Concerns.** If the OPPE report reveals that the Practitioner's data is within, or better than, expected performance parameters and no other issues or concerns are noted, the PPE Support Staff shall provide a copy of the report to the Practitioner or notify the Practitioner how to access the report. The PPE Support Staff shall also indicate that the report is being provided solely for the Practitioner's information and use in his or her patient care activities and that no response and no further review are necessary at that time. The PPE Support Staff shall notify the applicable Department Chair of these determinations.
- (3) **Data Not Within Expected Parameters of Performance, Raises Questions, and/or Based on Low Volume.** If performance is not within expected parameters or raises any questions or concerns, or if the

WASHINGTON HOSPITAL HEALTHCARE SYSTEM

Appendix A: Flow Chart of OPPE Process

265783.4



**BOARD OF DIRECTORS
WASHINGTON TOWNSHIP HEALTH CARE DISTRICT**

RESOLUTION NO. 1279

**APPROVING DESIGN-BUILD CONFLICT OF INTEREST POLICY AND
AUTHORIZATION TO PROCEED WITH STATEMENT OF QUALIFICATION
PROCESS FOR DESIGN BUILD PROCUREMENT FOR THE EXPANSION BUILDING
PROJECT**

RECITALS

Section 1. WHEREAS:

1. The Washington Township Health Care District (the “District”) has been duly and regularly established and exists pursuant to the provisions of the Local Health Care District Law, California Health and Safety Code §§ 32000 *et seq.*; and
2. In 2000, the Washington Township Health Care District Board of Directors developed a long-range master plan to guide the development of our main medical campus to the year 2030 to ensure safe, reliable, quality hospital facilities that will meet the health care needs of our community for the future; and
3. Phase 1 of the Facilities Master Plan was completed with the construction of the Consolidated Central Plant Project in December 2011 and the opening of the Center for Joint Replacement building in May 2012; and
4. Phase 2 of the Facilities Master Plan was completed with the opening in November 2018 of the Morris Hyman Critical Care Pavilion (the “Pavilion”); and
5. Phase 3 of the Facilities Master Plan is currently being developed, is either being constructed currently or is to be completed in time for a state seismic deadline of 2030, and includes (1) infill of the empty shell space on the first and ground floors of the Morris Hyman Critical Care Pavilion (the “Infill Project”), and (2) construction of a new seismically safe building adjacent to the Pavilion, provisionally termed the Expansion Building Project; and
6. Phase 3 is funded by Measure XX, approved by voters on November 3, 2020, which permitted Washington Township Health Care District to authorize \$425,000,000 in bonds; and
7. Under California Health and Safety Code §§ 32132.6, as amended effective January 1, 2026, the District may contract for the design and construction of the Expansion Building Project using the design-build procedure described in Chapter 4 (commencing with Section 22160) of Part 3 of Division 2 of the Public Contract Code, which authorizes a

project delivery process in which both the design and construction of a project are procured from a single entity; and

8. The design-build method of project delivery, can result in benefits such as reduced project costs, expedited project completion, and construction efficiencies that are not achievable through the traditional design-bid-build method; and,
9. Under Public Contract Code Section 22162(c), a public entity using the design build contracting authority identified in Health and Safety Code §§ 32132.6, must develop "guidelines for a standard organizational conflict-of-interest policy, consistent with applicable law, regarding the ability of a person or entity, that performs services for the local agency relating to the solicitation of a design-build project, to submit a proposal as a design-build entity, or to join a design-build team"; and
10. The type of guideline described in Public Contract Code Section 22162(c) is commonly known and referred to as an "Organizational Conflict of Interest Policy"; and
11. District staff, in consultation with the District's construction counsel, have developed a proposed Conflict of Interest Policy for Design-Build Procurements ("Design-Build Conflict Policy") attached hereto. The purpose of the Design-Build Conflict Policy is (i.) to comply with Public Contract Code Section 22162(c) to permit the District to exercise the design build authority now provided by statute; and (ii) provide guidance to potential design build contractors about how the District intends to apply state law related to conflicts of interest in design-build contracting; and
12. The proposed Design-Build Conflict Policy will apply to any design-build procurement undertaken by the District; and
13. The proposed Design-Build Conflict Policy generally identifies the type of work, scope of services, and roles and responsibilities that may give rise to a conflict of interest and prohibit a contractor, subcontractor or consultant from proposing for a design-build procurement or as part of a design build team. Contractors are expected to review this guidance, assess how it applies to their particular facts and circumstances, and notify the District if they believe there is a conflict (or potential conflict) related to a design-build procurement. The District will review the facts on a case-by-case basis, consider potential mitigating measures, and determine, in its sole discretion, if a party has an Organizational Conflict of Interest and is disqualified from the design-build procurement opportunity. Contractors that fail to disclose potential conflicts may be subject to penalties, which may include voiding of a contract and disgorgement of profits.
14. At this time, staff is anticipating the use of the design-build or design assist build delivery method for the Expansion Building Project, and provided the Board approves the attached Design-Build Conflict Policy, will commence the statutorily-authorized request for statements of qualification process authorized in Public Contract Code Section 22164(b), inviting potential design build contractors to submit statements of

qualifications for staff evaluation, ranking and identification of a shortlist of up to three firms to whom the District will issue a Request for Proposals (**RFP**).

15. Staff anticipates returning to the Board by June, 2026, reporting on the results of the request for statements of qualifications, the results of the evaluation and ranking of proposers, the recommended shortlist of proposers, and a proposed form of Request for Proposals to the three design build teams, and any changes to the expected design build procedure, for Board consideration and authorization to proceed.

Section 2. NOW, THEREFORE, IT IS RESOLVED that the above-recited facts are true and correct.

Section 3. NOW, THEREFORE, based on the findings stated above, this Board authorizes the following actions:

1. The District may commence the statutorily-authorized request for statements of qualification process authorized in Public Contract Code Section 22164(b);
2. The attached Design-Build Conflict Policy is approved and adopted as the District's organizational conflict of interest policy adopted in conformance with Public Contract Code § 22162(c);
3. Approval of the next step in the procurement, the issuance of a RFP to a shortlisted firm, will await further action by this Board.

PASSED AND ADOPTED by the Board of Directors of WASHINGTON TOWNSHIP HEALTH CARE DISTRICT this 25th day of March, 2026, by the following votes:

AYES:

NOES:

ABSENT:

WILLIAM F. NICHOLSON, MD
President of the Washington Township
Health Care District Board of Directors

MICHAEL J. WALLACE
Secretary of the Washington Township
Health Care District Board of Directors

WASHINGTON HEALTH
CONFLICT OF INTEREST POLICY FOR DESIGN-BUILD PROCUREMENTS

1. Policy Background

Washington Township Health Care District, also known as Washington Health (hereafter, "Washington"), is a political subdivision of the State of California organized under the Local Health Care District Law, as set forth in the Health and Safety Code of the State of California, and is considered a local government agency. Washington is governed by its Board of Directors.

For the purposes of this Conflict-of-Interest Policy for Design-Build Procurements ("Policy"), "design-build" means a project delivery process in which both the design and construction of a project are procured from a single entity. (See California Public Contract Code § 22161(c).)

Pursuant to AB 533, chaptered as Health and Safety Code § 32132.6, effective January 1, 2026, Washington may use the design-build procedure described in Public Contract Code §§ 22160 *et seq.* to assign contracts for the construction of a building or improvements directly related to construction of a hospital or health facility building.

Pursuant to Public Contract Code § 22162(c), to use the design build delivery method, Washington must "develop guidelines for a standard organizational conflict-of-interest policy, consistent with applicable law, regarding the ability of a person or entity, that performs services for the local agency relating to the solicitation of a design-build project, to submit a proposal as a design-build entity, or to join a design-build team."

This Policy is Washington's required organizational conflict-of-interest policy. This Policy applies to all procurements by Washington using the design build delivery method authorized by Health and Safety Code § 32132.6 and Public Contract Code §§ 22160 *et seq.*

2. Policy Purpose

This Policy applies to any design-build procurement and resulting contract by Washington for a project ("Project"), and any procurement and contracting by the selected design-build entity or its subsidiaries for engineering services, inspection, or technical support in the administration of the design-build portion of such Project.

This Policy prescribes ethical standards of conduct applicable to persons and entities entering into a design-build contract with Washington and their subcontractors of all tiers, broadly defined herein as "Proposers," to include prime contractors, constituent joint venture partners, team members, consultants, subcontractors, and in appropriate cases, suppliers, at all tiers.

Washington adopted this Policy in furtherance of California and federal laws that prohibit organizational conflicts of interest in public contracting. For example, California law prohibits public officers and employees from making contracts in which they are financially interested. (Gov. Code, § 1090.) Section 1090's prohibitions apply to independent contractors "when they have duties to engage in or advise on public contracting that they are expected to carry out on the government's behalf." (*People v. Superior Court (Sahlolbei)* (2017) 3 Cal.5th 230, 245.)

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The Policy is distinct from and in addition to Washington's Conflict of Interest Code, Numbered Memorandum 0-006B, and Washington's Code of Professional Conduct, available at <https://www.washingtonhealth.com/about-us/code-of-professional-conduct/>.

3. Policy Goals

This Policy is intended to accomplish the following procurement goals:

- Promoting integrity, transparency, competitiveness and fairness in Washington's design-build procurements.
- Preventing Proposers from obtaining or appearing to obtain an unfair competitive advantage with respect to Washington's design-build procurements.
- Providing guidance to enable Proposers to make informed decisions while conducting business with Washington.
- Protecting the validity of Washington's design-build procurement.

Washington recognizes that these goals must be balanced against the need to not unnecessarily restrict the pool of potential Proposers available to participate in Washington's design-build procurements. Washington recognizes that Proposers must maintain business relationships with other public and private sector entities in order to continue as viable businesses. It is not the intent of Washington to disqualify Proposers based merely on the existence of a business relationship with another entity, but rather only when disqualification is required under law and this Policy.

4. Thresholds for Organizational Conflicts of Interest

"Organizational Conflict of Interest" means a circumstance arising out of a Proposer's existing or past activities (including projects outside of Washington's jurisdiction), business or financial interests, familial relationships, contractual relationships, and/or organizational structure (i.e., parent entities, subsidiaries, etc.) that results or would result in:

- An unfair competitive advantage for any Proposer bidding or proposing or offering on an Washington design-build procurement,
- A perception or appearance of impropriety or unfair competitive advantage with respect to Washington's design-build procurement (regardless of whether any such perception is accurate), or
- Impairment or potential impairment of a Proposer's ability to render impartial assistance or advice to Washington or of its objectivity in performing work for Washington.

Based upon the guidance of California law, and subject to provisions herein on mitigation measures, Proposers will NOT be allowed to propose or join a design-build team in the following circumstances:

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- The Proposer performed program management, program controls, and/or construction management services for the design-build component of the relevant Project, related to contracting or advising on contracting for the design-build component of that Project.
- The Proposer is Washington's general engineering and architectural consultant (GEC) for the design-build component of the relevant Project, or is a subconsultant to the GEC that has engaged in or has advised Washington (through the GEC) on contracting for the design-build component of that Project.
- The Proposer has engaged in or has advised Washington on contracting for the design-build component of the relevant Project, including the preparation of Request for Qualifications or Request for Proposals.
- The Proposer has materially assisted Washington in management of or assistance in the management of contracting for the design-build component of the relevant Project.
- The Proposer has performed work on a previous contract that contains terms that specifically excludes them from participating as a Proposer or joining a design-build team for the relevant Project.
- The Proposer is under contract to perform oversight on the relevant Project on behalf of Washington or Project stakeholders, now or in the future. For example, and not by way of limitation, project inspection or design review on behalf of Washington.
- The Proposer has obtained substantive advice from or otherwise substantively discussed the procurement of the design-build component of the relevant Project with any person or entity with an Organizational Conflict of Interest as to the design-build component of that Project, resulting in an unfair competitive advantage.
- The Proposer has employees that are identified in Washington's Conflict of Interest Code, Memorandum No. 0-006B (described above), or the most recent version thereof, or otherwise file a Form 700 resulting from their work for Washington.
- The Proposer is a subsidiary of a parent organization, and the parent organization or another subsidiary of the parent organization has an Organizational Conflict of Interest as to the design-build component of the relevant Project.
- The Proposer serves currently, or would serve, in a capacity of acting as Washington's agent for review, approval, or acceptance of the Proposer's own prior work product.

Proposers MAY be allowed to propose or join a design-build team in the following circumstances, provided that the Proposer can demonstrate (through substantiating documentation, as requested by Washington) that its work did not include engaging in or advising on contracting for the design-build component of the relevant Project, broadly interpreted:

- The Proposer performed preliminary design services, prepared preliminary designs, feasibility studies, and conceptual designs, that Washington makes available to all Proposers.

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- The Proposer provided environmental support services, including data collection and drafting of environmental documents for NEPA and CEQA compliance.
- The Proposer performed program management, program controls, and/or construction management services, including planning and pre-construction, for other components of the relevant Project, but will not do so in the future.

Proposers are cautioned that the determination of a conflict of interest in cases involving prior services connected to the relevant Project is highly fact-specific. Washington's decision on any resulting conflict of interest is final.

5. Proposers' Obligations to Identify and Disclose Any Potential Organizational Conflict of Interest

Proposers participating in and bidding, proposing, or offering on a design-build contract for a Washington Project must agree to comply fully with and be bound by the applicable provisions of California law related to conflicts of interest, including without limitation (a) California Government Code sections 1090 et seq.; (b) California Government Code sections 87100 et seq., (c) California Government Code section 1126, and (d) Health & Safety Code 32110.

Proposers participating in and bidding, proposing, or offering on a design-build contract for a Washington Project are obligated to identify and promptly disclose any potential Organizational Conflicts of Interest to Washington pursuant to this Policy and the written requirements established in the procurement documents.

Proposers disclosing potential Organizational Conflicts of Interests are encouraged to propose mitigation measures for Washington's consideration.

Proposers shall use all reasonable efforts to arrange their affairs so as to prevent Organizational Conflicts of Interest from arising.

Proposers must undertake reasonable due diligence, including necessary conflict searches, to determine whether new actual, perceived or potential Organizational Conflicts of Interest have arisen whenever engaged in a proposal process or whenever working under a design-build contract for a Washington Project.

An Organizational Conflict of Interest may arise at any time, and a Proposer's obligation to disclose is ongoing. Each Proposer shall consider whether disclosure is required in connection with changed circumstances, including by example only new hires, changes in the company's board of directors, mergers and acquisitions, and new business relationships including joint ventures and contractor/subcontractor relationships.

The failure to disclose any actual, perceived or potential Organizational Conflict of Interest may result in serious consequences to the Proposer and its affiliates (see below Remedies).

6. Disclosure and Determination Process

A Proposer's disclosure to Washington of a potential Organizational Conflict of Interest in relation to the design-build component of a Washington Project must contain a detailed description of:

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- The facts and circumstances giving rise to the actual or potential Organizational Conflict of Interest. Disclose all relevant facts relating to past, present or planned interest(s) of the Proposer's team (including the Proposer, Proposer's proposed consultants, subconsultants and subcontractors and their respective chief executives, directors and key personnel) which may result in, or could be viewed as, an Organizational Conflict of Interest in connection with any design-build procurement for the Project, including present or planned contractual or employment relationships with any current employee of Washington.
- All work performed in relation to the design-build component of the relevant Project.
- Provide relevant records of such work performed for Washington so that all information can be evaluated and made available to all potential design-build teams, if necessary.
- Contracts with any related entity to perform services related to the design-build component of the relevant Project and the status of such contracts (e.g., active, expired, terminated).
- In cases where Proposers on different design-build teams belong to the same parent company, each Proposer must describe how the subconsultants and subcontractors would avoid conflicts through the qualification bid phases of the design-build procurement.
- Any efforts the Proposer has taken or proposes to take to mitigate the conflict.

Washington may request additional information or records to support its review. Upon review of the information provided above and from any other source, Washington will determine, in its sole discretion, if the Proposer has an Organizational Conflict of Interest and is disqualified from the design-build procurement opportunity. Washington may publicly disclose/publish information and relevant records related to its review and determination.

7. Remedies for Conflicts and Failure to Comply with Policy

If Washington determines, in its sole discretion, that a Proposer has an Organizational Conflict of Interest or has failed to comply with this Policy in any respect (including any failure to disclose an actual, perceived or potential Organizational Conflict of Interest), Washington may, among other things, take the following actions:

- Preclude and/or disqualify the Proposer, as well as any other persons or legal entities on the Proposer's team, from participation in Washington's design-build procurement;
- Require the Proposer, as well as any other persons or legal entities on the Proposer's team, to implement mitigating measures;
- Amend the contract under which the Proposer is performing work for Washington;
- Cancel or terminate the contract, including the possibility of termination for default; and/or
- Exercise any and all other remedies available at law or in equity.

8. Application of the Policy to Proposer's Employees

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If Washington determines that a potential or actual Organizational Conflict of Interest exists for a particular Proposer, an Organizational Conflict of Interest shall also be considered to apply to any employee of such Proposer that has participated in a material way in the performance of work (or other facts and circumstances) giving rise to the determination. If such individual leaves the Proposer's employment, the potential or actual Organizational Conflict of Interest shall apply to such individual in the same manner as it applies to the Proposer. However, the individual's new employer (if not an affiliate of the original employer) will not be considered to have an Organizational Conflict of Interest provided the new employer adopts and implements safeguards and mitigation measures satisfactory to Washington in its sole discretion.

9. Limitations of this Policy

This Policy does not purport to address every situation that may arise in the context of a Washington design-build procurement.

This Policy does not mandate a particular decision or determination by Washington.

This Policy does not address all applicable requirements that may affect persons and entities wishing to enter contracts with Washington.

Nothing in this Policy is intended to limit, modify, supersede or otherwise alter the effect of other relevant statutes, regulations, policies or other rules that may apply.

Nothing in this Policy restricts or binds the authority of a court of competent jurisdiction to make a final determination of whether an Organization Conflict of Interest exists. Washington is not required to delay its procurement process during the pendency of any legal challenge.

Proposers may request an Advice Letter or an Opinion from the Fair Political Practices Commission with respect to specific factual circumstances. Washington may defer to an opinion of the Fair Political Practices Commission, timely issued and based on the same facts before Washington.