



SoHum Health

Southern Humboldt Community Healthcare District

GOVERNING BOARD MEETING

December 2, 2021
1:30 p.m.

***(In person and Via Webex
Conferencing)***

**Sprowel Creek Campus, Rm 106
286 Sprowel Creek Road
Garberville, CA 95542**

Governing Board

Date: Thursday, December 2, 2021
Time: 1:30 p.m.
Location: Sprowel Creek Campus and Via Webex Conferencing
Facilitator: Board President, Corinne Stromstad

Link:

<https://shchd.webex.com/shchd/j.php?MTID=m5dc96791cf4d02749bf462a886c7373d>

Agenda

| Time* | Page | Item |
|-----------|-------|---|
| 1:30 p.m. | | A. Call to Order |
| | | B. Public Comment See below for Public Comment Guidelines |
| 1:35 p.m. | | C. Board Member Comments Board members are invited to address issues not on the agenda and to submit items within the subject jurisdiction of the Board for future consideration. Please limit individual comments to three minutes. |
| 1:40 p.m. | | D. Announcements |
| 1:45 p.m. | | E. Consent Agenda |
| | | 1. Approval of Agenda |
| | | 2. Approval of Previous Meeting Minutes |
| | 1-9 | a. Governing Board Meeting October 28, 2021 |
| | 10-11 | b. Special Board Meeting AB361 November 22, 2021 |
| 1:50 p.m. | | F. Correspondence, Suggestions or Written Comments to the Board – |
| 2:00 p.m. | | G. Finance Report – Corinne Stromstad, Barbara Truitt, Paul Eves and Matt Rees |
| | 12-15 | 1. October, 2021 Finances - Paul Eves – see report |

- 16 2. PFS report/Provider Printout – October, 2021 – Marie Brown/Remy Quinn – see report
- 17-28 • HRG report –Remy Quinn – See separate report
- H. Chief Nursing Officer’s Report – CNO
- 29-43 **I. Quality Assurance Performance Improvement Committee Report [H&S Code § 32155]–Kristen Rees, Manager Quality – (Jan., April, July, Oct.) –**
- 2:30 p.m. J. Administrator’s Report –Matt Rees
1. Human Resources Quarterly Report – Jennifer Baskin (Jan., April, July, Oct.) -
- 44-45 **2. Foundation Report – Chelsea Brown – (May, Aug., Nov., Feb.)**
- 3. Strategic Plan Spotlight – Scott Sullivan, Mental Health**
- K. Old Business – none
- 3:00 p.m. L. New Business
1. Approval of Resolution 21:21– Policies and Procedures (See separate Packet)
2. Updating policies for Acting Administrator and Administrator time off notifications.
3. Approval for purchase of 3D Mammography for \$300,000.
4. Approval of \$ _____ (quote pending) for the purchase of EPIC EMR software. **OR** Approval of moving forward with the research of EPIC EMR software.
5. Approval of i2i data software - \$65,000 for the first year, \$31,000 each year thereafter
6. Committee assignments
7. Board communications
- M. Meeting Evaluation
- N. Parking Lot
1. Governing Board retreat
- O. Next Meeting:
1. Special Board Meeting AB361 Monday December 20, 2021 10:00 a.m.

2. QAPI Meeting December 8, 2021 at 2:00 p.m.
3. Med Staff Meeting Wednesday, December 15, 2021 at 1:00 p.m.
4. Special Board Meeting AB361 Monday January 17, 2022 10:00 a.m.
5. Governing Board Meeting January 27, 2022

P. Adjourn to Closed Session

Q. Closed Session

1. Approval of Previous Closed Session Minutes
 - a. Closed Session Governing Board Meeting October 28, 2021
2. Compliance and Risk Report [H&S Code § 32155] – None Kristen Rees, MPH, CPHQ
3. Clinic Service Review [H&S Code § 32155] – Judy Gallagher, CNO
4. MERP Report [H&S Code § 32155] – Judy Gallagher CNO
5. Medical Staff Appointments/Reappointments [Gov. Code § 54957]

Approval of Resolution 21:22

- a. Dr. Michael Newdow, Reappointment for Emergency Room/Inpatient, Active status, from 01/01/2022 – 12/31/2023.
 - b. Dr. David Irvine, Reappointment for Emergency Room/Inpatient, Active status, from 01/01/2022 – 12/31/2023.
 - c. Dr. Philip Scheel, Reappointment for Emergency Room/Inpatient, Active status, from 01/01/2022 – 12/31/2023.
6. Personnel Matter – Chief Quality and Compliance Officer evaluation § 54957
 7. Next regular Meeting Thursday, January 27, 2022

R. Adjourn Closed Session

S. Resume Open Session

T. Adjourn

Abbreviations

| | | | |
|-------------|--|--------------|--|
| <i>ACHD</i> | Association of California Healthcare Districts | <i>ACLS</i> | Advanced Cardiac Life Support Certification |
| <i>AR</i> | Accounts Receivable | <i>BLS</i> | Basic Life Support Certification |
| <i>CAIR</i> | California Immunization Registry | <i>CEO</i> | Chief Executive Officer |
| <i>CFO</i> | Chief Financial Officer | <i>CMS</i> | Centers for Medicare and Medicaid Services |
| <i>CNO</i> | Chief Nursing Officer | <i>COO</i> | Chief Operating Officer |
| <i>CPHQ</i> | Certified Professional in Healthcare Quality | <i>CQO</i> | Chief Quality Officer |
| <i>EMR</i> | Electronic medical record | <i>ER</i> | Emergency Room |
| <i>FTE</i> | Full Time Equivalent/Full Time Employee | <i>HIM</i> | Health Information Management |
| <i>HRG</i> | Healthcare Resource Group | <i>HVAC</i> | Heating, Ventilation and Air Conditioning system |
| <i>IGT</i> | Intergovernmental transfer | <i>IT</i> | Information Technology |
| <i>JPCH</i> | Jerold Phelps Community Hospital | <i>LCSW</i> | Licensed Clinical Social Worker |
| <i>LVN</i> | Licensed Vocational Nurse | <i>MPH</i> | Master of Public Health |
| <i>OBS</i> | Observation | <i>PALS</i> | Pediatric Advanced Life Support Certification |
| <i>PFS</i> | Patient Financial Services | <i>QAPI</i> | Quality Assurance Performance Improvement |
| <i>QIP</i> | Quality Improvement Project/Program | <i>RN</i> | Registered Nurse |
| <i>SHCC</i> | Southern Humboldt Community Clinic | <i>SHCHD</i> | Southern Humboldt Community Healthcare District |
| <i>SNF</i> | Skilled Nursing Facility | <i>SWG</i> | Swing beds |
| <i>DO</i> | Doctor of Osteopathic Medicine | | |

PUBLIC COMMENT ON MATTERS NOT ON THE MEETING AGENDA: Members of the public are welcome to address the Board on items not listed on the agenda and within the jurisdiction of the Board of Directors. The Board is prohibited by law from taking action on matters not on the agenda, but may ask questions to clarify the speaker's comment and/or briefly answer questions. The Board limits testimony on matters not on the agenda to three minutes per person and not more than ten minutes for a particular subject, at the discretion of the Chair of the Board.

PUBLIC COMMENT ON MATTERS THAT ARE ON THE AGENDA: Individuals wishing to address the Board regarding items on the agenda may do so after the Board has completed their initial discussion of the item and before the matter is voted on, so that the Board may have the benefit of these comments before making their decision. Please remember that it is the Board's responsibility to discuss matters thoroughly amongst themselves and that, because of Brown Act constraints, the Board meeting is their only opportunity to do so.

OTHER OPPORTUNITIES FOR PUBLIC COMMENT: Members of the public are encouraged to submit written comments to the Board at any time by writing to SHCHD Board of Directors, 733 Cedar Street, Garberville, CA 95542. Writers who identify themselves may, at their discretion, ask that their comments be shared publicly. All other comments shall be kept confidential to the Board and appropriate staff.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, if you require special accommodations to participate in a District meeting, please contact the District Clerk at 707-923-3921, ext. 276 at least 48 hours prior to the meeting." *Times are estimated

Posted Monday, November 22, 2021

Governing Board

Date: Thursday October 28, 2021
Time: 1:30 p.m.
Location: Sprowel Creek Campus and Via Zoom Conferencing
Facilitator: Board President, Corinne Stromstad

Minutes

Special Note: Due to COVID-19, this meeting was held via teleconference.

The following people attended at Sprowel Creek Campus and via Zoom

Governing Board: Corinne Stromstad, Barbara Truitt, and Katie McGuire (Zoom)

Not Present: Jessica Willis

Also in person: CEO Matt Rees; CFO Paul Eves; Karen Johnson and Judy Hollifield, Governing Board Clerks; Galen Latsko;

Also via Zoom: COO Kent Scown, Kristen Rees, Chief Quality and Compliance Officer, Rob Eskridge, Growth Management Center, David Ordonez, and Carruth Topham, IT Department.

- A. Call to Order – Board president Corinne Stromstad called the meeting to order at 1:30 p.m.
- B. Public Comment – None
- C. Board Member Comments – None
- D. Announcements –

1. Appointment and swearing in of new Board Member

Motion: Barbara Truitt moved to appoint Galen Latsko as the new Board member, with the appointment expiring the first Friday of December, 2022.

Second: Katie McGuire

Ayes: Corinne Stromstad, Barbara Truitt, and Katie McGuire.

Noes: None

Not Present: Jessica Willis

Motion carried.

Galen Latsko read his Oath of Office, and signed it in triplicate afterwards.

E. Consent Agenda

1. Approval of Previous Meeting Minutes and Consent Agenda

- a. Governing Board Meeting Tuesday September 28, 2021, 2021
- b. Special Board Meeting AB361 Monday October 4, 2021

Motion: Katie McGuire moved to approve the previous minutes and other consent agenda items.

Second: Barbara Truitt

Ayes: Corinne Stromstad, Barbara Truitt, Katie McGuire and Galen Latsko

Noes: None

Not Present: Jessica Willis

Motion carried.

F. Correspondence, Suggestions or Written Comments to the Board -

1. Proposed Resolution from Sonia Baur, M.D. regarding single payer.
 - a. Katie asked for more information
 - b. A critical question to be answered is “How are CAH being reimbursed under single payer system?” If it’s like St. Joseph Hospital in Eureka, then we’d be out of business.
 - c. Barbara says it’s a moot point since Nancy Pelosi withdrew HR 1976 because she didn’t have the votes to pass, and McGuire sponsored a bill that Barbara wants more information on.

G. Finance Report –Paul Eves

1. September, 2021 Finances –Matt Rees for Paul Eves – See reports

- 16 Acute patient days in September, considerably up from August.
- Outpatient medical was at 1570 and lab visits are 740 for September, down some from August. The percentage of positives from teens to single digits.
- Pharmacy hit 200 prescriptions in 1 day a week or two ago. There might be some ups and downs with the numbers due to people getting 90 day prescriptions.
- Total patient revenue is at \$1,681,386 and of that; \$105,000 is from retail pharmacy. Back to where we were before the pandemic.
- Total Operating Revenue \$1,242,120.
- Other Non-Operating Revenue is large, \$1,574,676 due to the PPP loan forgiveness of \$1,221,000.
- Patient Accounts Receivable is going up in part due to revenue going up.

- Medicare contingency may move to the bottom line due to an audit.
- Matt explained IGTs for Galen.

Motion: Barbara Truitt moved to approve the Financials as submitted for September 2021.

Second: Katie McGuire

Ayes: Galen Latsko, Corinne Stromstad, Katie McGuire and Barbara Truitt

Noes: None

Not Present: Jessica Willis

Motion carried.

2. PFS report – September, 2021 –Matt Rees for Marie Brown – See report
 - September closed at 85.1 AR days or \$4.6M in Gross AR
 - Cash collections totaled \$782K, or 96% of August’s net revenue
 - Average day of revenue is \$50K.
 - Third Party aging increased by \$251K, and is now at 25.8%
 - The goal for unbilled AR days is 3 and we’re currently 9 days from this goal
 - Clinic billing is done the same day now.
 3. HRG report – September, 2021 – See report
 - Corinne brought up the No Surprise billing under Industry Updates – explanation. We don’t have to worry about this. This has more to do with contracted services like surgery, where the surgeon may not accept the plan the patient has. This bill also says we have to tell the patients what the cost of the service will be, but this can get complicated due to multiple insurance plans and diagnosis.
- H. Chief Nursing Officer’s Reports – Judy Gallagher, Interim CNO – no report
- I. Quality Assurance Performance Improvement Committee Report [H&S Code § 32155]–Kristen Rees, Chief Quality and Compliance Officer – (Jan., April, July, Oct.)
- J. Administrator’s Report – Paul Eves, CFO for Matt Rees, CEO
1. Human Resources Quarterly Report – Jennifer Baskin (Jan., April, July, Oct.) – See Report that was sent out separately.
 2. Foundation Report – Chelsea Brown - (May, Aug., Nov., Feb.) – no report
 3. Strategic Plan Spotlight –Patient’s Experience in the Clinic
 - Matt and Jennifer worked with Rob and all clinic staff. Goal: Develop an action plan to create a consistent patient experience in the clinic. The River Trip Action Plan

was shared on screen.

- Barbara's question – Are you standardizing what MA's do? Yes.
- Katie's comment – The person you first see when you sign in, that experience makes a big difference for the overall experience. Rob says registration staff was involved 2 years ago at setting patient service standards and now.

4. Matt Rees

- Matt would like the different departments come and do a presentation to the Board. What departments do you want updated next? We just did clinic. Others can be Cheryl Wik, Skilled nursing; Cynthia Aguilar, Retail Pharmacy; Scott Sullivan, Mental Health; Adela Yanez, ER and Acute; and Lora, CT and x-ray. Next month: Mental Health and meeting the new LCSW.
- We just had 200 prescriptions for pharmacy in one day
- Plans done for Scher property at 291 Sprowel Creek Rd, Garberville. This will have 12 units, 7 upstairs and 5 down stairs, a couple common areas, couple of bathrooms, and one will be a physician's apartment, handicap unit down – all short term housing. Existing structure will be Finance office and possibly the Medical Records office. This will be for short term, for example individuals coming to stay in between shifts and travelers.
- The Foundation is very close to meeting their goal for the new hospital. One thing we've talked about is the need to renovate the old hospital before building the new one. We are estimating about \$5,000,000, so we'd need to raise \$500,000.
- Matt Rees and Jennifer Baskin are co-managing the Clinic. During this time, Matt is down in the Clinic Manager's office several hours a day.
- The CNO and Clinic Manager positions both posted and haven't been filled yet.

K. Old Business - none

L. New Business

1. Policies and Procedures –

1. Approval of Resolution 21:16 Policy and Procedure packet "A" dated October 13, 2021,
 - Barbara asked if Behavior Health medical records must be kept separate from regular medical records. They must be kept even more secure.
 - Mis-spelling on Buprenorphine Administration, page 3 of 4, under Patient/SO Instructions, Follow up,
 - i. #1, the word "confidential" is misspelled twice
 - ii. #2 A and B. The words "patient" and "Referral" are misspelled. These will be corrected.

Motion: Barbara Truitt made a motion to approve Resolution 21:16 Policy and Procedure Packet “A”, with the above noted corrections to be made.

Second: Katie McGuire

Ayes: Barbara Truitt, Galen Latsko, Katie McGuire and Corinne Stromstad.

Noes: None

Not Present: Jessica Willis

Motion carried.

2. Approval of Resolution 21:17 AB361, the Initial resolution for the Brown Act Amendment AB 361, which allows for virtual meetings of the governing body in an effort to promote physical distancing. If passed, this Resolution 21:17 will be in effect for 30 days, at which time it will expire if not passed again. We meet the criteria for AB 361 for the following reasons:
 - a. We are currently under a State-declared State of Emergency, and
 - b. The Humboldt County Health Officer Dr. Ian Hoffman is recommending physical distancing.

This resolution will be in effect from today’s date for 30 days unless earlier extended by a majority vote.

Resolution 21:17 was read in its entirety.

Additional meetings have been scheduled for the passing of subsequent AB 361 resolutions. Special Board meetings have been scheduled for November 22, 2021, December 20, 2021, and January 17, 2022.

Motion: Barbara Truitt made a motion for Approval of Resolution 21:17 AB361, the Initial resolution for the Brown Act Amendment AB 361, which allows for virtual meetings of the governing body in an effort to promote physical distancing. We meet the criteria for AB 361 for the following reasons:

- a. We are currently under a State-declared State of Emergency, and
- b. The Humboldt County Health Officer Dr. Ian Hoffman is recommending physical distancing.

Second: Katie McGuire

Ayes: Barbara Truitt, Galen Latsko, Katie McGuire and Corinne Stromstad.

Noes: None

Not Present: Jessica Willis

Motion carried.

3. Vaccine Incentive

- The Administrative Team has been talking about a financial incentive/reward for those who have completed their first round of COVID vaccinations for employees in the amount of \$250 to \$500 each, possibly giving a deadline of December 15, 2021 or something like that.
- This would cost \$10,000 for each \$100 paid out.
- If the employee has no vaccination, then they need COVID tested twice a week and must sign health or religious exemption.
- Those who have already been vaccinated then they'd receive the incentive.
- Dr. Seth says don't base it on the booster, as the effectiveness hasn't been determined yet.
- This will be flu and COVID vaccinations.
- We currently have about 6 not COVID vaccinated

Motion: Katie McGuire made a motion to approve a \$500 incentive/reward for obtaining their first round of COVID vaccinations and the Flu vaccination (for 2021).

Second: Galen Latsko

Ayes: Barbara Truitt, Katie McGuire, Galen Latsko and Corinne Stromstad.

Noes: None

Not Present: Jessica Willis

Motion carried.

4. Approval of a contract with WipFli for up to \$60,000 for a USDA loan application.

- Not sure what the proposal will be but estimated \$60,000. Amount is reimbursable and written off. Can receive 30 – 40% cost reimbursement from Medicare.

Motion: Barbara Truitt made a motion to approve up to \$60,000 for a contract with WipFli for a USDA loan application.

Second: Katie McGuire

Ayes: Barbara Truitt, Katie McGuire, Galen Latsko and Corinne Stromstad.

Noes: None

Not Present: Jessica Willis

Motion carried.

5. Approval of Resolution 21:18 – Board Member stipend

- Taxes will be withheld from the stipend.
- Can't donate for them, must go to them
- Each board member will let us know whether they want to receive the stipend. W-4's will be sent out to all.
- The Board Clerk(s) will keep track of meeting attendance for those who do want to be paid the stipend and send the information to payroll each month. The Board Clerk(s) will send a confirmation email to each Board member stating our

understanding of their stipend preference and how many meetings they attended.

Motion: Katie McGuire made a motion to approve Resolution 21:18, a stipend for meetings covered under the Ralph M. Brown Act for Board members in the amount of \$100 per meeting, per Board member, for no more than 5 meetings in a month per Board member.

Second: Barbara Truitt

Ayes: Barbara Truitt, Galen Latsko, Katie McGuire and Corinne Stromstad.

Noes: None

Not Present: Jessica Willis

Motion carried.

6. Updating policies for Acting Administrator and Administrator time off notifications.
 - Matt Rees would like to go over this with the Administrative team for further discussion and bring this back to the Board at a later date.
7. Form 700 Annual Statement of Economic Interests
 - These are next due in March, 2022

M. Meeting Evaluation – pretty good meeting

N. Parking Lot

1. Governing Board retreat is on hold for now. – This will be strategic planning and the Board will wait until COVID is over.
2. Brown Act training for Board members. –
 - This has been set up thru BB&K already and is due to be taken by November 30, 2021 or the link will expire
 - Set up the training for Galen
3. Sexual Harassment training for Board members.
 - This has been set up on Relias and an email has gone out to Board members. Email has already been sent out already.
4. AB 361, amendment to the Brown Act, effective 10/01/21 –Special board meeting set for November 22, 2021.
5. Kristen to set up Quality and Compliance training in person.

O. Next Meeting:

1. Special Board Meeting AB361 November 22, 2021 10:00 a.m.
2. QAPI Meeting Wednesday, November 10, 2021 at 2:00 p.m. – zoom and in person at Sprowel Creek Campus – Galen Latsko will attend.
3. Med Staff Meeting Wednesday, November 17, 2021 at 1:00 p.m. – NONE! This meeting will be Executive Session only, so no Board member attendance is permitted. Remove the

Medical Staff Meeting from future Board agendas.

4. Policy Development Committee – November 10, 2021 11:00 a.m. – by Zoom and in person at Sprowel Creek Campus. Galen Latsko will attend.
5. Governing Board Meeting, Thursday, December 2, 2021 at 1:30 p.m. at Sprowel Creek Campus and virtual.

P. Adjourn to Closed Session – 3:30 p.m.

Q. Closed Session opened at 3:40 p.m.

1. Approval of Previous Closed Session Minutes
 - a. Governing Board Meeting September 28, 2021
2. Compliance and Risk Report [H&S Code § 32155] – Kristen Rees, MPH, CPHQ
3. Clinic Service Review [H&S Code § 32155] – Judy Gallagher, Interim CNO
4. Medication Error Reduction Plan Report [H&S Code § 32155] – Judy Gallagher, Interim CNO
5. Medical Staff Appointments/Reappointments [Gov. Code § 54957]

Approval of Resolution 21:19

- a. Charles Davis, Provisional Associate, Diagnostic Teleradiology, 11/01/2021 – 10/31/2023
 - b. Dr. Joseph Rogers, change status from Associate to Active for the remainder of his appointment, 10/28/2021 to 2/29/2022.
 - c. Dr. Daniel Merges, change status from Associate to Active for the remainder of his appointment, 10/28/2021 to 05/23/2022.
6. Personnel matter – Chief Executive Officer evaluation – pursuant to Government Code § 54957
 7. Next Meeting:
 - a. Governing Board Meeting, Thursday, December 2, 2021 at 1:30 p.m.

R. Adjourned Closed Session at 4:22 p.m.

S. Resumed Open Session at 4:22 p.m.

1. The following actions were taken at closed session

Motion: Katie McGuire moved to approve the Previous closed session minutes of September 28, 2021.

Second: Barbara Truitt

Ayes: Katie McGuire, Galen Latsko, Barbara Truitt, and Corinne Stromstad

Noes: None

Not Present: Jessica Willis

Motion carried.

Motion: Katie McGuire moved to approve Resolution 21:19 for the Appointment and Status changes of the above listed Practitioners, as submitted.

Second: Barbara Truitt

Ayes: Barbara Truitt, Galen Latsko, Corinne Stromstad, and Katie McGuire

Noes: None

Not Present: Jessica Willis

Motion carried.

T. Adjourned Open Session at 4:22 p.m.

Abbreviations

| | | | |
|-------------|--|--------------|--|
| <i>ACHD</i> | Association of California Healthcare Districts | <i>ACLS</i> | Advanced Cardiac Life Support Certification |
| <i>AR</i> | Accounts Receivable | <i>BLS</i> | Basic Life Support Certification |
| <i>CAIR</i> | California Immunization Registry | <i>CEO</i> | Chief Executive Officer |
| <i>CFO</i> | Chief Financial Officer | <i>CMS</i> | Centers for Medicare and Medicaid Services |
| <i>CNO</i> | Chief Nursing Officer | <i>COO</i> | Chief Operating Officer |
| <i>CPHQ</i> | Certified Professional in Healthcare Quality | <i>CQO</i> | Chief Quality Officer |
| <i>EMR</i> | Electronic medical record | <i>ER</i> | Emergency Room |
| <i>FTE</i> | Full Time Equivalent/Full Time Employee | <i>HIM</i> | Health Information Management |
| <i>HRG</i> | Healthcare Resource Group | <i>HVAC</i> | Heating, Ventilation and Air Conditioning system |
| <i>IGT</i> | Intergovernmental transfer | <i>IT</i> | Information Technology |
| <i>JPCH</i> | Jerold Phelps Community Hospital | <i>LCSW</i> | Licensed Clinical Social Worker |
| <i>LVN</i> | Licensed Vocational Nurse | <i>MPH</i> | Master of Public Health |
| <i>OBS</i> | Observation | <i>PALS</i> | Pediatric Advanced Life Support Certification |
| <i>PFS</i> | Patient Financial Services | <i>QAPI</i> | Quality Assurance Performance Improvement |
| <i>QIP</i> | Quality Improvement Project/Program | <i>RN</i> | Registered Nurse |
| <i>SHCC</i> | Southern Humboldt Community Clinic | <i>SHCHD</i> | Southern Humboldt Community Healthcare District |
| <i>SNF</i> | Skilled Nursing Facility | <i>SWG</i> | Swing beds |
| <i>DO</i> | Doctor of Osteopathic Medicine | | |



Governing Board – Special Meeting

Date: Monday October 4, 2021

Time: 10:00 a.m.

Location: via Webex Conferencing

Facilitator: Matt Rees, CEO

Minutes

Special Note: Due to COVID-19, this meeting was held via teleconference.

The following people attended at Sprowel Creek Campus and via Zoom

Governing Board: Corrine Stromstad, Barbara Truitt, Katie McGuire and Galen Latsko

Not Present: Jessica Willis

Also via Webex: Karen Johnson; Matt Rees, CEO; Kent Scown, COO; and Kristen Rees, Chief Quality and Compliance Officer

A. Call to order – 10:07 a.m.

B. Public Comment –None

C. Board Member Comments –None

D. Announcements –None

E. New Business –

1. Approval of Resolution 21:20 – Brown Act Amendment AB 361 Subsequent to Resolution 21:17 to provide a 30 day extension until December 22, 2021.

Motion: Katie McGuire made a motion to adopt Resolution 21:20, as described above.

Second: Galen Latsko seconded the motion

Ayes: Corinne Stromstad, Katie McGuire, Barbara Truitt, and Galen Latsko

Noes: None



Not Present: Jessica Willis

Motion carried.

F. Adjourned To Closed Session at: 10:09 a.m.

Abbreviations

| | | | |
|-------------|--|--------------|--|
| <i>ACHD</i> | Association of California Healthcare Districts | <i>ACLS</i> | Advanced Cardiac Life Support Certification |
| <i>AR</i> | Accounts Receivable | <i>BLS</i> | Basic Life Support Certification |
| <i>CAIR</i> | California Immunization Registry | <i>CEO</i> | Chief Executive Officer |
| <i>CFO</i> | Chief Financial Officer | <i>CMS</i> | Centers for Medicare and Medicaid Services |
| <i>CNO</i> | Chief Nursing Officer | <i>COO</i> | Chief Operating Officer |
| <i>CPHQ</i> | Certified Professional in Healthcare Quality | <i>CQO</i> | Chief Quality Officer |
| <i>EMR</i> | Electronic medical record | <i>ER</i> | Emergency Room |
| <i>FTE</i> | Full Time Equivalent/Full Time Employee | <i>HIM</i> | Health Information Management |
| <i>HRG</i> | Healthcare Resource Group | <i>HVAC</i> | Heating, Ventilation and Air Conditioning system |
| <i>IGT</i> | Intergovernmental transfer | <i>IT</i> | Information Technology |
| <i>JPCH</i> | Jerold Phelps Community Hospital | <i>LCSW</i> | Licensed Clinical Social Worker |
| <i>LVN</i> | Licensed Vocational Nurse | <i>MPH</i> | Master of Public Health |
| <i>OBS</i> | Observation | <i>PALS</i> | Pediatric Advanced Life Support Certification |
| <i>PFS</i> | Patient Financial Services | <i>QAPI</i> | Quality Assurance Performance Improvement |
| <i>QIP</i> | Quality Improvement Project/Program | <i>RN</i> | Registered Nurse |
| <i>SHCC</i> | Southern Humboldt Community Clinic | <i>SHCHD</i> | Southern Humboldt Community Healthcare District |
| <i>SNF</i> | Skilled Nursing Facility | <i>SWG</i> | Swing beds |
| <i>DO</i> | Doctor of Osteopathic Medicine | | |

**Southern Humboldt Community
Healthcare District**

| | Nov 20 | Dec 20 | Jan 21 | Feb 21 | March 21 | April 21 | May 21 | June 21 | July 21 | Aug 21 | Sept 21 | Oct 21 | Current 12 Month AVG | Year to Date- Current Year |
|---------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|-------------|-------------------------|-------------------------------|
| In Patient Statistics | | | | | | | | | | | | | | |
| Total Acute Patient Days | 13 | 18 | 10 | 0 | 0 | 6 | 4 | 4 | 8 | 1 | 16 | 9 | 7 | 34 |
| Total Swing Patient Days | 79 | 78 | 117 | 94 | 106 | 101 | 75 | 70 | 38 | 25 | 56 | 66 | 75 | 185 |
| Total SNF Patient Days | 204 | 246 | 227 | 196 | 234 | 240 | 248 | 240 | 236 | 229 | 240 | 231 | 231 | 936 |
| Total Patient Days | 296 | 342 | 354 | 290 | 340 | 347 | 327 | 314 | 282 | 255 | 312 | 306 | 314 | 1,155 |
| Total Acute Discharges | 5 | 6 | 3 | 0 | 0 | 2 | 2 | 1 | 3 | 1 | 5 | 4 | 3 | 13 |
| Total Swing Discharges | 3 | 0 | 5 | 2 | 1 | 30 | 3 | 3 | 3 | 1 | 4 | 5 | 5 | 13 |
| Total SNF Discharges | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 0 | 1 | 1 | 4 |
| | 9 | 6 | 10 | 2 | 1 | 32 | 5 | 5 | 7 | 4 | 9 | 10 | 8 | 30 |
| Acute Length of Stay | 2.60 | 3.00 | 3.33 | 0.00 | 0.00 | 3.00 | 2.00 | 4.00 | 2.67 | 1.00 | 3.20 | 2.25 | 2.25 | 9.12 |
| ER Admits | 5 | 6 | 3 | 0 | 0 | 2 | 2 | 1 | 3 | 1 | 5 | 4 | 3 | 13 |
| I/P Lab Visits | 13 | 21 | 15 | 6 | 8 | 11 | 12 | 20 | 12 | 12 | 23 | 14 | 14 | 61 |
| I/P Radiology Visits | 3 | 4 | 11 | 5 | 2 | 2 | 1 | 2 | 6 | 4 | 3 | 2 | 4 | 15 |
| I/P EKG's | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Out Patient Statistics | | | | | | | | | | | | | | |
| ER Visits | 204 | 178 | 164 | 197 | 194 | 219 | 258 | 257 | 335 | 298 | 250 | 220 | 231 | 1,103 |
| Clinic Visits | 374 | 431 | 328 | 346 | 433 | 451 | 436 | 463 | 414 | 427 | 459 | 471 | 419 | 1,771 |
| SLS Visits | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Outpatient Medical | 63 | 631 | 1582 | 809 | 3656 | 2967 | 3068 | 1611 | 1134 | 1143 | 1570 | 1871 | 1,675 | 5,718 |
| Laboratory Visits | 527 | 696 | 810 | 440 | 474 | 468 | 617 | 476 | 682 | 1041 | 740 | 546 | 626 | 3,009 |
| Radiology | 62 | 123 | 116 | 159 | 46 | 171 | 190 | 219 | 206 | 156 | 209 | 152 | 151 | 723 |
| Mammography | 15 | 14 | 4 | 10 | 10 | 22 | 24 | 4 | 27 | 25 | 6 | 11 | 14 | 69 |
| CT Scans | 32 | 50 | 71 | 66 | 56 | 82 | 80 | 71 | 89 | 55 | 76 | 63 | 66 | 283 |
| EKG's | 26 | 30 | 45 | 28 | 27 | 43 | 39 | 46 | 40 | 23 | 42 | 38 | 36 | 143 |
| Retail Pharmacy Rx's Sold | | | | | | | | | 1040 | 1607 | 2001 | 2358 | 1,752 | 7,006 |
| Total O/P Visits | 1,303 | 2,153 | 3,120 | 2,055 | 4,896 | 4,423 | 4,712 | 3,147 | 2,927 | 4,775 | 926 | 874 | 1,279 | 12,819 |
| Salary Statistics | | | | | | | | | | | | | | |
| Productive FTE's | 69.2 | 69.8 | 70.6 | 71.3 | 81.3 | 83.7 | 77.9 | 76.6 | 75.1 | 75.1 | 76.8 | 79.2 | 74.6 | |
| Paid FTE's | 74.4 | 74.7 | 78.0 | 77.3 | 73.8 | 76.3 | 72.1 | 71.4 | 85.0 | 84.9 | 85.0 | 87.1 | 77.2 | |
| Salaries & Ben as % of Net Rev | 53.7% | 65.1% | 63.0% | 52.5% | 91.1% | 61.1% | 60.5% | 60.4% | 67.2% | 68.4% | 59.2% | 77.6% | 0.6 | |
| BeneGits as % of Salaries | 31.6% | 28.1% | 26.3% | 32.3% | 30.7% | 22.9% | 42.7% | 19.7% | 70.0% | 46.4% | 32.0% | 64.4% | 0.3 | |
| Revenue Statistics | | | | | | | | | | | | | | |
| Gross A/R > 120 Days | 807,865 | 962,833 | 844,890 | 952,117 | 940,549 | 1,161,213 | 1,217,068 | 1,234,083 | 1,022,868 | 1,313,144 | 1,336,739 | 1,505,869 | 1,052,111 | |
| A/R>120 Days as % of Total AR | 41% | 41% | 41% | 41% | 41% | 41% | 41% | 41% | 41% | 41% | 34% | 34% | 40% | |
| Gross Days in A/R | 71.0 | 75.6 | 75.6 | 75.6 | 75.2 | 75.2 | 75.2 | 75.2 | 75.6 | 79.2 | 85.1 | 85.9 | 75.1 | |
| Net Days in A/R | 65.0 | 68.9 | 68.9 | 68.9 | 69.7 | 69.7 | 69.7 | 69.9 | 69.8 | 73.4 | 79.8 | 81.6 | 69.3 | |
| A/R Cash Collections | 895,838 | 982,756 | 609,963 | 720,895 | 847,144 | 948,282 | 757,474 | 919,408 | 667,778 | 1,022,607 | 782,980 | 847,125 | 867,817.8 | |
| Collections as % of Net Rev | 85.1% | 80.9% | 53.3% | 63.3% | 62.1% | 112.4% | 59.8% | 68.1% | 32.7% | 75.8% | 67.2% | 70.8% | 73.6% | |
| Accounts Payable Days | 0.8 | 4.6 | 1.0 | 0.5 | 4.6 | 6.6 | 5.1 | 15.9 | 0.7 | 4.2 | 9.6 | 2.1 | 4.6 | |
| Cash Collections per Cal Day | 28,898 | 31,702 | 19,676 | 23,255 | 27,327 | 30,590 | 24,435 | 29,658 | 21,541 | 32,987 | 25,257 | 27,327 | 27,994.1 | 107,113 |
| Cash Disburs. per Cal Day | 40,397 | 42,237 | 40,566 | 51,052 | 44,803 | 45,848 | 38,553 | 39,838 | 46,111 | 38,603 | 41,262 | 458,718 | 42,948.5 | 584,694 |
| DATA Entry/Details/Calcs | | | | | | | | | | | | | | |
| Calendar Days | 30 | 31 | 31 | 28 | 31 | 30 | 31 | 30 | 31 | 31 | 30 | 31 | | |

**Southern Humboldt Community
Healthcare District
Income Statement
October 2021**

| Current Month | | | Year to Date | | | |
|---------------|-----------|-----------|-------------------------------------|-------------|-------------|------------------|
| \$ | | | | | \$ | % |
| Variance | Budget | Actual | | Actual | Budget | Variance |
| | | | GROSS PATIENT REVENUE | | | |
| (18,076) | 237,500 | 219,424 | INPATIENT | 842,272 | 950,000 | (107,728) -11% |
| 3,802 | 41,670 | 45,472 | INPATIENT ANCILLARY | 216,947 | 166,680 | 50,267 30% |
| 71,289 | 1,202,080 | 1,273,369 | OUTPATIENT ANCILLARY | 5,376,450 | 4,808,320 | 568,130 12% |
| 57,015 | 1,481,250 | 1,538,265 | TOTAL PATIENT REVENUE | 6,435,669 | 5,925,000 | 510,669 9% |
| | | | DEDUCTIONS FROM REVENUE | | | |
| (193,663) | 515,630 | 321,967 | CONTRACTUAL ALLOWANCES | 1,411,227 | 2,062,520 | (651,293) -32% |
| 51,657 | 71,670 | 123,327 | PROVISION FOR BAD DEBTS | 556,082 | 286,680 | 269,402 94% |
| 7,876 | 36,000 | 43,876 | OTHER ALLOWANCES/DEDUCTIONS | 204,412 | 144,000 | 60,412 42% |
| | -300,000 | (300,000) | OTHER OPERATING IGTs & SUPPLEMENTAL | (1,200,000) | (1,200,000) | |
| (134,131) | 323,300 | 189,169 | TOTAL DEDUCTIONS | 971,721 | 1,293,200 | (321,479) -25% |
| 191,146 | 1,157,950 | 1,349,096 | NET PATIENT REVENUE | 5,463,948 | 4,631,800 | 832,148 18% |
| 2,551 | 12,000 | 14,551 | OTHER OPERATING REVENUE | 58,488 | 48,000 | 10,488 22% |
| 193,697 | 1,169,950 | 1,363,647 | TOTAL OPERATING REVENUE | 5,522,436 | 4,679,800 | 842,636 18% |
| | | | | | | |
| (151,960) | 731,670 | 579,710 | SALARIES & WAGES | 2,193,207 | 2,926,680 | (733,473) -25% |
| 214,881 | 158,330 | 373,211 | EMPLOYEE BENEFITS | 852,871 | 633,320 | 219,551 35% |
| (10,447) | 123,330 | 112,883 | PROFESSIONAL FEES | 486,384 | 493,320 | (6,936) -1% |
| (6,369) | 112,500 | 106,131 | SUPPLIES | 433,688 | 450,000 | (16,312) -4% |
| (740) | 21,670 | 20,930 | REPAIRS & MAINTENANCE | 70,219 | 86,680 | (16,461) -19% |
| 15,499 | 110,000 | 125,499 | PURCHASED SERVICES | 500,253 | 440,000 | 60,253 14% |
| 16,507 | 14,170 | 30,677 | UTILITIES | 91,027 | 56,680 | 34,347 61% |
| (10,348) | 23,330 | 12,982 | INSURANCE | 58,242 | 93,320 | (35,078) -38% |
| 0 | | 0 | INTEREST | 0 | 0 | 0 #DIV/0! |
| (1,072) | 38,330 | 37,258 | DEPRECIATION/ AMORTIZATION | 174,946 | 153,320 | 21,626 14% |
| (3,160) | 33,330 | 30,170 | OTHER | 347,784 | 133,320 | 214,464 161% |
| 62,791 | 1,366,660 | 1,429,451 | TOTAL OPERATING EXPENSES | 5,208,621 | 5,466,640 | (258,019) -5% |
| 130,906 | (196,710) | (65,804) | OPERATING PROFIT (LOSS) | 313,815 | (786,840) | 1,100,655 -140% |
| (2,500) | 95,000 | 92,500 | TAX REVENUE | 377,500 | 380,000 | (2,500) -1% |
| 271,075 | 40,000 | 311,075 | OTHER NONOPERATING REV (EXP) | 1,895,693 | 160,000 | 1,735,693 1085% |
| | | 0 | INTEREST INCOME | 14,204 | | |
| 268,575 | 135,000 | 403,575 | NET NON OPERATING REV (EXP) | 2,287,397 | 540,000 | 1,747,397 324% |
| 399,481 | (61,710) | 337,771 | NET INCOME (LOSS) | 2,601,212 | (246,840) | 2,848,052 -1154% |

**Southern Humboldt
Community Healthcare District
Income Statement Trend**

| | Nov 20 | Dec 20 | Jan 21 | Feb 21 | March 21 | April 21 | May 21 | June 21 | July 21 | Aug 21 | Sept 21 | Oct 21 | 12 Month AVG: Oct '20-Sept 21 | YTD - Current Year |
|--------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-------------------------------------|-----------------------|
| Inpatient Daily Hospital Services | 198,864 | 281,318 | 244,894 | 174,231 | 211,394 | 239,276 | 197,597 | 231,202 | 223,673 | 154,457 | 244,718 | 219,424 | 218,421 | 842,272 |
| Ancillary Revenue | 41,617 | 55,844 | 49,416 | 46,657 | 38,910 | 49,414 | 45,356 | 40,690 | 44,799 | 54,355 | 72,321 | 45,472 | 48,738 | 216,947 |
| Outpatient Revenue | 911,359 | 789,012 | 918,265 | 914,981 | 954,700 | 1,074,862 | 1,015,193 | 1,283,956 | 1,352,452 | 1,386,282 | 1,364,347 | 1,273,369 | 1,103,232 | 5,376,450 |
| Total Hospital Revenue | 1,151,840 | 1,126,174 | 1,212,575 | 1,135,869 | 1,205,004 | 1,363,552 | 1,258,146 | 1,555,848 | 1,620,924 | 1,595,094 | 1,681,386 | 1,538,265 | 1,370,390 | 6,435,669 |
| Contractual Allowances | 79,122 | 185,681 | 338,189 | 529,284 | 523,160 | 155,981 | 252,235 | 388,721 | 224,877 | 457,567 | 404,071 | 324,712 | 321,967 | 1,411,227 |
| Provision for Bad Debts | 99,658 | 96,128 | 116,592 | 73,530 | 161,600 | 176,861 | 115,056 | 84,411 | 155,817 | 210,892 | 48,684 | 140,689 | 123,327 | 556,082 |
| Other Allowances/Deductions | 72,487 | 14,850 | 18,903 | 51,310 | 40,302 | 64,858 | 25,201 | 34,185 | 83,017 | 76,635 | 4,829 | 39,931 | 43,876 | 204,412 |
| Other Operating: IGTs & Supplemental | (300,000) | (300,000) | (300,000) | (627,987) | (363,854) | (300,000) | (444,764) | (996,499) | (300,000) | (300,000) | (300,000) | (300,000) | (402,759) | (1,200,000) |
| Total Deductions | (48,733) | (3,341) | 173,684 | 26,137 | 361,208 | 97,700 | (52,272) | (489,182) | 163,711 | 445,094 | 157,584 | 205,332 | 86,410 | 971,721 |
| Contractual % | | | | | | | | | | | | | 6% | 15% |
| Net Patient Revenue | 1,200,573 | 1,129,515 | 1,038,891 | 1,109,732 | 843,796 | 1,265,852 | 1,310,418 | 2,045,030 | 1,457,213 | 1,150,000 | 1,523,802 | 1,332,933 | 1,283,980 | 5,463,948 |
| Net Revenue % | 104% | 100% | 86% | 98% | 70% | 93% | 104% | 131% | 90% | 72% | 91% | 87% | 94% | 85% |
| Other Operating Revenue | 13,692 | 13,858 | 13,291 | 13,333 | 14,401 | 16,355 | 15,173 | 14,595 | 14,004 | 14,615 | 15,318 | 14,551 | 14,432 | 58,488 |
| Total Revenue | 1,214,265 | 1,143,373 | 1,052,182 | 1,123,065 | 858,197 | 1,282,207 | 1,325,591 | 2,059,625 | 1,471,217 | 1,164,615 | 1,539,120 | 1,347,484 | 1,298,412 | 5,522,436 |
| Salaries & Wages | 495,496 | 580,979 | 568,545 | 541,262 | 588,389 | 629,663 | 571,404 | 1,030,764 | 533,278 | 543,935 | 536,284 | 579,710 | 599,976 | 2,193,207 |
| Employee Benefits | 156,633 | 163,156 | 149,383 | 174,606 | 180,531 | 143,898 | 244,263 | 203,497 | 149,686 | 158,608 | 171,366 | 373,211 | 189,070 | 852,871 |
| Professional Fees | 185,435 | 180,987 | 208,385 | 221,195 | 242,144 | 150,240 | 148,383 | 173,721 | 142,301 | 118,353 | 112,847 | 112,883 | 166,406 | 486,384 |
| Supplies | 115,354 | 118,004 | 94,843 | 112,189 | 120,817 | 129,018 | 13,552 | 131,829 | 157,223 | 109,110 | 61,224 | 106,131 | 105,775 | 433,688 |
| Repairs & Maintenance | 21,357 | 25,401 | 23,843 | 32,625 | 43,832 | 14,960 | 50,554 | 42,013 | 16,885 | 6,638 | 25,766 | 20,930 | 27,067 | 70,219 |
| Purchased Services | 133,439 | 117,385 | 107,922 | 94,625 | 124,045 | 146,846 | 70,047 | 161,073 | 139,826 | 94,063 | 140,865 | 125,499 | 121,303 | 500,253 |
| Utilities | 6,841 | 8,693 | 15,050 | 19,190 | 16,004 | 17,793 | 10,182 | 13,427 | 17,771 | 18,077 | 24,502 | 30,677 | 16,517 | 91,027 |
| Insurance | 11,755 | 11,755 | 11,755 | 11,755 | 11,755 | 11,755 | 11,755 | 11,878 | 23,430 | 10,075 | 11,755 | 12,982 | 12,700 | 58,242 |
| Interest | | | | | | | | | | | | | | 0 |
| Depreciation | 45,593 | 45,720 | 45,720 | 45,720 | 45,720 | 45,896 | 45,896 | 45,896 | 45,896 | 45,896 | 45,896 | 37,258 | 45,092 | 174,946 |
| Other Expense | 39,996 | 57,282 | 32,113 | 16,852 | 15,641 | 85,361 | 29,111 | 57,639 | 121,049 | 44,214 | 152,351 | 30,170 | 56,815 | 347,784 |
| Total Expenses | 1,211,899 | 1,309,362 | 1,257,559 | 1,270,019 | 1,388,878 | 1,375,430 | 1,195,147 | 1,871,737 | 1,347,345 | 1,148,969 | 1,282,856 | 1,429,451 | 1,340,721 | 5,208,621 |
| Expenses % | 100% | 115% | 120% | 113% | 162% | 107% | 90% | 91% | 92% | 99% | 83% | 106% | 103% | 6% |
| Profit/Loss from Operations | 2,366 | (165,989) | (205,377) | (146,954) | (530,681) | (93,223) | 130,444 | 187,888 | 123,872 | 15,646 | 256,264 | (81,967) | (42,309) | 313,815 |
| Tax Revenue | 95,500 | 95,500 | 92,500 | 92,500 | 92,500 | 92,500 | 94,920 | 92,500 | 95,000 | 95,000 | 95,000 | 92,500 | 93,827 | 377,500 |
| Other Non Operating Rev (Exp) | 40,000 | 40,000 | 146,563 | 50,000 | 81,574 | 88,340 | 40,000 | 19,949 | 6,039 | 3,903 | 1,574,676 | 311,075 | 200,177 | 1,895,693 |
| Interest Income | 35 | 20,636 | 217 | | | | | 12,005 | 14,173 | | 14,173 | 31 | 7,850 | 14,204 |
| Net Non-operating Rev/(Exp) | 135,535 | 156,136 | 239,280 | 142,500 | 174,074 | 180,840 | 134,920 | 124,454 | 101,039 | 98,903 | 1,683,849 | 403,606 | 301,853 | 2,287,397 |
| NET INCOME/ (LOSS) | 137,901 | (9,853) | 33,903 | (4,454) | (356,607) | 87,617 | 265,364 | 312,342 | 224,911 | 114,549 | 1,940,113 | 321,639 | 259,543 | 2,601,212 |

Southern Humboldt Community Healthcare District
Balance Sheet
October 2021

| ASSETS | |
|-----------------------------------|-------------------|
| Current Assets | |
| Cash- Checking & Investments | 1,003,742 |
| LAIF Account | 11,683,528 |
| Humboldt County Property Tax Acct | 701,068 |
| Patient Accounts Receivable | 4,103,537 |
| Less Allowances | 1,804,769 |
| Accounts Receivable- Net | 2,298,768 |
| Other Receivables | 1,115,437 |
| Inventories | 233,885 |
| Estimated 3rd Party Settlements | |
| Prepaid expenses and Deposits | 1,566,706 |
| Total current assets | 18,603,135 |
| Property and Equipment | |
| Land | 959,808 |
| Land improvements | 553,251 |
| Buildings | 2,475,214 |
| Equipment | 6,020,385 |
| Construction in progress | 2,076,821 |
| Total property and equipment | 12,085,479 |
| Less : accumulated depreciation | (5,769,317) |
| Net property and equipment | 6,316,162 |
| Other Assets | |
| Investments | 5,852 |
| Total Other Assets | 5,852 |
| Total Assets | 24,925,149 |

| LIABILITIES & FUND BALANCE | |
|---|-------------------|
| Current Liabilities | |
| Accounts Payable | 385,356 |
| Accrued Payroll & Related costs | 1,250,054 |
| Other Current Liabilities | |
| Deferd revenue IGT | |
| A/R Credit balances | |
| Medicare Accelerated Payments | 3,876,466 |
| Medicare Contingency | 2,000,000 |
| Current Portion-Long Term Debt | |
| Other Short Term Debt - PPP Loan | |
| Accrued interest | |
| Total current Liabilities | 7,511,876 |
| Long Term Debt, Less Current Portion | |
| Bonds payable | |
| HELP II Loan | |
| Patient Monitor | |
| GE Finance - CT Scanner | |
| Total Long-term debt | - |
| Less: Current Portion-Long Term Debt | |
| Net Long Term Debt | - |
| Equity | |
| Unrestricted Fund Balance--Prior Years | 14,812,062 |
| Net Income (Loss)--Current Year | 2,601,212 |
| Restricted Fund Balance | |
| Total fund balance | 17,413,274 |
| Total Liabilities and Fund Balance | 24,925,149 |

Revenue Cycle / Patient Financial Services October 2021 Finance Committee Report

HRG - Key Items:

- ❖ September closed at 85.9 AR Days or \$4.1M in Gross AR
- ❖ Cash collections totaled \$847K, or 98% of September's net revenue
- ❖ Third Party Aging decreased by \$191K, and is now at 20.5%
- ❖ Unbilled AR closed at 11.4 days or \$545K

Treatment Authorizations – Due to staffing and time issues with pertinent state and federal reporting deadlines we will be re-prioritizing obtaining any needed authorizations after the Thanksgiving holiday. The substantial decrease in Medi-Cal aging was due to payments we received for retro authorizations we obtained.

Coding – Accounts unable to be coded due to physician documentation deficiencies have been significantly reduced. These accounts totaled 30k+ and have now been coded and released for billing. We are still working with some physicians on outstanding items, and are training staff in a new process to facilitate more open and consistent communication between HIM and the ED providers.

HRG – It was not mentioned in the HRG monthly report, but they have been having serious technical issues with their communication portal that have caused a considerable disruption to a number of our internal processes and work-flows. We depend on these communication logs, and HRG has assured us they are working on resolving the issues, but in the interim we are unable to close the loop on a lot of clean-up and review that takes place to get a claim out.

Communication Log areas of impact:

HIM – Unable to submit medical records to substantiate billing certain types of claims to certain payors.

Coding/Charges – Unable to research and resolve coding/charge issues and needed edits/additions.

Refunds – Unable to access information to process refunds.

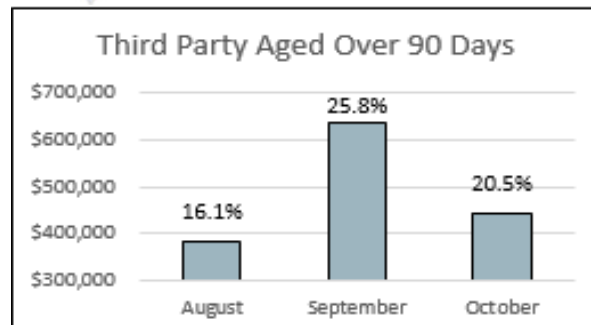
Southern Humboldt October 2021



Key Items

- ➔ September closed at 85.9 AR Days or \$4.1M in Gross AR
- ➔ Cash collections totaled \$847K, or 98% of September's net revenue
- ➔ Third Party Aging decreased by \$191K, and is now at 20.5%
- ➔ Unbilled AR closed at 11.4 days or \$545K

Detailed Initiatives & Obstacles



- **Overall AR:** October closed with 85.9 AR days or \$4.1M in Gross AR. Although gross AR was reduced by \$157K, the AR days increased by .8 days due to the decreased revenue. Revenue is down \$147K compared to September, booking the lowest revenue since May of 2021. Self-pay AR ended October at 42 AR days which is an increase of 4.7 AR days since September and puts us 16 days outside of goal. The Unbilled AR continues to trend high and ended October at 11.4 AR days or \$545K. This puts the unbilled AR 8.4 AR days away from goal. Third Party AR decreased 3.4 days and is sitting at 32.5 and is within goal which is set at 34 days. Cash collections totaled \$847K or 98% of net revenue. Based off of October's revenue, we are expected to collect \$860K in November.
- **Third Party Aging:** Third Party Aging decreased by \$191K in October leaving \$444K in aged balances. Medicare saw an increase of \$15K. Although the dollar amount grew, the percentage remains at 11.8% which is only a 0.1% increase from September. Medi-Cal saw a significant decrease of \$179K which is a 7.5% decrease and is currently at 22.1% aged over 90 days. Overall, the delay in coding encounters in a timely manner has aided in the growth of both AR and aging. A majority of the remaining high dollar aged balances in the Medicaid financial class are either pending for coding to be completed or pending for approved authorizations (TAR). In October, there was one inpatient aged encounter that was pending for an approved TAR; totaling \$7K. There are also an additional \$3K in outpatient/observation encounters pending for approved an approved TAR. Additionally there are \$24K in aged LTC encounters that are also in need of TAR's. Commercial aging also saw an decrease of \$28K and is now at 35.4%. Overall aging is now 5.5% outside of goal.
- **Unbilled AR:** Unbilled AR is significantly high for the fifth month in a row, closing October with 11.4 days or \$545K in unbilled charges. Of the \$545K in unbilled charges, there are 192 accounts for \$80.5K aged over 90 days from discharge. Of those aged unbilled accounts, 185 for \$5.3K are COVID vaccines and 7 accounts totaling \$75.3K are high dollar ER and IP accounts pending physician documentation. Additionally there are 29 accounts for \$90K in the 60-90 day range pending for coding to be completed as well. More than 30% of the unbilled AR has aged over 60 days from discharge.

Industry Updates California Changes Hospital Debt Collection, Charity Care Eligibility

A new bill signed into law October 4th by the governor of California imposes new limitations on hospital debt collection practices and changes charity care eligibility. For charity care changes, the law increases eligibility for charity care from 350 percent of the federal poverty level to 400 percent. Additionally, by altering the definition of high medical costs as 10 percent of the patient's current family income or income in the prior 12 months, whichever is less. The law allows patients with "high medical costs" to qualify for some form of charity care or discount payment policy. Debt collection changes include extending from 150 to 180 days' wait before reporting unpaid debt to consumer credit agencies or debt collectors as well as a requirement to send a notice to the patient prior to selling patient debt or assigning to a debt collector.

To review the full law, effective January 2024, please visit [California Legislative Information](#)

Amanda Hornby | Revenue Cycle Director

Healthcare Resource Group

Office 509.209.2078 | ahornby@hrgpros.com



Southern Humboldt Community Healthcare District



MONTH END FINANCE REPORT

October 2021

Table of Contents

| | |
|------------------------------|----------|
| Finance Dashboard..... | Page 2 |
| Revenue Detail..... | Page 3 |
| Cash Detail..... | Page 4 |
| Cash Forecasting..... | Page 5 |
| Accounts Receivable..... | Page 6-7 |
| Denial Management..... | Page 8 |
| Claim Submit Efficiency..... | Page 9 |
| Admits & Unbilled..... | Page 10 |
| Executive Dashboard..... | Page 11 |

FINANCE DASHBOARD

| Revenue Cycle Performance | | Target | May-21 | | June-21 | | July-21 | | August-21 | | September-21 | | October-21 | |
|------------------------------|--|--------|--------|-------------|---------|-------------|---------|-------------|-----------|-------------|--------------|-------------|------------|-------------|
| | REVENUE | | | | | | | | | | | | | |
| | Net Revenue | | | \$844,777 | | \$1,004,099 | | \$873,692 | | \$812,704 | | \$865,473 | | \$859,516 |
| | Gross Revenue | | | \$1,257,716 | | \$1,530,917 | | \$1,589,996 | | \$1,487,956 | | \$1,526,536 | | \$1,379,368 |
| | CASH | | | | | | | | | | | | | |
| | Cash Collections as a % of Net Revenue | 100% | | 79% | | 109% | | 67% | | 117% | | 96% | | 98% |
| | Cash Collections | | | \$757,474 | | \$919,408 | | \$667,778 | | \$1,022,607 | | \$782,067 | | \$847,125 |
| | ACCOUNTS RECEIVABLE | | | | | | | | | | | | | |
| | Net AR | | | \$1,518,671 | | \$1,742,644 | | \$1,628,273 | | \$1,646,539 | | \$2,015,550 | | \$2,298,768 |
| | Gross AR | | | \$3,037,601 | | \$3,429,267 | | \$3,600,312 | | \$3,977,473 | | \$4,260,844 | | \$4,103,537 |
| Unbilled | 3 | | 5.2 | | 8.8 | | 9.4 | | 12.4 | | 12.0 | | 11.4 | |
| Third Party | 34 | | 37.8 | | 37.5 | | 34.5 | | 34.0 | | 35.9 | | 32.5 | |
| Self Pay | 26 | | 30.1 | | 28.8 | | 31.8 | | 33.0 | | 37.3 | | 42.0 | |
| Total Days in AR | 63 | | 73.1 | | 75.2 | | 75.6 | | 79.4 | | 85.1 | | 85.9 | |
| Days in AR - Credit Balances | < 1 | | 2.22 | | 2.10 | | 1.93 | | 1.72 | | 1.94 | | 1.99 | |
| UNBILLED | | | | | | | | | | | | | | |
| In-house | < 2 Days | | 0.0 | | 0.3 | | 0.0 | | 1.2 | | 0.4 | | 0.1 | |
| DNFB | < 1 Day | | 5.2 | | 8.6 | | 9.4 | | 11.2 | | 11.5 | | 11.3 | |
| Total Unbilled | <3 Days | | 5.2 | | 8.8 | | 9.4 | | 12.4 | | 12.0 | | 11.4 | |

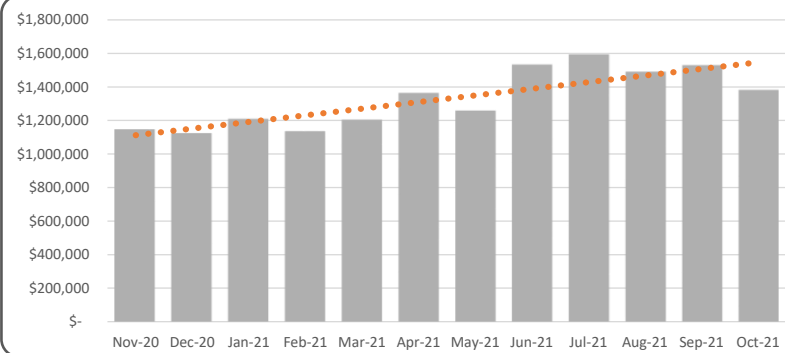
| Third Party | | Target | May-21 | | June-21 | | July-21 | | August-21 | | September-21 | | October-21 | | |
|---------------------------|-----------------------------------|--------|------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|
| | AGING (excluding credits) | | | | | | | | | | | | | | |
| | Medicare Aging > 90 Days | 9% | 6.1% | \$ 36,583 | 18.9% | \$ 120,018 | 18.8% | \$ 124,809 | 16.8% | \$ 94,348 | 11.7% | \$ 88,085 | 11.8% | \$ 103,070 | |
| | Medicaid Aging > 90 Days | 16% | 21.2% | \$ 183,740 | 16.7% | \$ 182,397 | 18.1% | \$ 179,476 | 12.6% | \$ 166,192 | 29.6% | \$ 381,545 | 22.1% | \$ 202,685 | |
| | Commercial Aging > 90 Days | 18% | 30.2% | \$ 107,604 | 23.3% | \$ 96,731 | 25.2% | \$ 114,745 | 23.8% | \$ 109,064 | 39.2% | \$ 149,793 | 35.4% | \$ 121,430 | |
| | Work Comp Aging > 90 Days | 36% | 28.6% | \$ 7,858 | 22.3% | \$ 9,196 | 24.0% | \$ 10,144 | 29.6% | \$ 14,392 | 37.6% | \$ 16,007 | 55.1% | \$ 17,005 | |
| | Total Third Party Aging > 90 Days | 15% | 18.2% | \$ 335,785 | 18.7% | \$ 408,342 | 19.9% | \$ 429,174 | 16.1% | \$ 383,996 | 25.8% | \$ 635,430 | 20.5% | \$ 444,190 | |
| | CLAIM SUBMISSION EFFICIENCY | | | | | | | | | | | | | | |
| | Claims Submission | | | 1,293 | \$ 1,403,286 | 1,364 | \$ 1,210,063 | 2,032 | \$ 1,568,158 | 2,357 | \$ 1,543,681 | 1,820 | \$ 1,421,703 | 1,579 | \$ 1,164,069 |
| | Clean Claims | 85% | | 84% | | 86% | | 80% | | 87% | | 85% | | 82% | |
| Denial Percent | 5% | | 3% | | 4% | | 6% | | 2% | | 5% | | 5% | | |
| Total Denial Rate | Count Amt | 50 | \$ 27,346 | 79 | \$ 52,070 | 76 | \$ 66,666 | 106 | \$ 31,251 | 93 | \$ 73,865 | 81 | \$ 66,251 | | |
| Late Charges | Count Amt | - | \$ - | 12 | \$ (16,174) | 36 | \$ 2,131 | 14 | \$ (888) | 59 | \$ (179) | 4 | \$ 442 | | |
| Communication Log Backlog | | 242 | \$ 306,149 | 228 | \$ 183,554 | 200 | \$ 190,188 | 196 | \$ 178,436 | 177 | \$ 163,425 | 152 | \$ 280,519 | | |

| Self Pay | | Target | May-21 | | June-21 | | July-21 | | August-21 | | September-21 | | October-21 | |
|--------------------------------------|-----------------------------------|--------------|------------|--------------|-----------|--------------|-----------|--------------|------------|--------------|--------------|--------------|------------|--------------|
| | INVENTORY & QUALITY | | | | | | | | | | | | | |
| | Total Inventory | | 2,349 | \$ 1,250,914 | 2,344 | \$ 1,313,186 | 2,805 | \$ 1,511,345 | 3,271 | \$ 1,653,468 | 3,545 | \$ 1,866,174 | 3,862 | \$ 2,006,398 |
| | New | | 358 | \$ 112,091 | 341 | \$ 123,757 | 648 | \$ 158,139 | 742 | \$ 119,678 | 328 | \$ 117,508 | 501 | \$ 120,469 |
| | Resolved | | 247 | \$ 165,411 | 261 | \$ 103,198 | 276 | \$ 101,147 | 222 | \$ 65,720 | 184 | \$ 19,746 | 198 | \$ 34,137 |
| | Aged >120 days from Assignment | < 25% | 52.5% | \$ 656,936 | 52.4% | \$ 687,610 | 44.1% | \$ 666,192 | 39.3% | \$ 649,510 | 34.8% | \$ 650,082 | 33.1% | \$ 664,210 |
| | Total Payment Plans over 120 days | | \$8,739 | | \$12,321 | | \$16,519 | | \$14,093 | | \$19,364 | | \$12,744 | |
| | Average Speed to Answer | < 60 seconds | 0 | | 57 | | 137 | | 134 | | 139 | | 225 | |
| | STATEMENTS & LETTERS | | | | | | | | | | | | | |
| | Statements & Letters | | | 0 | | 572 | | 337 | | 314 | | 247 | | 262 |
| Charity Care Applications In Process | | 0 | \$ - | 0 | \$ - | 0 | \$ - | 0 | \$ - | 0 | \$ - | 0 | \$ - | |
| Inbound and Outbound Calls | In Out | 0 | 0 | 120 | 127 | 40 | 216 | 156 | 152 | 139 | 29 | 119 | 39 | |
| WRITE OFFS | | | | | | | | | | | | | | |
| Bad Debt as a % of Gross Revenue | < 2% | 11.3% | \$ 141,507 | 5.1% | \$ 78,584 | 4.7% | \$ 75,234 | 2.9% | \$ 43,004 | 0.5% | \$ 7,470 | 0.5% | \$ 6,828 | |
| Charity as a % of Gross Revenue | < 2% | 0.2% | \$ 1,973 | 0.6% | \$ 9,813 | 0.4% | \$ 5,845 | 14.2% | \$ 210,892 | 0.4% | \$ 5,495 | 0.2% | \$ 3,409 | |

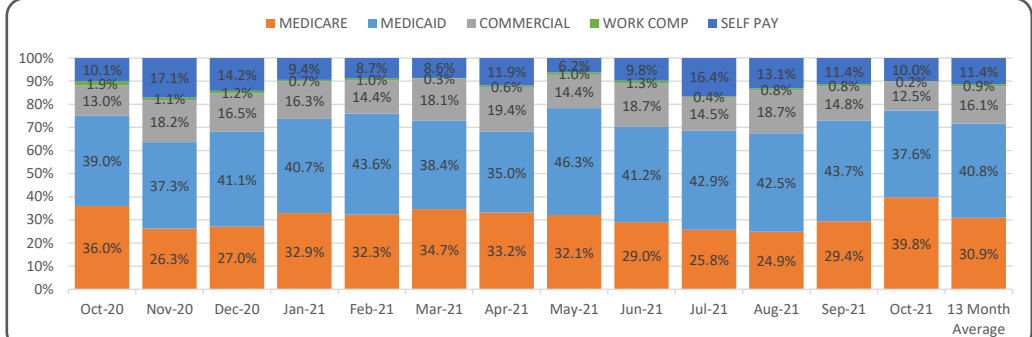
GROSS REVENUE

| PAYER | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | 13 Month Average |
|------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| MEDICARE | \$ 441,591 | \$ 301,461 | \$ 303,877 | \$ 397,801 | \$ 366,846 | \$ 416,998 | \$ 451,623 | \$ 403,310 | \$ 443,866 | \$ 409,439 | \$ 370,915 | \$ 448,301 | \$ 548,436 | \$ 408,036 |
| MEDICAID | \$ 478,365 | \$ 427,392 | \$ 461,230 | \$ 491,997 | \$ 495,282 | \$ 461,354 | \$ 476,146 | \$ 582,132 | \$ 630,039 | \$ 681,573 | \$ 632,322 | \$ 666,353 | \$ 518,532 | \$ 538,670 |
| COMMERCIAL | \$ 158,772 | \$ 208,357 | \$ 185,906 | \$ 196,588 | \$ 163,035 | \$ 217,456 | \$ 263,926 | \$ 180,952 | \$ 286,590 | \$ 230,932 | \$ 277,534 | \$ 225,873 | \$ 172,566 | \$ 212,960 |
| WORK COMP | \$ 23,045 | \$ 13,054 | \$ 13,392 | \$ 7,988 | \$ 11,290 | \$ 3,431 | \$ 7,980 | \$ 13,119 | \$ 19,930 | \$ 6,551 | \$ 12,495 | \$ 12,387 | \$ 2,285 | \$ 11,304 |
| SELF PAY | \$ 123,246 | \$ 195,759 | \$ 158,995 | \$ 113,949 | \$ 98,464 | \$ 103,453 | \$ 162,349 | \$ 78,203 | \$ 150,492 | \$ 261,501 | \$ 194,690 | \$ 173,622 | \$ 137,550 | \$ 150,175 |
| TOTAL | \$ 1,225,020 | \$ 1,146,022 | \$ 1,123,400 | \$ 1,208,323 | \$ 1,134,917 | \$ 1,202,691 | \$ 1,362,024 | \$ 1,257,716 | \$ 1,530,917 | \$ 1,589,996 | \$ 1,487,956 | \$ 1,526,536 | \$ 1,379,368 | \$ 1,321,145 |
| AVERAGE DAILY REVENUE | \$ 47,903 | \$ 41,222 | \$ 37,983 | \$ 37,802 | \$ 38,518 | \$ 39,399 | \$ 41,569 | \$ 41,548 | \$ 45,612 | \$ 47,594 | \$ 50,096 | \$ 50,049 | \$ 47,759 | \$ 43,620 |

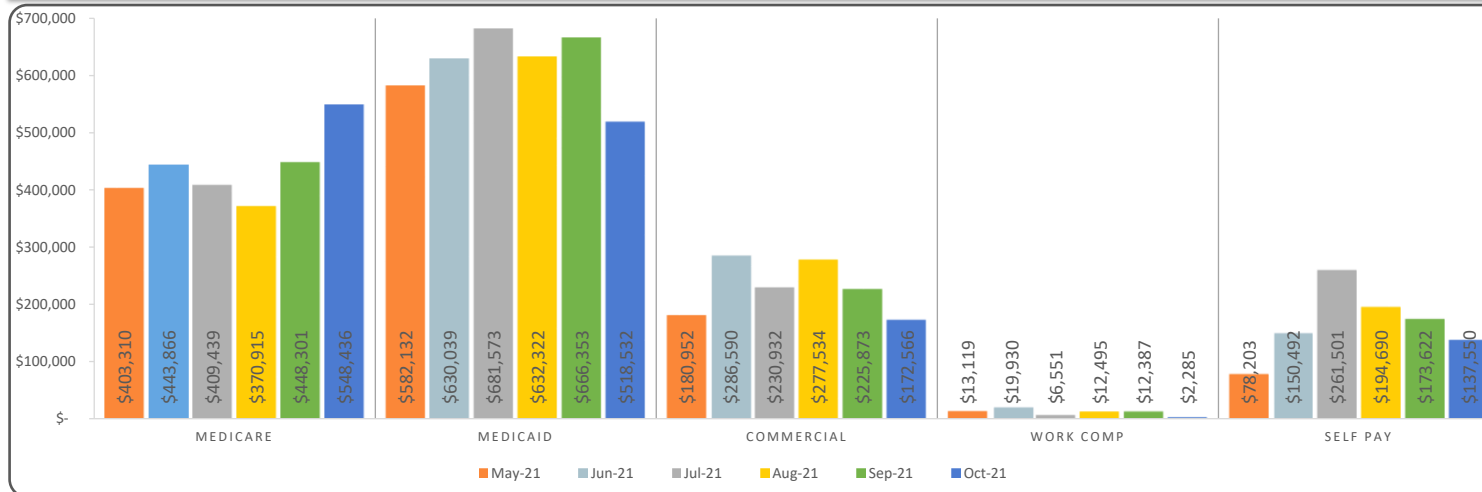
Gross Revenue



Payer Mix



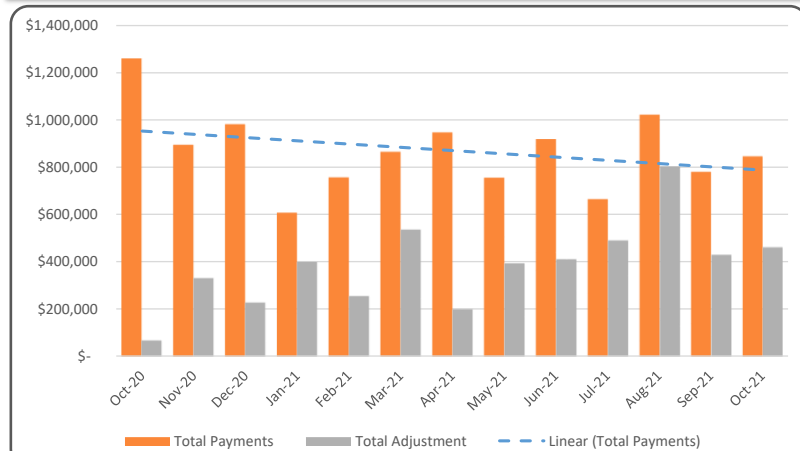
Revenue Trending By Payer



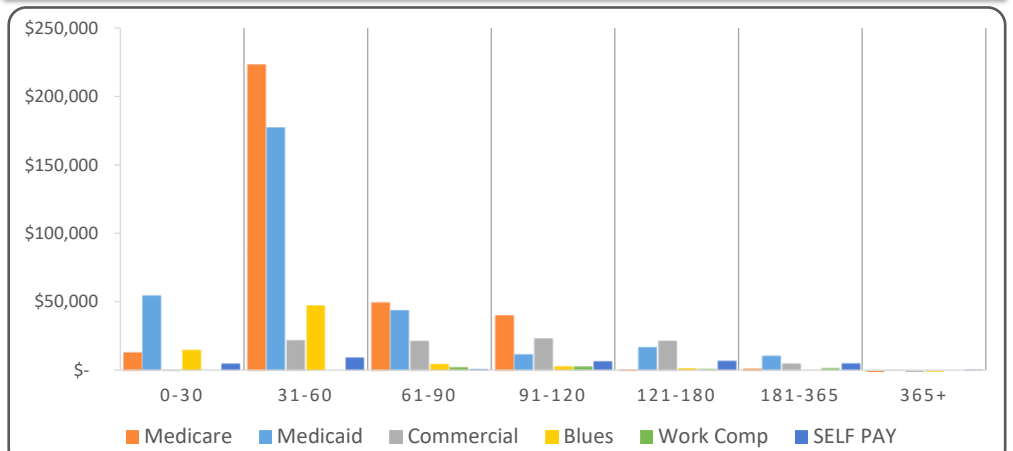
CASH DETAIL

| PAYER | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | 13 Month Average |
|----------------------|--------------|--------------|--------------|-------------|-------------|-------------|--------------|-------------|-------------|------------|--------------|------------|------------|------------------|
| MEDICARE | | | | | | | | | | | | | | |
| Payments | \$ 882,515 | \$ 495,811 | \$ 577,059 | \$ 257,268 | \$ 406,285 | \$ 463,695 | \$ 571,263 | \$ 406,006 | \$ 453,734 | \$ 312,313 | \$ 434,639 | \$ 302,872 | \$ 324,436 | \$ 452,915 |
| Adjustments | \$ (396,642) | \$ (168,475) | \$ (254,641) | \$ (77,684) | \$ (74,352) | \$ (93,462) | \$ (255,470) | \$ (53,574) | \$ (85,608) | \$ 2,174 | \$ (43,612) | \$ (9,988) | \$ 6,310 | \$ (115,771) |
| Collection % | 182% | 151% | 179% | 143% | 122% | 125% | 181% | 115% | 123% | 99% | 111% | 103% | 98% | 133% |
| MEDICAID | | | | | | | | | | | | | | |
| Payments | \$ 195,681 | \$ 221,152 | \$ 160,074 | \$ 171,139 | \$ 199,789 | \$ 235,677 | \$ 182,937 | \$ 164,512 | \$ 217,061 | \$ 200,717 | \$ 347,502 | \$ 253,418 | \$ 317,123 | \$ 220,522 |
| Adjustments | \$ 315,104 | \$ 275,714 | \$ 290,758 | \$ 237,643 | \$ 237,317 | \$ 366,205 | \$ 274,829 | \$ 235,943 | \$ 314,982 | \$ 303,594 | \$ 482,578 | \$ 353,823 | \$ 360,075 | \$ 311,428 |
| Collection % | 38% | 45% | 36% | 42% | 46% | 39% | 40% | 41% | 41% | 40% | 42% | 42% | 47% | 41% |
| COMMERCIAL | | | | | | | | | | | | | | |
| Payments | \$ 42,414 | \$ 45,190 | \$ 92,109 | \$ 48,563 | \$ 51,231 | \$ 49,668 | \$ 62,265 | \$ 50,004 | \$ 79,894 | \$ 44,139 | \$ 79,233 | \$ 73,099 | \$ 90,785 | \$ 62,200 |
| Adjustments | \$ 31,159 | \$ 11,420 | \$ 40,214 | \$ 29,750 | \$ 16,833 | \$ 22,668 | \$ 34,791 | \$ 20,617 | \$ 40,773 | \$ 11,792 | \$ 30,259 | \$ 22,192 | \$ 38,548 | \$ 27,001 |
| Collection % | 58% | 80% | 70% | 62% | 75% | 69% | 64% | 71% | 66% | 79% | 72% | 77% | 70% | 70% |
| BLUES | | | | | | | | | | | | | | |
| Payments | \$ 74,915 | \$ 50,010 | \$ 75,502 | \$ 67,970 | \$ 71,767 | \$ 64,062 | \$ 78,665 | \$ 86,510 | \$ 118,932 | \$ 75,666 | \$ 115,131 | \$ 97,873 | \$ 71,400 | \$ 80,646 |
| Adjustments | \$ 40,437 | \$ 34,879 | \$ 34,909 | \$ 31,616 | \$ 35,361 | \$ 31,343 | \$ 36,462 | \$ 38,598 | \$ 26,324 | \$ 51,912 | \$ 48,423 | \$ 37,614 | \$ 31,797 | \$ 36,898 |
| Collection % | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 82% | 59% | 70% | 72% | 69% | 71% |
| WORK COMP | | | | | | | | | | | | | | |
| Payments | \$ 21,056 | \$ 39,141 | \$ 11,479 | \$ 10,193 | \$ 2,303 | \$ 1,166 | \$ 10,873 | \$ 7,073 | \$ 5,617 | \$ 2,700 | \$ 2,674 | \$ 12,018 | \$ 7,004 | \$ 10,254 |
| Adjustments | \$ 13,252 | \$ 10,484 | \$ 7,255 | \$ 6,318 | \$ 4,051 | \$ 1,093 | \$ 6,398 | \$ 2,464 | \$ 1,441 | \$ 1,073 | \$ 4,080 | \$ 2,958 | \$ 3,282 | \$ 4,935 |
| Collection % | 61% | 79% | 61% | 62% | 36% | 52% | 63% | 74% | 80% | 72% | 40% | 80% | 68% | 64% |
| SELF PAY | | | | | | | | | | | | | | |
| Payments | \$ 37,912 | \$ 42,761 | \$ 61,487 | \$ 47,532 | \$ 25,429 | \$ 47,003 | \$ 37,376 | \$ 40,142 | \$ 37,654 | \$ 25,468 | \$ 39,318 | \$ 40,860 | \$ 32,085 | \$ 39,617 |
| Bad Debt Recoveries | \$ 4,195 | \$ 1,773 | \$ 5,046 | \$ 7,298 | \$ 1,602 | \$ 5,126 | \$ 4,903 | \$ 3,226 | \$ 6,515 | \$ 6,775 | \$ 4,111 | \$ 1,927 | \$ 4,291 | \$ 4,368 |
| Adjustments | \$ 11,864 | \$ 52,501 | \$ 52,707 | \$ 32,351 | \$ 23,114 | \$ 2,051 | \$ 26,379 | \$ 7,216 | \$ 25,627 | \$ 39,124 | \$ 24,880 | \$ 10,968 | \$ 11,569 | \$ 24,642 |
| Charity Care | \$ 21,895 | \$ 51,441 | \$ 1,809 | \$ 15,633 | \$ 14,071 | \$ 5,744 | \$ 580 | \$ 1,973 | \$ 9,813 | \$ 5,845 | \$ 210,892 | \$ 5,495 | \$ 3,409 | \$ 26,815 |
| Bad Debt | \$ 31,334 | \$ 63,838 | \$ 56,328 | \$ 125,709 | \$ - | \$ 200,583 | \$ 76,235 | \$ 141,507 | \$ 78,584 | \$ 75,234 | \$ 43,004 | \$ 7,470 | \$ 6,828 | \$ 69,743 |
| Total SP Adjustments | \$ 65,093 | \$ 167,780 | \$ 110,843 | \$ 173,693 | \$ 37,185 | \$ 208,378 | \$ 103,194 | \$ 150,696 | \$ 114,024 | \$ 120,203 | \$ 278,776 | \$ 23,933 | \$ 21,806 | \$ 121,200 |
| Collection % | 37% | 20% | 36% | 21% | 41% | 18% | 27% | 21% | 25% | 17% | 12% | 63% | 60% | 31% |
| TOTAL | | | | | | | | | | | | | | |
| Total Payments | \$ 1,258,688 | \$ 895,838 | \$ 982,756 | \$ 609,963 | \$ 758,406 | \$ 866,398 | \$ 948,282 | \$ 757,474 | \$ 919,408 | \$ 667,778 | \$ 1,022,607 | \$ 782,067 | \$ 847,125 | \$ 870,522 |
| Total Adjustment | \$ 68,403 | \$ 331,802 | \$ 229,338 | \$ 401,336 | \$ 256,395 | \$ 536,225 | \$ 200,204 | \$ 394,744 | \$ 411,937 | \$ 490,749 | \$ 800,505 | \$ 430,532 | \$ 461,817 | \$ 264,491 |
| Total Collection % | 95% | 73% | 81% | 60% | 75% | 62% | 83% | 66% | 69% | 58% | 56% | 64% | 65% | 70% |

Cash & Adjustment Trending

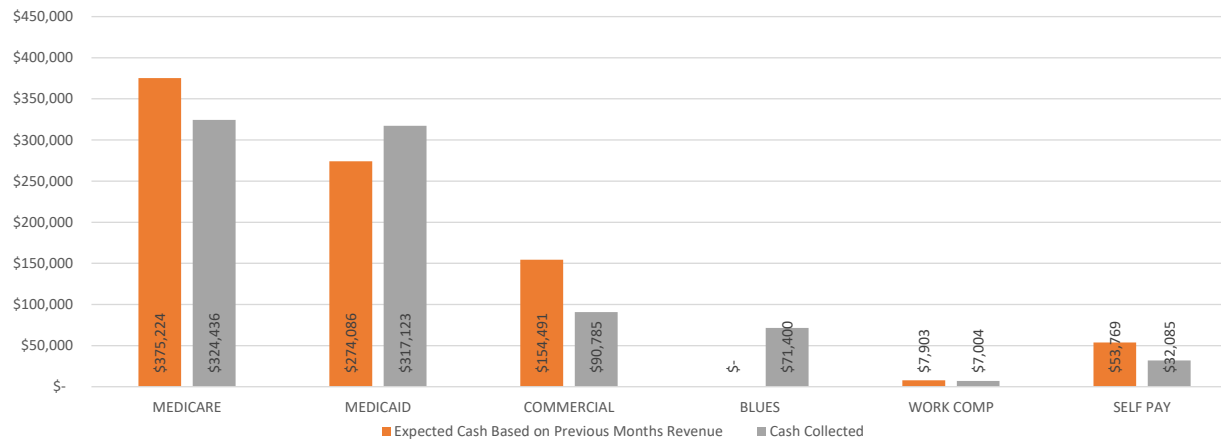


Cash Collections by Discharge Date

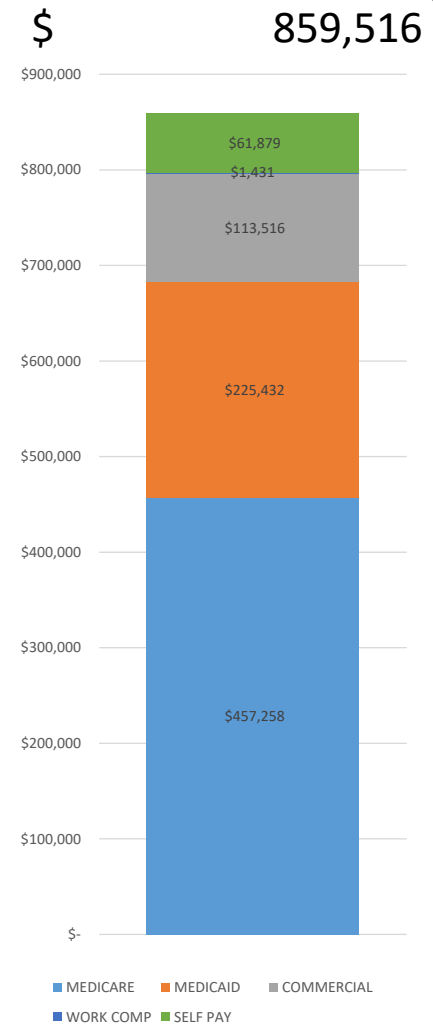


CASH FORECASTING

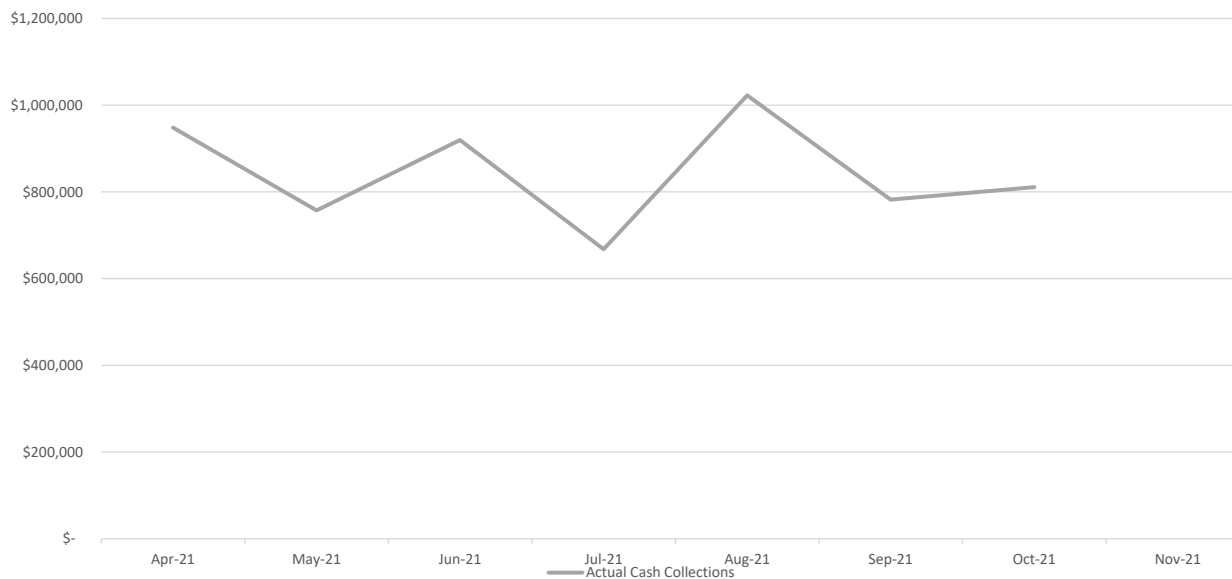
Expected Last Month vs Cash Collected (Based on Previous Months Revenue)



Cash Expected Next Month
(Based on this Months Revenue)



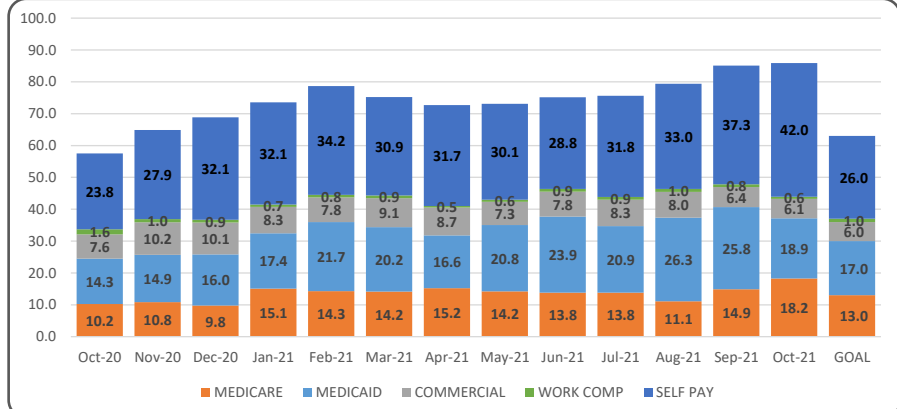
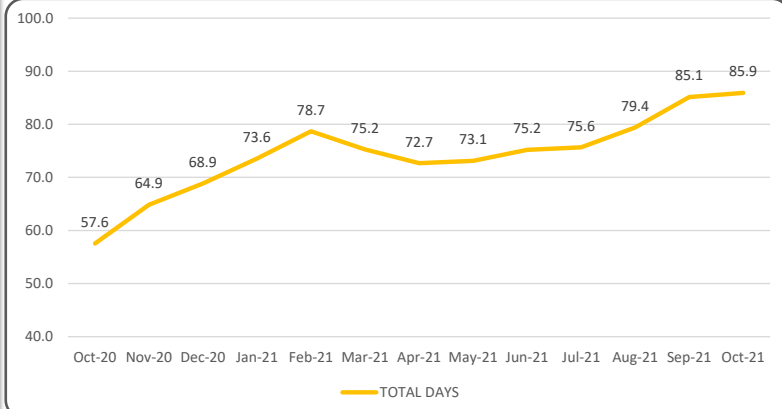
Expected Cash Based on Claim Submissions and Historical Collections



ACCOUNTS RECEIVABLE

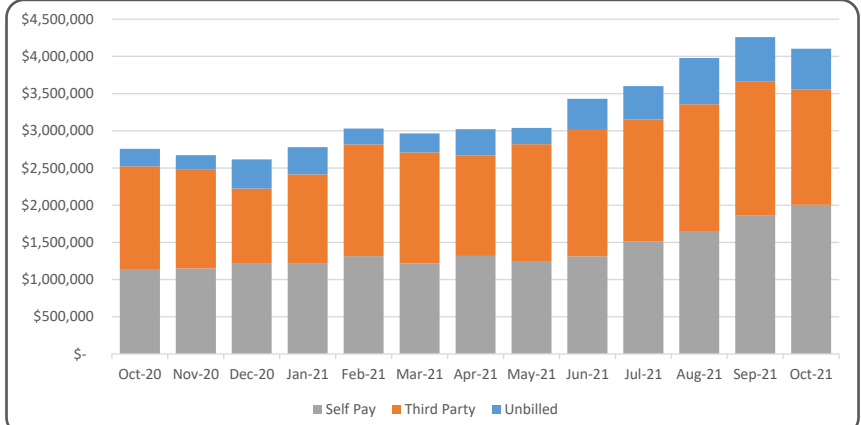
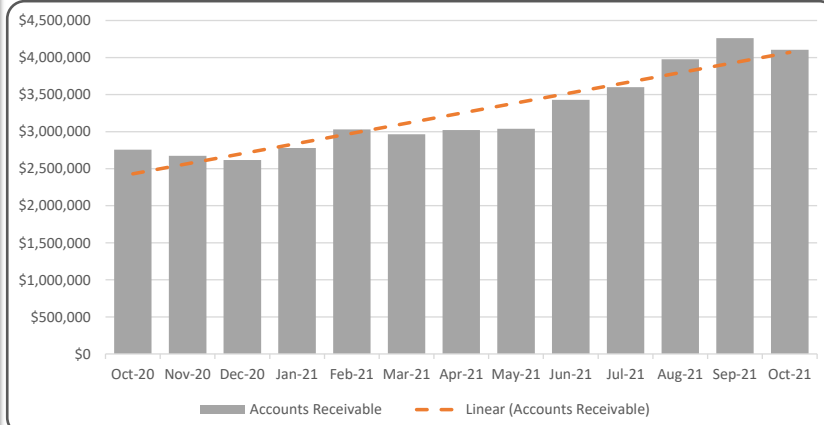
AR Days

| PAYER | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | 13 Month Average |
|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|
| MEDICARE | 10.2 | 10.8 | 9.8 | 15.1 | 14.3 | 14.2 | 15.2 | 14.2 | 13.8 | 13.8 | 11.1 | 14.9 | 18.2 | 13.5 |
| MEDICAID | 14.3 | 14.9 | 16.0 | 17.4 | 21.7 | 20.2 | 16.6 | 20.8 | 23.9 | 20.9 | 26.3 | 25.8 | 18.9 | 19.8 |
| COMMERCIAL | 7.6 | 10.2 | 10.1 | 8.3 | 7.8 | 9.1 | 8.7 | 7.3 | 7.8 | 8.3 | 8.0 | 6.4 | 6.1 | 8.1 |
| WORK COMP | 1.6 | 1.0 | 0.9 | 0.7 | 0.8 | 0.9 | 0.5 | 0.6 | 0.9 | 0.9 | 1.0 | 0.8 | 0.6 | 0.9 |
| SELF PAY | 23.8 | 27.9 | 32.1 | 32.1 | 34.2 | 30.9 | 31.7 | 30.1 | 28.8 | 31.8 | 33.0 | 37.3 | 42.0 | 32.0 |
| TOTAL DAYS | 57.6 | 64.9 | 68.9 | 73.6 | 78.7 | 75.2 | 72.7 | 73.1 | 75.2 | 75.6 | 79.4 | 85.1 | 85.9 | 74.3 |



AR Balance

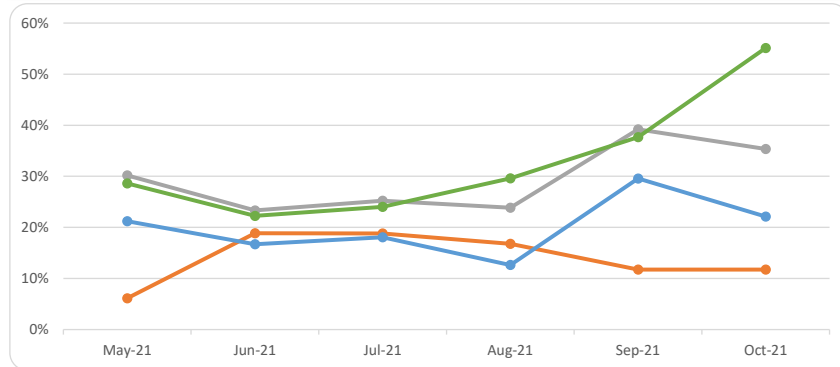
| PAYER | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | 13 Month Average |
|------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------------|
| MEDICARE | \$ 489,565 | \$ 446,675 | \$ 372,289 | \$ 570,425 | \$ 550,291 | \$ 557,849 | \$ 633,863 | \$ 591,567 | \$ 630,044 | \$ 658,291 | \$ 557,543 | \$ 744,813 | \$ 871,052 | \$ 590,328 |
| MEDICAID | \$ 684,394 | \$ 613,254 | \$ 607,802 | \$ 656,521 | \$ 834,503 | \$ 795,784 | \$ 688,724 | \$ 863,638 | \$ 1,090,509 | \$ 992,726 | \$ 1,315,195 | \$ 1,289,536 | \$ 904,985 | \$ 872,121 |
| COMMERCIAL | \$ 365,091 | \$ 420,793 | \$ 381,909 | \$ 313,456 | \$ 300,566 | \$ 357,604 | \$ 361,943 | \$ 304,915 | \$ 355,123 | \$ 396,231 | \$ 403,116 | \$ 318,247 | \$ 290,697 | \$ 351,515 |
| WORK COMP | \$ 76,664 | \$ 41,087 | \$ 33,185 | \$ 27,222 | \$ 29,092 | \$ 35,071 | \$ 19,610 | \$ 26,567 | \$ 40,405 | \$ 41,719 | \$ 48,151 | \$ 42,074 | \$ 30,405 | \$ 37,789 |
| SELF PAY | \$ 1,141,157 | \$ 1,151,816 | \$ 1,220,883 | \$ 1,212,804 | \$ 1,316,087 | \$ 1,218,382 | \$ 1,317,199 | \$ 1,250,914 | \$ 1,313,186 | \$ 1,511,345 | \$ 1,653,468 | \$ 1,866,174 | \$ 2,006,398 | \$ 1,398,447 |
| TOTAL | \$ 2,756,871 | \$ 2,673,625 | \$ 2,616,068 | \$ 2,780,428 | \$ 3,030,539 | \$ 2,964,690 | \$ 3,021,339 | \$ 3,037,601 | \$ 3,429,267 | \$ 3,600,312 | \$ 3,977,473 | \$ 4,260,844 | \$ 4,103,537 | \$ 3,250,200 |



ACCOUNTS RECEIVABLE AGING

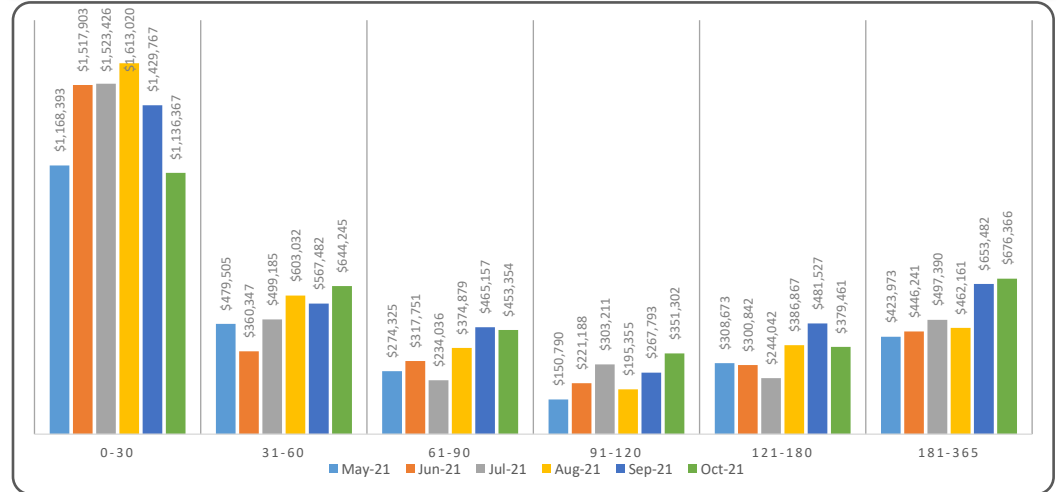
| | 0-30 Days | | 31-60 Days | | 61-90 Days | | 91-120 Days | | 121-180 Days | | 181-365 Days | | 366+ Days | | Grand Totals | |
|----------------------------|-------------|---------------------|------------|-------------------|------------|-------------------|-------------|-------------------|--------------|-------------------|--------------|-------------------|-------------|-------------------|--------------|---------------------|
| | # Acts | \$ | # Acts | \$ | # Acts | \$ | # Acts | \$ | # Acts | \$ | # Acts | \$ | # Acts | \$ | # Acts | \$ |
| MEDICARE | | | | | | | | | | | | | | | | |
| Non-Credit | 493 | \$ 470,001 | 142 | \$ 214,412 | 35 | \$ 88,998 | 15 | \$ 17,128 | 30 | \$ 39,433 | 153 | \$ 42,582 | 8 | \$ 3,927 | 876 | \$ 876,481 |
| Credit | 0 | \$ - | 0 | \$ - | 0 | \$ - | 0 | \$ - | 0 | \$ - | 1 | \$ (101) | 9 | \$ (5,328) | 10 | \$ (5,429) |
| TOTAL | 493 | \$ 470,001 | 142 | \$ 214,412 | 35 | \$ 88,998 | 15 | \$ 17,128 | 30 | \$ 39,433 | 154 | \$ 42,481 | 17 | \$ (1,401) | 886 | \$ 871,052 |
| MEDICAID | | | | | | | | | | | | | | | | |
| Non-Credit | 336 | \$ 433,549 | 154 | \$ 153,192 | 109 | \$ 126,261 | 58 | \$ 44,597 | 57 | \$ 35,190 | 38 | \$ 111,913 | 14 | \$ 10,985 | 766 | \$ 915,687 |
| Credit | 0 | \$ - | 2 | \$ (363) | 0 | \$ - | 0 | \$ - | 0 | \$ - | 5 | \$ (184) | 6 | \$ (10,155) | 13 | \$ (10,702) |
| TOTAL | 336 | \$ 433,549 | 156 | \$ 152,829 | 109 | \$ 126,261 | 58 | \$ 44,597 | 57 | \$ 35,190 | 43 | \$ 111,729 | 20 | \$ 830 | 779 | \$ 904,985 |
| COMMERCIAL | | | | | | | | | | | | | | | | |
| Non-Credit | 318 | \$ 132,103 | 150 | \$ 51,830 | 65 | \$ 37,999 | 38 | \$ 20,482 | 31 | \$ 39,855 | 48 | \$ 20,902 | 46 | \$ 40,191 | 696 | \$ 343,362 |
| Credit | 0 | \$ - | 5 | \$ (463) | 3 | \$ (151) | 0 | \$ - | 10 | \$ (15,043) | 35 | \$ (3,073) | 362 | \$ (33,935) | 415 | \$ (52,665) |
| TOTAL | 318 | \$ 132,103 | 155 | \$ 51,367 | 68 | \$ 37,848 | 38 | \$ 20,482 | 41 | \$ 24,812 | 83 | \$ 17,829 | 408 | \$ 6,256 | 1111 | \$ 290,697 |
| WORK COMP | | | | | | | | | | | | | | | | |
| Non-Credit | 8 | \$ 1,550 | 18 | \$ 4,481 | 12 | \$ 7,813 | 7 | \$ 2,448 | 26 | \$ 7,049 | 10 | \$ 3,834 | 6 | \$ 3,674 | 87 | \$ 30,849 |
| Credit | 0 | \$ - | 0 | \$ - | 0 | \$ - | 0 | \$ - | 0 | \$ - | 0 | \$ - | 2 | \$ (444) | 2 | \$ (444) |
| TOTAL | 8 | \$ 1,550 | 18 | \$ 4,481 | 12 | \$ 7,813 | 7 | \$ 2,448 | 26 | \$ 7,049 | 10 | \$ 3,834 | 8 | \$ 3,230 | 89 | \$ 30,405 |
| SELF PAY | | | | | | | | | | | | | | | | |
| Non-Credit | 147 | \$ 99,679 | 400 | \$ 221,319 | 371 | \$ 192,828 | 325 | \$ 267,299 | 466 | \$ 273,710 | 1167 | \$ 503,244 | 650 | \$ 474,001 | 3526 | \$ 2,032,080 |
| Credit | 4 | \$ (515) | 2 | \$ (163) | 4 | \$ (394) | 8 | \$ (652) | 6 | \$ (733) | 36 | \$ (2,751) | 276 | \$ (20,474) | 336 | \$ (25,682) |
| TOTAL | 151 | \$ 99,164 | 402 | \$ 221,156 | 375 | \$ 192,434 | 333 | \$ 266,647 | 472 | \$ 272,977 | 1203 | \$ 500,493 | 926 | \$ 453,527 | 3862 | \$ 2,006,398 |
| ACCOUNTS RECEIVABLE | | | | | | | | | | | | | | | | |
| Non-Credit | 1302 | \$ 1,136,882 | 864 | \$ 645,234 | 592 | \$ 453,899 | 443 | \$ 351,954 | 610 | \$ 395,237 | 1416 | \$ 682,475 | 724 | \$ 532,778 | 5951 | \$ 4,198,459 |
| Credit | 4 | \$ (515) | 9 | \$ (989) | 7 | \$ (545) | 8 | \$ (652) | 16 | \$ (15,776) | 77 | \$ (6,109) | 655 | \$ (70,336) | 776 | \$ (94,922) |
| GRAND TOTAL | 1306 | \$ 1,136,367 | 873 | \$ 644,245 | 599 | \$ 453,354 | 451 | \$ 351,302 | 626 | \$ 379,461 | 1493 | \$ 676,366 | 1379 | \$ 462,442 | 6727 | \$ 4,103,537 |

Aged Over 90 Days Trending (excluding Credits)



| | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 |
|------------|--------|--------|--------|--------|--------|--------|
| Medicare | 6.1% | 18.9% | 18.8% | 16.8% | 11.7% | 11.8% |
| Medicaid | 21.2% | 16.7% | 18.1% | 12.6% | 29.6% | 22.1% |
| Commercial | 30.2% | 23.3% | 25.2% | 23.8% | 39.2% | 35.4% |
| Work Comp | 28.6% | 22.3% | 24.0% | 29.6% | 37.6% | 55.1% |

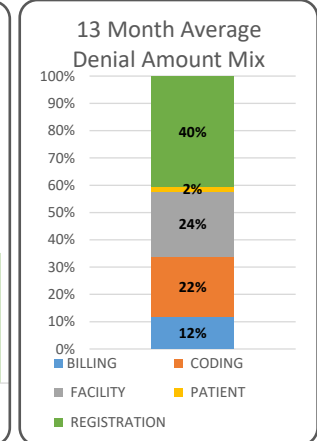
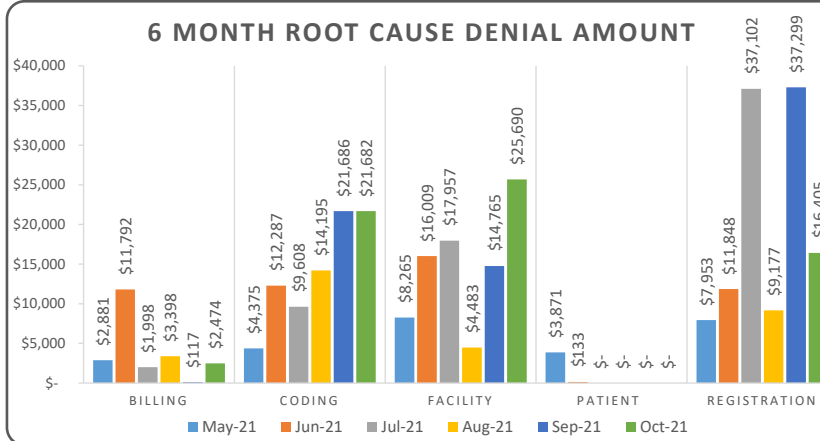
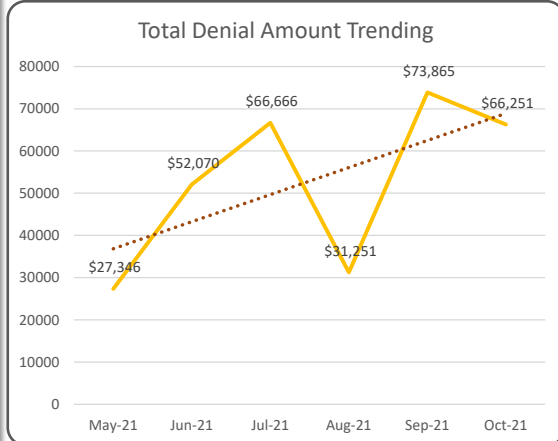
6 Month Aging



DENIAL MANAGEMENT

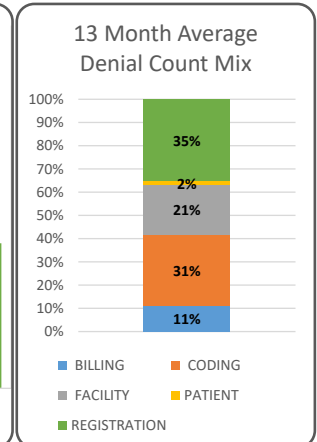
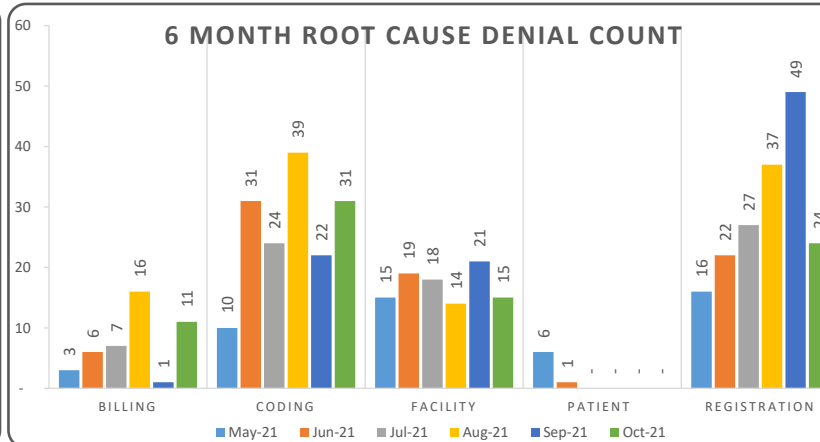
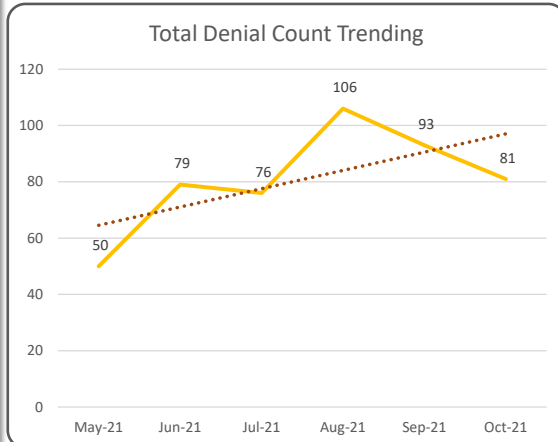
Denial Amount

| AMOUNT | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | 13 Month Average |
|--------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------------|
| BILLING | \$ 6,256 | \$ 20,365 | \$ 3,842 | \$ 1,496 | \$ 5,392 | \$ 19,523 | \$ 4,792 | \$ 2,881 | \$ 11,792 | \$ 1,998 | \$ 3,398 | \$ 117 | \$ 2,474 | \$ 6,486 |
| CODING | \$ 15,554 | \$ 12,223 | \$ 7,094 | \$ 1,751 | \$ 8,456 | \$ 17,039 | \$ 6,192 | \$ 4,375 | \$ 12,287 | \$ 9,608 | \$ 14,195 | \$ 21,686 | \$ 21,682 | \$ 11,703 |
| FACILITY | \$ 5,380 | \$ 23,698 | \$ 14,266 | \$ 17,199 | \$ 1,339 | \$ 7,082 | \$ 12,419 | \$ 8,265 | \$ 16,009 | \$ 17,957 | \$ 4,483 | \$ 14,765 | \$ 25,690 | \$ 12,966 |
| PATIENT | \$ 7,817 | \$ 143 | \$ 334 | \$ - | \$ 238 | \$ - | \$ - | \$ 3,871 | \$ 133 | \$ - | \$ - | \$ - | \$ - | \$ 964 |
| REGISTRATION | \$ 33,819 | \$ 18,029 | \$ 17,011 | \$ 32,929 | \$ 11,944 | \$ 23,606 | \$ 25,658 | \$ 7,953 | \$ 11,848 | \$ 37,102 | \$ 9,177 | \$ 37,299 | \$ 16,405 | \$ 21,752 |
| TOTAL | \$ 68,826 | \$ 74,457 | \$ 42,546 | \$ 53,375 | \$ 27,370 | \$ 67,250 | \$ 49,060 | \$ 27,346 | \$ 52,070 | \$ 66,666 | \$ 31,251 | \$ 73,865 | \$ 66,251 | \$ 53,872 |



Denial Count

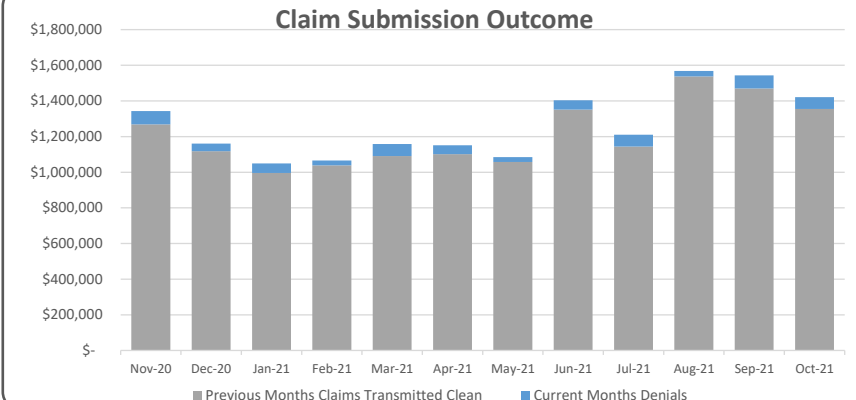
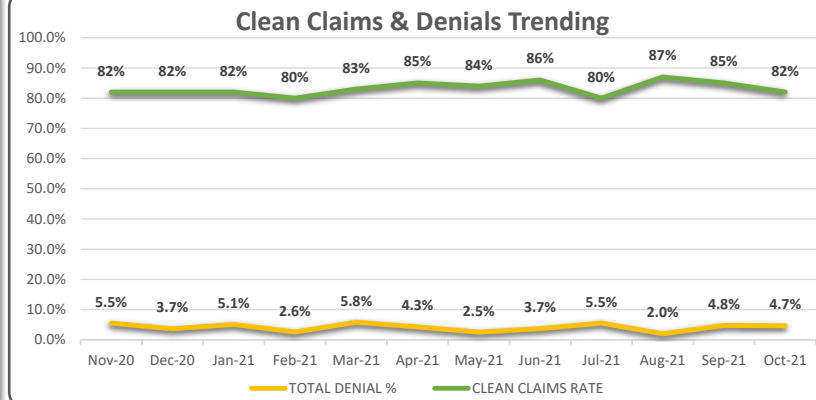
| COUNT | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | 13 Month Average |
|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|
| BILLING | 14 | 18 | 8 | 4 | 5 | 4 | 16 | 3 | 6 | 7 | 16 | 1 | 11 | 9 |
| CODING | 40 | 21 | 27 | 12 | 11 | 20 | 22 | 10 | 31 | 24 | 39 | 22 | 31 | 24 |
| FACILITY | 16 | 20 | 10 | 14 | 17 | 15 | 21 | 15 | 19 | 18 | 14 | 21 | 15 | 17 |
| PATIENT | 5 | 1 | 2 | - | 2 | - | - | 6 | 1 | - | - | - | - | 1 |
| REGISTRATION | 36 | 16 | 20 | 25 | 16 | 35 | 33 | 16 | 22 | 27 | 37 | 49 | 24 | 27 |
| TOTAL | 111 | 76 | 67 | 55 | 51 | 74 | 92 | 50 | 79 | 76 | 106 | 93 | 81 | 78 |



CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

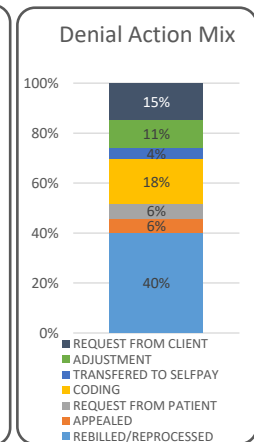
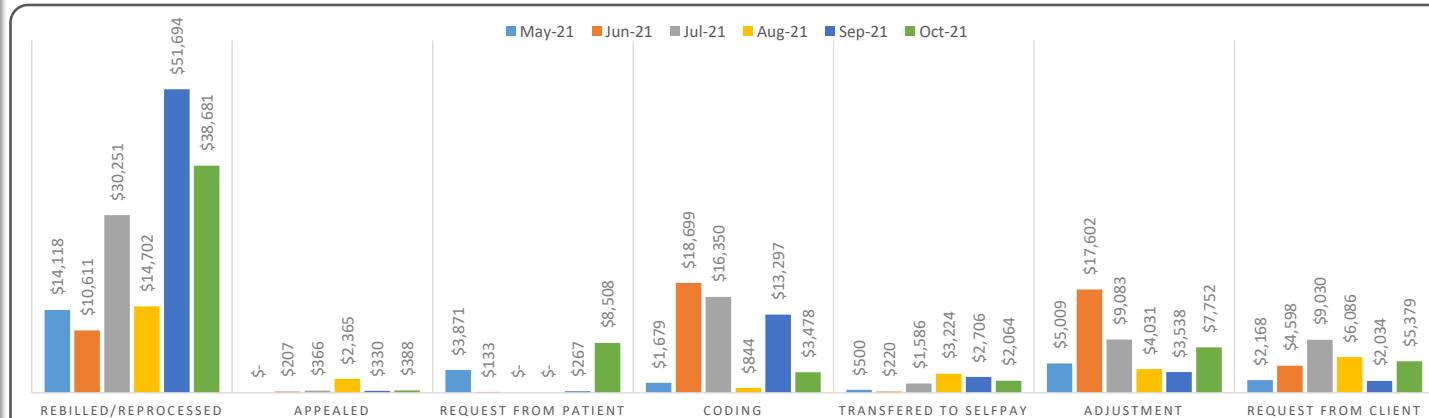
Denial & Clean Claim Trending

| | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | 13 Month Average |
|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------------|
| DENIAL AMOUNT | \$ 68,826 | \$ 74,457 | \$ 42,546 | \$ 53,375 | \$ 27,370 | \$ 67,250 | \$ 49,060 | \$ 27,346 | \$ 52,070 | \$ 66,666 | \$ 31,251 | \$ 73,865 | \$ 66,251 | \$ 53,872 |
| PREVIOUS MONTH'S TRANSMITTED CLAIMS | \$ 1,585,992 | \$ 1,343,099 | \$ 1,160,550 | \$ 1,049,133 | \$ 1,066,340 | \$ 1,157,620 | \$ 1,150,807 | \$ 1,084,803 | \$ 1,403,286 | \$ 1,210,063 | \$ 1,568,158 | \$ 1,543,681 | \$ 1,421,703 | \$ 1,288,095 |
| TOTAL DENIAL % | 4.3% | 5.5% | 3.7% | 5.1% | 2.6% | 5.8% | 4.3% | 2.5% | 3.7% | 5.5% | 2.0% | 4.8% | 4.7% | 4.2% |
| CLEAN CLAIMS RATE | 76% | 82% | 82% | 82% | 80% | 83% | 85% | 84% | 86% | 80% | 87% | 85% | 82% | 83% |



Action Taken on Denials

| DENIAL ACTION | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | 13 Month Average |
|-------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------------|
| REBILLED/REPROCESSED | \$ 17,712 | \$ 16,978 | \$ 8,229 | \$ 3,123 | \$ 13,267 | \$ 29,439 | \$ 32,078 | \$ 14,118 | \$ 10,611 | \$ 30,251 | \$ 14,702 | \$ 51,694 | \$ 38,681 | \$ 21,606 |
| APPEALED | \$ 3,225 | \$ 4,243 | \$ 1,553 | \$ 23,761 | \$ 1,172 | \$ - | \$ 2,391 | \$ - | \$ 207 | \$ 366 | \$ 2,365 | \$ 330 | \$ 388 | \$ 3,077 |
| REQUEST FROM PATIENT | \$ 11,192 | \$ 531 | \$ 496 | \$ 252 | \$ 568 | \$ 15,192 | \$ 1,853 | \$ 3,871 | \$ 133 | \$ - | \$ - | \$ 267 | \$ 8,508 | \$ 3,297 |
| CODING | \$ 4,815 | \$ 26,723 | \$ 12,470 | \$ 19,231 | \$ 637 | \$ 2,790 | \$ 2,954 | \$ 1,679 | \$ 18,699 | \$ 16,350 | \$ 844 | \$ 13,297 | \$ 3,478 | \$ 9,536 |
| TRANSFERRED TO SELFPAY | \$ 5,868 | \$ 2,379 | \$ 6,395 | \$ 3,057 | \$ 433 | \$ 931 | \$ 2,072 | \$ 500 | \$ 220 | \$ 1,586 | \$ 3,224 | \$ 2,706 | \$ 2,064 | \$ 2,418 |
| ADJUSTMENT | \$ 13,423 | \$ 2,619 | \$ 2,929 | \$ 3,179 | \$ 1,992 | \$ 4,018 | \$ 2,783 | \$ 5,009 | \$ 17,602 | \$ 9,083 | \$ 4,031 | \$ 3,538 | \$ 7,752 | \$ 5,997 |
| REQUEST FROM CLIENT | \$ 12,592 | \$ 20,985 | \$ 10,473 | \$ 772 | \$ 9,302 | \$ 14,880 | \$ 4,929 | \$ 2,168 | \$ 4,598 | \$ 9,030 | \$ 6,086 | \$ 2,034 | \$ 5,379 | \$ 7,941 |
| TOTAL | \$ 68,826 | \$ 74,457 | \$ 42,546 | \$ 53,375 | \$ 27,370 | \$ 67,250 | \$ 49,060 | \$ 27,346 | \$ 52,070 | \$ 66,666 | \$ 31,251 | \$ 73,865 | \$ 66,251 | \$ 53,872 |

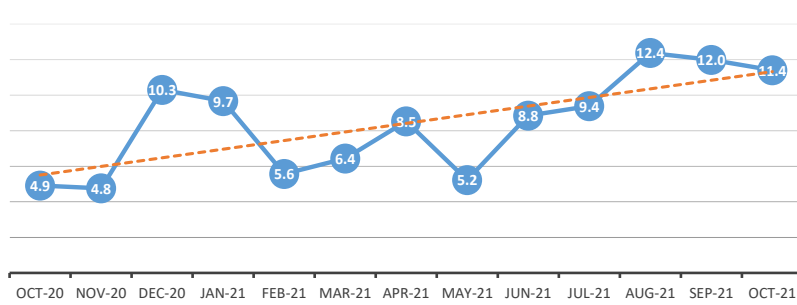


UNBILLED & INVENTORY

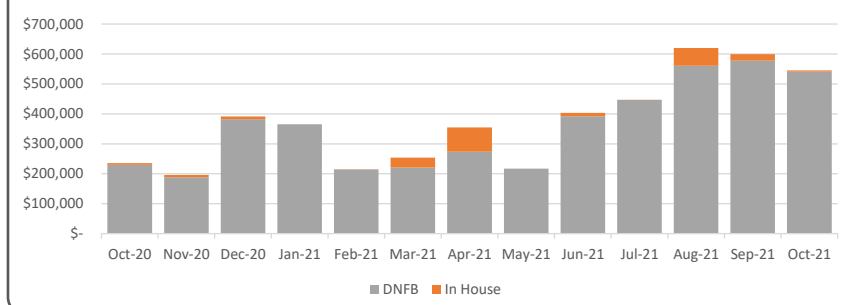
Unbilled

| | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | 13 Month Average |
|-----------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------------|
| In House | \$ 5,355 | \$ 7,623 | \$ 8,541 | \$ - | \$ 254 | \$ 32,930 | \$ 80,746 | \$ - | \$ 11,541 | \$ 267 | \$ 59,277 | \$ 22,170 | \$ 3,706 | \$ 17,878 |
| DNFB | \$ 230,102 | \$ 188,484 | \$ 382,533 | \$ 365,354 | \$ 214,269 | \$ 220,951 | \$ 273,604 | \$ 217,275 | \$ 392,046 | \$ 446,371 | \$ 560,649 | \$ 577,639 | \$ 541,096 | \$ 354,644 |
| Total Unbilled | \$ 235,457 | \$ 196,107 | \$ 391,074 | \$ 365,354 | \$ 214,523 | \$ 253,881 | \$ 354,350 | \$ 217,275 | \$ 403,587 | \$ 446,637 | \$ 619,925 | \$ 599,809 | \$ 544,802 | \$ 372,522 |
| Unbilled Days | 4.9 | 4.8 | 10.3 | 9.7 | 5.6 | 6.4 | 8.5 | 5.2 | 8.8 | 9.4 | 12.4 | 12.0 | 11.4 | 8.4 |

Total Unbilled Days



Unbilled Dollars

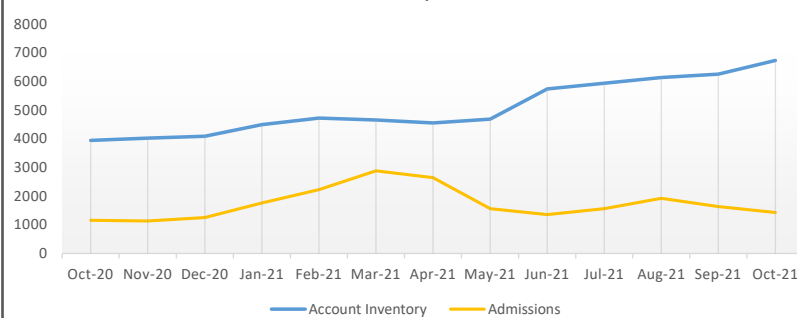


Admissions & Account Inventory

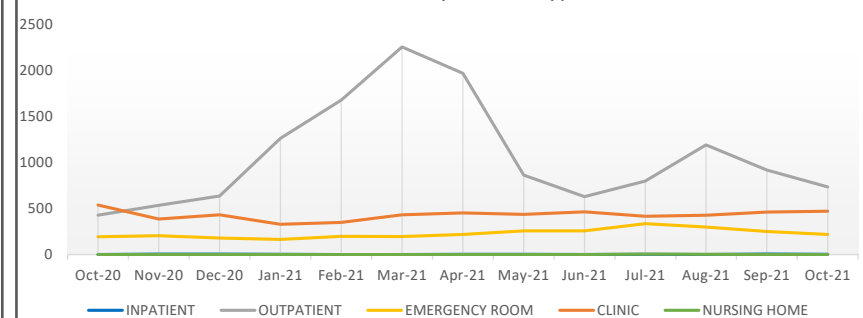
| ADMISSIONS | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | 13 Month Average |
|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|
| INPATIENT | 1 | 5 | 5 | 3 | 0 | 0 | 2 | 2 | 1 | 3 | 1 | 6 | 3 | 2 |
| SWINGBED | 1 | 1 | 4 | 4 | 1 | 2 | 2 | 3 | 2 | 2 | 2 | 3 | 5 | 2 |
| OUTPATIENT | 427 | 535 | 634 | 1,260 | 1,675 | 2,251 | 1,965 | 861 | 629 | 798 | 1,190 | 916 | 733 | 1067 |
| EMERGENCY ROOM | 192 | 204 | 178 | 164 | 197 | 194 | 219 | 258 | 256 | 335 | 297 | 250 | 218 | 228 |
| CLINIC | 537 | 385 | 432 | 328 | 348 | 432 | 451 | 436 | 463 | 414 | 427 | 461 | 471 | 430 |
| NURSING HOME | 0 | 1 | 1 | 1 | 0 | 1 | 0 | 0 | 1 | 5 | 3 | 0 | 0 | 1 |
| TOTAL | 1,158 | 1,131 | 1,254 | 1,760 | 2,221 | 2,880 | 2,639 | 1,560 | 1,352 | 1,557 | 1,920 | 1,636 | 1,430 | 1731 |

| ACCOUNT INVENTORY | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | 13 Month Average |
|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|
| MEDICARE | 566 | 527 | 433 | 1,092 | 1,161 | 475 | 523 | 578 | 1,434 | 796 | 632 | 657 | 886 | 751 |
| MEDICAID | 511 | 546 | 598 | 542 | 585 | 864 | 686 | 656 | 808 | 856 | 922 | 832 | 779 | 707 |
| COMMERCIAL | 787 | 864 | 896 | 730 | 687 | 1,107 | 1,029 | 1,018 | 1,039 | 1,377 | 1,201 | 1,117 | 1,111 | 997 |
| WORK COMP | 96 | 78 | 72 | 72 | 63 | 72 | 55 | 81 | 113 | 99 | 103 | 100 | 89 | 84 |
| SELF PAY | 1,980 | 2,006 | 2,086 | 2,053 | 2,225 | 2,135 | 2,255 | 2,349 | 2,344 | 2,805 | 3,271 | 3,545 | 3,862 | 2532 |
| TOTAL | 3,940 | 4,021 | 4,085 | 4,489 | 4,721 | 4,653 | 4,548 | 4,682 | 5,738 | 5,933 | 6,129 | 6,251 | 6,727 | 5,071 |

Account Inventory & Admissions



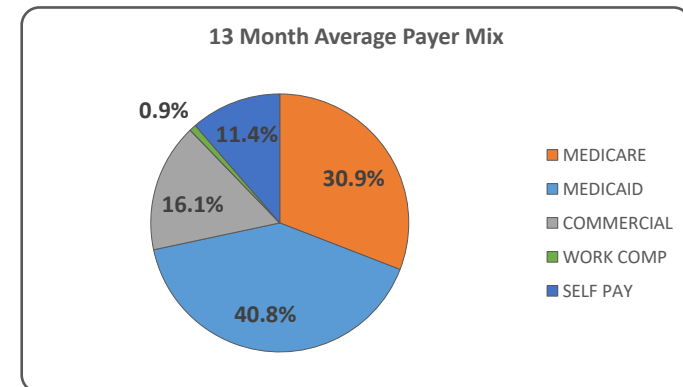
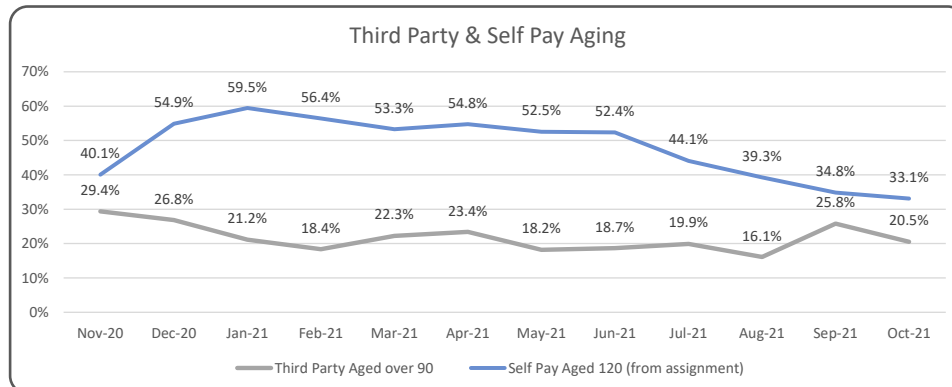
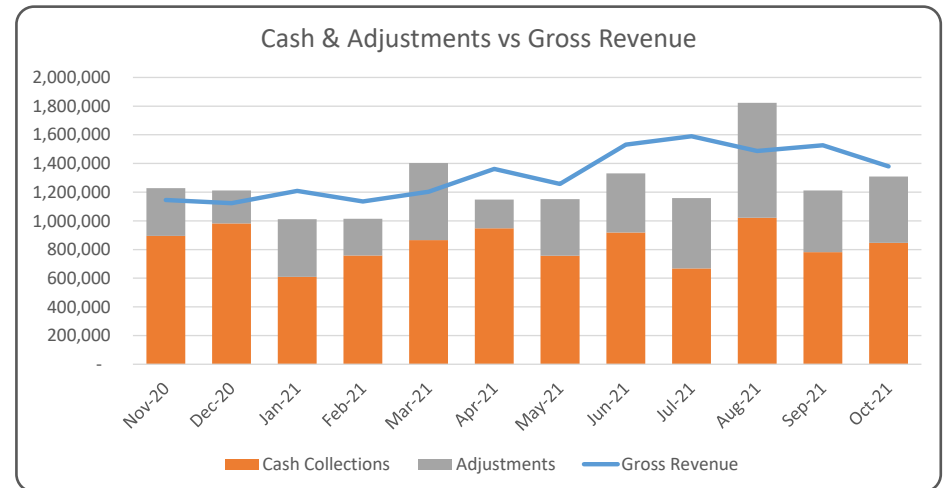
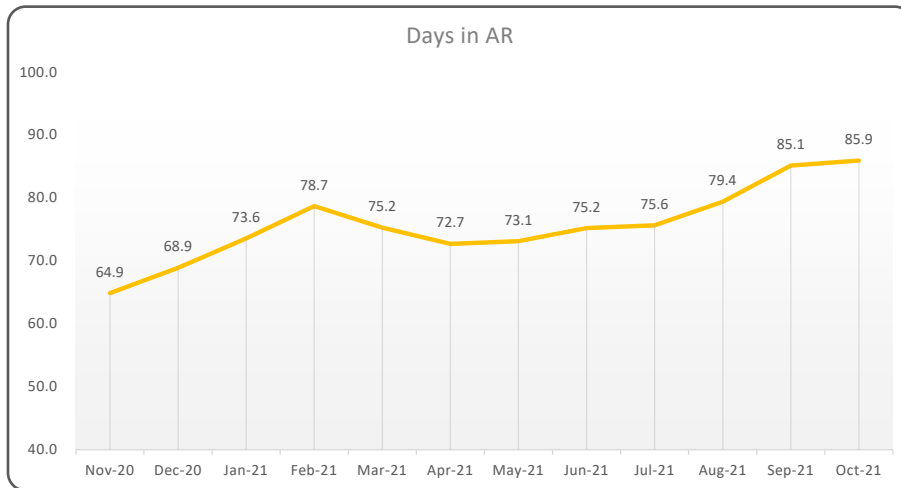
Admissions by Service Type



Southern Humboldt Community Healthcare District

Executive Dashboard

| | TARGET | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 |
|-------------------------------------|--------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Days in AR | 63.0 | 64.9 | 68.9 | 73.6 | 78.7 | 75.2 | 72.7 | 73.1 | 75.2 | 75.6 | 79.4 | 85.1 | 85.9 |
| Gross AR | | 2,673,625 | 2,616,068 | 2,780,428 | 3,030,539 | 2,964,690 | 3,021,339 | 3,037,601 | 3,429,267 | 3,600,312 | 3,977,473 | 4,260,844 | 4,103,537 |
| Gross Revenue | | 1,146,022 | 1,123,400 | 1,208,323 | 1,134,917 | 1,202,691 | 1,362,024 | 1,257,716 | 1,530,917 | 1,589,996 | 1,487,956 | 1,526,536 | 1,379,368 |
| Cash Collections | | 895,838 | 982,756 | 609,963 | 758,406 | 866,398 | 948,282 | 757,474 | 919,408 | 667,778 | 1,022,607 | 782,067 | 847,125 |
| Adjustments | | 331,802 | 229,338 | 401,336 | 256,395 | 536,225 | 200,204 | 394,744 | 411,937 | 490,749 | 800,505 | 430,532 | 461,817 |
| Collection % | | 73.0% | 81.1% | 60.3% | 74.7% | 61.8% | 82.6% | 65.7% | 69.1% | 57.6% | 56.1% | 64.5% | 64.7% |
| Late Charges | 1% | -1.5% | 0.3% | 0.0% | 0.1% | 0.1% | 0.0% | 0.0% | -1.1% | 0.1% | -0.1% | 0.0% | 0.0% |
| Bad Debt | 3% | 5.6% | 5.0% | 10.4% | 0.0% | 16.7% | 5.6% | 11.3% | 5.1% | 4.7% | 2.9% | 0.5% | 0.5% |
| Charity Care | 3% | 4.5% | 0.2% | 1.3% | 1.2% | 0.5% | 0.0% | 0.2% | 0.6% | 0.4% | 14.2% | 0.4% | 0.2% |
| Third Party Aged over 90 | 15% | 29.4% | 26.8% | 21.2% | 18.4% | 22.3% | 23.4% | 18.2% | 18.7% | 19.9% | 16.1% | 25.8% | 20.5% |
| Self Pay Aged 120 (from assignment) | 25% | 40.1% | 54.9% | 59.5% | 56.4% | 53.3% | 54.8% | 52.5% | 52.4% | 44.1% | 39.3% | 34.8% | 33.1% |



QAPIC

Quality Assurance Performance Improvement Committee

Accounting

Report of the Activities of the Accounting Department

Third Quarter of Calendar Year 2021

The third quarter of every year is always a very busy time of the year in the accounting department. Immediately after the end of each fiscal year we have to begin preparing the data for the preparation of the cost report and the annual financial audit. In addition, we are also preparing working papers for other regulatory reports. Annually, in addition to the Medicare cost report, the District is required to prepare a comprehensive annual OSHPD report, an annual Medi-Cal cost report, and an annual RHC PPE reconciliation. All of the working papers for these annual reports have been on going.

In the first few months of the corona virus pandemic, the United States Department of Health and Human Services sent congressionally mandated stimulus payments to hospitals throughout the nation, including to our District. The CARES Act had just been hastily written with the intention of financially supporting hospitals, and there were neither reporting nor repayment requirements in the Act. In the interim, HHS has established rigorous reporting for use and potential return of stimulus funds, and the accounting department has been working on mastering those requirements. The first report on the use of stimulus funds is due at the end of November 30, 2021, so it is rapidly approaching.

-Paul Eves

Acute Nursing

Project: IP-OBS Admission Assessment

What are we trying to accomplish?

During the state survey, a deficiency was found for missing admission assessments. This quality measure aims to ensure all new Acute and OBS patients get an initial admission assessment, a state requirement. The initial admission assessment is the first step of the five stages of the nursing process that helps tailor a proper care plan for the patient. Ensuring that the patient gets the highest quality of care and promoting optimal health is part of SoHum Health's mission.

Data form 2021: Acute manager will collect data monthly.

- January 2021, 22.2%
- February 2021, no patients
- March 2021, 0%
- April 2021, 33.3%
- May 2021, 25%
- June 2021, 50%
- July 2021, 85%
- August 2021, 100%
- September 2021, 100%

Project team:

Acute nurses will be reminded of the importance of the admission assessment and the critical part it plays in providing the patient with the proper plan of care. Nurses will be required to complete the admission checklist and mark off the admission assessment. The Nurse Manager will monitor all the IP and OBS admissions to ensure that admission assessments are completed to maintain 100% compliance.

How will we know improvement when we see it?

Continuous monitoring and monthly reports will be created by the Acute manager to monitor the progress and reach the goal of 100% Admission Assessment completion in all IP and OBS admissions for one year.

What changes can or should be made to result in improvement?

Nurses will be educated on the importance of the Admission Assessment, complete the admission checklist, and Acute Manager will review the patient's chart for Admission Assessment.

Possible challenges:

The main challenge has been lack of education and consistency in the admission process. It will continue to be the main challenge until consistent teaching and practice can change the existing culture.

How we'll celebrate success:

We will celebrate success by getting an Excellence Nurse pin for all the nurses after successfully getting 100% for one year.

- Adela Yanez, RN Acute/ED Manager

Administration

No report submitted this quarter.

Clinic

No report submitted this quarter.

Dietary

Handwashing OBS. QAPI Goal Dietary Quarterly Report

Months Covered: July 2021-Sept. 2021

Current Project: Monitoring of Handwashing Procedures during dishwashing and sanitizing of Pt. meal trays

Goal: Dietary Department Manager will monitor/track and document dietary staff while in the process of washing and sanitizing Pt. meal trays. This is to ensure the correct procedures for washing their hands is followed. A minimum of 30 observations will be completed per month by Dietary Department Manager. This is our Plan of Correction submitted to CDPH from our last SNF survey conducted in May 2021. Goal is to have a 100% compliance rate for a continuous six month period.

Data Collection: Dietary Manager will be responsible for observing, tracking and documenting results on Dept. Rounds Checklist and recording that data on QAPI spreadsheet. Baseline data for June 2021 is 87% compliance rate.

| July 2021 | August 2021 | Sept. 2021 |
|---------------------------|---------------------------|---------------------------|
| 27 compliant handwashings | 29 compliant handwashings | 32 compliant handwashings |
| 28 Total observations | 29 Total observations | 33 Total observations |
| 96.4% | 100% | 97% |

What has been tried: Baseline data was collected in June 2021 87%. Observations have been documented. If Dietary Department Manager observes handwashing process not being followed correctly. Department Manager will stop the employee explain the correct procedure employee will wash their hands and dishes that were handled incorrectly will be re-washed and sanitized. All Dietary staff have been given training/in-service in June 2021 on the correct procedures for employee handwashing between handling dirty and then clean dishes.

What will try next: Continue to observe dietary employees during the washing and sanitizing of Pt. meal trays. If incorrect procedures are observed Dietary Department Manager will counsel dietary employee on correct procedure. During observations Dietary Department Manager will give positive feedback to those employees that are following the correct handwashing procedures.

Reporting and Collaboration:

- All observations will be reported on QAPI spreadsheet monthly.
- Quarterly report on progress and results will be submitted for Medical Staff and Governing Board Review.
- Progress/results on this goal will be posted in Dietary Department monthly.
- Progress/results will be submitted to Vitals Newsletter giving Kudos! to the dietary staff when we are successful.
- Plan celebration for dietary staff once we have reached our goal successfully.

Timeline: Goal will be 100% compliance rate for a continuous six month period.

Archived Goals:

- Monitoring of Patient Meal Tray Return Times
- Monitoring of Medications Returned on Patient Meal Trays
- Labeling of Food Items Placed in Resident Refrigerator

QTRLY Report Safe Freezer Storage - QAPI goal

Months covered: July-September 2021

Current Project: Monitoring of Safe Freezer Storage in Dietary

Goal: Dietary Manager will monitor/track the storage of raw meats and potentially hazardous foods stored in dietary freezer. This will be tracked each day Dietary Department Manager is in the facility. This will be documented on Department Rounds Checklist by dietary department manager. Goal is to have a continuous 100% compliance rate for a continuous six month period.

Baseline data: June 2021 is 100%. Dietary Department Manager will be responsible for making the observations and documenting the findings on QAPI spreadsheet.

| June 2021 | July 2021 |
|---|---|
| 11 compliant freezer storage observations | 16 compliant freezer storage observations |
| 11 total observations | 16 total observations |
| 100% | 100% |

August 2021

17 compliant freezer storage observations

17 total observations

100%

September 2021

18 compliant freezer storage observations

18 compliant freezer storage observations

100%

What has been tried: On-going monitoring of dietary freezer for safe freezer storage has been conducted by Dietary Department Manager on a daily basis when Department Manager is in the facility. In-service was given to Dietary Staff in June 2021 defining safe freezer storage. If issues arise they will be corrected staff will receive more training as needed.

What will try next: Continue to monitor and document findings. Offer encouragement and praise to staff for maintaining safe freezer storage.

Reporting and Collaboration:

- Will report findings/observations on QAPI spreadsheet
- Will report findings/observations quarterly at QAPI meetings
- Will give monthly feedback to dietary staff regarding results/progress
- Plan celebration for dietary staff once our goal has been reached

Timeline: Goal will be 100% compliance rate for a continuous six month period.

-Margo Acuna CDM

Emergency Department**Project: ED Triage****What are we trying to accomplish?**

Goal: Accurate triage of ED patients to determine who needs immediate attention and who can safely wait. For the last three months, the Triage level has been successfully kept at a 100%. The goal is to keep 100% for one year. Three months completed and nine months to go. Providing high-quality care and promote optimal health to the community is part of our hospital mission. By correctly triaging ED patients, there has been an impact on the quality of care and the positive outcomes in the ED in the last three months. Providing the highest quality of care and preventing adverse events, patient harm, and death will continue to be an incentive for the ED nurses to keep the Triage level at 100% to 90%%.

Data from 2021:

- 71.0 % year average.

Data from 2021: ED manager will collect data monthly.

- January 2021, 67.7%
- February 2021, 82.1%
- March 2021, 71.0%
- April 2021, 71.0%
- May 2021, 77.4%
- June 2021, 70.0%
- July 2021, 100%
- August 2021, 100%
- September 2021, 100%

Project team:

ED nurses will continue reviewing the triage algorithm, watch the ED triage video, and get triage certification. In addition, nurses will continue to complete the new ED Triage assessment with every ED patient before discharge, go back, and correct the initial triage level to the correct level according to the services provided.

How will we know improvement when we see it?

WE have seen the improvement after introducing the ED Triage Assessment, the data shows that it went from 70% to 100%, and it has maintained a 100% for three months.

What changes can or should be made to result in improvement?

We will continue to encourage nurses to complete ED Triage assessment with each ED patient; it will continue to provide nurses with education by reviewing the ED algorithm, watching the Emergency Severity Index Triage Level video, and taking the certification test.

How will we know improvement when we see it?

There will be continuous monitoring of the ED triage to monitor progress by the ED manager. ED Triage report will be created and noted monthly. The percentage should stay at 100% to 90% for the next nine months.

What changes can or should be made to result in improvement?

A new ED Triage tool was added to ED assessments three months ago to assist nursing with correct triage levels according to the resources provided in the ED. In addition, the nurses will continue to review the ED algorithm, watching the Emergency Severity Index Triage Level video, and taking the certification test.

Possible challenges:

Nurses could rely on their knowledge since they got 100% for three months and decide not to do the ED triage assessment.

How we'll celebrate success:

We will have a celebration party with a meal and cake provided at the end of six months.

-Adela Yanez, RN, Acute/ED Manager.

Environmental Services

EVS has achieved their goal consistently for several months and had a department pizza party to celebrate. Congratulations to their team! See below for details. – Kristen Rees, MPH, CPHQ, CLSSGB

| SHCHD | | | | | | | | | | | | | | | | | |
|------------------------------|---|---------|--------|-------|-------|-------|-------|-------|-------|--------|---------|---------|---------|-------|-------|-------|---------|
| Quality Improvement Programs | | | | | | | | | | | | | | | | | |
| Department | Environmental Services | | | | | | | | | | | | | | | | |
| Project Name | Dazo Gel | | | | | | | | | | | | | | | | |
| | Baseline data | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Q1 | Q2 | Q3 | Q4 |
| Numerator: | 7 | | 14 | 23 | 12 | 23 | 23 | 11 | 24 | 14 | | | | 96% | 93% | 95% | |
| Denominator: | 14 | | 14 | 25 | 13 | 25 | 24 | 12 | 26 | 14 | | | | 100% | 100% | 100% | |
| RATE: | 50.0% | #DIV/0! | 100.0% | 92.0% | 92.3% | 92.0% | 95.8% | 91.7% | 92.3% | 100.0% | #DIV/0! | #DIV/0! | #DIV/0! | 96.0% | 93.0% | 95.0% | #DIV/0! |
| Notes & PDSA Updates: | | | | | | | | | | | | | | | | | |
| Jan 2021: | No assessment was completed due to time constraints with use of the Sprowel Creek campus and other additional work for EVS. | | | | | | | | | | | | | | | | |
| Feb 2021: | Assessment completed. WOOHOO, 100%!!!! Well done team! An assessment was done in 107A where there was no IV pole, phone, or call button. | | | | | | | | | | | | | | | | |
| Mar 2021: | Assessment completed. Team received 92% this month. After starting a new approach to marking the offices. EVS worker missed 2 locations. Shannon reviewed with staff and will do more evaluations in April. | | | | | | | | | | | | | | | | |
| Apr 2021: | Assessment complete. New Approach going good. EVS worker received a 92% this week. EVS worker missed 1 in a New Office Location. Off to a Good Start!!!! Quarterly summary of 96% | | | | | | | | | | | | | | | | |
| May 2021: | Assessment complete. New Approach going good. EVS worker received a 92% for this Month. EVS worker missed 2 in 1 of the 2 Office Checked. Still on a Roll!!! | | | | | | | | | | | | | | | | |
| Jun 2021: | Assessment Complete. Cleaning going great. EVS Worker missed 1 in 1 of the 2 Offices. This Months percentage is 95%. We Shining Like Diamonds!!! | | | | | | | | | | | | | | | | |
| Jul 2021: | Assessment Complete. Cleaning going great. EVS Worker missed 1 in 1 of the Offices. This Months percentage is 91%. We Are Still Shining Like A Diamond!!! Quarterly Summary of 93% | | | | | | | | | | | | | | | | |
| Aug 2021: | Assessment Going Good!!! Cleaning Going Great!!! EVS Worker missed 1 in 1 of the Offices. Trying a New Office this time. Went Well!!!! This Months Percentage EVS is on there game!!! Fabulous Simply Fabulous | | | | | | | | | | | | | | | | |
| Sep 2021: | Assessment Going Great!!! Cleaning Great as always!!!! Two EVS Workers Tag Teamed an Office together. Went Awesome!!!!!! Missed None got 100%!!! Off Too a Good Start, Percentage is 100%!!!! I Like No Mistakes!!!! Simply Amazing!!!! | | | | | | | | | | | | | | | | |
| Oct 2021: | Assessment Going Great!!! Cleaning Great as always!!!! An EVS Worker did One Office. Went Awesome!!!!!! Missed None got 100%!!! October Ended with a Percentage is 100%!!!! ALWAYS ABOVE & BEYOND!!!!!! | | | | | | | | | | | | | | | | |
| Nov 2021: | | | | | | | | | | | | | | | | | |
| Dec 2021: | | | | | | | | | | | | | | | | | |

-Shannon Bauman

Infection Prevention

Project 1: MRSA screening of in-patients within 24 hours of admission

Goal: 100% of Acute and Swing Bed admissions will receive MRSA screening within the first 24 hours of admission for four consecutive quarters.

What is being measured: The Infection Prevention department is tracking the percent of in-patients (Acute and Swing) that receive MRSA screening within 24 hours of admission.

Why does it matter? Acute in-patient MRSA screening is required within 24 hours of admission by California State law (SB 1058).

How this metric will be measured: Infection Prevention audits MRSA PCR screening results for all newly admitted Acute and Swing patients. Observation patients do not require screening. [Newly admitted SNF residents are also screened per hospital policy, but this is not required by State law].

Baseline data: In calendar year 2017, compliance was 90% (36 of 40 patients were screened within the first 24 hours). The QAPI project started in April 2018 and overall compliance for 2018 (April-December) improved to 98% by the end of the year. Unfortunately, average compliance in CY 2019 fell to 89.7% (70 of 78 patients properly screened). Compliance is erratic, with several months being 100%, then several falling way below this.

3rd quarter 2021 by month:

| Month | July | Aug | Sept | 3 rd qtr totals |
|---------------------------|------|------|------|----------------------------|
| # of screenings completed | 2 | 4 | 5 | 11 |
| # of screenings required | 2 | 4 | 6 | 12 |
| % compliance | 100% | 100% | 83% | 91% |

Timeline to reaching goal: Achieve 4 consecutive quarters of 100% compliance.

Annual Summary: This monitoring has been done since 2017 and now has 4 years data available. During that time there have been several quarters with 100% compliance, but never four consecutive quarters. Since that is the goal, and this is a requirement of law, it will continue to be monitored for the next calendar year. We have had number of travel and new nurses working the floor the month of September which could explain why testing was missed on one patient.

What has been tried so far: Feedback to managers and staff on missed and late screenings with reporting at every staff meeting. A prompt was added to the HealthLand Admission assessment. Nurse managers now link MRSA screening compliance to annual employee evaluations.

What will be tried next: Continue with reminders and review of protocol, review of admission paperwork to see if any changes can be made that will be a memory jogger to not miss any future testing. Exploring whether making color changes or font size changes on admission checklist to make it stand out more. Discuss with manager if we can make some type of admit packet with MRSA swab in clean biohazard bag attached to packet as a visual reminder to test.

Project 2: Inspection of sterile instrument packs

Goal: 100% of instrument packs autoclaved in the preceding month (and those still on the shelf) will meet visual criteria for proper sterile processing.

What is being measured: Infection Prevention is auditing sterile instrument packs for visual signs of adequate sterile processing.

Why does it matter? Assuring sterility of surgical instruments reduces the risk of patient infection.

How this metric will be measured: On a monthly basis, the Infection Preventionist audits all instrument packs processed in the preceding month that remain on the ED and Clinic shelves. The IP inspects packaging for evidence of proper instrument cleaning, packaging, and autoclaving. Any packs that fail are returned for reprocessing. Trouble-shooting is done with the Sterile Processing Tech(s) to identify the cause. Audit results are reported as the percentage that passed inspection.

Inspection criteria:

- A. Absence of moisture/rust/water marks ("wet packs")
- B. No pierced packaging
- C. Steam marker –color change from blue to purple
- D. Hinged Instrument with open jaws
- E. Internal chemical indicator color change to black
- F. Sharp instruments: have tip protectors or gauze over tips
- G. Completed Load Stamp: date, load #, contents, initials
- H. Cleanliness of instruments (absence of visible debris)

Baseline data: The QAPI project began in April of 2018. Compliance was approximately 99.2% overall at the end of that year. Since then, compliance has fluctuated over the years.

Current data: Note that Sterile Processing volume has been sharply down since March 2020 due to fewer procedures being performed in ED and Clinic (related to pandemic).

Compliance for the first quarter of 2021 was 98.7%. During the last two months in the 3rd QTR, all sterile packs were closely examined, not just the ones processed during the previous month. This will not only allow for a larger number of packages to be inspected but to inspect any packages that are not used often. The longer sterile packs are kept in the bins, the greater the chance for small tears or holes that compromise the integrity of the package.

Third quarter 2021

| | July | Aug | Sept | 3 rd qtr |
|---------------------|-------|-------|---------|---------------------|
| Acceptable/Examined | 15/15 | 86/97 | 110/117 | 211/229 |
| Percentage | 100% | 88% | 94% | 92% |

Timeline to reaching goal: Achieve 4 consecutive quarters of 100% compliance.

What has been tried so far: We continue to use American Association for Medical Instrumentation (AAMI) for our training programming. A CMA from the clinic has successfully completed the training and didactic portion and has been authorized for equipment sterilization for the hospital and clinic. This sterile processing tech had just taken over in August 2021. Currently, all sterile packaging are being examined, rather than just the ones processed during that month.

What will be tried next: Infection Prevention will continue to monitor and provide feedback. The sterile processing tech, CMA from the clinic, who has been performing this task will be transferring to another department and will begin training another MA. IP will work closely with the new MA being trained to ensure that we continue to work towards our goal of 100% of instrument packs autoclaved in the preceding month (and those still on the shelf) meet visual criteria for proper sterile processing.

-Katherine Anderson, IP

Information Technology

No report submitted this quarter.

Laboratory

No report submitted this quarter.

Materials

Project 1: Tracking expired Materials in ED, Clinic, MM and acute Nurses station

We have archived this report due to being a combined report with Pharmacy.

We will tailor to Materials and start again.

~ Jennifer Gutierrez

Pharmacy

340B

Measured By: Weekly dispensation reports for OP locations being billed to FFS and MMC

Baseline Data: 87/169 OP dispensations missing UD modifiers.

Current Data: July 87/169, August 14/119 and September 41/174

Timeline to reaching goal: Would like to only have secondary claims by July of 2022

What has been tried so far: Worked with Diane to attach UD modifiers to existing Pharmacy formulary for FFS and MMC claims

What will be tried next: We will continue monitoring for next 3 months to establish patterns

-Jennifer Gutierrez

Radiology

We continue the quality project in general x-ray. We are evaluating the techniques used for each x-ray view and modifying them for optimal image quality with the lowest possible radiation dose. We are starting with 30 techniques and will monitor and adjust them as needed. Once consistent and optimal, we will move on to 30

more techniques. These techniques are evaluated using three factors: exposure index, deviation index and visual appearance.

We have determined that this process is very slow. Due to the variations in patient composure and the slight differences in positioning and collimation, even optimal views are being monitored. The factors listed previously contribute to the range of exposure/dose indexes upon evaluation. We will continue to adjust techniques and monitor. Of the current 30 views under evaluation, 11 have been deemed optimal.

-Lora Simone

Revenue Cycle

Project 1: Completion of the MOON / OON form and the Important Message from Medicare

Goal: This goal should be 100% attainable short of the patient being unconscious the entire length of stay. We would like to see 100% compliance with these forms.

Measured By: We run a census each month of the Observation and In-Patients. We then look in each chart to verify if the forms have been received and scanned into the record.

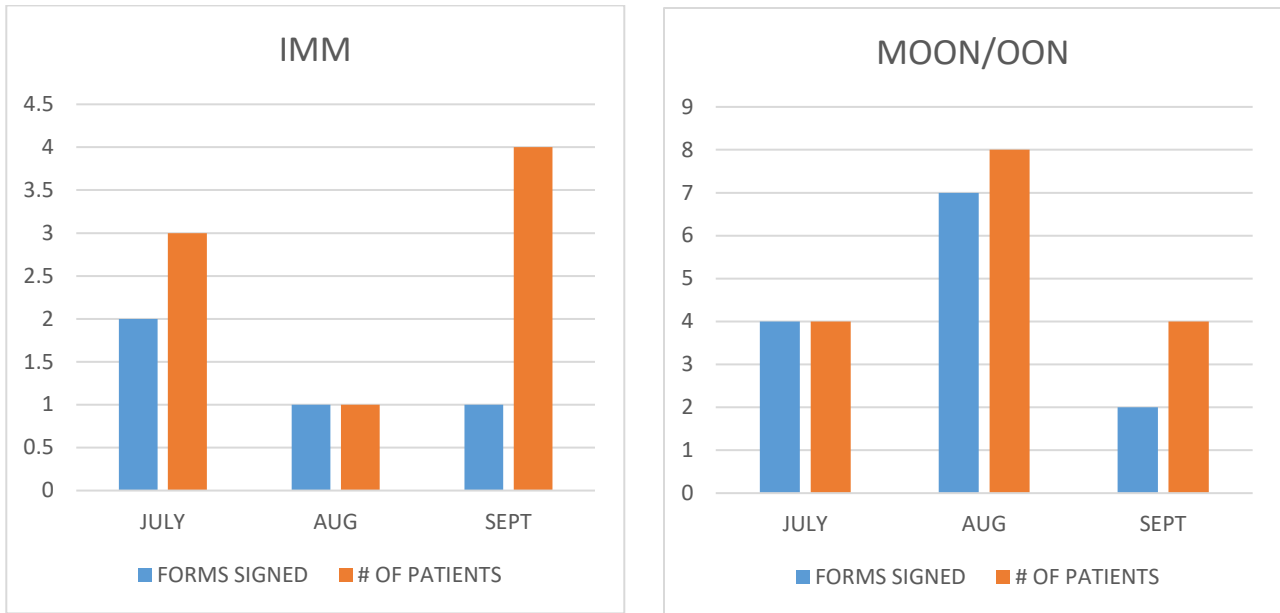
Baseline Data: End of 2019 - Important Message from Medicare was at 45.8%, Moon / Oon Forms were at 68.9%

Current Data: 2021 data: Q3 we were able to verify 50.0% of the IMM forms were completed and returned. 81.3% of the OON / MOON forms were completed and returned. A decrease since last quarter, but still over our 2019 baseline.

Timeline to reaching goal: We did not make our timeline goal for 2020 and are continuing to measure this in 2021. We would still like to reach 95% compliance by the end of this year. We will renew our training efforts in this regard.

What has been tried so far: These items are currently on the nursing admission checklists, and we've done education as we were able to throughout 2020, but there were obstacles due to COVID and staffing. We've also added this to the worklist of the registration staff to follow-up with nursing, but they have also had added workload due to COVID testing and vaccine registrations. We have also tried placing the burden of proof onto the UR team, with their approval, so they were checking to make sure these forms are obtained, signed, and scanned. That appears to have been a non-starter.

What will be tried next: Going into Q4 2021, more direct training to the nursing department and additional training with HIM staff in an attempt to work on this project.



Project 2: ED Consent Forms

Goal: This goal should be 100% attainable given proper documentation on the consent form will be acceptable in circumstances where the patient is unable to provide written consent.

Measured By: We run a census each month of the ED patients. We randomly select 30 charts (approximately 10% of the ED census). We then look in each chart to verify if the forms have been signed, they've been properly filled out, and are being captured timely in relation to patient's arrival.

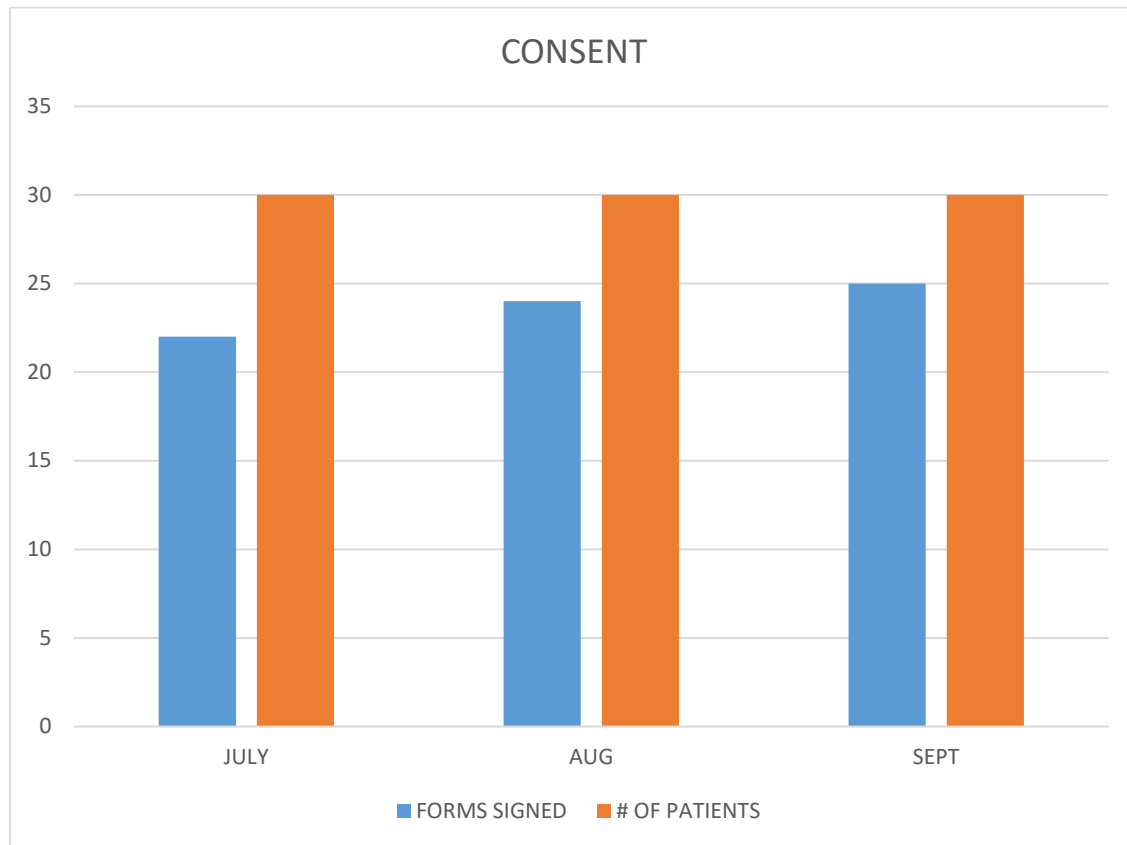
Baseline Data: Q1 2020: 95.6%, Q2 2020: 83.3%, Q3 2020: 91.1%, Q4 2020: 97.8%.

Current Data: Q3 2021: 78.9%

Timeline to reaching goal: We did not make our timeline goal for 2020 and are continuing to measure this in 2021. We would still like to reach 95% compliance with consent signing and proper documentation by the end of this year.

What has been tried so far: Training with staff on the importance of consent, the legal issues surrounding consent law, providing consent tools for continued education and understanding, and reminders sent via email. An assessment of 2020 data was completed to identify trends in time, date, staffing, etc. that might be contributing.

What will be tried next: Due to a significant decrease on consent compliance this quarter we have renewed our training efforts across the board with each department that is responsible for obtaining consents. Trends were identified that were contributing to this decrease in compliance and it was discussed at length with UR, QAPI, and other management. Reminder emails have gone out and we have met with staff one on one to discuss the issue, trends, and possible solutions.



Skilled Nursing Facility

Project: Meal Percentages

Goal: The Skilled Nursing Department will maintain meal intake percentage documentation (B/L/D) maintain a documentation rate of 95-100% ongoing.

Current DATA collection: The Skilled Nursing Director collects the DATA monthly to report findings to the QAPIC and performs randomized checks at the end of the month in order to give feedback to nursing staff.

BREAKFAST

- Jan '21 96% April '21 No data July '21 100%
- Feb '21 100% May '21 100% August '21 100%
- Mar '21 No data June '21 100% September '21 100%
- 1st Quarter 98% 2nd Quarter 100% Third Quarter 100%

LUNCH

- Jan '21 100% April '21 No data July '21 100%
- Feb '21 100% May '21 99% August '21 99%
- Mar '20 No data June '21 99% September '21 100%
- 1st Quarter 100% 2nd Quarter 99% Third Quarter 100%

DINNER

- Jan '21 99% April '21 No data July '21 99%
- Feb '21 99% May '21 95% August '21 97%
- Mar '21 No data June '21 99 % September '21 89%
- 1st Quarter 99% 2nd Quarter 97% Third Quarter 95%

Why we are doing this: This information is used by the nutritionist/dietitian to help formulate care plans, order specific diets, labs, and offer recommendations. The state of California requires that facilities track this information closely, as it is State and Federal regulation.

What has been done:

- At each employee's year end annual evaluation, the Director of Nursing, (DON), reiterated the importance/necessity of reviewing documentation at the end of every shift. It is the CNAs' task to collect this data and document this quality measure in the Electronic Health Record, (EHR) under intake, but ultimately, the LVN is responsible for all documentation on every resident, every shift. The LVN needs to review the CNA's charting at the end of every shift to make sure it is complete.
- *Quality* orientation is given by our Quality Data Coordinator and the DON explains the unit specific measures and the importance of these measures.

What we will try next: Continue our process above. In the first quarter, we have met our goal. There is overall progress in documentation that can be attributed to a static staff who is motivated to do a good job

Project: Weekly Weights

Goal: The Skilled Nursing Department will maintain documentation of SNF resident weekly weights at 95-100% ongoing. The weight of a resident can be the first and sometimes only indication of changing health. By weighing them regularly, we can assess changes and obtain appropriate treatment. Weekly weights are a required element of charting. The policy states 100% of charting must be completed before leaving shift.

Data Collection: The skilled nursing director will collect this data monthly.

- Jan '21 96% April '21 No data July '21 100%
- Feb '21 93% May '21 100% August '21 100%
- Mar '21 No data June '21 91% September '21 94%
- 1st Quarter 95% 2nd Quarter 96% Third Quarter 98%

What has been tried?

- The *Daily Report Sheet* has a specific reminder to obtain a weight when the residents receive their showers.
- At each employee's year end annual evaluation, the Director of Nursing, (DON), reiterated the importance of reviewing documentation at the end of every shift. It is the CNAs' task to document this quality measure in the Electronic Health Record, (EHR), but ultimately, the LVN is responsible for all documentation on every resident every shift. The LVN needs to review the CNA's charting every shift to make sure it is complete.
- *Quality* orientation is given by our Quality Data Coordinator and the DON explains the unit specific measures.

- Upon each month's audit of QAPI measures, the DON reports the findings of each audit via email. Success are usually rewarded by bringing requested treats and meals.

What we will try next: Continue our process above. There is overall progress in documentation that can be attributed to a static staff who is motivated to do a good job.

Skilled Nursing Facility

Project: Weekly Summaries

Goal: The Skilled Nursing Department will maintain weekly summary documentation at the rate of 100% for six months.

Current DATA collection: The Skilled Nursing Director audits 100% of this DATA monthly to report findings to the QAPIC and performs complete checks at the end of the month in order to give feedback to nursing staff.

- | | | |
|---------------------------|-----------------------------------|--------------------------|
| • Jan '21 86% | April '21 No data | July '21 89% |
| • Feb '21 96% | May '21 59% | August '21 89% |
| • Mar '21 No data | June '21 83% | September '21 97% |
| • <u>1st Quarter 91 %</u> | <u>2nd Quarter 71%</u> | <u>Third Quarter 92%</u> |

Why we are doing this: This is the first of two new 2021 QAPI measures. Nursing documentation should be completed at the end of each shift for each resident. When auditing other measures, missing weekly summaries were noted. Then, upon a more comprehensive audit, the decision was made to include this as a measure until expectations are met.

Project: Minimum Data Set, (MDS) Reporting

Goal: The Skilled Nursing Department will audit and report to the QAPIC, the data input in the state and federal sites at the rate of 100% for six months.

Current DATA collection: The Skilled Nursing Director audits 100% of this DATA monthly to report findings to the QAPIC and performs complete checks at the end of the month.

Why we are doing this: This is the second of two new measures initiated in 2021. During the June site survey from CMS, the auditors found missing MDS reports. One employee was responsible for completing these reports. This employee was not working, (on leave), when said reports should have been completed. Accommodations were not instituted to have these reports covered in their absence. This QAPI measure is part of the plan of correction. In addition to completing and monitoring these reports for six months for QAPI, the interim CNO made arrangements for two additional employees to be educated and certified to complete MDS reporting.

- June '21 100%
- July '21 100%
- August '21 100%
- September '21 100%
- Third Quarter 100%

-Cheryl Wik RN, Director of Nursing SNF/Swing

Quality Department

SHIP (Small Hospital Improvement Program) grant

There are currently 3 SHIP grants for which our facility is working to receive funding. Two are specifically COVID-related. They have been transferred to the Office of Statewide Health Planning and Development (OSHPD). We are hoping this doesn't make the program more difficult.

PHC QIP

These measures continue to be a focus. Progress has been slow. It has been particularly challenging during COVID to make improvements. We will update on our performance in the next quarterly report. Jessica Gardner in particular has done a lot of work around these measures.

QIP

New manual: The new manual for all the measures for QIP was produced mid-year. We are still working to build reports that will work to help with the auditing associated with the new measures. This QIP is the Quality Incentive Pool state program, not to be confused with the Partnership programs or other quality improvement programs called QIP.

Next Report: The next report will begin January 1st and will be due March 31st. Many efforts have been made to convince the state to make some accommodations for COVID, but at this point the report will still be pay for performance, not pay for reporting or any other structure/accommodations.

SoHum Health Foundation

District Board Report

*Submitted by Chelsea Brown
November 23, 2021*



SoHum Health
FOUNDATION

Capital Campaign Update

| Donor Type | Pledged | Received | Outstanding Pledges |
|---------------------------------------|-----------------------|-----------------------|-----------------------|
| Board Members (District & Foundation) | \$90,200.00 | \$55,555.00 | \$34,645.00 |
| Business Donors | \$466,980.00 | \$218,980.00 | \$248,000.00 |
| Employees | \$120,865.36 | \$61,157.71 | \$59,707.65 |
| Foundations | \$729,925.00 | \$460,667.00 | \$269,258.00 |
| Community Members | \$1,474,621.89 | \$281,173.87 | \$1,193,448.02 |
| Total raised by Foundation | \$2,882,592.25 | \$1,077,533.58 | \$1,805,058.67 |
| Property purchase | \$1,100,000.00 | \$1,100,000.00 | |
| Total Down Payment | \$3,982,592.25 | \$2,177,533.58 | \$1,805,058.67 |

- We are now \$17,407.75 away from reaching our capital campaign goal. Note that \$1,805,058.67 is in pledges that have not been received yet. Many of our larger pledges are set to be paid over the span of 10 years. The total cash received is \$1,077,533.58.
- The Foundation has sent a fundraising appeal letter to 2,459 addresses that will arrive just after Thanksgiving. We have also scheduled email blasts and social media posts to promote end-of-year giving. We are confident we will surpass our \$4,000,000 goal by the end of the year.
- The Foundation will discuss how and when to celebrate reaching our capital campaign goal at our next board meeting scheduled for December 16th. Governing Board members and staff are invited to attend this meeting or send input on the topic, as it will be a District wide celebration.
- Green Diamond representatives came to Garberville on November 4th to present the Foundation with a \$100,667 check. The story ran in The Independent, Times Standard, Redheaded Blackbelt, and KMUD.
- The Benbow Charity Wine Auction scheduled for November 13th was postponed due to concerns about having a large indoor event. A new date for the event has not been set, but we hope to hold it in late spring when it can be outdoors.

- The Foundation's Finance committee is in the process of developing Financial P&Ps. As our donations have increased substantially we have felt the need to formalize our processes to ensure responsible fiscal management. The Foundation's total cash/investments in our Vocality account and Humboldt Area Foundation fund now stand at over \$1M.
- When the initial goal of \$4,000,000 was set in 2019, this was the amount to cover the down payment for all 4 phases of the capital campaign – property purchase, hospital build, clinic build, and renovations and expansion to the skilled nursing unit in our existing building. In a more recent cost estimate from the architect, it is projected to cost more than \$40million for the entire project. \$4,000,000 is now enough to cover the down payment for the hospital and clinic build, but more will be needed for the SNF expansion. The Foundation is aware of this need and will determine whether to set another fundraising goal when the project details become finalized. There is also a desire to support the District's efforts to build housing. The Foundation is eager to continue to support the needs of the District to increase access to healthcare and improve the quality of life in Southern Humboldt.

Outreach

- SoHum Health will be holding COVID-19 vaccine clinics every Thursday in December from 9am-4pm at the Sprowel Creek building. 1st & 2nd doses are available for adults and children 5 years and older. Booster doses are available for anyone over 18 years of age.
- Working with our marketing agency EMRL to get vehicle wraps for our ambulance and the mobile clinic.
- Press release and KMUD interview on complaints we received about the placement of our COVID tent outside the Emergency Department.
- Continue to await certification for Dr. Emily and Laura Mojica, Pediatric FNP to begin seeing Partnership patients. Once they are approved we will let the community know that we are now offering pediatrics at our community clinic.
- Supporting Behavioral Health Specialist, Scott Sullivan in developing materials and building up our mental health/substance abuse offerings for the community. Scott is organizing a winter clothing drive to collect clothing and sleeping bags to distribute to those in need. He has placed donation bins at our emergency department, Garberville Pharmacy, and Ray's Food Place.