



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, November 12, 2025 – 6:00 P.M.

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

<https://whhs.zoom.us/j/99981412172?pwd=gaD3BTJbgMbnmcfZg21JHxyhJ3Xmaz.1>

Passcode: 619182

Board Agenda and Packet can be found at:

[November 2025 | Washington Health](#)

AGENDA

PRESENTED BY:

I. **CALL TO ORDER &
PLEDGE OF ALLEGIANCE**

Michael Wallace
President

II. **ROLL CALL**

Cheryl Renaud
District Clerk

III. **COMMUNICATIONS**

A. Oral

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.

B. Written

IV. **CONSENT CALENDAR**

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.

Michael Wallace
President

A. Consideration of Minutes of the Regular Meetings of the District Board: October 8, 20, 22 & 27, 2025

Motion Required

B. Consideration of Amendment to Trauma Manual
"Rib Fracture Management Guideline"

C. Consideration of Purchase of Intuitive ION Robot

V. **PRESENTATIONS**

A. Veteran's Day Recognition

PRESENTED BY:

Kimberly Hartz, Chief Executive Officer

B. HEDIC / DEI

Gisela Hernandez, Chief Inclusion Officer

VI. **PRESENTATIONS**

A. Medical Staff Report

Aaron Barry, MD
Chief of Staff

B. Service League Report

Jill Ziman
Service League First Vice President

C. Quality Report:
Quality Dashboard Q/E September 2025

Mary Bowron
Assistant Vice President & Chief Quality Officer

D. Finance Report

Ajay Sial
Senior Vice President & Chief Financial Officer

E. Hospital Operations Report

Kimberly Hartz
Chief Executive Officer

F. Health System Calendar Report

Kimberly Hartz
Chief Executive Officer

VII. **ACTION**

Motion Required

A. Adoption of Revised Resolution 331A: Establishing Rules & Regulations for Administration of Washington Township Health Care District Employer – Employee Relations

VIII. **ANNOUNCEMENTS**

IX. **ADJOURNMENT**

Michael Wallace
President

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact the District Clerk at (510) 818-6500. Notification two working days prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to this meeting.

A meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, October 8, 2025 in the Board Room at 2000 Mowry Avenue, Fremont and Zoom access was provided. Director Wallace called the meeting to order at 6:00 p.m. and led those in attendance of the meeting in the Pledge of Allegiance.

CALL TO ORDER

*PLEDGE OF
ALLEGIANCE*

Roll call was taken: Directors present: Michael Wallace; William Nicholson, MD; Jeannie Yee; Bernard Stewart, DDS; Jacob Eapen, MD

ROLL CALL

Also present: Kimberly Hartz, Chief Executive Officer; Ajay Sial, Senior Vice President & Chief Financial Officer; Larry LaBossiere, Senior Vice President & Chief Operations Officer; Kristin Ferguson; Jeanie Ahn, MD; Laura Anning; Aaron Barry, MD; Kel Kanady; Gina Gholston; Tina Nunez; Sheela Vijay; Brian Smith, MD; John Lee; Tammi Tyson; Terri Hunter; Marcus Watkins; Angus Cochran; Garrett Cordes; Dan Nardoni; Walter Choto; Melissa Garcia; Nicholas Kozachenko, Legal Counsel; Sri Boddu; Cheryl Renaud, Assistant to the Chief Executive Officer & District Clerk; Shirley Ehrlich, Executive Assistant II

Director Wallace welcomed any members of the general public to the meeting.

OPENING REMARKS

Director Wallace noted that Public Notice for this meeting, including Zoom information, was posted appropriately on our website. This meeting was recorded for viewing at a later date.

There were no Oral Communications.

*COMMUNICATIONS:
ORAL*

There were no Written Communications.

*COMMUNICATIONS:
WRITTEN*

Director Wallace presented the Consent Calendar for consideration:

CONSENT CALENDAR

- A. Consideration of the Minutes of the Regular Meetings of the District Board: September 10, 15, 22 & 24, 2025.

Director Eapen moved that the Board of Directors approve the Consent Calendar, Item A. Director Nicholson seconded the motion.

Roll call was taken:

Michael Wallace – aye
William Nicholson, MD – aye
Jeannie Yee - aye
Bernard Stewart, DDS – aye
Jacob Eapen, MD - aye

Motion Approved.

Dr. Aaron Barry, Chief of Medical Staff, reported that there are 671 Medical Staff members, 376 active members, including 10 new physicians that recently joined the Medical Staff.

*PRESENTATION:
MEDICAL STAFF
REPORT*

Dr. Barry highlighted that Washington Health is seeing growth of the Robotic Surgery Program. Dr. Sah, Orthopedic Surgeon, has just recently surpassed 500 successful knee replacement surgeries using the THINK Surgical TMINI robotic system with Zimmer Biomet's Persona Knee Implants. The MAKO robot will be on display and some demonstrations will be performed at this year's Top Hat Gala on Saturday, October 11, 2025.

Sheela Vijay, Service League President, reported that for the month of September, 282 Service League volunteers contributed a total of 2,519 hours across various departments within the hospital.

*SERVICE LEAGUE
REPORT*

On September 15 and 16, Evangeline Imana-Iyemura, Director of Volunteer Services, and Sheela attended the California Association of Hospitals and Health Systems (CAHHS) Volunteer Leadership Conference in San Diego. The conference provided an opportunity to explore new ways to engage volunteers, build strong teams, and enhance the patient experience. Sessions focused on topics such as compassionate listening in patient follow-up, humanizing hospitalization, and developing creative volunteer roles. The networking and roundtable discussions shared practical examples of how other hospitals support and recognize their volunteers. These are some instances of what can be applied at Washington Health. Insights from the conference reinforced the importance of ensuring that every volunteer has a meaningful role.

Sheela reported that since February 2023, Washington Health's Service League has partnered with Fremont Adult School to welcome Special Education students, ages 18-22, along with their teacher's aide. This partnership allows students to practice following directions, complete structured tasks, and contribute in ways that build confidence and independence. Volunteering also introduces these students to a supportive, team-oriented environment, helping them develop skills that they can apply beyond the hospital setting. Each week during the school year, four to five special-needs students join the volunteers to assemble patient care kits and urine test kits for the Emergency Department. Over 15 students have participated so far, preparing more than 9,000 urine test kits, averaging 120 each week. They take a break during summer and school holidays and return each year to continue their volunteer work.

The Service League is proud to highlight the talent of individual students. Ansel Kam, one of the Special Education students, shares his gift of music on the violin

each week in the Washington West lobby, creating a welcoming and uplifting environment for patients and staff. Krichael Almazam from the School of the Blind, played piano in the main hospital lobby from January through May 2025 and will soon return to continue her assignment. These contributions show that at the Service League, there is a place for everyone from all walks of life, to give back and make a difference. Each volunteer brings unique special skills and interests that positively impact patients, families, and staff.

Kimberly Hartz, Chief Executive Officer, introduced Dr. Jeanie Ahn, Medical Director of Washington Hospital's Dialysis Services, who presented the Dialysis Clinical Operations Committee Annual Report. The Mission is to serve the community by providing high quality care, clinical excellence, and efficiency in the Dialysis Department. This service began in 2018 and Dr. Ahn explained the process and different types of dialysis, which includes Hemodialysis, Peritoneal dialysis and Plasmapheresis. Dr. Ahn also noted that the hemodialysis volume increased by 281 treatments compared to FY2024, reflecting a notable rise in patient demand and service utilization. She also discussed Patient & Staff Safety measures that involve Time-Out Documentation, Hepatitis B Surface Antigen Unknown, Hypotensive events, Rapid Response/Code Blue responses during dialysis and Infection Control. The Performance Improvement Plan is to decrease the rate of needle infiltrations during fistula access. Dr. Ahn stated that the quality improvement process indicators for FY2026 are as follows: Patient Education, Procedure Time Out, Compliance with Bacterial/Endotoxin Testing, Compliance with Chlorine/Chloramine Water Testing, Stat Treatment Completion and Hand Hygiene.

*QUALITY REPORT:
DIALYSIS ANNUAL
REPORT*

Ajay Sial, Senior Vice President & Chief Financial Officer, presented the Finance Report for August 2025. The average daily inpatient census was 164.8 with discharges of 1,080 resulting in 5,108 patient days. Outpatient observation equivalent days were 204. The average length of stay was 4.73 days. The case mix index was 1.623. Deliveries were 143. Surgical cases were 523. The Outpatient visits were 9,359. Cath Lab cases were 217. Emergency visits were 5,365. Joint Replacement cases were 194. Neurosurgical cases were 17. Cardiac Surgical cases were 46. Total FTEs were 1,707.3. FTEs per adjusted occupied bed was 6.07. Overall, the net income for August was \$1.3 million.

FINANCE REPORT

Kimberly Hartz, Chief Executive Officer, presented the Hospital Operations Report for September 2025. Patient gross revenue of \$230.3 million for September was favorable to budget of \$216.3 million (4.4%), and it was higher than September 2024 by \$26.0 million (12.7%).

*HOSPITAL
OPERATIONS REPORT*

Trauma Cases of 196 for September was favorable to the budget of 142 by 54 (38.0%) and favorable to September 2024 by 49 (33.3%). Trauma gross revenue of \$24.6 million for September (highest gross revenue since opening) was favorable to the budget of \$17.4 million by \$7.2 million (41.7%).

The Average Length of Stay was 4.97. The Average Daily Inpatient Census was 171.5 and was unfavorable to budget of 174.6 by 3.1 (1.8%). There were 1,076 Discharges that was favorable to budget of 1,004 by 72 (7.2%). There were 5,145 patient days and was unfavorable to budget of 5,239 by 93 days (1.8%). There were 564 Surgical Cases and 182 Cath Lab cases at the Hospital. Deliveries were 133. Non-Emergency Outpatient visits were 9,275. Emergency Room visits were 5,381. Total Government Sponsored Preliminary Payor Mix was 72.7%, against the budget of 73.5%. Total FTEs per Adjusted Occupied Bed were 5.96.

There was \$201K in charity care adjustments in September 2025.

October Employee of the Month is Van Albinto, Service Desk Analyst, Information Services.

EMPLOYEE OF THE MONTH

Past Health Promotions & Community Outreach Events:

HOSPITAL CALENDAR

- September 12: Narika Domestic Violence Advocate Training – Anderson Auditorium
- September 13: Walk to End Alzheimer's – Masonic Homes, Union City
- September 14: UCSF MASALA Study on South Asian Heart Health: Town Hall
- September 17: Polly's Heart Health Fair – Ruggieri Senior Center, Union City
- September 20: New Haven Schools Foundation Mutt Strut – Masonic Homes, Union City
- September 20: Special Care Nursery Reunion – Anderson Auditorium
- September 20-21: Newark Days Parade and Community Information Fair – Newark Municipal Center
- September 21: Fremont Disability Resource Fair – Fremont Downtown Event Center
- September 23: Fall Prevention Education – Lake Elizabeth Age Well Center
- September 23: Alameda County Water District Employee Health Fair - Fremont
- September 24: Suicide Prevention: Awareness, Support, and Hope – Facebook and YouTube
- September 25: Signs and Symptoms of Stroke – Acacia Creek, Union City
- September 25: Kiko's Birthday Memorial Event – Federico's Grill, Niles
- September 27: HERS Walk / Run / Yoga Event – Quarry Lakes, Fremont
- September 27: Union City Bike Lane Ribbon Cutting and Festival – Union City
- September 27: Drive-Through Flu Clinic – Washington West Parking Lot
- October 4: Community Safety Fair – Washington West
- October 4: National Alliance on Mental Illness, Southern Alameda County Chapter Walk – Fremont Central Park
- October 4: Fremont Downtown Dog Days – Fremont Downtown Event Center
- October 4: Women's League of Voters Forum on Proposition 50 and Measure B – Niles Discovery Church

- October 5: Our Lady of the Rosary Parish Festival – Our Lady of the Rosary Church, Union City
- October 8: Breast Cancer Screening: The Impact of 3D Mammography – Facebook and YouTube

Upcoming Health Promotions & Community Outreach Events:

- October 9: Washington Health Walk – Choking First Aid – Mark Green Sports Center, Union City
- October 15: City of Fremont Wellness Expo – Lake Elizabeth Age Well Center
- October 16: 17th Annual Think Pink! Event – Breast Cancer Awareness Event, Washington West Tent Atrium
- October 22: Shingles: What you Need to Know about Prevention and Treatment – Facebook and YouTube
- October 25: Newark Dia de Muertos – Mexico Tortilla Factory
- November 4: Washington Health Walk – Healthy Holiday Nutrition – Ruggieri Senior Center
- November 5: Brain Health as You Age – Facebook and YouTube
- November 11: Choking First Aid Training for Restaurant Workers – Anderson Auditorium

ANNOUNCEMENTS

The Foundation will be hosting the 39th Annual Top Hat Gala on Saturday, October 11, 2025. Funds raised at this year's Top Hat will support the Robotics Program at Washington Health. Sponsorships and tickets are available.

Plans are underway for the Ribbon Cutting Ceremony for the UCSF-Washington Cancer Center on December 11, 2025. Private tours with major donors are underway, and the Foundation will host 'hard hat' tours with Trustees and Members at the October Quarterly meeting.

The Foundation hosted its annual Founders & Friends Luncheon on Wednesday, September 17 at Casa Bella in Sunol. The event was attended by over 60 guests, including major donors, community members, and hospital leadership. The next Quarterly Meeting will take place on Tuesday, October 28 at 4:30 pm.

There were no Announcements.

There being no further business, Director Wallace adjourned the meeting at 7:00 p.m.

ADJOURNMENT

Michael Wallace
President

Jacob Eapen, MD
Secretary

A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, October 20, 2025 in the Board Room at 2000 Mowry Avenue, Fremont and Zoom access was provided. Director Wallace called the meeting to order at 6:00 p.m. and led those present in the Pledge of Allegiance.

CALL TO ORDER

Roll call was taken. Directors present: Michael Wallace; William Nicholson, MD; Jeannie Yee; Bernard Stewart, DDS

ROLL CALL

Absent: Jacob Eapen, MD

Also present: Kimberly Hartz, Chief Executive Officer; Ajay Sial, Senior Vice President & Chief Financial Officer; Larry LaBossiere, Senior Vice President & Chief Operating Officer; Tina Nunez, Senior Vice President & Chief Administrative Officer; Terri Hunter, Vice President & Chief Nursing Officer; Paul Kozachenko, Legal Counsel; Cheryl Renaud, Executive Assistant to the CEO & District Clerk; Shirley Ehrlich, Executive Assistant II

Director Wallace welcomed any members of the general public to the meeting.

OPENING REMARKS

Director Wallace noted that Public Notice for this meeting, including Zoom information, was posted appropriately on our website. This meeting is being conducted in the Board Room and by Zoom.

There were no Oral Communications.

*COMMUNICATIONS:
ORAL*

There was one written communication received from a community member, Oren Kislev. The District Clerk provided the Board of Directors with this written communication.

*COMMUNICATIONS:
WRITTEN*

There were no Items on the Consent Calendar for consideration.

CONSENT CALENDAR

Director Nicholson moved that the Board of Directors approve the appointment of the fifth and final member to the Citizens' Bond Oversight Committee (CBOC), Keith Parker. Director Yee seconded the motion.

*ACTION ITEM:
CONSIDERATION OF
THE APPOINTMENT OF
MEMBER TO THE
INDEPENDENT
CITIZENS' BOND
OVERSIGHT
COMMITTEE (CBOC)*

Roll call was taken:

Michael Wallace – aye
William Nicholson, MD – aye
Jeannie Yee – aye
Bernard Stewart, DDS – aye
Jacob Eapen, MD – absent

Motion Approved.

Kimberly Hartz, Chief Executive Officer, made an announcement regarding an Update on Renewal Of Line of Credit. Before hearing the update, Director Wallace disclosed that since he was the Chairman of the Board at Fremont Bank and a Shareholder, he recused himself from the update and any discussion on the matter. Director Wallace turned the gavel to the First Vice President, Dr. Nicholson to chair the meeting for this update.

ANNOUNCEMENTS

Ajay Sial, Senior Vice President & Chief Financial Officer, informed the Board of Directors that Washington Health is working with Fremont Bank for a two-year line of credit, subject to terms and conditions in a definitive amount and the documents are to be reviewed by legal counsel.

After the update, Director Wallace rejoined the meeting.

Director Wallace adjourned the meeting to closed session at 6:07 p.m., as the discussion pertained to reports regarding Conference Involving Labor Negotiations pursuant to Government Code Section 54957.6; Agency designated representative: Kimberly Hartz, Chief Executive Officer; Conference with Legal Counsel – Anticipated Litigation pursuant to Government Code Section 54956.9(d)(2) – Annual Claims Data Update and Conference Involving Trade Secrets pursuant to Health & Safety Code Section 32106 - Strategic Planning.

*ADJOURN TO CLOSED
SESSION*

Director Wallace stated that the public has a right to know what, if any, reportable action takes place during closed session. Since this meeting was being conducted in the Board Room and via Zoom, there is no way of knowing when the closed session will end. The public was informed they could contact the District Clerk for the Board's report beginning October 21, 2025. The minutes of this meeting will reflect any reportable actions.

Director Wallace reconvened the meeting to open session at 7:24 p.m. During closed session, the District Clerk reported that there were no reportable actions taken.

*RECONVENE TO OPEN
SESSION & REPORT ON
CLOSED SESSION*

There being no further business, Director Wallace adjourned the meeting at 7:24 p.m.

ADJOURNMENT

Michael Wallace
President

Jacob Eapen, MD
Secretary

A meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, October 22, 2025 in the Board Room, 2000 Mowry Avenue, Fremont and Zoom access was provided. Director Wallace called the meeting to order at 6:00 p.m. and led those present in the Pledge of Allegiance.

CALL TO ORDER

Roll call was taken. Directors present: Michael Wallace; William Nicholson, MD; Jeannie Yee; Bernard Stewart, DDS

ROLL CALL

Absent: Jacob Eapen, MD

Also present: Kimberly Hartz, Chief Executive Officer; Larry LaBossiere, Senior Vice President & Chief Operating Officer; Ajay Sial, Senior Vice President & Chief Financial Officer; Terri Hunter, Vice President & Chief Nursing Officer; Tina Nunez, Senior Vice President & Chief Administrative Officer; Paul Kozachenko, Legal Counsel; Cheryl Renaud, Executive Assistant to the Chief Executive Officer & District Clerk; Shirley Ehrlich, Executive Assistant II

Director Wallace welcomed any members of the general public to the meeting.

OPENING REMARKS

Director Wallace noted that Public Notice for this meeting, including Zoom information, was posted appropriately on our website. This meeting is being conducted in the Board Room and by Zoom.

There were no Oral Communications.

*COMMUNICATIONS:
ORAL*

There were no Written Communications.

*COMMUNICATIONS:
WRITTEN*

There were no items on the Consent Calendar.

CONSENT CALENDAR

There were no Action Items.

ACTION ITEMS

There were no Announcements.

ANNOUNCEMENTS

Director Wallace adjourned the meeting to closed session at 6:02 p.m., as the discussion pertained to reports regarding Medical Audit & Quality Assurance Matters pursuant to Health & Safety Code Section 32155, Conference involving Trade Secrets pursuant to Health & Safety Code Section 32106 (Strategic Planning) and Conference Involving Personnel Matters: Chief Executive Officer. Director Wallace stated that the public has a right to know what, if any, reportable action takes place during closed session. Since this meeting was being conducted in the Board Room and via Zoom, there is no way of knowing when the closed session will end. The public was informed that they could contact the District Clerk for the Board's report beginning October 23, 2025. The minutes of this meeting will reflect any reportable actions.

*ADJOURN TO CLOSED
SESSION*

Director Wallace reconvened the meeting to open session at 7:21 p.m. The District Clerk reported that during the closed session, the Board approved the Closed Session Meeting Minutes of September 15 & 24, 2025 and the Medical Staff Credentials Committee Report by unanimous vote of all directors present.

*RECONVENE TO OPEN
SESSION & REPORT ON
CLOSED SESSION*

There being no further business, Director Wallace adjourned the meeting at 7:21 p.m.

ADJOURNMENT

Michael Wallace
President

Jacob Eapen, MD
Secretary

A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, October 27, 2025 in the Board Room at 2000 Mowry Avenue, Fremont and by Teleconference. Director Nicholson called the meeting to order at 7:30 a.m.

CALL TO ORDER

Roll call was taken. Directors present: William Nicholson, MD; Bernard Stewart, DDS; Jeannie Yee

ROLL CALL

Absent: Michael Wallace; Jacob Eapen, MD

Also present: Kimberly Hartz, Chief Executive Officer; Larry LaBossiere, Senior Vice President & Chief Operating Officer; Terri Hunter, Vice President & Chief Nursing Officer; Brian Smith, MD, Chief Medical Information Officer and Quality & Patient Safety Physician Officer; Kristin Ferguson, Vice President & Chief Compliance and Risk Officer; Mark Saleh, MD; Aaron Barry, MD; Rohit Arora, MD; Ouanza Pupilampu, MD; Jeanie Ahn, MD; Ranjana Sharma, MD; John Romano, MD

There were no Oral communications.

*COMMUNICATIONS:
ORAL*

There were no Written communications.

*COMMUNICATIONS:
WRITTEN*

Director Nicholson adjourned the meeting to closed session at 7:32 a.m. as the discussion pertained to Medical Audit and Quality Assurance Matters pursuant to Health & Safety Code Section 32155.

*ADJOURN TO CLOSED
SESSION*

Director Nicholson reconvened the meeting to open session at 8:55 a.m. and reported no reportable action was taken in closed session.

*RECONVENE TO OPEN
SESSION & REPORT ON
CLOSED SESSION*

There being no further business, the meeting adjourned at 8:55 a.m.

ADJOURNMENT

Michael Wallace
President

Jacob Eapen, MD
Secretary

MEMORANDUM

Date: October 20, 2025

To: Kimberly Hartz, Chief Executive Officer

From: Aaron Barry MD, Chief of Staff

Subject: MEC for Board Approval

The Medical Executive Committee, at its meeting on October 20, 2025, approved the attached amendment to the Trauma Manual, entitled "Rib Fracture Management Guideline".

Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the attached Trauma Manual amendment, "Rib Fracture Management Guideline".

Washington Health Multidisciplinary	Policy # XXX
Rib Fracture Management Guideline	Units: ED/CCU/IMC/6W
Responsible Person/Department: Trauma	Last Review/Approval Date:

RIB FRACTURE MANAGEMENT GUIDELINE

BACKGROUND

Thoracic trauma is the second most prevalent non-intentional injury in the United States and is associated with significant morbidity. Rib fractures occur in up to 10% of hospitalized trauma patients and are associated with significant morbidity (33%) and mortality (12%). Injuries caused by blunt thoracic trauma are frequently associated with pulmonary complications such as pneumonia and severe pain, prolonging hospital and critical care unit (CCU) stay, especially in the elderly. Pain and atelectasis is acknowledged as a contributing element to much of the morbidity associated with blunt thoracic trauma and minimization of these elements are required to enhance recovery. Inclusion criteria: Patients that have acute rib and/ or sternal fracture(s) meet the following criteria: age >14 years, non-intubated, GCS 13-15, and absence of high spinal cord injury.

PURPOSE

This guideline provides the foundation for rapid and effective evaluation, resuscitation, and treatment of the patient with multiple rib fractures at Washington Healthcare System (WHHS). Early and aggressive analgesic management of rib fractures seeks to optimize pulmonary performance, patient comfort & satisfaction for the purpose of reducing morbidity and mortality. Inadequate pain control can result in chest wall splinting, pulmonary atelectasis, and potential superimposed infective complications (pneumonia). Early use of multimodal pain regimens, combined with appropriately selected regional analgesic techniques will allow patients to better participate in Chest Physical Therapy, handling of secretions/coughing, and result in lower likelihood for invasive ventilatory support.

This guideline also provides a format for continuous quality improvement. Situations may arise which necessitate departure from this protocol in the best interest of the individual patient.

DEFINITIONS

PIC (**P**ain, **I**nspiration, **C**ough) Score is a practical method for assessing the degree of dysfunction caused by blunt thoracic injury. It utilizes a 10-point scoring system that ranges from 3 to 10 based on a 1 to 3-point score in pain control, a 1 to 4-point score in inspiratory capability, and a 1 to 3-point score in cough strength. This score provides a useful tool to assess the degree of respiratory dysfunction and associated risk of complications from blunt thoracic injury.

GUIDELINE

1. Initial management decisions will be made utilizing ATLS protocols for primary and secondary surveys.
 - a. Airway
 - b. Breathing
 - c. Circulation
 - d. Disability

2. Chest x-ray (CXR) will be obtained on any patient with a mechanism that suggests significant blunt thoracic trauma, respiratory difficulty, or physical evidence of chest trauma. Daily CRX will be ordered until patient demonstrates consistent progress.
3. Computed tomography scan (CT) of the chest will be obtained on all patients with evidence of traumatic injury to the chest.
 - a. CT scan of the chest discovers unsuspected injuries in about two thirds of major trauma patients who have evidence of chest injury on their initial chest x-ray and results in significant management changes in 20% to 30% of cases.
 - b. 50% of all rib fractures go undetected during screening CXR.

MANAGEMENT

1. Initial Management will utilize ATLS protocols for primary and secondary surveys
 - a. Supplemental oxygen will be provided for all patients with suspected moderate or severe TBI.
 - b. Continuous oxygen saturation monitoring will be employed to avoid hypoxia and keep SpO₂>90% or PaO₂>60 mmHg.
 - c. Definitive airway and mechanical ventilation is indicated for
 - i. Suspicion or presence of airway obstruction or impending airway obstruction
 - ii. Inability to maintain adequate oxygenation or ventilation
 - iii. Inability to maintain airway protection
 - d. Assessment of circulatory status for the presence of shock will be performed on all patients with evidence of blunt thoracic trauma.
 - i. Depending on indication, thoracic causes of shock will be treated by
 1. Needle thoracostomy
 2. Thoracostomy tube placement
 3. ED thoracotomy
 4. Volume replacement
 5. Balance blood transfusion
 - ii. Depending on indication, treatment of non-thoracic causes of shock will take precedence over thoracic injuries that are not the cause of shock and may affect decisions related to the workup of blunt thoracic injuries.
2. Radiographic Studies
 - a. A screening CXR will be obtained on any patient with a mechanism that suggests significant blunt thoracic trauma, respiratory difficulty, or physical evidence of chest trauma.
 - b. CT scans of the chest will be performed on all patients with blunt thoracic trauma that do not have contra-indications. Contra-indications include but may not be limited to:
 - i. Shock requiring more emergent diagnostic and/or therapeutic maneuvers
 - ii. Patients less than 25 years of age with minimal evidence of significant thoracic injury and no other reason for CT scan for evaluation.
 - c. Other radiographic studies may be indicated on an as needed basis.

3. Rib fracture management will combine evidence-based and consensus-based decisions to coordinate care; to minimize complications, length of stay (LOS) and CCU LOS; and to optimize patient outcomes.
 - a. PIC score will be assessed and documented on all patients with rib fractures in whom assessment is possible.
 - b. Baseline arterial blood gas (ABG) will be measured to establish baseline function.
 - c. Multimodal analgesia (i.e. use of different classes of analgesics, including combinations of opioids with other agents such as NSAIDs, pregabalin/gabapentin, ketamine, and acetaminophen) will be used on all patients in preference to opioids alone to treat pain.
 - d. Anesthesia will be consulted to place a thoracic epidural catheter for epidural analgesia if the following circumstances are present:
 - i. Patient is awake enough to cooperate with epidural catheter placement.
 - ii. Patient is not on antiplatelet or anticoagulant medications.
 - iii. Patient has displaced rib fractures or three or more rib fractures on either or both sides of the chest caudal to the 3rd rib
 - e. Thoracic surgery will be consulted and 3-dimensional CT reconstruction images will be obtained to evaluate the need for surgical stabilization for any of the following conditions:
 - i. 4th through 9th rib fractures with displacement greater than the width of the rib
 - ii. 3 or more rib fractures on the same side with lateral involvement of any of the 4th through 9th ribs
 - iii. Multiple rib fractures with underlying pulmonary contusion or hemothorax
 - iv. 3 or more rib fractures on the same side with PIC score < 6

4. Pain Management Strategies:

a. Acute Pain Service

- i. APS is called for patients without improved pain scores and respiratory parameters despite 12 hours of Multimodal Systemic Analgesia. Consult is also done for consideration of regional catheter placement or other alternative pain modalities.
- ii. Consider early consult for patients with history of opiate use disorder, strict NPO, or rapid deterioration in clinical status
- iii. Early consideration of regional analgesia, especially for those with uncontrolled pain or who will not tolerate oral analgesia
- iv. Decision for neuraxial catheter placement is made on an individual patient basis, with consideration to pain level, respiratory capacity, coagulation status, mental status, spine anatomy, injuries and positioning limitations, sepsis or infection, allergies, comorbidities and hemodynamics.

Use caution in anticoagulated patients and the timing of placing thoracic blocks or epidurals

GOAL: INITIAL MANAGEMENT WITH MULTIMODAL SYSTEMIC ANALGESIA
WITHIN 1 HOUR OF ARRIVAL

b. FIRST LINE AGENTS

Evaluate if patient is taking medications for chronic pain as an outpatient. If so, resume home medications if clinically appropriate

Around the Clock (scheduled)

- i. **Acetaminophen 1 gm PO/FT/IV** every 8 hours (maximum dose should not exceed 2 gm/day if history of liver disease and/or injury, 3 gm/day for all other patients)
- ii. NSAIDs
 1. **Ibuprofen** 400-600 mg PO TID w/ meals or 400-600 mg FT every 8 hours scheduled. Consult with primary team prior to ordering NSAIDs – contraindications may include traumatic brain injury, spinal hematoma, stroke, renal impairment, h/o recent GI bleed, heart failure, therapeutic anticoagulation
 2. **Ketorolac** 15 mg IV/IM every 6-8 hours x MAX 5 days (FDA restriction). Consult with primary team prior to ordering NSAIDs –contraindications may include traumatic brain injury, spinal hematoma, stroke, renal impairment, h/o recent GI bleed, heart failure, therapeutic anticoagulation
- iii. **Gabapentin** 300mg PO/FT every 8 hours (avoid or reduce dose/dosing frequency if renal impairment, elderly, baseline cognitive impairment and/or altered mental status)
- iv. **Lidocaine** 5% ointment 1 application topically at a frequency of every 12 hours, every 8 hours or every 6 hours to painful areas/chest

PRNs (As needed):

NO DOSE OR FREQUENCY RANGES PERMITTED PER HOSPITAL POLICY. Consider individual patient characteristics when ordering opioids (i.e. age, opioid tolerance, hepatic function, renal function, etc)

- i. **Oxycodone** 2.5-10 mg every 3-4 hours prn (moderate pain or severe pain [patient able to communicate pain scores] OR reports of pain, CPOT \geq 3, behavioral/assumed pain, or anticipated pain [patient unable to communicate pain scores])
- ii. **Hydromorphone** 0.2-0.8 mg IV every 2-3 hours prn (moderate pain or severe pain [patient able to communicate pain scores])

OR reports of pain, CPOT ≥ 3 , behavioral/assumed pain, or anticipated pain [patient unable to communicate pain scores])

- iii. **Patient-controlled analgesia (PCA):** Consider ordering a PCA in patients who fit the following criteria: unable to take PO meds, no altered mental status and able to physically push the button. PCA medication options include hydromorphone and morphine.

c. **SECOND LINE AGENTS**

These medications should be considered if Acute Pain Service (APS) will be delayed or there are contraindications to catheter-based regional anesthesia techniques (i.e. anticoagulation or lack of spinal clearance) and some of the following criteria exist: incentive spirometry baseline is < 10 mL/kg IBW, increasing pain scores, new supplemental oxygen requirement, atelectasis on CXR, presence of chest tube(s), unexplained persistent tachycardia.

Patients at the highest risk for Pulmonary Complications should be initially admitted to the CCU whenever possible

- ✓ Any patient with ≥ 4 displaced rib fractures on the same side
- ✓ Patients > 65 years with ≥ 3 displaced rib fractures on the same side
- ✓ At the discretion of the Trauma Surgical Service, taking into consideration other injuries and chronic cardiopulmonary disease

Strategies for Failure of Routine Management

- i. **Alternative formulary** opioids include morphine PO/FT/IV, fentanyl IV, hydromorphone PO/FT/IV, tramadol, Norco (hydrocodone/acetaminophen), Percocet (oxycodone/acetaminophen)
- ii. **Ketamine** IV Continuous Infusion – start at 0.1 mg/kg/hr (must be under care of ICU team or Pain Management consultant)

5. Admission Considerations

- a. Patients will be admitted to CCU for any of the following:
 - i. Age ≥ 65 (in addition to one of the following criteria)
 - ii. 3 or more rib fractures at any location
 - iii. Multiple rib fractures with displacement of a rib $>$ the rib width
 - iv. PIC score 3-5
 - v. Inability to draw incentive spirometry volume < 750 cc.
- b. Patients will be admitted to IMC for any of the following:
 - i. Age ≥ 65 (in addition to one of the following criteria)
 - ii. 2 or more rib fractures at any location
 - iii. Multiple rib fractures with displacement of a rib $>$ the rib width
 - iv. PIC score 6-7
 - v. Inability to draw incentive spirometry volume < 1000 cc.

- c. Patients should be kept in CCU or IMC for >12 hours and team should see demonstrated improvement in PIC score prior to downgrading.
- d. Daily assessment and documentation of functional status of patients with rib fractures will include the following:
 - i. In the intubated patient:
 - 1. Continuous oxygen saturation monitoring
 - 2. Continuous vital sign monitoring
 - 3. ABG measurements daily or with changes in cardiopulmonary condition
 - 4. CXR or other radiographic studies as indicated
 - ii. In the non-intubated patient, when obtainable:
 - 1. PIC score assessment
 - 2. Mobility assessment
 - 3. Radiographic (CXR) appearance where necessary or available
- e. Rib fracture patients requiring admission to the CCU should be on a stable, appropriate pain regimen for 24 hours prior to transfer out of the CCU

6. Staff Education

This population requires multi-disciplinary care which includes physicians, nursing staff, respiratory therapists as well as the patient's family/support system

Patients with rib fractures should be monitored and reevaluated serially due to the following possible clinical complications:

Pulmonary complications (including pneumonia, pulmonary effusion, aspiration, contusion, ARDS, pulmonary emboli, atelectasis)

- a. On Boarding, initial education will be provided to physicians, nursing and respiratory therapist.
- b. Serial assessment of patients with Rib Fractures
- c. To evaluate patients with Rib fractures nursing staff, in conjunction with the patient, will utilize a standardized scoring tool. This is the PIC scoring tool, referring to Pain, Inspiratory spirometry, and Cough. The composite score may range from 3 to 10 where 10 is the goal score.

Chest Wall Pain is scored on a scale of 1-3

Pain is assessed utilizing patient-reported Numeric Pain Score (NRS) on the subjective 0-10 scale (Zero indicates the absence of pain, while 10 represents the most intense pain possible):

- 3 points if controlled (NRS 0-4)
- 2 points if moderately controlled (NRS 5-7)
- 1 point if severe (NRS 8-10)

Inspiratory Spirometry is scored on a scale of 1-4

- 4 points if able to achieve goal inspiratory spirometry volume (>1500)
- 3 points if between goal and alert level (750 -1500)
- 2 points if less than alert volume (<750)
- 1 point if unable to perform inspiratory spirometry (Incentive Spirometry)

Cough is subjectively assessed by the bedside nurse:

- 3 points if strong
- 2 points if weak
- 1 point if absent

Attachment A: PIC Score Tool

- i. Documentation will be done by all providers in the patients EMR:
 - 1. Physicians: daily after rounding
 - 2. Nursing:
 - a. ICU: every 4 hours
 - b. All other floors: every 4 hours or with vital signs
 - 3. RT: Will document progress of Incentive Spirometry (IS) use on assessments on a continual basis. It is recommended that IS progress be reviewed with patient and written on the patient's white board during assessments.

Primary/Trauma Team notification trigger: Total PIC score ≤ 4 or a decreased score of 1 point in any PIC category after interventions outlined below

Interventions for Routine Management

Physician's standard orders on admission:

- i. Standard CCU hourly vitals, or if out of CCU VS as per unit protocol
- ii. Inhalers/Bronchodilators if there is wheezing on exam, smoking history or patient with pre-existing asthma, COPD, emphysema, or bronchitis.
- iii. Out of bed and ambulation as appropriate
- iv. Cervical/Thoracic/Lumbar spine clearance
- v. Aggressive chest physiotherapy: turning, coughing, deep breathing, vibration every two hours if tolerated
- vi. Daily chest x-ray
- vii. Minimize intravenous fluids as possible
- viii. Start first-line agents for Multimodal Systemic Analgesia

Nursing-based Interventions:

- i. Elevation of head of bed to 30 degrees unless contraindicated
- ii. Assessment and EMR charting of PIC scores (recommended to write on patient board) every 4 hours. For unstable patients PIC can be done every 1 -2 hours to trend changes in patient condition.
- iii. Patient and family education
- iv. Encourage hourly incentive spirometry and coughing and deep breathing for patients whose VC is greater than the alert volume (15 ml/kg IBW)
- v. Mobilize at least 3 times daily unless contraindicated
- vi. Encouragement of frequent pulmonary hygiene and early mobilization.

Respiratory Therapist-based Interventions:

- i. Evaluation of all CCU patients within 1 hour of admission to measure baseline spirometry volumes
- ii. Set the goal (80% of inspiratory spirometry) and alert (15ml/kg IBW or max 1500 ml) inspiratory spirometry levels
- iii. CCU patients on the protocol receive serial reevaluations and hyperinflation/mucous clearance therapy every 4 hours while awake if any of the following conditions are met:
- iv. Incentive spirometer parameters
- v. Require high flow oxygen therapy with an $FiO_2 \geq 0.40$ to maintain goal SpO_2
- vi. Initiate Respiratory Therapy Assess and Treat Protocol per physician order

Failure of Routine Management:

- i. Persistent PIC score ≤ 4 or a persistent score of 1 point in any PIC category after maximized conservative interventions
- ii. Persistent incentive spirometer volume parameters not met 2-3 days post admission
- iii. Persistent acute chest wall pain score > 6 despite maximal systemic multimodal analgesia

For these cases, treating team should review guideline to ensure that all interventions have been maximized and that there are no additional interventions to consider. Additional consulting services such as pulmonary, critical care, or others may be able to provide additional insight to care.

APPROVAL/REVIEW/REVISION:

AUTHORS: Ginger Miramontes MSN, CCRN, TCRN and Jennifer Kubisz BSN, TCRN

COMMITTEE APPROVALS: Trauma Operations 1/2025, Trauma PIPS 1/2025, ED 3/28/25, Anesthesia 3/2025, Medicine 4/2/25, Surgery 4/3/25, Respiratory 4/11/2025, Critical Care 4/16/25, Pharmacy, Nutrition, and Therapeutics (PN&T) 4/17/25;

APPROVAL/REVIEW/REVISION:

Order Set Trauma PIPS 7/9/2025, Anesthesia 8/28/2025, ED Ops 7/25/2025, Medicine 8/21/2025, OR 8/21/2025, Surgery 9/4/025, 8/21/2025, Respiratory 8/20/2025, Critical Care 8/20/2025, Pharmacy, Nutrition, and Therapeutics (PN&T) 8/20/25

Dr Chet Morrison



Date

21 Aug 2025




AUTHORS: Ginger Miramontes MSN, CCRN, TCRN and Jennifer Kubisz BSN, TCRN

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PIC Score

							SCORE
PAIN	Controlled	3	Moderate	2	Severe	1	
	Numeric Score 0-4		Numeric Score 5-7		Numeric Score 8-10		
INSPIRATION	IS >1500	4	IS <750	2	Unable to Perform	1	
	IS 750-1500	3					
COUGH	Strong	3	Weak	2	Absent	1	
RISK LEVEL for Pneumonia	8-10=LOW RISK (6 West)		6-7=MODERATE RISK (Consider IMC)		3-5=HIGH RISK (Consider CCU)		TOTAL SCORE

✓ Consider CCU admission: PIC <6

>3 rib fractures

Multiple rib fractures with displacement of a rib > rib width

Age >65 + one of the above

✓ Consider IMC Admission: PIC <8

>2 rib fractures

Multiple rib fractures with displacement of a rib > rib width

Age >65 + one of the above

Inclusion Criteria: Who to use the "scoring" on?

- Chest trauma +/- Rib fractures
- Extubated
- Able to report pain level
- Absence of ↑ Spinal Cord Injury

Nursing Responsibility

- Notify RT upon admission
- Ensure IS at bedside & provide patient & family education
- Document PIC Score Q4H with vital signs, more often as needed

Multi Modal Pain Management (MMPM)

- Pain scale in PIC assessment is the overall status of pt's pain
- MMPM is part of the MD Rib Fracture Order Set-- should be available for all chest trauma patients
- If oral meds & lidocaine patches are not working, notify MD. Pt may need a block or epidural
- Rib plating may be considered to help relieve pain & optimize recovery, for patients who do not do well & have multiple rib fractures

Risk Level	Score	Therapy
Unit		
Low <u>6W</u>	8 - 10	<ul style="list-style-type: none"> • Humidified Oxygen to keep saturation < 92% • Heated high Flow Nasal Cannula for <u>O2</u> requirement greater than 4 Lpm • <u>Q6</u> while awake with nebulizer therapy
Moderate Consider IMC	6 - 7	<ul style="list-style-type: none"> • Heated high Flow Nasal Cannula • <u>Humidified</u> CPAP/BIPAP at night • <u>Q4</u> while awake with nebulizer therapy • Add Postural Drainage/CPT (Vest) or PEP therapy (Acapella Device)
High Consider <u>CCU</u>	3 - 5	<ul style="list-style-type: none"> • Heated high Flow Nasal Cannula up to 60 <u>Lpm</u> • <u>Humidified</u> BIPAP for <u>O2</u> requirement greater than FiO2 60% on <u>HFNC</u>— <u>Use HFNC when off BIPAP-while eating</u> • <u>Q4</u> round the clock nebulizer therapy— <u>Consider IPV therapy for lung expansion & secretion mobility</u>

1. Notify provider if PIC drops by 1 level in any category
2. Continue CCU level of care if PIC score ≤ 4
3. Consult provider about need for continued PIC when score remains "low risk" (level 8-10)
4. Pts in CCU/IMC should remain for at least 12 hours & have demonstrated improvement in PIC score prior downgrade

MEMORANDUM

Date: November 4, 2025

To: Washington Township Health Care District Board of Directors

From: Kimberly Hartz, Chief Executive Officer

Subject: Consideration of Purchase of Intuitive ION Robot

We are recommending the purchase of the Intuitive ION Robot for the Operating Room. This Robot would assist the surgeon in performing minimally invasive Lung Biopsy procedures with enhanced precision and accuracy. Currently, when a patient has a lung nodule that a physician is concerned about, the patient would schedule an appointment for a biopsy, which would typically have a wait time of 24 to 48 hours to get their results. Once a patient is diagnosed with cancer, they will need a procedure for removal, which can take another one to two weeks to schedule. This causes delays in patient care.

The ION Robot is capable of not only doing biopsies in difficult areas of the lung, but also allows the pathologist to read the specimen and make a diagnosis immediately. If the biopsy is positive for cancer, the patient can have the lung nodule removed immediately while the patient is on the table. Patients currently need to travel predominately to Stanford and UCSF for these procedures utilizing the ION Robot. The cost of the robot would equate to \$670,000.00, including shipping and tax. The Healthcare Foundation was able to raise funds needed to purchase the ION Robot with proceeds of this year's Top Hat event.

It is requested that the Board of Directors authorize the Chief Executive Officer to proceed with the purchase of the Intuitive ION Robot, not to exceed \$670,000.00, that includes shipping and tax. The total amount was not included in the Fiscal Year 2026 Fixed Asset Capital Budget. The proceeds from this year's Top Hat Event will be used towards this purchase.



WASHINGTON HEALTH
INDEX TO BOARD FINANCIAL STATEMENTS
September 2025

<u>Schedule Reference</u>	<u>Schedule Name</u>
Board - 1	Statement of Revenues and Expenses
Board - 2	Balance Sheet
Board - 3	Operating Indicators

MEMORANDUM

Date: October 31, 2025

To: Board of Directors

From: Kimberly Hartz, Chief Executive Officer

Subject: Washington Health (Hospital) – September 2025
Operating & Financial Activity

SUMMARY OF OPERATIONS

1. Utilization – Schedule Board 3

	September <u>Actual</u>	September <u>Budget</u>	Current 12 <u>Month Avg.</u>
<u>ACUTE INPATIENT:</u>			
IP Average Daily Census	171.5	174.6	175.6
Combined Average Daily Census	177.5	183.7	184.2
No. of Discharges	1075	1,004	1,047
Patient Days	5,145	5,239	5,338
Discharge ALOS	5.00	5.22	5.14
<u>OUTPATIENT:</u>			
OP Visits	9,264	8,332	9,107
ER Visits	5,383	4,937	5,299
Observation Equivalent Days – OP	181	272	262

Comparison of September's actual Acute Inpatient statistics versus the budget showed a lower level of Average Daily Census which translates into lower Patient Days. Discharges were higher than budget, and the Average Length of Stay (ALOS), based on discharged days, out-performed the Budget. Outpatient visits were favorable to budget, and Emergency Room visits were favorable to budget for the month. Outpatients Observation Equivalent days were favorable to budget.

2. Staffing – Schedule Board 3

Total paid FTEs were below budget. Total productive FTEs for September came in at 1,486.9, below the budgeted level of 1,495.5. Non-Productive FTEs were below budget by 31.5. Total FTEs per Adjusted Occupied Bed were 5.96, or 0.18 better than the budgeted level of 6.14.

3. **Income - Schedule Board 1** (Preliminary to audit)

Total Gross Patient Revenue of \$230,304,000 for September was \$13,973,000 above the budget, or 6.5%.

Deductions from Revenue totaled \$177,188,000 which equates to a 76.9% blended contractual rate. This was unfavorable to the budgeted rate of 76.0%.

Total Net Operating Revenue of \$54,284,000 was \$1,076,000 or 2.0% above the Budget.

Total Operating Expenses for the month were \$56,088,000, which was higher than the budget by (\$721,000), or (1.3%).

For the month of September, the Hospital realized a Net Operating Loss of (\$1,804,000) from Operations, a (3.32%) Margin.

The Total Non-Operating Income of \$809,000 for the month includes an unrealized loss on investments of (\$37,000) and was unfavorable to the budget by (\$372,000).

The Net loss for September was (\$995,000), which equates to a (1.8%) Margin, and was (\$17,000) below the Budgeted Net Income of (\$978,000).

The Total Net Loss for September using FASB accounting principles, in which the unrealized gain on investments, net interest expense on GO bonds and property tax revenues are removed from the non-operating income and expense, was (\$1,776,000) (a (3.27%) Margin) compared to Budgeted Income of (\$1,942,000) for a favorable variance of \$166,000.

4. **Balance Sheet – Schedule Board 2** (Preliminary to audit)

There were no noteworthy changes in assets and liabilities when compared to August 2025.

KIMBERLY HARTZ
Chief Executive Officer



WASHINGTON HEALTH
STATEMENT OF REVENUES AND EXPENSES
September 2025
GASB FORMAT
(In thousands)

September					
PRIOR YEAR	ACTUAL	BUDGET	FAV (UNFAV)	VAR	% VAR.
\$ 114,938	\$ 139,303	\$ 134,197	\$ 5,106		3.8%
89,334	91,001	82,134	8,867		10.8%
204,272	230,304	216,331	13,973		6.5%
(152,341)	(173,363)	(159,757)	(13,606)		-8.5%
(3,637)	(3,825)	(4,653)	828		17.8%
(155,978)	(177,188)	(164,410)	(12,778)		-7.8%
76.36%	76.94%	76.00%			
48,294	53,116	51,921	1,195		2.3%
1,092	1,168	1,287	(119)		-9.2%
49,386	54,284	53,208	1,076		2.0%
23,305	25,447	25,205	(242)		-1.0%
7,224	9,274	9,074	(200)		-2.2%
6,010	7,665	6,883	(782)		-11.4%
7,504	7,891	8,258	367		4.4%
1,921	2,190	2,395	205		8.6%
3,408	3,621	3,552	(69)		-1.9%
49,372	56,088	55,367	(721)		-1.3%
14	(1,804)	(2,159)	355		16.4%
0.03%	-3.32%	-4.06%			
703	583	472	111		23.5%
9	36	-	36		0.0%
(1,641)	(1,890)	(1,638)	(252)		-15.4%
84	99	105	(6)		-5.7%
2,194	2,032	2,032	-		0.0%
97	(14)	210	(224)		0.0%
664	(37)	-	(37)		0.0%
2,110	809	1,181	(372)		-31.5%
\$ 2,124	\$ (995)	\$ (978)	\$ (17)		-1.7%
4.30%	-1.83%	-1.84%			
\$ 347	\$ (1,776)	\$ (1,942)	\$ 166		8.5%
0.70%	-3.27%	-3.65%			

FISCAL YEAR TO DATE					
PRIOR YEAR	ACTUAL	BUDGET	FAV (UNFAV)	VAR	% VAR.
\$ 368,922	\$ 413,036	\$ 421,226	\$ (8,190)		-1.9%
276,487	272,045	257,334	14,711		5.7%
645,409	685,081	678,560	6,521		1.0%
(485,206)	(509,123)	(504,432)	(4,691)		-0.9%
(10,539)	(14,960)	(13,958)	(1,002)		-7.2%
(495,745)	(524,083)	(518,390)	(5,693)		-1.1%
76.81%	76.50%	76.40%			
149,664	160,998	160,170	828		0.5%
3,303	3,669	3,829	(160)		-4.2%
152,967	164,667	163,999	668		0.4%
72,091	78,212	78,167	(45)		-0.1%
23,306	27,403	27,505	102		0.4%
20,464	22,260	21,426	(834)		-3.9%
21,382	23,230	24,003	773		3.2%
5,396	6,511	7,107	596		8.4%
10,241	10,768	10,639	(129)		-1.2%
152,880	168,384	168,847	463		0.3%
87	(3,717)	(4,848)	1,131		23.3%
0.06%	-2.26%	-2.96%			
1,872	1,918	1,416	502		35.5%
68	51	-	51		0.0%
(4,760)	(5,274)	(4,915)	(359)		-7.3%
298	278	244	34		13.9%
5,761	6,258	6,258	-		0.0%
380	244	628	(384)		-61.1%
3,478	512	-	512		0.0%
7,097	3,987	3,631	356		9.8%
\$ 7,184	\$ 270	\$ (1,217)	\$ 1,487		122.2%
4.70%	0.16%	-0.74%			
\$ 1,129	\$ (2,985)	\$ (4,269)	\$ 1,284		30.1%
0.74%	-1.81%	-2.60%			

**NET INCOME (FASB FORMAT) EXCLUDES PROPERTY TAX INCOME, NET INTEREST EXPENSE ON GO BONDS AND UNREALIZED GAIN(LOSS) ON INVESTMENTS



**WASHINGTON HEALTH
BALANCE SHEET
September 2025
(In thousands)**

SCHEDULE BOARD 2

ASSETS AND DEFERRED OUTFLOWS		September 2025	Unaudited June 2025	LIABILITIES, NET POSITION AND DEFERRED INFLOWS		September 2025	Unaudited June 2025
CURRENT ASSETS				CURRENT LIABILITIES			
1	CASH & CASH EQUIVALENTS	\$ 14,302	\$ 30,849	1	CURRENT MATURITIES OF L/T OBLIG	\$ 10,365	\$ 9,880
2	ACCOUNTS REC NET OF ALLOWANCES	68,830	81,212	2	ACCOUNTS PAYABLE	19,435	39,261
3	OTHER CURRENT ASSETS	33,948	31,385	3	OTHER ACCRUED LIABILITIES	62,805	86,340
4	TOTAL CURRENT ASSETS	117,080	143,446	4	INTEREST	5,503	13,801
				5	TOTAL CURRENT LIABILITIES	98,108	149,282
ASSETS LIMITED AS TO USE				LONG-TERM DEBT OBLIGATIONS			
5	BOARD DESIGNATED FOR CAPITAL AND OTHER	169,097	181,650	6	REVENUE BONDS AND OTHER	206,166	215,181
6	GENERAL OBLIGATION BOND FUNDS	118,394	129,459	7	GENERAL OBLIGATION BONDS	464,428	466,177
7	REVENUE BOND FUNDS	50,325	50,903				
8	BOND DEBT SERVICE FUNDS	19,425	41,368				
9	OTHER ASSETS LIMITED AS TO USE	11,196	11,079				
10	TOTAL ASSETS LIMITED AS TO USE	368,437	414,459	OTHER LIABILITIES			
11	OTHER ASSETS	390,501	383,105	8	SUPPLEMENTAL MEDICAL RETIREMENT	47,282	46,109
				9	WORKERS' COMP AND OTHER	10,639	10,540
				10	NET PENSION	53,620	50,459
				11	ROU ASSET LONG-TERM	8,841	9,712
12	OTHER INVESTMENTS	20,549	26,133				
13	NET PROPERTY, PLANT & EQUIPMENT	578,989	565,182	12	NET POSITION	572,387	571,767
14	TOTAL ASSETS	<u>\$ 1,475,556</u>	<u>\$ 1,532,325</u>	13	TOTAL LIABILITIES AND NET POSITION	<u>\$ 1,461,471</u>	<u>\$ 1,519,227</u>
15	DEFERRED OUTFLOWS	15,839	18,475	14	DEFERRED INFLOWS	29,924	31,573
16	TOTAL ASSETS AND DEFERRED OUTFLOWS	<u>\$ 1,491,395</u>	<u>\$ 1,550,800</u>	15	TOTAL LIABILITIES, NET POSITION AND DEFERRED INFLOWS	<u>\$ 1,491,395</u>	<u>\$ 1,550,800</u>



WASHINGTON HEALTH
OPERATING INDICATORS
September 2025

SCHEDULE BOARD 3

12 MONTH AVERAGE	September			
	ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
175.6	171.5	174.6	(3.1)	-2%
8.6	6.0	9.1	(3.1)	-34%
184.2	177.5	183.7	(6.2)	-3%
8.6	7.6	7.9	(0.3)	-4%
192.8	185.1	191.6	(6.5)	-3%
3.7	5.9	3.6	2.3	64%
5,338	5,145	5,239	(94)	-2%
262	181	272	91	33%
1,047	1,075	1,004	71	7%
5.14	5.00	5.22	0.2	4%
3.13	3.14	3.10	(0.0)	-1%
1.641	1.592	1.684	(0.092)	-5%
35	46	35	11	31%
125	145	113	32	28%
57	52	50	2	4%
25	23	26	(3)	-12%
200	215	188	27	14%
37	30	24	6	25%
27	28	30	(2)	-7%
31	25	33	(8)	-24%
537	564	499	65	13%
198	182	182	-	0%
141	133	126	7	6%
9,103	9,264	8,332	932	11%
5,299	5,383	4,937	446	9%
1,483.5	1,486.9	1,495.5	8.6	1%
205.1	202.0	233.5	31.5	13%
1,688.6	1,688.9	1,729.0	40.1	2%
5.09	5.24	5.31	0.07	1%
5.80	5.96	6.14	0.18	3%

PATIENTS IN HOSPITAL

1	ADULT & SCN AVERAGE DAILY CENSUS
2	OUTPT OBSERVATION AVERAGE DAILY CENSUS
3	COMBINED AVERAGE DAILY CENSUS
4	NURSERY AVERAGE DAILY CENSUS
5	TOTAL
6	SPECIAL CARE NURSERY AVERAGE DAILY CENSUS
7	ADULT & SCN PATIENT DAYS
8	OBSERVATION EQUIVALENT DAYS - OP
9	DISCHARGES-ADULTS & SCN
10	AVERAGE LENGTH OF STAY-ADULTS & SCN
11	AVERAGE LENGTH OF STAY-ADULTS & SCN / CASE MIX INDEX

OTHER KEY UTILIZATION STATISTICS

12	OVERALL CASE MIX INDEX (CMI)
SURGICAL CASES	
13	CARDIAC
14	GASTROENTEROLOGY
15	GENERAL
16	NEUROSURGERY
17	ORTHOPEDICS
18	UROLOGY
19	VASCULAR
20	OTHER
21	TOTAL CASES
22	CATH LAB CASES
23	DELIVERIES
24	OUTPATIENT VISITS
25	EMERGENCY VISITS

LABOR INDICATORS

26	PRODUCTIVE FTE'S
27	NON PRODUCTIVE FTE'S
28	TOTAL FTE'S
29	PRODUCTIVE FTE/ADJ. OCCUPIED BED
30	TOTAL FTE/ADJ. OCCUPIED BED

FISCAL YEAR TO DATE			
ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
170.2	178.5	(8.3)	-5%
6.0	9.3	(3.3)	-35%
176.2	187.8	(11.6)	-6%
8.9	8.1	0.8	10%
185.1	195.9	(10.8)	-6%
4.2	3.7	0.5	14%
15,654	16,419	(765)	-5%
550	852	302	35%
3,266	3,144	122	4%
4.91	5.22	0.3	6%
3.04	3.18	0.1	4%
1.617	1.642	(0.025)	-2%
140	108	32	30%
379	354	25	7%
170	155	15	10%
67	79	(12)	-15%
588	594	(6)	-1%
93	75	18	24%
87	97	(10)	-10%
89	96	(7)	-7%
1,613	1,558	55	4%
627	561	66	12%
434	395	39	10%
28,195	26,042	2,153	8%
15,837	15,464	373	2%
1,484.3	1,522.9	38.6	3%
210.8	228.4	17.6	8%
1,695.1	1,751.3	56.2	3%
5.26	5.30	0.04	1%
6.00	6.09	0.09	1%

MEMORANDUM

TO: Washington Health District Board

FROM: Kimberly Hartz
Chief Executive Officer

DATE: November 7, 2025

RE: Approval of Revised Resolution 331A

Purpose

The purpose of this memo is to advise the District Board of the need to approve the revised Resolution 331A, which governs employer-employee relations for all recognized unions within Washington Health (the “Hospital”). District Board approval is necessary to formally adopt the updated resolution and ensure continued compliance with state law.

Background

Resolution 331A establishes the framework for communication, negotiation, and dispute resolution between the Hospital and its employee organizations. During the 2023 contract negotiations with the Service Employees International Union (SEIU), SEIU filed an Unfair Labor Practice (ULP) charge against the Hospital with the Public Employment Relations Board (PERB). In response to this charge, and to ensure continued compliance with the Meyers-Miliias-Brown Act (MMBA), the Hospital has updated Resolution 331A to reflect current legal requirements. As part of this process, the Hospital and SEIU have reached an agreement that SEIU will withdraw the ULP charge upon the Board’s adoption of the revised resolution. The updates to the resolution are intended to clarify the rights and responsibilities of both management and employee organizations and to reflect current best practices in labor relations.

Changes

The revised Resolution 331A includes updates to ensure legal compliance and transparency in several key areas, such as the Hospital’s authority over job descriptions, procedures for emergencies, union access to meetings and bulletin boards, dues check-off processes, information sharing, and employee rights regarding strikes. These changes are designed to provide clear guidance and fair processes for both the Hospital and its employee organizations. All employee organizations have

been provided with advanced notice of this Board meeting and a copy of the Revised Resolution showing the redline changes.

Action Required

The District Board's approval is required to formally adopt the revised Resolution 331A, and a District Board vote is necessary before the updated resolution can take effect. Adoption of the revised Resolution 331A is necessary to bring the Hospital's policies and procedures into compliance with current law and to move forward with the updated framework for employer-employee relations. Once the District Board grants approval, the Hospital will be able to proceed with notifying all union representatives of the changes and begin implementing the new provisions as outlined in the resolution.

Revised Resolution 331A

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REVISED RESOLUTION NO. 331A

Establishing Rules & Regulations for the Administration of Washington Township Health Care District Employer-Employee Relations

WHEREAS, Chapter 10, Division 4 Title 1 of the Government Code of the State of California was adopted for the purpose of promoting improved employer-employee relations between public employers and their employees by establishing uniform and orderly methods of communication between employees and the public agencies by which they are employed; and

WHEREAS, Government Code Section 3507 empowers a public agency to adopt reasonable rules and regulations after consultation in good faith with representatives of its employee organizations for the administration of employer-employee relations; and

WHEREAS, the Board of Directors of the Washington Township Health Care District adopted the previous version of Resolution 331A on August 11, 1982; and

WHEREAS, the Board of Directors has been advised that Resolution 331A needs to be revised in order to remain compliant with changes in state laws and regulations;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Washington Township Health Care District as follows:

Section 1. Title of Resolution

This Resolution shall be known as the Employer-Employee Relations Resolution of the Washington Township Health Care District.

Section 2. Statement of Purpose

The purpose of this Resolution is to implement Chapter 10, Division 4, Title 1 of the Government Code of the State of California (Sections 3500 et seq.) captioned, "Local Public Employee Organizations", by providing orderly procedures for the administration of employer-employee relations between the District and its employees and employee organizations and for resolving disputes regarding wages, hours, and other terms and conditions of employment.

Section 3. Definitions

As used in this Resolution, the following terms shall have the meanings indicated.

a. **"Administrator"** means Health Care Administrator of District, and in Administrator's absence the duly authorized representative.

b. **"Appropriate Unit"** means a unit established pursuant to Section 10 of this Resolution.

c. **"Board"** means the Board of Directors of Washington Township Health Care District.

d. **"Consult or Consultation in Good Faith"** means to communicate orally or in writing for the purpose of presenting and obtaining views.

e. **"Days"** means calendar days unless otherwise stated.

f. **"District"** means the Washington Township Health Care District, formed and operating pursuant to Division 23 of the Health and Safety Code of the State of California.

g. **"Districts Representatives"** means the District's representatives in all matters of employer-employee relations designated pursuant to Section 11 hereof.

h. **"Employee"** means any person regularly employed by the District and whose salary is fixed by the Board of Directors in the Salary Resolution, and who is eligible to receive fringe benefits in accordance with District policies.

i. **"Employee, Confidential"** means any employee who is privy, in advance, to decisions of District management affecting employer-employee relations.

j. **"Employee, Management"** means any employee having significant responsibilities for formulating and administering District policies and programs, including but not limited to the Administrator, Executive, Administrative and Staff employees listed in the Salary Resolution.

k. **"Employee, Professional"** means employees engaged in work requiring specialized knowledge and skills attained through completion of a recognized course of instruction, including, but not limited to, registered nurses, dietitians, pharmacists, registered medical record librarians or technicians, inhalation therapists, and various types of physical, chemical and biological scientists.

l. **"Employee Organization"** means any organization which includes employees of the District and which has as one of its primary purposes representing such employees in their employment relations with the District.

m. **"Employer-Employee Relations"** means the relationship between the District and its employees and their employee organization, or when used in a general sense, the relationship between District management and employees or employee organizations.

n. **"Impasse"** means (1) the failure of representatives of the District and a majority representative to reach an agreement over (a) wages, hours, and other terms and conditions of employment, or (b) whether or not a subject comes within the scope of representation; or (2) any unresolved complaint by an affected employee organization concerning a decision of District representatives made pursuant to Sections 9, 10 or 11 of this Resolution.

o. **"Majority Representative"** means an employee organization, or its duly authorized representatives, that has been granted formal recognition by the District as representing the majority of employees in an appropriate unit.

p. **"Mediation or Conciliation"** means the efforts of an impartial third person, or persons, functioning as intermediaries, to assist the parties in reaching a voluntary resolution to an impasse, through interpretation, suggestion and advice. Mediation and conciliation are interchangeable terms.

q. **"Meet and Confer in Good Faith"** (sometimes referred to herein as meet and confer or meeting and conferring) means performance by duly authorized District representatives and duly authorized representatives of an employee organization recognized as the majority representative of their mutual obligation to meet promptly upon request by either party and at reasonable times and to confer in good faith regarding matters within the scope of representation, including wages, hours and other terms and conditions of employment, in an effort to:

(1) reach agreement on those matters within the authority of such representatives prior to the adoption by the District of its final budget for the ensuing year, and

(2) reach agreement on what will be recommended to the Board of Directors on those matters within the decision-making authority of the Board. This does not require either party to agree to a proposal or to make a concession.

r. **"Recognized Employee Organization"** means an employee organization which has been acknowledged by the District as an employee organization that represents employees of the District. The rights accompanying recognition are either:

(1) Formal Recognition, which is the right to meet and confer in good faith as the majority representative in an appropriate unit; or

(2) Informal Recognition, which is the right to consultation in good faith by all recognized employee organizations.

s. **"Resolution"** means, unless the context indicates otherwise, the Employer-Employee Relations Resolution of the Washington Township Health Care District.

t. **"Scope of Representation"** means all matters relating to employment conditions and employer-employee relations, including but not limited to, wages, hours and other terms and conditions of employment.

Section 4. Employee Rights

Employees of the District shall have the right to form, join and participate in the activities of the employee organizations of their own choosing for the purpose of representation on all matters of employer-employee relations, including but not limited to, wages, hours and other terms and conditions of employment. Employees of the District also shall have the right to refuse to join or participate in the activities of the employee organizations and shall have the right to represent themselves individually in their employment relations with the District. No employee

shall be interfered with, intimidated, restrained, coerced or discriminated against by the District or by any employee organization because of his exercise of these rights.

Section 5. District's Rights

The rights of the District include, but are not limited to, the exclusive right to determine the nature and extent of services to be performed, as well as the right to determine and implement its public function and responsibility; determine the mission of its constituent departments; manage and control all property, facilities and operations of the District, including the methods, means and personnel by which the District's operations are to be conducted; set standards of service; determine the size and composition of the working force; determine the procedures and standards of selection for employment and promotion; direct its employees; take disciplinary action; relieve its employees from duty because of lack of work, funds or for other legitimate reasons; maintain the efficiency of governmental operations; ensure that the content of job descriptions and classifications adheres to applicable state and governing requirements; take all necessary actions to carry out its mission in emergencies; exercise complete control and discretion over its organization and technology of performing its work; and take such other and further action as may be necessary to organize and operate the District in the most efficient and economical manner and in the best interest of the public it serves.

Section 6. Meet and Confer in Good Faith; Scope

a. The District, through its representatives, shall meet and confer in good faith with representatives of formally recognized employee organizations with majority representation rights regarding matters within the scope of representation, including wages, hours and other terms and conditions of employment within the appropriate unit.

b. The District shall not be required to meet and confer in good faith on any subject preempted by Federal or State law, nor shall it be required to meet and confer in good faith on employee or District rights as herein defined in Sections 4 and 5. Proposed amendments to this Resolution are excluded from the scope of meeting and conferring, but shall be subject to consultation in good faith.

Section 7. Consultation in Good Faith; Scope

All matters affecting employer-employee relations, including those that are not subject to meeting and conferring, are subject to consultation. The District, through its representatives, shall consult in good faith with representatives of all recognized employee organizations on employer-employee relations matters which affect them.

Section 8. Advance Notice

Written notice, of at least 20 days, shall be given to each formally recognized employee organization affected by any ordinance, rule, resolution, or regulation directly relating to matters within the scope of representation proposed to be adopted by the District and each such organization shall be given the opportunity to meet with the District prior to adoption.

In cases of emergency when the District determines that an ordinance, rule, resolution or regulation must be adopted immediately without prior meeting with a formally recognized employee organization, the District shall provide such notice and opportunity to meet at the earliest practicable time following the adoption of such ordinance, rule, resolution or regulation. The District agrees to comply with existing law in making its determination of whether an emergency requires adoption of an ordinance, rule, resolution, or regulation prior to meeting with an affected employee organization.

Section 9. Petition for Recognition

There are two levels of employee organization recognition, formal and informal. The recognition requirements of each are set forth below.

A. Formal Recognition - The Right to Meet and Confer in Good Faith as Majority Representative:

(1) An employee organization that seeks formal recognition for purposes of meeting and conferring in good faith as the majority representative of District employees in an appropriate unit shall file a petition with the Administrator containing the following information and documentation:

- (a) Name and address of the employee organization.
- (b) Names and titles of its officers.
- (c) Names of employee organization representatives who are authorized to speak on behalf of its members.
- (d) A statement that the employee organization has, as one of its primary purposes, the function of representing employees in their employment relations with the District.
- (e) A statement whether the employee organization is a chapter or local of, or affiliated in any manner with, a regional, state, national or international organization, and if so, the name and address of each such regional, state, national or international organization.
- (f) Certified copies of the employee organization's constitution and by-laws.
- (g) A designation of those persons, not exceeding two in number, and their addresses, to whom notice sent by regular United States mail will be deemed sufficient notice to the employee organization for any purpose.
- (h) A statement that the employee organization has no restriction on membership based on race, color, creed, sex, age or national origin.
- (i) A statement that the employee organization will comply with this Resolution and that violation hereof is grounds for loss of organization rights or recognition.

(j) The job classifications or titles of employees in the unit claimed to be appropriate and the approximate number of member employees therein.

(k) A statement that the employee organization has in its possession currently valid written proof, dated within twelve months of the date upon which the petition is filed, or a payroll dues deduction authorization to establish that District employees in the unit claimed to be appropriate have designated the employee organization to represent them in their employment relations with the District. The employee organization may provide such written proof directly to the District, or to a mutually agreed upon neutral third party.

(l) A request that the District recognize the employee organization as the majority representative of the member employees in the unit claimed to be appropriate for the purpose of meeting and conferring in good faith on all matters within the scope of representation.

(m) The petition, including all accompanying documents, shall be verified, under oath, by the President and Secretary of the organization that the statements are true. All changes in such information shall be filed forthwith in like manner.

(2) The petition shall be accompanied by written proof that at least 30% of the employees in the unit claimed to be appropriate have designated the employee organization to represent them in their employment relations with the District; provided, however, the employee organization may request that such written proof be submitted to a mutually agreed upon disinterested third party. Upon receipt of the Petition for Recognition, the District shall determine whether:

(i) There has been compliance with the requirements of the Petition for Recognition; and

(ii) The proposed unit is an appropriate unit.

If the affirmative determination is made by the District on the foregoing two matters, the Administrator shall give notice of such request for formal recognition to appropriate District employees in the unit and shall take no action on said request for 20 days thereafter; if either of the foregoing matters are not affirmatively determined, the Administrator shall inform the employee organization of the reasons therefore in writing.

(3) Within 20 days of the date notice to employees is given, any other employee organization (hereinafter referred to as the "challenging organization" may seek formal recognition in an overlapping unit by filing a Petition for Recognition; provided, however, such challenging organization must submit written proof that it represents at least 30% of the employees in such unit. The Administrator shall hold a hearing on such overlapping petitions, at which time all affected employee organizations shall be heard. Thereafter, the Administrator shall determine the appropriate unit or units as between such proposed overlapping units in accordance with the criteria set forth in Section 10 hereof.

(4) The District shall grant exclusive or majority recognition to an employee organization based on a signed petition, authorization cards, or union membership cards showing that a majority of the employees in an appropriate bargaining unit desire representation, unless

another labor organization has previously been lawfully recognized as the exclusive or majority representative of all or part of the same unit. An employee organization is permitted to provide proof directly to the District, or to request a neutral third party be selected to determine whether an employee organization has obtained exclusive or majority representation. The neutral third party shall be agreed to by the District and the employee organization, and if they cannot agree, the California State Mediation and Conciliation Service shall be the neutral third party. In the event that the neutral third party determines that another employee organization has the support of at least 30% of the employees in the unit in which recognition is sought, the neutral party shall order that an election is to occur to establish which employee organization, if any, has majority status. Such election may proceed via secret ballot election.

(5) When an employee organization in the unit found to be appropriate submits written proof that it represents at least 30% of the employees in such unit, and it does not qualify for or has not been granted recognition pursuant to subsection (4) herein above, the District shall arrange for a secret ballot election to be conducted by the California State Conciliation Service or some agreed upon neutral third party. All challenging organizations who have submitted written proof that they represent at least 10% of the employees in the unit found to be appropriate, and have submitted a Petition for Recognition, as required by Section 9 of the Resolution, shall be included on the ballot. Employees entitled to vote in such election shall be those persons regularly employed in permanent positions within the unit who were employed during the last full pay period immediately preceding 15 days before the election, including those who did not work during such period because of illness, vacation or authorized leaves of absence and who are employed by the District in the same unit on the date of the election. The District representatives shall, upon written request of any employee organization to be involved in such election, consult with said employee organization with respect to the procedures for conducting such election and shall allow any such employee organization to maintain an observer at the balloting site or sites upon specific request of said employee organization. An employee organization shall be granted formal recognition following an election or run-off election if:

- (i) That employee organization has received the majority of votes cast in the election made up solely of eligible voters (i.e., 50% plus 1 of the votes of the total eligible votes cast).
- (ii) In an election involving three or more choices, where none of the choices receives a majority of the valid votes cast, a run-off election shall be conducted between the two choices receiving the largest number of valid votes cast. The rules governing an initial election shall also apply to a run-off election.

(6) There shall be no more than one valid election in a 12-month period within the same unit.

B. Decertification of Established Unit.

(1) A Petition for Decertification alleging that an employee organization granted formal recognition is no longer the majority representative of the employees in an appropriate unit maybe filed with the District only during the months of October through

December of each year following the first full year of formal recognition (e.g., for an employee organization granted formal recognition between December 1, 1971 and September 30, 1972, a Petition for Decertification may not be filed until October 1, 1973). The Petition for Decertification may be filed by an employee, a group of employees or their representative, or an employee organization. The petition, including all accompanying documents, shall be verified under oath, by the person signing it, that its contents are true. It may be accompanied by a Petition for Recognition by a challenging organization. The Petition for Decertification shall contain the following information:

- (i) The name, address and telephone number of the petitioner and a designated representative authorized to receive notices or requests for further information.
- (ii) The name of the formally recognized employee organization.
- (iii) An allegation that the formally recognized employee organization no longer represents a majority of the employees in the appropriate unit, and any other relevant and material facts.
- (iv) Written proof that at least 30% of the employees in the unit do not desire to be represented by the formally recognized employee organization. Such written proof shall be dated within six months of the date upon which the petition is filed and shall be submitted for confirmation to the District or to a mutually agreed upon disinterested third party.

(2) The District shall arrange for a secret ballot election to determine if the formally recognized employee organization shall retain its recognition rights. The formally recognized employee organization shall be decertified if a numerical majority of all the employees eligible to vote in the unit in question vote for decertification.

(3) There shall be no more than one valid decertification election in the same unit in any 12-month period.

C. Duration of Formal Recognition. When an employee organization has been formally recognized, as provided herein, such recognition shall remain in effect for one year from the date thereof and thereafter until such time as the District shall determine, on the basis of a secret ballot election conducted in accordance with the foregoing rules, that the formally recognized employee organization no longer represents a majority of the employees in the appropriate unit. While formal recognition is in effect, the District will provide to formally recognized organizations the names and working units of all employees hired and the names of all employees terminated in the units that the organization represents. Such lists will be supplied to the appropriate organization by the 15th of the month following the hire or termination.

D. Cost of Election Proceedings. The cost of any election proceeding shall be borne evenly by the employee organization or organizations whose name(s) appear on the ballot and the District.

E. Impasses in Representation Proceedings. Any unresolved complaint by an affected employee organization, advanced in good faith, concerning a decision of the District made pursuant to subsections A, B, C or D herein-above shall be processed in accordance with the procedures set forth in Section 13 hereof. Provided, however, the written request for an impasse meeting, as described in Section 13 hereof, must be filed with the Administrator within seven calendar days after the affected employee organization first received notice of the decision upon which its complaint is based, or its complaint will be considered closed and not subject to the impasse procedures or to any other appeal.

F. Informal Recognition - The Right to Consult in Good Faith. An employee organization that seeks recognition for purposes of consultation in good faith shall file a petition with the Administrator containing the following information and documentation:

(1) All of the information enumerated in A.(I) (a) to (j) inclusive, and as required by A.(1) (m) of this section.

(2) A statement that the employee organization has in its possession written proof, dated within six months of the date upon which the petition is filed, to establish that employees have designated the employee organization to represent them in their employment relations with the District. Such written proof shall be submitted for confirmation to the Administrator or to a mutually agreed upon disinterested third party.

(3) A request that the District recognize the employee organization for the purpose of consultation in good faith.

G. Granting of Recognition. The District shall grant recognition, in writing, to all employee organizations who have complied with either subsections 9A or 9F for purposes of consultation in good faith for the organization's members. Employee organizations seeking formal recognition as majority representative must, in addition, establish to the satisfaction of the District that it represents a majority of the employees in the manner prescribed in subsection 9A. No employee may be represented by more than one recognized employee organization for the purpose of meeting and conferring with the District representatives.

Section 10. Appropriate Unit

a. The District, after reviewing the petition filed by an employee organization seeking formal recognition as majority representative, shall determine whether the proposed unit is an appropriate unit. The principal criterion in making this determination is whether there is a community of interest among such employees. The following factors, among others, shall be considered in making such determination:

(1) Which unit will assure employees the fullest freedom in the exercise of rights set forth in this Resolution.

(2) The history of employee relations: (i) in the unit; (ii) among other employees of the District; and (iii) in similar public employment.

(3) The effect of the unit on the efficient operation of the district and sound employer-employee relations.

(4) The extent to which employees have common skills, working conditions, job duties or similar educational requirements.

(5) The effect on the existing classification structure of dividing a single classification among two or more units.

Provided, however, that no unit shall be established solely on the basis of the extent to which employees in the proposed unit have organized.

b. In the establishment of appropriate units:

(1) professional employees shall not be denied the right to be represented separately from nonprofessional employees; and

(2) management and confidential employees who are included in the same unit with nonmanagement or nonconfidential employees may not represent such employees on matters within the scope of representation.

Section 11. Designation of District Representatives

The Board shall designate, by resolution, a person or persons who shall be the District's principal representatives in all matters of employer-employee relations, with authority to meet and confer in good faith on matters within the scope of representation, including wages, hours, and other terms and conditions of employment. Names of such District Representatives shall be sent to the appropriate employee organizations.

Section 12. Reasonable Time Off to Meet and Confer

The formally recognized employee organization may select not more than two employee members of such organization to attend scheduled meetings with the District representatives on subjects within the scope of representation during the selected employees' regular work hours without loss of compensation. The District representatives may approve the attendance at such meeting of additional employee representatives with or without loss of compensation. The District will not unreasonably deny a request for more than two members to attend scheduled meetings with the District representatives. The employee organization shall, whenever practicable, submit the names of all such employee representatives to the District representatives at least two working days in advance of such meetings. Provided, further:

(1) That no employee representative shall leave his or her duty or work station or assignment without specific approval of the department head or other authorized District management official.

(2) That such meeting is subject to scheduling by District management and the employee organization in a manner consistent with operating requirements and work schedules. The District shall not unreasonably delay the time to conduct any such meeting.

Nothing provided herein, however, shall limit or restrict District management and employee organizations from scheduling such meetings before or after regular duty or work hours under appropriate circumstances.

Section 13. Resolution of Impasses

Impasse procedures may be invoked only after the possibility of settlement by direct discussion has been exhausted.

The impasse procedures are as follows:

- a. Mediation (or Conciliation) as defined in subsection 3q. All mediation proceedings shall be conducted confidentially. The mediator shall make no public recommendations nor take any public position concerning the issues.
- b. Determination by the Board of Directors after a hearing on the merits of the dispute.
- c. Any other dispute resolving procedures to which the parties mutually agree or which the District may order.

Any party may initiate the impasse procedure by filing with the other party (or parties) affected a written request for an impasse meeting together with a statement of its position on all disputed issues. An impasse meeting may then be scheduled by the District's representatives within a reasonable time after the date of filing of the written request for such meeting, with written notice to all parties affected. The purpose of such impasse meeting is twofold: (1) to permit a review of the position of all parties in a final effort to reach agreement on the disputed issues and (2) if agreement is not concluded, to mutually select the specific impasse procedure to which the dispute may be submitted: In the event the parties select mediation, a mediator shall be selected who is mutually agreeable to the parties, provided that if the parties cannot agree upon the choice of mediator, a list of seven impartial mediators shall be obtained from the California State Conciliation Service, and each party shall alternatively strike one name from the list until only one name remains. In the absence of agreement between the parties on the impasse procedure to follow, the matter may be referred to the Board of Directors.

The fees and expenses, if any, of mediators or of any other impasse procedure, shall be payable one-half by the District and one-half by the employee organization or employee organizations.

Section 14. Memorandum of Understanding

When the meeting and conferring process is concluded between the District representatives and a formally recognized employee organization representing a majority of the employees in an appropriate unit, all agreed upon matters shall be incorporated in a written memorandum of understanding, which shall be advisory to the Board of Directors, signed by the duly authorized District and the majority representatives.

The memorandum of understanding shall be submitted to the Board of determination.

Section 15. Dues Check-off

Only a formally recognized employee organization (i.e., the majority representatives of employees in an appropriate unit) may be granted permission by the District to have the regular dues or other authorized employee organization charges of its members deducted from their paychecks, in accordance with procedures prescribed by the District.

Dues deduction shall be for a specified amount and shall be made only upon the voluntary written authorization of the member. Dues deduction authorization may be canceled and the dues check-off payroll discontinued at any time by the member upon voluntary written notice to the employee organization. Dues deduction authorization or cancellation shall be made upon cards provided by the employee organization. Dues deduction may be continued only upon voluntary written authorization of the member.

Should any employee choose not to join the majority representative union and therefore not render periodic dues and charges, the employee may elect to render an agency fee as delineated in sections 1157.7, 3502.5 and 3508.5 of the Government Code of the State of California, based on the employee's sole discretion. Employees shall not be required to render an agency fee.

The employees earnings must be regularly sufficient after other legal and required deductions are made to cover the amount of the dues check-off authorized. When a member in good standing of the formally recognized employee organization is in a nonpay status for an entire pay period, no dues withholding shall be made to cover that pay period from future earnings nor shall the member deposit the amount with the District which would have been withheld if the member had been in a pay status during that period. In the case of an employee who is in a nonpay status during only a part of the pay period and the salary is not sufficient to cover the full withholding, no deduction shall be made. In this connection, all other legal and required deductions shall have priority over employee organization dues.

Dues or other charges withheld by the District shall be transmitted to the officer or organization designated in writing by the employee organization as the person or organization authorized to receive such funds, at the address specified.

All employee organizations who receive dues check-off shall indemnify, defend, and hold the District and their officers and employees harmless against any claims made and against any suit instituted against the District by an employee arising out of dues check-off deductions made in reliance upon documented notification from the employee organization to the District and absent subsequent documented notification from the employee organization to the District cancelling deductions for said employee. This indemnification shall include all costs of defending against any such claims or suits. In addition, all such employee organizations shall refund to the District any amounts paid to them in error upon presentation of supporting evidence.

Section 16. Access to Work Locations

Reasonable access to employee work locations shall be granted to officers of the recognized employee organizations and their officially designated representatives. The officers or representatives shall not enter any work locations or patient care areas without proper notification to the designated representative of the District. Access shall **be** restricted so as not to unduly

interfere with the normal operations of the department, with patient care, or with established safety or security requirements.

Solicitation of membership and activities concerned with the internal management of an employee organization, such as holding membership meetings, campaigning for office and conducting elections shall not be conducted in patient care areas of the District, in any manner that interferes with patient care, or with an employee that is on work time.

Section 17. Use of Bulletin Boards

Recognized employee organizations may use portions of District bulletin boards under the following conditions and subject to any applicable provisions of an existing Memorandum of Understanding between the employee organization and the District:

(1) Posting of all materials must receive the approval of the appropriate designated representative of the District.

(2) All materials must be dated and must identify the organization that published them.

(3) The actual posting of materials shall be done by the employee organization's representative after they have been approved by the appropriate designated representative of the District. Such approval may be denied as permitted by law, including, for example, if the material is opprobrious, flagrant, insulting, defamatory, insubordinate, fraught with malice, derogatory, or untruthful, so as to be inappropriate for the workplace. The Union has the right to meet and confer with the Employer if a submission is rejected on one of the grounds specified above. Unless special arrangements are made, materials posted will be removed thirty-one days after the publication date;

(4) The District reserves the right to determine where bulletin boards shall be placed and what portion of them are to be allocated to employee organization's materials.

(5) An employee organization that is deemed to have violated these rules three (3) or more times within a calendar year shall forfeit its right to have materials posted on District bulletin boards for a period of six (6) months.

Section 18. Availability of Data

The District shall make available to employee organizations such information pertaining to employment relations as is contained in the public records of the District, subject to the limitations and conditions set forth in this Resolution and Government Code Sections 7921.000 to 7931.000.

Such information shall be made available during regular office hours in accordance with the District's rules and procedures for making public records available and after payment of reasonable costs.

Information which shall be made available to employee organizations includes regularly published data covering subjects under discussion. Data collected on a promise to keep its source confidential may be made available in statistical summaries, but shall not be made available in such form as to disclose the source.

Nothing in this rule shall be construed to require disclosure of records that are:

(1) Personnel, medical and similar files, the disclosure of which would constitute an unwarranted invasion of personal privacy.

(2) Working papers or memoranda which are not retained in the ordinary course of business or any records where the public interest served by not making the record available clearly outweighs the public interest served by disclosure of the record.

(3) Records pertaining to pending litigation to which the District is a party, or to claims or appeals which have not been settled.

(4) Nothing in this rule shall be construed as requiring the District to do research for an inquirer or to do programming or assemble data in a manner other than usually done by the agency.

If the District fails to disclose information pertaining to employment relations on the basis that such information is confidential, the District is obligated to meet and confer with the requesting employee organization regarding the nature of the requested information and possible solutions.

Section 19. Peaceful Performance of Service

a. It is the policy of the District to promote employer-employee relations, maintain full communication between the District and its employees and recognize the right of employees to join organizations of their own choice and be represented by recognized employee organizations, as provided herein.

b. It is also the policy of the District that all services, operation of facilities and functions of the District shall be performed in a peaceful, orderly, expeditious and lawful manner.

c. Nothing contained herein shall be construed to give employees the right to interfere with conduct of the District's operations, or functions, and any employee that does so shall be subject to immediate disciplinary action, up to and including discharge. Employees have a qualified right to strike. Employees are not entitled to strike where there is a substantial and imminent threat to public health and safety.

d. Any employee organization which engages in, or induces or encourages any District employee to engage in a strike, walkout, stoppage, retarding of work, concerted failure to report for work, or any other interference with the conduct of the District's operations or functions, where there is a substantial and imminent threat to public health and safety, shall be subject to immediately losing all rights herein provided, including recognition.

Section 20. Violation of Rules and Regulations

Any employee organization willfully violating any rule, regulation or provision contained herein shall be subject to losing rights herein granted to recognized employee organizations, including recognition. No employee organization shall be subject to losing rights guaranteed by law.

Section 21. Construction

a. Nothing in this Resolution shall be construed to deny any person or employee the rights granted by Federal and State laws.

b. The rights, powers, duties and authority of the District in all matters, including the right to maintain any legal action, shall not be modified or restricted by this Resolution.

c. The provisions of the Resolution are not intended to conflict with, but rather to carry out, the provisions of Chapter 10, Division 4, Title 1 of the Government Code of the State of California (Sections 3500, et seq.).

Section 22. Amendments

This Resolution shall be subject to amendment by Resolution passed at stated meetings of the Board, or upon previous notice of the intention to so amend said Resolution, at a special meeting called for such purpose and after consultation in good faith as required by Section 3507 of the Government Code of the State of California.

Section 23. Separability

If any provision of this Resolution, or the application of such provision to any person or circumstance, shall be held invalid, the remainder of this Resolution, or the application of such provision to persons or circumstances other than those as to which it is held invalid, shall not be affected thereby.

Section 24. Rescission of Resolutions

Resolution No. 195, adopted on March 4, 1964, Resolution No. 256, adopted on September 4, 1968, and Resolution No. 257, adopted on September 4, 1968, were previously rescinded and (original) Resolution 331A adopted on August 11, 1982 is hereby rescinded.

Section 25. Implementation

Upon adoption of this Resolution by the Board of Directors, it shall be immediately effective in all its terms.

PASSED AND ADOPTED by the Board of Directors of Washington Township Health Care District, this 12th day of November, 2025, by the following vote:

AYES:

NOES:

ABSENT:

Michael J. Wallace
President of the Board of Directors of
Washington Township Health Care District

Jacob Eapen MD
Secretary of the Board of Directors of
Washington Township Health Care District

Revised Resolution 331A

~~This document is a reproduction of Resolution 331A.
While the format has been changed to make reading more practical,
THE VERBAGE REMAINS EXACT.~~

~~Our intent is to make the document easier to read.
We were also able to reduce the length of the document
from 24 pages to just eight.~~

**~~The original document, Resolution 331A,
is maintained by the clerk of the Washington Township Hospital District
For a copy of the original,
please call the District clerk at (510) 791-3477.
The original is bound in the Board of Directors Minutes/1982.~~**

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~~A REPRODUCED COPY OF~~
REVISED RESOLUTION NO. 331A

*Establishing Rules & Regulations
for the Administration of
Washington Township ~~Hospital-Health Care~~ District
Employer-Employee Relations*

WHEREAS, Chapter 10, Division 4 Title 1 of the Government Code of the State of California was adopted for the purpose of promoting improved employer-employee relations between public employers and their employees by establishing uniform and orderly methods of communication between employees and the public agencies by which they are employed; and

WHEREAS, Government Code Section 3507 empowers a public agency to adopt reasonable rules and regulations after consultation in good faith with representatives of its employee organizations for the administration of employer-employee relations; and

WHEREAS, the Board of Directors of the Washington Township ~~Hospital-Health Care~~ District adopted the previous version of Resolution 331A on August 11, 1982; and

WHEREAS, the Board of Directors has been advised that Resolution 331A needs to be revised in order to remain compliant with changes in state laws and regulations desires to adopt such reasonable rules and regulations as authorized by law;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Washington Township ~~Hospital-Health Care~~ District as follows:

Section 1. Title of Resolution

This Resolution shall be known as the Employer-Employee Relations Resolution of the Washington Township ~~Hospital-Health Care~~ District.

Section 2. Statement of Purpose

The purpose of this Resolution is to implement Chapter 10, Division 4, Title 1 of the Government Code of the State of California (Sections 3500 et seq.) captioned, "**Local Public Employee Organizations**", by providing orderly procedures for the administration of employer-employee relations between the District and its employees and employee organizations and for resolving disputes regarding wages, hours, and other terms and conditions of employment.

Section 3. Definitions

As used in this Resolution, the following terms shall have the meanings indicated.

a. "**Administrator**" means ~~Hospital-Health Care~~ Administrator of District, and in Administrator's ~~his~~ absence the duly authorized representative.

b. **"Appropriate Unit"** means a unit established pursuant to Section 10 of this Resolution.

c. **"Board"** means the Board of Directors of Washington Township ~~Hospital-Health~~ Care District.

d. **"Consult or Consultation in Good Faith"** means to communicate orally or in writing for the purpose of presenting and obtaining views.

e. **"Days"** means calendar days unless otherwise stated.

f. **"District"** means the Washington Township ~~Hospital-Health~~ Care District, formed and operating pursuant to Division 23 of the Health and Safety Code of the State of California.

g. **"Districts Representatives"** means the District's representatives in all matters of employer-employee relations designated pursuant to Section 11 hereof.

h. **"Employee"** means any person regularly employed by the District and whose salary is fixed by the Board of Directors in the Salary Resolution, and who is eligible to receive fringe benefits in accordance with District policies.

i. **"Employee, Confidential"** means any employee who is privy, in advance, to decisions of District management affecting employer-employee relations.

j. **"Employee, Management"** means any employee having significant responsibilities for formulating and administering District policies and programs, including but not limited to the Administrator, Executive, Administrative and Staff employees listed in the Salary Resolution.

k. **"Employee, Professional"** means employees engaged in work requiring specialized knowledge and skills attained through completion of a recognized course of instruction, including, but not limited to, registered nurses, dietitians, pharmacists, registered medical record librarians or technicians, inhalation therapists, and various types of physical, chemical and biological scientists.

l. **"Employee Organization"** means any organization which includes employees of the District and which has as one of its primary purposes representing such employees in their employment relations with the District.

m. **"Employer-Employee Relations"** means the relationship between the District and its employees and their employee organization, or when used in a general sense, the relationship between District management and employees or employee organizations.

n. **"Impasse"** means (1) the failure of representatives of the District and a majority representative to reach an agreement over (a) wages, hours, and other terms and conditions of employment, or (b) whether or not a subject comes within the scope of representation; or (2) any unresolved complaint by an affected employee organization concerning a decision of District representatives made pursuant to Sections 9, 10 or 11 of this Resolution.

o. **"Majority Representative"** means an employee organization, or its duly authorized representatives, that has been granted formal recognition by the District as representing the majority of employees in an appropriate unit.

p. **"Mediation or Conciliation"** means the efforts of an impartial third person, or persons, functioning as intermediaries, to assist the parties in reaching a voluntary resolution to an impasse, through interpretation, suggestion and advice. Mediation and conciliation are interchangeable terms.

q. **"Meet and Confer in Good Faith"** (sometimes referred to herein as meet and confer or meeting and conferring) means performance by duly authorized District representatives and duly authorized representatives of an employee organization recognized as the majority representative of their mutual obligation to meet promptly upon request by either party and at reasonable times and to confer in good faith regarding matters within the scope of representation, including wages, hours and other terms and conditions of employment, in an effort to:

(1) reach agreement on those matters within the authority of such representatives prior to the adoption by the District of its final budget for the ensuing year, and

(2) reach agreement on what will be recommended to the Board of Directors on those matters within the decision-making authority of the Board. This does not require either party to agree to a proposal or to make a concession.

r. **"Recognized Employee Organization"** means an employee organization which has been acknowledged by the District as an employee organization that represents employees of the District. The rights accompanying recognition are either:

(1) Formal Recognition, which is the right to meet and confer in good faith as the majority representative in an appropriate unit; or

(2) Informal Recognition, which is the right to consultation in good faith by all recognized employee organizations.

s. **"Resolution"** means, unless the context indicates otherwise, the Employer-Employee Relations Resolution of the Washington Township ~~Hospital-Health Care~~ District.

t. **"Scope of Representation"** means all matters relating to employment conditions and employer-employee relations, including but not limited to, wages, hours and other terms and conditions of employment.

Section 4. Employee Rights

Employees of the District shall have the right to form, join and participate in the activities of the employee organizations of their own choosing for the purpose of representation on all matters of employer-employee relations, including but not limited to, wages, hours and other terms and conditions of employment. Employees of the District also shall have the right to refuse to join or participate in the activities of the employee organizations and shall have the right to represent themselves individually in their employment relations with the District. No employee

shall be interfered with, intimidated, restrained, coerced or discriminated against by the District or by any employee organization because of his exercise of these rights.

Section 5. District's Rights

The rights of the District include, but are not limited to, the exclusive right to determine the nature and extent of services to be performed, as well as the right to determine and implement its public function and responsibility; determine the mission of its constituent departments; manage and control all property, facilities and operations of the District, including the methods, means and personnel by which the District's operations are to be conducted; set standards of service; determine the size and composition of the working force; determine the procedures and standards of selection for employment and promotion; direct its employees; take disciplinary action; relieve its employees from duty because of lack of work, funds or for other legitimate reasons; maintain the efficiency of governmental operations; ensure that the content of job descriptions and classifications adheres to applicable state and governing requirements; ~~determine the content of job descriptions and classifications;~~ take all necessary actions to carry out its mission in emergencies; exercise complete control and discretion over its organization and technology of performing its work; and take such other and further action as may be necessary to organize and operate the District in the most efficient and economical manner and in the best interest of the public it serves.

Section 6. Meet and Confer in Good Faith; Scope

a. The District, through its representatives, shall meet and confer in good faith with representatives of formally recognized employee organizations with majority representation rights regarding matters within the scope of representation, including wages, hours and other terms and conditions of employment within the appropriate unit.

b. The District shall not be required to meet and confer in good faith on any subject preempted by Federal or State law, nor shall it be required to meet and confer in good faith on employee or District rights as herein defined in Sections 4 and 5. Proposed amendments to this Resolution are excluded from the scope of meeting and conferring, but shall be subject to consultation in good faith.

Section 7. Consultation in Good Faith; Scope

All matters affecting employer-employee relations, including those that are not subject to meeting and conferring, are subject to consultation. The District, through its representatives, shall consult in good faith with representatives of all recognized employee organizations on employer-employee relations matters which affect them.

Section 8. Advance Notice

Written notice, of at least 20 days, shall be given to each formally recognized employee organization affected by any ordinance, rule, resolution, or regulation directly relating to matters within the scope of representation proposed to be adopted by the District and each such organization shall be given the opportunity to meet with the District prior to adoption.

In cases of emergency when the District determines that an ordinance, rule, resolution or regulation must be adopted immediately without prior ~~notice or~~ meeting with a formally recognized employee organization, the District shall provide such notice and opportunity to meet at the earliest practicable time following the adoption of such ordinance, rule, resolution or regulation. The District agrees to comply with existing law, particularly *County of Santa Clara (2023) PERB Decision No. 2876-M*, in making its determination of whether an emergency requires adoption of an ordinance, rule, resolution, or regulation prior to meeting with meeting with an affected employee organization.

Section 9. Petition for Recognition

There are two levels of employee organization recognition, formal and informal. The recognition requirements of each are set forth below.

A. Formal Recognition - The Right to Meet and Confer in Good Faith as Majority Representative:

(1) An employee organization that seeks formal recognition for purposes of meeting and conferring in good faith as the majority representative of District employees in an appropriate unit shall file a petition with the Administrator containing the following information and documentation:

- (a) Name and address of the employee organization.
- (b) Names and titles of its officers.
- (c) Names of employee organization representatives who are authorized to speak on behalf of its members.
- (d) A statement that the employee organization has, as one of its primary purposes, the function of representing employees in their employment relations with the District.
- (e) A statement whether the employee organization is a chapter or local of, or affiliated in any manner with, a regional, state, national or international organization, and if so, the name and address of each such regional, state, national or international organization.
- (f) Certified copies of the employee organization's constitution and by-laws.
- (g) A designation of those persons, not exceeding two in number, and their addresses, to whom notice sent by regular United States mail will be deemed sufficient notice to the employee organization for any purpose.
- (h) A statement that the employee organization has no restriction on membership based on race, color, creed, sex, age or national origin.

(i) A statement that the employee organization will comply with this Resolution and that violation hereof is grounds for loss of organization rights or recognition.

(j) The job classifications or titles of employees in the unit claimed to be appropriate and the approximate number of member employees therein.

(k) A statement that the employee organization has in its possession currently valid written proof, dated within twelve months of the date upon which the petition is filed, or a payroll dues deduction authorization to establish that District employees in the unit claimed to be appropriate have designated the employee organization to represent them in their employment relations with the District. The employee organization may provide such written proof directly to the District, or to a mutually agreed upon neutral third party.

(l) A request that the District recognize the employee organization as the majority representative of the member employees in the unit claimed to be appropriate for the purpose of meeting and conferring in good faith on all matters within the scope of representation.

(m) The petition, including all accompanying documents, shall be verified, under oath, by the President and Secretary of the organization that the statements are true. All changes in such information shall be filed forthwith in like manner.

(2) The petition shall be accompanied by written proof that at least 30% of the employees in the unit claimed to be appropriate have designated the employee organization to represent them in their employment relations with the District; provided, however, the employee organization may request that such written proof be submitted to a mutually agreed upon disinterested third party. Upon receipt of the Petition for Recognition, the District shall determine whether:

(i) There has been compliance with the requirements of the Petition for Recognition; and

(ii) The proposed unit is an appropriate unit.

If the affirmative determination is made by the District on the foregoing two matters, the Administrator shall give notice of such request for formal recognition to appropriate District employees in the unit and shall take no action on said request for 20 days thereafter; if either of the foregoing matters are not affirmatively determined, the Administrator shall inform the employee organization of the reasons therefore in writing.

(3) Within 20 days of the date notice to employees is given, any other employee organization (hereinafter referred to as the "**challenging organization**") may seek formal recognition in an overlapping unit by filing a Petition for Recognition; provided, however, such challenging organization must submit written proof that it represents at least 30% of the employees in such unit. The Administrator shall hold a hearing on such overlapping petitions, at which time all affected employee organizations shall be heard. Thereafter, the Administrator shall determine the appropriate unit or units as between such proposed overlapping units in accordance with the criteria set forth in Section 10 hereof.

(4) The District shall grant exclusive or majority recognition to an employee organization based on a signed petition, authorization cards, or union membership cards showing that a majority of the employees in an appropriate bargaining unit desire representation, unless another labor organization has previously been lawfully recognized as the exclusive or majority representative of all or part of the same unit. An employee organization is permitted to provide proof directly to the District, or to request a neutral third party be selected to determine whether an employee organization has obtained exclusive or majority representation. The neutral third party shall be agreed to by the District and the employee organization, and if they cannot agree, the California State Mediation and Conciliation Service shall be the neutral third party. In the event that the neutral third party determines that another employee organization has the support of at least 30% of the employees in the unit in which recognition is sought, the neutral party shall order that an election is to occur to establish which employee organization, if any, has majority status. Such election may proceed via secret ballot election.

(5) When an employee organization in the unit found to be appropriate submits written proof that it represents at least 30% of the employees in such unit, and it does not qualify for or has not been granted recognition pursuant to subsection (4) herein above, the District shall arrange for a secret ballot election to be conducted by the California State Conciliation Service or some agreed upon neutral third party. All challenging organizations who have submitted written proof that they represent at least 10% of the employees in the unit found to be appropriate, and have submitted a Petition for Recognition, as required by Section 9 of the Resolution, shall be included on the ballot. Employees entitled to vote in such election shall be those persons regularly employed in permanent positions within the unit who were employed during the last full pay period immediately preceding 15 days before the election, including those who did not work during such period because of illness, vacation or authorized leaves of absence and who are employed by the District in the same unit on the date of the election. The District representatives shall, upon written request of any employee organization to be involved in such election, consult with said employee organization with respect to the procedures for conducting such election and shall allow any such employee organization to maintain an observer at the balloting site or sites upon specific request of said employee organization. An employee organization shall be granted formal recognition following an election or run-off election if:

- (i) That employee organization has received the majority of votes cast in the election made up solely of eligible voters (i.e., 50% plus 1 of the votes of the total eligible votes cast).
- (ii) In an election involving three or more choices, where none of the choices receives a majority of the valid votes cast, a run-off election shall be conducted between the two choices receiving the largest number of valid votes cast. The rules governing an initial election shall also apply to a run-off election.

(6) There shall be no more than one valid election in a 12-month period within the same unit.

B. Decertification of Established Unit.

(1) A Petition for Decertification alleging that an employee organization granted formal recognition is no longer the majority representative of the employees in an appropriate unit may be filed with the District only during the months of October through December of each year following the first full year of formal recognition (e.g., for an employee organization granted formal recognition between December 1, 1971 and September 30, 1972, a Petition for Decertification may not be filed until October 1, 1973). The Petition for Decertification may be filed by an employee, a group of employees or their representative, or an employee organization. The petition, including all accompanying documents, shall be verified under oath, by the person signing it, that its contents are true. It may be accompanied by a Petition for Recognition by a challenging organization. The Petition for Decertification shall contain the following information:

- (i) The name, address and telephone number of the petitioner and a designated representative authorized to receive notices or requests for further information.
- (ii) The name of the formally recognized employee organization.
- (iii) An allegation that the formally recognized employee organization no longer represents a majority of the employees in the appropriate unit, and any other relevant and material facts.
- (iv) Written proof that at least 30% of the employees in the unit do not desire to be represented by the formally recognized employee organization. Such written proof shall be dated within six months of the date upon which the petition is filed and shall be submitted for confirmation to the District or to a mutually agreed upon disinterested third party.

(2) The District shall arrange for a secret ballot election to determine if the formally recognized employee organization shall retain its recognition rights. The formally recognized employee organization shall be decertified if a numerical majority of all the employees eligible to vote in the unit in question vote for decertification.

(3) There shall be no more than one valid decertification election in the same unit in any 12-month period.

C. Duration of Formal Recognition. When an employee organization has been formally recognized, as provided herein, such recognition shall remain in effect for one year from the date thereof and thereafter until such time as the District shall determine, on the basis of a secret ballot election conducted in accordance with the foregoing rules, that the formally recognized employee organization no longer represents a majority of the employees in the appropriate unit. While formal recognition is in effect, the ~~Hospital~~District will provide to formally recognized organizations the names and working units of all employees hired and the names of all employees terminated in the units that the organization represents. Such lists will be supplied to the appropriate organization by the 15th of the month following the hire or termination.

D. Cost of Election Proceedings. The cost of any election proceeding shall be borne evenly by the employee organization or organizations whose name(s) appear on the ballot and the District.

E. Impasses in Representation Proceedings. Any unresolved complaint by an affected employee organization, advanced in good faith, concerning a decision of the District made pursuant to subsections A, B, C or D herein-above shall be processed in accordance with the procedures set forth in Section 13 hereof. Provided, however, the written request for an impasse meeting, as described in Section 13 hereof, must be filed with the Administrator within seven calendar days after the affected employee organization first received notice of the decision upon which its complaint is based, or its complaint will be considered closed and not subject to the impasse procedures or to any other appeal.

F. Informal Recognition - The Right to Consult in Good Faith. An employee organization that seeks recognition for purposes of consultation in good faith shall file a petition with the Administrator containing the following information and documentation:

(1) All of the information enumerated in A.(I) (a) to (j) inclusive, and as required by A.(1) (m) of this section.

(2) A statement that the employee organization has in its possession written proof, dated within six months of the date upon which the petition is filed, to establish that employees have designated the employee organization to represent them in their employment relations with the District. Such written proof shall be submitted for confirmation to the Administrator or to a mutually agreed upon disinterested third party.

(3) A request that the District recognize the employee organization for the purpose of consultation in good faith.

G. Granting of Recognition. The District shall grant recognition, in writing, to all employee organizations who have complied with either subsections 9A or 9F for purposes of consultation in good faith for the organization's members. Employee organizations seeking formal recognition as majority representative must, in addition, establish to the satisfaction of the District that it represents a majority of the employees in the manner prescribed in subsection 9A. No employee may be represented by more than one recognized employee organization for the purpose of meeting and conferring with the District representatives.

Section 10. Appropriate Unit

a. The District, after reviewing the petition filed by an employee organization seeking formal recognition as majority representative, shall determine whether the proposed unit is an appropriate unit. The principal criterion in making this determination is whether there is a community of interest among such employees. The following factors, among others, shall be considered in making such determination:

(1) Which unit will assure employees the fullest freedom in the exercise of rights set forth in this Resolution.

(2) The history of employee relations: (i) in the unit; (ii) among other employees of the District; and (iii) in similar public employment.

(3) The effect of the unit on the efficient operation of the district and sound employer-employee relations.

(4) The extent to which employees have common skills, working conditions, job duties or similar educational requirements.

(5) The effect on the existing classification structure of dividing a single classification among two or more units.

Provided, however, that no unit shall be established solely on the basis of the extent to which employees in the proposed unit have organized.

b. In the establishment of appropriate units:

(1) professional employees shall not be denied the right to be represented separately from nonprofessional employees; and

(2) management and confidential employees who are included in the same unit with nonmanagement or nonconfidential employees may not represent such employees on matters within the scope of representation.

Section 11. Designation of District Representatives

The Board shall designate, by resolution, a person or persons who shall be the District's principal representatives in all matters of employer-employee relations, with authority to meet and confer in good faith on matters within the scope of representation, including wages, hours, and other terms and conditions of employment. Names of such District Representatives shall be sent to the appropriate employee organizations.

Section 12. Reasonable Time Off to Meet and Confer

The formally recognized employee organization may select not more than two employee members of such organization to attend scheduled meetings with the District representatives on subjects within the scope of representation during the selected employees' regular work hours without loss of compensation. The District representatives may approve the attendance at such meeting of additional employee representatives with or without loss of compensation. The District will not unreasonably deny a request for more than two members to attend scheduled meetings with the District representatives. ~~Where circumstances warrant, the District representatives may approve the attendance at such meetings of additional employee representatives with or without loss of compensation.~~ The employee organization shall, whenever practicable, submit the names of all such employee representatives to the District representatives at least two working days in advance of such meetings. Provided, further:

(1) That no employee representative shall leave his or her duty or work station or assignment without specific approval of the department head or other authorized District management official.

(2) That such meeting is subject to scheduling by District management and the employee organization in a manner consistent with operating requirements and work schedules. The District shall not unreasonably delay the time to conduct of any such meeting.

Nothing provided herein, however, shall limit or restrict District management and employee organizations from scheduling such meetings before or after regular duty or work hours under appropriate circumstances.

Section 13. Resolution of Impasses

Impasse procedures may be invoked only after the possibility of settlement by direct discussion has been exhausted.

The impasse procedures are as follows:

a. Mediation (or Conciliation) as defined in subsection 3q. All mediation proceedings shall be conducted confidentially. The mediator shall make no public recommendations nor take any public position concerning the issues.

b. Determination by the Board of Directors after a hearing on the merits of the dispute.

c. Any other dispute resolving procedures to which the parties mutually agree or which the District may order.

Any party may initiate the impasse procedure by filing with the other party (or parties) affected a written request for an impasse meeting together with a statement of its position on all disputed issues. An impasse meeting may then be scheduled by the District's representatives within a reasonable time after the date of filing of the written request for such meeting, with written notice to all parties affected. The purpose of such impasse meeting is twofold: (1) to permit a review of the position of all parties in a final effort to reach agreement on the disputed issues and (2) if agreement is not concluded, to mutually select the specific impasse procedure to which the dispute may be submitted: In the event the parties select mediation, a mediator shall be selected who is mutually agreeable to the parties, provided that if the parties cannot agree upon the choice of mediator, a list of seven impartial mediators shall be obtained from the California State Conciliation Service, and each party shall alternatively strike one name from the list until only one name remains. In the absence of agreement between the parties on the impasse procedure to follow, the matter may be referred to the Board of Directors.

The fees and expenses, if any, of mediators or of any other impasse procedure, shall be payable one-half by the District and one-half by the employee organization or employee organizations.

Section 14. Memorandum of Understanding

When the meeting and conferring process is concluded between the District representatives and a formally recognized employee organization representing a majority of the employees in an appropriate unit, all agreed upon matters shall be incorporated in a written memorandum of understanding, which shall be advisory to the Board of Directors, signed by the duly authorized District and the majority representatives.

The memorandum of understanding shall be submitted to the Board of determination.

Section 15. Dues Check-off

Only a formally recognized employee organization (i.e., the majority representatives of employees in an appropriate unit) may be granted permission by the District to have the regular dues or other authorized employee organization charges of its members deducted from their paychecks, in accordance with procedures prescribed by the District.

Dues deduction shall be for a specified amount and shall be made only upon the voluntary written authorization of the member. Dues deduction authorization may be canceled and the dues check-off payroll discontinued at any time by the member upon voluntary written notice to the employee organization. Dues deduction authorization or cancellation shall be made upon cards provided by the employee organization. Dues deduction may be continued only upon voluntary written authorization of the member.

Should any employee choose not to join the majority representative union and therefore not render periodic dues and charges, the employee may elect to render an agency fee as delineated in sections 1157.7, 3502.5 and 3508.5 of the Government Code of the State of California, based on the employee's sole discretion. Employees shall not be required to render an agency fee.

The employees earnings must be regularly sufficient after other legal and required deductions are made to cover the amount of the dues check-off authorized. When a member in good standing of the formally recognized employee organization is in a nonpay status for an entire pay period, no dues withholding shall be made to cover that pay period from future earnings nor shall the member deposit the amount with the District which would have been withheld if the member had been in a pay status during that period. In the case of an employee who is in a nonpay status during only a part of the pay period and the salary is not sufficient to cover the full withholding, no deduction shall be made. In this connection, all other legal and required deductions shall have priority over employee organization dues.

Dues or other charges withheld by the District shall be transmitted to the officer or organization designated in writing by the employee organization as the person or organization authorized to receive such funds, at the address specified.

All employee organizations who receive dues check-off shall indemnify, defend, and hold the District and their officers and employees harmless against any claims made and against any suit instituted against the District by an employee on account of check-off of employee organization dues arising out of dues check-off deductions made in reliance upon documented notification from the employee organization to the Hospital District and absent subsequent documented notification from the employee organization to the Hospital District cancelling deductions for said employee. This indemnification shall including include all costs of defending

against any such claims or suits. In addition, all such employee organizations shall refund to the District any amounts paid to them in error upon presentation of supporting evidence.

Section 16. Access to Work Locations

Reasonable access to employee work locations shall be granted to officers of the recognized employee organizations and their officially designated representatives.. The officers or representatives shall not enter any work locations or patient care areas without proper notification to the designated representative of the ~~Hospital~~District. Access shall **be** restricted so as not to unduly interfere with the normal operations of the department, with patient care, or with established safety or security requirements.

Solicitation of membership and activities concerned with the internal management of an employee organization, such as holding membership meetings, campaigning for office and conducting elections shall not be conducted in patient care areas of the ~~Hospital~~District, in any manner that interferes with patient care, or with an employee that is on work time.

Section 17. Use of Bulletin Boards

Recognized employee organizations may use portions of District bulletin boards under the following conditions and subject to any applicable provisions of an existing Memorandum of Understanding between the employee organization and the D~~istrict~~:

(1) Posting of all materials must receive the approval of the appropriate designated representative of the ~~Hospital~~District.

(2) All materials must be dated and must identify the organization that published them.

(2) —

(3) — The actual posting of materials shall be done by the employee organization's representative after they have been approved by the appropriate designated representative of the Hospital~~District. Such approval shall not be unreasonably withheld. Postings of materials that are will may be granted unless denied as permitted by law, including, for example, if the material is opprobrious, flagrant, insulting, defamatory, insubordinate, fraught with malice, derogatory, or untruthful, so as to be inappropriate for the workplace, shall be denied or unilaterally removed by the District if posted. The Union has the right to meet and confer with the Employer if a submission is rejected on one of the grounds specified above.~~ Unless special arrangements are made, materials posted will be removed thirty-one days after the publication date; ~~Materials which are untruthful or otherwise objectionable shall not be posted.~~

(3) —

(4) The District reserves the right to determine where bulletin boards shall be placed and what portion of them are to be allocated to employee organization's materials. Employee organizations must have access to at least one bulletin board in each Department of each District facility.

(5) An employee organization that ~~does not abide by these rules shall forfeit its right to have materials posted on District bulletin boards~~ is deemed to have violated these rules three (3) or more times within a calendar year shall forfeit its right to have materials posted on District bulletin boards for a period of six (6) months. =.

Section 18. Availability of Data

The District shall make available to employee organizations such ~~nonconfidential~~ information pertaining to employment relations as is contained in the public records of the District, subject to the limitations and conditions set forth in this Resolution and Government Code Sections ~~6250-6260~~ 7921.000 to 7931.000.

Such information shall be made available during regular office hours in accordance with the District's rules and procedures for making public records available and after payment of reasonable costs.

Information which shall be made available to employee organizations includes regularly published data covering subjects under discussion. Data collected on a promise to keep its source confidential may be made available in statistical summaries, but shall not be made available in such form as to disclose the source.

Nothing in this rule shall be construed to require disclosure of records that are:

(1) Personnel, medical and similar files, the disclosure of which would constitute an unwarranted invasion of personal privacy.

(2) Working papers or memoranda which are not retained in the ordinary course of business or any records where the public interest served by not making the record available clearly outweighs the public interest served by disclosure of the record.

(3) Records pertaining to pending litigation to which the District is a party, or to claims or appeals which have not been settled.

(4) Nothing in this rule shall be construed as requiring the District to do research for an inquirer or to do programming or assemble data in a manner other than usually done by the agency.

(4) If the District fails to disclose information pertaining to employment relations on the basis that such information is confidential, the District is obligated to meet and confer with the requesting employee organization regarding the nature of the requested information and possible solutions.

Section 19. Peaceful Performance of Service

a. It is the policy of the District to promote employer-employee relations, maintain full communication between the District and its employees and recognize the right of employees to join organizations of their own choice and be represented by recognized employee organizations, as provided herein.

b. It is also the policy of the District that all services, operation of facilities and functions of the District shall be performed in a peaceful, orderly, expeditious and lawful manner.

c. Nothing contained herein shall be construed to give employees the right to ~~strike, and any employee who encourages, causes or participates in any strike, walkout, stoppage, retarding of work, concerted failure to report for work, or any other interference~~ interfere with conduct of the Districts **operations**, or functions, and any employee that does so shall be subject to immediate disciplinary action, up to and including discharge. Employees have a qualified right to strike. Employees are not entitled to strike where there is a substantial and imminent threat to public health and safety.

d. Any employee organization which engages in, or induces or encourages any District employee to engage in a strike, walkout, stoppage, retarding of work, concerted failure to report for work, or any other interference with the conduct of the District's operations or functions, where there is a substantial and imminent threat to public health and safety, shall be subject to immediately losing all rights herein provided, including recognition.

Section 20. Violation of Rules and Regulations

Any employee organization willfully violating any rule, regulation or provision contained herein shall be subject to losing rights herein granted to recognized employee organizations, including recognition. No employee organization shall be subject to losing rights guaranteed by law.

Section 21. Construction

a. Nothing in this Resolution shall be construed to deny any person or employee the rights granted by Federal and State laws.

b. The rights, powers, duties and authority of the District in all matters, including the right to maintain any legal action, shall not be modified or restricted by this Resolution.

c. The provisions of the Resolution are not intended to conflict with, but rather to carry out, the provisions of Chapter 10, Division 4, Title 1 of the Government Code of the State of California (Sections 3500, et seq.).

Section 22. Amendments

This Resolution shall be subject to amendment by Resolution passed at stated meetings of the Board, or upon previous notice of the intention to so amend said Resolution, at a special meeting called for such purpose and after consultation in good faith as required by Section 3507 of the Government Code of the State of California.

Section 23. Separability

If any provision of this Resolution, or the application of such provision to any person or circumstance, shall be held invalid, the remainder of this Resolution, or the application of such

provision to persons or circumstances other than those as to which it is held invalid, shall not be affected thereby.

Section 24. Rescission of Resolutions

Resolution No. 195, adopted on March 4, 1964, Resolution No. 256, adopted on September 4, 1968, and Resolution No. 257, adopted on September 4, 1968, ~~were previously rescinded and (original) Resolution 331A adopted on August 11, 1982 is~~are hereby rescinded.

Section 25. Implementation

Upon adoption of this Resolution by the Board of Directors, it shall be immediately effective in all its terms, ~~except that those organizations which have traditionally represented some employees or the Hospital prior to its adoption, shall have until July, 1972 to comply with Section 9 relative to formal or informal recognition.~~

PASSED AND ADOPTED by the Board of Directors of Washington Township ~~Hospital~~
~~Health Care~~ District, this 1~~2~~⁴th day of ~~August~~~~November~~, ~~1982~~~~2025~~, by the following vote:

AYES:

~~Director Frank D. Amsbaugh~~
~~Director Harry A. Avila~~
~~Director Roland Campos~~
~~Director Don Pickenpaugh~~

NOES:

~~None.~~

ABSENT:

~~Director Thomas E. Lowden~~

~~(Signed by Roland Campos on Aug. 11, 1982)~~ _____

~~Michael J. Wallace~~

President of the Board of Directors of
Washington Township ~~Hospital~~~~Health Care~~ District

~~(Signed by Frank D. Amsbaugh on Aug. 11, 1982)~~ _____

~~Jacob Eapen MD~~

Secretary of the Board of Directors of
Washington Township ~~Hospital~~~~Health Care~~ District